

## **Integration Joint Board Meeting**



**Thursday, 17 June 2021 at 10:00**

### **Arrangements in Terms of COVID-19**

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

#### **1 Apologies**

#### **2 Declarations of Interest**

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

#### **3 Minutes/Action Note**

The accuracy of the Minutes of the meeting held on 13 May 2021 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

#### **3.1 Matters Arising**

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

#### **4 North Ayrshire Alcohol and Drug Partnership Annual Performance Report**

Submit report by Peter McArthur, Senior Manager (Addictions) on the North Ayrshire Alcohol and Drug Partnership Annual Performance Report (copy enclosed).

- 5 ADP Update Report**  
Submit report by Rosemary White, Lead Officer, MHS Addictions on an overview of the activities, actions and funding of the North Ayrshire Alcohol and Drug Partnership (copy enclosed).
- 6 Primary Care Improvement Plan**  
Submit report by Vicki Campbell, NHS Ayrshire and Arran on the Primary Care Improvement Plan (copy enclosed).
- 7 Director's Report**  
Submit report by Caroline Cameron, Director of (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).
- 8 Year End Financial Performance 2020-21**  
Submit report by Paul Doak, Chief Finance and Transformation Officer providing an overview of the IJB's financial performance for the year ended 2020-21 (copy enclosed).
- 9 NHS Ayrshire and Arran Remobilisation Plan 3**  
Submit report by Caroline Cameron, Director NAHSCP on the NHS Ayrshire and Arran Remobilisation Plan 3 (copy enclosed).
- 10 Local Child Poverty Action Plan and Report/Children's Service Plan Performance Report and Children's Services Plan 2020-23 Update**  
Submit report by Lauren McMath, Policy Officer on the Local Child Poverty Action Plan and Report, the Children's Service Plan Performance Report and Children's Services Plan 2020-23 Update (copy enclosed).
- 11 Urgent Items**  
Any other items which the Chair considers to be urgent.

**Webcasting**

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# Integration Joint Board

## Sederunt

### Voting Members

Bob Martin (Chair)	North Ayrshire Council
Councillor Robert Foster (Vice-Chair)	NHS Ayrshire & Arran
Councillor Timothy Billings	North Ayrshire Council
Adrian Carragher	NHS Ayrshire and Arran
Councillor Anthea Dickson	North Ayrshire Council
Mhairi Kennedy	NHS Ayrshire and Arran
John Rainey	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

### Professional Advisors

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

### Stakeholder Representatives

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





**North Ayrshire Health and Social Care Partnership**  
**Minute of Integration Joint Board meeting held on**  
**Thursday 13 May 2021 at 10.00 a.m.**  
**involving participation by remote electronic means**

**Present**

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

Paul Doak, Chief Finance and Transformation Officer  
David MacRitchie, Chief Social Work Officer  
Alistair Reid, Lead Allied Health Professional Adviser

David Donaghey, Staff Representative (NHS Ayrshire and Arran)  
Louise McDaid, Staff Representative (North Ayrshire Council)  
Graham Searle, Carers Representative (Depute for Marie McWaters)  
Glenda Hanna, Independent Sector Representative (Depute for Jackie Weston)  
Vicki Yuill, Third Sector Representative  
Janet McKay, Chair, Garnock Valley HSCP Locality Forum

**In Attendance**

Andrew Fraser, Head of Democratic Services  
Thelma Bowers, Head of Mental Health  
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)  
Eleanor Currie, Principal Manager (Finance)  
Michelle Sutherland, Partnership Facilitator  
Neil McLaughlin, Manager (Performance and Information Systems)  
Yvonne Holland, Manager (Property Management and Investment)  
Karen Andrews, Team Manager (Governance)  
Angela Little, Committee Services Officer  
Hayley Clancy, Committee Services Officer  
Craig Stewart, Committee Services Officer

**Apologies for Absence**

John Rainey, NHS Ayrshire and Arran  
Clive Shephard, Service User Representative  
Caroline Cameron, Director of Health and Social Care Partnership

## **1. Chair's Remarks**

In terms of Standing Order 3.5 (c), the Chair advised that the order of business would be varied, and Item 9 Appointments would be considered at Item 4 on the agenda.

## **2. Declarations of Interest**

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

## **3. Minutes/Action Note**

The accuracy of the Minutes of the meeting held on 18 March 2021 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

### **3.1 Matters Arising**

Community Alarm/Telecare Services Transition from Analogue to Digital - the Board noted that an update on progress would be provided to a future meeting.

## **4. Appointments**

Submitted report by Andrew Fraser, IJB Monitoring Officer on appointments and changes to the various roles in the Integration Joint Board (IJB), as required by Standing Orders. The report provided information on the appointment of Paul Doak to the post of Chief Finance and Transformation Officer, the rotation of the role of Chair and Vice Chair of the IJB and IJB Performance and Audit Committee between the Council and NHS Board Members on a 2 year basis, and the requirement for the Chair of the Strategic Planning Group to be the Vice Chair of the IJB. The Board was also advised that Elizabeth Stewart had been appointed as the Interim Chief Social Work Officer.

Members asked questions relating to the membership of the Strategic Planning Group and the Head of Democratic Services undertook to provide this information timeously.

The Board agreed (a) that the Head of Democratic Services confirm the composition and membership of the Strategic Planning Group; (b) to appoint (i) Paul Doak, the Chief Finance and Transformation Officer as the Integration Joint Board's Section 95 Finance Officer; (ii) Robert Martin as Chair of the IJB and Councillor Robert Foster as Vice Chair; (iii) Councillor Timothy Billings as Chair of the IJB Performance and Audit Committee and Mhairi Kennedy as Vice Chair; (iv) Councillor Robert Foster as Chair of the Strategic Planning Group and Robert Martin as Vice Chair; and (c) to note the appointment of Elizabeth Stewart as Interim Chief Social Work Officer.

## **5. Presentation: Residential and Respite Unit**

The Board received a presentation from the Manager (Property Management and Investment) on the progress of the Residential and Respite Unit. The presentation illustrated the progress of the works to date in the following areas:-

- Construction progress;
- Driveway and entrance courtyard;
- Access routes, garden spaces
- Entrance foyer;
- Typical bedroom and en-suite;
- Lighting/activity spaces;
- Dining, sitting and kitchenette areas;
- Circulation spaces;
- Staff areas;
- Sensory areas; and
- HSCP Lockhart Campus.

Members asked questions and were provided with further information in relation to the allocation of funding for the personalisation of indoor and outside spaces.

Noted.

## **6. Director's Report**

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

The report provided an update on the following areas:-

- National Whistleblowing Standards Update;
- Mental Health Renewal Fund;
- Cossette Report;
- International Care Experienced Day of Remembrance;
- Life Hacks for Young Artists;
- Honour for NADARS Nurse – James Hill, Advanced Nurse Practitioner;
- Foster Care Recruitment Campaign;
- Covid Update that included Open for Care, Enhanced Clinical and Professional Oversight Arrangements for Social Care, Remobilisation of Services, Care Home Professional Support Team, Vaccinations, Community Testing and Staff Testing.

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

- Further funding for mental health services;
- The development of networks within the community to identify those experiencing mental health issues as a result of delays in treatment and surgery as a result of the pandemic;
- The remobilisation of services, the visiting of professionals to Care Homes and consultation with residents on whether they want to receive visitors and visiting professionals;
- The establishment of a Workforce Planning Group that will examine the day service model, including terms and conditions and pay rates of day service staff to achieve equity;
- The successful vaccination take-up and that the majority of care home residents, care home staff and HSCP have received their first and second vaccinations;

- The public health vaccination campaign that encourages the take up of vaccinations, encourages testing and re-emphasises the need to continue with social distancing; and
- Further discussion that will take place with Care Home Providers on remobilisation plans.

Noted.

## **7. Community Payback Annual Report 2019/20**

Submitted report by David MacRitchie, Chief Social Work Officer and Senior Manager, Public Protection on the Community Payback Order (CPO) Annual Report 2019/20, which provided information about the work undertaken in the last year through Community Payback Orders with a particular focus on Unpaid Work Requirements. The CPO Annual Report was attached as an appendix to the report and outlined the wide range of projects and services undertaken during 2019/20.

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

- The effectiveness of CPOs in terms of preventing further offending;
- That North Ayrshire has the third highest number of CPOs per 10,000 population in Scotland;
- Work within the community that includes deliveries and collections for the Foodbank, provision of outdoor furniture to schools, the clearing of overgrown pathways and areas and support to local charities with the collection of donated furniture;
- That the community works are in support of organisations and do not negatively impact on the provision of jobs or the local economy.

Noted.

## **8. Justice Social Work Services - Demand and Funding**

Submitted report by David MacRitchie, Chief Social Work Officer and Senior Manager Public Protection on the budget position and the anticipated increase in demand for Justice Social Work Services.

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

- The challenges in delivering community based interventions during the pandemic; and
- Additional Scottish Government funding of £336,234 to North Ayrshire to support the recovery process and ring-fenced funding of £71,236 to commission third sector services to support Justice Social Work Services.

Noted.

## **9. Child Sexual Abuse Strategy**

Submitted report by Alison Sutherland, Head of Services (Children, Families and Justice) on the Child Sexual Abuse Strategy launched on 26 April 2021. The Strategy was attached at Appendix 1 to the report.

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

- The allocation of £40,000 to commission a specialist, therapeutic service for children under 13 years and a review that will be undertaken within 12 months; and
- A whole system approach for adult sexual abuse survivors, including signposting them to appropriate support services.

The Board agreed to (a) approve the North Ayrshire Council Child Sexual Abuse Strategy and Outcome Plan; and (b) receive annual updates on the progress of the Plan.

## **10. North Ayrshire Equality Outcomes Reporting and Plan**

Submitted report by Scott Bryan, Strategic Planning, Policy and Equalities officer and Michelle Sutherland, Partnership Facilitator on the Ayrshire Shared Equality Outcomes Report (2019-21), attached at Appendix 1. The NAHSCP Equality Outcome and Mainstreaming Report (2019-21) attached at Appendix 2 and the North Ayrshire HSCP Equality Outcome Plan (2021- 22) attached at Appendix 3 to the report.

The Board agreed to approve (a) the content and online publication of (i) the Ayrshire Shared Equality Outcomes Report (2019-21) and (ii) the North Ayrshire HSCP Equality Outcomes and Mainstreaming Report (2019-21); and (b) the North Ayrshire Equality Outcomes Plan 2021-22 for online publication and implementation.

## **11. Valedictory**

The Chair welcomed Paul Doak to the IJB in his new role as Chief Finance and Transformation Officer and as the IJB's Section 95 Officer.

On behalf of the Board, he thanked David MacRitchie, Chief Social Work Officer for his contribution to the Health and Social Care Partnership and the Board and wished him a healthy and happy retirement.

The Chair took the opportunity to thank members of the Board and officers for their support during his term as IJB Chair and looked forward to his new role as Vice-Chair and supporting Bob Martin in his role as Chair of the IJB.

The meeting ended at 12 noon.

## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 13 May 2021

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/9/19	That an update report on progress be submitted to a future meeting.	Submit to a future meeting	Senior Manager
2.	UK Care Home Industry	19/12/19  13/2/20	Receive a further report examining the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context, including the lessons learned from care home closures and in consultation with both staff, independent and third sectors.  Agreed that the Care Home Providers be consulted at an early stage in the work to examine the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context.	Submit to meeting in April/May 2021	Director
3.	Director's Report	24/9/20	The Board agreed (a) an update be provided to a future meeting on the National Digital Strategy.		David Thomson
4.	Director's Report	22/10/20	The Board agreed to (a) consider a report		Director

			on the Public Health Scotland Locality Profiles report at a future meeting.		
6.	Distress Brief Intervention Update	17/12/20	The Board agreed to (a) endorse and approve the implementation of the plan to support Distress Brief intervention across Ayrshire; and (b) to receive an update, including case studies, at a future meeting.		Thelma Bowers

**Integration Joint Board**  
**17 June 2021**

<b>Subject:</b>	<b>North Ayrshire HSCP &amp; Alcohol and Drug Partnership Annual Performance Management Report</b>
<b>Purpose:</b>	To present the annual performance information in relation to the partnership's Alcohol and Drug services
<b>Recommendation:</b>	IJB are asked to note the content of the report.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ADP	Alcohol and Drug Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	To present the annual performance report for North Ayrshire Health and Social Care Partnership for the period March 2020 to April 2021.
<b>2.</b>	<b>PROPOSALS</b>
2.1	IJB are asked to note performance in relation to :- <ul style="list-style-type: none"> <li>• HSCP Waiting Times;</li> <li>• ADP Waiting Times;</li> <li>• Alcohol Brief Interventions;</li> <li>• Naxolone Kits;</li> <li>• Drug Related Deaths;</li> <li>• Training;</li> <li>• Finance;</li> <li>•</li> </ul>
2.2	<b><u>Anticipated Outcomes</u></b>
	N/A
2.3	<b><u>Measuring Impact</u></b>
	N/A
<b>3.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	There are no financial implications
<b>Human Resources:</b>	The Alcohol and Drugs Partnership works across agencies with a wide range of staff
<b>Legal:</b>	There are no legal implications
<b>Equality:</b>	Equality Impact Assessments will be carried out where required.



<b>Children and Young People</b>	Children and young people have been included as an ADP priority.
<b>Environmental &amp; Sustainability:</b>	No environmental issues have been identified.
<b>Key Priorities:</b>	Actions and improvements link directly with Ministerial priorities to support the delivery of local strategic and operational plans across statutory and partner services.
<b>Risk Implications:</b>	Risk assessments are completed as an when required.
<b>Community Benefits:</b>	Improvements will increase community confidence in partnership approaches and raise awareness of the impact of alcohol and drugs and the work of the ADP to reduce drug related deaths.

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

<b>6.</b>	<b>CONCLUSION</b>
6.1	IJB are asked to note the report.

**For more information please contact Peter McArthur, Addiction Services on [01294 317840 or [peter.mcarthur@aapct.scot.nhs.uk](mailto:peter.mcarthur@aapct.scot.nhs.uk)]**



# **NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP & ADP**

## **Performance management report**

**April 2020 - March 2021**

Prepared by Denise Brown  
Prevention and Service Support Team

Target met

On trajectory

Not met

# North Ayrshire H&SCP & ADP information

## Performance Management indicators

### Waiting times - alcohol treatment

- 90% of clients will wait no longer than 3 weeks from referral to appropriate alcohol treatment that supports their recovery.
- 100% of clients will wait no longer than 6 weeks from referral to appropriate alcohol treatment that supports their recovery.

### Waiting times - drug treatment

- 90% of clients will wait no longer than 3 weeks from referral to appropriate drug treatment that supports their recovery.
- 100% of clients will wait no longer than 6 weeks from referral to appropriate drug treatment that supports their recovery.

### Alcohol brief interventions

- A minimum of 3,419 Alcohol Brief Interventions (ABI) are to be delivered during 2020/21 within 3 identified priority settings across Ayrshire and Arran.
- A minimum of 856 ABIs are to be delivered during 2020/21 within identified wider settings across Ayrshire and Arran.

### Naloxone supplies

- The North Ayrshire H&SCP & ADP have set a local target for more than 300 naloxone kits to be supplied in 2020/21.



### Drug related deaths

- The North Ayrshire H&SCP & ADP have a vision to prevent and reduce the number of drug related deaths in subsequent years.



### Lives saved

Information will be provided on the number of reported lives saved through the use of Naloxone across North Ayrshire. (Please note that not all lives saved are reported back to NHS Addiction Services).



### Prevention and Service Support activity



Information will be provided on activity carried out by the Prevention and Service Support Team bi-annually.



# North Ayrshire ADP

## Waiting Times

Annual summary: Apr 2020 - March 2021

### Alcohol

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



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



### Drug

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



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





# Alcohol Brief Interventions (ABI)

Ayrshire and Arran wide information

Annual report: April 2020 - March 2021

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

**Total ABI delivery in Priority settings (as at 31/3/21) - 5927**



**Annual target set by Scottish Government in Wider Settings - 855**

**Total ABI delivery in Wider Settings (as at 31/3/21) - 1025**



	Qtr 1 Apr 20 - Jun 20	Qtr 2 Jul 20- Sep 20	Qtr 3 Oct 20 - Dec 20	Qtr 4 Jan 21 - Mar 21	Running total Apr 20 - Mar 21
Priority settings	614	1769	1423	2121	5927
Wider settings	92	431	286	216	1025

## Update regarding agreed actions from local report

- PSST would like to thank all of our partners and stakeholders for their ongoing commitment and support to the ABI standard especially as we navigated through and responded to the needs of the COVID-19 pandemic.
- Where services within the priority areas and wider settings have been unable to report on ABI activity, this was due to re-assignment of staff, re-tasking of role and current COVID-19 restrictions on service delivery.
- GP ABI delivery and reporting continued in accordance with last year's ABI GP LES and despite COVID-19 competing pressures, we are extremely grateful for their commitment and the increase in activity in Quarter 4.

## Future engagement opportunities for the 2020/21 target:

- PSST will continue to monitor the ongoing situation with Maternity Ante Natal recording ABI activity onto Badger Net and the problems they are encountering with extracting the data for reporting purposes.
- PSST will continue to monitor, record and report all ABI activity, on a quarterly basis, provided by our partners from both priority areas and non HEAT wider settings.
- PSST will continue to offer support and training, this will be delivered via the virtual training module, if requested, to our partners.

# **Client experience of NADARS during Covid-19**

**(Aug - Dec 20)**

**210**

**responses were received**

**95%**

**of clients reported that they received  
regular contact during the Covid-19  
pandemic**

**88%**

**of clients felt supported by workers who  
encouraged and helped them on their  
own recovery goals**

**93%**

**of clients felt listened to**

**89%**

**of clients felt that they were able to  
access the right information to manage  
their own care and support**

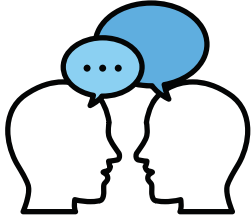
**88%**

**of clients felt encouraged to connect with  
recovery/community groups that could  
support their recovery journey**

# What did we do well?

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## • Communication



- I felt that you called me a lot even if it was just for a chat.
- It's been a brilliant service which has continued despite this being telephone contact during the national lockdown and now face to face appointments.
- I was surprised at the level of contact that was maintained throughout the pandemic - I expected it to be less, however it wasn't.

## • Support from staff

- The support I've received is fantastic.
- If it wasn't for my worker I wouldn't be here - I would be back to a worse state.
- The support I've received from my worker is fantastic.
- Very helpful and worker has been very empathic and understanding to my situation.
- Great care and support has been there for anything I needed.
- Felt service have done well in the current situation.
- I have received frequent support from my key worker and felt this beneficial.



## • Support to aid recovery



- I was provided with online apps to use which I found helpful.
- I have been given lots of information and I have taken this on board.
- Appreciated receiving a laptop to attend online support groups.

# What can we improve?

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## • Support for Mental Health

- Could benefit from more contact and right treatment for mental health issues.
- More face to face support, I have struggled with the COVID restrictions and limited face to face contact with my worker.
- Reports to have regular contact with keyworker and prescriber. Has a good rapport with both but feels treatment could be better re specialised mental health issues.
- It's been fine. Only issue is numerous recent key worker changes which has caused my reluctance to speak openly about Mental health issues and past experiences.

## • Groupwork



- I wished they had more groups on during the pandemic; however i have attended a few groups through Zoom.
- I don't think there was much choice of meetings during the pandemic.
- More access to groups.

## • Consistency of keyworker

- Steady keyworker would help me build up trust to help me on my recovery.
- A regular worker- fed up having to tell story over again.



# Additional comments...

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## • **Support from service**



- Overall happy with service provided; spoke about how well supported service has been especially providing food voucher/parcels and the delivery of medication when having to self-isolate due to COVID.
- It was good to have telephone contact during lockdown. It helped to have that contact and have someone to talk to.
- Very pleased with support. Worker is amazing and support is consistent.
- I feel the support that was provided from NADARS was essential throughout the COVID-19 pandemic to ensure all my needs were met.

## • **Positive outcomes on recovery journey**

- Client reporting positive outcome during pandemic – they liked the mixture of telephone and when appropriate face to face reviews. Happy that methadone dispensing was relaxed; overall positive outcome.
- I appreciated being able to go in to Caley Ct for screening by duty worker to evidence abstinence during lockdown.
- My experience has been very positive and I have engaged with all supports offered which includes completing an online college course and trauma focused sessions with Women's Aid.
- I have enjoyed a more relaxed experience when collecting methadone.
- The service I have received has worked for me and I actually prefer the care I have received.



# Summary

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Overall feedback received from clients was very positive. The majority of clients were more than happy with the support and regular contact they received from staff during the Covid-19 pandemic, which aided them in their recovery. Several comments were made about the contact from staff being crucial in getting them through these difficult times, particularly from those who lived alone.

Clients felt that they were listened to and that they were able to access the right information to manage their own care and support. Most clients stated that they were aware of online support groups and meetings available, however some felt that they were not at the stage in their recovery journey to attend these or that they didn't feel confident to attend these virtually.

Clients suggested improvements in relation to having consistency in their keyworker as not having a regular keyworker caused reluctance in being able to speak openly about their mental health and past history. Some clients wished more support for mental health issues. Other clients missed face to face group work and suggested reviewing this.

In conclusion, the majority of clients felt supported and had received good communication and engagement from staff during the Covid-19 pandemic, It was noted that the service went above and beyond at times to aid clients on their recovery journey by the delivery of medication, regular telephone support and signposting to other online groups/meetings which was considered beneficial, especially in times of need.

## **Next steps:**

NADARS staff to reflect on the feedback and identify any changes or improvements and implement them via a local improvement plan.

# Ayrshire & Arran

## Annual Naloxone Report

1st April 2020 - 31st March 2021

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

# 1900

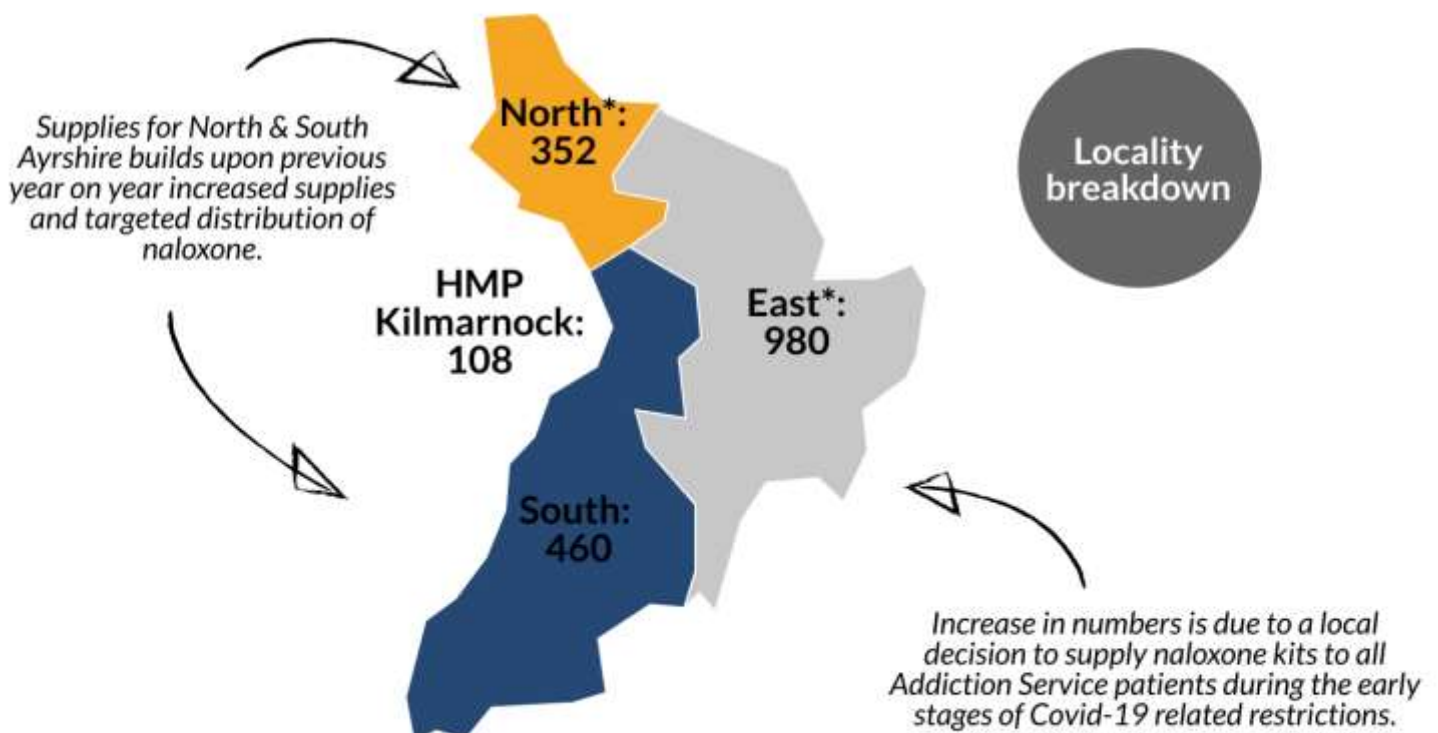
Kits were distributed during 2020-21



**1184** Prenoxad kits

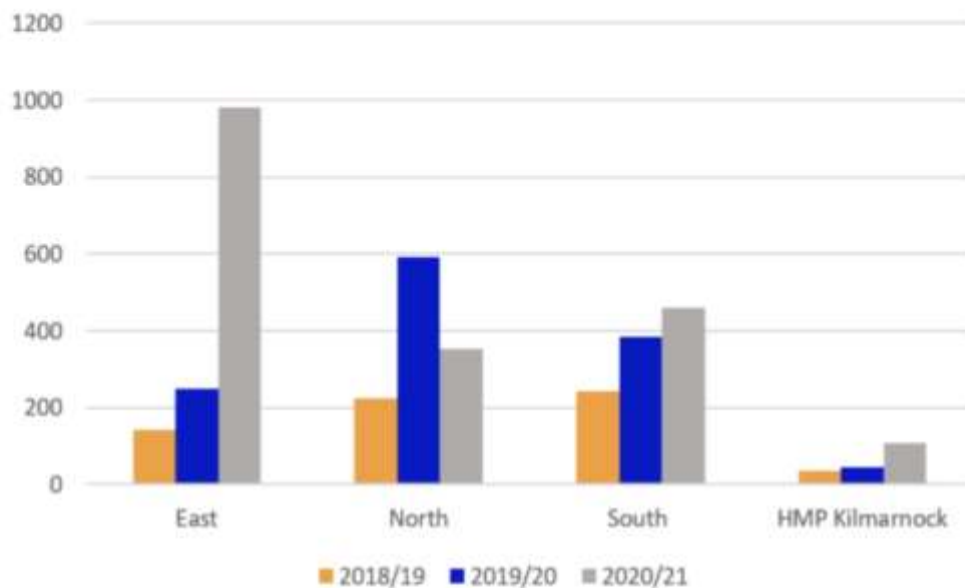


**716** Nyxoid kits

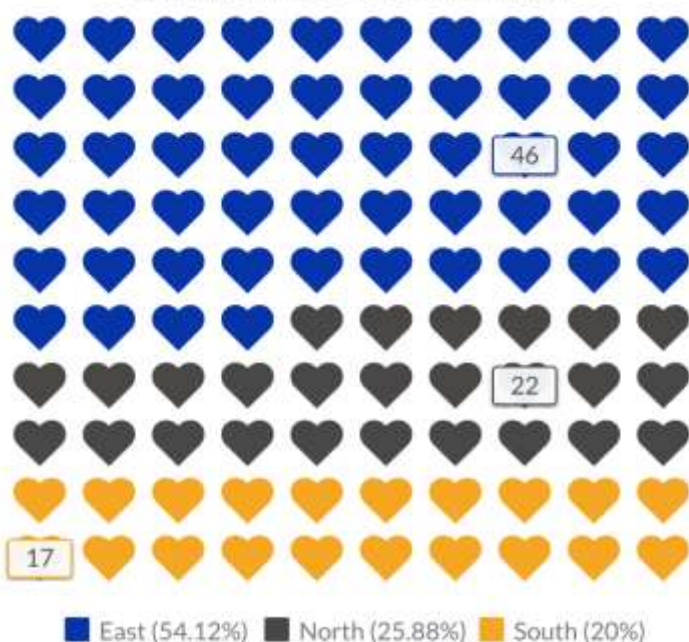


Produced by NHS Ayrshire and Arran Prevention and Service Support Team

## How do the number of kits supplied during 2020-21 compare with previous years?



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



There were a minimum of **85 lives** saved through community naloxone use in Ayrshire during 2020-21

"I've already had 2 kits off you and had to use them, if I hadn't my pal would have been dead" - told to TPS volunteer



"I'm so glad I met you the other day and got that kit, or my friend wouldn't be here today, after having to use it the night before to bring them back from an overdose" - told to a Turning Point Scotland volunteer



## Demographics

### Who received a kit?



Family/friend (3.26%) Person at risk (87%)  
Service worker (9.74%)



*"The Naloxone success story that I most remember was when we had met a woman in Kilwinning who had used Naloxone on a friend who was then taken to hospital and survived the overdose, When we supplied her with more Naloxone she was happy knowing that if the same was to happen again she would be able to help save a life". - Turning Point Scotland Volunteer*

### Gender\*



### Age\*



25 & under (3.7%) 26-35 (30.55%)  
36-45 (42.05%) 46-55 (21.37%)  
56 & over (2.33%)

\*where this data was recorded



### Community Save Story

A female presented as being intoxicated when she returned to her accommodation at Blue Triangle in Ayr. The Project Worker on duty provided regular checks of the individual and found her to be unresponsive during the third check. Identifying laboured breathing and grey skin tone, the worker administered naloxone and called for an ambulance. Paramedics provided more naloxone when they arrived. The individual came round and was well.

## Who supplied the kits?



- NHS Alcohol & Drug Services (88.74%)
- Health & Homeless Nurses (5.74%)
- We Are With You (South) (1.68%)
- We Are With You (East) (0.26%)
- P.E.A.R Turning Point Scotland (3.58%)



*"We have two Peer Support workers who carry out Outreach 3 days a week on Ayr High Street and in Wallacetown. They carry trollies with them which contain various resources including Naloxone. They regularly distribute Naloxone to people they meet when on outreach. We also have kits available for people who request them at our drop in, Care & Share every Wednesday" - Riverside Community Trust*



Scottish Families began a 'click and deliver' naloxone postal service in March 2020. **29 kits** were provided to Ayrshire & Arran residents.



### Community Save Story

A woman checking on her brother at his home arrived to find him unresponsive, and making snoring/rasping noises. Identifying these as signs of overdose, she called 999 and another family member she knew carried a naloxone kit and lived nearby. The family member arrived and administered three doses of naloxone before the casualty regained consciousness. The paramedics arrived afterwards and took the person to hospital.



# North Ayrshire

## Drug related deaths information

### ANNUAL SUMMARY REPORT

April 2020 - March 2021

**Published Confirmed Deaths (Extracted from National Records of Scotland Drug Related Deaths in Scotland, 2019)**

Number of deaths confirmed				
	EAST	NORTH	SOUTH	TOTAL
2016	29	32	24	85
2017	24	25	12	61
2018	29	38	15	82
2019	41	41	26	108

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

19

Number of these reviews which identified learning or recommendations

2

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

0

From all reports - the key learning or recommendations were:

Within this reporting period the Mental Health Service Adverse Event Review Group (AERG) commissioned a review to investigate the circumstances surrounding the management and care of a service user within NHS Addiction Services. The Reviewers conclude that the death was a tragic event which would have been difficult to predict or prevent. The Reviewers highlighted evidence of good practice in the following forms:

- Regular prescriber review appointments, providing opportunity to the patient to discuss service user's views and participate in their care plan
- Understanding patient needs and circumstances and suggesting solutions tailored to their situation
- Using psychological interventions to prevent relapses, encouraging to access recovery activities
- Notification to inform GP of medication which service user has been non-compliant with, thus reducing the risk of impulsive / misuse of this
- Being empathetic and understanding their continued frustration and distress due to service user's deportation but also reminding service user of their responsibility and encouragement to be realistic and supporting them to achieve their goals
- The GP practice seem to have been engaged and arranged interventions to support the patient.

# Annual Report

April 2020 - March 2021



**Prevention and Service Support Team**  
Improving knowledge of addictions through education and training

## Alcohol & Drug Training Calendar



### Participant Feedback

What did you like the most?

"Receiving more information about the use of cannabis, how it has changed over the years and the effects that it can have on the user both short and long term. Finding out about the different strengths, names and how you can smoke/take cannabis was all new to me and very informative and relevant to the post that I am in."

"I enjoyed all of the aspects of this training but in particular I enjoyed participating; being able to discuss and hear everyone else's views on the topics."

"The whole thing was the most enjoyable and interesting course I have done relating to drug awareness. It was easy to understand and covered topics that are relevant to me in my role and gave me a better and deeper understanding."

"I found this training to be very interesting and very informative! I think the trainer delivered it very well and facilitated great group discussions which really elevated the training for me - I really enjoyed it all!"

Virtual Course Participants

## The Impact of Covid 19

During the first national lock down period in line with NHS mobilisation of services to tackle the pandemic, PSST supported the pick-up and delivery of medication to service users, PPE deliveries across Ayrshire and the ongoing supply of Naloxone.

Groupwork courses we updated; Ward 5 Woodland View

3

Face to face courses we converted to a virtual format

14

### Ad-Hoc Training & Health Information Events by Locality Area



East Ayrshire (9.2%) South Ayrshire (19.54%)  
North Ayrshire (35.63%) Pan Ayrshire (35.63%)

## Alcohol Brief Interventions

Annual target for 2020/21 as set by Scottish Government in priority settings - **3419**

**Total ABI Delivery in Priority settings - 5927**



Annual target for 2020/21 as set by Scottish Government in Non-priority settings - **855**

**Total ABI Delivery in Non priority settings - 1025**



Prevention & Service Support Team-NHS Ayrshire & Arran



Follow us on twitter @PSST\_NHSaaa

Follow our Social Media pages to keep up-to-date with our activities at Prevention Service & Support Team. 28



# Annual Report

## April 2020 - March 2021



**Prevention and Service Support Team**  
Improving knowledge of addictions through education and training

### Ayrshire College

Alcohol & Drug Liaison Officer



Due to the Covid-19 pandemic Ayrshire College closed on 18th March 2020. ADLO was redeployed back to NHS base for a period of time and completed weekly PPE deliveries from May-September to assist the clinical teams. Ayrshire College reopened in September to a lesser capacity, however the bulk of workshops continued to be delivered virtually and no face to face events were possible due to continuing restrictions. One-to-one support continued to be provided throughout on a remote basis.

**77 Workshops with 777 Participants**

**1 Health Information Event with 40 Contacts**

**28 One-To-One Student Support Interventions**



## Naloxone

**88** staff completed the Naloxone LearnPro Module

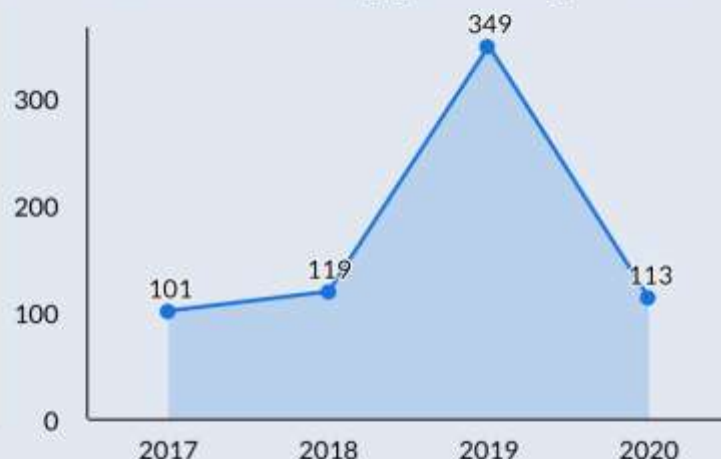
**13** Train the Trainer sessions delivered

Minimum of **73** lives saved\* in the community

**18** Naloxone Awareness sessions delivered

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

### Naloxone supplied by PSST



### Service Support

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

**Service user experience audit**

**Groupwork programme evaluation**

**Recovery Check up questionnaire**

**Veterans "Have you served" audit**

**20** Audit & Evaluation Activity

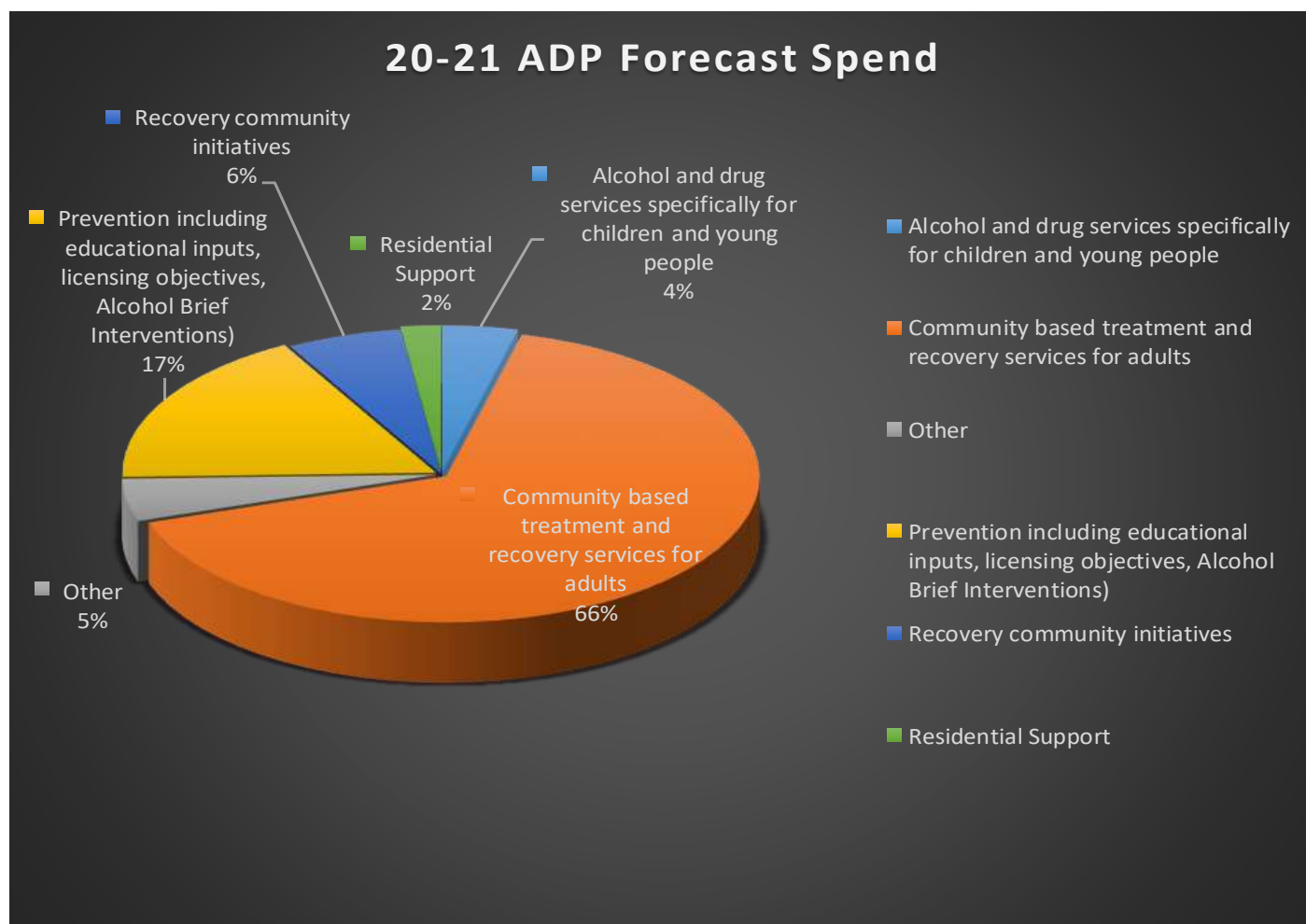
**11** Guidelines Reviewed

**21** Addiction Groups Supported

Compiled by Stephanie Smith

## ADP financial spend 2021-21

Sum of Current Forecast	
SG FUNDING SOURCE HEADINGS	Total
Alcohol and drug services specifically for children and young people	£68,405
Community based treatment and recovery services for adults	£1,162,127
Other	£82,779
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	£306,671
Recovery community initiatives	£104,847
Residential Support	£36,818
<b>Grand Total</b>	<b>£1,761,647</b>



**Integrated Joint Board**  
**17 June 2021**

<b>Subject:</b>	<b>Update from the North Ayrshire Alcohol and Drug Partnership</b>
<b>Purpose:</b>	To provide an overview of the activities, actions and funding of the ADP, and to update the IJB on the actions taken by the North Ayrshire Drug Death Prevention Group (DDPG) and partner agencies in preventing drug related deaths in North Ayrshire.
<b>Recommendation:</b>	IJB are asked to :- (i) Note the actions taken place since the last IJB update in November in relation to funding for rehabilitation; (ii) note the work of NADARS in implementing the MAT (Medically Assisted Treatment) standards, and (iii) note the partnership working that has taken place to improve outcomes for those affect by alcohol and drugs.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NADARS	North Ayrshire Drug and Alcohol Recovery Service
N/A DDPG	North Ayrshire Drug Death Prevention Group
ADP	Alcohol and Drug Partnership
DDTF	Drug Death Task Force
PB	Participatory Budget
PEAR	Prevention Education Recovery Service
MAT Standards	Medically Assisted Treatment Standards
DAISY	Drug Alcohol Information System
NAADP	North Ayrshire Alcohol Drug Partnership
SPOC	Single point of Contact
DPIA	Data Protection Impact Assessment

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report provides an update since the IJB meeting in November 2020, and highlights the progress on the priorities set out by the Drug Death Task Force, local and Pan Ayrshire drug death groups, and the work that is ongoing in relation to the MAT standards.
1.2	The joint work of the ADP is outlined in relation proposed initiatives, and joint funding. The report provides details of work in relation to COVID and monitoring the impact on individuals and services
1.3	The funds allocated by the Drug Death Task Force and Scottish Government to prevent drug deaths is highlighted within the report.

<b>2.</b>	<b>BACKGROUND</b>
2.1	The National Drug Death Task Force leads on the actions and funding for Scottish Government for over a year now. The ADP received additional funding of £84k last year to implement the Drug Death Task Force priorities and more recently, in March 2021 the ADP received an additional £96k in relation to rehabilitation. This funding has strict criteria and therefore is not available to be invested in other priority areas.
2.2	<p>Following a recent bidding process for grassroots fund and local improvement fund for prevention of alcohol and drugs problems, the Drug Treatment and Testing Order service secured funding for 2 recovery development workers. A further tranche of bids for a further £2million will be accepted in June/July.</p> <p>There if further funding anticipated for Residential Rehab and the ADP await further information on this.</p>
2.3	The National Drug Deaths Report was published in December 2020 which confirmed an anticipated increase in drug deaths. Scotland has a high level of drug-related deaths. In 2019 1,264 drug-related deaths were registered in Scotland, 6% (77) more than in 2018 and for North Ayrshire there were an increase of 3 from the previous year.
2.4	This data has led to an increase in the provision of naloxone as a priority, through a multi partnership approach and has been positively promoted within the community.
2.5	Based on the evidence that Medication Assisted Treatment (MAT) is protective against the risk of death, the Scottish Drug Deaths Taskforce and the Scottish Government has prioritised the implementation of MAT standards for people experiencing problems with their drug use
2.6	There is currently an underspend within the ADP budget and proposals will be developed for priorities and further developments to reduce the impact, and deaths relating to alcohol and drugs .
<b>3.</b>	<b>PROGRESS</b>
3.1	<u>Priorities for NA ADP in Relation to Prevention of Drug Deaths</u>
3.2	<u>Non-Fatal Overdose</u>
	<p>The Non-Fatal Overdose Drug Liaison post commenced on the 11<sup>th</sup> January in Crosshouse Hospital. This post provides timely intervention to those who have experienced a non-fatal overdose. The post also has robust links with the community and referral pathways in place for next day follow up with individuals. The service incorporates a community response and pro-active follow up in the community by a Recovery Development worker in NADARS.</p> <p>The ADP has been working with Scottish Ambulance Service to create pathways for those who overdose but refuse to go to hospital. Work is ongoing in relation to DPIA to enable information sharing in terms of their Naloxone provision which is being rolled out.</p>

3.3	<u>Medication Assisted Treatment Standards</u>
	The Drug Death Prevention Group (DDPG) has discussed the implications of the MAT (Medically Assisted Treatment) standards and are working towards full implementation. The Drug Policy Minister has announced the standards will be implemented and that funding will be made available.
	NA ADP have requested funding of £221,303 for the implementation of the standards. To date there has been no formal confirmation of the funds available to the ADP, but work has already commenced in relation to the 10 standards outlined below :-
	<ol style="list-style-type: none"> <li>1. All people accessing services have the option to start MAT from the same day of presentation. <ul style="list-style-type: none"> <li>• NADARS has commenced a pilot within the Three Towns area to assess need and provision. The findings of this will be taken forward to inform wider roll out of the initiative.</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose. <ul style="list-style-type: none"> <li>• The service has introduced a range of treatment options which will be available to service users. Service user leaflets are being prepared to ensure they have an informed choice. Those currently on Methadone can also make an informed choice to change other treatment options.</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>3. All people at high risk of drug-related harm are proactively identified and offered support to commence, re-commence or continue MAT. <ul style="list-style-type: none"> <li>• Throughout the pandemic, the service has continued to see those at high risk, those on release from prison, people with mental health issues, non-fatal overdose and homeless as a priority group.</li> <li>• In order to implement the MAT standards a full assessment and risk assessment requires to be carried out in a shorter time period but also in line with safe prescribing guidelines. The service is working hard to ensure a seamless service at first contact.</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>4. All people are offered evidence-based harm reduction at the point of MAT delivery. <ul style="list-style-type: none"> <li>• The harm reduction model is core to addiction services work and the recommended tools and support will be embedded into the MAT treatment and throughout the individual's journey.</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>5. All people will receive support to remain in treatment for as long as requested. <ul style="list-style-type: none"> <li>• Regardless of whether the individual is in MAT treatment or not they can be supported in a number of ways throughout their recovery journey, not only in treatment services but wider support options should they cease treatment.</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>6. The system that provides MAT is psychologically and trauma informed (Tier 1); routinely delivers evidence based low intensity psychosocial interventions (Tier 2); and supports the development of social networks. <ul style="list-style-type: none"> <li>• Work is ongoing with colleagues in psychology to provide tiered approach to trauma and the roll out of programmes such as "Survive and Thrive" and third sector colleague's will also be offered training.</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>7. All people have the option of MAT shared with Primary Care. <ul style="list-style-type: none"> <li>• This area of work requires consultation with GP's as historically there is no treatment provision in North Ayrshire by GP's. This has been accepted as a mutual position over the years.</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>8. All people have access to advocacy and support for housing, welfare and income needs. <ul style="list-style-type: none"> <li>• We will co-ordinate awareness sessions in conjunction with AIMS Advocacy. The ADP has secured partnership funding for an advocacy worker within the</li> </ul> </li> </ol>

	<p>Better Off Partnership with CHAPS hosting the post. This post will provide outreach to key services and initiatives but will also link to the Better off Partnership in terms of housing, welfare and income. The ADP are currently in discussion with both partners to finalise the post. The ADP will also arrange bespoke training to the Better off Partnership staff in relation to alcohol and drugs impact.</p>
	<p>9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</p> <ul style="list-style-type: none"> <li>The service are currently redesigning their services to accommodate all aspects of the MAT standards at point of contact. This will include robust mental health assessments, risk of harm liaison with current services and prescribing in relation to mental health and provision of a wide range of interventions from the service.</li> </ul>
	<p>10. All people receive trauma informed care.</p> <ul style="list-style-type: none"> <li>As outlined in Standard 6 the core services and wider will receive training to ensure the workforce applies a consistent approach and refers through the appropriate pathways.</li> </ul>
3.4	<p>NADARS are currently involved in a National Survey regarding the standards and have worked with the Scottish Drugs Forum to identify individuals to participate.</p>
	<p>NADARS also completed a survey in relation to the impact of COVID and received positive feedback. The service is also engaged in a further survey in relation to Methadone dispensing changes during lockdown and interest in changing to Buprenorphine (long acting injection that can be given weekly or monthly which blocks opiates)</p>
3.5	<p>NA ADP has commissioned the PEAR service to provide outreach to provide Naloxone and make contact with individuals who are not currently in contact with services. Individuals with lived experience have been recruited as volunteers to provide this work in North Ayrshire. The volunteers will have the choice to move on to paid employment through a sessional budget to enable them to build their experience.</p>
3.6	<p>Data sharing issues with Police Scotland in relation to drug deaths in Ayrshire and Arran have been resolved and a new process with Police Scotland has been agreed to share initial information surrounding a suspected DRD.</p>
3.7	<p><u>Wider Partnership Working</u></p>
	<p>The joint bid with North Ayrshire Children and Families Team, Barnardo's and ADP for 3 year match funding with Corra was successful. The Children and Families Team will benefit from an early intervention service for those with alcohol and drug problems. A pilot recovery development worker from NADARS, with lived experience, will join the Access/MASSH team look initial point of contact with families who are experiencing alcohol and drug issues which impact on their children and wider families. Positive feedback has been received and this will be enhanced by 2 posts when the Corra funding is finalised.</p>



	<p>The Youth Executive Team are producing a range of videos on the impact of alcohol and drugs on young people which was funded from a successful Participatory Budget submission. Following on from this, the team were commissioned to develop a survey on Stigma, this has been produced for the sub-group of the NAADP Community Recovery Forum and will be disseminated widely and an action plan formed from the results.</p>
	<p>The ADP supported Arran Community and Voluntary Service with a funding application to carry out a study on Arran on the impact of alcohol and drugs in an island community. Capacity on the island has been expanded through the use of participatory budget funds, Arran Youth, PEAR service to expand wider community involvement, and an NAADP funded 2 year post to facilitate pathways from detoxification at Lamlash hospital. The post will also enhance further joint working on the culture issues identified on the island and co-ordinate communications and initiatives with other services.</p>
	<p>NADARS and PEAR service have implemented a new data system for the collation of service reports. The DAISY system will enable services to input service user data and benefit from more timely and up to date reports. The full potential of the system has still to be realised.</p>
	<p>The ADP has commissioned CRAFT (Community Reinforcement and Family Training). This training enables families affected by alcohol and drugs to set boundaries, communicate more positively and effectively with their loved ones to encourage change and build resilience. A total of 18 staff have attended to date, ranging from members of the community to health visitors.</p>
3.8	<p><u>Residential Rehab</u></p>
	<p>The funding awaited from Scottish Government will have implications for the funding of residential rehabilitation. To date, the pathway for detox and 6-week programme has been provided by Ward 5, which has met the demand in North Ayrshire without the need for wider provision.</p>
	<p>The Scottish Government has allocated funding to support the provision of wider and lengthier rehabilitation opportunities in 3<sup>rd</sup> sector and private facilities. This will require the partnership to screen admissions, allocate funds and placements appropriately to ensure the best outcomes for service users. A steering group will be convened with partners to scope the local landscape and opportunities out with North Ayrshire. The potential reduction in Methadone treatment prior to entering a rehab (some facilities insist this is no higher than 40mls) will need to be considered, not only where this will sit with the provision of MAT, but also those who leave rehab early during a programme and require quick access to MAT in terms of risk.</p>
	<p>A residential rehabilitation survey will be carried out to seek the views of service users, including those who have accessed Ward 5. Discussions with commissioning and procurement in respect of spot purchase of facilities or some other potential bed access specific to North Ayrshire will be required. The future plans for Ward 5 will be discussed with NHS colleagues.</p>

3.9	The ADP has agreed to fund an ADP support Officer post to provide support and wider development capacity for the ADP.
3.10	The ADP plans to repeat the success of the Participatory Budget carried out last year with a focus on whole families approach this year in line with the strategy.
3.11	<b><u>Anticipated Outcomes</u></b>
	The ADP works to reduce the impact of alcohol and drugs and prevent drug deaths through partnership working and reporting, this is fed into the ADP and wider reporting mechanisms. The work of the ADP subgroups and implementation plans will provide outcomes and feed into the overall strategy and reporting of the ADP which will inform the Implementation plan submitted to the Scottish Government in September.
3.12	<b><u>Measuring Impact</u></b>
	The feedback through the specific action plans, work of the subgroups and reporting and data systems through ADP, local and Scottish Government structures, will provide ongoing data and outcomes to reflect the impact of work being carried out
<b>4.</b>	<b>IMPLICATIONS</b>

<b>Financial:</b>	New funding has been made available to deliver on ADP and national priorities with further funding anticipated. The ADP anticipate a year-end underspend and will plan to deploy this resource in line with agreed priorities.
<b>Human Resources:</b>	There will be the creation of new ADP support Officer to support the work of the ADP
<b>Legal:</b>	. n/a
<b>Equality:</b>	Equality Impact Assessments will be carried out where required.
<b>Children and Young People</b>	Children and young people have been included as an ADP priority and above developments above will impact positively
<b>Environmental &amp; Sustainability:</b>	n/a
<b>Key Priorities:</b>	Actions and improvements link directly with Ministerial Priorities and support the delivery of local strategic and operation plans across statutory and partner services.
<b>Risk Implications:</b>	The risk implications are financial given the short-term funding from Scottish Government and a risk assessment will be completed in relation to this
<b>Community Benefits:</b>	Only applies to reports dealing with the outcome of tendering or procurement exercises.

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



<b>5.</b>	<b>CONSULTATION</b>
5.1	ADP partners and stakeholders have been engaged with and consulted regarding the above funding priorities and ADP strategy development. The actions aimed at reducing the impact of alcohol and drugs in our communities and preventing drug related deaths is an ongoing commitment for the ADP and consultation is core to this.
<b>6.</b>	<b>CONCLUSION</b>
6.1	The IJB are asked to note the content of the range of work that the ADP is taking forward in relation to the strategy and funding from Scottish Government. The IJB are asked to acknowledge the impact of Covid -19 in terms of planned work and adaptable practice and timescales which are required to be continually reviewed, and risk assessed

**For more information please contact Billy Brotherston on [billybrotherston@msn.com](mailto:billybrotherston@msn.com)**

**Integration Joint Board**  
**17 June 2021**

**Subject: Primary Care Improvement Plan Update**

**Purpose:** To present to IJB, a review of the Primary Care Improvement Plan (PCIP) 2020-22 and set out indicative arrangements for 2021-23 to deliver on the commitments set out in the General Medical Services (GMS) 2018 contract.

**Recommendation:** It is recommended that the Integration Joint Board:

- i. Receives this update on the PCIP to date and be assured on progress;
- ii. Approves the actions set out for 2021/22;
- iii. Approve the additional resource for Pharmacotherapy Service as set out in paragraph 4.1
- iv. Notes the Primary Care Improvement Funds 2020/21 and approves the 2021/22 projections; up to and including conclusion to March 2023.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
PCIP	Primary Care Improvement Plan
GMS	General Medical Services
SGPC	Scottish GP Committee

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The new GMS contract, being implemented through the PCIP, provides the basis for an integrated health and care model with a number of additional professionals and services MDT including nursing staff, pharmacists, mental health practitioners, MSK physiotherapists, and community link workers as well as signposting a number of patients, where appropriate, to other primary healthcare professionals within the community. This is aligned to the NHS Ayrshire and Arran Caring for Ayrshire vision sets out a whole system health and care model which focusses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.
1.2	It is recognised that the COVID-19 pandemic and associated remobilisation work has impacted on the original timescales for delivering elements of PCIP 2020-22 and consequently, the implementation of the new GP contract by 2021/22.
1.3	Throughout 2020 a number of actions agreed within the PCIP continued to be implemented. This included an increase in the total number of pharmacotherapy staff, additional Advanced MSK Physiotherapists, Mental Health Practitioners and as planned, significant investment into the Community Treatment and Care Service.

1.4	By necessity the different ways of working across primary care and seeing all the professional groups working remotely has highlighted opportunities for delivery models going forward and accelerated ways of working that hadn't even been explored pre-COVID-19. The response to COVID-19 has allowed Primary Care, GP Practices, and HSCP teams to work closely together which has further strengthened the relationships and understanding to move forward together.
<b>2.</b>	<b>BACKGROUND</b>
2.1	A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.
2.2	The aim of the new contract was to facilitate a refocusing of the GP role as Expert Medical Generalist (EMG). This role builds on the core strengths and values of general practice. The national aim is to enable GPs to use their skills and expertise to do the job they trained to do.
2.3	This refocusing of the GP role required some tasks currently carried out by GPs and practices, to be undertaken by additional members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.
2.4	Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period (2018-21).
2.5	These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy, community mental health and community link workers. GPs will retain a professional leadership role in these services in their capacity as EMG.
2.6	Following the approval of the new GMS contract in January 2018, the first PCIP (2018-2021) set out the plan to implement the new contract across NHS Ayrshire & Arran by 2021. This was approved at the three IJBs and the NHS Board in June 2018, and was then submitted to the Scottish Government on 28 June 2018.
2.7	The PCIP 2 (2020-22) was approved at each of the IJBs, NHS Board and Local Medical Committee in December 2019. It set out a collaborative approach for delivery across the three Ayrshire IJBs, the NHS Board and the local GP sub-committee / Local Medical Committee. This inclusive collaboration has been essential in presenting a report that outlines the ambition of all parties to develop our Primary Care services to be both sustainable and meet the future needs of our communities within each of the partnership areas.
2.8	It was agreed progress on the implementation of the plan would be reported every 6 months to the IJBs, GP Sub Committee and the NHS Board with a full review taking place at the end of Year 1 (2018/19), Year 2 (2019/20) and Year 3 (2020/21). Reporting did not take place in 2020 due to official programme arrangements being stood down due to the pandemic.

<b>3.</b>	<b>PROGRAMME GOVERNANCE AND OVERSIGHT ARRANGEMENTS</b>
3.1	Implementation of the PCIP is led by a dedicated pan Ayrshire Programme Team within East Ayrshire HSCP under the leadership of the Portfolio Programme Manager for Primary and Urgent Care Services.
3.2	<p>The pan Ayrshire Primary Care Programme and implementation of the new GMS contract are governed by the following documents:</p> <ul style="list-style-type: none"> <li>• The new GMS (2018) contract which sets out the requirements on GPs, IJBs, and NHS Board to comply with the contract.</li> <li>• The national MoU between The Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards which builds on the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) ("the Act") of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an Expert Medical Generalist.</li> <li>• Ayrshire &amp; Arran PCIP 2018-2020 and PCIP 2 2020-22</li> <li>• The framework to support implementation of the General Medical Services Contract (2018) in Ayrshire and Arran which describes the decision making process</li> </ul>
3.3	<p>The national MoU represents a landmark statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) ("the Act") of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an Expert Medical Generalist. In line with the Public Bodies (Joint Working) (Scotland) Act 2014) it reinforces that IJBs are responsible for the planning and commissioning of primary care services. Within Ayrshire and Arran, each of the IJBs Directed the planning and redesign of Primary Care services through the NHS Board to the East HSCP as the lead HSCP for Primary Care. This will be supported by commissioning directions.</p>
3.4	<p>The 7 key principles below were outlined in the PCIP, linked to the West of Scotland regional principles that underpin the transformation programme, and align to IJB Strategic Plans. These principles have been referred to during all decision making process to ensure any changes or developments are in line with the underpinning aims of the new contract.</p> <ol style="list-style-type: none"> <li>1. We will encourage and empower our citizens and carers to take control of their own health and wellbeing within our communities and services.</li> <li>2. We aim to deliver outcome-focussed and responsive services for the population of Ayrshire and Arran.</li> <li>3. Service developments will aim to improve patient health and the patient journey aligned with the goal of supporting the continuous improvement and sustainability of Primary Care.</li> <li>4. Development of service delivery will, where practical, have clear alignment to the requirements stated within the Memorandum of Understanding and General Medical Services Contract (2018), striving to ensure continuity of team members to allow teams to develop and grow.</li> <li>5. Service changes will, by default, be delivered to meet local needs and make best use of services available within localities and neighbourhoods recognising there will be times when, for good practical and clinical/financial governance sense, will remain pan Ayrshire.</li> </ol>

	<p>6. Seek to ensure a balance between operating as a consistent, equitable service across Ayrshire and Arran alongside appropriate local flexibility to include the aspirations of local communities and professionals.</p> <p>7. Within the context of a pan-Ayrshire improvement plan, we will support a reasonable, proportionate and consistent approach across each of the Health and Social Care Partnerships within Ayrshire and Arran</p>
3.5	The delivery arrangements for the programme include specific Implementation Groups for each workstream and a writing group comprised of key members of the Implementation Groups that bring coherence across the full programme.
3.6	The Implementation Groups have pan Ayrshire membership and are co-chaired by a Pan Ayrshire Lead and a GP Sub Committee Executive. The groups initially met monthly but this changed to bi-monthly due to detailed work being taken through sub-groups that report into the Implementation Groups.
3.7	The Writing Group meets on a bi-monthly monthly basis to provide oversight, leadership and direction of work required to take the high level action set out with the PCIP to more focussed project work through the implementation groups.
3.8	Due to the COVID-19 pandemic, the PCIP programme was stood down including all governance groups for the period between March and October 2020 to support the organisation response to the pandemic. The groups were re-established in October 2020 to continue to progress the PCIP and drive forward the contractual elements of the GMS contract where possible. The governance and implementation structure are under currently under review recognising the transition from detailed planning and implementation into the HSPC for some workstreams.
3.9	The Implementation Progress Tracker from the Scottish Government National Oversight Group is submitted on a 6 monthly basis. The last report was returned in September 2020 covering the period April-September 2020 which was jointly signed off by the GP Sub Committee and the local GMS De-escalation Committee as well as shared across the wider implementation structure.
<b>4.</b>	<b>PROGRESS WITH PCIP 2020-2022 IMPLEMENTATION</b>
	All projects are programme managed through the implementation and sub-groups using implementation tools and methodologies in place. Key points of update to highlight from each of the workstreams against each of the actions set out within the PCIP 2 are detailed below:
4.1	<p><u>Pharmacotherapy Service</u></p> <ul style="list-style-type: none"> <li>• There has been significant recruitment over the last 3 years with a funded team of 123 staff (103.6wte) now in place. The aim is that all GP Practices within Ayrshire and Arran will have access to level one pharmacotherapy services by March 2022 as committed within the contract.</li> <li>• Early workforce modelling in 2018 focused largely on the contribution of pharmacists however delivery has continued to evolve at pace to optimise the efficiency by considering the following: <ul style="list-style-type: none"> <li>➤ Recognising the important contribution of other practice staff</li> <li>➤ Reviewing skill mix within the Pharmacotherapy service to increase the utilisation of Pharmacy Technicians and Pharmacy Support Staff</li> <li>➤ Developing a hub model to support remote and rural practices utilising remote access to GP practices</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>➤ Optimising prescribing systems to manage demand</li> <li>➤ Development of collaborative working with community pharmacies</li> <li>➤ Implementing serial prescribing across all practices</li> </ul>
	<ul style="list-style-type: none"> <li>• The Pharmacotherapy Team have continued to refine the service delivery model over the last three years as well as share and utilise best practice nationally to ensure safe, effective, and quality service provision. This has resulted in a change of skill mix with a change in the ratio of pharmacists, pharmacy technicians and the introduction of pharmacy support workers.</li> </ul>
	<ul style="list-style-type: none"> <li>• The development of the Pharmacotherapy Service has created a career pathway for pharmacists and technicians from trainee level up to senior management posts with a key focus on education and training to ensure retention of staff.</li> </ul>
4.2	<p><u>Community Treatment and Care Service</u></p> <ul style="list-style-type: none"> <li>• The Community Treatment and Care (CTAC) model has been further developed during 2020/21. In September 2020, 38 newly qualified nurses were recruited, which increased the total number of PCNs to 47 wte. The nurses were allocated to GP practices across North, South and East Ayrshire HSCPs to initially support the extended flu vaccination delivery programme prior to supporting CTAC nursing interventions within General Practice.</li> <li>• CTAC Clinical Team Leaders were appointed early 2021 to line manage and support the CTAC nursing staff and service development within General Practice linked to the wider community nursing teams. The CTAC Team Leaders are line managed by each of the HSCP Senior Nurse Managers within North, South and East HSCP.</li> </ul>
	<ul style="list-style-type: none"> <li>• A series of detailed meetings took place with all Practice Managers across 2020/21 to discuss the CTAC model, nursing interventions and allocation of staff.</li> <li>• Following feedback from practices regarding practice-employed Treatment Room Nurses and HCSW (Healthcare Support Workers) being impacted by the implementation of the CTAC service, it was agreed to explore TUPE of affected staff to CTAC where appropriate.</li> </ul>
	<ul style="list-style-type: none"> <li>• Staff who have been identified as eligible for TUPE are going through the TUPE process with NHS Ayrshire and Arran HR colleagues and it is anticipated that these staff will transfer to the Board by September 2021. It is anticipated that 6 Treatment Room Nurses (3.2 wte) and 19 Healthcare Support Workers (11.8 wte) will transfer across to the Health Board as part of the TUPE process.</li> <li>• Feedback from practice meetings also identified that the list of CTAC nursing interventions was too limited and required to be reviewed and extended. The Senior Nurse for Primary Care reviewed and updated the list of interventions. This was reviewed and approved by Primary Care Nurse Implementation Group and GP Sub Committee subject to a rapid test of change to evidence the benefit to the staff and the service.</li> </ul>
	<ul style="list-style-type: none"> <li>• Remaining recruitment will be undertaken during 2021 to achieve the original committed 60 Primary Care Nurses and 30 HCSWs to deliver the CTAC service fully. This will bring the service to 90 wte in total as set out in PCIP 2.</li> </ul>

4.3	<p><u>Vaccination Transformation Programme</u></p> <ul style="list-style-type: none"> <li>• This element of the programme was stood down due to pandemic and to align with Board-wide vaccine delivery arrangements. This is now being progressed under the oversight of the Director of Public Health via the Vaccination Transformation Programme Board as part of the Board wide vaccination delivery arrangements.</li> <li>• Although plans didn't progress through the programme to transfer flu vaccine delivery in 2020/21, the implementation group was responsible for working with practices to support them with innovative delivery arrangements for the flu vaccine for all over 65's and at risk groups as well as the COVID-19 vaccine to over 80's, housebound patients, and all shielding cohorts.</li> </ul>
4.4	<p><u>Urgent Care</u></p> <ul style="list-style-type: none"> <li>• Urgent Care is a term that describes the range of services provided for people who require same day health or social care advice, care or treatment. This includes both physical and mental health needs, minor injury and minor illness. Urgent Care in primary care is an essential element of day to day patient care with early diagnosis and treatment in primary care reducing harm and distress for patients. Effective and timely responses can avoid patients becoming sicker or requiring to attend hospital when there are alternatives.</li> </ul>
	<ul style="list-style-type: none"> <li>• PCIP 2 committed 34 wte Advanced Nurse Practitioner/Advanced Practitioners to support with urgent care activity within practices with and support with home visits.</li> <li>• A digital platform, E-consult, was rolled out to practices across Ayrshire to support them with triage and assessment that could be scheduled and not rely on patients queuing to get through on a phone system during busy periods. To date, 21 out of 53 GP Practices are using this platform, 16 are preparing to use, with 15 have declined at this stage with further engagement work to be done over the coming months and one GP Practice using an alternative platform. Feedback from using this platform is mixed across practices and patients and this is currently being evaluated.</li> </ul>
	<ul style="list-style-type: none"> <li>• In July 2020 Pharmacy First Plus launched which is an extension of the previous Pharmacy First service. Funding of around £100k was previously committed within the PCIP under the urgent care workstream, but due to expansion of the service nationally, there is only a small amount of funding required to provide the additional two conditions only provided within Ayrshire and Arran (approx. £16k). During the pandemic the public utilised pharmacy services for a wide range of conditions and it is hoped this will continue to expand.</li> <li>• Due to changes with the General Ophthalmic Contract and national funding, Eyecare Ayrshire is now fully funded by Scottish Government. This was previously around £100k across Ayrshire which can now be reinvested in other parts of the programme.</li> </ul>
	<ul style="list-style-type: none"> <li>• There is also now an opportunity to revisit the urgent care area of the contract aligned to the wider Re-design of Urgent Care (RUC) Programme.</li> <li>• NHS Ayrshire and Arran were an Early Implementer Test of Change Board for the Re-Design of Urgent Programme and began implementing the full specification of the redesign programme from 3 November 2020, with the Redesign of Urgent Care Programme being rolled out nationally from 1 December 2020.</li> </ul>

	<ul style="list-style-type: none"> <li>Phase 2 of the RUC Programme focussed on community pathways such as MSK, Community Optometry, Community Pharmacy, and GP Practice referrals.</li> </ul>
4.5	<p><u>Additional Multi-disciplinary Teams in General Practice</u></p> <ul style="list-style-type: none"> <li>During 2020/21 there were no major changes to service delivery other than the way that the service is delivered i.e. remote working of MDT staff. To accommodate this, additional equipment such as laptops were purchased to support remote working.</li> <li>The HSPCs have been working in collaboration with their mental health services to ensure the mental health practitioner model/patient pathway aligns with and enhances current core services available.</li> </ul>
	<ul style="list-style-type: none"> <li>Within PCIP 2 there was a commitment from core MSK Physiotherapy Services to transfer 3 wte from core service to primary care as part of the redesign from acute to primary care delivery model. In February 2020 1 wte was recruited from core service funding. A number of physiotherapists were redeployed to specialist areas throughout the pandemic and only now returning to the service. The service are not currently in a position to confirm if resource can be released going forward and will be prioritising remobilisation and recovery of core services.</li> <li>Both the MHP and MSK service have fed back that remote working arrangements during the pandemic has allowed them to provide an increased amount of support to their GP Practices as well as support more than one practice at a time. It is recognised through the next stage of planning this will create opportunities to give more practices better access, but also a balance is required from remote to face to face.</li> </ul>
	<ul style="list-style-type: none"> <li>This element of the contract will be further developed with each of the HSCPs using tried and tested models aligned to the MoU priorities and most recent guidance issued in December 2020.</li> </ul>
	<p><b>Mental Health Practitioners</b></p> <ul style="list-style-type: none"> <li>In East Ayrshire 16 out of 16 GP Practices have access to a MHP. This is currently 11.6 wte with 5.6 wte funded from Action 15 monies and the remaining 6 wte funded by the East HSCP for 2020/21 with an agreement required on how these posts would be funded moving forward. This will be explored in the detailed planning to follow.</li> <li>In South Ayrshire 17 out of 18 GP Practices have access to a MHP. This is currently 7.5 wte with 6.5 wte posts funded from Action 15 monies and 1 wte is funded from the PCIF.</li> <li>In North Ayrshire 16 out of 19 GP Practices have access to a MHP. This is currently 13.6 wte with 5.6 wte funded from Action 15 Monies and 7 wte posts funded from the PCIF</li> </ul>
	<p><b>Advanced Musculoskeletal (MSK) Physiotherapists</b></p> <ul style="list-style-type: none"> <li>In East Ayrshire 14 out of 16 GP Practices have access to an Advanced MSK Physio.</li> <li>In South Ayrshire 12 out of 18 GP Practices have access to MSK Physio</li> <li>In North Ayrshire 10 out of 19 GP Practices have access to MSK Physio. This will be 14 when the current recruitment process concludes.</li> </ul>



	<p><b>Community Link Workers/Connectors</b></p> <ul style="list-style-type: none"> <li>• In East Ayrshire all 16 Practices have access to a Community Connector</li> <li>• In North Ayrshire 18 out of the 19 Practices have access to a Community Link Worker. Only Arran don't have an allocation.</li> <li>• In South Ayrshire there is a significant gap in service due to staff leaving the service. The team have recently recruited 6 wte Community Link Practitioners to ensure an equitable service can be provided to the GP Practices and patient population. There are currently 2 staff members covering the South Partnership and GP Practices refer patients as appropriate. A minimal service will continue until the new staff take up post. The newly appointed candidates will be in post over July / August 2021.</li> </ul>
	<p><b>Advanced Nurse Practitioner (ANP) Academy</b></p> <ul style="list-style-type: none"> <li>• Cohorts 1 and 2 have now concluded of the ANP Training Academy.</li> <li>• Cohort 3 has a remaining 7 practice nurses to conclude their training which has been detailed during the pandemic.</li> <li>• At the end of cohort 3 a total of 15 General Practice Nurses will have completed their ANP training across Ayrshire and Arran.</li> <li>• Consideration will given to future cohorts of advanced practice training, and not limited to ANPs due to many professional groups training to become Advanced Practitioners.</li> </ul>
4.6	<p>In 2020 dedicated resource and local leadership for Multi Disciplinary Team development was agreed as part of the Caring for Ayrshire Programme to deliver the ambitions across Primary Care ensuring alignment to each of the priorities within each IJB area. Three MDT Programme Leads were appointed in September 2020 as part of the Primary Care Programme Implementation Team to work directly with clusters and partnerships to develop MDT working whilst providing a conduit to the pan Ayrshire programme to ensure consistency of approach. Since September these roles have been pivotal to linking HSCP teams with the primary care reform agenda through the established programme arrangements.</p>
<b>5.</b>	<b>CHANGES TO CONTRACTUAL LEGISLATION</b>
5.1	<p>Following the COVID-19 pandemic, a joint letter from the BMA and Scottish Government was issued in December 2020 advising NHS Boards that contractual legislation would be amended to allow Boards and IJBs an extended period to implement the GMS contract during 2021-2022 and 2022-2023.</p>
5.2	<p>The letter advised that experiences and those of the wider system during the pandemic confirmed that the principles and aims contained within the Contract Offer remain the right ones - collaborative multi-disciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community.</p>
5.3	<p>It was highlighted that this presents a number of challenges to Board areas as further implementation of the contract and development of NHS Board-employed multi-disciplinary teams and the transfer of responsibility for services from practices to Health &amp; Social Care Partnerships, as was originally intended in the Contract Offer. Patient safety will be paramount to transform primary care and there can be no gap in service provision as a result of proposed changes. On this basis, Scottish Government and the British Medical Association (BMA) have jointly agreed to the following approach for each of the multi-disciplinary team services committed to in the Contract Offer. This is detailed in Appendix 1 with our assessment against progress and next steps.</p>

5.4	The most recent guidance also states that for any practices who do not benefit from the contracted service elements, payment will be made via a Transitional Service basis until such time the service is provided. Scottish Government have been clear that transitional services are not the preferred outcome nor something seen as a long-term solution.
6.	<b>ENGAGEMENT AND COMMUNICATION</b>
6.1	There is an ongoing commitment to redesign our Primary Care services, engaging fully with GP colleagues, HSCPs, the public, along with all other stakeholders and partners. Since the development of the PCIP 2 there have been a series of engagement events with GP Practices, Clusters and discussions at HSCP GP Locality Forums, where there has been opportunity to involve GP Practices in plans and decision making.
6.2	In 2019, an Ayrshire wide social media campaign commenced through various platforms to inform the public of changes and new ways of working within GP practices. This material was created working closely with GP practices to ensure the right messages, and has also been supported and shared with a variety of patient and public involvement groups, stakeholder groups and self-management groups across Ayrshire & Arran.
6.3	Due to the COVID-19 pandemic, the Primary Care Transformation Team were tasked with engaging with GP practices to support the 2020/21 national flu delivery programme, which is key workstream of the PCIP. A series of virtual meetings took place with GP practices individually to engage them in this process and this was fully supported by the GP Sub Committee and led by the pan Ayrshire Primary Care Flu Delivery Group.
6.4	Practice meetings took place with Practice Managers and GP's via Microsoft Teams to discuss the Community Treatment and Care (CTAC) model and allocation of nursing staff to General Practice. This allowed practices to discuss any potential challenges with accommodation to allocate staff.
6.5	Quarterly Pharmacy meetings are now taking place with GP practices, the management leads for the service, and MDT Programme leads for each area to monitor and review progress against readiness for task transfer. This allows risks to be identified and addressed in a timely manner. So far the meetings have been successful and have helped identify practices that need enhanced support to further develop their systems and processes to be in a position to fully task transfer.
6.6	A series of weekly GP Team meetings commenced early March 2020, led by the Associate Medical Director which has allowed regular communication with all GPs and Practice Managers on the COVID-19 pandemic arrangements, an opportunity to support and gain feedback, as well as share key updates on elements of the PCIP and wider programmes of work.
6.7	Cluster meetings have been re-established along with HSCP GP Locality Forums and Practice Managers meetings which allows for a wider discussion on the stability of practices and any wider issues across the system and opportunities. Work will continue between Primary Care and HSCP teams to strengthen the support to Clusters moving forward.
	<b>Themes of Feedback from 2020/21</b>
6.8	Over the year there has been a range of feedback from all stakeholders.

	All practices and surrounding teams were committed to driving forward as much implementation work as possible throughout the pandemic recognising. This is demonstrated throughout the progress made with the contractual elements in particular for every practice.
6.9	GP Practices are keen to keep moving with the new service developments as well as work through primary care remobilisation which will run in tandem. There are however concerns that patient demand has increased significantly and patients are presenting with more complex conditions or at a more advanced stage of their clinical condition. Further work will be required over the coming months to understand this demand. There has been a commitment from the Ayrshire Urgent Care Service (AUCS) to cover practices on a locality basis one afternoon per month from June 2021 to review their service delivery models and patient pathways taking learning from what has worked well during the pandemic and areas that require improvement. Feedback from every practice via the Clusters will be required to collate and understand the wider position of GP Practice status across Ayrshire and Arran and inform any further pieces of work required.
6.10	Recovery planning across primary care will require to take into consideration the considerable additional demand on primary and community services as people are cared for until the backlog is addressed.
6.11	<p>An ongoing risk that continues to be fed back is around premises and IT. This has been captured in more detail below along with a commitment to try and improve where possible:</p> <ul style="list-style-type: none"> <li> <b>Premises</b> – Many GP practices were already previously struggling to identify appropriate space to accommodate the new team members from the PCIP. Scottish Government funded a small grants scheme in 2019 to support GP practices in carrying out premises adaptations that would free up capacity and create space. This work included the removal and storage of patient notes to an offsite company. To date 38 of 53 practices have utilised this funding to maximise their space - 18 GP owned premises and 17 Health Board premises have had building works carried out to increase capacity and create consulting rooms to accommodate the MDT teams. There are a further three GP owned premises who have money set aside to carry out their work, however this was put on hold due to the pandemic and the team are working with the practices to conclude this programme of work. </li> </ul> <p>In some areas GP Practices have no alternative options for extensions or additional space being identified which has resulted in them not benefitting from additional MDT members that are available as well creating an inequity for patients. Each of the HSCP areas are working through options including hub models or shared resource as a medium term measure whilst the Caring for Ayrshire developments progress and alternative spaces are secured.</p>
6.12	<ul style="list-style-type: none"> <li> <b>IT/Systems</b> - Microsoft 365 was rolled out across all GP Practices and staff early 2021. This was carried out quickly with no disruption to practices and has been a positive development for practices to access emails and meeting channels without the requirement to connect via servers which has always been challenging. </li> </ul> <p>Remote access to practice systems and patient records continues to be a difficult due to the historic infrastructure set up for practices. With many staff members isolating for periods of time or pressures on space this has become a board priority to resolve. Infrastructure and Support Services are exploring</p>

	<p>a range of alternatives with a test GP Practice identified to work through these. Overall IT systems across all GP practices are inconsistent and not adaptable to new ways of working which is a risk as well as time consuming. A local vision is being developed for Digital Services and systems to assist with addressing these challenges, whilst work continues nationally to develop and agree a Scotland GP IT system. Local solutions are also being introduced on a case by case basis to assist with MDT working.</p>
	<p><b>Primary Care Improvement Fund</b></p>
6.13	<p>To assist with preparation of the PCIP, Scottish Government committed in 2018 to increase the overall funding to £250 million by 2021-22 across Scotland. It was confirmed purely for planning purposes that Ayrshire and Arran's share of this funding on an NRAC basis was projected to be approximately £11.8 million. All overall totals in this section are broken down in Appendix 2 per IJB allocation.</p>
6.14	<p>The Integration Joint Boards in Ayrshire and Arran are currently operating with a Primary Care Improvement Fund (PCIF) allocation of £6,980,739 recurring funding with the breakdown of current committed spend set out in Appendix 2. This has been allocated over the last three years using a phased approach based on spend and only allocated against commitments.</p>
6.15	<p>At the end of 2020/21 Ayrshire and Arran received the cumulative total of underspends from 2018 held with Scottish Government annually on behalf of the Board. This was a total of just over £2.5 million non-recurring funding and is currently held within each IJB reserves. It is anticipated this will be included in the 2021/22 allocation letter as additional recurring funding. Confirmation is expected during June 2021 which will allow planned recruitment to commence to meet the timeline for projected start dates in September 2021.</p>
6.16	<p>In addition to the historic underspends being issued at the end of 2020/21, each IJB also carried forward a level of funding due to recruitment delays which is also outlined in Appendix 2.</p>
6.17	<p>Primary Care Plan 2020-22 set out a detailed position for each workstream on workforce and required resource. Due to the changes in the contractual legislation and lack of clarity around final recurring budget available, along with the learning from service delivery models during Covid-19 this will be revisited and presented back to each IJB, NHS Board and Local Medical Committee by the end of 2021.</p>
6.18	<p>Projection of spend includes all planned recruitment for the CTAC service and full year costs for staff recruited late in 2020. The only request in addition to previously agreed funding is to further invest in the Pharmacotherapy Service to increase the technical and support team to fully deliver on the task transfer by March 2022. The breakdown of this resource is detailed in Appendix 1 to the total of £502,181 phased in over two years. Previous commitment for Pharmacotherapy Service was just over £3.3 million and highlighted throughout that the final resource requirement could change as the model developed. This would take the total investment to approximately £3.8 million across Ayrshire and Arran to deliver on this aspect of the contract which the Pharmacotherapy Senior Team believe is achievable with this additionality.</p>
6.19	<p>Additional investment has also been committed to IJBs as part of the monies to support the Mental Health Strategy Action 15 document. Planning and development for the share of this allocation for Mental Health workers in General Practice has been</p>

	planned and rolled out under the MDT's in General Practice Implementation work stream within the Primary Care Programme. In March 2021 Boards were given additional investment from the Mental Health Recovery and Renewal fund to further invest in mental health services which includes further investment in Primary Care.
6.20	IJBs have received various investments to support improving patient journeys and access to services. It will be important for the IJBs to align all of these investments in support of primary and community care.
<b>7.</b>	<b>NEXT STEPS 2021/22</b>
7.1	Work will continue throughout 2021/22 to complete actions previously committed set out in in PCIP 2020-2022 in conjunction with the recovery arrangements across general practice.
7.2	<p>The priority for 2021/22 is to ensure the IJBs and NHS Board deliver on the three key contractual elements of the GMS contract set out below progressing with the actions outlined in Appendix 1.</p> <ul style="list-style-type: none"> <li>• Pharmacotherapy Service</li> <li>• Community Treatment and Care Service</li> <li>• Transfer of Vaccinations</li> </ul>
7.3	NHS Boards and Health and Social Care Partnerships have been encouraged to do everything they can at local level to accelerate service redesign in the next 18 months. Regulation changes strongly signal the intent that GP practices will not be the default provider of these services in future and community multi-disciplinary teams will be a permanent part of the health and social care landscape.
7.4	A more detailed plan on how each IJB will commit their remaining allocation to improve patient services and pathways within General Practice later in 2021. This is line with the revised timescale commitment of 2023/24 and further guidance is anticipated from Scottish Government by December 2021 regarding additional MDTs and integration within HSCPs.
7.5	Members should also note that throughout the last phase of the PCIP Implementation plans for the agreed recommendations outlined in the Derek Feeley report - Independent Review of Adult Social Care, National Care Service will be taken forward nationally. The report states that IJBs should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.
7.6	<p>Scottish Government have indicated in the programme for government that legislation will be brought forward in the first year of parliament.</p> <p>Further work will be required to understand the implications for this across Ayrshire and Arran as the national plans are progressed.</p>
<b>8.</b>	<b>PEOPLE WHO USE SERVICES AND CARERS IMPLICATIONS</b>
8.1	<p>The purpose of the work underway is to help people access the right person, in the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes. Including:</p> <ul style="list-style-type: none"> <li>• Maintaining and improving access</li> </ul>



	<ul style="list-style-type: none"> <li>Introducing a wider range of health and social care professionals to support the Expert Medical Generalist (GP)</li> <li>Enabling more time with the GP for patients when it's really needed</li> <li>Providing more information and support for patients.</li> </ul>
3.2	<b><u>Anticipated Outcomes</u></b>
	N/A
3.3	<b><u>Measuring Impact</u></b>
	N/A
9.	<b>IMPLICATIONS</b>
<b>Financial:</b>	<p>The implementation of the 2018 General Medical Services contract for Scotland will see an additional investment of £250m per annum in support of General Practice by 2021. This is part of an overall commitment of £500 million per annum investment in Primary and Community health services that was previously committed by Scottish Government.</p> <p>It is recognised that further work is required throughout 2021/22 to understand and evidence what can be delivered within the current financial envelope for delivery of the contract.</p>
<b>Human Resources:</b>	<p>The programmes of work will support the development of new roles within multidisciplinary teams working alongside GP practices. The contract also plans the transition of the GP role into Expert Medical Generalist. These changes will require local and national workforce planning and development.</p> <p>Development of these new service has created to date 296 new roles across general practice in Ayrshire and Arran. This has ranged from school leavers starting on a structured career path to new graduates.</p> <p>Additional capacity as outlined within the PCIP will be deployed over the period of the plan to ensure effective delivery.</p> <p>TUPE arrangements will progress during 2021 supported by HR and staff side. It is not clear from the individual nurses if they will transfer on the practice terms and conditions or NHS Agenda for Change Terms and conditions. If they choose to stay on their current practice conditions, they are likely to be higher paid than the CTAC role banding which would cause variation within the team. Due to the small number of staff, this is not a high financial risks but will be monitored as the TUPE engagement process concludes.</p>
<b>Legal:</b>	<p>The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:</p> <p>We will work to provide the best start in life for children of East Ayrshire</p> <ul style="list-style-type: none"> <li>We will reduce health inequalities</li> <li>We will shift the balance from acute hospitals to community settings</li> <li>We will manage resources effectively, making best use of</li> </ul>

	<p>your integrated capacity</p> <ul style="list-style-type: none"> <li>We will give our stakeholders a voice</li> </ul> <p>The learning to date offers important opportunities seen in the context of the aim of the Caring for Ayrshire programme which is to design a fully integrated system wide approach to ensure people are able to access the right care at the right time in the right place. Primary care clinicians have more interactions with patients than other parts of the NHS therefore the whole system transformational change relies on sustainable and accessible primary care services.</p>
<b>Equality:</b>	<p>The aim through the reformed primary care service is not just to extend life, but aim to reduce the time spent in poor health. Implementing the new GMS contract is an opportunity to mitigate health inequalities where possible. In support of the national 'Every Child, Every Chance, particular consideration will be given to;</p> <ul style="list-style-type: none"> <li>Lone Parents</li> <li>Families with three or more children</li> <li>Families where the youngest child is under one</li> <li>Mothers aged under 25</li> <li>Children and families whose lives have been impacted by adverse event childhood experiences.</li> </ul>
<b>Children and Young People</b>	N/A
<b>Environmental &amp; Sustainability:</b>	N/A
<b>Key Priorities:</b>	N/A
<b>Risk Implications:</b>	<p>A key risk will be the availability of the identified additional professional staff to fill the new roles. By working in partnership with the professional groups steps will be taken to make the posts attractive, making Ayrshire and Arran workplace of choice.</p> <p>A second key risk is the continued sustainability of GP practices while the new GMS contract is being implemented and practices work to re-mobilise after stepping down a number of non-urgent services due to increased risk to staff and patients.</p> <p>Current infection control guidance has also left practices with additional capacity issues as well as increased appointment times also reducing capacity available within practice operating hours.</p>
<b>Community Benefits:</b>	N/A

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

<b>10.</b>	<b>CONSULTATION</b>
10.1	Consultation has taken place through the Primary Care Programme structure involving all stakeholders across each HSCPs and GP Sub Committee.

	Ongoing communication with all stakeholders and the population will be critical as implementation and reform progresses during post COVID-19 arrangements and challenges.
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**For more information please contact Vicki Campbell, Head of Primary and Urgent Care Services on or [vicki.campbell@aapct.scot.nhs.uk](mailto:vicki.campbell@aapct.scot.nhs.uk)**

New Commitment 2020/21	Ayrshire & Arran Position
<p><b>Pharmacotherapy</b> – Regulations will be amended so that NHS Boards are responsible for providing a Level One Pharmacotherapy service to every general practice for 2022-23. Payments for those practices that still do not benefit from a Level One Pharmacotherapy service by 2022-23 will be made via a Transitional Service until such time as the service is provided.</p>	<ul style="list-style-type: none"> <li>• The senior pharmacy team has recently undertaken updated workforce modelling locally to understand what additional recruitment may still be required to achieve full delivery of level 1 task transfer by March 2022.</li> <li>• The modelling has indicated that 1 wte from the Pharmacotherapy team per 2500 treated patients was required for a sustainable Pharmacotherapy Service. There are currently 210,255 treated patients in Ayrshire and Arran so this would translate into 84 wte required. To add resilience for sickness and maternity leave the service we would require to add 20% which would take the number to 101 wte. This is the calculation used for all managed service workforce models.</li> <li>• Current National modelling describes a skill mix of 50:40:10 Pharmacist, Technician and Support worker. We currently have 51.6wte pharmacists, 22.9wte technicians and 10wte support workers delivering pharmacotherapy. This highlights that the gap sits within the technical team of 16.5wte and is the additionality required at a cost of £502,181 phased in over two years.</li> <li>• The Senior Pharmacotherapy Team have advised that this would be the final recruitment required to deliver on the Pharmacotherapy service set out within the GMS contract. The service are committed to continually reviewing skill mix within the team and when any vacancies arise will scrutinise the need for replacing posts at the same banding. Over time and with national changes to the pharmacist and technician training, along with further development pathways there should be opportunities to increase the ratio of band 4 technicians and also band 6 pharmacists as the service and roles continue to evolve.</li> <li>• Level one task transfer will be delivered across practices if the following can be achieved: <ul style="list-style-type: none"> <li>○ Resource increased to 1wte per 2500 treated patients + 20% resilience as outlined above.</li> <li>○ Acute prescribing numbers in GP practices remain within defined parameters – average of 1 acute Rx per 100 treated patients per day. This will allow safe and sustainable transfer of this activity.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>Serial prescribing numbers increased to 40-50% of repeat prescribing population. This will ensure regular review and significantly reduce the numbers of prescriptions requiring a wet signature on a daily basis.</li> <li>It was agreed that the service specification should be reviewed and the need for standardised and robust processes across all practices. This needs to be a pan Ayrshire approach to prescribing and all practices need to support this to ensure smooth transition to task transfer. This work is being supported by the programme team.</li> </ul>
<p><b>Community Treatment and Care Services</b> – Regulations will be amended so that Boards are responsible for providing a community treatment and care service for 2022-23. Where practices do not benefit from this service, payment will be made via a Transitional Service basis until such time the service is provided.</p>	<ul style="list-style-type: none"> <li>TUPE of an anticipated 6 Treatment Room Nurses (3.2 wte) and 19 Healthcare Support Workers (11.8 wte) from General Practice will conclude and it's anticipated that these staff transfer to Board employment by end of September 2021.</li> <li>Remaining recruitment will be undertaken to ensure service is at full capacity.</li> <li>The extended list of CTAC nursing interventions will be implemented as part of CTAC service and associated training will be provided to staff as required.</li> <li>Standardised procedures will be developed for the additional nursing interventions to ensure a consistent approach across Ayrshire and Arran.</li> <li>A CTAC service specification will be developed and will go through governance routes for approval.</li> <li>The skill mix for CTAC will continue to be reviewed as the service develops.</li> <li>The Senior Primary Care Nurse has confirmed Ayrshire and Arran will have a developed CTAC service by the required date in March 2022 if all posts are recruited to.</li> </ul>
<p><b>Vaccination Services</b> – Vaccinations that are still in the core GMS contract under the Additional Services Schedule, such as childhood vaccinations and immunisations and travel immunisations, will be removed from GMS Contract and PMS Agreement regulations by 1 October 2021. All historic income from vaccinations will transfer to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services</p>	<ul style="list-style-type: none"> <li>An Extreme Team group has been commissioned to progress a whole system vaccination programme which will include the safe transfer of vaccinations from General Practice by October 2021.</li> <li>This group has been commissioned by the Director of Public Health and sponsored by Lisa Davidson, Assistant Director of Public Health and Vicki Campbell, Head of Service for Primary and Urgent Care.</li> </ul>

	<ul style="list-style-type: none"> <li>The Operational Delivery Group will be led and co-chaired by the Consultant of Public Health as Clinical Lead and the Primary and Urgent Care Programme Manager as Management Lead.</li> </ul>
<p><b>Urgent care Service</b> – Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for 2023-24. Consideration will need to be given about how this commitment fits into the wider Redesigning of Urgent Care work currently in progress.</p>	<ul style="list-style-type: none"> <li>The work to date has provided Ayrshire and Arran with wider intelligence to understand the patient journey from the point they contact their GP Practice with their urgent care need.</li> <li>This provides opportunity to progress the Re-design of Urgent Care Programme and funding allocation as a workstream aligned with the Primary Care Programme and Unscheduled Care Programme as part of the major whole system re-design programme - Caring for Ayrshire.</li> </ul>
<p><b>Additional Professional Roles (e.g. Mental Health Workers, Physiotherapists, Community Link Workers)</b> – The pandemic has highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. Working with Health &amp; Social Care Partnerships and NHS Boards, we will consider how best to develop these services at practice level, and establish more clearly the ‘endpoint’ for the additional professional roles commitment in the Contract Offer by the end of 2021.</p>	<ul style="list-style-type: none"> <li>Following delivery of each of the contractual elements within the contract, which is on track to deliver with the projected resource, each IJB will have an allocated budget left over to invest any other areas such as urgent care or additional MDT members. The projected budget left to spend is outlined within Appendix 3.</li> <li>It has been discussed across the various groups within the delivery structure that investment in these areas must be aligned to the contract priorities and HSCP priorities.</li> <li>It is recognised that this is not a ‘one size fits all’ programme and variation will be required at a local level to meet the demands of local populations as well as current services already available.</li> <li>HSCP teams have committed to work the detail of this up over the coming months and present a further plan of spend to their IJBs aligning to wider programmes of work and funding within their HSCP.</li> </ul>



	East	North	South	Total
Total Recurring	2,101,886	2,511,047	2,367,806	6,980,739
Total Non Recurring	1,243,455	800,988	465,460	2,509,903
Total Funding	3,345,341	3,312,035	2,833,266	9,490,642
<b>Expenditure</b>				
Pharmacotherapy	1,154,560	1,199,675	1,136,291	3,490,526
CTAC	259,039	166,391	257,220	682,649
Urgent Care	82,222	54,372	31,500	168,094
Programme Delivery	135,097	135,098	135,098	405,293
Eyecare Ayrshire	11,305	11,305	11,305	33,914
Pharmacy First Pathway	5,267	5,267	5,267	15,800
MSK Pathway	227,021	266,099	254,270	747,389
ANP Academy	27,024	17,491	22,157	66,671
Mental Health	0	7,371	104,866	197,638
Community Link/Connect	85,401	257,355	36,711	294,066
VTP	82,039	252,418	102,165	436,621
Redirection Campaign	4,249	4,249	4,249	12,746
Carry Forward				
Total Expenditure	2,073,221	2,377,089	2,101,096	6,551,406
<b>Carry Forward 2020-21</b>	1,272,120	934,946	732,170	2,939,236
<b>Opening budget for 21-22</b>				
Recurring	3,544,826	4,245,023	3,999,895	11,789,744
Non-recurring carry forward	1,272,120	934,946	732,170	2,939,236
<b>21-22 Budget (after maximum available uplift from SG)</b>	<b>4,816,946</b>	<b>5,179,969</b>	<b>4,732,064</b>	<b>14,728,980</b>
Draft budget	3,328,108	4,072,590	3,296,369	10,697,066
Non-recurring slippage available from CTAC Band 3 posts	154,359	194,980	138,111	487,450
<b>Expected expenditure based on pre-pen budget</b>	<b>3,173,749</b>	<b>3,877,610</b>	<b>3,158,258</b>	<b>10,209,616</b>
<b>Balance at end of 21-22 (if full allocation drawn down)</b>	<b>1,643,197</b>	<b>1,302,360</b>	<b>1,573,806</b>	<b>4,519,364</b>
<b>Breakdown of 21-22 budgeted expenditure (based on pre-penultimate points)</b>				
Pharmacotherapy	1,351,361	1,361,167	1,438,612	4,151,140
CTAC	1,219,308	1,377,976	1,050,683	3,647,967
Urgent Care	0	142,542	0	142,542
Programme Delivery	122,112	122,112	122,112	366,337
Eyecare Ayrshire	32,472	36,333	30,195	99,000
Pharmacy First Pathway	6,888	7,707	6,405	21,000
MSK Pathway	323,301	361,887	271,772	956,959
ANP Academy	11,480	12,845	10,675	35,000
Mental Health	0	95,028	47,514	142,542
Community Link/Connect	125,000	235,236	156,726	516,962
VTP	82,039	252,418	102,165	436,621
Redirection Campaign	6,560	7,340	6,100	20,000
Pay Award	47,587	59,998	53,410	160,996
Total Expenditure	3,328,108	4,072,590	3,296,369	10,697,066

**Integration Joint Board**  
**17 June 2020**

**Subject:** **Director's Report**

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

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

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CPC	Child Protection Committee
DTTO	Drug Treatment and Testing Order
MWC	Mental Welfare Commission
NIPCM	National Infection Prevention and Control Manual
ARHAI	National Antimicrobial Resistance & Healthcare Associated Infection Scotland
IPC	Infection Prevention and Control
CHOG	Care Home Oversight Group
LFD	Lateral Flow Device
MTU	Mobile Testing Unit
JCVI	Joint Committee on Vaccination and Immunisation

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
<b>2.</b>	<b>CURRENT POSITION</b>
	<b><u>North Ayrshire Developments</u></b>
2.1	<b><u>Appointments</u></b>
	NAHSCP has made two interim appointments pending the conclusion of the recruitment process for these posts. They are :-
	<ul style="list-style-type: none"> <li>• Pete Gilfedder, Interim Lead Nurse/Associate Nurse Director</li> <li>• Elizabeth Stewart, Interim Chief Social Work Officer</li> </ul>

2.2	<u>Child Protection Committee</u>
	<p>Last year, a small sub-group of North Ayrshire Child Protection Committee was established to take forward the learning from a recent case review. The key areas of learning identified were:</p> <ul style="list-style-type: none"> <li>• Increase professional curiosity/responsibility;</li> <li>• Enhance opportunities for reflection, including self-reflection/peer supervision</li> <li>• Improve understanding of the child's experience/perspective – ensuring adult voices are not over-privileged</li> </ul>
	<p>In November 2020, the sub-group developed a new initiative, led by Kirsty Calderwood (CPC Lead Officer) and Elizabeth Stewart (HSCP Senior Manager). This PRI (Practice Reflective Improvement) Dialogue initiative has been launched and is now accepting referrals.</p> <p>More information can be found here:  <a href="http://childprotectionnorthayrshire.info/cpc/professionals/introduction/">http://childprotectionnorthayrshire.info/cpc/professionals/introduction/</a></p>
	<p>In addition, a report was produced by Eileen Moir (Turning Tides) which outlines the approach that was taken to address the learning identified and how this informed the next steps going forward. This report has been shared with the Care Inspectorate who are keen to hear how the new approach progresses in terms of creating a cultural shift. An evaluation and monitoring framework has been developed for the PRI Dialogue initiative and we will keep the Care Inspectorate and IJB informed of progress.</p>
2.3	<u>Supported Accommodation, Bessy Dunlop Court – now open</u>
	<p>Situated near the town centre in Dalry, Bessy Dunlop Court is adjacent to a newly built sheltered housing complex and offers accommodation specifically designed for adults with complex needs, which also features a newly built social hub available for community activities. This development is the first to open from a programme of supported accommodation in the community since the opening of Trindlemoss.</p> <p>The supported accommodation consists of 12 one bedroom and 3 two bedroom properties, each of which has an open plan kitchen and sitting room, separate bedroom/s and an en-suite wet floor shower room, as well as its own front door and a small garden area. The modern homes are equipped so that assistive technology, tailored to each individual's specific needs can be installed. From managing risks such as door security and falling, to aiding communication and participating in household tasks, technology can support individuals to have more control over their lives.</p> <p>Bessy Dunlop Court also incorporates a support base within the housing complex, enabling us to offer a 24-hour responsive service providing support with activities, including help with getting up, personal care, meal preparation, taking medication and keeping homes clean and tidy.</p> <p>This development is the next step in a programme of supported accommodation which will support vulnerable adults with their independence in the community. A video walkthrough of the facility can be accessed through this link - <a href="#">Bessie Dunlop Court</a></p>



#### 2.4 Recovery Developments for Justice Services

The Drug Treatment and Testing Order Team (DTTO), based within Justice Services, have secured funding for one year from CORRA as part of the Improvement fund for the recruitment of two Recovery Development Workers to complement their established and innovative team. These posts are presently advertised on *My Job Scotland* and they are seeking enthusiastic and motivated individuals with lived experience. These posts will allow for additional outreach work to be undertaken to encourage engagement and alternative activities to be implemented across Ayrshire to promote recovery.

2.5	<u>Older People's Day Services</u>
	As a result of the COVID-19 pandemic North Ayrshire Health and Social Care Partnership's older people's day services required to close on a temporary basis in March 2020 to ensure the safety of those who attended the service and to comply with local and national restrictions. The users of day services have been supported with programmes of outreach, physical and virtual, and enhanced community supports.
	The temporary closure has presented an opportunity to review the current model and explore possible alternative 'personalised' approaches available for remobilising day services in North Ayrshire. The review of the current model commenced in March 2021 involving engagement with relevant stakeholders, benchmarking against other Local Authorities and reviewing day services data, service models and local need.
	The review has identified that day services in North Ayrshire are a highly valued service which has been greatly missed during the pandemic, this has been evidenced through all of the service user, carer and professional group engagement. The outputs from the review and engagement programme will be presented to the IJB in August for consideration of the future model of day service delivery in North Ayrshire.
2.6	<u>Mental Welfare Commission – Unannounced Visits</u>
	Mental health Inpatient services within NHS Ayrshire and Arran had two announced visits from the Mental Welfare Commission during May.
	<p><u>Ward 8</u> was visited on 10<sup>th</sup> May and on the day feedback was given that the Commissioners noted the high level of acuity of those within this care setting and acknowledged the comprehensive, person centred care planning in evidence. They were pleased to note the improvement in quality of the Multi-Disciplinary Team review documentation and the new more structured nature of this.</p> <p>The Commissioners were particularly complimentary about Care Partner (electronic care record) front page advisories for staff's awareness across services and especially guidance for colleagues as to crisis indicators etc. Evident consideration and pro-activeness around physical health care needs were also noted and regular monitoring via clinical observations and High Dose Antipsychotic Monitoring as required.</p>
	<u>Clonbeith Ward</u> (formerly Jura) was visited on 12 <sup>th</sup> May. Since the Commission's last visit Jura had moved to Clonbeith in August 2020 following an extensive upgrading/modernisation of the ward and the Commission were very pleased to note the improvements including – improved signage, improved natural light, individual patient memory boxes and personalised bedrooms. Improvements also in terms of availability and evidence of review of medical legal forms was noted including the use of Adults with Incapacity Audit tool. Care plans were sampled and while feedback was given that there were some very good examples of stress and distress care plans, there were others with room for improvement. Physical care planning was noted to be very good and the detail/quality of Multi-Disciplinary team reviews were also complimented. The role of the activity co-ordinator was welcomed, and the Commissioners looked forward to hearing how this progresses and impact within the ward.
	Two excellent and very positive visits, acknowledging the efforts of care teams and commitment to excellent patient care. We will receive the formal reports in due course.



2.7	<u>Carers Week – 7<sup>th</sup> to 13<sup>th</sup> June 2021</u>
	As part of Carers Week 2021, North Ayrshire Health and Social Care Partnership is calling for unpaid carers to come forward and receive the practical, financial and emotional support they might need while looking after a loved one.
	With the availability of respite, services and short breaks all being impacted by the pandemic, unpaid carers have shown great strength and dedication to the friend, neighbour or loved one they have been caring for. Carers Week is the perfect time for all of us, as individuals and communities, to express our heartfelt gratitude to every carer who has selflessly gone above and beyond, not only during the pandemic but on an ongoing basis as they often make their caring role a priority over their own needs.
	Carers Week, which runs from Monday, June 7 to Sunday, June 13 this year, is an annual awareness campaign run by charity Carers UK that celebrates and recognises the vital contribution of the UK's unpaid carers, who support family members and friends who are older, have a disability or a mental or physical illness.
	A number of events and activities for unpaid carers took place across North Ayrshire during Carers Week. As Carer Positive status employees, North Ayrshire Council and North Ayrshire Health and Social Care Partnership also held events throughout the week for staff members who are unpaid carers, including information sessions with the Money Matters team and the setting up of a working group to assist in developing staff training across NAC and developing peer support for carers in the workplace.
	To find out more about the support available locally to unpaid carers, get in touch with the Unity North Ayrshire Carers Centre by calling 01294 311333 or emailing <a href="mailto:northayrshire.carers@unity-enterprise.com">northayrshire.carers@unity-enterprise.com</a> . You can also find out more online by visiting <a href="https://www.unity-enterprise.com/carers-centres/">https://www.unity-enterprise.com/carers-centres/</a> or <a href="http://nahscp.org/support-for-carers/">nahscp.org/support-for-carers/</a> .
2.8	<b><u>COVID Update</u></b>
	This update continues to offer assurance to IJB on the partnership's continued response to the COVID19 pandemic. The response to the pandemic continues to be recorded through the mobilisation plan.
	The partnership, along with NHS and NAC still operate on an "emergency" footing.
	<b><u>Updates since last IJB</u></b>
2.9	<u>National Infection Prevention Control Manual for Older People and Adult Care Homes</u>
	Older people and adults with additional support needs, living in adult care homes are often vulnerable to infection and may also have underlying health conditions, therefore it is important that staff follow optimal infection prevention and control (IPC) practices. This was previously found in the National Infection Prevention and Control Manual (NIPCM), however COVID -19 has shone a light on the importance for relatable, context specific information in these care settings.
	National Antimicrobial Resistance & Healthcare Associated Infection Scotland (ARHAI) was commissioned by Scottish Government to produce IPC guidance for older people and adult care homes. It is for use by all staff working in older people and adult care homes. The manual is web based and is aligned to the



	evidence base of the NIPCM. It is easily accessible on computers, tablets and mobile phones.
	Six workshops have been organised to give an introduction and further information about the manual, to support care homes to successfully implement the manual and embed IPC practices.
	The manual will be mandatory in adult and older people care home settings and care homes will be checked for assurance against it through inspections led by the Care Inspectorate from September 2021 onwards. Care Home staff, managers, and partners of care home will be encouraged to support the implementation of the manual by attending the workshops.
2.10	<u>Enhanced Clinical and Professional Oversight Arrangements for Social Care</u>
	The Care Home Oversight Group (CHOG) in North Ayrshire continue to meet twice weekly to monitor and support care homes and monitor the sustainability and resilience in the social care sector.
	There is a programme of care home resident reviews underway to ensure all care home residents are having their needs appropriately met.
	The team commenced follow up visits to care home residents at end of April, and are working on follow up visits for reviews completed during 2020/21. To date, the team have undertaken approximately 100 follow up visits with a further 130 still to take place. The follow up visits are in addition to all new reviews allocated, which are now taking place in the care home (approx. 180). Resources are being redirected to ensure these are completed as a matter of priority.
2.11	<u>Remobilising of Routine Domiciliary Dental Care</u>
	As a result of the global COVID-19 pandemic, the risks posed to care home residents from the virus and the need to prevent associated outbreaks, the provision of all "routine" domiciliary dental visits to care homes and personal residencies were halted in March 2020.
	Dental professional visits to care homes in Ayrshire and Arran will now be resumed, following protocols, which are in line with the Scottish Government guidance "Open with Care". Dental professionals carry out LFD self-tests twice per week and follow all NHA&A protocols re PPE and other infection control measures.
	All care homes in Scotland have been offered the opportunity to apply for digital tablets and other technology to support 'Near Me' consultations with GPs and primary care teams. Over 1200 iPads have been dispatched to 760 care homes through this programme.
2.12	<u>Vaccinations</u>
	Based on SG Dashboard <b>81%</b> (88,641 people) of adult population in North Ayrshire had received first dose with <b>55.7%</b> (60,928 people) receiving 2 <sup>nd</sup> dose (as at 9/6/21).
	All care home residents; care home staff and HSCP staff have now received their first and second dose vaccinations. And the vaccination roll out to the wider population is being delivered in line with the JVCI guidance.

	The North HSCP is supporting NHS Ayrshire and Arran with the planning for the longer term delivery of the vaccination programme.
2.13	<u>Community Testing</u>
	A four week rolling programme has been established for the siting of a symptomatic mobile testing unit across North Ayrshire. Attendance at the MTUs continue to be very positive. When notified of potential outbreak in a neighbourhood we can very quickly deploy the unit to assist citizens with easy access to symptomatic testing.
	<p>Asymptomatic Test Centres have also been established across North Ayrshire. As previously advised unlike the MTU, attendance at the asymptomatic sites have been quite poor, with the exception of the site at Bridgegate in Irvine and Brisbane in Largs. Proposal has been submitted to Public Health to change our model to a mobile asymptomatic unit with perhaps one or two static sites remaining - we await feedback on this proposal.</p> <p>Work is also underway to put in place testing for seasonal workers and engaging with hard to reach groups to raise awareness of regular testing incorporating the Universal Offer, with the objective of empowering local communities to access testing and supporting them to test at home.</p>
2.14	<u>Expanded Asymptomatic COVID Testing – Unregistered Services</u>
	<p>Scottish Government have now written to the providers of the following services to advise them that testing kits will soon be made available to them:</p> <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Children and Young People's Community</li> <li>• Addiction</li> <li>• Homelessness</li> <li>• Learning Disability</li> </ul> <p>Testing will be offered using the same pathway as registered services. Our web page contains an overview of the current cohorts: <a href="https://www.gov.scot/topics/health/coronavirus/covid-19/social-care-testing-guidance">Coronavirus (COVID-19): social care testing guidance - gov.scot (www.gov.scot)</a>. In addition to the above, they will also be writing to providers of Short Break/Respite Care to advise them that eligible staff will also have access to regular asymptomatic LFD testing (twice weekly).</p>
2.15	<u>Staff Testing</u>
	<p>Lateral Flow Device Testing continues for all frontline health and social care staff who are in regular contact with users of our services.</p> <p>Staff are testing twice weekly and self-uploading results, with 16,562 results recorded at time of writing.</p> <p>Residential Children's Units are also now undertaking PCR testing.</p>
3.	<b>PROPOSALS</b>
3.1	<u><b>Anticipated Outcomes</b></u>
	Not applicable.

3.2	<b><u>Measuring Impact</u></b>
	Not applicable
<b>4.</b>	<b>IMPLICATIONS</b>

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

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

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

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

**Integration Joint Board**  
**17 June 2021**

**Subject:** **2020-21 Year-end Financial Performance**

**Purpose:** To provide an overview of the IJB's financial performance for the year ended 2020-21 and the implications for the IJB's overall financial position including an update on the financial impact of the Covid-19 response.

**Recommendation:** It is recommended that the IJB:

- (a) notes the overall integrated financial performance for the financial year 2020-21 and the overall year-end underspend of £10.319m, adjusted to £4.151m after earmarking;
- (b) notes the updated costs of the Covid response and the funding received;
- (c) notes that out-with the IJB overall position, the £1.486m debt repayment has been made to North Ayrshire Council as planned;
- (d) approve the budget changes outlined at section 2.10; and
- (e) approve the proposed earmarking of £6.168m of reserves as detailed in the report, leaving a balance of £4.151m in free general fund reserves

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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2020-21. The outturn is an overall year-end underspend of £10.319m, which when adjusted for new earmarked reserves of £6.168m is reduced to £4.151m.
1.2	The last reported position to the IJB in March 2021 highlighted a projected underspend of £3.497m with an anticipated free general fund reserve balance of £1.881m. The comparable year-end actual position is a free general fund increase of £4.151m. This

	<p>favourable movement of £2.270m is mainly due to o increased payroll turnover, unused transition funding, the impact of the lead partnership recharges and a reduced requirement to draw on reserves to balance the 2021-22 budget.</p> <p>The £10.211m of Covid-19 funding has been fully allocated to the appropriate service areas, reflecting the final true outturn position for each service outwith the Covid impacts.</p> <p>Projecting the IJB financial position was challenging during 2020-21 as service levels fluctuated on a week-to-week basis due to the impact of the pandemic. The additional costs associated with Covid were monitored alongside the risk that these costs may not be fully funded. These challenges will continue into 2021-22.</p>
1.3	<p>The main areas of pressure continued to be within learning disability care packages, looked after children and adult in-patients within the lead partnership. However, there has been significant progress to reduce the pressures in these areas. The financial position demonstrates that the work started before the pandemic to ensure the IJB moved into the new financial year in a financially sustainable position has not been reversed by the Covid-19 response. The delivery of an overall underspend has allowed the IJB to repay £1.486m of the debt to North Ayrshire Council as planned.</p>
1.4	<p>The final unaudited IJB outturn position is adjusted to reflect the impact of Lead Partnership services. In line with the current risk sharing agreement for lead partnership services an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years. The underspend in relation to North Lead Partnership services for Mental Health is not be fully attributed to the North HSCP as a share has been allocated to East and South HSCPs, similarly the impact of the outturn on East and South led services has been shared with North.</p>
1.5	<p>Financial balance has been achieved in 2020-21 and significant progress has been made to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2021-22. This will need to be considered alongside the impact of Covid-19 and the need to redesign services taking full cognisance of the financial risks and opportunities which this presents.</p> <p>There were a number of key successes for 2020-21:</p> <ul style="list-style-type: none"> <li>• Continued to demonstrate the IJB position being accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures;</li> <li>• Savings totalling £2.4m were delivered in-year, despite the impact of the pandemic;</li> <li>• Continued progress with reducing the financial overspends specifically for care home and children's residential placements which will have a significant impact on the financial plans and sustainability for future years;</li> <li>• The accuracy of projected spend continues to improve;</li> <li>• The ongoing submission of the estimated financial impact of Covid through the LMP process including input into the national benchmarking group, providing adequate assurance over estimates, which resulted in full costs being reimbursed; and</li> </ul>

	<ul style="list-style-type: none"> <li>• A robust process was established to make sustainability payments to social care providers.</li> </ul>
<b>2.</b>	<b>2020-21 UNAUDITED BUDGET OUTTURN POSITION</b>
2.1	<p>The report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2020-21.</p> <p>The report includes the following:</p> <ul style="list-style-type: none"> <li>• Explanations of main areas of variance;</li> <li>• Movement in projected outturn position;</li> <li>• Update on progress with savings delivery;</li> <li>• Budget changes requiring IJB approval;</li> <li>• Impact of the outturn on IJB reserves position;</li> <li>• Lead partnerships and the impact of risk sharing;</li> <li>• Detail of the funding and costs of the Covid-19 response; and</li> <li>• Updated information on the usage of set-aside resource.</li> </ul>
<b>2.2</b>	<b>FINANCIAL OUTTURN</b>
	<p>Against the full-year budget of £271.999m there is a reported underspend of £4.151m, consisting of a year-end underspend of £2.510m in social care services and an underspend of £1.641m in Health delivered services. This position is after the earmarking of funds for use in future years.</p> <p>Appendix A provides the financial overview of the partnership position, this details the outturn on an HSCP managed basis, on an IJB delegated basis (following Lead Partnership recharge adjustments) and the final adjusted outturn position after accounting for new earmarked reserve balances.</p> <p>The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>
2.3	<b>Health and Community Care Services</b>
	<p>Against the full-year budget of £74.258m there is an underspend of £1.647m (2.2%). The main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are underspent by £1.098m. The care home budget moved into a sustainable position towards the end of 2019-20 and the opening position for the budget for 2020-21 was expected to be an underspend position as at that time we set the budget at a level to fund 810 places and we were funding 782. The occupancy in care homes has fallen further during 2020-21 and as at 31<sup>st</sup> March we were funding 752 placements resulting in significant vacancies in some care homes. The level of income recovered from charging orders has decreased which reduced the overall underspend. This is due to delays with house sales during the pandemic and the overall reduction in placements.</p> <p>b) Independent Living Services are overspent by £0.099m which is due to an overspend on physical disability care packages within the community and direct</p>



	<p>payments. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and will ensure payment only for the actual hours of care delivered. The roll out of the CM2000 system for Adult services will assist in targeting the reviews, the system was implemented in February 2021.</p> <p>c) Care at home reported a balanced position as the additional capacity created to respond to Covid remained in line with the costs included in the Covid funding plan and the additional monies received for winter capacity. Bank staff are being offered contracts, the service are recruiting additional staff for the in-house service and also engaging with new and existing providers for additional commissioned services. The capacity for care at home will continue to grow as we move into the new financial year to meet the increase in demand for the service, this will be part of the Covid funding requirements and our longer-term ambition to shift the balance of care as part of the budget for 2021-22.</p> <p>d) Reablement underspent by £0.137m due to vacant posts. Payroll turnover was not applied to this area as it was assumed that any vacancies would incur cover costs. Payroll turnover will be applied in 2021-22.</p> <p>e) Day Care – underspent by £0.225m due to vacancies which were not required to be filled immediately as the service was not operational during lockdown. Staff were redeployed into other areas, including providing outreach support to users of day services. Payroll turnover was not applied to this area as it was assumed that any vacancies would incur cover costs.</p> <p>f) Carers Act Funding is underspend by £0.546m. The service plan to undertake positive promotion of the services available to carers and we are currently reviewing the process for a carers assessment to make this more accessible to individuals requiring support. There is further funding for carers in 2021-22 and the IJB agreed at part of the budget to utilise part of this resource to waive charges for respite services.</p> <p>g) Integrated Island Services – overspent by £0.200m due to GP medical provision to hospital services. This cost was held in East primary care until the year end when it was transferred to North, but an error was made as the associated budget of £0.167m did not transfer. This means North are adversely impacted by £0.167m and East are favourably impacted. East Ayrshire IJB will compensate in 2021-22 which will impact favourably on our 2021-22 financial position. East IJB have the following recommendation in their month 12 report to action this.</p> <ul style="list-style-type: none"> <li>• Approve the transfer of £0.167m to North Ayrshire IJB on a non-recurring basis in 2021/22 to compensate for GP costs at Arran War Memorial Hospital.</li> </ul>
2.4	<b>Mental Health Services</b>
	<p>Against the full-year budget of £81.395m there is an underspend of £1.748m (2.1%). The main variances are:</p> <ul style="list-style-type: none"> <li>• Learning Disabilities overspent by £0.717m, included within this is an overspend of £0.553m for community care packages (inc Direct Payments) and £0.338m for residential placements. 2020-21 savings relating to the implementation of the Adult Community Support Contract were delayed as the full implementation of</li> </ul>

the CM2000 system has been postponed as the focus for providers has been on the response to COVID-19. This has been implemented in February 2021. The shortfall in savings was fully compensated by the Scottish Government Covid funding.

Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. There are opportunities to reduce the 2021-22 commitment as a significant number of these care packages were reduced or suspended during lock down and the care packages have been reviewed as and when services are re-started to ensure support is re-started at the appropriate level, this will support with reducing recurring overspends in this area.

- Community Mental Health services underspend by £0.751m mainly due to community care packages and reclaimed direct payments. There has been a reduction in the number of care packages since the start of the year and there have been some temporary reductions to care packages during lock-down. These have also been reviewed when care has been reinstated.
- Addictions – underspent by £0.339m which is mainly due to an underspend within the Alcohol and Drugs Partnership (ADP) which will be earmarked for use in future years.
- The Lead Partnership for Mental Health underspent by £1.375m which consists of:
  - An overspend in Adult Inpatients of £0.809m. This is due to the delay in closing the Lochranza ward on the Ailsa site. The ward closed during August 2020 but there remained staff to be re-deployed, the overspend will reduce as alternatives are identified for displaced staff. Some staff will be placed into the two remaining wards at the Ailsa site. There is also a higher use of supplementary staffing due to enhanced observations.
  - Elderly Inpatients – an underspend of £0.175m in Elderly Inpatients due to the completion of the work to reconfigure the Elderly Mental wards, this represents the part-year saving. The workforce tool for the wards has been rerun to determine the final staffing which will require to be considered alongside the remaining staff on re-deployment. Consideration of the balance of savings will be taken forward with East and South HSCP colleagues.
  - UNPACS is overspent by £0.509m based on current placements. There was an increased charge for Rowanbank under the service level agreement with Glasgow Health Board, an increased charge for the General Psychiatry SLA and backdated charges for an Orchard Clinic patient.
  - An underspend in MH Pharmacy of £0.160m due to continued lower substitute prescribing costs.
  - Action 15 underspend of £0.655m all of which will be earmarked for use in future years, with elements reallocated to East and South Ayrshire IJBs for inclusion in their reserves.

- Innovation Fund – underspent by £0.181m due to delays in some projects.
- Daldorch Income – under recovered by £0.107m as we were unable to charge other boards for placements from January 2021 due to the change in the nature of the service. Pan Ayrshire discussions are underway as to mitigating this income shortfall given the change in the service.
- The turnover target for vacancy savings for the Lead Partnership is held separately within the Lead Partnership as this is a Pan-Ayrshire target. There is an over-recovery of the vacancy savings target of £1.281m in 2020-21, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Achieved to March 2021	£1.681m
<b>Over/(Under) Achievement</b>	<b>£1.281m</b>

The main areas contributing to this position are noted below:

- Adult Community Health services £0.230m
- CAMHS £0.211m
- Mental Health Admin £0.329m
- Psychiatry £0.400m
- Psychology £0.410m
- Associate Nurse Director £0.089m

There was no intentional holding of any vacancies during the pandemic, specialist services in particular find it difficult to attract and recruit staff often due to the temporary nature of funding. During 2020-21 posts were advertised on a permanent basis to maximise the chances of filling vacancies.

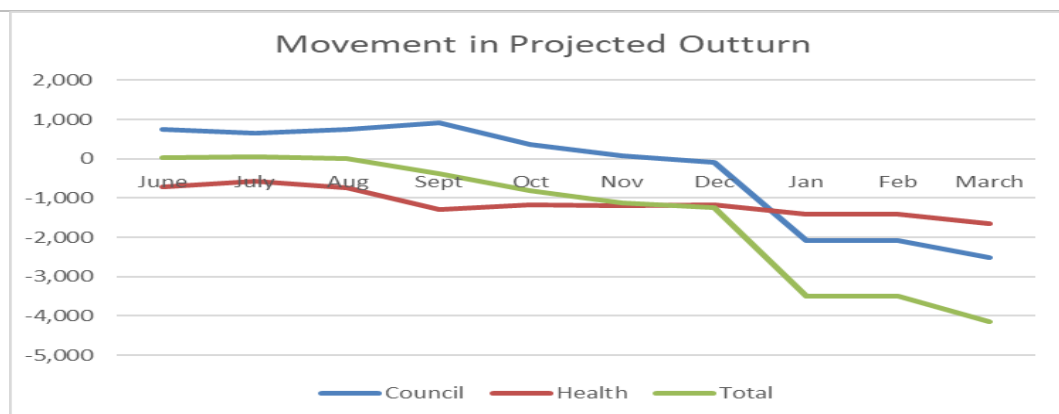
The CAMHS service is undergoing an extreme team review, and this is expected to reduce the underspend on staffing costs in 2021-22. There is also expected to be significant recruitment across Mental Health services as part of the Scottish Government's Mental Health Transition and Recovery Plan which will see £120m national investment, early indications are that elements of this funding will be recurring which will greatly increase the confidence in filling posts.

## 2.5 Children Services & Criminal Justice

Against the full-year budget of £35.427m there is an underspend of £0.081m (0.2%). The main variances are:

- a) Looked After and Accommodated Children are overspent by £0.418m. The main areas within this are noted below:
  - Children's residential placements are overspent £0.773m. At period 12 there are 17 placements including 1 secure placement. Budget plans for 2020-21 were based on starting the year with 18, reducing to 14 by the end of Q1 and to 10 places by the end of Q2 and for the remainder of the year. Progress with plans to move children from residential placements have been impacted by Covid-19 as there has been an impact on Children's Hearings and this has limited the

	<p>availability of tenancies. Children's services are working towards further improving the position as we move into the new financial year and the impact of the delayed reduction in placements during 2020-21 was factored into the planning assumptions for 2021-22.</p> <ul style="list-style-type: none"> <li>• Fostering placements are overspent by £0.061m based on the budget for 129 places and 134 actual placements since the start of the year. The fostering service is an area we are trying to grow, and a recruitment campaign was undertaken early in 2020-21 to attract more in-house foster carers to limit the ongoing requirement for external foster placements. There are a number of additional fostering placements attributed to Covid-19 which are out with these numbers as the costs were met by the Covid-19 mobilisation plan funding. Respite foster placements is underspent by £0.076m as placements have not taken place due to Covid-19 restrictions.</li> <li>• Fostering Xtra (inc respite) is underspent by £0.137m based on budget for 32 places and 28 actual places.</li> <li>• Kinship placements are underspent by £0.123m based on the budget for 370 places and 341 actual placements.</li> </ul> <p>b) Children with disabilities – underspent by £0.212m, included within this is an underspend of £0.253m for community care packages (inc Direct Payments) and an overspend of £0.041m for residential placements. For residential placements a number of children are in the process of transitioning to adult services which will impact favourably on the financial position in 2021-22.</p> <p>c) Residential respite underspent by £0.133m due to capacity of services being impacted due to COVID.</p> <p>d) Transport costs – underspend of £0.097m due to reduced mileage costs.</p>
2.6	<p><b>MANAGEMENT AND SUPPORT COSTS</b></p> <p>Management and Support Services underspent by £6.275m (27%) which mainly relates to funding required to be earmarked:</p> <ul style="list-style-type: none"> <li>a) Payroll turnover – over recovery of £1.170m – see para 2.8 below for more information;</li> <li>b) Transition and Pressure funding not drawn down by services in-year - underspent by £0.646m due to part year costs being incurred for some transition cases.</li> <li>c) Covid Funding - £3.479m underspend which will be earmarked for use in 2021-22.</li> <li>d) Unscheduled care funding - £0.500m underspend.</li> <li>e) Community Living Change Fund - £0.513m underspend which will be earmarked for use over the next three years.</li> </ul>
2.7	<p><b>Projected Outturn Movement</b></p> <p>The overall movement in the projected outturn during the period is illustrated below:</p>



This illustrates the continued improvement in the financial projection for 2020-21. The accuracy of financial projections overall has continued to improve during 2020-21, despite the difficulties in tracking changes to services and additional costs as a consequence of the pandemic. There remain a number of areas where further improvements can be made, and these will be taken forward in the new financial period by the HSCP finance team alongside service managers.

## 2.8 Turnover/Vacancy Savings

As highlighted at the end of last year the payroll turnover target was to be centralised for future years as the approach in previous years left some service areas with unachievable targets whilst other areas were able to overachieve, it was agreed that a more transparent approach would be to manage the payroll turnover and vacancy savings centrally. This approach has been adopted for 2020-21, this has helped to de-clutter the financial report and to make it more transparent re the overall turnover target and the progress towards achieving this across the partnership.

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

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

	Social Care	Health Services
Vacancy Savings Target	*(1.957m)	(0.645m)
Actual to March 2021	2.539m	1.233m
<b>Over/(Under) Achievement</b>	<b>0.582m</b>	<b>0.588m</b>

(\*the target for social care services has been increased on a non-recurring basis for 2020-21 only by £0.110m to offset the saving for the roll out of Multi-Disciplinary Teams, as no permanent reductions to the structure can be identified at this time but will be by the service from 2021-22 onwards)

The main 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 most notable in terms of value being social worker posts (across all services), the Community Mental Health Teams and Allied Health Professionals.

The North Ayrshire HSCP vacancy scrutiny panel continue to meet frequently to ensure the speedy approval of vacancies to advert and also to ensure oversight of gaps across services.

	<p>There have been no intentional plans during the pandemic to pause or delay recruitment and services have actively continued to recruit, in some areas this has proven difficult to fill posts. Services monitor the impact of these staffing gaps and manage this operationally to mitigate the impact on front line services and performance, including using bank, agency and casual staff to fill critical gaps.</p>															
2.9	<p><b>Savings Progress</b></p> <p>a) The approved 2020-21 budget included £3.861m of savings.</p> <table><tr><th>RAG Status</th><th>Position at Budget Approval £m</th><th>Position at Period 12 £m</th></tr><tr><td>Red</td><td>-</td><td>0.274</td></tr><tr><td>Amber</td><td>2.801</td><td>1.801</td></tr><tr><td>Green</td><td>1.060</td><td>1.786</td></tr><tr><td><b>TOTAL</b></td><td><b>3.861</b></td><td><b>3.861</b></td></tr></table> <p>b) The main areas to note are:</p> <ul style="list-style-type: none"><li>i) Red savings of £0.274m relating to reducing LD sleepovers and the review of Adoption Allowances, both of which have been impacted by Covid-19; and</li><li>ii) Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the implementation of the Adult Community Support Framework as the introduction of the CM2000 system was delayed as providers were focussing on COVID related service and staffing issues and further internal implementation work is required. This is now on track to be delivered in 2021-22;</li></ul> <p>Appendix C provides an overview of the savings plan, this highlights that during 2020-21 a total of £2.394m of savings were delivered in-year, with £1.467m of savings potentially delayed or reduced mainly due to Covid-19. The delays were included in the mobilisation plan return to the Scottish Government and funding has been provided to compensate for these delays. This funding has been allocated to the relevant service budgets at the year-end as part of the overall Covid-19 funding allocation.</p> <p>The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track. Whilst some of our plans were put on hold due to Covid, the transformation plans are being re-mobilised at pace to ensure we taken any opportunities to join up the re-design services as they come back online.</p>	RAG Status	Position at Budget Approval £m	Position at Period 12 £m	Red	-	0.274	Amber	2.801	1.801	Green	1.060	1.786	<b>TOTAL</b>	<b>3.861</b>	<b>3.861</b>
RAG Status	Position at Budget Approval £m	Position at Period 12 £m														
Red	-	0.274														
Amber	2.801	1.801														
Green	1.060	1.786														
<b>TOTAL</b>	<b>3.861</b>	<b>3.861</b>														
2.10	<p><b>Budget Changes</b></p> <p>The Integration Scheme states that “either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.....without the express consent of the Integration Joint Board”.</p>															



Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget.

***Reductions Requiring Approval:***

The specific reductions the IJB are required to approve are, all of these have been agreed as appropriate by services:

- 1) GMS Allocation £2.085m – reduction to the General Medical Services budget.
- 2) Training Grade Funding £0.030m – junior doctor reduction
- 3) GMS Methadone Pilot £0.020m – increase in actual funding required
- 4) Arran Band 7 Pharmacy Post to East £0.011m – historical funding correction
- 5) Learning Disability GP Alloway Place £0.008m – increase in the contribution to GP services
- 6) Clozapine transfer To East £0.006m - Contribution towards increased fee for community clozapine dispensing provided by pharmacists.
- 7) GP ABI 2020-21 Allocation £0.006m – Allocation of ADP funding to East HSCP for GP ABI provision
- 8) Short-Term Accumulating Compensated Absences (STACA) year-end adjustment £0.032m – accounting adjustment to represent the flexi leave due to employees which have not been taken at our year end 31 March 2021.

**Future Planned Changes:**

Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on the budget previously highlighted a funding shortfall. It has been agreed with NHS Ayrshire and Arran that we will accept financial responsibility for these wards from 1 April 2021. This is on the basis that the shortfall in funding for the Douglas Grant ward was previously addressed and plans are in place to retain a reduced bed compliment in the Redburn ward which will bring the wards into financial balance moving forward. The budget for these areas is included in the month 12 position to reflect the services devliered by North Ayrshire HSCP, the year-end shortfall has been resolved by the NHS temporarily increasing the budget to match actual spend.

The podiatry budget is held by East HSCP and this budget had been devolved early in 2020-21, the detail of this will be incorporated into the financial monitoring report for the new financial year.

**2.11 NHS –Pan Ayrshire Services**

Lead Partnerships:

The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2019-20 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. This position is currently the default for 2020-21 as the further work taken forward to develop a framework to report the financial

position and risk sharing across the 3 partnerships in relation to hosted or lead service arrangements has been delayed by the requirement to focus efforts on the Covid response.

The underspend in relation to North Lead Partnership services is not fully attributed to the North IJB as a share has been allocated to East and South partnerships, similarly the impact of the outturn on East and South led services will require to be shared with North. At month 12 the impact on NA IJB is a retention of £0.285m of the £0.778m underspend in the MH lead partnership (excluding the underspend on Action 15).

**East HSCP** – underspend of £4.133m (£1.365m NRAC share for NA IJB). The main areas of variance are:

**Primary Care and Out of Hours Services** – underspend of £3.986m. The Primary Care Improvement Fund has underspent by £2.939m. Each partnership will carry forward their share of the underspend for use in future years. The underspend also includes further savings in Dental Services where there have been a number of services cancelled in 2020-21 which have recommenced in the final quarter with an anticipated increase in staffing costs going forward. In addition, work has been undertaken to finalise cross charging of Ayrshire Urgent Care Services (AUCS) costs related to the Covid-19 pandemic against the Local Mobilisation Plan in line with GP activity over the course of 2020-21. Increased staff turnover savings have been realised for AUCS, with posts recruited to in the final quarter of the financial year.

**Prison and Police Healthcare** – underspend of £0.208m is after taking account of an IJB Reserve (earmarking) adjustment in respect of East Ayrshire's share of SARC (rape or sexual assault support) funding. This outturn position is largely due to net staffing savings and takes account of drugs costs initially charged to the prison which have been appropriately charged against Covid-19.

**South HSCP** – overspend of £0.011m (£0.004m NRAC share for NA IJB) due to pressures from the continence service offset by underspends in the Family Nurse Partnership.

#### **Set Aside:**

The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. The 2020-21 budget delegated by NHS Ayrshire and Arran includes the acute set aside resource of £33.054m, this is based on Information Services Division Scotland (ISD) data. The set aside allocation below highlights that North Ayrshire's use of the resource is £1.938m above the NRAC 'fair share'. There is an expectation that in the future the North Partnership will move towards its 'fair share'.

IJB	NRAC Budget Share 2020-21 £m	NRAC %	Set Aside 2020-21 £m	Over / (Under) NRAC Fair Share £m

East Ayrshire	27.385	32.4%	23.897	<b>(3.488)</b>
North Ayrshire	31.116	36.8%	33.054	<b>1.938</b>
South Ayrshire	25.990	30.8%	27.540	<b>1.550</b>
<b>Total</b>	<b>84.491</b>	<b>100%</b>	<b>84.491</b>	<b>-</b>

The Scottish Government's Health and Social Care Medium Term Financial Framework refers to system reform assumptions including material savings to be achieved from reducing variation in hospital utilisation across health and social care partnerships, with assumed efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. Furthermore, the Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care contained the proposal that delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published.

The full implementation of the set aside arrangements is key to delivering this commitment to planning across the whole unplanned care pathway and partnerships must ensure that set aside arrangements are fit for purpose and enable this approach. This has not been achieved in Ayrshire and Arran during the current financial year as the priority was the response to Covid-19. However 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, Commissioning Plans and overall progression towards Fair Share allocations of resources.

It was anticipated that 2020-21 would be used as a shadow period for these arrangements, however this work was put on hold due to the Covid-19 response and the timescales for progressing the work have not yet been agreed. This will also be significantly impacted and will need to be informed by the recovery phase of the Covid-19 response and future plans for acute services and unscheduled care activity.

The current use of acute resources and fair shares remains an unrefined estimate of the position and further detailed work would be required to agree the ISD data and costs and appropriate baselines for acute and community resources before any plan to move towards fair shares would be implemented.

The annual budget for Acute Services is almost £368.6 million. The directorate is underspent by £10.7 million. This is as a result of savings which accrued following the reduction in Outpatient and Inpatient Elective activity throughout most of the year. This is mainly in supplies and drugs (£7.6million) but also in pay (£2.2 million) and the purchase of healthcare from other Boards (£1.1 million).

A major factor in the £10.7 million acute underspend was the Scottish Government decision not to offset savings when allocating funding for additional COVID-19 costs. The Health Board were also reimbursed for unachieved efficiency savings, which for acute were £4.3 million for the year.

	The IJBs and the Health Board have submitted a remobilisation plan outlining how activity will recover and return to normal as far as is possible and are working together to ensure patients are looked after in the most suitable environment.																								
2.12	<b>RESERVES</b>																								
	<p>The IJB is established as a Local Government body therefore has the ability to hold reserve balances. Reserve balances can be held for the below purposes:</p> <p>a) As a working balance to help cushion the impact of uneven cash flows; b) As a contingency to manage the impact of unexpected events or emergencies; and c) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.</p> <p>The position in North IJB is unique in that we hold a negative reserve balance which has been accumulated from previous year overspends, the negative reserve balance is offset by a creditor on the IJB balance sheet reflecting the debt owed to North Ayrshire Council.</p> <p>There is £1.486m of resource set aside out with the IJB delegated budget to repay the debt to the Council, at the 2020-21 financial year-end this budget was transferred back to the IJB to allow the debt repayment to be made.</p> <p>There has been further additional funding allocated to IJBs from the Scottish Government during 2020-21 for use in future years, there is an expectation that IJBs will carry forward these funds in reserves. This additional funding relates to:</p> <table><tr><th></th><th><b>National Amount £m</b></th><th><b>North Share £m</b></th></tr><tr><td>Further Integration Authority Support</td><td>100.0</td><td>2.831</td></tr><tr><td>Adult Social Care Winter Plan</td><td>40.0</td><td>1.238</td></tr><tr><td>Community Living Change Funding</td><td>20.0</td><td>0.513</td></tr><tr><td>Primary Care Improvement Fund</td><td>38.2</td><td>0.657</td></tr><tr><td>Action 15</td><td>11.2</td><td>0.433</td></tr><tr><td>ADP</td><td>8.1</td><td>0.131</td></tr><tr><td><b>TOTAL</b></td><td><b>217.5</b></td><td><b>5.803</b></td></tr></table> <ul style="list-style-type: none"><li>• In view of the ongoing financial pressures in relation to Covid, along with the need to ensure ongoing financial sustainability across the social care sector, funding of £100m has been passed on to IJBs. This is to support ongoing Covid costs, including new ways of working developed in year, and additional capacity requirements.</li><li>• It was confirmed in November 2020 that funding of £112 million would be made available to IJBs to support social care through the Winter Plan. In December, an initial tranche of £72 million was distributed to IJBs to meet the costs arising from sustainability payments, staff restriction policies and additional administration support, as well as Nursing Director support. The second tranche of £40m has now been allocated to IJBs.</li></ul>		<b>National Amount £m</b>	<b>North Share £m</b>	Further Integration Authority Support	100.0	2.831	Adult Social Care Winter Plan	40.0	1.238	Community Living Change Funding	20.0	0.513	Primary Care Improvement Fund	38.2	0.657	Action 15	11.2	0.433	ADP	8.1	0.131	<b>TOTAL</b>	<b>217.5</b>	<b>5.803</b>
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ADP	8.1	0.131																							
<b>TOTAL</b>	<b>217.5</b>	<b>5.803</b>																							

- A further £20 million of Community Living Change Funding has also been allocated. This is to support discharge from hospital of people with complex needs, to support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid future hospitalisation and inappropriate placements. It is anticipated that this funding will be earmarked to be used over the next 3 years.
- A further £57.5 million is being allocated to IJBs in respect of the outstanding balances on the Primary Care Improvement Fund (PCIF), Mental Health Strategy Action 15 Workforce, and Alcohol and Drugs Partnerships (ADPs). This funding represents the required funding on the three programmes to meet the full commitments as set out previously by the Scottish Government and aligns with the previously unspent and carried forward balances for North Ayrshire.

The funding streams set out above require to be earmarked by the IJB, with Action 15, PCIP and ADP balances adjusted to reflect spend during 2020-21, in addition the amount earmarked to support Covid costs has been reduced to reflect the greater than estimated costs during 2020-21 which is summarised below:

<b>Funding Stream</b>	<b>Total Funding</b>	<b>Actual Spend</b>	<b>Balance</b>
LMP/ Mobilisation Plan	10.211	10.934	(0.723)
Adult Social Care Winter Plan	1.238	0	1.238
Further Integration Authority Support	2.831	0	2.831
Mental Health Remobilisation Plan	0.161	0.028	0.133
<b>Total</b>	<b>14.441</b>	<b>10.962</b>	<b>3.479</b>

The 2021-22 budget approved by the IJB on 18 March 2021 approved the creation of a challenge fund reserve of £0.5m to assist the HSCP with developing longer term plans for delivering savings and service improvement. One of the main areas this would support would be the investment in technology solutions. The allocation and assessment of this funding would be determined by the PSMT with reporting of progress through the financial monitoring report to the IJB.

The 2021-22 budget paper also approved a draw on reserves of £1.116m to balance the IJB budget. Following the approval of the IJB budget at the end of March 2021 further funding was allocated by the Scottish Government to IJBs to address a shortfall across Scotland in the funding provided to meet the Scottish Living Wage commitment. Given that the North Ayrshire 2021-22 budget plans already incorporated meeting the Scottish Living Wage commitment the additional funding of £0.861m does not need to be allocated to services. In addition, the National Care Home Contract uplift for 2021-22 has now been settled, this is at a lower level than our planning assumptions as part of the budget estimates. Following these updates, the revised requirement from reserves to balance the 2021-22 budget is £0.181m.

The overall application of the cash outturn and impact on reserves is summarised in the table below:

<b>General Fund Reserves</b>	<b>Earmarked Reserves</b>	<b>Total</b>
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		Debt to NAC £m	Free GF £m	SG Funding £m	HSCP £m	£m
	<b>Opening Balance at 1 April 2020</b>	<b>(5.293)</b>	<b>-</b>	<b>0.207</b>	<b>-</b>	<b>(5.086)</b>
	<i>Movement in-year:</i>					
	Debt Repayment	1.486				1.486
	2020-21 Outturn		4.151			4.151
	Use of SG Funding			(0.207)		(0.207)
	SG Funding					
	: PCIF			0.935		0.935
	: Action 15			0.224		0.224
	: ADP			0.336		0.336
	: Community Living Change Fund			0.513		0.513
	: Covid Funding (adj for 20-21 costs)			3.479		3.479
	: Challenge Fund				0.500	0.500
	: 2021-22 Budget Gap				0.181	0.181
	<b>Balance at 31 March 2021</b>	<b>(3.807)</b>	<b>4.151</b>	<b>5.487</b>	<b>0.681</b>	<b>6.512</b>
	<p>The 'free' general fund balance of £4.151m is proposed to be held as a contingency balance, this equates to around 1.6% of the IJB budget for 2021-22 so remains short of the target of 2% but does demonstrate significant progress towards establishing a contingency reserve.</p> <p>The £1.486m will continue to be set aside in future years to support the repayment of the debt.</p>					
2.13	<b>COVID-19 – FINANCE MOBILISATION PLAN IMPACT</b>					
	<p>From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns have been submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There was initially a risk that the full cost of the Covid-19 response was not funded, however full funding for the estimated impact of £10.211m has now been funded, including the unachieved savings of £1.467m. This estimate was based on the last LMP submission to Scottish Government in January 2021.</p>					
	<b>Mobilisation Plan</b>					
	<p>The most recent mobilisation plan cost submission submitted in January estimated the costs to be £10.211m to March 2021. The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are PPE, additional staff costs for staff absence and student nurses, loss of income due to closed services, additional care home placements, payments to commissioned care providers to ensure financial sustainability and the impact on our approved savings programme.</p>					



The main areas of cost together with the mobilisation plan estimate are summarised below:

<b>Service Area</b>	<b>LMP Estimate  £m</b>	<b>2020-21 Actual Spend  £m</b>	<b>Difference   £m</b>
Payments to Providers	3.003	4.525	(1.522)
Personal Protective Equipment (PPE)	1.723	1.509	0.214
Savings Delays	1.467	1.067	0.400
Nursing – Students and Bank Staff	0.685	0.660	0.025
Care at Home Capacity	0.416	0.412	0.004
Loss of Income	0.853	0.778	0.075
Staff Cover	0.496	0.399	0.097
Care Home Beds – Delayed Discharges	0.396	0.396	0.000
Fostering Placements	0.286	0.266	0.020
Delayed Discharges - Other Measures	0.116	0.045	0.071
Other staff costs	0.767	1.031	(0.264)
Other costs	0.533	0.376	0.157
Offsetting cost reductions	(0.530)	(0.530)	0.000
<b>TOTAL</b>	<b>10.211</b>	<b>10.934</b>	<b>(0.723)</b>

The final spend was £0.723m higher than the £10.211m estimate and funding received. The main area of increased cost was payments to social care providers. The spend on social care sustainability claims was higher than estimated partially due to care home occupancy payments remaining high and some providers submitting backdated claims, this area of cost has been the most difficult to project. This has partly been offset by lower costs in other areas including PPE and savings delays, the reduction in savings delays is directly attributable to the receipt of additional grant funding for the Children's Services Winter Plan which was permitted to be used to offset these delays. The overall additional spend during 2020-21 has been top sliced from the additional funding earmarked for use in 2021-22.

#### **Provider Sustainability Payments and Care Home Occupancy Payments**

COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met.

We have been making payments to commissioned social care providers in line with the agreed National principles for sustainability and remobilisation payments to social care providers during COVID 19.

**Care Home Occupancy Payments** - we have engaged with older people's care homes in relation to care home occupancy payments and make regular monthly payments to care home providers with emergency faster payments being made if required.

Meetings are being held with each care home to discuss ongoing sustainability and to provide support.

**Sustainability payments** - providers are responsible for submitting a claim for additional support to the Partnership for sustainability payments and this is assessed as to what support is required on a case-by-case basis based on the supporting evidence provided. Each case is assessed by the same group to ensure equity and consistency across providers.

In general, all payment terms have been reduced and once any payment is agreed it is being paid quicker to assist the cash flow position of providers. The assessment of some claims has been difficult due to delays with additional information and supporting evidence being submitted to support claims, hence there are a number of claims that are in process.

As noted above, the sustainability payments are the most significant cost in our mobilisation plan and the timely submission and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government.

Providers in North Ayrshire are not all strictly adhering to these timescales and we are still receiving back dated claims, the commissioning team are working with providers to support them to submit claims. This means that some claims and costs relating to 2020-21 will not be known or paid until 2021-22.

A significant level of financial support has been provided to our commissioned providers, in particular older people's care homes. The table below shows the support provided during 2020-21 split into occupancy and sustainability claims:

Type of Provider Support	£
Care Home Occupancy Payments	2.327m
Sustainability Payments	2.198m
<b>TOTAL</b>	<b>4.525m</b>

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

- Understanding the reasons why care cannot be delivered, only Covid related impacts can be funded through sustainability payments;
- The 'planned care' approach of continuing to pay for undelivered care is no longer in place and providers and HSCPs will be required to explore opportunities for creatively delivering services in a different way, temporarily re-deploy staff into other HSCP services (voluntarily), where this is not possible providers will be required to access national supports in the first place, including the potential to furlough staff;
- Where payment for undelivered care is agreed as the only option this will be at a reduced level depending on the type of service, for example for care homes subject to the NCHC occupancy payments will be made at 80% of the rate for all vacancies, this is dependent on care homes continuing to admit new residents where it is clinically safe to do so;

	<ul style="list-style-type: none"> <li>• The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and</li> <li>• Additional reasonable costs that are incurred as a result of Covid which cannot be covered from other funding sources will be reimbursed, including for example PPE, infection prevention control and additional staffing costs.</li> </ul> <p>The current financial sustainability principles, guidance and criteria are in place until 30 June 2021, future arrangements from 1 July 2021 have still to be agreed and communicated to HSCPs and social care providers. Clearly a significant level of financial support has been provided to the sector and any significant change to those principles may have consequences for financial sustainability. The HSCP Commissioning and Finance teams will proactively meet with those providers most at risk of exposure to any changes in financial support.</p>
2.14	<b>National Position</b>
	<p>Across Scotland Integration Joint Boards faced similar financial challenges during 2020-21 but due to the additional funding for covid related costs it is expected that all IJBs will be reporting underspends and will be earmarking a significant element of the underspend for use in 2021-22.</p> <p>The overall national 2020-21 position is being finalised through the IJB CFO network and will be reported to a future PAC.</p>
3.	<b>PROPOSALS</b>
3.1	<b><u>Anticipated Outcomes</u></b>
	<p>The final outturn position for 2020-21 and the work services have undertaken to ensure financial balance during the pandemic are the building blocks for financial sustainability moving into 2021-22.</p> <p>The focus during the year was to ensure the final outturn position was at online for core service delivery whilst closely monitoring the additional Covid costs.</p> <p>This was achieved and the overall debt owed to the Council has reduced.</p> <p>The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line, including the impact of the Covid response financially and on the delivery of the change programme.</p>
3.2	<b><u>Measuring Impact</u></b>
	<p>The position reported is the unaudited year-end outturn position for 2020-21, further information will also be contained within the unaudited IJB annual accounts. Ongoing updates to the financial position including the reserves position will be reported to the IJB throughout 2021-22.</p>
4.	<b>IMPLICATIONS</b>

<b>Financial:</b>	The outturn is a year-end underspend of £4.151m after earmarking £6.168m of funds for future use, this is also after £1.486m of debt repayment budget back to the IJB. The main areas of overspends and underspends are highlighted in the report.
<b>Human Resources:</b>	The report highlights a high level of vacancy or turnover savings achieved during the year; this is not expected to be the sustained level moving forward. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	None
<b>Risk Implications:</b>	Within the projected outturn there are various over and underspends including the non-achievement of savings.
<b>Community Benefits:</b>	None

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

<b>4.</b>	<b>CONSULTATION</b>
4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>
<b>5.</b>	<b>CONCLUSION</b>
5.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance for the financial year 2020-21 and the overall year-end underspend of £10.319m, adjusted to £4.151m after earmarking;</p> <p>(b) notes the updated costs of the Covid response and the funding received;</p> <p>(c) notes that out-with the IJB overall position, the £1.486m debt repayment has</p>

been made to North Ayrshire Council as planned; (d) approve the budget changes outlined at section 2.10; and (e) approve the proposed earmarking of £6.168m of reserves as detailed in the report, leaving a balance of £4.151m in free general fund reserves
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**For more information please contact:**

**Paul Doak, Chief Finance & Transformation Officer at [pdoak@north-ayrshire.gov.uk](mailto:pdoak@north-ayrshire.gov.uk)**

**Eleanor Currie, Principal Manager – Finance on 01294 317814 or [eleanorcurrie@north-ayrshire.gov.uk](mailto:eleanorcurrie@north-ayrshire.gov.uk)**

Partnership Budget - Objective Summary	2020/21 Budget									Over/ (Under) Spend Variance at Period 10	Movement in projected variance from Period 10
	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	57,059	55,249	(1,810)	17,199	17,362	163	74,258	72,611	(1,647)	(965)	(682)
: Locality Services	23,942	22,951	(991)	4,891	4,979	88	28,833	27,930	(903)	(601)	(302)
: Community Care Service Delivery	27,963	27,545	(418)	0	0	0	27,963	27,545	(418)	(128)	(290)
: Rehabilitation and Reablement	1,948	1,978	30	4,989	4,962	(27)	6,937	6,940	3	9	(6)
: Long Term Conditions	1,786	1,338	(448)	5,174	5,093	(81)	6,960	6,431	(529)	(314)	(215)
: Integrated Island Services	1,420	1,437	17	2,145	2,328	183	3,565	3,765	200	69	131
MENTAL HEALTH SERVICES	26,985	26,667	(318)	54,410	52,980	(1,430)	81,395	79,647	(1,748)	308	(2,056)
: Learning Disabilities	20,202	20,922	720	460	457	(3)	20,662	21,379	717	1,662	(945)
: Community Mental Health	5,009	4,298	(711)	1,701	1,661	(40)	6,710	5,959	(751)	(433)	(318)
: Addictions	1,774	1,447	(327)	1,341	1,329	(12)	3,115	2,776	(339)	9	(348)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	50,908	49,533	(1,375)	50,908	49,533	(1,375)	(930)	(445)
CHILDREN & JUSTICE SERVICES	31,447	31,427	(20)	3,980	3,919	(61)	35,427	35,346	(81)	62	(143)
: Irvine, Kilwinning and Three Towns	2,950	2,830	(120)	0	0	0	2,950	2,830	(120)	(144)	24
: Garnock Valley, North Coast and Arran	1,240	1,125	(115)	0	0	0	1,240	1,125	(115)	(119)	4
: Intervention Services	1,978	1,966	(12)	387	379	(8)	2,365	2,345	(20)	(17)	(3)
: Looked After and Accommodated Children	17,470	17,888	418	0	0	0	17,470	17,888	418	490	(72)
: Quality Improvement	4,341	4,173	(168)	0	0	0	4,341	4,173	(168)	(118)	(50)
: Public Protection	608	593	(15)	0	0	0	608	593	(15)	2	(17)
: Justice Services	2,509	2,509	0	0	0	0	2,509	2,509	0	0	0
: Universal Early Years	351	343	(8)	3,216	3,163	(53)	3,567	3,506	(61)	(32)	(29)
: Lead Partnership NHS Children's Services	0	0	0	377	377	0	377	377	0	0	0
PRIMARY CARE	0	0	0	48,940	48,809	(131)	48,940	48,809	(131)	(143)	12
ALLIED HEALTH PROFESSIONALS			0	5,722	5,722	0	5,722	5,722	0	(75)	75
MANAGEMENT AND SUPPORT COSTS	20,553	15,181	(5,372)	2,588	1,685	(903)	23,141	16,866	(6,275)	(1,476)	(4,799)
UNACHIEVED SAVINGS DUE TO COVID	0	0	0			0	0	0	0	(1,467)	1,467
COVID - NHS	0	0	0	2,035	2,035	0	2,035	2,035	0	0	0
CHANGE PROGRAMME	0	1	1	1,081	1,080	(1)	1,081	1,081	0	8	(8)
OUTTURN ON A MANAGED BASIS	136,044	128,525	(7,519)	135,955	133,592	(2,363)	271,999	262,117	(9,882)	(3,748)	(6,134)
Return Hosted Over/Underspends East	0	0	0	0	255	255	0	255	255	301	(46)
Return Hosted Over/Underspends South	0	0	0	0	238	238	0	238	238	286	(48)
Receive Hosted Over/Underspends South	0	0	0	0	4	4	0	4	4	15	(11)
Receive Hosted Over/Underspends East	0	0	0	0	(430)	(430)	0	(430)	(430)	(351)	(79)
Allocation of PCIF from East	0	0	0	0	(935)	(935)	0	(935)	(935)	0	(935)
Allocate the Action 15 underspend to East	0	0	0	0	227	227	0	227	227	0	227
Allocate the Action 15 underspend to South	0	0	0	0	204	204	0	204	204	0	204
OUTTURN ON AN IJB BASIS	136,044	128,525	(7,519)	135,955	133,155	(2,800)	271,999	261,680	(10,319)	(3,497)	(6,822)
Less Earmarking											
PCIF	0	0	0	0	935	935	0	935	935		
Action 15	0	0	0	0	224	224	0	224	224		
ADP	0	336	336	0	0	0	0	336	336		
21-22 BUDGET GAP	0	181	181	0	0	0	0	181	181		
CHALLENGE FUND	0	500	500	0	0	0	0	500	500		
COMMUNITY LIVING CHANGE FUND	0	513	513	0	0	0	0	513	513		
COVID FUNDING	0	3,346	3,346	0	0	0	0	3,346	3,346		
MH REMOBILISATION FUNDING	0	133	133	0	0	0	0	133	133		
FINAL OUTTURN POSITION	136,044	133,534	(2,510)	135,955	134,314	(1,641)	271,999	267,848	(4,151)		

Detailed Variance Analysis on a Managed Basis

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>COMMUNITY CARE AND HEALTH</b>	<b>74,258</b>	<b>72,611</b>	<b>(1,647)</b>	
Locality Services	28,833	27,930	(903)	<p><b>Older People care homes inc respite</b> - underspend of £0.853m based on 752 permanent placements and including an under recovery of income from Charging Orders of £345k.</p> <p><b>Independent Living Services :</b></p> <p>* Direct Payment packages- overspend of £0.107m on 67 current packages.</p> <p>* Residential Packages - underspend of £0.048m based on 38 packages.</p> <p>* Community Packages (physical disability) - overspend of £0.040m based on 50 packages .</p>
Community Care Service Delivery	27,963	27,545	(418)	<p><b>Care at Home</b> (inhouse &amp; purchased) - overspend by £0.463m overall due to increased demand in Inhouse services. Overspend Inhouse £0.639m partially offset by an underspend in purchased care £0.227m. There was also an under recovery in Service Credits from CM2000 £0.051m. All of the £0.436m was brought online by COVID funding.</p> <p><b>Direct Payments</b> - underspend £0.202m based on 35 packages.</p>
Rehabilitation and Reablement	6,937	6,940	3	Outwith the threshold for reporting
Long Term Conditions	6,960	6,431	(529)	<p><b>Carers Centre</b> - underspend of £0.546m</p> <p><b>Anam Cara</b> - overspend £0.083m mainly due to employee costs due to overtime &amp; pilot of temporary post with a view to making longer term savings in bank &amp; casual hours.</p>
Integrated Island Services	3,565	3,765	200	<b>GP service to hospital</b> - overspend due to costs being transferred without the associated budget. This will be reimbursed by East Ayrshire HSCP in 2021-22.



	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>MENTAL HEALTH SERVICES</b>	<b>81,395</b>	<b>79,647</b>	<b>(1,748)</b>	
Learning Disabilities	<b>20,662</b>	<b>21,379</b>	<b>717</b>	<b>Residential Packages-</b> overspend of £0.338m based on 43 current packages. <b>Community Packages (inc direct payments)</b> - overspend of £0.553m based on 328 current packages.
Community Mental Health	<b>6,710</b>	<b>5,959</b>	<b>(751)</b>	<b>Community Packages ( inc direct payments) and Residential Packages</b> - underspend of £0.620m based on 96 community packages, 13 Direct Payments and 30 residential placements.
Addictions	<b>3,115</b>	<b>2,776</b>	<b>(339)</b>	<b>ADP</b> underspend £0.336m which will be earmarked for use in 2021-22.
Lead Partnership (MHS)	<b>50,908</b>	<b>49,533</b>	<b>(1,375)</b>	<b>Adult Community</b> - underspend of £0.230m due to vacancies. <b>Adult Inpatients-</b> overspend of £0.809m due to a delay in closing the Lochranza wards, revised assumptions on redeployed staff and an under recovery of bed sale income. <b>UNPACs</b> - overspend of £0.509m based on current placements, increased service level agreement costs and a backdated charge for one placement. <b>Elderly Inpatients</b> - underspend of £0.175m which includes the part year impact of the £0.934m of unallocated funding following the elderly MH review. <b>CAMHS</b> - underspend of £0.211m due to vacancies. <b>MH Admin</b> - underspend of £0.329m due to vacancies. <b>Psychiatry</b> - underspend of £0.400m due to vacancies. <b>MH Pharmacy</b> - underspend of £0.160m mainly within substitute prescribing. <b>Psychology-</b> underspend of £0.410m due to vacancies. <b>Action 15</b> - underspend of £0.655m. East and South HSCP will be allocated their share of this underspend and the North element will be earmarked for use in 2021-22.
<b>CHIDREN'S AND JUSTICE SERVICES</b>	<b>35,427</b>	<b>35,346</b>	<b>(81)</b>	
Irvine, Kilwinning and Three Towns	<b>2,950</b>	<b>2,830</b>	<b>(120)</b>	<b>Transports costs</b> - Underspend of £0.027m due a reduction in spend in Staff Mileage costs <b>Cornerstone Respite</b> - Underunderspend of £0.088m due to respite services not taking place due to COVID
Garnock Valley, North Coast and Arran	<b>1,240</b>	<b>1,125</b>	<b>(115)</b>	<b>Employee Costs</b> - Underspend £0.059m due to a substantive post being vacant . This will be offsetting an overspend in employee Costs within Quality Improvement. <b>Transports costs</b> - Underspend of 0.012m due a reduction in spend in Staff Mileage costs. <b>Cornerstone Respite</b> - Underspend of £0.045m due to respite services not taking place due to COVID.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Intervention Services	2,365	2,345	(20)	Outwith the threshold for reporting
Looked After and Accommodated Children	17,470	17,888	418	<p><b>Looked After Children placements - Overall underspend of £0.223m, Favourable movement of £0.65m which is made up of the following:-</b></p> <p><b>Kinship</b> - Underspend of £0.123k. Budget for 370 placements, End of year 341 placements.</p> <p><b>Adoption</b> - Online position. Favourable movement of £43k which was mainly due to COVID funding delays in savings Budget for 69 placements, End of year 73 placements.</p> <p><b>Fostering</b> - Overspend of £0.061m. Budget for 129 placements, currently 132 placements and End of year placements 134. -</p> <p><b>Fostering Xtra</b> - Underspend £94k. Budget for 32 placements, End of year 28 Placements.</p> <p><b>Fostering Respite</b> - Projected underspend of £0.119m which is due to respite services not taking place due to COVID</p> <p><b>Private fostering</b> - Overspend of £0.002m. Budget for 10 placements, End of year 10 placements.</p> <p><b>IMPACCT carers</b> - Underspend of £0.001m Budget for 2 placements, End of year 1 Placement</p> <p><b>Residential School placements</b> - Overspend £0.773m, End of year number of placements is 17 of which 1 of them is a Secure Placement.</p>
Quality Improvement	4,341	4,173	(168)	<p><b>Employee Costs</b> - Overspend £0.080m, however this is partially offset with underspend within Garnock Valley</p> <p><b>Transports costs</b> - Underspend of £0.009m</p> <p><b>Muirfield Place</b> - Block contract Underspend £0.0028m</p> <p><b>Community Packages</b> - Underspend of £0.113m . 88 Community Packages on establishment list</p> <p><b>Direct Payments</b> - Underspend £0.140m End of year number of packages in place is 50</p> <p><b>Children's Residential Placements</b> - Overspend £0.041m Currently 12 Residential Placements.</p>
Public Protection	608	593	(15)	Outwith the threshold for reporting
Justice Services	2,509	2,509	0	Outwith the threshold for reporting
Universal Early Years	3,567	3,506	(61)	<b>Non Employee costs</b> - £0.061m underspend consisting of small variance across the service.
Lead Partnership NHS Children's Services	377	377	0	Outwith the threshold for reporting
PRIMARY CARE	48,940	48,809	(131)	Underspend on GMS services
ALLIED HEALTH PROFESSIONALS	5,722	5,722	0	Outwith the threshold for reporting
MANAGEMENT AND SUPPORT	23,141	16,866	(6,275)	Payroll turnover – over recovery of £1.170m, Transition and Pressure funding - underspent by £0.646m due to part year costs being incurred for some transition cases, Covid Funding - £3.479m underspend which will be earmarked for use in 2021-22, unscheduled care funding - £0.500m underspend and the Community Living Change Fund - £0.513m underspend which will be earmarked for use in 2021-22.
COVID - NHS	2,035	2,035	0	Outwith the threshold for reporting
CHANGE PROGRAMME & CHALLENGE FUND	1,081	1,081	0	Outwith the threshold for reporting
<b>TOTAL OUTTURN ON A MANAGED BASIS</b>	<b>271,999</b>	<b>262,117</b>	<b>(9,882)</b>	

Threshold for reporting is + or - £50,000

## 2020-21 Savings Tracker

## Appendix C

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 12	Net Saving Achieved at Period 12	Shortfall (fully funded) £m
<b>Children, Families &amp; Criminal Justice</b>						
1	Children and Young People - External Residential Placements	Amber	0.583	Amber	0.208	0.375
2	Adoption Allowances	Amber	0.074	Red		0.074
3	Children's Services - Early Intervention and Prevention	Amber	0.050	Green	0.050	-
4	Fostering - Reduce external placements	Green	0.036	Green	0.036	-
5	Community Support - Children's Care Packages	Amber	0.008	Green	0.008	-
<b>Mental Health and LD Services</b>						
6	LD - Reduction to Sleepover Provision	Amber	0.200	Red		0.200
7	Learning Disability Day Services	Amber	0.279	Amber	0.050	0.229
8	Trindlemoss	Green	0.150	Amber	0.150	-
9	Mental Health - Flexible Intervention Service	Green	0.008	Green	0.008	-
<b>Health and Community Care</b>						
10	Roll out of multidisciplinary teams - Community Care and Health	Amber	0.110	Green	0.110	-
11	Carers Act Funding - Respite in Care Homes	Green	0.273	Green	0.273	-
12	Care at Home - Reablement Investment	Amber	0.300	Green	0.300	-
13	Care at Home - Efficiency and Capacity Improvement	Amber	0.135	Green	0.135	-
14	Day Centres - Older People	Amber	0.038	Amber		0.038
15	Charging Policy - Montrose House	Amber	0.050	Green	0.050	-
<b>Whole System</b>						
16	Adults - New Supported Accommodation Models	Amber	0.063	Amber	0.025	0.038
17	Adult Community Support - Commissioning of Services	Amber	0.638	Amber	0.150	0.488
18	Charging Policy - Inflationary Increase	Green	0.050	Amber	0.025	0.025
<b>TOTAL SOCIAL CARE SAVINGS</b>			<b>3.045</b>		<b>1.578</b>	<b>1.467</b>

Health:

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 12	Net Saving Achieved at Period 12	Shortfall (fully funded) £m
19	Trindlemoss	Green	0.120	Green	0.120	-
20	Packages of care	Green	0.100	Green	0.100	-
21	Elderly Mental Health inpatients (lead partnership)	Green	0.216	Green	0.216	-
22	MH Payroll Turnover (lead partnership)	Green	0.100	Green	0.100	-
23	North Payroll Turnover	Green	0.280	Green	0.280	-
<b>TOTAL HEALTH SAVINGS</b>			<b>0.816</b>		<b>0.816</b>	<b>0</b>
<b>TOTAL NORTH HSCP SAVINGS</b>			<b>3.861</b>		<b>2.394</b>	<b>1.467</b>

## 2020-21 Budget Reconciliation

## Appendix D

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			96,963
Month 1 - 10 adjustments previously reported			33,257
Drug Death Prevention from Corporate	12	T	5
STACA	12	T	(32)
Insurance Allocation 20-21 from Corporate	12	T	80
Increased Bad Debt Provision from Corporate	12	T	128
Adult Social Care Winter Funding tranche 2	12	T	1,238
Further Integration Authority Support	12	T	2,840
Debt Repayment Budget	12	T	1,486
Resource Transfer net Month 12 adj	12	T	441
Inter authority income	12	T	(357)
Rounding			(5)
<b>Budget Reported at Month 12</b>			<b>136,044</b>
HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget			149,830
Month 1 - 10 adjustments previously reported			(18,662)
Reduce Drug Deaths	11	T	96
South Veterans 1st adj	11	T	6
Training Grade Funding	11	P	(30)
Adult Social Care Winter Funding tranche 2	11	T	1,238
Community Living	11	T	513
Further IA Support	11	T	2,840
Transfer to Social Care	11	T	(4,078)
RX Uplift (Prescribing)	11	T	791
ADP Allocation Hd938	11	T	131
Hd 836 - Trauma Funding 30%	11	T	113
Arran Band 7 Pharmacy Post To East	11	P	(11)
Clozapine Tfr To East	11	P	(6)
Action 15 Balance - Jan Alloc	11	T	622
Additional Nhs Covid Funding - North Hscp	11	T	148
Training Grade Funding	12	T	14
Social Care Staff Shielding support	12	T	3
Allocation uplift	12	P	507
GMS Allocation	12	P	(2,085)
Fund Veterans 1st Point (NR)	12	T	27
20/21 1% Pay Award	12	T	214
Top Up To 4% Pay Award	12	T	655
Gms Methadone Pilot - Shortfall	12	T	(20)
GP ABI - 20/21 Allocation	12	T	(6)
LDS GP Shortfall - Alloway Place	12	T	(8)
Douglas Grant and Redburn Wards previously excluded	12	T	2,719
Redburn Overspend Funding	12	T	212
North Hscp - Covid 18/19	12	T	83
North Hscp - Covid March	12	T	181
Resource Transfer net Month 12 adj	12	T	(441)
Inter authority income	12	T	357
Rounding			2
<b>Budget Reported at Month 12</b>			<b>135,955</b>
<b>COMBINED BUDGET</b>			<b>271,999</b>

**Integration Joint Board**  
**17th June 2021**

<b>Subject:</b>	<b>NHS Ayrshire &amp; Arran Remobilisation Plan 3</b>
<b>Purpose:</b>	To present the NHS Ayrshire and Arran Remobilisation Plan 3 to the IJB
<b>Recommendation:</b>	IJB are asked to endorse the Health Board's Remobilisation Plan 3 which was submitted to the Scottish Government on 26th February 2021.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	On 2 April 2021, a letter was received from Scottish Government approving the attached plan (Appendix 3). This is now being progressed through the NHS and local authority governance routes for formal sign off and publication.
<b>2.</b>	<b>BACKGROUND</b>
2.1	The final draft Remobilisation Plan 3 (RMP3) (Appendix 1) was submitted to Scottish Government on 26 February 2021 for consideration.
2.2	Following submission to Scottish Government, a meeting was held between Scottish Government and NHS Ayrshire & Arran on 9 March 2021 to discuss the content of the plan. A subsequent letter was received on 15 March 2021 detailing the meeting note and follow up actions required (Appendix 2).
<b>3.</b>	<b>PROPOSALS</b>
3.1	<p>There is now a requirement to approve the final draft of the Remobilisation Plan for the period April 2021 to March 2022.</p> <p>The approval route agreed for the final draft RMP3 is:</p> <ul style="list-style-type: none"> <li>• 20 April 2021 – Operational Corporate Management Team</li> <li>• 12 May 2021 – Integration Joint Board East</li> <li>• 24 May 2021 – NHS Ayrshire and Arran Board Meeting</li> <li>• 26 May 2021 – Integration Joint Board South</li> <li>• 17 June 2021 – Integration Joint Board North</li> </ul>
3.2	Following approval through the internal governance processes, the RMP3 will become the contract with the Scottish Government for the year 2021/22, superseding the requirement for an Annual Operating Plan. It is the intention to revisit Remobilisation Plans later in the year once the position on Covid-19 and related matters is clearer.

	As such, a further iteration of the Remobilisation Plan may be commissioned later in the year. This will also be informed by any additional or amended priorities in respect of incoming ministers.
3.3	North Ayrshire HSCP contributed significantly to the development of RMP3 in particular to the elements related to community services and through the co-ordination, engagement and development of the pan-Ayrshire Mental Health part of the plan.
3.4	<b><u>Anticipated Outcomes</u></b>
	The RMP3 and associated resources and funding positively contributes to the IJBs strategic objectives.
3.3	<b><u>Measuring Impact</u></b>
	The RMP3 is set within the context of all the work undertaken across the Health and Care system within Ayrshire and Arran. It provides detail of how we will deliver at a local level on the ministerial commitments, how we will meet the needs of our local populations and how we will provide services within the scope of the resources available to us.
<b>4.</b>	<b>IMPLICATIONS</b>

<b>Financial:</b>	The Financial Plan will be a key component of the RMP3 with significant financial resources required to deliver. The North Ayrshire HSCP contributed to financial resource requests in the plan.
<b>Human Resources:</b>	Workforce forms a component part of the RMP3 and further detail will be clearly set out in the Interim Workforce Plans currently being completed by NHS Ayrshire & Arran and South, North and East Ayrshire Health and Social Care Partnerships (HSCPs). These plans will also cover the period 1 April 2021 – 31 March 2022.
<b>Legal:</b>	N/A
<b>Equality:</b>	<p>The RMP3 is drafted within the context of the Programme for Government and takes cognisance of the delivery of services within the Public Sector Equality Duty, Fairer Scotland Duty and the Board's Equalities Outcomes.</p> <p>Impact assessments will be completed as required for the component parts of the RMP3.</p>
<b>Children and Young People</b>	N/A
<b>Environmental &amp; Sustainability:</b>	N/A
<b>Key Priorities:</b>	N/A
<b>Risk Implications:</b>	Risks to delivery of the various aspects of the RMP3 will be assessed and will be managed throughout the lifespan of the plan.
<b>Community Benefits:</b>	N/A

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



<b>5.</b>	<b>CONSULTATION</b>
5.1	The RMP3 is a culmination of a number of plans which, where appropriate, will have been communicated to staff and/or patients and public. The overarching strategic vision of the RMP3, through Caring for Ayrshire, will ensure that this and future plans have full engagement and consultation on the way forward for our health and care system in Ayrshire and Arran.
	The RMP3 is developed in collaboration between NHS Ayrshire & Arran, East, South and North Ayrshire HSCPs and key partners.
<b>6.</b>	<b>CONCLUSION</b>
6.1	<p>IJB Members are asked to endorse the Remobilisation Plan 3 and be assured that necessary systems and procedures are in place to scrutinise, monitor and manage delivery against the plan.</p> <p>A further update on the North Ayrshire HSCP specific elements of the plan will be brought to a future meeting.</p>

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

# Remobilisation Plan 3

April 2021 - March 2022

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



Name	Job Title or Role	Signature	Date
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Authored by:

Gillian Arnold      Planning Manager

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

		Version	
Approval	Scottish Government	v01.03	26 February 2021
	Corporate Management Team	v02.00	20 April 2021
	NHS Ayrshire & Arran Board Meeting	v03.00	24 May 2021
	East Ayrshire Integration Joint Board	v03.00	12 May 2021
	North Ayrshire Integration Joint Board	v03.00	13 May 2021
	South Ayrshire Integration Joint Board	v03.00	26 May 2021

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## 1.0 Introduction

This one year plan has been prepared collaboratively with our partners, to provide Scottish Government with confirmation that we have plans in place to demonstrate how we will safely and incrementally prioritise the resumption of some paused services, whilst maintaining Covid-19 capacity and resilience. The plan covers the period from April 2021 to March 2022 and has been developed and submitted in partnership with Integrated Joint Boards (IJBs) to provide an update from the previous Remobilisation Plan and to set out our key priorities for the year ahead. Whilst being clear about our plans in the next year, this plan should be considered a living document which we will adapt and modify as we move forward through 2021/22.

It sets out our journey in response to Covid-19 and recovering performance in the context of the NHS Scotland Covid-19 Framework for Decision Making of Re-mobilise, Recover and Re-design and the subsequent correspondence received from the Scottish Government regarding remobilisation.

As we move forward into the next phase of remobilisation, we will continue to safeguard robust Covid-19 resilience and support for social care, whilst working on how paused services across the whole system will be safely and incrementally resumed. Patient and staff safety continue to be the overriding priority and ensuring effective prevention and control of infection during the next phase of remobilisation will be critical for the successful restart of services, and the continued safety of our patients, staff and their families. Our Board is committed to embedding our current Staff Wellbeing Programme through the next remobilisation stage and into the winter period.

The response to the pandemic has led to some remarkable and innovative developments in service delivery for the benefit of patients; particularly via the use of digital technology, to enable more services to be delivered at home or in the community. We will want to retain as much good practice as possible in the next phase and in the longer term as part of our wider reform of health and social care.

As a learning organisation we will continue to reflect on the learning as we move through the different phases of remobilisation. Utilising national guidance, professional advice and both local and national modelling to inform our planning. These innovative developments will support the strategic intent for our health and care services over the next 10 years and beyond as set out in our “Caring for Ayrshire” programme. The Covid-19 challenges have, in fact, led to large acceleration in reform in how work is appropriately delivered.

Going forward, we will continue to ensure citizens are supported to get the right care in the right place, developing clear health and care pathways for the people of Ayrshire and Arran.

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

## **2.0 Whole System Approach**

### **2.1 Locality Health and Care Services**

#### **Overview**

We will continue to maximise the capacity of our community services to support the whole health and social care system and to put in new ways of supporting individuals, such as outreach and remote/virtual supports for those not able to access traditional day and respite services. This will allow us to respond to the additional demands for new services, support higher levels of frailty and acuity in the community and support our hospital system to facilitate the safe discharge of patients from hospital with the support of our hospital and community teams.

For 2021-22 there is a requirement for additional resource to continue to meet the additional capacity requirements, it is anticipated this will be required for a 6 month period.

We do have an intention to shift resources across from care homes longer term, however we have a challenge with doing that at the start of the year as we will probably be continuing to make payments to compensate care homes for reduced occupancy at least until the end of June, following which it's not clear what the ongoing demand and need for care home placements will be. Having the additional CAH capacity funded for 6 months will allow services to stabilise, allow us to continue to review service demand, hospital discharge rates, community referrals and absence levels and the ongoing capacity requirement of Care at Home services, alongside care homes.

Where additional resource is required to support increased demand on a non recurring basis, this is summarised with the Additional Resource table at the end of each sub section.

#### **Priorities**

##### **Care at Home**

To manage the significant increase in demand for services the Care at Home Service has grown throughout the pandemic with ongoing recruitment campaigns to continually enhance this capacity.

For 2021-22 there is a requirement for additional resource to continue to manage the additional capacity requirements, allowing services to stabilise, continue to review service demand, hospital discharge rates and absence levels and management.

### **Delayed Transfers of Care**

We will continue to build capacity in our communities, primarily care at home services to ensure that patients who are clinically ready for discharge experience minimum delay before being cared for in their own homes or other appropriate settings.

A 'home first' mindset will continue to be embedded, ensuring patient transfers are planned jointly with community and acute teams, whilst ensuring a person-centred approach taking account of both clinical assessment and the individual's wishes. We will undertake a self-evaluation, with support from the iHub, to establish a baseline position across the 3 Ayrshire HSCP's and the two acute sites and inform a strategic Ayrshire wide approach which aligns to Caring for Ayrshire.

The core Red Cross Home from Hospital Service provides services of transport, resettlement and follow-on support shifts for people leaving hospital at both UHC and UHA. Additional resource will provide an additional four shifts over 7 days at hospital sites for core transport, resettlement and follow-on support together with safe and well check-calls for those wishing to access this and morning shifts at UHC to support Covid-19 surge capacity.

### **Day Services**

A full review of day services will be undertaken which will include how we address issues of social isolation and loneliness which will have been exacerbated during the pandemic, taking cognisance of any relevant recommendations from the Independent Review of Adult Social Care.

### **Care Homes**

The Professional Care Home Assurance and Support Team (Care Home Liaison Nurses) will support the HSCPs in relation to both management of the ongoing impact of Covid-19 and to support ongoing sustainability in protecting the residents and supporting the longer-term Covid-19 vaccination and seasonal influenza programmes in care homes. We will continue with our Care Home Oversight arrangements.

### **Community Hospital Provision**

Due to the high incidence of Coronavirus outbreaks, affecting both patients and staff, there is a temporary resource requirement to fund the surge capacity provision which requires to be maintained in the Community Hospitals and in partner care homes in order to be in a position to respond to potential future increases in the incidence of Covid-19. These wards are crucial to support down-streaming from acute hospitals and staffing shortages caused by Covid-19 related absence affect the ability to accept transfers creating additional pressures within acute hospitals.



## Integrated Island Services

To continue to support an integrated whole island response to the pandemic on Arran there is a requirement for additional resource to support the increased demand with additional nursing capacity, noting a longer-term ambition to develop a similar MDT approach as the model at Lochgilphead. In addition this resource will support the additional GP rota for Arran War Memorial Hospital.

## Personal Protective Equipment

Additional PPE continues to be procured for all frontline social care and wider care support staff and infection prevention and control measures applied throughout our services and buildings. If Ayrshire & Arran are to continue to go through the current procurement route in purchasing our own, as per MOU, which is currently in place until June 2021, additional funding is required. The PPE top up supply from NSS would not be sufficient to meet social care needs and in line with the MOU social care providers should source supplies independently.

## Community Equipment Store

There has been a requirement to increase capacity of drivers to ensure continuation of service delivery, whilst ensuring adherence to the increased cleaning requirements of vehicles and ensuring equipment is kept separately for decontamination purposes.

## Enhanced Intermediate Care Team

The enhanced intermediate care team continue to experience a higher than normal demand for their service, alongside increasing acuity and complexity of patients.

There is a requirement for temporary additional resource to ensure we continue to support an increased number of discharges straight home, thereby further contributing to flow through the system, and acute bed capacity, in addition to managing current waiting lists.

We will continue to further explore capacity and resources required to enhance EICT in line with HIS hospital at home model of care locally. With support from the iHub we will undertake a self-evaluation to establish a baseline position across Ayrshire and Arran which will inform a strategic Ayrshire wide approach aligning to Caring for Ayrshire.

## Additional Resource

Description	Cost
<b>Care at Home</b>	
North Ayrshire	£821,077
South Ayrshire	£720,000
East Ayrshire	£880,000
<b>Total</b>	<b>£2,421,077</b>

<b>Care Homes</b>	
South Ayrshire	£106,900
<b>Total</b>	<b>£106,900</b>
<b>Community Hospitals and Provision</b>	
North Ayrshire	£482,026
South Ayrshire	£545,000
East Ayrshire	£275,000
<b>Total</b>	<b>£1,302,026</b>
<b>PPE</b>	
North Ayrshire	£2,000,000
South Ayrshire	£952,000
East Ayrshire	£1,000,000
<b>Total</b>	<b>£3,952,000</b>
<b>Integrated Island Services</b>	
North Ayrshire	£156,294
<b>Total</b>	<b>£156,294</b>
<b>Community Equipment Store</b>	
South Ayrshire	£49,600
<b>Total</b>	<b>£49,600</b>
<b>Enhanced Intermediate Care Team</b>	
South Ayrshire	£210,000
East Ayrshire	£67,558
<b>Total</b>	<b>£277,558</b>
<b>Delayed Transfers of Care</b>	
East Ayrshire	£ 94,000
<b>Total</b>	<b>£ 94,000</b>

## 2.2 Community Nursing

### Overview

The refocused district nursing role as set out in Transforming Roles Programme describes our future district nurses with the additional level of clinical skill and competency to manage more complex and acute care in the community which will help care for more people in community and reduce demand on GP and acute services.

Under the leadership of the Nurse Director, work has commenced to support the delivery of this plan via the 3 HSCPs, with professional support and leadership being provided by the Associate Nurse Directors.

We are actively reviewing the skill mix across our district nursing teams to ensure we can meet the range of needs of our citizens.

The Scottish Government is committed to expanding our District Nursing workforce and have announced recurring funding totalling £515,064 for financial year 2021/22 to increase the district nursing workforce.

This increase in workforce capacity will be enhanced by the continued investment in education and skills development and by strengthening the established clear career progression pathways for our community nursing staff.

## 2.3 Rehabilitation

### Overview

To meet the significant increase in predicted demand for rehabilitation, the Framework for Supporting People through Recovery and Rehabilitation during and after the Covid-19 Pandemic (2020) highlights the importance of a coordinated and focussed approach to Rehabilitation Services.

#### Short term

Rapidly determine and plan for the anticipated impact of demand from the three distinct groups of patients. This work will focus on the 6 clinical areas of highest highlighted in work done during the response and recovery phases of the pandemic.

#### Medium to Long term

Assess the opportunity to retain and/or enhance new ways of working that were essential in the 'Response' phase to the Covid-19. Consolidate and describe the service model for delivery of core and specialist rehabilitation services provided in hospital and community settings in Ayrshire and Arran.

Completion of our local work on data collection will be essential to provide quality data on the impact and value of AHP services. Data modelling will be used to analyse resource and demand to inform workforce planning and convey the detail of any investment, benefits to patients/families/carers and financial savings.

### Workforce Planning and Recruitment

We have established an AHP Strategic Workforce Planning Group to lead and direct the organisation's approach to Allied Health Professionals workforce planning and utilisation and ensure the requirements of the Health & Care Staffing Bill (2019) are met. We will look to balance the attractiveness of fixed term contracts and the impact on our ability to recruit as this could impact on our capacity and capability to deliver our mobilisation plan.

## **Transforming Roles**

2021 will bring a renewed focus on this national strategy for AHPs from NES. Locally we plan the development of further non-medical models of care in a variety of clinical areas. These developments include AHP Consultant roles to lead rehabilitation inpatient wards to provide a modernised and effective service. This work will also explore an increased number of Acute Care of the Elderly Practitioners in both acute and community settings to deliver high-quality person-centred assessment and rehabilitation to patients within unscheduled and urgent care settings.

AHP and Rehabilitation services are also exploring the use of First Contact Practitioners in Acute, Community and Primary Care settings for Advanced Practice Dietitians, Occupational Therapists, Physiotherapist and Podiatrists. These dynamic and effective roles reduce the need for medical input and ensure the patient sees the right clinician at the right time for whole patient pathway.

## **Adult Acute Rehab Services**

The increased presence of AHPs within Acute Wards are focussed on discharge to assess models and facilitate faster discharge and reduced length of stay for patients. We will look to explore the resource needs in these areas as part of the work of the Rehabilitation Commission in detail.

## **Trauma and Orthopaedics**

Improvements in staffing resource to support reconfiguration of Trauma and Orthopaedic Services will enable consistent timely AHP intervention in line with national performance indicators and improve quality of care for the people in Ayrshire and Arran. Changes to the delivery of elective orthopaedics will increase efficiency of flow and see more operations, in particular arthroplasties, per annum. Amendments to the current staffing model to include a 7 day service will be required to deliver on the national ERAS targets which include reduced length of stay with a shift toward 23 hour cases with performance measured for number of patients' mobilised day 0.

## **Stroke Services**

AHP staff will continue to develop community rehabilitation to support a system wide stroke pathway and will form part of the AHP Rehabilitation Commission, which in turn is focussed on supporting the delivery of our Caring for Ayrshire ambition.

Additional AHP resources with specialist stroke skills would provide earlier acute MDT assessment and intervention to improve flow through rehabilitation pathway and deliver improved outcomes for people following stroke.

## **Adult Community Hospital Inpatient Services**

The wards have seen an increased proportion of patients who require more intensive rehabilitation. In order to provide adequate rehabilitation an increase in resource is required.

This will support people to move on to their home or homely setting more quickly and also allow for increased flow of patients from acute settings where required. We will look to explore the resource needs in these areas as part of the work of the Rehabilitation Commission in detail.

### Intermediate Care and Rehabilitation

Previous investment in intermediate care and rehabilitation enhanced the provision within each of the Ayrshire HSCPs. During the pandemic these services have played a pivotal role in supporting the avoidance of acute admission, and promoting rehabilitation and recovery.

The demand on services is high and likely to continue to increase. The long term AHP workforce required within community rehabilitation will be considered through the AHP Rehabilitation Commission. Where immediate additionality is required within the Intermediate Care Teams this has been highlighted within the relevant HSCP section of the mobilisation plan.

### Additional Resource

Description	Cost
<b>Adult Acute Rehab Services</b>	
Speech and Language Therapy (UHA)	£25,785
Speech and Language Therapy (UHC)	£60,779
Occupational Therapy (UHA)	£30,390
Occupational Therapy (UHC)	£60,779
<b>Total</b>	<b>£177,733</b>
<b>Stroke Services</b>	
Various posts (for additional 6 beds)	£188,000
<b>Total</b>	<b>£188,000</b>

## 2.4 Care Homes

### Overview

NHS Ayrshire & Arran has worked closely with the Health and Social Care Partnerships, our three Council partners and Scottish Care to ensure that we have provided support to the care homes across the county. It is important that as we move through this next planning period that we continue to support our care homes as they continue to provide important care provision as part of the wider health and care sector.

### Support to Care Homes

It is recognised that the care home sector continues to have a number of risks and challenges to consider going forward. These include workforce, capacity and financial viability.

The ask of care homes will remain extensive including regular reviewing of visiting models depending on restrictions in place, review of risk assessments, introduction of additional testing regimes, reduced occupancy levels, working with families to manage concerns and maintaining effective communication. Given all of these challenges it is essential that we continue to support our care home sector as a key part of the wider health and care system.

As part of our response to the request for Nurse Directors to have increased professional leadership accountability and to establish enhanced clinical and care professional oversight, our three HSCP Care Home Oversight Groups will continue to provide support to the sector during 2021-22. During this time, we will respond to recommendations and national guidance resulting from the Feeley Review.

### **Care Home Support & Assurance**

The NHS Board Nurse Director is accountable for the provision of professional leadership, support and guidance within the care home sector until June 2021 as described in the Extension of Nurse Director Role letter from Scottish Government on 21 September 2020.

We welcome that funding to support this important role has been made recurring from 2021-22 in the letter to Directors of Finance on 05 February 2021. This will enable A&A to put in place our support substantively for professional leadership and infection prevention and control.

NHS Ayrshire & Arran appointed an Interim Associate Nurse Director for Care Home Support and Assurance reporting directly to the Nurse Director. This has provided additional senior professional whole Ayrshire leadership since the end of May 2020 and will now be recruited to substantively.

We will substantively establish our Professional Care Home Assurance and Support Team which will be accountable to the AND for care home support and assurance and be pan-Ayrshire.

We will also develop a Peripatetic Care Home Support Team. The team will be mobilised to support care homes in crisis when their business continuity plans are exhausted for workforce or if they require additional staff to bolster their workforce in order to ensure the residents have the appropriate standard of care during an outbreak and at end of life.

The Professional Care Home Assurance and Support Team (Care Home Liaison Nurses) will support the HSCPs with the supportive assurance visits and enable these to be carried out regularly (10-12 weekly). Any themes relating to training and education are identified and the Care Home Support and Assurance Team develop as required, and facilitate training across the Care Home sector to meet these needs.



In addition to the routine assurance visits and education, the members of this team will go to a care home when an outbreak is declared to ensure they were supported with IPC measures, adequate supply of PPE, appropriate cohorting of residents in order to assist in minimising transmission. They will also ensure the care of the residents, in particular the Covid-19 positive residents are supported as required.

### Additional Resource

Description	3 months (1st April to 30 June 2021)	12 months (1st April to 31 March 2021)
<b>Pan Ayrshire Peripatetic Team</b>		
Senior Charge Nurse	£15,202	£60,808
Senior Staff Nurse	£25,799	£103,196
Staff Nurse	£41,469	£165,876
Healthcare Support worker	£53,188	£212,752
<b>Total</b>	<b>£135,658</b>	<b>£542,632 *</b>
<b>Professional Care Home Assurance and Support Team</b>		
Interim Associate Nurse Director	£24,868	£99,472
Interim Clinical Nurse Manager	£17,697	£70,786
Care Home Liaison Nurse	£38,699	£154,794
Admin Support	£8,119	£32,476
<b>Total</b>	<b>£92,383</b>	<b>£357,528 *</b>

*\* It is anticipated that these costs will be funded by the financial allocation to support the extended role of the Nurse Director function*

## 2.5 Infection Prevention and Control

### Overview

As we exit the second wave of the pandemic we will continue to ensure safe and effective Infection and Prevention Controls across services. To support this we will continue to have enhanced cleaning regimes in place which will require additional expenditure on staff and supplies to continue in to 2021/22.

There will also be increased demand for Infection Prevention and Control Team (IPCT) to provide support across the organisation.

This will include:

- Re-establishment of core activities which have been suspended or reduced as a result of redirecting resources to the Pandemic.



- Preparing for the winter of 2021-2022 which is likely to be challenging with the prospect of re-emergence of Covid-19 combined with increases in influenza and norovirus which have been largely absent to date during the winter of 2020-2021.
- Implementation of the recommendations and requirements arising out of a number of reviews centred on Infection Control in the Built Environment, including those into the events at the Queen Elizabeth University Hospital in Glasgow which is expected to be published in 2021 and will have learning for all NHS Boards across Scotland.
- The establishment this year of the national Centre of Excellence for Healthcare Associated Infection including the Built Environment will also lead to an increased demand on Boards and local IPCTs.
- The continuing requirement for NHS Boards to provide support to Care Homes beyond the end of June 2021.

We welcome the indication in the letter to Directors of Finance on 05 February 2021 that funding to support care homes will be recurring from 2021-22.

### **Re-establishment of Core IPCT Service**

As with the first wave the demands for support from the IPCT during the second wave have escalated rapidly. As a result much of the routine IPCT activity has been paused. As part of our remobilisation we will set out our plan to the Healthcare Governance Committee to assure that the IPC programme of work will see the areas that were paused restarted taking account of priority.

Non-Covid-19 activity was primarily restricted to:

- Alert organism surveillance;
- Non-Covid-19 outbreak and incident management; and
- Water safety – continue to assess high risk areas for signs of Pseudomonas infection with potential links to water system.

### **Preparations for Winter 2021-22**

There is a growing recognition that the SARS-CoV-2 virus will continue to circulate in the UK population for a number of years and will continue to present an ongoing risk to the NHS and Care Homes, especially in the winter months. During the second wave of the pandemic, both influenza and norovirus have been at exceptionally low levels as a result of the wider society lockdown which has reduced close contact between individuals. It has to be assumed that the level of restrictions on society will not be as severe next winter and therefore there is a very high probability that both influenza and norovirus will become re-established. Outbreaks of Covid-19, influenza and norovirus are likely to have a significant impact on both the NHS and the Care Home sector during the winter of 2021-22 and beyond.

A key component of the 2021-22 IPCT work programme will be supporting the organisation in preparing for the winter.

This will include reviewing resources; staff education and visiting wards on an as required basis in the lead up to winter to ensure staff are familiar with the relevant guidelines and supporting documentation.

The outbreaks themselves may be prolonged and complex and will require significant IPCT resource to manage.

### **Service Structure**

During 2021-22 there will be a restructure of the IPCT. There will be 3 teams established:

- Acute Services
- Partnerships and Care Homes
- Technical Services

### **Acute Services**

This activity currently constitutes the bulk of the IPCT activity. The removal of responsibility for the partnerships and the built environment activity will support the re-establishment of core activity within the acute services as well ensuring greater resource to prepare for winter and provide support during the winter months.

### **Health and Social Care Partnership and Care Homes**

The establishment of this dedicated team will enable more pro-active work to be undertaken with integrated services including the community based services such as district nursing teams as well as our care homes.

### **Technical Services**

The increasing ask of IPCTs in relation to the built environment requires not only an additional resource but greater specialisation by IPCTs. The creation of a technical team within the IPCT will allow greater specialisation and consistency of approach as well as ensuring sufficient resource. The Technical team will also cover issues such as environmental and equipment decontamination and health care waste.

### **Recruitment**

The Band 6 posts are unlikely to attract qualified ICNs during 2021-22 therefore there will be a requirement to support new staff in obtaining a suitable post graduate infection control qualification, preferably to diploma level. To attract the best candidates the course fees will be funded. In addition to the 4 new posts there are currently 3 new members of the IPCT who will also require training and qualification support to ensure the IPCT is fit for purpose and sustainable.

### **Infection Control Doctor**

The above assessment does not include the role of the Infection Control Doctor (ICD).

At present 6 sessions are provided from the consultant microbiology complement, with one consultant providing 5 sessions and a second providing 1 session. The role of the ICD is currently being reviewed by the Scottish Government. Any review of the ICD complement should await the outcome of that review.

### Administrative Support

Subject to the increase in personnel there may be a requirement to secure additional Band 3 hours to support the expanded workforce and this will be accommodated within the additional allocation received.

### Additional Resource

Description	Cost
<b>Expansion of IPCT</b>	
Infection Control Nurses	£206,000
Team Leaders	£187,000
<b>Total</b>	<b>£393,000 *</b>
<b>Enhanced Cleaning</b>	
Various Posts	£960,000
<b>Total</b>	<b>£960,000</b>

*\* It is anticipated that these costs will be funded by the financial allocation to support the extended role of the Nurse Director function*

## 2.6 Public Protection

There is growing recognition, as we move out of lockdown, of the potential impact on connected services such as Sexual Health and Addiction Services. These are referenced in the relevant parts of this plan.

Our health teams continue to work closely on an interagency basis with social work and police colleagues during this time and are sighted on the anticipated increase in activity post lockdown.

Colleagues are undertaking horizon scanning based on evidence from other countries who are further down the journey of releasing lockdown measures than Scotland, to enable a focussed analysis of potential risks and vulnerabilities. This analysis is also enabling consideration of any increased resources that may be required in order to manage and support any increase in public protection activity over the next 6 months. The Covid-19 related risk areas for Public Protection that are being discussed as part of this work are as follows:

- Reduction in prevention activities increases vulnerability to risk of harm;
- Reduction in ability of multi-agency services to detect and respond to risk of harm;
- Increase in public vulnerability to harm; and
- Reduction in visibility of harm

During 2020-21 each of the three Ayrshire and Arran Chief Officer Public Protection Groups has had in place enhanced oversight and governance arrangements with regard to the core public protection strands, and NHS Ayrshire & Arran has participated fully in these arrangements as a key partner and stakeholder. Each of the above multi agency Chief Officer Groups will make an assessment based on their public protection data as to whether that increased oversight is required during 2021-22 and how this will be undertaken. This data will also enable NHS Ayrshire & Arran to make evidence based decisions with regard to any increase in resource required to fulfil our statutory requirements alongside our partners.

Going forward in 2021, we will continue to strengthen our role in identifying those who are abused and enhance capacity to respond to abuse whilst gathering information and evidence on what we can do to prevent interpersonal violence.

### **Child Protection**

There has been a significant increase in Child Protection Supervision which could be partly due to the implementation of a revised Child Protection Supervision Guidance, but also due to the complexity of Child Protection cases and activity that we are currently seeing. It is very difficult at this time to predict if this will continue from the period April 2021 onwards and we are currently prioritising requests for CP Supervision within our existing resource. This increase may also be partly due to staff working remotely and not having the same opportunities for peer support, and so we continue to monitor this and the impact on capacity closely.

## **2.7 Quality Improvement**

### **Quality Improvement Mobilisation**

Our clear aim remains to empower teams to lead their own Quality Improvement priorities in line with NHS Ayrshire & Arran's strategic direction and using our 4 pillar approach (Service People Quality Finance).

Key areas of work that we will restart are:

- Restart our three year implementation plan for Value Management with improvement activity refocusing clinical areas on the pillars of people, finance, quality and service during remobilisation;
- Integrate QI support with clinical teams supporting remobilisation and build QI capacity through coaching / education; and
- Provide monthly monitoring and reporting, including improvement support for all SPSP and EiC measures, thus providing quality assurance throughout remobilisation.

## 2.8 Patient Experience

### Feedback and Complaints Recovery

We have maintained our local feedback mechanisms, encouraged the use of Care Opinion and responded to complaints in order to learn from what has gone well and what we need to do better.

The complaints team have made significant improvements to our Complaints Handling Process and this places us in a strong position to respond in a timely manner to any increase in complaints and feedback during 2021-22 which may arise due to prolonged waits for treatment or dissatisfaction with decisions made during the pandemic.

NHS Ayrshire & Arran is committed to learning and improving from feedback and complaints. Work has recently been carried out to improve our processes and to develop a more person centred and effective approach to how feedback and complaints are dealt with, and our commitment during 2021-22 is to continue this learning.

### Visiting

Not being able to routinely visit and support loved ones in our hospitals has been distressing across our communities during the pandemic. To support the phased reintroduction of visiting in NHS Ayrshire & Arran, a Visiting Bronze team was convened with representatives from Acute and Community hospitals including Infection Control, Health and Safety and Communications. There has been a communication plan put in place and this will be refreshed for each of the next Stages as they are announced.

During 2021-22 we will continue to ensure that we enable a person centred and compassionate visiting approach that takes cognisance of our local community prevalence and complies with any forthcoming national guidance published by Scottish Government.

## 2.9 Equalities Impact Assessment

### Overview

As an NHS Board we have a statutory responsibility to involve people in the design, development and delivery of the healthcare services we provide. We are expected to demonstrate how we are engaging with people, and to evidence the impact of this engagement. For urgent service changes introduced during the initial emergency response, it will be necessary to establish a new starting point for taking forward public involvement and engagement activities. We must be able to demonstrate how:

- Engagement has informed re-mobilisation plans during the early stages and in moving through 2021; and
- Planned engagement informs the development of key renewal objectives in relation to Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, for example - “Engage the people of Scotland to agree the basis of our future health and social care system”.

The Covid-19 pandemic has brought about significant changes, not least how we are able to engage and involve people. With social distancing measures restricting traditional face-to-face methods, it will be necessary to engage differently and adopt a ‘digital first’ approach for the foreseeable future.

We have a statutory responsibility to involve people in developing our health and care services. Legislation set out in the Patients’ Rights (Scotland) Act 2011 and the Community Empowerment (Scotland) Act 2015 underpins this. In accordance with equalities legislation we are responsible for:

- Ensuring that the informing, engaging and consulting process is fully accessible to all equality groups; and
- Ensuring that any potential adverse impact of proposed service change on different equality groups has been taken into account by undertaking an Equality Impact Assessment (EQIA) and that this informs the planning and delivery of engagement activity.

### 3.0 Public Health

#### Priorities

##### **Covid-19 Immunisation Programme**

NHS Ayrshire & Arran is delivering a successful programme of vaccination for all residents in line with JCVI and SG guidance.

At present, the Covid-19 Immunisation Programme is likely to continue throughout 21/22, and may well go on to become a national programme alongside the flu programme. We have committed, with our GP Sub Committee to conclude the Vaccine Transformation Programme by October 2021.

We have started to review how we would deliver a programme for Covid-19 and flu vaccination in readiness for future direction on this. As part of this review we will need to consider what workforce is required to deliver a resilient and sustainable programme.



The Mass Vaccination Programme has been staffed using a mixed supply model for clinical vaccinators – additionality from our substantive workforce working additional hours and/or being deployed to support the programme, sourcing additionality via mechanisms such as NMC re-registrants, NES recruitment portal applicants, returning retirees, speculative employment enquiries and collaboration with our independent contractor colleagues in dentistry, general practice, pharmacy and optometry.

Going forward we will consider and plan our longer term workforce associated with ongoing programme delivery recognising that our reliance on our substantive workforce undertaking additionality needs to be balanced with underpinning staff health and wellbeing, as well as the re-commencement of elective services meaning those deployment to the programme resume their substantive roles fully. As detailed further in the workforce section there is significant national demand from all NHS Boards, both Covid-19 and non-Covid-19 in origin, which means that supply is unable to match demand for our registered clinical staff groups which makes forward planning for our workforce in the vaccination programme context acutely pressing. We will take cognisance and learning from the workforce models deployed by colleagues in other NHS Boards in determining the longer term vaccination programme workforce plan.

### **Covid-19 Testing Programme**

Our testing capacity has increased largely in line with demand to ensure we meet the needs of the citizens of Ayrshire and Arran. Our testing strategy utilises a mixed model and includes utilising our local hospital laboratory, regional laboratory services at Gartnavel, the Lighthouse Regional and Mobile facilities, the Social Care Portal and Employer Portal where most appropriate in order to fully meet projected future need over the next year to 18 months. However, testing capacity in NHS Ayrshire & Arran laboratories remains an area of concern and requires close monitoring.

Testing for Covid-19 on this increased scale requires significant resource to perform the tests, analyse, disseminate results and provide specific information to those who test positive in order to support them to self-isolate, establish close contacts and determine which other individuals require to be tested and self-isolate.

As the pandemic has evolved it has become clear that individuals who are housebound and unable to travel to a Covid-19 assessment centre require access to home testing. This requires an expansion to the existing testing team.

These are predominantly manual processes which continue to be undertaken by staff who have been released from normal duties during the Covid-19 pandemic. As services return to normal, many of these staff will be required to return to their substantive posts therefore additional permanent staff will be required to support this new service.



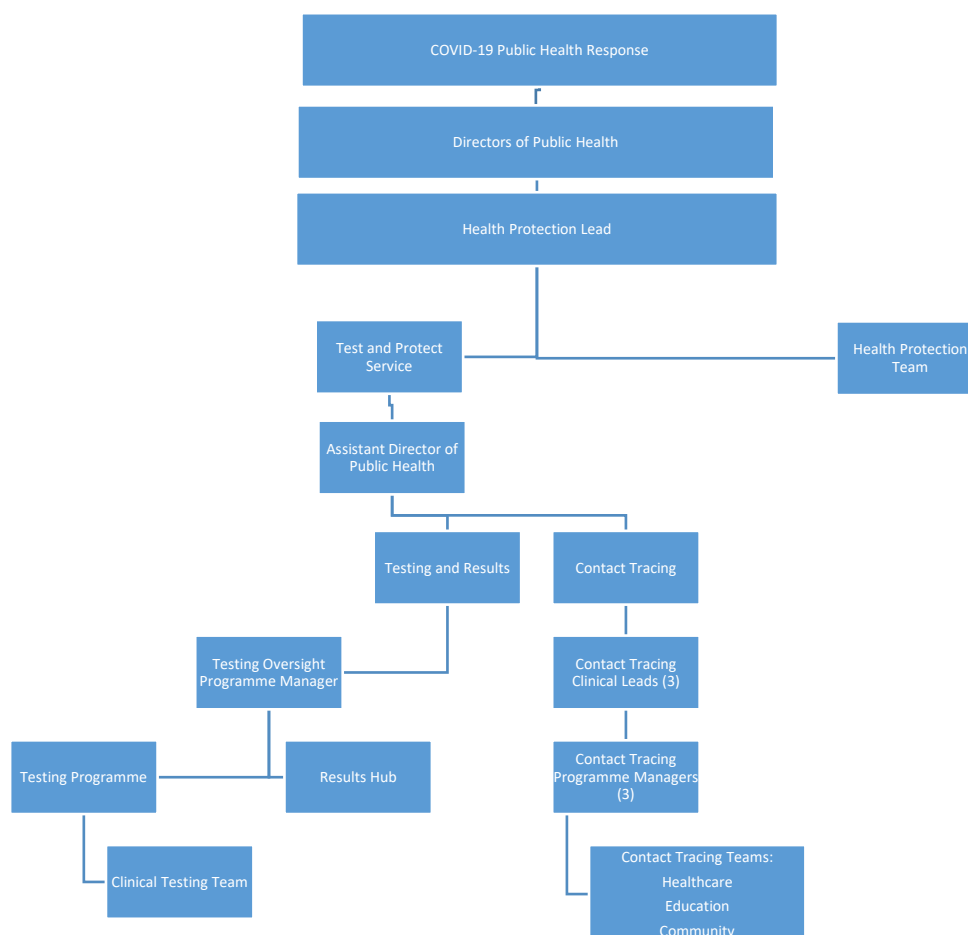
## Test and Protect

The Health Protection Team (HPT) within the Public Health Department of NHS Ayrshire & Arran will provide the central expert resource to support the Contact Tracing function locally.

Our testing, results, and outbreak response infrastructure have been developed over the course of the pandemic and strong arrangements are in place for contact tracing.

While local contact tracing is one single service, we have built on our practical experience over the pandemic and have developed three interrelating tiers for our Tier 2 provision. Each tier works closely with the Results Hub to ensure efficient identification and follow-up of positive cases.

## Test and Protect Structure



*The Healthcare Contact Tracing Team* deals with all positive cases in a health care setting, providing results and advice to patients at home or in hospital.

*The Community Contact Tracing Team* undertake contact tracing of cases and contacts in the community.

*The Education Contact Tracing Team* evolved in Autumn 2020 in response to the rise of cases in education settings, and the resultant workload of associated close contacts. This team consist of two parts: the education triage and risk assessment team (ETRA) and a dedicated contact tracing team. ETRA conducts twice-daily meetings with senior education managers in each of the council areas (North, East and South). The team discusses new cases, conducts risk assessments, and agree isolation dates. Case and contacts are handed to the dedicated contact tracing team who contact and advise them accordingly.

Contact Tracing workforce future requirements are being reviewed in light of the spread of the new variant and increasing incidence in our population and uncertainty relating to the de-escalation of current restrictions. A fundamental challenge remains around the impact on this key function as our services across the NHS return to a post Covid-19 normal.

## **Screening**

Our screening programmes are all progressing with the staged restart in line with national expectations.

### Developments

Pregnancy & Newborn Screening (PNBS) will work with colleagues to ensure BadgerNet will facilitate the requirements for screening, and effective reporting against the national KPIs for 2021/22.

Breast Screening continues to be delivered across Ayrshire and Arran, and Dumfries and Galloway, using a combination of the static unit at ACH and two mobile screening vans. We will work with colleagues to plan for the mobile vans being deployed in rural locations until the middle of 2021 and will work with colleagues in offering additional appointments at the static unit at ACH, as longer sessions are possible here. The service will also be able to increase screening appointments significantly when one of the mobile vans returns to Kilmarnock in October 2021 as staff will then be able to deliver 12 hour shifts.

Diabetic Eye Screening (DES) programme have created an additional in-house site at Ayrshire Central Hospital (ACH) which will provide an additional 30 appointments per week, with scope to increase as the service develops. The ACH service will also pilot OCT scanning, a new addition to the service outlined in the CMO letter of January 2021. Following completion of the pilot in April 2021, OCT will be rolled out to the UHA and UHC sites, and procurement of additional OCT equipment has recently been approved for these sites.

## Poverty and Health Inequalities

A whole system approach will be taken to the short and medium term activities, many of which are already established and can be further enhanced through collaborative working at both a national and local level.

The socio-economic impact of the Covid-19 pandemic is significant and is likely to have a disproportionate impact on people living in areas of multiple deprivation; those who were not in a good position prior to the pandemic and those from ethnic minority groups. NHS Ayrshire & Arran works with Community Planning Partners in East, North and South Ayrshire who are already established to engage with communities directly.

## Additional Resource

Description	Cost
Immunisation Programme	£4,295,000
Oversight Team	£270,445
Testing Team	£1,059,796
Results Hub	£440,141
Triage & Health Care Contact Tracing Team	£1,073,510
Community & Schools Contact Team	£1,562,653
Enhanced Health Protection	£667,147
Community Asymptomatic Testing	£2,690,021
Management and Support	£267,437
Supplies costs	£120,000
<b>Total</b>	<b>£12,446,150*</b>

\* A detailed breakdown is provided within Appendix A – C

## 4.0 Mental Health

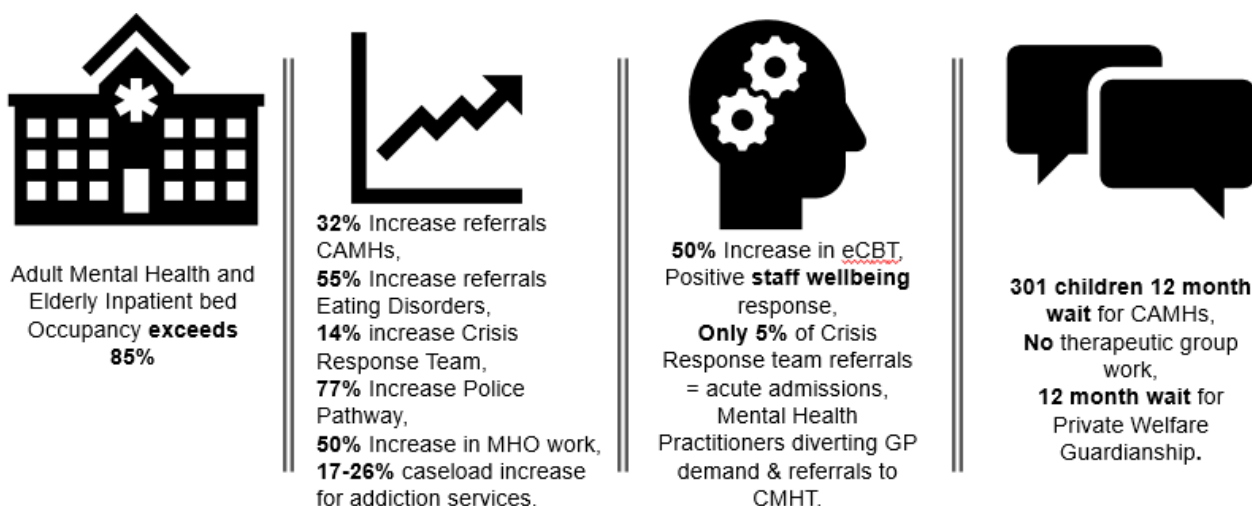
### Overview

Mental Health Services continued to deliver both national and local mental health strategic priorities, this section of the plan clearly describes the direct response to the growing demand for mental health services as a result of the pandemic.

The Mental Health Transition and Recovery Plan outlines the Scottish Government's response to the mental health impacts of Covid-19. The announcement of £869m to support Health Boards and Integration Authorities in meeting these challenges will support the actions outlined within this plan.

The additional £120m announced on 16 February, which is planned to be set aside in the Scottish Government budget for mental health recovery, would enable Health Boards and Integration Authorities to identify and take forward further redesign across Mental Health Services to support recovery.

There are elements of the mental health response that will continue and require to be funded, such as levels of absence and enhanced observation requirements for in-patient settings. The plan sets out the increased demand across a number of mental health services including community settings and an assessment has been undertaken of the additional capacity required to meet those increased demands to March 2022, ensuring the increased needs in our communities can be met, limiting any detrimental impact on outcomes and escalation of the acuity of need. The illustration below highlights the growing demands across the breadth of services:



Addressing this growing need will be wholly reliant on additional funding being allocated to enhance our mental health workforce, without this we will inevitably see a back-log and waiting lists for services grow. The additional estimated costs of meeting the areas of demand in the plan are included at the end of the section.

The key themes for recovery continue to be focused on workforce wellbeing, the expansion of digital solutions and service recovery, redesign and reform to enable an effective and innovative whole system responses over this challenging time.

### Staff Wellbeing

Staff wellbeing hubs, mindfulness, resilience, coaching, online and offline resources, counselling, safe spaces, the Listening Service, care packages and one to one support in addition to referring to online support services have been implemented and well received during the pandemic. The NHS Corporate Management Team has endorsed a sustainable staff wellbeing service embedded across the health and social care system through a hub and spoke model.

As part of a multi-disciplinary team approach, dedicated Consultant Psychology resource will lead on psychological provision, training, evaluation and research, supported additional psychology resource, to ensure immediate access to psychological support and treatment, as well as reflective practice sessions for wider staff teams.

### **Trauma Support**

Workforce wellbeing is central to psychological training resources and will be used with services to consider better management of secondary traumatic stress, compassionate fatigue and burnout. With the recently appointed Trauma Champions, a broad range of work will continue across the organisation to build on and sustain the initial development of trauma informed and responsive services. Given the growing recognition that adults with Learning Disability (LD) are at increased risk of experiencing psychological trauma, local funding has been approved to extend the trauma focused work in LD for a further year. The work will be embedded within service delivery and supported by the new Trauma Champions.

### **Digital Enablers**

Mental health services will continue to ensure that services are accessible and inclusive and workforce solutions optimised with new innovations and developments. Most services will continue to use telephone and digital technologies (Near Me) for regular client contact with MS Teams being explored as a digital platform to support the delivery the Group interventions. Our Silver Cloud has increased digital referrals for Cognitive Behavioural Therapy (CBT) based approaches by 50%, with further increase expected. A RAG rating system helps to identify the type of assessment and level of support that each patient requires and where necessary will be offered a face to face, in person, assessment. An increase in face to face, in person, contacts is expected in association with the easing of lock down restrictions.

### **Urgent Care**

The unscheduled care mental health service comprises of hospital liaison and community crisis based mental health teams, with the ability to respond urgently within one hour. We are working to re-design the unscheduled mental health care pathway as a priority with a longer term vision of a Mental Health Assessment Centre located at the Ayrshire Central Site alongside our acute Mental Health services. This approach would look to prevent individuals from attending ED in the first place. During 2021-22 we will look to work in partnership with the Scottish Ambulance Service which would see a staff group facilitate a telephone professional line, this test of change would also allow the demand for a mental health assessment centre to be established. This will form part of the redesign of urgent care of which further details are within the Urgent Care section 6.0 of the plan.

### **Whole System Covid-19 responses**

Acceleration of programmes of transformation with secondary care, to ensure a whole system approach to mental healthcare, including the following areas:

- The launch of a Distress Brief Intervention (DBI) Service with a third sector provider has been commissioned to deliver level 2 support across Ayrshire post Covid-19;
- A Pan Ayrshire suicide prevention action plan developed, with key strategic outcomes for Suicide Prevention and as part of this action plan; a training plan has been developed, aiming to reach across all populations as highlighted within the National Strategy; “Everyone’s business not just frontline staff”;
- Perinatal and Neonatal service development delivering an Ayrshire wide service with an assertive recruitment programme underway;
- Ayrshire wide care pathway co-ordinator role introduced to ensure development of clearer pathways for support and treatment, improving capacity for mental health assessment within primary and community settings and links to secondary care;
  - Key work continues to ensure delivery of:
    - Distress Brief Intervention pathway
    - CAMHS extreme teams and
    - Autism Strategy

## **Pan Ayrshire Mental Health Services**

### **Child and Adolescent Mental Health Services (CAMHS)**

As a result of the pandemic, in the five-month period from August 2020 to December 2020, there was a 32% increase in Routine referrals and a 17% increase in Urgent referrals to CAMHS in comparison to the same period in 2019.

Neurodevelopmental assessments have been subject to two periods of pause and the already significant waiting times for these specialist assessments and diagnosis has grown. As at November 2020 there were 301 children waiting more than a year for a clinical neurodevelopmental diagnosis.

Other approaches and supports are in place including family support, neuro development services commissioned from community providers and opportunities working with education and the alignment with the community mental health framework funding to support young people in the interim period whilst awaiting diagnosis. Work is ongoing to develop a pan-Ayrshire neuro-development service in anticipation of the national specification.

As a result of these extensive waiting times the service anticipate more ‘Urgent’ referrals to be generated.

Covid-19 has also reduced capacity within the Glasgow based Regional Tier 4 in-patient service, with the impact on visiting, passes and isolation periods after discharge also having a negative impact. This process requires more staff locally to support discharge, particularly for children and young people experiencing eating disorders, where significant face to face contact and mealtime support is necessary.



A model of community care, as described in pathway 3 below will allow for intensive support at times of crisis or mental health deterioration which will reduce the need for hospital admissions.

### New pathways of care

Work is ongoing to implement three pathways of care, including a dedicated seven-day service for urgent referrals:

1. CAMHS – Community Locality driven model, Monday to Friday 9am – 5pm triaging and providing care to all referrals which come as Routine.
2. Child and Adolescent Neurodevelopmental Service - Community and Pan-Ayrshire model Monday to Friday 9am – 5pm triaging and providing care to all referrals which are considered to require this specialist assessment and treatment pathway. Developing pre and post diagnostic pathways for children and young people experiencing Neurodevelopmental conditions.
3. Children and Young People's Urgent Care Service – Pan-Ayrshire model, triaging and assessing all Urgent referrals, liaising with in-patient services, providing assertive outreach and increased support to a defined case load. It will be delivered in parallel with the Adult Unscheduled Care services, complementing the already established pathways and services in place and operate Seven Days per week. This pathway recognises no designated CAMHS beds are available within Ayrshire and Arran and this pathway will support the need to prevent hospital admission and intervene earlier in a C&YP's presentation if considered urgent. Preventing hospital admission whilst providing a viable, safe and effective alternative is what is offered to adults via current Crisis Service provision, which whilst offering a supplementary support to CAMHS, it is neither funded nor expert in providing support to C&YP.

At present children and young people are supported by adult liaison and crisis services for interventions required outwith Monday to Friday 9-5. We are currently commencing organisational change with the CAMHS workforce to move to seven day working from August 2021, thereafter from April 2022 extending the hours of the new seven-day service.

The unscheduled care proposal will address the increasing demand in ED and we would expect there to be an impact on reducing waiting times and address follow up, also preventing admission. This could also potentially reduce the level of observations in Woodland view if there is an admission as this additional CAMHS workforce would provide this support instead of supplementary staffing. Waiting times will also be impacted by the investment which has gone to LA'S for community mental health and wellbeing, as a whole system response and the commissioning of follow up supports. The additional CAMHS unscheduled care response will ensure we are targeting the right support at the right time.



## **Community Eating Disorders Service (CEDS)**

Since the onset of the Pandemic, Community Eating Disorders Services (CEDS) has witnessed a significant rise in referrals of 55% on the previous year 2019.

Over 70% of CEDS patients are of CAMHS age range and there are increasingly young children presenting with challenges with regards their eating, the position is exacerbated by the reduction in support from Glasgow based Tier 4 service.

Aligned to CAMHS and in line with the aspiration to develop an unscheduled care pathway for C&YP which provides quicker access to care, assessment and treatment in a crisis situation. C&YP experiencing Eating Disorders would benefit immensely from a crisis intervention pathway which would reduce the pressure to admit to the Tier 4 Regional in-patient facility.

## **Psychological Therapies**

Provision of Psychological Therapies has been maintained, as close to business as usual, from the outset of the pandemic using remote delivery and currently the service achieves an 85% 'Referral to Treatment' standard of referrals to be seen for first treatment within 18 weeks. There is just one area of significant delay and that is for C&YP Neurological assessment within CAMHS. The service is awaiting the new Scottish Government Neurodevelopmental specification and a pilot to enhance support with Speech & Language Therapy and Psychologists is in place enabled by the Extreme team approach.

Further work to enable a culture shift from pain medication towards pain management in Primary Care, is also being implemented to support individuals challenged with persistent pain living in Ayrshire and Arran. The multi-disciplinary team (MDT) have undertaken a skill-mix model, developed digital supports and a pain management service website to signpost individuals to self-management advice, videos, information leaflets and workbooks and a Facebook Group.

The local veteran first point service (V1P) has been funded for a further year and will continue to provide holistic service provision through a blend of remote and face-to-face provision, including psychological and mental health provision, through its multi-disciplinary team led by Psychology. Joint working with the local Prison will be renewed as Covid-19 restrictions allow.

## **Mental Health Inpatient Services**

Inpatient activity is expected to be sustained, given the impact on the mental health of the population of the pandemic, affecting those with a pre-existing condition and causing stress/isolation related episodes in others previously unknown to services.

There is also a pattern of a higher level of acuity of admissions and associated levels of enhanced observations.

## Mental Health Inpatient Bed Occupancy

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
W8	81%	71%	81%	70%	50%	52%	43%	34%	54%	70%	93%	99%
W9	74%	69%	73%	86%	94%	96%	94%	99%	99%	97%	94%	97%
W10	70%	55%	65%	67%	90%	72%	75%	89%	94%	90%	93%	91%
W11	90%	91%	50%	31%	27%	78%	80%	95%	93%	98%	98%	97%

## Elderly Mental Health Ward Occupancy

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
W3	93%	97%	93%	79%	81%	84%	82%	97%	94%	89%	89%	100%
W4	92%	96%	94%	92%	99%	98%	99%	98%	98%	100%	82%	100%

## Allied Health Professional (AHP) Services

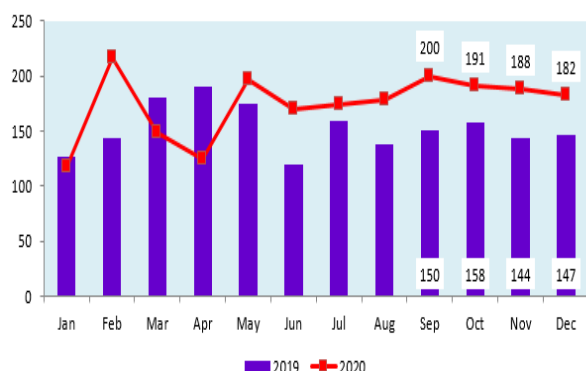
Following increased demand and higher levels of clinical acuity in mental health inpatient wards and the impact of working to meet the needs within the context of social distancing, there has been pressure on continuing to deliver an effective multi-disciplinary approach to mental health services across Ayrshire.

Additional capacity and resource is required to support AHPs at Woodland View alongside community mental health support from Dietetics and Physiotherapy.

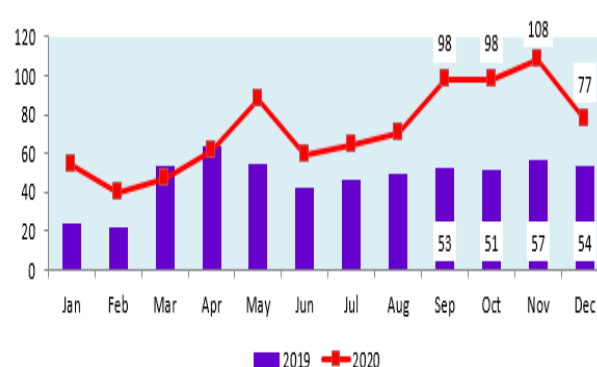
## Unscheduled Care Mental Health Service

Alongside high occupancy levels in acute wards, referrals to Crisis Response Team (CRT) have increased particularly at the latter part of the year (September – December 2020) where the team has seen a 27% increase in referrals compared to the same period last year. Positively CRT have established efficacy with only 5% of assessments (2020) resulting in admission. The Police Pathway managed by the Crisis Resolution Team, has also seen an increase in activity of 77% (September – December 2020). The sustained increase in referrals is illustrated below:

CRT Monthly Referral Comparison



Police Pathway Monthly Referral Comparison



As acute hospital attendances and admissions increase, so too does the need for prompt response to mental health presentations, to reduce and minimise additional pressures. As we move out of lockdown back into the “new normal” we anticipate an increased number of mental health presentations. As such, it is anticipated that current staffing numbers will not be enough to meet this spike in demand.

### **Community Mental Health Services**

All the community mental health services across Ayrshire have experienced similar Covid-19 pressure points with increasing levels of demand, increased clinical acuity across caseloads and the inability to deliver therapeutic group work. It is crucial that community demand is addressed to avoid an escalation of need which would undoubtedly impact on our crisis and inpatient services.

### **Mental Health Act**

To support acute hospital discharge, care homes and the increased levels of acuity of people already supported by community mental health teams, each area has seen a considerable growth in Social Work and Mental Health Officer legislative work. This work is predicted to increase further as we move out of lockdown with the ongoing impact of the pandemic taking its toll on individual's mental health.

As families have supported their vulnerable relatives during the pandemic, this has created a significant growth in Private Welfare Guardianship requests and applications for Mental Health Officers.

### **Community Mental Health Teams**

All areas have seen an increase in clinical acuity across caseloads as the impact of lockdown and social isolation intensifies existing mental health conditions.

**East Ayrshire Community Mental Health Team** - in addition to the Wellbeing support for staff, the team has focussed their activity on the following areas:

- **Distress Brief Intervention (DBI)** - in the process of rolling out a DBI service for Ayrshire to ensure those displaying mental distress are supported to manage their levels of distress in a more robust way, therefore reducing the burden on Acute and Primary Care services.
- **Mental Health Practitioners and Self-Help Workers** - expansion with 6 Mental Health Practitioners funded non-recurrently by EAHSCP, the aim is to make these posts permanent and to invest in part funding a local Distressed Brief Intervention (DBI) service. The balance of the cost of the DBI service is provided as an early implementer site by the Scottish Government on a short-term basis and following evaluation, consideration will be given about its sustainability. These investments mean however that no new capacity will be available in 2021-22 for primary and community mental health services to respond to the vulnerabilities arising from Covid-19 without investment from mobilisation. Additional capacity will enable us to respond to an envisaged peak in demand which should, post 2021-22, return to a sustainable level.

Self-help worker interventions can often be provided by third sector organisations. Testing this approach with existing Self-Help Workers from Primary Care Mental Health Team.

- **Mental Health Officers** - during Covid-19 we have already experienced an increase in statutory work through Mental Health (Care and Treatment) Act. Patients known to the Community Mental Health Team are becoming very unwell with increased demands on the service to offer support and treatment. This has resulted in an increase in the volume of statutory work for Mental Health Officers. In the short-term Mental Health Officers have been diverted from part of their normal role as a care management resource. This will be unsustainable in 2021-22 as it is impacting on wider care.

**North Ayrshire Community Mental Health Team** - in order to respond to the Covid-19 demand pressures, the following areas are identified as the priorities:

- **Mental Health Practitioners** - additional capacity to free up GP time to focus on other areas of work, this will be implemented through Action 15;
- **Mental Health Officers** - increase MHO capacity and administration support to respond to the increase in social work statutory work;
- **Allied Health Professionals** - due to the increase in acuity levels in Community Mental health services, Primary Care based Mental Health Teams and Addictions, additional AHP capacity is required.

**South Ayrshire Community Mental Health Team** - in order to respond to the Covid-19 demand pressures, the following areas are identified as the priorities:

- **Mental Health Group Work** - prior to the pandemic considerable investment was made in staff training in “Decider skills” with the aim to be able to deliver community based training in large groups within communities, however, as a result of Covid-19 only 1:1 using Near Me and telephone based appointments are available. South Ayrshire remain keen to explore how to increase the opportunities for group work and the ability to roll this out in a larger scale is critical to our plans to respond to the new and emerging number of mental health referrals.
- **Mental Health Practitioners** - Community Mental Health Services commenced a programme of service review and redesign as described within our Mental Health Strategic Plan and are looking to establish Mental Health Practitioners and self-help workers that are based within GP practices.
- **Allied Health Professionals** - due to the increase in acuity across both adult community and Elderly Mental Health teams there is a need to enhance support for dysphagia and communication.

## Alcohol and Drug Services

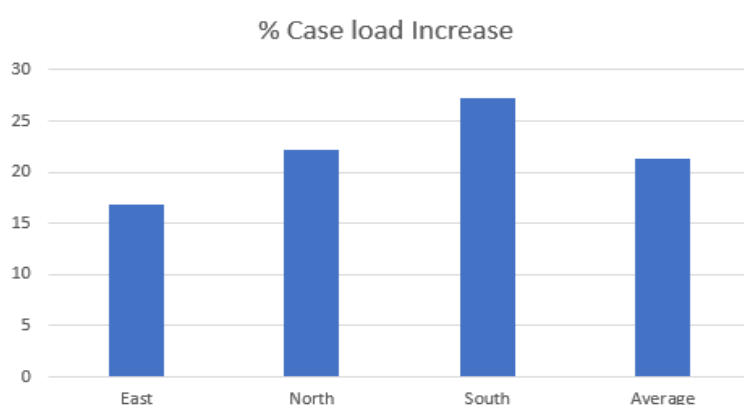
Recent research has indicated that, since Covid-19 restrictions have been put in place sales of alcohol have risen with drinking and drug use patterns changing.

As a result, services are experiencing an increase in demand due to both increased alcohol consumption and changes in poly drug use. This is predicted to further increase as we move out of lockdown back into the “new normal”. This negative impact on physical, social and mental health requires to be assessed and managed.

Each of the areas have experienced the following as a result of the pandemic:

### Reduced Discharge from Service

Alcohol and Drug services across Ayrshire continue to retain more individuals in treatment as a protective factor resulting in the active caseloads increasing as described below.



### Medication Assistant Treatment (MAT)

Each area is required to implement the new standards. This requires a suitably qualified prescriber and essential wrap around support available for same day prescribing and commencement of treatment. Areas may be able to ‘pilot’ this on a limited basis with existing resources but to offer this intervention in full will require additional resource.

### Access to Treatment Time Standards

To continue to deliver a service whilst being compliant of all Covid-19 related guidance, the services have increased the regularity of contact for the most vulnerable clients (Ragged ‘Red’) whilst reducing the type and regularity of contact for other clients open to service (Ragged ‘Amber’ and ‘Green’). If this is continues, there are negative risks associated with client’s substance use, physical and mental health and social care needs alongside the potential of increased deaths associated with drug and alcohol use.

### North Ayrshire Services

Due to the service deliberately retaining more individuals in treatment, as a protective factor, this has resulted in the active caseload increasing to over 1,400 (an increase of over 250 individuals). NADARS will pilot a test of change in offering a responsive community-based pathway of support for individuals who have experienced a non-fatal overdose. The service will also support a new multi-agency

integrated Housing First model of support in North Ayrshire and pilot the availability of peer led support within the Service Access Team's response to adult protection concerns (providing early intervention, stability and promoting self-management).

### South Ayrshire Services

South Addiction services are planning to pilot new models of same day commencement of treatment to meet MAT Standards. In addition, innovative ways to maintain service provision for those requiring naloxone, injecting equipment and home delivery of medication have been developed during Covid-19 and the service will explore further opportunities to develop these options moving forward.

### East Ayrshire Services

Due to remedial works required to support a new base for the addictions services, there has been a delay in redesigning access to services including our ambition to achieve support on the day, with prompter access to Medication Assisted Treatment (MAT). Demand on drugs and alcohol services has increased in more recent months with the understanding that this relates to the impact of isolation, social and economic risk factors related to Covid-19. Additional capacity is required to address the increased demand as we emerge from the social restrictions in 2020-21.

An assessment of the overall capacity increase required in community teams to address the increased demand across mental health and addictions services has been undertaken by each HSCP with an increase in workforce identified to meet this need. This would require to be funded through additional Covid-19 funding investment through mobilisation, otherwise the increase in demand will not be met and there will be delays in support being provided and an impact on individuals' outcome and an increased risk of a crisis response.

### Additional Resource

Description	Cost
<b>Pan Ayrshire</b>	
Children & Young Peoples Urgent Care Service - Phase 1	£178,000
In-patient Services	£390,000
Unscheduled Care	£70,232
AHPs	£175,580
<b>Total</b>	<b>£813,812</b>

<b>North Ayrshire HSCP</b>	
Community Mental Health	£134,000
Addictions - Alcohol and Drugs	£91,000
AHPs	£132,630
<b>Total</b>	<b>£357,630</b>



<b>South Ayrshire HSCP</b>	
Community Mental Health	£196,000
Addictions	£44,000
AHPs	£97,000
<b>Total</b>	<b>£337,000</b>

<b>East Ayrshire HSCP</b>	
Primary and Community Mental Health	£290,865
Addictions	£50,014
Wellbeing	£50,489
<b>Total</b>	<b>£391,368</b>

## 5.0 Primary Care

### Community Pharmacy

Community Pharmacy are committed to continuing to progress with the innovative work with General Practice and the introduction of NHS Pharmacy First Scotland.

Throughout 2021 serial prescribing will continue to be implemented to all GP practices and community pharmacies using remote technology. This is a key enabler to the delivery of the Pharmacotherapy Service, reducing the need for repeat prescription request volume and footfall at GP practices as patients can collect their repeat prescription direct from their chosen pharmacy.

In response to the pandemic a time-limited medicines delivery service has been introduced for those most at risk and will help to alleviate the pressures on the pharmacy network and wider NHS services.

A range of plans are currently being taken forward across community pharmacy in addition to new developments in 2021 to support our citizens as close to home as possible, ensuring community pharmacies are equipped to deliver a wide range of services in the community.

New developments being taken forward into detailed planning include:

- Due to the success in 2020, continue to build on the Ayrshire and Arran mixed model for flu delivery by developing a Community Pharmacy Flu Vaccination Programme to increase access for eligible patients.
- Access to Clinical Portal to further enhance patient care by providing community pharmacists with key information that could reduce patients need to access urgent care.



## Community Optometry

There will be ongoing support to Community Optometry practices throughout 2021 to ensure that all appropriate infection control measures are in place to allow general ophthalmic eye care services and domiciliary services to continue to operate. Practices are required to prioritise urgent and essential eye care over more routine care where capacity to meet demand is identified.

Ongoing monitoring will continue to ensure patients can access domiciliary ophthalmic services and that adequate provision is maintained. An update is provided below on the current additional services being provided as well as new initiatives in development that will be taken forward in 2021:

- Use of NHS Near Me for triage and remote consultations is currently being utilised.
- The Diabetic Retinopathy Screening programme within accredited community optometry practices has been re-established.
- The Low Vision Aids service is now fully remobilised within accredited community optometry practices but with the exception of recycling aids. We plan to review the range of aids available through this scheme to ensure that patients have access to the best equipment that the scheme can provide.
- Development initiatives are being progressed which includes a new co management service which would support additional eye disease being managed by non IP Optometrists in conjunction with the Hospital Eye Service and prevent these patients being referred on to Eye Casualty for treatment.
- Following the shift of the Eye Care Ayrshire service to the national Pharmacy First Service, the repeat prescribing request element of the Eye Care Ayrshire will continue to save GP practices receiving repeated requests for scripts.
- Access to the clinical portal (CP) is being actively pursued with Digital Services and Information Governance colleagues for optometry practices. This will support the improvement of patient experience/pathway and clinical care preventing duplication of work, inappropriate referrals and will enhance and streamline the Primary / Secondary Care interface.
- Access to the local website AthenA for optometry practices has been agreed with Digital Service colleagues and will be rolled out early 2021.
- A referral template has been added within SCI Gateway for direct referral to smoking cessation colleagues from community optometrists. This has been achieved as a result of close working between Primary Care and Public Health and it is hoped that there are further areas where such initiatives can be pursued within an Optometry setting.
- A hybrid model of shared care for a cohort of stable glaucoma patients was rolled out in December 2020 as a collaboration between Primary and Secondary care colleagues. Firstly by utilising a cohort of Optometrists on a sessional basis within the hospital eye department to co-manage specific outpatient groups with Ophthalmologist colleagues.

Since this shared care model commenced in December 2020, significant effort has been shown by the Hospital Eye Service to identify suitable patients to further signpost to Optometry practices. Uptake on the service has been limited at this time with Covid-19 also impacting on the service with patients cancelling appointments. The service will continue to develop in 2021.

### **General Dental Services and Public Dental Service**

Urgent Dental Care Centres (UDCC) continue to see patients on referral for treatments. Mask face fitting has taken place to allow staff to see their own patients in these centres and complete the Aerosol Generating procedures (AGPs) themselves.

Dental Practices have now re-opened to provide both urgent and routine care. AGPs Procedures are being performed mainly by General Dental Practitioners (GDPs) within their own Dental Practices rather than referral to the UDCC however the option is still available.

The initial priority in 2021 will be to ensure all dental practices can return to providing a full service to patients in line with national guidance. Plans will be developed throughout 2021 with the Director of Dentistry as set out in the Oral Health Improvement Plan for Scotland aligning to the ambitions of Caring for Ayrshire, with more shared care and skills development of the GDPs and could increase Hospital Dental Services utilising public and general dental services more.

### **General Medical Services**

To monitor the impact across general practice and understand any potential implications early, a number of areas are kept under review in addition to the information shared by individual practices. This includes:

- Reviewing practice activity, returned monthly including the type and numbers of appointments
- Monitoring the urgent care activity through AUCS, the ED and contacts made to NHS24 111

The majority of the Enhanced Services programme delivered through GP practices payment arrangements are paid to practices based on a 3 year average. This arrangement will be reviewed in March 2021 in conjunction with Local Medical Committee/GP Sub Committee members to establish a way forward from 1<sup>st</sup> April 2021.

Cluster meetings have been re-established along with GP forum and Practice Managers Meetings which allows for a wider discussion on the stability of practices and any wider issues across the system and opportunities to strengthen support to the Cluster meetings from Primary Care during 2021.

## Primary Care Improvement Plan

It is recognised that the Covid-19 pandemic and associated remobilisation work has impacted on the original timescales for delivering elements of the 2020-22 Primary Care Improvement Plan (PCIP) and consequently, the implementation of the new GP contract by 2021/22.

Following this recent communication on the endpoint for the new contract, there has been agreement with the Ayrshire and Arran GP Sub Committee that the dates outlined will be 'end dates' and a commitment to continue with the same programme approach to delivery. It is recognised that further work is required to understand and evidence what can be delivered within the current financial envelope for delivery of the contract.

Building on the Community Treatment and Care Service and learning from the Coronavirus pandemic there is a desire to implement new models of service to support both primary and secondary care remobilisation and reduce unnecessary footfall in these locations. As a result a small group of primary and secondary care colleagues have been taking forward the concept of community monitoring and investigation hubs where a range of investigations and procedures could transfer from being delivered in a GP surgery or a hospital outpatient setting and provide a standard approach and equity of access to these types of services.

The group have identified the need to establish physical premises in which this work can be conducted along with initial thoughts on required skill mix of workforce. Embracing digital technology solutions to ensure that clinicians can access the results of the investigations in a reliable and timely manner.

The establishment of Community Investigation and Monitoring Hubs aligns with the organisational Caring for Ayrshire ambition and vision and will require investment in community services to realise benefit. The desire to limit footfall in GP surgeries and hospital premises will be supported and patients will receive the care they require in a timely manner closer to their home.

The next steps to taking this work forward will be to develop a detailed workforce plan along with discussion about physical location of services within community buildings and home visiting services. Further discussion will be taken through the Caring for Ayrshire programme with defined timeframes as we look to deliver a more comprehensive range of services within the community. Any additional funding requests will also be progressed through this route of re-design aligned to our Caring to Ayrshire ambition.

There is now an opportunity to revisit the urgent care area of the contract aligned to the wider Re-design of Urgent Care Programme.

A programme of work has also been agreed locally to understand the various national mental health allocations and links to primary care.

This along with the Redesign of Urgent Care programme will be linked to the requirements within the next iteration of the Primary Care Improvement Plan scheduled to be submitted to the three IJBS, NHS Board and LMC at the end of March 2021.

There is agreement to continue to deliver at pace using the same programme delivery model with the revised timescales issued by the Scottish Government and BMA as final end point.

## 6.0 Urgent Care

### Re-Design of Urgent Care

Much of the focus initially is around patients self-presenting at Emergency Departments or presenting through NHS24. We seek to provide options in the enhanced pathways for patients accessing the system through General Practice to benefit both patients and support safe sustainability of General Practice as well as other primary care contractors, community pharmacy, optometry and dental services. Furthermore we are also ambitious in working towards the development of an Ayrshire wide Mental Health Assessment Centre as part of our new urgent care model.

It is widely accepted that change is required to alleviate pressures from unscheduled presentations across the Health and Care System. The benefit to progressing with the re-design of urgent care services in Ayrshire and Arran is to establish a joined up system to improve patient and workforce experience and support service sustainability.

The intention of the redesign has been to provide safe, person centred urgent care over a 24/7 period to support General Practice and Primary Care out of hours services as well as Emergency Department and Combined Assessment Unit in Ayrshire and Arran.

A significant initial focus for the redesign is patients self-presenting at Emergency Departments or presenting through NHS24, and providing options in enhanced pathways for patients accessing the system through General Practice to benefit both patients and support safe sustainability of General Practice. We are also ambitious in working towards the inclusion of other primary care contractors, community pharmacy, optometry and dental services.

Work is progressing across the Ayrshire Urgent Care Service (AUCS) to establish this as a standalone service between Primary Care and Acute Services supporting patients, services and other partners to ensure a seamless approach to access the right care in the right place. It is noted that this requires to align with the Strategic Plans of our IJBs and Directions from them to the NHS Board and Councils.

A key factor to successful implementation has been the stabilisation of the medical workforce across the Ayrshire Urgent Care Service throughout 2020 and even with the introduction of new pathways maintains good cover provision. Like most systems across Scotland this is built on a sessional volunteer rota. The service is working towards introducing a core multi-disciplinary team led by a senior clinical decision maker to support the various pathways in place with the appropriate management and clinical leadership.

A number of actions summarised in the sections below are now being taken forward as a consequence of the learning captured and aligning to Phase 2 of the national Redesign of Urgent Care (RUC) Programme.

### **Urgent Care Mental Health Pathway**

As a pathway within Ayrshire & Arran's Redesign of urgent care, unscheduled care mental health services have considered the recovery and renewal of mental health pathways. In the spirit of Caring for Ayrshire's doing the right thing, in the right place at the right time we have considered alternatives to hospital attendances where mental health care could be delivered within the person's own home, or as close to it as possible.

As part of our remobilisation phase 3 plans, we plan to build on this, by initially scoping then extending a direct pathway to the Scottish Ambulance Service; initially as a mental health professional to professional line. The anticipated associated costings at this time are approximately £414,825 for 2021-22.

Thereafter we shall scope if any additionality is required, particularly, if there is a future requirement for an alternative mental health assessment centre.

### **Develop a Professional to Professional model between primary and secondary care services**

A second telephone line for both Combined Assessment Units will be supported by acute clinicians for advice to support GP Practices decision making and identify where patients may be able to attend in a more planned way utilising the ambulatory care pathways.

Primary clinicians will be able to seek specialist advice to support patients longer at home, avoiding potential admission or referral to outpatients where possible. It is the aim for this to be either urgent on the day or a short timeframe of 2-3 days for response.

### **Scottish Ambulance Service**

An area that was highlighted during the focussed work with urgent care is the use of ambulances to support patients to attend hospital safely when they have no transport whether via the Ayrshire Urgent Care Service, GP Practices or other care providers.



Ayrshire and Arran has a good working relationship with the Scottish Ambulance Services (SAS) and through the recent implementation of the RUC work engaging on a daily basis with them and NHS 24 identified areas that would benefit from closer joint working to support Paramedics.

A pathway has been introduced to AUCS senior clinical decision maker to support the advanced practitioners who clinically assess all referrals to support alternatives or a scheduled presentation that doesn't require SAS attendance.

This pathway will also prevent patients being conveyed to hospital and therefore treated in their own homes wherever possible. The Flow Navigation Centre can also support and facilitate liaising with GP Practices which can be a time consuming process for SAS just now should a primary care assessment be more appropriate. This will free up time and capacity for crews to attend other patients. This enhanced model has been launched gradually from January 2021, refining and developing the model day to day taking the learning of approach from the RUC programme. The aim is to have this fully implemented by March 2021.

There was also agreement at the end of the pathway finder phase to progress a patient transport service for patients who need to attend hospital for assessment/admission and have no alternative transport. This will facilitate coordinating patient arrival to the hospital in a scheduled manner within an hour from the point of referral to the acute hospital. This will help us significantly to provide timeous care to our patients in the right location, by the right specialist, and do the right test and avoid unnecessary overnight admissions that would otherwise happen if patients arrive late. This would positively change the patient experience.

### **Interface with other Pathways**

There has been close working with the Re-design of Frailty Programme locally and RUC to identify arrangements that can be put in place through the urgent care pathway. Supporting care homes and general practice has been a key area identified from this work. These actions will be progressed through the frailty programme using data and intelligence from the RUC to inform pathways also linking closely with wider arrangements within Acute Services and HSCPs. Working closely with community nursing teams has supported patients being assessed in their own homes where appropriate.

Further work is required to understand how a mental health pathway through the Ayrshire Urgent Service 24/7 could be best utilised to support patients and GP Practices. This will be explored further under the newly commissioned group led by the Associate Medical Director for Primary Care and Associate Medical Director for Mental Health Services, with updates provided through the Primary and Urgent Care Programme Board to connect the models.

## Covid-19 Clinical Pathway

As part of the national response to Covid-19 the Scottish Government asked that all Boards in Scotland set up community clinical hubs and assessment centres to support citizens with Covid-19 related queries, providing a comprehensive front line community response to enable rapid pathways for those affected by Covid-19. To have a single pathway in place for patients to seek clinical advice and assessment for Covid-19/Respiratory/Viral symptoms through accessing NHS 24/111 and directed to the local Covid-19 pathway for further assessment if required. This pathway also incorporates the Clinical Assessment Centre for patients to be seen to face to face. Where GP Practices carry out a telephone assessment, particularly those with long term conditions, and suspect Covid-19, they can also refer directly to the Clinical Assessment centre for the patient to be seen safely away from GP Practices. This will remain a requirement throughout 2021/22.

Within Ayrshire and Arran the Covid-19 clinical pathway was integrated as part of AUCS using a clinical triage model providing timely telephone or video consultations to patients, ensuring these are followed with a face to face consultation if required.

This has ensured:

- A planned approach to any patient contact protecting the patients and workforce from unnecessary exposure to Covid-19;
- Streamlined referrals to the CAU or ED when necessary;
- Better access for patients; and
- Better work life balance for staff

We have continuously developed to ensure best use of resources to work flexibly across all part of the urgent care service to support activity. The resource requirements outlined for this pathway have been projected based on the current staffing model to respond to activity and trends throughout 2020/21. This will be reviewed on an ongoing basis and adapted to suit changes in the community position.

## Finance

The cost for the RUC service model was developed based on the delivery model of the additional clinical and administration staff for the new pathway within the Ayrshire Urgent Care Service and Minor Injury Units. In addition funding was agreed for programme management time. It was agreed this clinical model would remain in place until March 2021.

Based on the actions outlined within the plan, this would be worst case scenario with the aim that the number of senior clinical decision makers, which is the most expensive element of the model, would be replaced with other MDT professionals. Confirmation of funding for the RUC programme has not been received to date.



Different ways of working across the urgent care service, particularly the out of hours model has resulted in efficiencies across the services and allows opportunity for further re-design and re-investment throughout 2021 to new models, including how we can further invest in our community urgent care response teams such as integrated care teams.

### Additional Resource

Description	Cost
<b>Redesign of Urgent Care</b>	
Medical	£879,052
Nursing	£467,960
Mental Health	£415,000
Management	£56,831
<b>Total</b>	<b>£1,818,843</b>
<b>Covid-19 Clinical Pathway - Community Clinical Hub</b>	
GP	£1,819,324
Operational Staff	£267,800
<b>Total</b>	<b>£2,087,124</b>
<b>Covid-19 Clinical Pathway - Crosshouse Assessment Centre</b>	
GP	£676,884
Nursing	£751,712
Operational Staff	£199,524
<b>Total</b>	<b>£1,628,120</b>

## 7.0 Unscheduled Care – Acute Hospitals

### Overview

Pathways to avoid admission within the Emergency Department and Clinical Assessment Units are being developed as part of the wider Re-design of Urgent Care Programme.

In addition to the work undertaken to develop the Flow Navigation Centre Model, there is connected work being taken forward specifically within the Acute hospital setting. This includes:

- Frailty
- Same Day Acute Care through the Combined Assessment Units;
- Clinical Connectedness;
- Management of Delayed Discharges;
- General Surgery Ambulatory Care

### Frailty

The ambition for frail older people's services within NHS Ayrshire & Arran is under pinned by the principle of "getting it right for every older person".

As an integral component of our Covid-19 recovery, frail older people whom account for 70% of the acute hospital admissions, require us to target our redesign focus on pathways maximising opportunities of preventing Covid-19 and non Covid-19 harm. Therefore, preventing where appropriate admission to hospital, intervening to ensure any admission is a short stay, and aim to maximise community models of intervention.

Providing early identification of frailty to ensure the appropriate clinical and support interventions are targeted to the level of frailty, thus preventing escalation, and where appropriate prevent hospitalisation. This requires a clinical connected integrated approach across agencies and HSCP partners.

As part of our continuing redesign programme, developing a single system approach, focusing early intervention on entry to the acute care system around front door of the hospital, with a focused direction to prevent hospitalisation, where clinically appropriate and work towards a community integrated, hospital at home model.

This requires clinical leaders within the speciality, both medical and non-medical to provide care and lead this change in practice to acute care being delivered within patients home.

### **Same Day Acute Care through the Combined Assessment Units**

As part of a wider system reform, an Operational Response Centre model will be developed. This will standardise the way in which GP referred patient's access same day acute medicine across Ayrshire. Staff will be able to direct GPs and provide alternatives to admission.

This model will allow an Ayrshire wide approach to care delivery with consideration of speciality referral and individual site capacity and pressure.

### **Management of Hospital Discharges**

Both acute hospitals have historically had consistently high numbers of delayed discharges, which has been directly impacted by Covid-19 pathways. We are working to refocus our HSCP partnership support to provide a collaborative approach to initiate the home first approach. This to ensure, proactive review, early initiation of building a culture across clinical areas and teams to plan transfers of care. We continue to work collaboratively with our partners to ensure patients who do not require acute care, are supported within the right place for their care and support. Both sites now have HSCP representatives on site who work with our clinical and discharge team to where possible prevent delays, and avoid admissions.

Our intent is to work to zero delays, to ensure acute care for those patients that require acute hospital care. To support the management of delayed discharges and promote the home first ethos a weekly multidisciplinary virtual board round has been introduced on both acute sites.

### **General Surgery Ambulatory Care**

An ad hoc Surgical Ambulatory Care Assessment Unit (SACU) was set up in spring 2020 as a response to the Covid-19 outbreak. Over the next year to effectively separate red and green pathways there is requirement to continue with this model. This will support with overcrowding in our ED, surgical GP patients will bypass the ED with full ambulatory assessment and discharge home wherever possible taking place within the unit.

### **Covid-19 Pathways**

NHS Ayrshire & Arran Acute services will take an approach which ensures ongoing provision for the management of Covid-19 related illness, alongside safe delivery of non Covid-19 related emergency care.

Both the Emergency Department and Combined Assessments Units across Ayrshire have had to make significant changes to the flow of patients through each department to ensure that there is clear segregation of Covid-19 suspected and positive patients from non Covid-19 patients.

Whilst it is anticipated that the number of Covid-19 suspected patients will decrease as we move forward, there will still be an ongoing requirement to segregate Covid-19 suspected and positive patients from non Covid-19 patients. As numbers decrease the planning assumptions will be reviewed.

### **Additional Capacity**

There is a need to continue separate low (super-green), medium (green) and high (red) risk pathways with discrete inpatient areas across both Acute sites. Although it is anticipated that the requirement for high risk capacity will reduce in the coming months, both Acute sites require to maintain capacity for medium and high risk patients. There will be an ongoing requirement to manage nosocomial spread of Covid-19 on our Acute sites. Covid-19 outbreaks in Ward areas has resulted in the frequent closure of medium risk beds and wards. Current data shows that patients who have had Covid-19 and recovered in the Acute setting are experiencing on average a length of stay greater than 25 days. This has had a significant impact on site capacity.

To support the mobilisation of Acute Services different bed scenarios have been modelled taking into account both seasonality and community prevalence and the wide internal impact on hospital services associated with Covid-19 including impact on high care beds, capacity for de-escalated patients, separation of red / green pathways and closed beds for infection control. This also aims to take into account a number of other variable factors including the impact of the vaccination programme, new strains of Covid-19 and any lockdown restrictions.

Modelling assumptions have been triangulated with the Covid-19 weekly data issued by Public Health Scotland and using a linear line an overall core capacity requirement of 70 beds by the 9<sup>th</sup> April 21.

The undernoted provides anticipated range of beds required dependent on the above factors. Our working assumption is to plan for mid-range capacity acknowledging that an agreed workforce plan is required to safely continue to staff the Covid-19 capacity.

The Acute Directorate will review the bed modelling projections on a weekly basis throughout the period of this mobilisation plan.

The detail is summarised below:

Spring (April to June)	A&A	64 - 95 beds
	UHC	44 - 63 beds
	UHA	21 - 42 beds
Summer (July to September)	A&A	32-68 beds
	UHC:	21 - 47 beds
	UHA	11 - 21 beds
Winter*(October to March)	A&A	135 - 196 beds
	UHC	89 - 135 beds
	UHA	46 - 61 beds

*\*NB This is a reflection of the impact of Covid-19 in winter rather than typical seasonal winter pressures.*

As we mobilise our elective activity we will require patients to be admitted on a low risk pathway and cared for in ring-fenced green beds. This forecloses the possibility of using these beds for patients on a medium risk pathway. This is covered in more detail in the planned care section.

### Critical Care

As per mobilisation plan 2, a centralised Ayrshire & Arran Covid-19 ICU was created within a repurposed day surgery unit at UHC. We will maintain our baseline capacity of 10 beds and the ability to increase as the Covid-19 activity rises.

Remobilising elective activity on the UHC site will require a change to the current ICU foot print. Covid-19 ICU will be located within the core ICU unit, ICU 1 and the medium risk ICU would be moved to DSU ICU. The location of medium risk patients in DSU ICU means that we will be able to use the remaining DSU recovery space for elective patients, most likely for endoscopy and local anaesthetic recovery.

## Additional Resource

Description	Cost
Same Day Acute Care through the Combined Assessment Units	£405,000
Management of Delayed Discharges	£90,000
General Surgery Ambulatory Care	£258,770
Covid-19 Pathways	£1,049,000
Additional Core Capacity	£5,360,000
Additional Surge Capacity	£3,488,000
Critical Care	£2,820,000
<b>Total</b>	<b>£13,470,770</b>

## 8.0 Routine Elective Care

### Overview

Routine and planned care have been significantly impacted over the course of the pandemic, since March 2020. The plan for 2021/22 will focus on beginning to recover routine and planned care services, set against a number of recovery principles:

- There will be a continued requirement to be able to flex, pause and create surge capacity at short notice, in the case of a viral resurgence.
- Patient pathways must remain Covid-19-safe, including Covid-19 testing, pre-procedure isolation and separation of low and medium/high risk pathways for as long as this remains the recommendation of Scottish Government and relevant professional bodies.
- Re-mobilisation and recovery of routine and planned care will continue to follow clinical priority
- Coordination of recovery will continue to be clinically led, building on the effective arrangements developed during the pandemic, and ensuring that new practices which have worked effectively during the pandemic are continued.

This plan includes a request for investment in additional infrastructure, particularly in core staffing for operating theatres and outpatient clinics. This investment in additional staffing will minimise the ask of existing staff to work overtime and additional hours in order to deliver the additional capacity required to begin the planned care recovery, which we anticipate will take several years.

### Modernised Approach to Planned Care

The pandemic response provided an opportunity to expedite and benefit from new practices and approaches. The continued development and expansion of these approaches will form a key component of the routine and planned care recovery.

- Waiting List Validation – the implementation programme will be phased across the specialties, having been initiated in Orthopaedics and Endoscopy in February 2021, with a shift from the traditional administrative validation to clinical validation. Clinical time will be assigned to delivery of this critical component.
- Enhanced vetting, Active Clinical Referral Triage (ACRT) and other service specific initiatives
- Patient Initiated Review (PIR)
- Team Service Planning
- Digital Enablers supporting non-face to face, and asynchronous consultations

A 'Bringing It Together' approach is being spearheaded by the Associate Medical Director through 2021/22.

## Outpatients

### Current position

The outpatient waiting list has grown significantly since the onset of the pandemic due to the impact of social distancing requirements and at times availability of both staff and physical resources.

January 2021			
Waiting Time (weeks)	New UCS	New Urgent	New Routine
0 – 12	1234	2190	7897
12 – 18	8	358	3722
18 – 52	4	340	13220
52 +	0	13	3206
<b>Totals</b>	<b>1246</b>	<b>2901</b>	<b>28045</b>

Re-analysis of outpatient demand and capacity will be undertaken during 2021/22 in order to better understand the changes in referral patterns, and to identify where additional actions will be required to respond to these changes on a more permanent basis. It is noted that referrals for Urgent Suspicion of Cancer are running at 15% above pre-Covid-19 levels nationally, and this same pattern is being noted locally so this is being considered in the planning for 2021/22.

Many specialties have demonstrated significant waiting list increases but there are particular challenges in specialties which rely more on 'hands-on' examination:

- Dermatology
- Diabetes and Endocrinology
- Gastroenterology
- Ophthalmology
- Pain Service



## **Maintaining new and effective ways of working**

Adapting outpatient service delivery during the pandemic expedited a range of changes in service provision as outlined above, and these will be further developed and expanded 2021/22.

### **Non Face to Face appointments**

During the pandemic there was a significant shift in the type of clinic appointments offered.

Appointment Type	January 2020 (%)	January 2021 (%)
Face to Face	97.4	68.3
Telephone	2.2	28.4
NHS Near Me	0	0.9
Virtual	0.4	2.4

Overall there has been a significant shift in the use of non-face to face appointments from 2.6% pre-pandemic, to nearly a third of all consultations being delivered using one of the non-face to face methods.

The local experience by clinicians has been that telephone consultations offer the most pragmatic and accepted alternative.

The re-establishment of more face to face appointments particularly in those specialties where hands on examination is required is expected to result in a slight drop in the overall proportion of non-face to face consultations. However there will continue to be a strong focus on non-face to face consultations through 2021/22 and we have set ourselves the target of continuing to deliver 25% of appointments in this way.

### **Patient Initiated Review**

A number of services have expanded the use of Patient Initiated Review during the pandemic, resulting in fewer patients being automatically re-appointed for follow up appointments. A joint acute and primary care working group are in the process of consolidating this work with a view to ensuring a consistent approach, and an approach which can then be rolled out to a wider range of services during 2021/22. This working group will also be considering how this new activity can be better captured and reported.

## **Establishing the 'new normal'**

It is assumed that Covid-19 impact on outpatient clinic capacity will continue from March until June 2021, and so outpatient services will continue to operate in a way similar to the autumn 2020.



During this period, and in line with emerging guidance at that time, we will undertake a piece of work to review the current Risk Assessments and whether this lends the opportunity to safely increase the capacity of clinics and waiting areas whilst still observing required physical distancing.

The Covid-19 response included the re-designation of several outpatient clinic areas into Covid-19 testing and assessment hubs, and a staff wellbeing hub. It is anticipated that these areas will return to their former use around June 2021, and this will support the further re-mobilisation of clinics, with a particular focus on those services which are more dependent on face to face examination and so are demonstrating the most significant waiting list pressures.

We also propose to introduce extended delivery of clinics in the evening and at weekends. The delivery of this will require some investment in additional staffing infrastructure in order to avoid an unreasonable ask on existing staff to deliver this in overtime and additional hours.

### Operational Plan

A programme of enhanced clinical waiting list validation will be implemented as part of the outpatient recovery programme through 2021/22.

Remobilisation of outpatient activity has enabled NHS Ayrshire and Arran to deliver the following proportions of activity as at January 2021:

- New Outpatients : 53% of pre-Covid-19 levels of activity
- Return Outpatients : 68% of pre-Covid-19 levels of activity

Planning for 2021/22 on the basis of assumptions outlined earlier predicts that we will be able to deliver increase the outpatient activity further, but that this will remain below pre-Covid-19 levels. This will be constrained by ongoing distancing requirements, impact of additional staff leave and absence and the fact that a significant proportion of pre-Covid-19 activity was delivered through overtime which will not be deliverable to the same extent.

	April – June 21	July – Oct 21	Nov 21 – Mar 22
% of pre-Covid-19 activity	55%	70%	65%

The specialty breakdown of this actual predicted activity is detailed in Template 2.

The following outpatient areas will have a particular additional focus:

1. Phased implementation of extended working days and weekend clinics as normal practice, with recurring investment in support staffing in order to move away from the significant use of overtime for the existing workforce. The investment will deliver a further 8% increase in activity.

2. Redesign of the Pain Service\* with investment in specialist nursing, pharmacy, physiotherapy and psychology to enable a more holistic service to be provided, re-establishment of a group pain management programme and targeted triage of referrals building on the 23% validation and triage reduction achieved during the pandemic.
3. Redesign of the Breast Cancer\* clinic, co-location of the symptomatic and breast screening services in order to maximise team working, service efficiency and service robustness for the future. Further development of extended roles in nursing and mammography. This investment will deliver 800 additional breast cancer consultations and clinical assessments, will ensure recovery of the 31-day and 62 day cancer targets for breast cancer, and will make the breast cancer service more robust.
4. Ophthalmology clinic redesign\*, incorporating the principles of shared care, and maximising service capacity through close working with community optometrists and nurse-led clinics. This will deliver an additional 9000 outpatient consultations.
5. Independent Sector insourcing on a non-recurring basis to increase service capacity. This will deliver 4000 outpatient appointments (mix of telephone and face to face consultations).

\*separate detailed proposals available

## Elective Surgery

### Current Position

There have been significant constraints in operating capacity during the pandemic. However the reduced outpatient clinic capacity has also meant fewer patients being added to the inpatient/day case waiting lists.

Overall the elective surgical waiting lists have increased, but with the biggest impact being for the patients awaiting procedures in the less clinically urgent Priority 3 and particularly the priority 4 categories.

	March 2020	December 2020 (Update for January once available)
Number of patients awaiting IP/DC surgery	4,190	4,679
Number waiting > 12 wks	1,238	3,172

The allocation of operating theatre capacity based on clinical priority has affected some surgical specialties more than others.

## Number of Inpatients/Day cases waiting > 12 wks

Specialty	March 2020	December 2020 (Update for January once available)
ENT	73	287
General Surgery (incl Vascular)	138	520
Gynaecology	5	122
Ophthalmology	295	432
OMFS	67	222
Plastic	0	26
Trauma & Orthopaedics	624	1,112
Urology	35	356
Other	0	83
<b>Total</b>	<b>1,238</b>	<b>3,172</b>

The extended waiting list for patients awaiting orthopaedic surgery is a particular focus. Many of these patients' procedures are categorised as being of low clinical urgency however the impact on their quality of life, mobility and ongoing pain can be significant. For this reason, addressing the backlog of patients awaiting orthopaedic surgery will be a priority during 2021/22.

### **Maintaining New and Effective Ways of Working**

Throughout the pandemic, the allocation of the limited operating capacity has been driven by the relative clinical priority of each case. This has been clinically-led, and coordinated by the Theatre Re-Start Groups which have met weekly.

This approach has proven to be effective and will be continued through 2021/22 to ensure that there continues to be a prioritisation which is based on each patient's clinical urgency.

### **Establishing the 'New Normal'**

#### Operating Facilities

One of the significant constraints during the pandemic has been the re-purposing of the UHC Day Surgery and Endoscopy Recovery Area into a Covid-19 Critical Care Unit.

As the number of Covid-19 ICU patients reduces, it is planned that there will continue to be the requirement to retain a smaller Covid-19 ICU area. This will allow the return of some, but not all Day Surgery recovery capacity at UHC.

It is estimated that the day surgery recovery capacity will be 35-40% of pre-Covid-19 capacity, and so without any mitigation, this would have a significant bearing on surgical activity. It is proposed that this be part-mitigated by funding an additional 12 bedded day case/23hr ward area.

### Elective Centre of Excellence for Orthopaedic Surgery

Supporting investment will facilitate the creation of an Elective Centre of Excellence for Orthopaedic Surgery. A separate case has been provided seeking support for this realignment of services to enhance elective capacity.

### Optimising Resources

This plan makes a request for investment in additional theatre staffing infrastructure. This will optimise the operating capacity by introduce extended operating days and weekend operating but minimising the ask of existing staff to deliver this in overtime and working extra hours.

### Collaborative Working with Independent Sector

Collaborative working with Independent Sector hospitals was effective during the pandemic, and opportunities to continue this should be explored. In particular we plan to continue the commissioning of Local Anaesthetic treatment capacity which frees up NHS capacity to undertake more General Anaesthetic surgery.

We would also value the opportunity to discuss options for ongoing independent sector capacity for elective orthopaedic surgery.

### **Operational Plan**

Planning for 2021/22 on the basis of assumptions outlined earlier predicts that we will be able to re-start inpatient/day case operating, but that this will remain below pre-Covid-19 levels.

2021/22 Planned activity	April – June 21	July – Oct 21	Nov 21 – Mar 22
% of pre- Covid-19 activity	50%	75%	70%

A more detailed specialty breakdown of the planned activity is shown in Template 2.

The following areas of Inpatient and Day case surgery will have a particular additional focus:

1. Increasing capacity through extended working days and weekend. This would deliver an additional 110 cases per month, and represent a further 7% increase on the above predicted activity.

2. Establishing additional bed capacity at UHA and UHC to support additional extended day and weekend operating capacity, and to part mitigate the reduction in Day Surgery recovery capacity at UHC.
3. Implement Centre of Excellence for Orthopaedic Surgery at UHA – this is the subject of a separate paper.
4. Independent Sector collaboration – establishment of regular capacity at BMI Carrick Glen Hospital for the continuation of Local Anaesthetic procedures to release UHA and UHC theatre capacity for general anaesthetic cases. This would deliver an additional 600-900 cases over 2 or 3 days per week.
5. Independent Sector collaboration – orthopaedics backlog.
6. Pre-operative assessment – capital investment to re-locate.

## Cancer

### Current Position

The continuation of cancer services has been a priority through the pandemic, and significant effort was made to protect services which delivered cancer diagnosis and treatment, and to put in place contingency plans at points of peak Covid-19 pressure.

Nonetheless the impact of reduced capacity has resulted in some cancer pathways being slower, particularly in the diagnostic stages.

Pathway	31-day Pathway		62-day Pathway	
	Quarter 1 2020	Quarter 4 2020	Quarter 1 2020	Quarter 4 2020
Breast	94%	100%	96%	74%
Colorectal	95%	100%	75%	77%
Cervical	25%	100%	25%	67%
Head & Neck	100%	100%	100%	100%
Lung	100%	100%	100%	100%
Lymphoma	92%	100%	67%	60%
Melanoma	100%	100%	100%	90%
Ovarian	0%	100%	100%	100%
Upper GI	100%	100%	84%	87%
Urological	99%	100%	100%	93%
TOTAL	99%	100%	92%	85%

### Maintaining New and Effective Ways of Working

The co-location of breast cancer symptomatic and breast screening services on the Ayrshire Central Hospital site from February 2021 has been a response to managing the Covid-19 pressures and keeping patients safe. This also offers the opportunity for a more efficient way of working, and a further integration of the clinical teams.

The Breast surgery service also established a working relationship with GJNH, establishing one day per week of breast surgery at GJNH. This has worked well and it is anticipated that this will continue until at least August 2021.

## Establishing the 'New Norm'

GP referral practices have altered notably over the course of the pandemic, and indications are that GP practice is likely to continue with some of these new ways of working. The increased use of telephone consultations appears to be impacting on referrals for suspected cancer investigation and early national analysis has suggested a 15% rise in UCS referrals. Further work is required to understand this, and to plan for any ongoing impact.

NHSAA has been successful in its bid to trial a new 'Vague Symptoms' cancer pathway. Funding has been provided to trial this pathway over a 12 months period through 2021/22 using a virtual multi-disciplinary team approach.

## Operational Plan

The West of Scotland Cancer Network has agreed priorities aligned to the Cancer Recovery Plan to support specific areas of service development in pre-habilitation, treatment and data.

Priority Area	Funding from Cancer Monies	Comments
Breast Service Co-location at ACH (capital redevelopment)		Funded from 2019/20 cancer funding. Go-Live and evaluation in 2021/22
Skin Cancer Clinical Nurse Specialist	£57,000	Recurring cost from 2022/23
Enhanced Colorectal Recovery Nurse Specialist	£47,000	Part year cost on 2021/22 and full recurring cost from 2022/23
Systemic Anti-Cancer Treatment (SACT) schedulers	£62,000	Part year cost on 2021/22 and full recurring cost from 2022/23
Urology laparoscopic and endoscopic equipment	£165,000 capital £48,000 revenue	
Dermatology skin biopsy coordinator	£5,000 capital £31,000 revenue	Part year cost on 2021/22 and full recurring cost from 2022/23
Pre-habilitation Service	£250,000	Regional plan

## Diagnostics - Imaging Services

### Current Position

Imaging services have experienced both the impact of reduced capacity due to social distancing and reduced staffing, but also demand increases particularly from unscheduled care.

Number of patients waiting > 6 weeks	January 2021
MRI	768
CT	1,476
Non-obstetric Ultrasound	111



Recently revised Demand and Capacity modelling has clearly set out a significant shortfall in available CT and MRI capacity, consistent with some of the recently published UK analysis supporting the need for significant investment in imaging infrastructure.

### **Maintaining New and Effective Ways of Working**

During the pandemic, Scottish Government and UK Government funding supported the provision of additional CT and MRI scanning capacity through a mobile CT pod and mobile MRI scanner. Both of these initiatives worked well. The mobile MRI scanner has remained in place through 2020, with a move to 7-day working from July the impact on activity and waiting list clearly shown in the table above. The mobile CT pod has been in situ since early January 2021 and is expected to show a similar impact.

We plan to continue use of the mobile MRI scanner subject to available funding and would wish to continue the use of the mobile CT pod throughout 2021/22 subject to funding and availability.

### **Establishing the 'New Norm'**

During 2021/22 a case will be produced for the capital and revenue investment in an additional CT scanner and additional MRI scanner in NHS Ayrshire and Arran.

### **Operational Plan**

The key areas of focus will be:

1. Continued use of mobile MRI scanner, 12hrs per day, 7 days
2. Continued use of mobile / CT Pod, 12hrs per day, 7 days
3. Increase CT capacity at UHC by staffing 2 additional days

### **Diagnostics – Endoscopy**

Endoscopy services have been one of the areas most significantly impacted by the pandemic and is an area of ongoing local, regional and national focus for recovery in 2021/22.

### **Maintaining New and Effective Ways of Working**

An approach based on clinical prioritisation was introduced during the pandemic, ensuring that patients deemed to have the highest risk of a cancer diagnosis were appointed first. This has meant that through the pandemic it has only been possible to offer endoscopy procedures to patients in the UCS and Urgent categories. Moving forwards endoscopy capacity will continue to be prioritised based on clinical urgency, however work is underway to clinically review the 'routine' category with a view to identify those patients who will still benefit from an endoscopy procedure, and to make some changes to referring and listing practices which will reduce this going forwards. It is recognised that NHSAA has the highest endoscopy intervention rate in Scotland and we aim to address this through 2021/22.



qFIT testing of patients referred with colorectal symptoms was also introduced during September 2020. This has proved a useful tool supporting the clinical prioritisation of patients, and for some patients avoiding the need for colonoscopy procedure. Thus far the qFIT testing has only been introduced for UCS and Urgent referrals and this will be rolled out to include routine referrals during 2021/22.

Colon Capsule Endoscopy has been introduced on a trial basis from February 2021. This procedure is an alternative to colonoscopy for some patients and so is expected to reduce demand for colonoscopy as well as being a less invasive procedure. This service has been funded until March 2021, and so additional funding will be required to continue this through 2021/22 to allow sufficient time for evaluation.

Cytosponge has similarly been introduced on a trial basis from February 2021. This is an alternative to upper GI endoscopy for some patients. This has also been funded until March 2021 and additional funding will be required to enable full evaluation through 2021/22.

### **Establishing the 'New Norm'**

One of the significant impacts of the Covid-19 pandemic has been the loss of recovery space at UHC, which has been re-designated for Covid-19 critical care.

Whilst the anticipated reduction in Covid-19 numbers through 2021/22 should allow the return of this endoscopy recovery capacity, it is also anticipated that the need to ensure continued Covid-19 'surge' and the possibility of some level of viral resurgence in the autumn/winter will mean that there continues to be a reduced endoscopy capacity and a growing endoscopy backlog.

### **Operational Plan**

The key areas of focus will be:

1. Implement clinical validation of waiting list
2. Implement revised triage criteria for endoscopy
3. Continue pilot and review of qFIT, Colon Capsule Endoscopy and Cytosponge
4. Support more effective booking of GJNH endoscopy capacity through appointment of the required pre-assessment nurses and admin support.
5. Expand use of extended roles and provide succession planning with 3 new Nurse Endoscopist posts (1 already in post non-recurring)
6. Continue to work with regional and national teams to develop a regional recovery plan for endoscopy.

## Planned Care Anticipated Funding Requirement

	Priority Area	Revenue Recurring	Revenue Non-Recurring	Capital Required	Planned Activity	Expected Funding Source	Comments
Outpatients	Pain Clinic Redesign					Access	
	Breast Clinic Redesign	£139,094			800 per annum	Access	
	Ophthalmology Clinic capacity		£419,586		9,000 per annum	Access	Phase 1 of plan
	Independent Sector Outsourcing		£800,000		4,000 per annum	Access	
	Clinical Validation		£65,606			Access	
	Investing in extended working day and weekend working as normal practice		£1,721,121		10,400 per annum	Access	
Elective Surgery	Extended Day and Weekend Operating	£1,686,806	£500,000		1,300 per annum	Access	Sustainable recovery proposal. If recurring funding not available would require overtime which is not keeping with organisations approach to staff wellbeing
	Ward capacity to support increased operating capacity and day surgery throughput (St2, UHA) + UHC		£1,978,629			Access	Recruitment to fix term posts or exit strategy through non-recruitment of vacant posts at end of 12 months
	Pre-Operative Assessment re-location			£543,000			
	Independent Sector Collaboration – Local Anaesthetic capacity		?		600 per annum		SG to confirm
	Independent Sector Collaboration - Orthopaedics		?				SG to confirm
Cancer	Breast Service Co-location at ACH						Funded from 2019/20 cancer funding. Go-Live and evaluation in 2021/22
	Skin Cancer Clinical Nurse Specialist		£57,000			Cancer Funding	Recurring cost from 2022/23
	Enhanced Colorectal Recovery Nurse Specialist		£47,000			Cancer Funding	Part year cost on 2021/22 and full recurring cost from 2022/23
	Systemic Anti-Cancer Treatment (SACT) schedulers		£62,000			Cancer Funding	Part year cost on 2021/22 and full recurring cost from 2022/23
	Urology laparoscopic and endoscopic equipment		£48,000	£165,000		Cancer Funding	
	Dermatology skin biopsy coordinator		£31,000	£5,000		Cancer Funding	Part year cost on 2021/22 and full recurring cost from 2022/23
	Prehabilitation Service		£250,000			Cancer Funding	
	Consultant Colorectal Surgeon - in post		£130,000			Access	
	Consultant Gynaecologist - in post		£130,000			Access	
Diagnostics Imaging	Mobile MRI scanner		£603,000		4320 per annum	Access	Total cost is £843,000 (excluding VAT which is reclaimable). Board has £240,000 budget to contribute
	Mobile CT Pod		£450,000		10,320 per annum	Access	Staffed CT scanner, however availability needs confirmed
	Additional Reporting Costs		£400,000			Access	Medica
	Recurring staffing of unstaffed 2 days of UHC CT scanner	£110,000			3,168 per annum	Board General Allocation Uplift	
Diagnostics Endoscopy	Recurring investment in Pre-op nursing / admin for continuation of GJNH		£177,966			Access	
	Colon Capsule		£221,100		300 per annum	Access	
	Cytosponge		£117,000		360 per annum	Access	
	Expansion of the UHC endoscopy Unit		152987	?	1750 per annum	Access	First outcome of recovery discussions. Plan to be further developed. Significant ongoing work in endoscopy recovery plan
	Nurse Endoscopists x 3 WTE (includes 1 funded non-recurring in 2020)		£196,311		included in above	Access	
Access Support			£131,000				
		£1,935,900	£8,689,306	£713,000			
Total Non-Recurring figures includes £495,000 which it is anticipated will be funded from a cancer allocation							

NB A separate case has been submitted for 1.25 million as described in the above Elective Centre of Excellence for Orthopaedic Surgery section

## 9.0 Women and Children's Services

### Overview

We will continue with new ways of working introduced during 2020-21, including telephone and NHS Near Me consultations, utilising a blended approach to provide women centred care.

Paediatric nursing staff will continue to utilise their enhanced skills to support service delivery across inpatient wards and patient flow within the Emergency Department and to support our vaccination programme through 2021-22.

In addition, the Children's Services which are delegated to the Health and Social Care Partnerships anticipate the following additional costs in 2021-22, in relation to Covid-19.

### Additional Resource

Description	Cost
<b>Children's Services</b>	
North Ayrshire HSCP	£105,000
East Ayrshire HSCP	£207,214
<b>Total</b>	<b>£312,214</b>

## 10.0 Laboratory Services

### Overview

Moving into remobilisation phase 3, and supporting the ongoing need to manage both Covid-19 and non-Covid-19 demands, there are a number of further plans within the department:

- The Microbiology Laboratory continues to operate 7am-11pm 7 days per week to accommodate Covid-19 testing.
- Four Biomedical Scientist posts have now been appointed and one Medical Laboratory Assistant. An additional Biomedical Scientist post requires to be recruited as well as two administrative support roles. Existing staff continue to cover the additional extended hours of work during the period of new staff training.
- Admin support staff have been redeployed to Microbiology and continue to provide a crucial role in ensuring the continued supply of Covid-19 test collection packs.

### Developments

There are now three platforms available for testing and daily capacity for testing has increased from 140 to 470 with a surge capacity of 564.

A new testing platform for acute symptomatic testing should be operation by April 2021 and will further increase testing capacity by around 48-94 tests per day.

### Additional Resource

Description	Cost
Staff costs – various posts	£312,000
<b>Total</b>	<b>£312,000</b>

## 11.0 Regional

### Overview

The challenge of Covid-19 pandemic will continue to pose a significant risk to the NHS during 2021. While the vaccination programme being rolled out across Scotland and the rest of the UK is expected to impact on the disease spread and health challenges caused by this in a positive manner, Covid-19 and the various emerging new strains will remain endemic in the population and as such will continue to impact on the Health and Care System for the foreseeable future. In addition the impact of the past 12 months on the health of the population in general terms resultant from delays in diagnosis and treatment, the increased inequalities in our population alongside the health and wellbeing of staff and the need for recovery all present significant challenge for NHS Boards, which are likely to take a number of years to recover.

In planning for this, the West of Scotland Boards have considered and agreed a regional approach to a number of areas outlined below. The regional response is in line with the planning assumptions set out by Scottish Government to optimise what we can do collectively to meet the challenges now facing the NHS as it starts the next phase in dealing with Covid-19 and recovery.

### The Collective Response

In planning for the next 6-12 months, recognising the above and uncertainty around Covid-19, we have set out the areas where we will focus our collective responses and actions. This work primarily relates to acute care and hospital services.

Our aim is to gradually and safely increase the level of services provided for our population, building on our mutual aid agreement to provide the best level of service across the region whilst continuing to ensure outcomes from other life limiting or life threatening conditions is not impacted. In doing this we will also work with our national health service partners particularly NHS GJNH, SAS and NHS 24.

## Cancer and Scheduled Care

The management of cancer and scheduled care will be the main area of focus in terms of recovery. During the first wave of the Covid-19 Pandemic specialty specific groups reviewed their pathways and altered their approaches to treatment to reflect this new and additional risk to minimise the risk of preventable harm and optimise outcomes, for patients requiring cancer treatment including surgery, systemic anti-cancer therapies or radiotherapy. Much of this work was facilitated through the regional Managed Clinical Network and Multi-disciplinary teams.

Over the past 6-9 months, Boards have adopted prioritisation approaches to manage patient care with local clinical prioritisation groups in place to ensure fair and reasonable access to the limited surgery resource in terms of both hospital beds and elective green-site theatre capacity. This has been supported by a Regional Clinical Prioritisation Group and a Scheduled Care Group, involving both senior clinical leaders and senior managers who manage cancer and access programme in each of the Boards across the West of Scotland, to consider the available capacity; support arrangements; learning from approaches adopted in Boards and by specialties; taking a consistent approach where possible to support patient treatment across the region.

In this next phase of remobilisation we will continue with this approach and to follow the guidance set out in *'Recovery and Redesign: An Action Plan for Cancer Services'* formulated by the Scottish Government National Cancer Recovery Group and from the Scottish Access Collaborative and Modernising Patient Pathways Programme.

Whilst there is an expectation that all boards will upscale their diagnostic and elective surgery capacity in the coming months to support the ongoing priorities within cancer and address the backlog, there needs to be recognition that there will also be demands for surgery and diagnostic tests that go beyond patients requiring cancer treatment and that these specialties will also require access to a theatre and diagnostic capacity at a time when constraints on capacity are likely to continue. This will require cooperative working arrangements to be put in place to ensure patients with greatest priority are treated and patients in Board areas seeing higher levels of demand and ongoing challenge with Covid-19 are not unfairly disadvantaged.

To support this, the Boards within the region are using a prioritisation approach and working together to use available capacity to treat patients with greatest need, ensuring equitability where possible. The initial priority focus of the region will be on priority 2 cases for cancer and orthopaedics with the aim to set out a plan that identifies demand and considers the available capacity; aligning clinical capacity to the needs of the patient groups while considering how to address backlogs beyond these areas of initial focus.

NHS GJNH will be an important partner in this work to ensure the capacity available at the GJNH can be maximised to support the treatment of patients within the region where surgical capacity does not allow this within the board of residence.

It is recognised that this is a challenging task and is likely to need for cross Health Board working and/or national support for some specialties on a temporary basis. In doing this it will be important to use capacity most suitable to meet the clinical need; recognising the importance of the wider clinical team in supporting patient care post-operatively to optimise patient outcomes.

Recognising that there will be capacity challenges for the foreseeable future it will be important to develop agile and responsive approaches to meet demand. Part of the work will involve sharing and learning from the new approaches implemented across the region over the last year; considering digital approaches to capitalise on the transformation experienced such as near me/ remote consultation. It will also be important to work with primary care teams to align demand to capacity, encouraging dialogue to review and adjust pathways and thresholds, where required, to ensure patients with the greatest needs can be accommodated.

### **Progressing the Regional Programme**

There is an agreed regional work programme in place, which we will continue with and build on through 2021/22. The key components for the programme plan for West of Scotland work streams are summarised below.

### **Regional Service Models in Implementation**

Work will continue to progress key regional programmes including the implementation of the Major Trauma Network within the West of Scotland alongside work to progress the Regional Vascular Service Model and the Regional Sexual Assault and Rape Service agreed in 2020. Work will also continue through the Systemic Anti Cancer Therapy Group and the Ophthalmic Services Programme to revisit challenges and opportunities in relation to demand and capacity and the development of supporting roles.

### **Emergent Service Models and Strategies**

There are a number of programmes underway to develop the strategic direction and emerging service models which are at the detailed planning stage which will also be progressed. This includes work on Interventional Radiology; Thrombectomy; Upper GI Service Model; and OMFS. Work will also continue to conclude the Cardiac Strategy which has been reviewing the following areas: Acute Coronary Syndromes, Cardiac Surgery, Electrophysiology and Devices, Structural Heart Disease Cardiac Imaging, Heart Failure. Similarly the work on to progress the Urology Service models for Female and complex reconstruction, Cancer Surgery and the Core Urology and Out of Hours model will also continue.



## Cross Region Enabling Activity

Within the region there are a number of cross regional enabling activities which will also be continued and/ or resumed to support the planning and delivery of future services including:

The Regional Innovation work which has continued and helped progress new approaches during the Covid-19 Pandemic. During 2021/22 we will share learning and consider approaches being piloted for wider application and implementation across the region.

The HR and Workforce Planning Work Programme which is reviewing the medical workforce requirements across the region and developing nurse and advanced practitioner roles to support service provision primarily focused on cystoscopy, endoscopy and ENT.

The further development of the Regional PAMS will resume along with the further development of the whole system service planning and modelling tool to help support service and capital planning.

## 12.0 Workforce

Workforce planning is intrinsic to the intent set out within this remobilisation plan, ensuring we can effectively balance deployment of our existing staffing resource to meet extant operational need, both substantive and supplemental, and demand and supply arising from natural turnover, new models of care and Covid-19 specific service additionality.

An organisational risk has been identified in relation to workforce supply and capacity:

*‘Failure to ensure sufficient workforce supply to deliver health and care services for patients across extant and Covid-19 specific services will lead to an inability to provide sustainable and sufficient care, increased pressures on existing staff resources resulting in poor patient outcomes, adverse impact on staff health and wellbeing and reputational damage.’*

Critically, like all health and care systems, workforce demand, specifically for registered clinicians, is significantly outstripping supply and is further compounded by fixed undergraduate supply outturns on an annual basis. This is acutely problematic specifically in trying to meet nursing and midwifery demand, similar to our position in 2020 our expectation would be to recruit the full complement of undergraduate nursing and midwifery students that will graduate in 2021.



As an organisation we foresee the need to consider our employability schemes more systematically and at scale in order to start to counter national supply issues and develop mechanisms to 'grow our own' staff where possible an appropriate. We will look to further explore the Kickstart scheme during the course of 2021/22.

In terms of managing workforce risk, NHS Ayrshire & Arran has invested in expanding the core workforce to support key delivery programmes including Test and Protect and Vaccination. We will review fixed term staffing arrangements and ensure that where essential we provide continuity of staffing to support these programmes on a sustainable basis whilst managing the risk of fixed term contracts. Allied to our consideration of both Covid-19 and non-Covid-19 absence is the notable impact upon staff use of annual leave entitlement which is further compounded by the challenging operating environment. With regards to annual leave utilisation specifically the importance of staff being able to utilise this, as means of rest and recuperation away from work is a key concern with regard to workforce wellbeing. We will continue to closely monitor all aspects of staff leave in order to, as far as practicably possible, identify and address critical workforce pinch points which could materially impact on sustainable operational service provision.

Our attendance strategy underpinning Remobilisation will be addressing some of the underlying absence reasons with a focus on supporting staff who experience stress, anxiety or depression and supporting staff with long term chronic health conditions. These areas of focus will be underpinned by ensuring staff wellbeing support is available and line managers are informed and enabled in supporting staff.

Implementation of the Health & Care (Staffing) Scotland Act is currently paused nationally and we anticipate this re-commencing in 2022.

## Workforce Wellbeing

The Covid-19 pandemic has brought into sharp focus the staff wellbeing. The iMatter pulse survey undertaken in 2021, with a 49% response rate, provided an indicator of the perception of staff with regard to their health and wellbeing through the Covid-19 period as illustrated below:



This approach has complemented and enhanced the existing Staff Health, Safety & Wellbeing Strategy which sets out the clear need for the organisation to be supportive of and accountable for our staff mental health and wellbeing.

Moving forward our aim is to embed staff health, safety and wellbeing as part of our core infrastructure recognising the model of success prompted by the pandemic, and validated by our staff in their feedback supporting the retention of our wellbeing hubs as part of our organisational fabric.

There is collaborative working across our health and social care system to ensure that all wellbeing models are accessible to staff across all operational areas. Our services, provided from our Wellbeing Hubs and Sanctuaries across our sites, in both Acute and Health & Social Care Partnerships, are focused on the principles of psychological first aid, with a tiered model enabling staff to access services appropriate to their need, both locally and nationally provided (e.g. PRoMIS, national wellbeing telephone support line). We will work with our staff care and wellness teams to support health and care teams to take the action they require to recover from the demands of the last year. This will ensure that we have an agile and targeted approach to support.

We have established a Wellbeing Operational Management group, with wide inclusive representation of stakeholders, that is tasked with developing a comprehensive action plan, budgetary requirements, timescales and performance indicators to be endorsed, through a clear governance and accountability route, by the Staff Wellbeing Sub-Group to the Health, Safety and Wellbeing Committee and ultimately the NHS Board.

The NHS Board is seeking a non-recurring investment for 2021-22 in wellbeing services, with a commitment to make a recurring investment of £515,812 from 2022-23, which reflects the priority we place on these services.

## Staff Wellbeing Costings

Role	Banding/wte	Costing	Comments
Staff Wellbeing Connector	Bd 6 1.0 wte	£43,551.00	
Staff care	Bd 7 1.0 wte	£53,773.00	No Backfill (new post)
Staff care ACH	Bd 6 1.0 wte	£43,551.00	No Backfill (new post)
Staff care	Bd 6 1.0 wte	£43,551.00	No Backfill (new post)
Psychiatry	Med/Den 0.4 wte	£55,411.00	Backfill
Medical Peer Support	Med/Den 1.0 wte	£138,529.00	Backfill
Consultant Psychologist	Bd 8c 1.0 wte	£94,818.00	New post
Clinical Psychologist	Bd 8a 1.0 wte	£78,887.00	Funded via SG/NES Board allocation until March 2023
Assistant Psychologist	Bd 4 0.4 wte	£13,051.00	Funded via SG/NES Board allocation until March 2023
Administrator	Bd 4 1.0 wte	£32,628.00	
Non-Pays (Recurring)		£10,000.00	
Less SG/NES funding		(£91,938.00)	2021/22 and 2022/23 only
<b>Additional Funding Required 2021/22</b>	<b>8.8 wte</b>	<b>£515,812.00</b>	

## 13.0 Digital

### Overview

With the implementation of a distributed working model and effective collaboration tools, this enables the workforce to become agile in their approach to health and social care. The organisation's implementation of Orion Concerto as the Electronic Patient Record (EPR) will enable full visibility of the patient's record irrespective of location or time of day. Our ambition is that access to the EPR will stretch from independent contractor to ICU and everywhere in-between. This whole system approach to digital health and social care is a cornerstone of the organisation's Caring for Ayrshire strategy.

The implementation of the EPR and Office 365 will deliver both operational and financial efficiencies throughout the organisation, enabling real-time collaboration between healthcare professionals and ensuring the healthiest outcomes for the population of Ayrshire.

### Public Health

Within the last year there has been a substantial change in the profile of public health as part of the national response to the pandemic.

Several national tools have been developed to support contact tracing as part of the national 'Test and Protect' programme. These national tools have been supplemented by with digital automations to minimise the impact of rising caseloads on the local teams. Patients are being notified by SMS of their test results.

Further TEC projects are being scoped to support public health activities including applications to support the effective signposting of citizens to the appropriate services. At present the use of the Microsoft Office 365 collaboration tools is creating efficiencies between public health teams within NHS Ayrshire & Arran and their Local Authority colleagues. This will be enhanced over the next reporting period.

### **Mental Health**

The implementation of NHS Ayrshire & Arran's EPR (clinical portal) will include mental health services and access to the EPR by mental health clinicians. The mental health system (Care Partner) already provides summary information to the EPR, providing visibility of risks and alerts to all users of the portal. This enhancement will provide the clinicians with a complete view of the patients' health and care interactions and needs. Further enhancements to the Care Partner product will provide additional reporting capability to mental health clinicians. This system has been supplemented with the introduction of TEC solutions supporting patients in the community and providing clinicians with additional information to support the patients in their care.

### **Primary and Community Based Care**

The recent implementation of both Office 365 Teams functionality alongside the Near Me implementation has provided the ability for Primary Care and Community based care to collaborate effectively. The use of Near Me to provide video consultation with patients has proven to be effective giving additional capability over a telephone consultation. The use of Teams has allowed for professional to professional conversations to be had in real time, breaking down the perceived barriers between Primary and Acute care.

The further implementations of EMIS web throughout Community based care will enhance multi-disciplinary team (MDT) working and enabling a distributed working model. These implementations will provide better outcomes for patients while enabling the benefits of a digitally held patient record for community-based care.

Further implementations of Technology Enabled Care (TEC) will enhance patient outcomes while putting the patient in the driving seat of their own care. The integration of this TEC data in to the EPR will further enhance healthcare by providing health and social care professionals' access to this data regardless of location or time of day.

These digital solutions will enhance the existing MDT and Community Treatment and Care (CTAC) models of care.

## **Routine and Planned Care**

The implementation of the latest version of HEPMA covering 93% of all beds throughout NHS Ayrshire & Arran will be completed providing additional capability and safety in the prescribing and administration of medication at the bedside. In addition, a further deployment of Digital Pathology and a replacement Radiology Information System will complement care offered within routine and planned care services.

The implementation of a Radiology home working solution has been completed allowing for consultant radiologists to work flexibly, this will be further enhanced with additional functionality.

Ready access to Trakcare and the implementation of the T2020 version will make active clinical notes functionality available. This combined with the EPR and a distributed working model will allow a flexible approach to vetting, out coming and create efficiencies within this area of care. Completion of Labs order comms will also assist in ensuring timely discharge from hospital and effective results reporting.

Further implementations of Near Me will complement the existing outpatient models and allow for professional to professional discussions to be made using Microsoft Teams. Further advancements with the telephony platform are scheduled for implementation and the additional functionality will include 'softphone' capability. This will enable clinicians to make telephone calls from their laptops regardless of location.

## **Urgent Care**

To support urgent care, NHS Ayrshire & Arran have established an unscheduled care hub. Near Me has been implemented in all areas of urgent care to support the patient and minimise unnecessary attendance. This supplements the existing telephony capability. Microsoft Teams has also been implemented to allow for professional to professional collaboration. Opportunities for integration between systems have been identified and these will be progressed throughout this reporting period.

Bespoke whiteboards are implemented within all areas of the acute estate allowing for Emergency Departments (ED) and Combined Assessment Units (CAU) to identify downstream capacity within wards and allowing for easy identification of patients' medical issues.

## **14.0 Finance**

**Overview** In addition to the detailed sections within the plan the following areas will require additional resource to support Covid-19 recovery.

## Loss of income

In 20/21, income within NHS canteens has reduced significantly due to some staff working from home, the introduction of social distancing within the dining rooms and the introduction of the Staff Hubs where soup and snacks have been provided free of charge. Current income loss on the Dining Rooms is projected to be around £1,000,000 with projected reductions in Salaries and Supplies offsetting this by £520,000 leaving a net loss of income of around £480,000.

Area	Description of cost	Cost
Board	Loss of Income	£480,000
<b>TOTAL</b>		<b>£480,000</b>

Council loss of income due to Covid-19 includes income related to Day Care services which have had to close during the pandemic. Projected losses in 2021/22 are shown in the table below.

Area	Description of cost	Cost
East	Loss of Income	£153,000
North	Loss of Income	£100,000
<b>TOTAL</b>		<b>£253,000</b>

## Provider Sustainability

In 2020/21 care homes were funded to compensate for lower occupancy due to the pandemic. Scottish Government and COSLA continue to work with Scottish Care to ensure the financial sustainability of care homes and estimated costs of this in 20221/22 are shown in the table below:

Area	Description of cost	Cost Apr-Jun only
East	Provider Sustainability	£673,000
North	Provider Sustainability	£1,050,000
South	Provider Sustainability	£1,025,000
<b>TOTAL</b>		<b>£2,748,000</b>

## Summary

Detailed finance schedules in a format prescribed by Scottish Government will accompany the RMP3, however a summary table showing the totals from each section is shown below.

The costs shown in the table below are the request to Scottish Government for non-recurring funding in 2021/22 for Covid-19 related capacity or recovery costs related to the backlog of elective and mental health services.



## Required Resource

Section	Service	Cost	Funding Stream
2.0	Whole System Approach	-	-
2.1	Locality Health and Care Services	£8,359,455	Covid-19
2.2	Community Nursing	-	-
2.3	Rehabilitation	£365,733	Covid-19
2.4	Care Homes	£900,160	Covid-19
2.5	Infection Prevention and Control	£1,353,000	Covid-19
2.6	Public Protection	-	-
2.7	Quality Improvement	-	-
2.8	Patient Experience	-	-
2.9	Equalities Impact Assessment	-	-
3.0	Public Health	£12,446,150	Covid-19
4.0	Mental Health	£1,899,810	Covid-19
5.0	Primary Care	-	-
6.0	Urgent Care	£1,818,843	Re-design of Urgent Care
	Covid-19 Clinical Pathway - Community Clinical Hub	£2,087,124	Re-design of Urgent Care
	Covid-19 Clinical Pathway - Community Clinical Hub	£1,628,120	Re-design of Urgent Care
7.0	Unscheduled Care	£13,470,770	Covid-19
8.0	Routine Elective Care (Revenue)	£10,625,206	Access
	Routine Elective Care (Capital)	£713,000	Access
9.0	Women and Children's Service	£312,214	Covid-19
10.0	Laboratory Service	£312,000	Covid-19
11.0	Regional	-	-
12.0	Workforce	£515,812	Covid-19
13.0	Digital	-	-
14.0	Finance		
	Loss of Income (Board)	£480,000	Covid-19
	Loss of Income (HSCPs)	£253,000	Covid-19



	Provider Sustainability	£2,748,000	Covid-19
15.0	Governance and Risk	-	-
<b>Total</b>		<b>£60,288,397</b>	

## 15.0 Governance and Risk

### Structure of Emergency Management Team

The Chief Executive established the Emergency Management Team and its supporting emergency management structures below on behalf of the Board to ensure that the health and care system was able to respond effectively and deliver services that were safe for patients and staff.

The NHS Board Chair and Chief Executive have kept board governance under review over the last year to ensure that this has been proportionate and flexible whilst ensuring the Board meets its governance obligations.

The aim of the Emergency Management Team:

- Collective accountability for delivering on the mobilisation plan; and
- Provide collective leadership and effective response

In doing so will:

- Mobilise services safely for staff, patients and visitors;
- Respond to changing demand flexibly and effectively;
- Ensure a state of readiness;
- Ensure the ability to respond to the added demands of winter;
- Communicate effectively across the Health and Care systems; and
- Maintain an understanding of service response

The EMT will continue to meet as long as needed to provide senior coordination to the pandemic response.

In addition, the Strategic Ayrshire Local Resilience Partnership (SALRP) continues to meet weekly to support and lead the Ayrshire wide response to the pandemic.

**GOLD/STRATEGIC  
Covid-19 EMT**

**Chair: John Burns, Chief Executive**

**Deputy: Deputy Chief/Nurse Director Executive Hazel Borland**

**Covid-19 Acute**

**Gold Lead: Joanne Edwards, Director**  
**Deputy: Angela Shevlin, AND**

**SILVER**

Covid-19 Acute Oversight  
Lead: Phil Hodgkinson

**BRONZE**

Clinical Reference Group; UHA, UHC, Women  
and Children's, Diagnostics Oversight Groups;  
Acute Workforce: PPE Supplies

**Covid-19 Infrastructure & Support Services**  
**Gold Lead: Nicola Graham, Director**  
**Deputy: Fraser Bell, Asst Director**

**SILVER**

CSS Directorate Covid-19  
Chair: Nicola Graham

**BRONZE**

Procurement Group: Shirley Lawtie, Asst  
Director I&SS; Digital Services: Iain Sey  
Facilities & Estates: Sandy Agnew

**Covid-19 Workforce**

**Gold Lead: Sarah Leslie**  
**Deputy: Sheila Rosher/Lorna Kenmuir, Asst  
Directors**

**SILVER**

Covid-19 Workforce  
Lead: Sarah Leslie

**BRONZE**

Data Workforce: Linda McLaughlin  
Staff Hub: Brian Lorimer

**Covid-19 Information/Data and Modelling**  
**Gold Lead: Kirsti Dickson, Director**  
**Deputy: Helen Strainger, Head of Service**

**SILVER**

Covid-19 Overarching Data  
Lead: Kirsti Dickson

**BRONZE**

Mobilisation Plan: Elaine McClure  
Data SG Returns: Helen Strainger

**Covid-19 Health & Social Care**  
**Gold Leads: Craig McArthur, HSCP Dir East**  
**Tim Eltringham, HSCP Dir South**  
**Caroline Cameron, HSCP Dir North**

**SILVER**

Covid-19 Strategic Planning Operational Group  
Lead: Tim Eltringham

**BRONZE**

East, North and South Ayrshire H&SCP  
Shielding Groups

**Covid-19 Nurse Directorate**  
**Gold Lead: Hazel Borland, Director**  
**Deputy: Jenny Wilson, AND**

**SILVER**  
Care Home Oversight - Lead: Ruth McMurdo  
Infection Prevention Control Lead: Bob Wilson

**BRONZE**  
East, North and South Care Home Oversight  
Groups

**Covid-19 Medical Directorate**  
**Gold Lead: Crawford McGuffie, Director**  
**Deputy: Phil Hodgkinson, AMD**

**SILVER**  
Ethical Decision Making  
Sponsor Director: Crawford McGuffie  
Chair: Jane Chestnut/Alastair McGowan

**BRONZE**  
Incident Management Team: Elvira Garcia,  
CPHM  
Data SG Returns: Helen Strainger

**Covid-19 Public Health**  
**Gold Lead: Lynne McNiven/  
Joy Tomlinson, Directors**

**SILVER**  
Covid-19 PH Advice Cell/Health Protection -  
Lynne McNiven/Joy Tomlinson

**BRONZE**  
Bronze Testing Group: Elaine Harrison, AGM  
Results Hub: Emma Walker, Senior  
Programme Manager  
Contact Tracing

**Covid-19 Testing**  
**Testing Gold Lead: Hazel Borland**

**SILVER**  
Testing (including Contact Tracing)  
Silver Testing Lead – Lisa Davidson, Asst  
Director

**Covid-19 Vaccination Programme**  
**Gold Group Chair: John Burns**

**SILVER Vaccination Programme**  
Covid-19 Immunisation Operational Delivery  
Group Lead: Roseanne Neil

**Covid-19 Communications**  
**Gold Lead: Crawford McGuffie**  
**Deputy: Hazel Borland**

Covid-19 Immunisation Clinical Governance  
Group  
Lead: Crawford McGuffie

## Immunisation Programme

## Appendix A

Cost category	Description of cost	FY Cost £000's
Additional venue costs	Rented venue cost estimate	49.5
Additional venue costs	Tents	25.2
Additional venue costs	Mobile Support Unit	-
GP costs	Payments under the DES PCA(M)17	247.3
Other non-pay costs	Clinical waste	10.3
Other non-pay costs	PPE	6.0
Other non-pay costs	Laptops/IT equipment	-
Other non-pay costs	Staff scheduling system	-
Other non-pay costs	Freephone number	7.2
Other non-pay costs	Printing Costs	4.0
Other non-pay costs	Resus equipment	1.5
Staff costs	Wave 1 - per SG guidance	-
Employed vaccinators	Wave 2 onwards - staff employed	1,885.9
Healthcare support workers	Wave 2 onwards - staff employed	404.3
Domestic and portering	Wave 2 onwards - staff employed	332.3
Admin	Wave 2 onwards - staff employed	330.2
Staff costs	Pharmacy staff	-
Staff costs	Programme delivery costs	299.1
Other PC contractor costs	Use of independent contractors in centres	448.2
Staff costs	IT staff to support local venues	239.7
Other PC contractor costs	Training costs	-
Other non-pay costs	Learn Pro licenses	-
Other non-pay costs	Induction venue costs	2.0
Other non-pay costs	Uniforms	3.0
Storage/cold chain costs	Purchase of cold storage for MVC	
<b>Total Immunisation Programme</b>		<b>4,295.6</b>

## Community Asymptomatic Testing

## Appendix B

Cost category	Description of cost	FY Cost £000's
Scottish Fire and Rescue Service	Staff costs	709.3
Scottish Fire and Rescue Service	PVG	0.6
Scottish Fire and Rescue Service	Uniforms	1.0
Scottish Fire and Rescue Service	Travel	12.0
Traffic Management	Salary	258.0
Traffic Management	Uniforms	0.6
Traffic Management	Travel	3.0
Traffic Management	Temp signage	0.9
Traffic Management	Perm signage	2.5
Oversight Team	Staff costs	68.6
Oversight Team	Staff costs	62.7
Oversight Team	Uniforms	0.3
Oversight Team	Travel	1.4
Oversight Team	IT/Comms	1.9
Delivery of Testing Team (Army first full team from June, 50% until then)	Staff costs	102.7
Delivery of Testing Team (Army first full team from June, 50% until then)	Staff costs	931.6
Delivery of Testing Team (Army first full team from June, 50% until then)	Travel	16.5
Domestic staff	Salary	193.3

Vehicle Hire	Equipment move	15.6
Vehicle Hire	Porter	32.2
Vehicle Hire	Fuel	4.2
Communications/PR	West FM	30.0
Communications/PR	Newspaper coverage	24.0
Communications/PR	Digital billboards	20.0
Other	PPE/sanitising/etc	24.0
Other	Courier Costs	3.6
Other	Business Support kits (including posters/stickers/PPE)	30.0
Other	ATS site costs (HLP etc)	15.0
Other	Contingency	12.0
Other	Speedy Hire - ATS site costs (booth setup/equipment)	18.0
Other	Digital solutions (15 tablets and 6 mobile phones/line rental)	3.8
Other	Signage/pop up banners/SD signage etc (UWS)	6.0
Other	Staff wellbeing	6.0
Other	Support for self-isolation (wrap around care)	78.8
<b>Total Community Asymptomatic Testing</b>		<b>2,690.0</b>

## Public Health

## Appendix C

Post	Grade	WTE	£000
<b>Oversight Team</b>			
Consultant PH or Consultant PH Medicine - interviews arranged)	8D	1.00	119.6
Programme Manager	8A	1.00	65.3
Senior Information Analyst	6	1.00	51.3
Admin (needs to be recruited)	4	1.00	34.2
<b>Sub Total Oversight Team</b>		<b>4.00</b>	<b>270.4</b>
<b>Testing</b>			
Programme Manager	7	1.00	62.9
Nursing	6	2.60	133.5
Nursing	5	8.00	331.3
Nursing	3	8.00	248.4
Nursing	3	1.00	31.1
Porter	2	3.00	93.2
Admin	3	1.60	49.7
Admin	4	2.00	68.4
Admin Supervisor	5	1.00	41.4
<b>Sub Total Testing</b>		<b>28.20</b>	<b>1,059.8</b>
<b>Results Hub</b>			
Programme Manager	7	1.00	62.9
Interface Co-ordination Officer	6	0.00	-



Admin Supervisor	5	1.00	41.4
Negative Results Dissemination and Triage	4	8.00	273.8
Admin	3	2.00	62.1
<b>Sub Total Results Hub</b>		<b>12.00</b>	<b>440.1</b>
<b>Triage &amp; Health Care Contact Tracing Team</b>			
Programme Manager	7	0.80	50.3
Nursing (seconded staff - no recruitment)	5	7.20	298.2
Deputy Managers	5	2.80	116.0
Team Leads	6	4.50	231.0
Admin	4	1.00	34.2
Education Co-ordinator	6	2.20	112.9
Education Triage Nurses	6	2.00	102.7
Education Team Leads	6	2.50	128.3
<b>Sub Total Triage &amp; Health Care Contact Tracing Team</b>		<b>23.00</b>	<b>1,073.5</b>
<b>Community &amp; Schools Contact Team</b>			
Service Development and Delivery Manager	8A	1.00	-
Programme Manager	7	2.00	125.7
Contact Tracing Leads (not tracing - doing assignment and supporting task)	6	5.00	256.6
Contact Tracers - senior (will be tracing)	5	7.00	289.9
Contact Tracers - senior (will be tracing)	5	10.00	414.1
Contact Tracers (new recruits)	3	9.80	304.3
Contact Tracers (LA)	3	10.00	103.5

Admin/Data Input (CT inbox, 7 days)	4	2.00	68.4
<b>Sub Total Community &amp; Schools Contact Team</b>		<b>46.80</b>	<b>1,562.7</b>
<b>Enhanced Health Protection</b>			
Consultant PH Medicine	8D	1.00	119.6
Health Protection Nurse Specialist	7	1.00	62.9
Health Protection Nurse	6	4.00	205.3
Admin - (EHP Covid-19 and Imms/HP)	4	2.00	68.4
Data and Surveillance Officer	5	1.00	41.4
Resilience Officer	5	1.00	31.1
Resilience Admin	4	1.00	34.2
Screening Nurse	7	1.00	62.9
Screening Nurse	5	1.00	41.4
<b>Sub Total - Enhanced Health Protection</b>		<b>13.00</b>	<b>667.1</b>
<b>Management and Support</b>			
IT support Officer (Agency appointment for speed)	5	1.00	41.4
Manager	8c	1.00	106.5
Clinical Lead for T&P	8d	1.00	119.6
<b>Sub Total Management</b>		<b>3.00</b>	<b>267.4</b>
<b>Total Pay Costs</b>		<b>130.0</b>	<b>5,431.1</b>
<b>Total Supplies Costs</b>			<b>120.0</b>
<b>Total RMP3 Costs</b>			<b>5,461.1</b>



T: 0131-244 2480  
E: John.connaghan2@gov.scot

To:  
John Burns  
Chief Executive  
NHS Ayrshire & Arran  
By email

15 March 2021

Dear John,

### **NHS BOARD REMOBILISATION PLANS – 2021/22**

I refer to our meeting on 9 March and enclose a note of the meeting with related actions noted where appropriate.

I would also like to take this opportunity to outline the next steps in relation to your Plan. You will receive two further communications, as follows:

- 1 In the week commencing 22 March you will receive collated written feedback on your plan from Scottish Government Health & Social Care policy teams. This will be coordinated by Yvonne Summers, Head of Operational Planning; and
- 2 At the end of this month, or early next, you will receive a further letter from me, formally setting out the response of the Scottish Government to your plan, and the position regarding your Board's escalation status.

If you have any questions, please make initial contact with Yvonne ([yvonne.summers@gov.scot](mailto:yvonne.summers@gov.scot)) who will be happy to assist.

Yours sincerely

**JOHN CONNAGHAN CBE**  
NHSScotland Chief Operating Officer



## **Annex – meeting note and actions**

### **HEALTH & SOCIAL CARE DIRECTORATE - REMOBILISATION PLANS 2021/22 MEETING NOTE AND ACTIONS - NHS Ayrshire & Arran**

**Date: Tuesday 9 March 2021 Time: 12:00 – 13:30  
Via MS Teams**

#### **IPC**

The Board confirmed that robust governance arrangements have been in operation throughout the pandemic in relation to decision making and risk assessment around IPC, including daily meetings to assess system risk and allow for escalation as required.

**ACTION** - Board to provide a brief summary of the limitations that IPC requirements are placing on activity in planned care.

#### **Vaccination**

It was noted that the Board's approach is in line with SG requirements and advice of JCVI.

**ACTION** - Board to continue to link in with Colin Sinclair regarding a more sustainable longer term model for staffing the vaccination programme.

#### **ICU Capacity**

The prospect of potentially increasing the baseline for ICU was discussed in light of the potential for increased demand in the future related to possible further surges or outbreaks of the virus.

**ACTION** - Board to consider current baseline in relation to ICU and HDU and give thought to whether additional capacity may be required for future years to ensure the Board retains the capability/flexibility to deal with backlog and any resurgence.

**ACTION** - Board to supply information on the total cost of 1 additional ICU bed to inform national discussion on this issue (including staffing, drugs, capital depreciation etc).

#### **Planned Care**

It was noted that the Board is planning on the basis that P2 IP/DC will revert to the Board from 1 April with P3s beginning mid-April, to allow for staff recovery time. P4s unlikely to restart much before third quarter of the year. Board confirmed that clinical validation of waiting lists is underway. It was agreed that the Board could continue to plan on the basis of £6 million being made available as the first tranche of funding to support initiatives designed to increase activity or throughput. The final figure will be confirmed within the next few weeks.

**ACTION** - Board to meet with Gordon Frame and his team w/c 22 March regarding detailed arrangements for additional funding to support the expansion of capacity/activity for the Electives programme.

#### **Mental Health**

It was noted that activity projections for CAMHS and PT much in line with pre-Covid levels. However there is evidence of increased referrals and predictions of a further increase in demand.

**ACTION** – Board to confirm whether activity is likely to meet demand going forward in light of the above.

**ACTION** - Board to review funding requirement with SG Mental Health Division'

## Primary Care

It was noted that there is positive evidence around involvement of IJBs in the development of the plan. Plans for primary care multi-disciplinary team recruitment have been stood back up as well as GP clusters to monitor sustainability issues.

The Board is reviewing its Primary Care Improvement to reflect the lessons learned from changes in practice during the pandemic and scope the potential for new ways of working to further support a whole-system approach e.g. the establishment of Community Investigation and Monitoring.

## Unscheduled Care/RUC

The Board's pathfinder role was noted and the gratitude of SG for this was recorded. Looking to the future, Pathways to avoid admission and Clinical Assessment Units are being developed alongside the Flow Navigation Centre Model which is being developed. Connected work being taken forward specifically within the Acute hospital setting.

It was noted that West of Scotland Boards are taking a regional approach in a number of areas in line with the planning assumptions set out by Scottish Government

ACTION - Plan states Near Me has been implemented in all areas of urgent care although data submitted shows no use in urgent care Dec 20 – Feb 21. Board is asked to clarify the historical situation and to provide further indication of how the roll out will continue in 21/22.

ACTION – the Boards is also asked to indicate how Ph2 of the RUC programme will be taken forward.

## Finance

Expected brokerage for 21/22 is currently £13.3 million. Savings of £32.4 million would be required to break even. Savings of this level would be 4.3% of NHS A&A's baseline allocation.

Savings of £19.2 million are expected to be achieved in year. £6.3m (31%) of the savings that are planned to be achieved are not yet identified and are assumed to be non-recurring. 65.2% of savings are expected to be recurring.

There are a number of high value risks identified including:

- Pay and pension: £5 million
- Annual Leave Accrual: £7 million
- Waiting times: £10 million
- Covid and remobilisation: £60 million
- Pressures also noted around prescribing and drug costs.

ACTION – SG Health Finance team will provide specific feedback on financial plans to Boards on 15/3

ACTION - Board is developing a Business Case considering fundamental service delivery models and financial implications, to confirm how underlying financial deficit may be sustainably addressed. SG Health Finance team to assist the Board with benchmarking its financial structure as part of that work.



T: 0131-244 2480

E: John.connaghan2@gov.scot

To:

John Burns

Chief Executive

NHS Ayrshire & Arran

By email

2 April 2021

Dear John,

### **NHS Ayrshire & Arran: REMOBILISATION PLAN 2021/22**

Thank you for submitting the third iteration of your Board's Remobilisation Plan (RMP) covering the period April 2021 to March 2022.

As detailed in the commissioning letter issued on 14 December, this RMP is intended to provide an update and further iteration of your plans for remobilisation, summarising your work in a number of key areas of activity to the end of March 2022 and building on the process which started with your initial remobilisation plan in May last year.

#### Covid-19 Resilience

While at present we are seeing a steady decline in Covid-19 hospitalisations and patients in ICU, we are moving into a period of uncertainty as relaxation of restrictions starts to occur. In terms of risk, we can expect some behavioural changes in the population in advance of the time when all eligible people are fully vaccinated. There is also the risk of new variants emerging which may exhibit a level of resistance to the available vaccines.

Whilst the pandemic is ongoing, our key priority is to suppress infection to as low a level as possible which is the best way to ensure the NHS is not overwhelmed, long COVID is minimised and new variants are made less likely. However, alongside this in a clinical setting, Boards should:-

- Have the capability to stand up appropriate bed resources, scaled in proportion to any further waves/outbreaks, including the ability to double their share of the national adult ICU capacity to 360 beds within one week and to treble to 585 beds in two weeks.
- Be prepared to respond to any further guidance issued in this area as more evidence is available.
- Ensure that such preparedness does not impact upon plans for staff leave.
- Maintain an enhanced public health response consistent with extant national guidance, including Test & Protect and the vaccines programme throughout the planning period.
- Be prepared to adapt these programmes to suit changed circumstances including any requirement for boosters and any necessary change to other vaccine programmes.
- Prioritise Infection Prevention & Control, including the ability to rapidly respond to any changes in the national guidance.
- Continue to delivering essential non-Covid services, with a continuing focus on trauma, maternity, cancer, population screening and clinically prioritised elective care.
- Expand the role of primary/community based care, embedding a whole system approach to Mental Health & Wellbeing.



## Person-centred approach

Designing patient pathways with the citizen experience at the centre is key to the successful remobilisation and recovery of services. *Re-mobilise, Recover, Re-design: the framework for NHS Scotland* commits Boards to ensuring that the patient experience is included in the design and delivery of high quality care and support. In addressing this as part of your remobilisation planning and delivery, I would encourage you to take account of the ALLIANCE's 'People at the Centre' programme (and report) and Healthcare Improvement Scotland - Citizens' Panel for health and social care on experiences during the COVID-19 pandemic. It will also be important to ensure that hospital visiting is safely resumed, in line with the Strategic Framework, recognising the significant benefits that family presence has for patients and staff.

## Staff Wellbeing & Sustainability

The recovery of our services will not be possible without the recovery of our workforce. The ongoing support of staff wellbeing, and embedding sustainability into the workforce, were identified as key priorities in the commissioning of these plans: the process of remobilising services has to be effectively managed alongside ensuring that staff have the opportunity to decompress and heal. That is why Boards were tasked with ensuring that forecasted activity levels are fully informed by this approach. Colleagues in the Scottish Government Health Workforce Directorate will continue to offer appropriate support as you move to the implementation phase of your RMP.

## Partnership Working and Staff Engagement

It is clear that your RMP has been developed in collaboration with key strategic partners: the availability of robust and effective mutual aid and partnership working emerged as key themes when reviewing plans from all Boards. I encourage you to continue this approach while implementing your RMP and when developing any further iterations, as well as ensuring that all stakeholders are meaningfully involved. I similarly encourage you to continue to ensure strong and active engagement with your workforce and clinical colleagues, not least via your Area Clinical Forum and Area Partnership Forum, and with third sector interfaces.

## Supporting Adult Social Care

Your RMP demonstrated that the Board is aware of its responsibilities in this area and has clear plans in place to fulfil these responsibilities. The Independent Review of Adult Social Care in Scotland, published shortly before Boards submitted their plans, will be a valuable tool and reference point during the implementation phase of your RMP, and as you continue to develop your longer term response in this area. It will be for the new Parliament to decide how to take the review's recommendations forward and we will be in touch further in this regard.

## Redesign of Urgent Care

The implementation of a whole system approach under this programme remains a necessary and vital part of the way in which urgent care will be delivered during the period covered by your RMP and beyond. As the delivery models and interfaces are developed and implemented, it is essential that this work is not undertaken in isolation and that whole system pathways are at the core of how systems operate. As Phase 2 of the Redesign of Urgent Care Programme continues across 2021/22 we will work closely with all Boards and delivery partners on all aspects including communications and marketing. The process will be driven forward by an Integrated Unscheduled Care Steering Group, working with key partners to support effective implementation of the whole system unscheduled care programmes of work across primary, secondary, and social care.



## Planned Care

Funding for Planned Care activity will be for the new administration to determine, and will be confirmed to you as soon as possible after the election. In the meantime and to ensure that activity can continue at planned levels, please commence implementation of your plans in this area in line with the discussions you have had with our Access Support Team.

## Mental Health

It is clear from your RMP, and commendable, that mental health services have continued to be provided throughout the pandemic, prioritised on the basis of need and using remote methods of delivery where possible. We also recognise and appreciate the continued development and embedding of innovations introduced during the pandemic, in particular, digital provision and where appropriate, Mental Health Assessment Services.

Going forward, to meet anticipated increasing demand for mental health services, it will be crucial to continue to develop a whole system approach to care provision, working with partners to support population well-being through to delivering specialist services for people living with mental illness.

To achieve this, it is important that you continue to work closely with colleagues in the Scottish Government Mental Health Directorate on the implementation of the Mental Health Transition and Recovery Plan and associated funding, which should be spent in line with the priorities set out in Ms Haughey's letter of 24 March 2021. In particular, this work should focus in the first instance on: CAMHS improvement; clearing CAMHS and psychological therapies backlogs and improving waiting times; developing primary care and community mental health services; and expanding the workforce.

## Supporting the spread of Best Practice and Innovation

The Scottish Government has commissioned the establishment of the Centre for Sustainable Delivery (CfSD), which sits within the Golden Jubilee. As you know, this is a national unit that will build on existing improvement programmes and develop new innovative programmes to support local Boards to deliver national priorities, incorporating new tools and techniques and bespoke assistance to help tackle areas of challenge.

This is very much a collaborative approach with the CfSD working alongside boards and key strategic partners to support remobilisation, recovery and redesign, and the progress and developments that are required in 2021/22. This includes the rapid rollout of new techniques, technology and clinically safe, faster and more efficient pathways for patients. Local boards are asked to work with the CfSD during the development of AOPs to identify how it can support the wide range of programmes and consider what bespoke support may be required to deliver the priorities over the next twelve months.

Research, development and innovation are core to NHS Scotland's role as a person-centred, evidence-based healthcare system, and have played a crucial role in the response to the COVID-19 pandemic. It is critical that NHS Scotland continues to recruit patients into Urgent Public Health (UPH) studies, as designated through the UK-wide prioritisation framework. This research activity is essential to develop approaches that will reduce transmission, reduce the number of patients that require hospitalisation and guide the treatment and care of patients, now and in the future

I should also say that the level to which innovation has already been embedded, particularly in relation to Near Me and other digital solutions is to be maintained. The continued roll-out and consolidation of these innovations will be vital going forward.

## Addressing Inequalities

Another key cross-cutting theme is the need to address inequalities which have arisen or been exacerbated by Covid-19. This has been recognised in your plan and emerged as a key theme nationally. It is vital that implementation of plans, and your longer term strategic thinking retains this aspiration and delivers on your commitments to reduce inequalities across the Health & Care System - including but not limited to those which relate to minority ethnic groups and people living in greatest deprivation.

## Finance

We have reviewed your financial plan for 2021/22 and provided detailed feedback on 15/03/2021. We note your financial plan shows an unmet savings target for 2021/22 of £13.3 million (1.7% of baseline) assuming £19.2 million of savings can be met (2.5% of baseline). However there continues to be significant uncertainty about the financial impact of Covid in both the short and longer-term, and what this will mean both for service delivery and associated financial plans.

As in 2020-21, we will therefore look to assess progress against your plan through the formal Quarter 1 review process, when the in-year Covid funding and costs will be clearer. As part of this review we will look for an update as to the revised financial projections for 2021-22 and the progress the Board has made in taking forward savings plans. Further details around the Quarter 1 review process will be provided to NHS Directors of Finance in the coming weeks.

In the interim we expect that the Board continue to develop sufficient- as far as possible- recurring savings options to meet the financial challenge outlined in your financial plan.

As previously indicated, we aim to return to three year financial planning and the next steps on this will be detailed in due course. The timing of this will however depend on the impact of Covid over the coming year.

## Escalation Status

As you are aware, the Escalation status of the Board on the NHS Scotland Performance Escalation Framework was considered alongside the review of your RMP.

I can advise you that NHS Ayrshire & Arran will remain escalated at Stage 3 on the Framework in relation to its Financial position. What this means in a practical sense is that existing levels of support and scrutiny will continue, led by the Scottish Government Health Finance team.

## Plan Approval and Feedback

I am content to approve your RMP. Your finalised and signed off RMP will be used as the basis for engagement with the Board over the coming year. Feedback has been and will continue to be provided to you by individual policy teams within the Health & Social Care Directorates, as is normal. It is vital that this feedback should be taken on board as you move into the implementation phase of your RMP. On that basis I do not intend to include any significant feedback in this letter, beyond pointing out the following:

- I note that Infection Prevention and Control (IPC) has been identified as a key corporate priority, including Acute, Mental Health and Community Services and would reinforce the view that strict IPC measures and facilities risk assessments should continue in all sectors.
- I was pleased to find a whole-system approach demonstrated throughout the plan evidenced by having been compiled in liaison with a wide range of clinicians and in partnership with your three Integrated Joint Board partners. There was welcome reference to the re-design of patient pathways to reflect the lessons learned and improve quality of access and I am thankful for the pathfinder role played by your Board in relation to the Redesign of Urgent Care.

- I welcome the reflective approach regarding lessons learned from changes in practice during the pandemic and the review of potential new ways of working to further support a whole-system approach.

### Publication of your RMP

I am aware that your Board will need to complete its internal governance processes to approve your draft plan and that your finalised plan, incorporating any developments or amendments made to take account of feedback received in the interim, will be published together with this letter in due course. Given the strict requirements in place at this time, I would ask that while we remain in the pre-election period both your RMP and the content of this letter are kept out of the public domain, with publication to take place immediately after the election.


### Next Steps

It is our intention to revisit the RMPs for all Boards later in the year once the position on Covid-19 and related matters is clearer, and planning assumptions used in your existing drafts have been validated or amended. As such, we may commission a further iteration of your RMP later in the year, taking account of the foregoing and offering the opportunity for us to update guidance on key areas; this will also be informed by any additional or amended priorities in respect of incoming Ministers.

If you have any questions about this letter, please contact Yvonne Summers, Head of Operational Planning in the first instance ([Yvonne.summers@gov.scot](mailto:Yvonne.summers@gov.scot)).

In the meantime I would like to take this opportunity to thank you, your Board and your entire workforce again for your, and their ongoing extraordinary efforts. Your contribution not just to the nation's response to Covid-19 but to all health & care needs of the population are hugely appreciated by everyone at the Scottish Government.

Yours sincerely



**JOHN CONNAGHAN CBE**  
NHSScotland Chief Operating Officer

**Integration Joint Board**  
**17 June 2021**

<b>Subject:</b>	<b>North Ayrshire Local Child Poverty Action Plan and Report 2020/21, North Ayrshire Children's Services Plan Performance Report 2020/21 and update to the Children's Services Plan 2020-23</b>
<b>Purpose:</b>	To agree the North Ayrshire Local Child Poverty Action Plan and Report 2020/21 and the North Ayrshire Children's Services Plan Performance Report 2020/21 and to note the updated content of the Children's Services Plan 2020-23
<b>Recommendation:</b>	That the Board: <ul style="list-style-type: none"> <li>(i) approves the Local Child Poverty Action Plan and Report 2020/21;</li> <li>(ii) approves the Children's Services Plan Performance Report 2020/21;</li> <li>(iii) notes the content of the update Children's Services Plan 2020-23; and</li> <li>(iv) agrees that the reports can be submitted to the Scottish Government and published online as required.</li> </ul>

<b>Glossary of Terms</b>	
UNCRC	United Nations Convention on the Rights of the Child
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CPP	Community Planning Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report presents the draft North Ayrshire Local Child Poverty Action Plan and Report 2020/21 as attached at Appendix 1, and the draft North Ayrshire Children's Services Plan Performance Report 2020/21 as attached at Appendix 2. The Children's Services Plan 2020-23 has been refreshed and updated and is attached as Appendix 3. These reports form part of our suite of Children's Services Planning and Reporting.
1.2	This is the third annual Local Child Poverty Action Plan and builds on the actions agreed in the previous Plans. The 2019/20 Plan was approved by Cabinet on 6 October 2020 and by the Integration Joint Board on 22 October 2020.
1.3	This is the first annual Children's Services Plan Performance Report since the launch of the Children's Services Plan 2020-23 which was also approved by Cabinet on 6 October 2020 and by the Integration Joint Board on 22 October 2020. The

	Children's Services Plan 2020-23 has been refreshed and updated to reflect changes over the last year.
1.4	These reports for part of the overall suite of Children's Services Planning and Reporting requirements.
1.5	Both reports were developed using a collaborative approach with internal and external partners. The Child Poverty Action Plan details the existing and planned activity intended to reduce child poverty in North Ayrshire. The Children's Services Plan Performance Report describes the activity in relation to improving outcomes for children, young people and families over the last year.
1.6	The reports have been circulated for approval by the Community Planning Partnership and the Children's Services Strategic Partnership by email.
<b>2.</b>	<b>CHILD POVERTY ACTION PLAN AND REPORT 2020/21</b>
2.1	The Child Poverty (Scotland) Act 2017 sets out four measures of relative poverty and statutory targets for Scotland to reach by 2030, with interim targets set for 2023. These are detailed below. The statutory targets help focus our efforts to tackle and ultimately eradicate child poverty, assist in monitoring progress and are in line with the UN Convention on the Rights of the Child (UNCRC).
2.2	<p><u>Statutory Targets</u> The targets state that by 2030, of children living in Scottish households:</p> <ul style="list-style-type: none"> <li>• Less than 10% should be living in relative poverty (how many families are on low incomes compared with middle income households)</li> <li>• Less than 5% should be living in absolute poverty (how many low-income families are not seeing their living standards improving over time)</li> <li>• Less than 5% should be living with combined low income and material deprivation (how many lower income families cannot afford basic necessities)</li> <li>• Less than 5% should be living in persistent poverty (how many families live on low incomes three years out of four).</li> </ul>
2.3	<p><u>Local Child Poverty Reporting</u> The Act also introduced the requirement for local authorities and relevant health boards to jointly prepare a Local Child Poverty Action Report.</p>
2.4	<p><u>Key Themes</u> The key drivers of child poverty have been identified by the Scottish Government as follows:</p> <ul style="list-style-type: none"> <li>• Income from employment</li> <li>• Income from social security and benefits in kind</li> <li>• Cost of living.</li> </ul>
2.5	Our actions as included in the report have been linked to each of the key drivers as set out above. We have included actions where the greatest impact will be made, taking into account scale and pace.
2.6	<p>Some of our key actions are highlighted below:</p> <p>2.6.1 <u>Income from employment:</u></p> <ul style="list-style-type: none"> <li>• Ayrshire Growth Deal activities</li> </ul>

	<ul style="list-style-type: none"> <li>• Community Wealth Building approaches</li> <li>• Employment Programmes and in-work support.</li> </ul> <p>2.6.2 <u>Income from social security and benefits in kind:</u></p> <ul style="list-style-type: none"> <li>• Development of money advice services</li> <li>• Encouraging uptake of free school meals, clothing grants and education maintenance allowance</li> <li>• Improving access to information and advice about benefits through the financial inclusion pathway.</li> </ul> <p>2.6.3 <u>Cost of living:</u></p> <ul style="list-style-type: none"> <li>• Increasing the availability of affordable and energy efficient housing</li> <li>• Introducing the North Ayrshire Food System</li> <li>• A coordinated approach to reducing the cost of the school day.</li> </ul>
2.7	<p>The cost of the school day was a key priority identified in the 2019/20 Action Plan and Report. During 2020, a formal Cost of the School Day (COSD) working group was established comprising Elected Members, young people, parents, head teachers and staff of educational establishments, senior officers from the Council and HSCP, CPP partners and officers to further drive forward a whole systems approach to reducing the cost associated with education. The Working Group agreed a set of North Ayrshire Commitments. We will hold an annual COSD Conference. In line with our co-design and co-production approach, key areas of focus for the forthcoming year from the draft action plan will be agreed at a launch conference in June 2021. The voices of young people are at the heart of this work.</p>
2.8	<p>The 2020/21 Child Poverty Action Plan and Report was developed using a collaborative approach with internal and external partners and summarises the existing and planned activity intended to reduce child poverty in North Ayrshire. A workshop with senior managers took place on 17 May 2021.</p>
2.9	<p>The Child Poverty (Scotland) Act 2017 requires that reports and action plans are produced <i>‘as soon as reasonably practicable after the end of each reporting year’</i>. By publishing our report by the end of June we are bringing our reporting back in line with expected timescales which were impacted in 2020 by the Covid-19 Pandemic.</p>
	<p><b>Children’s Services Plan 2020-23 and Performance Report 2020/21</b></p>
2.10	<p>Part 3 of the Children and Young People (Scotland) Act 2014 seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.</p>
2.11	<p>Under section 11(1) of the Act, a local authority and the relevant health board must keep the Children’s Services Plan under review; and may in consequence prepare a revised Children’s Services Plan. The Children’s Services Plan 2020-23 has been reviewed and updated to reflect our current local context and to acknowledge the rapidly changing circumstances in which our services are provided. The updated Plan, as attached at Appendix 3, better reflects our current priorities and multi-agency and partnership working approaches.</p>
2.12	<p>Our first Children’s Services Plan Performance Report covers the period of 2020/21 and highlights the work of all services and partners in improving outcomes for our</p>

	children, young people and families. The report as attached at Appendix 2 shows key highlights, case studies and performance data.
2.13	<p>Some of our key highlights from the last year include:</p> <ul style="list-style-type: none"> <li>• We launched our North Ayrshire Youth Participation and Citizenship Strategy 2021-2025. Young people have been at the heart of the consultation, planning, delivery and providing feedback during the development of the new Strategy. Our Connected Communities Team engaged with young people, youth workers and stakeholders on the key themes affecting young people. This involved continuous consultation with young people through a variety of events and platforms. This engagement will continue throughout the life of the new Strategy.</li> <li>• Our Child Protection Committee ratified the first localised Child Sexual Abuse Strategy in Scotland in 2020. Child sexual abuse is preventable. It is our belief that an overarching strategy that addresses all forms of child sexual abuse is needed if we are to adequately challenge, and ultimately prevent, these behaviours in all their forms. The strategy is available here: <a href="http://childprotectionnorthayrshire.info/cpc/media/2014/04/North-Ayrshire-Child-Sexual-Abuse-Strategy.pdf">http://childprotectionnorthayrshire.info/cpc/media/2014/04/North-Ayrshire-Child-Sexual-Abuse-Strategy.pdf</a>. The strategy was formally launched in April 2021 and a 3-year implementation plan will be developed to take forward prevention, protection and support and recovery work.</li> <li>• During the second period of lockdown, Children and Families Localities Teams worked in partnership with families to offer one off spends to promote any care experienced child or young person's attainment. This was a one off spend of up to £250 where the child and family could identify an area of interest or passion for the child or young person to promote their attainment in some way. This allowed for creative thinking and flexibility and a range of opportunities were identified for children young people and their families.</li> <li>• We continue to work towards our vision of being a nurturing authority through our "Nurturing North Ayrshire's Recovery" approach by building emotional resilience in children and develop stronger relationships. Following lockdown, it was found that children who had experienced nurture approaches coped well with the return to school.</li> <li>• Breastfeeding remains a public health priority due to the important role it has on the health and development of babies and on longer term health outcomes for both mum and child. Where mums had more complex feeding problems, they were offered support by our Community Infant Feeding Team. Between January and December 2020, 200 mums were supported with more complex feeding issues, almost twice as many than during the same time period in 2019. Following support, 92.1% of mums continued to breastfeed at 6-8 weeks and 75.5% were breastfeeding at 6 months.</li> </ul>
2.14	<p>Our Children's Services Plan 2020-23 has been refreshed and updated and is attached as Appendix 3. The last year has been a period of rapid change and re-focussing withing our Children's Services Strategic Partnership to best the needs of our children, young people and families. We have a strong commitment to partnership and multi-agency working. The refreshed Children's Services Plan 2020-23 has been updated to reflect the current context and to ensure that our strategic direction is clear</p>



<b>3.</b>	<b>PROPOSALS</b>
3.1	<p>It is proposed that the Board:</p> <p>(i) approves the Local Child Poverty Action Plan and Report 2020/21;  (ii) approves the Children's Services Plan Performance Report 2020/21;  (ii) notes the updated content of the Children's Services Plan 2020-23; and  (iii) agrees that the reports can be submitted to the Scottish Government and published online as required.</p>
3.2	<b><u>Anticipated Outcomes</u></b>
	The purpose of the Child Poverty Action Plan and Report 2020/21 is to improve outcomes for families in North Ayrshire by ensuring that we continue to focus on the key drivers of poverty. The purpose of the Children's Services Plan 2020-23 is to improve outcomes for all children and young people in North Ayrshire.
3.3	<b><u>Measuring Impact</u></b>
	Actions and performance measures have been provided within the Child Poverty Action Plan and Report 2020/21 and in the Children's Services Plan Performance Report 2020/21.
<b>4.</b>	<b>IMPLICATIONS</b>

<b>Financial:</b>	None. All commitments are aligned to agreed budgets.
<b>Human Resources:</b>	None. All commitments are aligned to agreed resources.
<b>Legal:</b>	None. The plan meets legal requirements.
<b>Equality:</b>	The Child Poverty Action Plan and Report assists us to meet our Socio-Economic Duty set out in the Fairer Scotland Duty and the Child Poverty (Scotland) Act 2017. The actions contained in the report as at Appendix 1 are intended to reduce future child poverty levels in North Ayrshire. The Children's Services Plan aims to improve outcomes for all children, young people and families.
<b>Children and Young People</b>	The actions contained in the report as at Appendix 1 are intended to reduce future child poverty levels in North Ayrshire. The actions contained in the report as at Appendix 2 are intended to improve outcomes for all children, young people and families.
<b>Environmental &amp; Sustainability:</b>	<p>We are committed to helping young people take action to protect the future of our planet. We do this by raising youth voices on the climate crisis and by increasing youth participation to address climate change.</p> <p>North Ayrshire schools are developing 'whole-school' approaches to Learning for Sustainability and our Youth Participation and Citizenship Strategy frames the ways we will</p>

	raise awareness and involve young people addressing climate change interventions.
<b>Key Priorities:</b>	The Child Poverty Action Plan Report and the Children's Services Plan and Performance Report link directly to the key priorities contained the Local Outcomes Improvement Plan, the Council Plan 2019-2024 and the Health and Social Care Partnership Strategic Plan.
<b>Risk Implications:</b>	None.
<b>Community Benefits:</b>	N/A.

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	The Community Planning Partnership and the Children's Services Strategic Partnership have influenced and been consulted on the reports.
<b>6.</b>	<b>CONCLUSION</b>
6.1	The Child Poverty Action Plan and Report 2020/21 focuses on the key drivers to reduce levels of child poverty. The Children's Services Plan Performance Report 2020/21 describes the activity in relation to improving outcomes for children, young people and families over the last year. Both reports are the result of ongoing collaboration.

**For more information please contact Lauren McMath on 01294 324160 or [laurenmcmath@north-ayrshire.gov.uk](mailto:laurenmcmath@north-ayrshire.gov.uk)**

North Ayrshire

# Local Child Poverty Action Plan and Report

2020/21





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The 2020 Covid-19 pandemic saw an unprecedented situation for us and the whole country. Overnight, this created a vast challenge for all Partners in supporting our residents, communities and businesses.



## Foreword and Introduction

In North Ayrshire we are fully committed to becoming a fairer and more equal society. Our shared strategic approaches shape everything we do and we focus our work on tackling inequalities and creating a society where no one lives in poverty, where the economy is inclusive and where everyone has the same life chances to live fulfilling and healthy lives.

Our ambition is shared by all our Community Planning Partners and is demonstrated in our partnership working and joint commitment to the priorities and actions outlined in this report. Our multi-agency partnership approaches are recognised as a key strength in North Ayrshire.

The past twelve months from March 2020 have been heavily focussed on the Covid-19 pandemic. During this time we have experienced the benefit of our trusting relationships with communities and partners. And above all, we have witnessed the dedication of our teams, communities and partners in supporting the people of North Ayrshire in the most difficult of circumstances.

From a Public Health perspective, the focus was on testing pathways, Test and Protect and mass vaccination. This universal crisis has impacted upon children

of all ages. During the pandemic we were acutely aware of the impact on our most vulnerable children and their families and carers which includes those already living in poverty, and those who have not previously experienced poverty but are now living in poverty due to the effects of the pandemic.

Our third annual Child Poverty Action Plan is key to our commitment to mitigating the current and lasting impacts of the pandemic and to demonstrating our determination to reduce child poverty in the longer term.

There are a number of recent areas of work which have a direct impact on each of these ambitions.

Over the past year our new North Ayrshire Food System has been developing and is gradually ensuring that no-one finds it difficult to access food in our area and that we have a more sustainable approach to food with dignity.

We have also made considerable progress with our Cost of the School Day Policy which was agreed by Cabinet in March 2021. The Policy is a partnership approach and in line with our co-design and co-production approach, key areas of action will be agreed at a launch conference in June 2021. The policy and actions will start



John Burns  
Chief Executive NHS  
Ayrshire and Arran



Councillor  
Robert Foster  
Cabinet Member for  
Health and Social  
Care (and lead  
Member for Poverty)



Craig Hatton,  
Chief Executive,  
North Ayrshire Council

to make a real difference to the lives of our families in the coming year.

A new fund has launched to help relieve some of the financial pressures facing the third and voluntary sector in North Ayrshire. The Community Renewal and Recovery Fund has come to fruition thanks to £100,000 set aside from the North Ayrshire Ventures Trust Board. This is in recognition of the challenges the crucial sector is facing due to the Covid-19 pandemic and restrictions.

At the February meeting of the Ayrshire Economic Joint Committee, the Full Business Case for the Ayrshire Growth Deal Community Wealth Building Fund was approved. The £3m Scottish Government funding will resource new Community Wealth Building officers across the whole of the Ayrshire region to support local businesses and community organisations to deliver Community Wealth Building ambitions and a dedicated Fair Work Ayrshire team who will work closely with Ayrshire Anchor Institutions and major employers to establish Ayrshire as a Fair Work region.

Approval has now been granted to fund over 450 Kickstart jobs for young people in the area. As part of the NHS commitment to Community Wealth Building across Ayrshire, linked to the Growth Deal,

and to the NHS operating as an anchor organisation, the NHS Employability Strategy is being refreshed and an aspect of this will focus on young people, including a commitment to increasing the number of Modern Apprentices, with the guarantee of job availability at the end of the apprenticeship and a focus on Care Experienced Young People, further assisting the NHS in relation to its Corporate Parenting commitment.

We have embarked on a two-year financial inclusion demonstrator project 'Better Off Hub' following North Ayrshire Cabinet approval in October 2020. The project will see the creation of a Public Social Partnership, to develop a new model through co-production with the third sector. The Better Off Hub would deliver vital financial advice services, in a new holistic way, focused on the whole person with an objective to build capacity and reduce future demand on services. The proposals align with Community Wealth Building ambitions and support our economic recovery.

We hope you will find our Child Poverty Action Report informative and ambitious. Please let us know your thoughts. You can email us at: [info@northayrshire.community](mailto:info@northayrshire.community)





## National Context

Eradicating child poverty is fundamental to ensure Scotland is the best place in the world to grow up as well as meeting the Fairer Scotland Duty.

Child poverty can undermine the health, wellbeing and educational attainment of the children who experience it. Poverty also has a wider cost for society. For example, Scottish Government [statistics](#) show:

- **61%** of low-income families with children in Scotland can't afford to make regular savings of £10 a month or more.
- **51%** report that they don't have a small amount of money to spend each week on themselves.
- **10%** can't afford to have friends of their children round for tea or a snack once a fortnight.

The Fairer Scotland Duty is an overarching strategic duty on public bodies (including local authorities). It has interactions with the Equality Act 2010; Scotland Act 2016; and came into force on 1 April 2018.

The Duty requires that: "An authority to which this section applies must, when

making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage."

## Local Action Plans and Reports

The Child Poverty (Scotland) Act 2017 introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report, as soon as practicable after the end of each reporting year.

## National Child Poverty Targets

The Child Poverty (Scotland) Act 2017 sets out four measures of relative poverty and statutory targets for Scotland to reach by 2030. This establishes Scotland as the only part of the UK with statutory income targets on child poverty. These targets are:



**Figure 1:** National Child Poverty Targets

Target	Description	Rationale
For less than 10% of children to be in <b>relative poverty</b>	The proportion of children living in households with incomes below 60% of the median (middle) UK income in the current year.	Recognises that individual and household needs are relative to societal standards of living and measures whether the incomes of the poorest households are keeping up with growth in average (middle) incomes in the current year.
For less than 5% of children to be in <b>absolute poverty</b>	The number of children living in households with incomes below 60% of the median UK income in 2010/11, adjusted for inflation.	Assessment of whether living standards at the bottom of the income distribution are rising or falling (keeping pace with inflation) irrespective of those elsewhere in the income distribution.
For less than 5% of children to be in <b>combined low income and material deprivation</b>	The number of children living in households with incomes below 70% of the median UK income AND going without certain basic goods and services (such as a warm winter coat, a holiday away from home, money to replace worn out furniture etc.)	Enables an analysis of a household's ability to use resources to buy essentials as well as of the income coming into the household.
For less than 5% of children to be in <b>persistent poverty</b>	The number of children who have lived in relative poverty in 3 of the last 4 years.	Living in poverty for a significant period of time is more damaging than brief periods spent with a low income.

**Source:** Poverty and Income Inequality in Scotland 2017-20 (data.gov.scot)

## National Child Poverty Levels

It is estimated that 24% of children (240,000 children each year) were living in relative poverty after housing costs in 2017-20. Before housing costs, it is estimated that 21% of children (210,000 children each year) were in relative poverty.

After a decreasing trend between the late nineties and 2010-13, which slowed briefly just before the recession, child poverty rates have been gradually rising again.

Two thirds of children in poverty live in working households. While the poverty risk is much lower for children in working households compared to those in non-working households, not all work pays enough to lift the household above the poverty threshold.

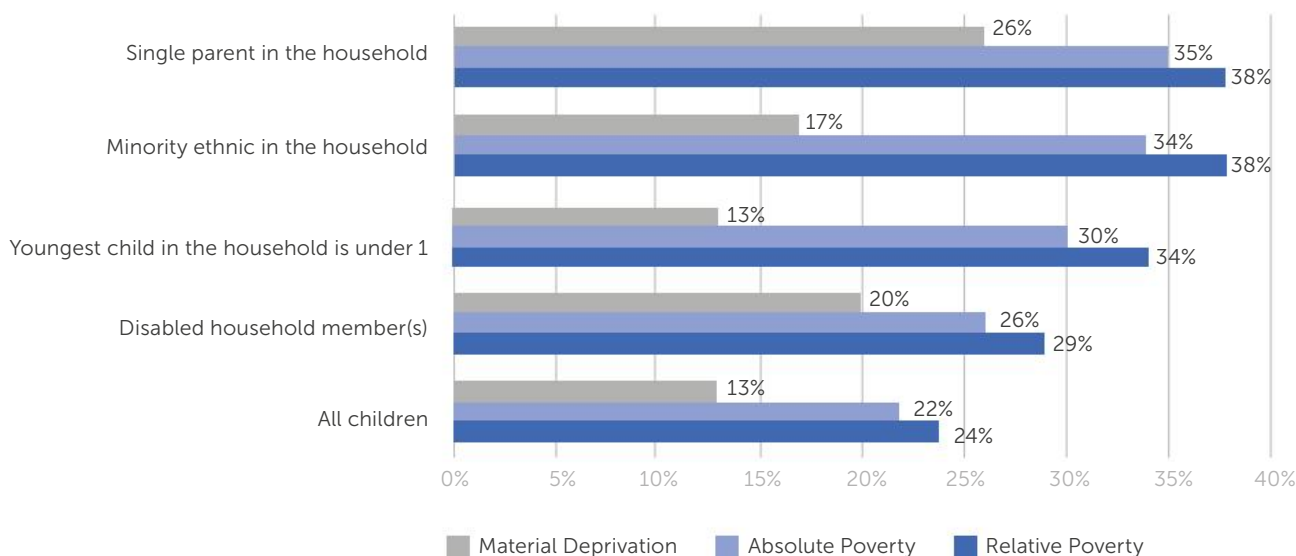
It is estimated that in 2017-20, 68% of children in relative poverty after housing costs were living in working households (160,000 children each year). This data suggests that after a steady and steep increase of in-work poverty since 2007-10, reflecting high employment rates, in-work poverty is now stable at a high level.

### Who is affected?

Figure 2: Priority Groups

Figure 2 below shows the proportion of children living in poverty in Scotland by the priority group status of their household.

Proportion of Children in Priority Groups in Relative Poverty after housing costs, Absolute Poverty after housing costs and Material Deprivation (Scotland 2017-20)



Source: [Poverty and Income Inequality in Scotland 2017-20 \(data.gov.scot\)](#) (as at March 2021)



The priority groups are households with children that are known to be at high risk of poverty. These groups have been identified by the Scottish Government using available data, but we know this does not cover all groups at higher risk of poverty.

However, the following groups when viewed together cover the majority of households in poverty:

- Having a lone parent (mainly women)
- Having two or more siblings (3+ children)
- Being disabled or having a disabled sibling or parent
- Being from a minority ethnic background
- Having a young child in the household (less than 1 year old)
- Having young parents (using data for households where the mother is aged under 25 years)

The chart on page 8 (Figure 4) shows the projected trend of child poverty for each target. By 2030/31, it is estimated that 38% of children will be in relative poverty, 32% of children will be in absolute poverty, 17% of children will be in combined low income and material deprivation and 16% of children will be in persistent poverty.

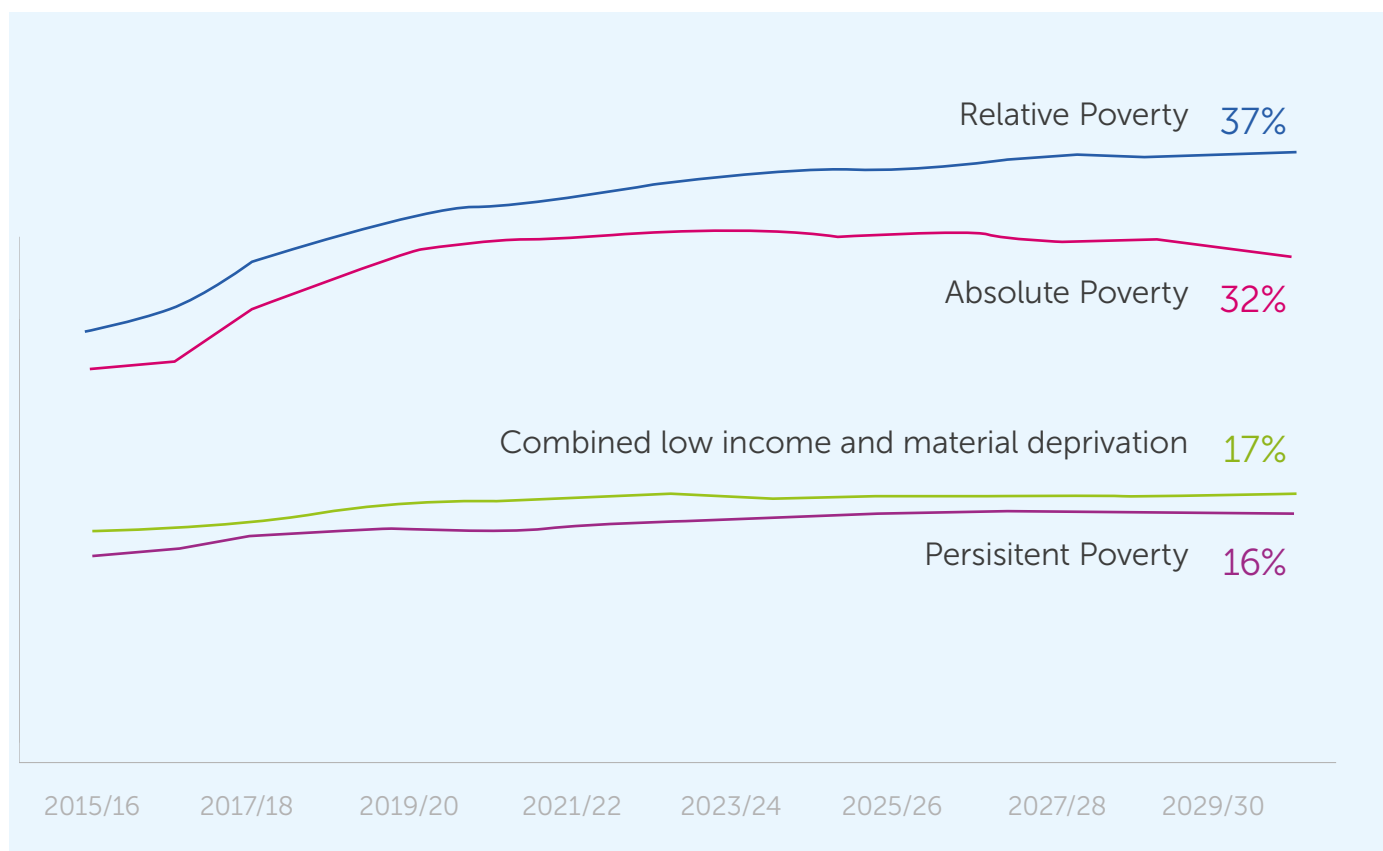
The key reason for these projected rises is the impact of welfare reform, primarily the benefit freeze and the two children limit on tax credits.

The Scottish Government recognises that in the context of these projections the child poverty reduction targets within the Act are ambitious. However, Scottish Ministers are clear that in the current environment, which threatens to make many families worse off, there is a strong case for intensive action at national and local level to tackle child poverty.





**Figure 4:** Projected Child Poverty Levels to 2029/30



**Source:** Reed and Stark 2018





## What are the drivers of child poverty?

The direct drivers of poverty fall into three main categories – income from employment, costs of living and income from social security.

**Figure 5:** Direct Drivers of Poverty

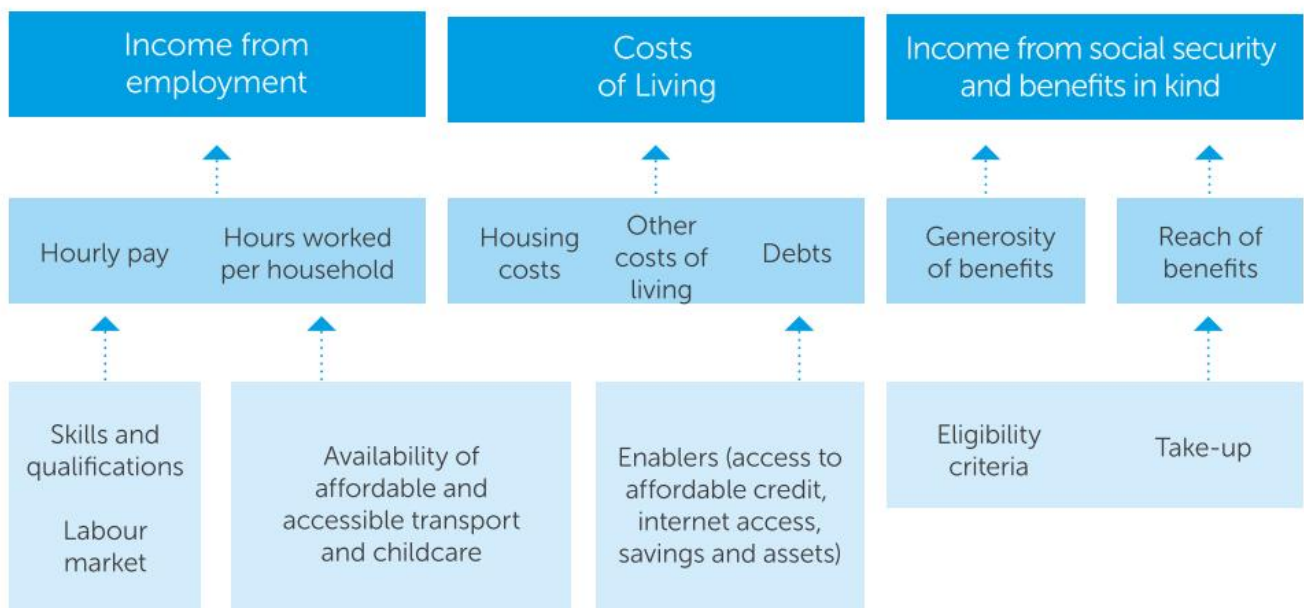




Figure 6 below shows the links in our Children's Services Planning approach.

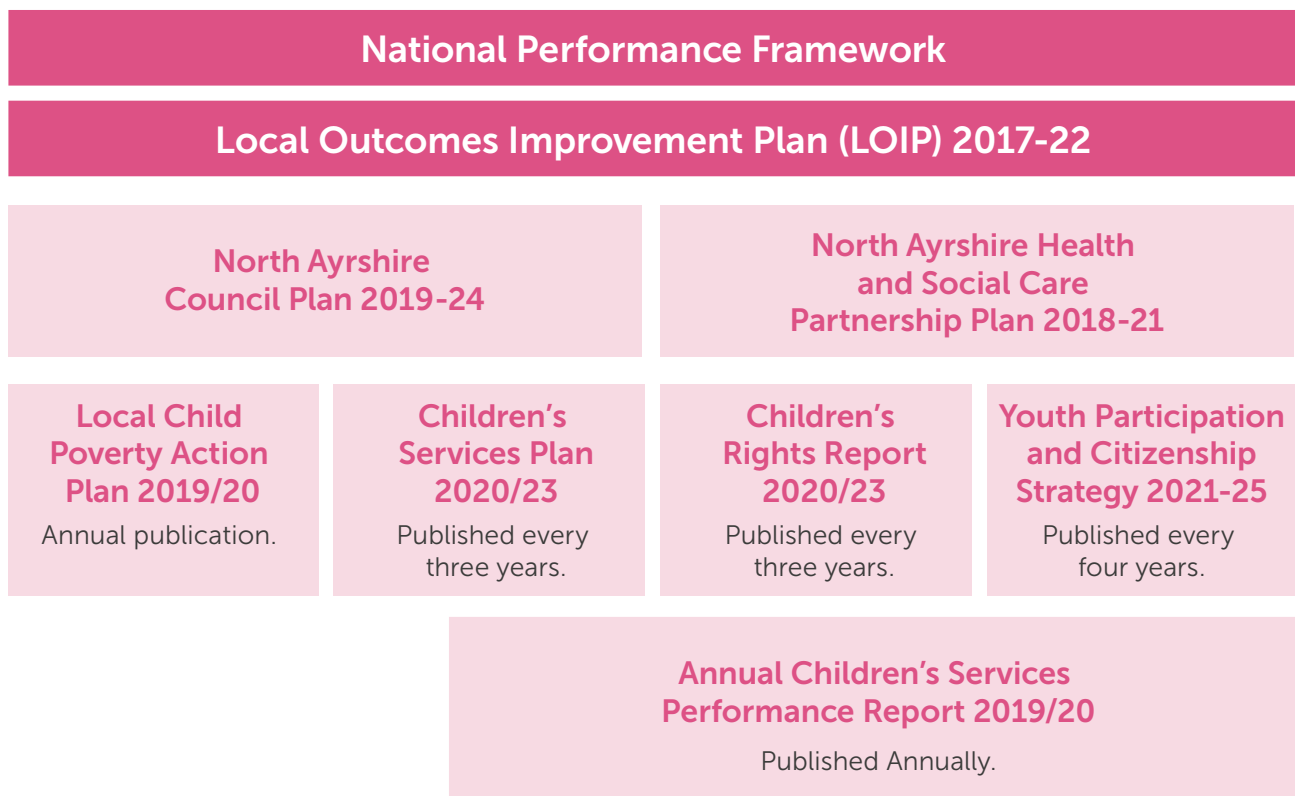


## North Ayrshire Strategic Context

Figure 6 below shows the links in our Children's Services Planning approach.

**Figure 6:** Children's Services Planning Dashboard

### Children's Services Planning 2021







We recognise that high levels of inequality, particularly poverty exist in North Ayrshire. In our Local Outcomes Improvement Plan (LOIP) 2017-2022, we have increased our focus on child poverty.

North Ayrshire Community Planning Partnership (CPP) is a strong and effective collaboration of a wide range of organisations. Through working together, we continue to realise the benefits of sharing our resources, knowledge and skills to improve the lives of local people. All partners have a shared commitment and partnership vision: *"North Ayrshire – A Better Life"*.

We recognise that high levels of inequality, particularly poverty exist in North Ayrshire. [In our Local Outcomes Improvement Plan \(LOIP\) 2017-2022](#), we have increased our focus on child poverty. This is in response to very concerning local trends in child poverty levels.

Underpinning this we have four priority areas:

- A Working North Ayrshire
- A Healthier North Ayrshire
- A Thriving North Ayrshire – Children and Young People

Our cross-cutting themes influence our approach to these priorities:

1. Building stronger communities – empowering communities to increase control over their lives, being supported to do things for themselves and having their voices heard in the planning and delivery of services.

2. Prevention – being proactive to avoid negative outcomes and early intervention in existing issues to mitigate their future impact.

These do not operate in isolation. We draw from a range of partner plans to support these priorities. Our six Locality Partnerships alongside our Connected Communities Service are fundamental to ensuring that plans are built on lived experience.





**Figure 7:** Community Planning Structure in North Ayrshire







We became the **first Child-Centred Council in Scotland**, putting children and young people at the heart of everything we do and making sure that we give our young people the best possible start in life.

The [2019-24 North Ayrshire Council Plan](#) was approved in June 2019. The plan titled 'North Ayrshire: A Council that is Fair for All' describes our vision, mission and priorities. It sets out our new strategic approach which is focused on making North Ayrshire a fairer and more equal society.

We are determined to tackle inequalities and create a society where no one lives in poverty, where the economy is inclusive and where everyone has the same life chances to live fulfilling and healthy lives.

Our plan has three strategic priorities linking all of the work we do:

#### [Aspiring Communities](#)

A society where everyone, has the same life chances to grow, prosper and have fulfilling and healthy lives.

#### [Inspiring Place](#)

An enterprising, vibrant and sustainable environment, appealing to investors, attractive for visitors and a place where our residents are proud to live and work.

#### [A Council for the Future](#)

Our Council is forward thinking – motivated to transform and improve the services we provide for our communities, through innovation and reshaping our approach. We will focus investment towards our priorities.



[We are determined to tackle inequalities and create a society where no one lives in poverty, where the economy is inclusive and where everyone has the same life chances to live fulfilling and healthy lives.](#)



The focus of the group is on prevention and early intervention and the role it has to play in improving child health outcomes, breaking the cycle of health inequalities in Ayrshire and Arran.



NHS Ayrshire and Arran continues to work in partnership to reduce the impact of poverty on children's lives. The Health Inequalities Impact Assessment Tool was developed and work to promote the use of this alongside increasing awareness of child poverty amongst NHS staff is an ongoing priority.

**The Pan-Ayrshire Infant, Children and Young People's Transformational Change Programme Board** (ICYPTCPB) provides the partnership vehicle to support and improve the health and social outcomes for infants, children and young people in Ayrshire and Arran and provides a strategic view across Ayrshire for children's health and social outcomes and health inequalities. The focus of the group is on prevention and early intervention and the role it has to play in improving child health outcomes, breaking the cycle of health inequalities in Ayrshire and Arran. It proposes ways of encouraging all agencies to work together to offer infants, children and young people the best start in life and realise their full potential. This begins before birth and continues through the early years of life, school years and transition to adulthood supported by the national practice model, 'Getting it Right for every Child' (GIRFEC). The work of the Board is intrinsically linked to the vision of Caring for Ayrshire and places the person at the centre of care.

Other strategies which tie in to reducing child poverty and its wider impacts and contribute to equity of outcome for all in Ayrshire and Arran include: Caring for Ayrshire, CWB Pledge signed by NHS, our Employability Strategy, Population Mental Health and Wellbeing Strategy and our tobacco, oral health and sexual health strategies. NHS have continued to prioritise improving health information and health literacy to support our most vulnerable families in obtaining, communicating, processing, and understanding health information and services.

Our [Children's Services Plan 2020-23](#) was launched by our North Ayrshire Children's Services Strategic Partnership in October 2020. This Plan details how North Ayrshire Children's Services Strategic Partnership aims to give our children the best start in life and to make North Ayrshire the best place in Scotland to grow up.

To ensure our plans link together to tackle Child Poverty, we have a number of priorities which relate to our ambition to





Our Children's Rights approach will ensure that children's rights continue to be at the centre of our Children's Services Planning, including our Child Poverty Action Plans.

address poverty and equality. They focus on working with parents and carers to build capacity, enabling them to provide the most positive start for their child and improve their future life chances.

Our Children's Services Strategic Partnership provides the strategic governance for our Children's Services Planning and this includes the Child Poverty Action Plan.

## Children's Rights

The [UNCRC \(Incorporation\) \(Scotland\) Bill](#) was introduced to the Scottish Parliament on 1st September 2020 and was passed unanimously on 16th March 2021. The main purpose of the Bill is to bring the UNCRC into Scots law. The Bill aims to ensure that:

- children's rights are respected and protected in the law in Scotland
- public authorities are legally required to respect and protect children's rights in all the work that they do

In 2020 we published our Children's Rights Report which demonstrates our commitment to the articles of the UNCRC and delivering them through The Getting it Right For Every Child (GIRFEC) approach, which encompasses 8 Wellbeing Indicators (safe, healthy, achieving, nurtured, active, respected, responsible and included). GIRFEC recognises that

all children are unique and that each child should be helped to reach their full potential.

Our Children's Rights approach will ensure that children's rights continue to be at the centre of our Children's Services Planning, including our Child Poverty Action Plans.

In February 2015, the **Scottish Attainment Challenge** and the £750m Attainment Scotland Fund was launched. This initiative aims to provide targeted support to increase the educational attainment and outcomes of children in Scotland's highest concentrated areas of deprivation. An allocation of £120m is allocated directly to schools in the form of the Pupil Equity Fund to support schools to use additional resource to target a reduction in the poverty-related attainment gap. North Ayrshire had made significant demonstrable progress in reducing the gap.

Every council area benefits from **Pupil Equity Funding** and 95% of schools in Scotland have been allocated funding for pupils in P1-S3 known to be eligible for free school meals. For every child that is registered, the school receives £1,200 in addition to their normal budget.

## Inclusive Growth

We worked with the Scottish Government to develop and pilot the “inclusive growth diagnostic”. The main purpose of the diagnostic was to see how economic growth could benefit all our residents by identifying any barriers, such as access to transport as well as opportunities. Our award-winning North Ayrshire Inclusive Growth Diagnostic identified job density, health and skills as key issues that the Council and partners need to tackle if we are going to achieve an inclusive economy.

This significant piece of work gives us the information we need to prioritise actions, such as investing in a supported employment programme to help more disabled people access and sustain employment. The diagnostic has been rolled out across Ayrshire and is central to the Ayrshire Regional Growth Deal.



## Ayrshire Growth Deal

The Ayrshire Regional Growth Deal was signed On 19 November 2020 and secures £251.5 million worth of funding to help realise Ayrshire’s potential as a world-class business region for the aerospace and space, energy, tourism, manufacturing and engineering industries, and reaffirms our commitment to the region and the collective desire to support ambitious plans for renewal and long term sustainable growth.

The aim is to marry business growth opportunities to employment progression, developing the future workforce and community development, ensuring all our communities and residents benefit from economic growth.

## Community Wealth Building

Together with our Community Planning partners, we have launched our first [Community Wealth Building Strategy](#) for North Ayrshire. We are the first Community Wealth (CWB) Council in Scotland.

Community Wealth Building is a radical and bold approach that will see key institutions use the economic levers available to us to support our local economy. The result will be a more resilient local economy with more diverse businesses and well-paid jobs for our residents. Key to this approach is partnership working and we are working alongside the CPP and wider regional partners to deliver inclusive economic outcomes that will benefit all our residents.

Community wealth building is key to tackling poverty and deprivation.

## Covid-19 Economic Recovery and Renewal Approach

In September 2020 our [Covid-19 Economic Recovery and Renewal Approach](#) was agreed and published. This approach to an inclusive and green economic recovery is framed within the wider strategic framework for the Council including the Council Plan – focusing on our priorities of Community Wealth Building and climate change, and within these the need to create an inclusive local and regional economy. Our approach will see a re-framing of our capital investments through a Community Wealth Building lens.

We will use our economic levers across the Council and our new economic model of Community Wealth Building to develop a Green New Deal for North Ayrshire. We will use our capital investment to accelerate our recovery and wider regeneration of our area, at the same time as tackling climate change. We will support our existing businesses and social enterprises to rebuild, diversify and become more resilient, green and inclusive. We will support our communities who have lost their jobs or are in insecure work, and encourage community entrepreneurship.

The twin priorities of a North Ayrshire Green New Deal to build back better, fairer and greener are to:

- Ensure an inclusive economic recovery and renewal by delivering our Community Wealth Building mission; and
- Ensure a green economic recovery and renewal focussed on achieving our net zero carbon ambitions through the creation of sustainable infrastructure and regeneration projects and creating fairer jobs.

## North Ayrshire Fairer Food

As part of our Community Wealth Building Strategy, we have established our North Ayrshire Fairer Food approach to ensure that demand for emergency food provision is reduced and that residents can access affordable and nutritious food.

The Community Support Hubs act as brokers who can signpost to local food provision. Using a community wealth building approach, third sector organisations provide low cost or free food to local people who need it with local businesses being partners in this.

Working with the North Ayrshire Foodbank and a range of community partner organisations, networks of community fridges, larders, community shops and food coops have been developed to ensure a more sustainable approach to food with dignity.







## Lived Experience of Poverty – Fair for All Commission

Lived experience is known to be the most valuable consideration when addressing areas as complex and challenging as child poverty. By creating a shared insight of lived experiences, we not only begin to understand how to tackle real life issues, we also gain knowledge of how to measure whether a positive impact is really being made.

Our North Ayrshire Fair For All Commission consists of:

- Community Commissioners – representatives of our communities who have knowledge of poverty and insecurity.
- Civic Commissioners – representatives from a wide range of policy areas including universities, public services, health services and businesses.
- Fair for All Commission Officer – provides support to the Commission.

The four key themes identified are:

- Poverty and Health
- Poverty and Housing

- Poverty and Benefits
- Poverty and Cost of the School Day

The Commission also agreed that the theme of stigma was cross cutting and affected all four themes. It explores the causes of the issues raised through the stories shared by the Community Commissioners, the unintended consequences on communities of policies, procedures and decisions and what possible changes or improvements can be made.

## Get Heard Scotland Discussions

Get Heard Scotland (GHS) is designed to help people on low incomes get their voices heard on the policies and decisions that most impact their lives and their communities. The programme is coordinated by the Poverty Alliance and funded by the Scottish Government as part of Every Child Every Chance, the Scottish Government's Tackling Child Poverty Delivery Plan. By holding discussions with people affected by poverty they find out what is working in their community, what is not working and what needs to change to better support



people living on low incomes and loosen the grip of poverty on their lives.

A total of 37 GHS discussions took place across Scotland between August 2019 and December 2019, with more than 200 people taking part in these discussions. Ten discussions took place in North Ayrshire.

In North Ayrshire, discussions took place in partnership with organisations, services and projects such as:

- Stevenston Library
- Garnock Valley Men's Sheds
- North Ayrshire Disability Alliance
- Garnock Valley Youth Forum
- Kilwinning Junior and Senior Youth Forum
- Kilwinning Academy Accredited Learning Group
- Café Solace
- North Ayrshire Youth Conference
- Centrestage

The full report can be viewed [here](#).

Most of the recommendations raised in the report are already in progress or are

being considered as part of our future actions. The recommendations are a key resource to enhance our understanding of the impact of our actions on local residents.

### **Social Renewal Advisory Board Listening Events in North Ayrshire August/September 2020**

The pandemic and the associated lockdown has been a difficult time for many, and we know that the impact has not been felt equally. We also know that the effects will not be short lived. However, during this time, we have also seen inspiring efforts within North Ayrshire's communities – volunteers stepping forward, neighbours reconnecting with one another, organisations working together to tackle access to food, loneliness and all forms of disadvantage.

A Social Renewal Advisory Board has been set up by Scottish Government to advise on how best to tackle poverty and inequality as we emerge from the Covid-19 pandemic lockdown. Members of the board include experts in housing,



disability, poverty, homelessness and the third sector. The Social Renewal Advisory Board held listening events to hear and learn from individuals, community groups and organisations around Scotland.

The published principles for the Board state that the work will be 'participative and informed by a wide range of stakeholders, including people with lived experience'. They also state that 'a detailed programme to bring in the voices of lived experience will sit alongside the Board. This will inform every decision taken as part of this process, ensuring that those with lived experience are right at the heart of discussions.'

To capture the experience of those with lived experience from life under lockdown, the Connected Communities team organised a series of six virtual meetings with representatives from local community groups and organisations. Special events were organised with young people and the Fair For All Commission. These Community Based Listening Events were a great opportunity to hear about communities where we have seen growing leadership and community

resilience as a result of the pandemic and associated lockdown.

The learning gained from these listening events will not only feed into Scottish Government's Social Renewal Advisory Board to re-form and re-shape local government in Scotland but will provide North Ayrshire Council an opportunity to inform our own renewal plans too.

### **Cost of the School Day**

We are fully aware that costs associated with attending school can be major barriers for families living on low incomes. Families can often struggle to afford uniforms, trips, school lunches, gym kits, pencils and pens, and dress down days can be difficult or impossible. This can have an impact on children's ability to learn and have an impact on how children feel and engage with school.

The Covid-19 pandemic has impacted children and young people's learning due to school closures. The pandemic has also had a significant impact on the economy, resulting in a reduction in income for many of our families.





Poverty can have a lasting impact on children and young people's health and wellbeing as well as the significant and persistent gap in attainment from lower and higher income families. Education can represent a route out of poverty, but crucially only if children and young people can access education as fully and equally as possible.

The cost of the school day has been and will continue to be a major priority for us. In 2020 we established a working group comprising of Elected Members, young people, parents, head teachers and staff of educational establishments, senior officers from the Council and HSCP, CPP partners and officers.

North Ayrshire has previously participated in work with Public Health and Young Scot to develop local approaches to Cost of the School Day, providing a sound basis for the current work, with excellent practice in schools being contributed to the working group deliberations.

The aim of the Cost of the School Day (COSD) Working Group was to further drive forward a whole systems approach

to reducing the cost associated with education. We already have strong approaches to this across North Ayrshire and we continue to look for new whole-system commitments from the Council and its CPP and community and business partners.



North Ayrshire has previously participated in work with Public Health and Young Scot to develop local approaches to Cost of the School Day, providing a sound basis for the current work, with excellent practice in schools being contributed to the working group deliberations.



Inequalities in outcomes can be seen across all sectors including education, employment, income and health and wellbeing



## Poverty in North Ayrshire – what do we know?

High levels of inequality exist in North Ayrshire, particularly poverty and the associated effects this has. North Ayrshire is one of the most deprived areas in Scotland. Deprivation levels are significantly higher than the Scottish average. The latest 2020 Scottish Index of Multiple Deprivation (SIMD) highlighted continuing levels of deprivation in North Ayrshire. 52 of our 186 datazones now fall within the 15% most deprived in Scotland. 39,139 people live within these deprived areas representing 28.8% of North Ayrshire's population, significantly above the Scottish average.

In addition, unemployment levels in North Ayrshire are high, there are significant numbers of people on low income and almost a third of children live in poverty.

Inequalities in outcomes can be seen across all sectors including education, employment, income and health and wellbeing. They are the result of an imbalance in power, money and resources across society, further compounded by the recent economic conditions of recession, austerity and welfare reform.





The new data shows that an estimated figure of over 6,200 children (27.9%) age 0-16 could be living in poverty in North Ayrshire in 2019/20.

### Local child poverty indicators (After Housing Costs) 2019/20

New data on child poverty was released in May 2021. This new estimate is based on Department of Work and Pensions (DWP) and Her Majesty's Revenues and Customs (HMRC) data but is based on family income levels, after housing costs. The data only covers the age group of 0 to 16-year olds. This analysis, by Loughborough University can be viewed [here](#).

The new data shows that an estimated figure of over **6,200 children (27.9%) age 0-16 could be living in poverty in North Ayrshire in 2019/20.**

When comparing local authority areas in Scotland, North Ayrshire has the second highest level of child poverty of any area in Scotland (27.9%) and is higher than the national average of 24%. North Ayrshire has seen a 3.2 percentage point increase in child poverty levels since 2014/15 and is above the Scottish percentage point increase (2%). However, seven local authorities have seen slightly higher percentage point increases (between 3.3 and 5.1 percentage points). Please note that previous years figures have been recalculated to comparisons with previously released data will not be accurate.

### Local Poverty Related Indicators

Further analysis of local data available to us provides further insight into our local context. The information has been displayed below. The main issues highlighted in terms of employment are more 'lower paid' jobs, higher underemployment levels and higher unemployment compared to Scotland as a whole. In terms of benefits, there are higher level of out of work benefit claims. In terms of other related issues that impact on people's lives, we have higher levels of children looked after by the authority, higher rates of children admitted to hospital due to asthma and higher levels of domestic abuse incidents. This analysis aids our understanding of issues impacting local residents and families.



**This analysis aids our understanding of issues impacting local residents and families.**



**Figure 8:** Local Data Overview

Indicator	North Ayrshire	Scotland	Source
% Households managing well financially (2018)	62%	55%	Scottish Government, Scottish Household Survey – Adults dataset
Children in working households (2018)	62.4%	62.0%	ONS, Annual Population Survey, Workless households for regions across the UK
% Employees (18+) earning less than the Living Wage (2019)	16.0%	16.9%	ONS, Annual Survey of Hours and Earnings
% P4-P7 pupils registered for free school meals (2018)	25.2%	17.0%	Healthy Living Survey
Employment in 'lower paid' occupations (% of all in employment) (2019)	35%	29%	ONS, Annual Population Survey, year to Jun 2019
Underemployment of 16+ population (%) (2018)	13%	7%	ONS, Annual Population Survey
% Adults reporting a limiting long-term physical or mental health problem – household with children (2018)	21.6%	14.9%	Scottish Government, Scottish Surveys Core Questions
Age of first time mothers – 19 and under (% of all first time mothers) (2015/16 – 2017/18)	12.6%	7%	NHS Information Services Division, Age of First Time Mothers
% Single parent households (2018)	6%	5%	Scottish Government, Scottish Household Survey
% Large family households (2018)	4%	5%	Scottish Government, Scottish Household Survey
Employment Rate	72.7%	76.5%	Source: ONS Annual Population Survey (Oct 2019-Sep 2020).
Unemployment Rate	6.0%	3.5%	
Working age population claiming out-of-work benefits (2016)	14.6%	10.56%	Public Health Information for Scotland



**Figure 8: Local Data Overview (cont.)**

Indicator	North Ayrshire	Scotland	Source
Households with children living in fuel poverty (2014-16)	18.1%	16.7%	Public Health Information for Scotland
Children admitted to hospital due to asthma, rate per 100,000 population (2016/17- 2018/19)	268.55	151.97	Public Health Information for Scotland
Children looked after by Local Authority, rate per 1,000 (2019)	20.4	13.1	Public Health Information for Scotland
Domestic Abuse Rates, per 10,000 population (2018)	123.5	111.5	Public Health Information for Scotland
Annual Participation (in education, training or employment) measure for 16-19 year olds (2019)	90.5%	91.6%	Public Health Information for Scotland
Households with children living in homes that fail the SHQS (2015/17)	47%	38%	Public Health Information for Scotland
Proportion of Working age population employment deprived (2019)	17.1%	12%	Public Health Information for Scotland
Children referred to the Children's Reporter for offences, rate per 1000 children age 8-15 (2018/19)	7.36	6.12	Public Health Information for Scotland
Young people living in the most income deprived quintile, age 0-25 (2018)	47.64%	21.75%	Public Health Information for Scotland
Proportion of people earning less than the living wage (2019-20)	16.0%	16.9%	Local Government Benchmarking Framework

\*All Data correct as at March 2021.

#### Sources:

- <https://www2.gov.scot/Topics/Statistics/Browse/Social-Welfare/IncomePoverty/LAPovertyData/LAdashboard>
- <https://www.nomisweb.co.uk/reports/lmp/la/1946157425/report.aspx>
- <https://www.scotpho.org.uk/>
- <https://scotland.mylocalcouncil.info/>

# The Impact of the Covid-19 Pandemic

## The Impact of Covid-19 in a UK and Scottish Economic Context

Total economic output (GDP) in January 2021 was 9.0% below the levels seen in February 2020 (the last month before the effects of the pandemic were felt in the economy), compared with 4.0% below October 2020 (the initial recovery peak). In Scotland, economic output is 8.4% below the levels of February 2020.

In the UK, the number of payroll employees has fallen by 693,000, with the largest falls seen at the start of the Covid-19 pandemic. Analysis by age band shows that under 25s contributed over 60% of the fall seen since February 2020.

## The Economic Impact of Covid-19 on North Ayrshire's Labour Market

North Ayrshire's claimant count (estimate of people claiming unemployment related benefits) is 6,835, that is 49% higher than February 2020. The North Ayrshire rate for claimants as a proportion of the working age population (aged 16-64) remains the highest in Scotland at 8.4% – Glasgow City is second at 8.2% and Orkney is lowest on 2.8%. The ratio of male to female claimants in North Ayrshire is roughly three to two. This pattern of notably more male than female claimants is observed across all age groups.

Although people aged 16 to 24 account for only 10% of North Ayrshire's total population, they account for 20% of all claimants in North Ayrshire. Analysis using population data shows that roughly 12.4% of all males and 8.1% of all females aged 16-24 are captured in the claimant count statistics.

Economic inactivity is a persistent issue in the North Ayrshire economy, unfortunately Covid-19 has worsened this picture further. Over the year since the latest data release the economic inactivity rate has increased by 10%, bringing it up from 24.8% (Oct 2018-Sep 2019) to 27.3% (Oct 2019-Sep 2020); the North Ayrshire rate is 16% higher than the Scottish rate (23.5%).

This increase over the past year potentially highlights a rise in those discouraged from searching for work due to Covid-19, and this could be exacerbating an already persistent problem in North Ayrshire.



The North Ayrshire rate for claimants as a proportion of the working age population (aged 16-64) remains the highest in Scotland at 8.4%.

## A note on Furlough

At the end of January 2021 over 360,000 jobs remained on furlough in Scotland, meaning that many people who might otherwise have become unemployed have instead been furloughed. This is why North Ayrshire's unemployment rate has not increased significantly over the past year and remains at 6% – although this still the highest rate in Scotland. However, once furlough ends in September it is uncertain how many furloughed staff will be welcomed back to their workplace and how many will be made redundant. For local context, the number of people on furlough in North Ayrshire as of the 31st of January is 7,700.

## North Ayrshire's Economic Resilience

In terms of economic resilience, a Scottish Government report found that North Ayrshire ranked as the least resilient local authority in Scotland; however, this reflects the potential resilience of areas based on pre-crisis characteristics, and it does not account for the relative severity of the impacts that regions will face, for example due to sectoral exposure.

Separate analysis by SDS, ranks North Ayrshire as the 10th most vulnerable local authority to the impacts of Covid-19. Poor broadband quality, low rates of home working and a high reliance upon sectors more heavily impacted by Covid-19 were sighted as the most prominent factors for North Ayrshire's vulnerability in the analysis. North Ayrshire's business environment contributed to resilience, suggesting that there is a lower share of small firms and self-employment. The differences in the results between the SDS and Scottish Government analyses likely reflects differences in methodologies between the two studies.

## Sectoral Picture in North Ayrshire

Analysis by the Fraser of Allander Institute shows that around 11% of businesses in North Ayrshire are in the hospitality sector, this is the second largest number across all Scottish local authorities (Argyll and Bute have the highest concentration at roughly 13%). Areas with higher than the national average concentration in hospitality are particularly reliant on tourism, making them more vulnerable to the economic impact of Covid-19. At a Scotland level economic output in this sector is only at 34% of the level it was at in February 2020.

Encouragingly, in North Ayrshire's largest sector in terms of economic output (GVA), manufacturing, economic output at a Scottish level is estimated to have recovered to around its pre-Covid-19 levels. For local context, manufacturing is estimated to account for roughly 27.2% of local economic output (2020), and it accounts for 11.2% of North Ayrshire's total employment (2019).



## North Ayrshire Economic Context

The North Ayrshire economy faces major structural challenges that require significant national and local investment, policy change and innovation, and strategic long-term approaches to address them. Despite sectoral strengths in manufacturing, North Ayrshire has a low job density, faces a weak labour market, as well as evidence of certain groups within North Ayrshire being particularly excluded from the labour market. This briefing provides an overview of the key socioeconomic challenges in North Ayrshire with a specific focus on the labour market and regional inequality.

We understand that at this time we need to focus even more on reducing child poverty. Both the Fairer Scotland Duty and the requirements of the Child Poverty Act will remain at the heart of our decision making, to ensure we provide support to those most in need.

## Response to the Covid-19 Pandemic

In response to the Covid-19 situation, we provided immediate support for our communities. Working with our communities and partners we were well placed to provide this.

## Community Hubs

North Ayrshire acted early to set up Community Support Hubs in each of our local areas to respond to and intervene early in issues related to the Covid-19 crisis. Our “Humanitarian Hubs” across North Ayrshire were established during the week of 23 March 2020 to prepare for and respond to the crisis. These are run by the Council staff and third sector partners including Vineburgh, Fullarton, Cranberry

Moss, Whitlees and Woowynd community centres, North Ayrshire Foodbank and Café Solace, with support from Health and Social Care Partnership staff and a range of community and staff volunteers.

Our Community Hubs remained operational and were there to support those who needed support, including those who were previously shielding. If residents needed help, with food, heating, prescriptions or other matters, residents were asked to reach out to their local hub. With the creation of our Community Hubs at the start of lockdown this has allowed our communities to remain connected and our most vulnerable supported. Numbers of support requests from the Hubs have declined since the shielding requirements ended and lockdown rules changed.



North Ayrshire acted early to set up Community Support Hubs in each of our local areas to respond to and intervene early in issues related to the Covid-19 crisis. Our “Humanitarian Hubs” across North Ayrshire were established during the week of 23 March 2020 to prepare for and respond to the crisis.



## Trauma

The ultimate impact of the Covid-19 crisis on children is dependent upon time and we know that prolonged exposure to toxic stress, particularly during the critical window of early childhood development can impact across the life course. By using a trauma informed lens across the whole system we can realise the widespread impact of trauma, stress and adversity and recognise the signs and symptoms for our citizens, their families and our staff.

Trauma and adversity profiles which examine the levels of exposure to and effects of childhood adversity and trauma across the life course will be updated as we move into the next phase of the pandemic. This will allow for a baseline measurement of the issues related to trauma and adversity, including newly updated figures on those experiencing poverty, in North Ayrshire. The profiles will be used to help to raise awareness and stimulate discussion about how to respond appropriately.

## The Health and Social Impacts of Covid-19

The Infant Children and Young People's Transformational Change Programme Board provides a Pan Ayrshire Platform for discussion of the issues affecting Infants Children and Young People. The work streams are being re-evaluated to ensure that they take into account the health and social implications of the virus on Children's health.

There will be a new work stream added which will look at the impact of Covid-19 on ICYP health specifically and will measure and monitor impact and outcomes in several key areas including:

- Impact on access to healthcare and other services

- Impacts on learning and education
- Impacts on Mental Health
- Impact on Families
- Impact on Inequalities
- Impact on Commercial Determinants of health (Drugs, Alcohol, Unhealthy Commodities Industries)
- The UNCRC and the opportunities it affords us to mitigate these impacts.

The long-term health and social impacts are unknown and emerging, however these will require to be measured and monitored accurately and closely moving forward.

## North Ayrshire Community Book(s)

We have developed six locality-based [community books](#) and a North Ayrshire wide Frequently Asked Questions (FAQ) that signpost and guide people in relation to issues such as access to food, prescription delivery, and financial advice.





## North Ayrshire Child Poverty Action Plan

### Understanding Inequalities – Our Approach

Inequalities in individual outcomes are directly linked to wider socio-economic inequalities in society. The distribution of power, money and resources has a direct influence on environmental influences such as:

- Availability of health enhancing work
- Access to good quality and affordable housing
- Social and cultural experiences
- Transport
- Education and learning opportunities
- Availability and quality of services

While there will be some fundamental causes of poverty which are out with the control of North Ayrshire CPP, there are many areas where an impact can be made. In order to be most effective, interventions need to be taken at all three levels:

- Undo the fundamental causes
- Prevent the wider environmental influences
- Mitigate the individual experiences

As well as needing to ensure that our approach intervenes at all three levels described above, research also demonstrates that a combination of approaches across three areas of the population is essential to effectively tackle inequalities. These three approaches are:

1. Targeting – targeting the worst off in society
2. Enhanced – reducing the gap between groups
3. Universal – reducing the gradient across the population

Our Action Plan will reflect these approaches where relevant.

**Our Action Plan approach was developed in order to ensure clear links to our LOIP and to reflect the above approach. This, our third annual Action Plan, builds on the work done to date, develops some of the existing work, and introduces new actions.**

Our key actions have been identified and included in the following sections of the report. Our key actions have been linked to and summarised in **Appendix 1**. We have included actions where the greatest impact will be made, taking into account scale and pace.

The six priority groups (lone parents; families where a member of the





household is disabled; families with three or more children; minority ethnic families; families where the youngest child is under one year old; and mothers aged under 25) have been considered in developing our Action Plan. They will continue to be a focus as part of the development of our future actions.

### **Poverty Impact Assessment Approach Pilot**

On 19 February 2020, we held a Child Poverty Workshop for senior managers across the Council, Health and Social Care Partnership and NHS Ayrshire and Arran. This event was designed to bring senior managers together to look at actions through a poverty lens and to encourage consideration of any poverty implications of their work. The session also facilitated partnership working and discussions. The event included the Fairer Scotland Duty, including the Child Poverty (Scotland) Act 2017, our Financial Inclusion Referral Pathway and Rights Based Approaches. Feedback from the event was very positive and this remains a focus for 2021/22.

### **Facilitating Multi-agency Working**

A key theme in North Ayrshire is our strong partnership and multi-agency working approaches. In May 2021 we held our second Senior Manager Child Poverty Workshop. This session facilitates our partnership and multi-agency working and

allows connections to be made. This way of working informs our plan and brings the content into focus for all services. Feedback from the sessions have been positive.

### **Monitoring of this plan**

This report requires agreement and monitoring by the Community Planning Partnership. Reporting will link to other strategic groups as required. Our Performance Framework has been created and is monitored regularly. This ensures consistency in reporting across all our plans and strategies. We report on our progress every six months to the Community Planning Partnership to ensure we are achieving our ambition of a fairer and more equal society.

In 2020 it was agreed that the Child Poverty Action Plan and Report would be included within the governance of the Children's Services Strategic Partnership. This ensures we have aligned Children's Services Planning and that children, young people and their families continue to be at the heart of all we do.



Our Employability Support Services will continue to target parents, young people and people with disabilities and work in partnership with other services to identify and target possible clients.



# 2020/21 Key Highlights – What have we been doing to tackle child poverty in North Ayrshire?

## Section 1 – Maximising Income from Employment

### Our Priorities for 2020/21 – Income from Employment

1. We will continue to use procurement powers and increased quick quote thresholds to help more local suppliers win contracts. Our activities aim to stimulate the local economy, by securing jobs or generating community benefits.
2. Our Employability Support Services will continue to target parents, young people and people with disabilities and work in partnership with other services to identify and target possible clients.
3. Develop employability skills through adult and community learning opportunities.

### In addition to these priorities, our work will continue in:

- ✓ Inward Investment Strategy
- ✓ The Ayrshire Growth Deal
- ✓ Living Wage
- ✓ In-Work Support Programmes
- ✓ Employment Support
- ✓ Employability Hubs
- ✓ Disability Employment Support
- ✓ Early Years and Childcare:
  - Delivery of 1140 hours
  - 2-year old nursery provision



Develop employability skills through adult and community learning opportunities.

## How we will monitor our progress – Income from Employment

Measure	2018/19	2019/20	2020/21
Number of jobs created by businesses in North Ayrshire supported by Business Development	555	524	163
Percentage of people in North Ayrshire earning less than the living wage	24.3%	16.0%	Not Available
Percentage of working age population in employment	69.7%	70.2%	69%
Employment Rate – percentage women age 16-64	64.4%	65.5%	64.2%
Employment rate – percentage aged 16-64 EA core or work limiting disability	44%	49.2%	46.7%
Youth Employment Rate (16-24)	60.00%	58.30%	55.6%
Participation Rate for 16-19-year olds (per 100)	90.53%	90.56%	Not Available
Women's Median Gross Weekly Pay	£501	£518	£596
Gross weekly earning of full-time employees in North Ayrshire (Median)	£563.60	£550.10	£599.00
Cumulative number of unemployed disabled residents supported into employment	Data not available	18	18
Number of employed modern apprentices recruited to North Ayrshire Council	87	54	40
Number of Modern Apprentices recruited by North Ayrshire Council, who are care experienced or disabled	Data not available	10	8
No of weeks employment through using Community Benefit clauses	2093	2864	2882
Percentage of learning disability service users accessing employment support activities	23.88%	23.84%	24.18%
Percentage Unemployed People Assisted into work from Council operated/funded Employability Programmes	16.97%	20.1%	Not Available

## What we are doing

### Bringing new and better jobs to the area

- Our **Ayrshire Growth Deal** was signed in March 2019 with c. £200M of investment in aerospace and space, energy, tourism, manufacturing and engineering industries
- In February 2021 the Ayrshire Economic Joint Committee approved the Full Business Case for the Ayrshire Growth Deal **Community Wealth Building Fund**.
- The £3m Scottish Government funding will go towards new Community Wealth Building officers across the whole of the Ayrshire region to support local businesses and community organisations deliver Community Wealth Building ambitions and a dedicated **Fair Work Ayrshire** team who will work closely with Ayrshire Anchor Institutions and major employers to establish Ayrshire as a Fair Work region.
- A range of targets have been set to ensure that hundreds of Ayrshire **businesses are supported** over the next three years, subject to Scottish Government final approval and following the recruitment of project staff.
- We have led the development of a major **Kickstart programme**. Approval has now been granted to fund over 450 jobs for young people in the area – the jobs will be advertised and filled from March to December 2021.

## A Green New Deal for North Ayrshire

- As part of our **Covid-19 Economic Recovery and Renewal Approach**, we will use our capital investment to accelerate our recovery and wider regeneration of our area, at the same time as tackling climate change.
- At the heart of this is the **£8.8m Investment Fund** which will support an inclusive and green economic recovery.
- We will maximise **renewable energy generation**, using the Council's existing land assets
- We will invest in our **commercial estate** including improving the sustainability of assets
- We will tackle vacant and derelict land and building in our town centres by **investing in town centre living**
- We will support community economic development through **community regeneration and ownership**
- We will implement Community Wealth Building town centre priorities identified through **Place Plans** for our major town centres; and
- We have created a £500,000 **Green Jobs Fund**.
- We will work with community groups and businesses to explore **renewable energy generation and circular economy schemes** that would create local fair green jobs.
- We will support green business adaptation to encourage and support local businesses to adapt their processes and business models to **support industrial decarbonisation and meet net zero**.



## Encouraging the Payment of Living Wage Across the Area

- We have developed our Community Wealth Building Strategy, to **enhance local wealth and create fair jobs**, and will utilise a £3M Ayrshire Growth Deal Fund to progress this agenda.
- Part of this will be encouraging and supporting local businesses to pay the Living Wage. **Currently 24 businesses in North Ayrshire are accredited as Living Wage employers.**

## Providing In Work Support

- Our North Ayrshire employability services are moving to focus more on in-work support. **Employed parents on low incomes** are now being targeted through new funding available from the Scottish Government.

## Employment Support Programmes

- We continue to invest in services to support unemployed residents back to work. The **We Work for Families** programme is targeting parents with key worker support to get them into secure and fair work. The Council currently invests over £1.5M a year in such schemes and utilises EU funding to enhance this further.
- Our **Skills for Life** initiative is an intensive skills and training programme that helps support the long-term unemployed get back into employment. It is a partnership approach where the Council, Ayrshire College, Department for Work and Pensions, CEIS Ayrshire and Childcare and Recreational Information Service (CARIS) all work together to provide participants with a meaningful and valuable experience.
- The **We Work for Families** Programme specifically engages with parents of young children under five, particularly

women, who may find it difficult for a range of reasons to take the next step to realising their potential. The programme is delivered using a partnership approach. **194 referrals were received with 112 registrations. 22 people went into employment, 108 entered education or training and 60 were upskilled.**

- The programme works closely with health visitors and family nurse practitioners.
- Our **Equal Supported Employment**, for people with additional support needs, has been working on an online basis using Teams meetings, What'sApp calls and Zoom groups. 52 residents have been supported and 16 of those have entered into work. Of these 7 parents were supported and 4 entered work.
- Our **employability services** have moved online through CEIS Ayrshire. We intend to re-open hubs once Covid-19 restrictions make this viable. Between April and December 2020 over 527 participants were registered and assisted.
- As part of the Youth Work Education Recovery Fund a priority focus is around Youth Employability. This includes an employability roadshow that rotates around our secondaries to provide information, signposting and access to employability support and programmes. This gives information further education, work placements, Playback ICE, Kickstart, Ambition Agreement and informal awards and opportunities. This will be replicated across our summer programme with pop ups that will allow young people to access the same information during events and activities already taking place in the community.

# Case Study: We Work For Families Programme



Our client resides with his wife and 3 children in a private let, the family are supported by their Health Visitor and Early Years Social Worker. The main barrier identified for the referral was under employment and no regular hours of work; one week he would work 46 hours per week and for the next few he would only work 6 hours per week. These fluctuating hours were due to Covid-19 restrictions and were having a detrimental impact on the families already low income and on our client's mental health.

Not long after our client was registered on We Work for Families he was let go from his job which really took a toll on his mental health. He was referred to ANCHO's Small Steps project who keep in touch weekly to offer support with mental health.

The family has also been issued with a notice to quit their private let tenancy, so they were referred to the Community Housing Advocacy Project for support. Support is being put in place not just for this but to arrange payment plans to assist the family with their finances to try and make things more manageable for them.

The employability toolkit was used to support the client to get ready to look for sustainable employment. CV assistance was provided as well as supported job searches. An employer asked if he would be available for an interview. We ensured our client knew how to get to his interview and gave support with interview preparation. He has now successfully secured full time paid employment with regular hours with this company and has built friendships with his colleagues.





## Procurement

- We have been working with suppliers to help them through the Covid-19 situation by allowing more time to **complete existing contracts** and allowing more time for completion of tenders.
- We have continued to use **emergency powers to buy local** where appropriate, particularly PPE and we have increased the quick quote threshold on a number of contractions contracts to try and help local suppliers win more business.
- We support fair working practices by actively encouraging the **payment of the real living wage** and encouraging **fair work practices within contracts**.
- We also require suppliers to agree to **community benefits** for contracts over £500,000 which insists on local employment, apprenticeships, work experience or educational activities.



## Section 2 – Maximising Income from Benefits

### Our Priorities and continuing work

#### Our Priorities for 2020/21 – Maximising Income from Benefits

1. We will hold further sessions with senior managers to encourage poverty impact assessment approaches in our work.
2. Continue to take forward the single shared assessment project
3. Upgrading our online customer services system and implementing one point of contact.
4. Take forward automation of payment of some benefits where possible.
5. Planning for additional free school meals provision
6. Work will be commencing Welfare Rights Officers based within GP surgeries.
7. We will further consider locating Welfare Rights Officers within schools and education settings.



### Our Priorities for 2020/21 – Maximising Income from Benefits (cont.)

8. Roll out of training in financial inclusion direct referral pathways for maternity services in the first instance.
9. Provision of information relating to financial inclusion via the Better Health Hub.
10. Provide access to free quality assured health information materials on financial matters via the Health Information & Resources Service including continued provision of access to non-digital versions (and free print and post service).
11. Provide training and capacity building for staff on the most effective ways to have conversations with residents about financial matters.
12. Monitor and support benefit automation and portal, being implemented by the end of 2022 by Scottish Government and Social Security Scotland.

### In addition to these priorities, our work will continue in:

- |   |  |
|---|--|
| ✓ Money Matters Service   | ✓ Cashless Catering in schools   |
| ✓ Free School Meals and Clothing Grants online application              | ✓ Housing Welfare Reform Advice Team (WRAT)  |
| ✓ Encourage EMA uptake  | ✓ NHS – Referral tool for NHS staff to sign-post families to appropriate specialist services |
| ✓ Social media promotional campaigns                                    | ✓ Best Start payments cards  |
| ✓ Free School Meals uptake campaigns                                    |  |
| ✓ Healthy Breakfast service in secondary schools (as well as primaries) |  |

## How we will monitor our progress – Maximising Income from Benefits

Measure	2018/19	2019/20	2020/21
Speed of processing Housing Benefit (New Claims) days	8.51	7.38	8.89
Speed of processing Housing Benefit (Change of circumstances) days	10.46	7.63	7.59
Speed of Processing (Council Tax Reduction) new claims (days)	28.28	24.96	19.05
Speed of processing (Council Tax Reduction) changes of circumstances (days)	7	5.8	5.13
Number of Crisis Grants Paid	4579	3856	3539
Uptake of EMAs (Academic Sessions)	835 young people applied, 729 young people received at least one payment.	806 young people applied, 718 young people received at least one payment.	785 young people applied, 716 young people received at least one payment.
Uptake of Free School Meals (Primary)	87.5%	82.72%	63.79%
Uptake of Free School Meals (Secondary)	75.45%	61.49%	44.87%

## What we are doing

### Income Maximisation

- In 2020/21 the amount of income generated (£) for service users by the **Money Matters Service** was **£15.9m**, despite the changes in working practices due to the Covid-19 restrictions.
- The Team have found new ways of working including Appeals Tribunals via video and telephone calls.
- **Money Matters received 3,601 enquiries/referrals in 2020/21.** The team had a **76% success rate for appeals** which proceeded.
- Training was provided for the Child Protection Team, Health and Social Care Partnership staff and the Family Learning Team. This has increased knowledge of the benefits families are entitled to and increased confidence of staff.
- The Money Matters Team continue to keep up to date with the changing landscape and prepare for future changes such as the end of the furlough scheme. There may also be consequences to rent arrears and universal credit claims.
- Since January 2021, North Ayrshire Foodbank have part funded the employment of a HSCP Money Matters Welfare Rights Officer. Both organisations are working in partnership to ensure everyone who receives a Foodbank parcel is offered a Benefits check and receive any advice, assistance or representation to ensure they receive their legal entitlement to benefits. From February to May 2021, 161 referrals were received with overall financial gains of £34,358.73.



## Case Study

### Money Matters 1

Money Matters Welfare Rights Officer represented at Disability Living Allowance (DLA) Appeal Tribunal for a 4-year-old boy with behavioural issues and language delays but no diagnosis. DLA Middle Rate Care awarded £59.70 pw and arrears £5,662.97. Parent claimed backdated carers allowance and carers element in Universal Credit, £37.59 per week and arrears £3,979.16 paid

Our Welfare Rights Officer also assisted our client to claim backdated Scottish carers supplement £8.85 and arrears £1,150 paid and Scottish child payment £10 per week and arrears £50 paid. Weekly financial gain £116.14 and arrears £10,842.13



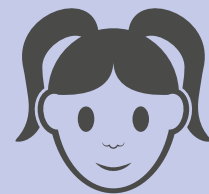
## Case Study

### Money Matters 2

Our client contacted Money Matters for assistance with Disability Living Allowance (DLA) for her daughter aged 2 years who has Cerebral Palsy. Previously refused DLA and did not challenge decision. Client was in receipt of Universal Credit; she was working but had to give up her work due to shift work and difficulties with childcare.

Money Matters Welfare Rights Officer assisted with completion of DLA form. Her daughter was awarded DLA High Care Rate Care and as a result, has entitlement to Disabled Child Higher Element of £400.29 per month and Carers element of £162.92 on her Universal Credit. Carers Allowance is also in place and will be entitlement to Scottish Carers Supplement twice yearly.

Weekly benefit increase of £227.95 was received as well as £820.35 of arrears of DLA and £1,169.64 of Universal Credit. Our client no longer needs to worry at this time of returning to work and can focus on looking after her daughter who requires additional support.





## Improve access to information and advice about benefits

- Money Matters receive direct referrals from Health and Social Care colleagues such as GPs, Health Visitors, Social Workers, Community Link Workers, Nurses, Alcohol and Drug Workers as well as other agencies including North Ayrshire Council, NHS Ayrshire and Arran, The Ayrshire Community Trust and others.
- We have a financial inclusion pathway in place. During 2019-20, training has been provided to Health Visitors and other Early Years staff, and a pilot session with other managers took place to raise awareness.
- Information leaflets are available at a variety of locations promoting the work of the Money Matters Team. The team is also promoted on Twitter and Social Media.
- The Housing Welfare Reform Advice Team (WRAT) provide support to manage claims, maximise income and make rent payments to avoid arrears. The Team provide a 'live' Welfare Rights

messenger service through Facebook messenger. WRAT also have regular Facebook posts on the Housing Services Facebook Page to promote the service, advertise new benefits particularly Scottish Social Security benefits as well as outcomes achieved for our tenants.

- We have embarked on a 2-year financial inclusion demonstrator project '**Better Off Hub**' following Cabinet approval in October 2020. The project is a Public Social Partnership, developing a new model through co-production with the third sector. The Better Off Hub delivers vital financial advice services, in a new holistic way, focused on the whole person and set out with an objective to build capacity and reduce future demand on services.





## Case Study

### **Involvement Of Recovery Development Workers Alongside Service Access & MAASH**

Our Service Access and MAASH (Multi-Agency Assessment and Screening Hub) teams had identified that during initial assessments for drug/alcohol misuse at the pre-contemplative stage for change, Service Users were at times reluctant to become involved with services to address their addiction. Various issues often led to appointments being offered and declined. It is recognised this is an extremely difficult time for individuals.

It was agreed that Recovery Development Workers (RDW's) with lived experience would make immediate and timeous contact with Service Users at the earliest opportunity. This aimed to mitigate risks for people struggling with addiction, help adults previously difficult to reach and prevent further harm. This would be person-centred approach to engage individuals with addiction issues.





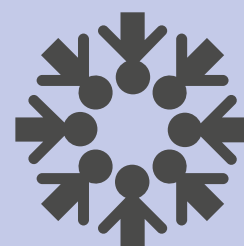
## Case Study (cont.)

### Outcomes

This process was received extremely positively by all workers involved and to date there have been 14 individuals supported by this process. Twelve were adults living in the community either on their own or with a partner and two were parents residing with their children.

The Recovery Development Workers have lived experience and extensive knowledge of the local areas and are relatable to Service Users. As well as advice, guidance and support with regards to addiction, Service Users were offered additional practical supports including engaging with Money Matters and other services such as utility companies. They offered emotional support, improving Service Users overall wellbeing.

Service Users who were affected by poverty were supported to engage to have benefits maximised. People were encouraged and signposted to supports within their own Communities including on-line supports as well as Turning Point and groups which aided with their recovery. This has also brought a level of autonomy for most of the Service Users and prevented statutory measures which further relieves pressure on services.





## School Clothing Grant, Education Maintenance Allowance and Other Grants/Benefits

- We have been issuing **supermarket vouchers** to all children eligible for Free School Meals during school holidays. This has encouraged an increase in Free School Meals applications. We are currently exploring the possibility of system integration which would enable a degree of automation between benefits and Free School Meals.
- Customer Services administered the **Winter Hardship** payment of £100 per child in receipt of free school meals in December and further Spring Hardship payment of £100 is due to be issued from 1st April and will also include Early Years Children.

Measure	2019/20	2020/21
No. of Applications for Free School Meals/ Clothing Grants	2,326	3,007
No. of Children	3,931	4,923

- Over the last year we have been applying maximum discretion on applications for Crisis Grants in cognisance of the impact of Covid-19.
- We received funding from the Scottish Government to help towards food poverty and this was used to purchase supermarket vouchers which have been used to provide support to those in most need.
- The **Single Shared Assessment** project is in development. This work is expected to take around 18 months.





Our Family Learning Team also supports parents and carers in the completion of the application, if required



## Encouraging the Uptake of Free School Meals

- Facilities Management has issued **over 60,000 shopping vouchers for children eligible for free school meals** (from July 2020 – end March 2021). The value of these vouchers totals £1.7 million.
- All **school handbooks and websites** contain information on accessing Free School Meals. Schools also provide leaflets to parents and carers at P1 Registration. Schools use their regular newsletter to promote our school meals.
- Our **Family Learning Team** also supports parents and carers in the completion of the application, if required.
- Our Facilities Management Team are **Gold level “Food For Life Served Here”** certificate holders, awarded by the Soil Association Scotland. We are the highest awarded local authority in Scotland for the number of schools holding this accreditation. This award recognises the use of local suppliers and quality produce. We have retained this award every year since 2013.

## Emergency Food Response

- During the first week of lockdown we delivered 852 food boxes on the mainland and 25 on Arran. The **food box was for a household** rather than individual children eligible for free school meals. This ensured most if not

all people in the household benefited from this pack. Most of the food was fresh produce and the supply was enough for 4 people for 5 days of the week.

- By week 2, we were distributing almost 2,000 packs. During the second week we also started a **community food distribution hub** which was to serve those who were not eligible for free school meals but who were still struggling with their own food provision.
- The food boxes ran until the beginning of July and over that time we delivered the equivalent of **1.26 million meals**.
- Facilities Management were also supporting the food requirements of the **childcare hubs** at schools across North Ayrshire which were set up for children of key workers and those children who required additional support. Almost 8,000 hot meals and snacks were provided over this time.
- Food boxes were replaced by **shopping vouchers** and provided £20 per child per week for those eligible for free school meals. This has continued and covered all school closures and holiday periods.
- For children and young people returning to school in August 2020, we wanted to ensure that **hot meals** were available from the first day and a good selection was available to encourage pupils back into the dining halls. It was also important for us to have primary school children back in the



We will now be working towards the extension of universal free school meals (UFSM) to primary 4 children in August 2021 and the future provision for primaries 5 to 7.

dining hall in their bubbles to benefit from the hugely important social and well-being aspect of their lunch break. More staggered lunch breaks were introduced to facilitate the numbers safely and to ensure children felt safe in this environment. Making them feel comfortable and confident that it was a safe space was our main objective to ensure we maximised uptake.

- During the **phased return of secondary school** pupils in early 2021, we provided both a full menu selection in schools as well as the £20 shopping voucher to all eligible for free school meals.

### Forthcoming Changes for School Meals

- We will now be working towards the extension of universal free school meals (**UFSM**) to primary 4 children in August 2021 and the future provision for primaries 5 to 7. This will have a huge impact on uptake. Currently the UFSM for primary 1 to 3 is around 80%, if this is replicated across the other year groups, this represents a significant increase in children accessing healthy and nutritious food during the school day. This will also have an impact on local employment by increasing the number of jobs and on local suppliers.
- Legislation relating to food made available during the whole school day, will change on 8th April 2021. This will mean that food made available via the catering teams, tuck shops and

Education led projects will comply with new legislation. The changes are designed to ensure our children and young people have access to **the healthiest and most nutritious food** throughout the school day. The new legislation increases the amount of fruit and vegetable available each day to pupils as well as increasing fibre, reducing sugar, salt and harmful fats.

- During the new school year (2021/22), we will be introducing a new **pre-order system for school meals** across primary and secondary schools. This will have a home order facility and for primaries, it will also have an in-classroom ordering system. This will encourage conversations with pupils on food, how it is sourced and hopefully encourage children to try new menu items to widen their palates.
- We will be reviewing our **holiday meals programme** in the future to see if and when we can return to providing our Wrap, Run and Fun programme in partnership with Connected Communities.
- We are actively working across other Services to analyse debt accruing from **non-payment of school meals**. The objective is to introduce support interventions where required to assist families in the provision of school meals e.g. assisting them to apply for free school meals or information regarding other benefits or financial support available.



Take forward the Cost of the School Day actions with schools, services and partners.'



## Section 3 – Reducing household costs

### Our Priorities and continuing work

#### Our Priorities for 2020/21 – Reducing Household Costs

1. We will progress our Solar PV Farm project
2. We will seek approval of our first EV Strategy with tariff proposal.
3. We will progress the Local Heat Energy Efficiency Strategy (LHEES) project. The aim is to identify areas suitable for heat networks and to focus on energy efficiency measures.
4. Our housing allocation policy will be reviewed to ensure there are no unintended consequences for child poverty.
5. Continue to address food with dignity opportunities in our localities including launching an interactive map.
7. Take forward the Cost of the School Day actions with schools, services and partners.
8. Explore the use of the new Community Benefits Gateway (Portal).

#### In addition to these priorities, our work will continue in:

- ✓ Affordable Housing programme: Strategic Housing Investment Plan (SHIP) 2020-2025
- ✓ Rent levels – value for money
- ✓ Corporate Sustainability Team – general energy efficiency advice
- ✓ Referrals to Citrus energy for any fuel related issues
- ✓ Referrals to Home Energy Scotland.
- ✓ Wrap, Run and Fun holiday meals initiative
- ✓ Bookbug programme
- ✓ Period Poverty Initiative
- ✓ Travel initiatives





## How we will monitor our progress – Reducing the Cost of Living

Measure	2018/19	2019/20	2020/21
Percentage of lets to homeless	22.38%	29.97%	57.9%
Number of tenants referred for support with energy costs (cumulative for reporting year)	95	96	24
Households in fuel poverty	26%	28%	28%
Number of new build Council housing units reaching completion (cumulative)	296	381	437
Gross rent arrears (all tenants) as at 31 March each year	3.34%	3.65%	5.46%
Percentage of new tenancies to applicants who were assessed as homeless sustained for more than a year	81.48%	84.07%	92.48%
Number of early learning establishments offering 1,140 hours	2	13	Not available
The % of Peoples Panel respondents who say that food is available but too expensive	Data not available (every two years)	10%	Data not available (every two years)
The % of Peoples Panel respondents who have access to email or internet from home			
Data not available (every two years)	90%	Data not available (every two years)	
Proportion of properties receiving superfast broadband	93.7%	96.8%	Not Available
Out of term school meals – number per annum	21,967	22,914	Not Available

## Increase Availability of Affordable Housing

- Our Strategic Housing Investment Plan (SHIP) 2021-2026 sets out the priorities for affordable housing investment in North Ayrshire over the next five years including to build **1,732 new homes by March 2024**.
- In the last 6 months we have completed the last 16 units of supported accommodation at Watt Court, Dalry. The £7.66M project supported by a Scottish Government Grant of £2.891M created 49 new units, comprising of a Sheltered Housing Complex (22 homes), amenity bungalows (8 homes), supporting accommodation (15 homes plus one unit staff base) and a new local housing office for Dalry (3 units). The heating for the sheltered housing complex and bungalows is provided by a sustainable Biomass district heating system which also serves Dalry Primary School.

## Rent levels

- Our robust Housing Revenue Account Business Plan results in our **rent levels remaining lower than the national average** and neighbouring authorities and landlords and we continue to invest significantly in our existing stock and new house building programme. We face challenges in for example, changes to welfare reform, demographics and the housing stock profile. We are committed to delivering services in new, improved and more cost-effective ways.

## Energy Costs

- We have installed **Solar Panels** where appropriate to assist with energy costs. The number of PV systems installed on properties is 290 (895kWp) and

165 of these installations (518kWp) were installed before the deadline and successfully registered for the Feed in Tariff (FIT) subsidy. All properties are monitored remotely to ensure that faults are identified and resolved.

- The Sustainability Team also continue to deliver **replacement and top up loft insulation and cavity wall insulation** for council properties, supporting Energy Efficiency Standard for Social Housing (EESH) compliance and other housing programmes.
- Our third **Environmental Sustainability & Climate Change Strategy** has been developed, detailing actions towards achieving the net-zero carbon emission by 2030 target.
- We received Cabinet approval on 26 January 2021 for the development of a **£6.768m solar PV farm installation** at Nethermain's former landfill site.
- We continue to work with the Energy Systems Research Unit University of Strathclyde to support innovation and climate change action in North Ayrshire for example, Ardrossan Campus project to act as a sustainability engineer and i3 development to input energy master plan.



- During the pandemic vulnerable groups were supported. For example, our Gypsy/Traveller community were supported by the site manager in Irvine. The **electricity tariff for the site was set to zero**, due to the residents being unable to purchase power cards.
- Our Teams work with other Services to plan digital publications sent to tenants via our tenant magazine (**Tenants Chat**) and social media posts will include areas that would help address child poverty. We have been hosting live 'Messenger' sessions where customers can contact services and ask for money advice.
- Area Housing Office staff have maintained **regular telephone contact** with tenants throughout lockdown to offer advice, assistance and reassurance. When required, these tenants have been referred to appropriate specialist teams or agencies.
- Since March 2020, the Council's Housing Officers have continued to review **rent accounts fortnightly**.



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- Area Housing Office staff continue to **prioritise housing allocations** to those with the greatest housing need, working closely with both our Housing Advice Team and Throughcare to ensure the best possible outcomes for applicants.
- A **Housing Youth Matters Group** was set up in conjunction with Youth Services to give an opportunity for young people to get involved in housing and related services. We also deliver homeless prevention and housing advice to all 4th, 5th and 6th year pupils across all our Secondary Schools.
- We provide Housing Support and Housing Options Advice to prevent homelessness, ensuring households are accessing appropriate benefits and any other assistance that can help them sustain their tenancies or access alternative accommodation.
- Our **Rapid Rehousing Transition Plan** details our drive to reduce the duration of homelessness, provide self-contained dispersed furnished flats within the community from where a household presents to ensure children can retain their Social Networks and minimise disruption to education.
- We provide **furnished tenancy grants** or assist with access to the Scottish Welfare Fund for homeless households to ensure they have access to furniture on rehousing.
- For **families** experiencing homeless, we provide a package of support to ensure young people have space to do homework, can attend school and are registered with primary health care and a local dentist. We can also arrange free travel to school for a period of 6 weeks while families are living in temporary accommodation.

- Our focus remains on care leavers and vulnerable families and we are committed to reducing the impact of Adverse Childhood Effects (ACES) and disruption to education caused by periods of temporary accommodation.

### North Ayrshire Food System

- During 2020/21, a **Food System** – North Ayrshire Fairer Food – has been established across all localities in a co-production model with our community partners, small community based organisations and community associations, many who have been key partners supporting their local communities throughout the pandemic providing emergency food. The vision that has been agreed is the demand for emergency food provision is reduced as North Ayrshire residents can afford and access good food.
- **Community Support Hubs** act as brokers who can signpost to local food provision. Using a community wealth building approach, local businesses and third sector organisations provide low cost or free food to local people who need it. The current system looks different in all localities and is based on need, resources available and also volunteers. To date community larders, a community shop in a vacant unit and shops in a local community centre has opened. These are all membership based and provide food with dignity and also access to advice services if required.
- A key part of this development has been the **co-production of a toolkit** to support the various organisations, in terms of food supply, risk assessments, and environmental health guidance.

- As part of Challenge Poverty Week, we focused on our work to tackle food poverty and supported Whitlees Community Centre who officially launched their new Pantry. This initiative allows local residents to become members and get access to low cost food. ACES community group opened the Woodwynd Shoap in Kilwinning in Woodwynd Hall. We now have eight Fairer Food locations within North Ayrshire.



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# Case Study: Low Cost Food in Irvine



Residents in Irvine with a KA12 postcode can now get local access to a variety of low-cost food produce, ready-made meals and other essential items. We have been supporting community organisations as they co-produce a North Ayrshire community food network known as “North Ayrshire Fairer Food,” following on from the initial coronavirus lockdown.

Choices Community Shop, on Fullarton Street in Irvine, is the newest community food project launched by Fullarton, Castlepark and Vineburgh Community Associations and Fullarton Connexions, with the support of the Council. The facility works on a membership basis and provides a mini supermarket-like environment where residents have the opportunity to choose food specific to their own preferences, and dietary requirements. This is a dignified approach to food insecurity and helps money go further by giving access to quality food at a lower cost.

Residents visiting Choices will be asked to pay an annual membership fee of £1 and a weekly charge of £3 per week for individuals and £5 per week for larger families. Unlike a food bank, Choices is not emergency food provision, and no referral is required to access the community shop.

The volunteers at Choices Community Shop will also be able to signpost individuals and families to other services that can provide support on a range of topics including managing money, budgeting, cooking on a budget, accredited learning, community learning, volunteering opportunities and employability support.



## Health Visiting in North Ayrshire

- In North Ayrshire, the foodbank and the community hubs are encouraged to either **signpost a family to their Health Visitor** where they have requested baby formula or notify the Health Visitor on behalf of the family, where consent to share information has been agreed. Where this happens, and a family is in need of financial support, the Health Visitors can link with the Early Years' Social Workers, who form part of the integrated Universal Early Years' service and who have access to wider funds and grants to support families with cash payments.
- In line with the national financial inclusion pathway for health visiting, and to provide more longer-term support, a Health Visitor or Social Worker can request assistance from North Ayrshire's **Money Matters** service, which can support households to maximise their incomes.
- NHS Ayrshire and Arran Midwives and Health Visitors promote the Best Start Foods scheme, which provides a nutritional safety net for the most vulnerable families.

- Beneficiaries of **the Best Start Foods** scheme can purchase cow's milk, infant formula, fresh, frozen or tinned fruit and vegetables, fresh or dried pulses and fresh eggs in any supermarket or smaller shop displaying the Mastercard logo. All infants in Scotland up to the age of one are entitled to **free vitamin drops** containing the daily recommended amount of 10 mcg. These are provided to families by NHS Ayrshire and Arran.

## Family Learning Team – Advice and assistance with Costs

- Our Family Learning Team provided **Family Food Programmes** based on the CAN (cheap and nutritious) toolkit training from the NHS as well as some budget busting cooking sessions that include parents shopping with the budget.
- During the Covid-19 Pandemic the Family Learning team helped families to access Food Vouchers, Free School Meals and/or uniform. Approximately 90 families received **regular contact** throughout the school closures which included support with learning, digital advice and help with accessing the Community Hubs and School Hubs.





- Our Family Learning Team worked with a range of organisations to apply for grants to distribute to some of our families. This included over £7000 of Asda schools back on track grants for uniform and food support, Cash for Kids for additional family **grants** and school jackets and with Children 1st to access vouchers for families to spend on clothing, outdoor equipment and two iPad and MiFi. Family passes were also provided for the Heads of Ayr Farm Park for 6 families.

### Providing Advice on how to Minimise Costs for Energy

- Our Corporate Sustainability Team provide general **energy efficiency advice** to the public on a weekly basis, by responding to enquiries and by using our referral process with internal and external agencies (current average three referrals per week).
- The team is also an active member of the Local Energy Advice Forum (LEAF), a partnership which aims to increase **domestic energy efficiency**, and reduce fuel poverty within North and East Ayrshire.

- The Welfare Reform Advice Team visit our tenants and complete a survey offer **referral to Citrus energy** for any fuel related issues such as debt, switching suppliers etc. Warm Homes Discount is also discussed and assistance to apply is provided if applicable.
- As part of the Financial Inclusion Pathway, referrals can be made to Home Energy Scotland.

### Scottish Child Payment

- The new Scottish Child Payment, which is unique to Scotland opened for early applications in November 2020. Eligible families will get £40 every four weeks for each child under six years old.

### Real Nappy Incentive Scheme

- We became the first Council in the UK to **provide free "birth to potty" real nappy packs**. The new enhanced nappy scheme could save families up to £1,300 per child on the cost of disposable nappies, whilst reducing the environmental impact of nappies by 40 per cent. The free trial tester pack of 'Real Nappies' contains; an easy to use, adjustable, one-sized Birth to Potty

nappy, a microfibre nappy (size one or two), and a bamboo nappy (size one or two), two waterproof wraps, one packet of biodegradable liners, and a handy laundry bag.

## Digital Access

As part of the response to the Covid-19 pandemic, we have supported children and families to have **access to digital devices**. We have purchased over 1200 iPads and 900 Chromebooks as well as connectivity in the form of individual pupil SIMs or MiFi Units for families to share. This amounts to connectivity for 512 pupils. E-Sgoil and remote learning were developed to ensure pupils were able to continue their learning and we put in place other free resources such as books, stationery etc.

- **Virtual Community Centres** were set up on Facebook. There's one for each locality. Sign up has been extensive. Virtual Community Centres were established to replicate the community centre offer on a virtual platform. This included access to on-line learning, signposting to services and specific topic rooms such as mental health support spaces and funding workshops.
- During lockdown all face to face **youthwork activities** were cancelled. Having consulted with our young people and partners we created the live Wednesday online quiz on Facebook. This allowed us to host the quiz and have live chats with the young people by answering their comments and questions. We adapted the format of the quiz to include two British Sign Language interpreters, to support our deaf young people to take part. The Wednesday Quiz has had 46,559 attendees with 4,648 people interacting

with the posts. We have 35 to 40 families regularly taking part in the quiz.

- Our first fully **online Joint Cabinet** took place in November and involved 110 young people from across our secondary schools. They were joined by our Council Cabinet, senior officers, Members of the Scottish Youth Parliament (MSYP) and the Youth Council Executive. Our young people shared their views on the issues that really matter to them including their community, digital connectivity, employability and health and wellbeing. The views of our young people will inform our post Covid-19 recovery and renewal.
- We received 639 devices to support families and care leavers in the second phase of the Connecting Scotland initiative. Twenty organisations benefitted from this initiative, including Connected Communities service and the Health and Social Care Partnership. The devices are in the final stages of being delivered to the families and the organisations will be part of a North Ayrshire network to share good practice, an approach already benefitting phase one recipient organisations.

- North Ayrshire Council has provided an additional £250,000 of funding per annum for a **Digital Families Fund** to digitally include 1,000 families each year, providing access to devices and connectivity for online learning and activities, enhancing and guaranteeing sustainability of current investment in devices for home use.
- Our Public Health Teams continue to recognise that many of our most vulnerable groups experience digital exclusion. We will continue to support and prioritise addressing digital inequalities within public health and we will support partners to utilise digital inequalities impact assessment moving forward to identify where these may exist.

## Reducing the cost of the School Day

- During 2020, a formal **Cost of the School Day (COSD)** working group was established comprising Elected Members, young people, parents, head teachers and staff of educational establishments, senior officers from the Council and HSCP, CPP partners and officers to further drive forward a whole systems approach to reducing the cost associated with education.
- We have previously participated in **pilot work** with Public Health and Young Scot to develop local approaches to Cost of the School Day, providing a sound basis for the current work, with excellent practice in schools being contributed to the working group deliberations.
- The Working Group agreed a set of **North Ayrshire Commitments**.
- We will hold an annual COSD Conference. In line with our co-design and co-production approach, key areas of focus for the forthcoming year from the draft action plan will be agreed at a launch conference in June 2021.
- The **voices** of and the contribution from young people, our school representatives and partners has been extremely valuable in shaping the overall Policy. We have had contributions from national experts and external partners including the Child Poverty Action Group (CPAG) and their support and guidance has been much appreciated.
- As part of the policy development and our budget commitments, it was agreed that there will be a recurring annual investment in a Children and Families Fund of £500,000 which will focus on:
  - **Food:** £150,000 to extend our school and community food network across all schools to support children and families;
  - **Clothing and sustainability:** £100,000 for a School and Family Participatory Budget Investment Fund for educational establishments to respond to local needs in relation to school uniforms, outdoor clothing, sports kit and recycling and reuse equipment; and
  - **Digital inclusion:** £250,000 in a Digital Families Fund to digitally include 1,000 families each year, providing access to devices and connectivity for online learning and activities, enhancing and guaranteeing sustainability of current investment in devices for home use.
- In relation to the Cost of the School Day, the NHS are exploring the use of the new **Community Benefits Gateway (Portal)** which allows the voluntary sector to draw down community benefits from large national contracts. Voluntary groups may wish to put bids into this portal for school clothing and books.

## Attainment Challenge

- North Ayrshire Council is a Challenge Authority and we have made good progress towards improving learning, raising attainment and closing the poverty-related attainment gap in 2019/20. Improvements can be seen across indicators for literacy, numeracy and health and wellbeing. Our Scottish Attainment Challenge workstreams continued to make good progress and we are adapting delivery approaches to continue to meet learner needs across the local authority.

## Pupil Equity Funding

- Every council area benefits from **Pupil Equity Funding** (PEF) and in total, in North Ayrshire, the Pupil Equity Fund in 2017-18 amounted to £4.39m. This rose to £4.41m in 2018-19 and £4.46m in 2019-20.
- Pupil Equity Funding must provide **targeted support** for children and young people affected by poverty to achieve their full potential. Although the funding is allocated on the basis of free school meal eligibility, Head Teachers can use their professional judgement to bring additional children into the targeted interventions.
- All schools work with their school community to decide on how to invest PEF in order to impact positively on pupil outcomes. Plans are developed, which are incorporated into the annual School Improvement Plan. Schools are taking a participatory budgeting approach to the allocation of PEF in their school communities.

- Head Teachers have reconsidered budget expenditure due to the Covid-19 pandemic and have realigned budgets to such areas as:
  - Outdoor learning to promote health and wellbeing
  - Providing support to children and young people on remote learning
  - Providing additional resources to support home learning
  - Purchase of digital software and IT equipment
  - Providing online activities and personalised support for the most vulnerable.
  - Targeted interventions for Primary 1-3 in response to poor engagement with remote learning.
  - Practical science resources to enable more focus on health and wellbeing.
  - Purchase of e-Books.



All schools work with their school community to decide on how to invest PEF in order to impact positively on pupil outcomes. Plans are developed, which are incorporated into the annual School Improvement Plan.



# Case Study: Largs Academy

## – Developing the Young Workforce Teacher – Supporting Digital Provision

### Approach and Intended Impact

The objective of the project was to evaluate Lockdown 1 and create the contingency plan for working with pupils, staff and parents –

- To provide support to those young people most in need who are identified through class teachers and pupil support teachers.
- To support parents in their role relating to home learning.
- To support staff within the school to provide devices and assist in the use of digital technology.

We wanted to ensure each young person has the equipment and information they require to participate in digital learning. Some examples of supports provided are:

- Twilight training sessions for staff.
- Parental Help Guides in the use of digital platforms.
- Leaders of Learning – S6 pupils supporting pupils in lunchtime training sessions.
- Working closely with parents/carers to facilitate remote access.
- Working closely with the IT Technician in school to provide digital software and hardware where required.

Our intention was there would be no disadvantage to any young people due to the lack of digital equipment or knowledge and information required to participate in learning. Trackers of engagement are monitored i.e. digital class registers, review of homework being returned to teachers. This allows teachers to target certain groups of young people who may be struggling with technology or another reason and provide appropriate support.

### Evaluation

Feedback from surveys to parent/carers have been much more positive than in the initial lockdown with regard to accessing digital technology and also the structure to teaching and learning. Staff have an increased confidence in the use digital technology for teaching and learning. We plan to carry out further monitoring and engagement with staff, parents/carers and young people and we will be aiming to include digital wellbeing activities for pupils.



## Developing our nurturing approach across all Children's Services

- We continue to work towards our vision of being a nurturing authority through our **"Nurturing North Ayrshire's Recovery"** approach by building emotional resilience in children and develop stronger relationships. Following lockdown, it was found that children who had experienced nurture approaches coped well with the return to school.
- We aim to establish **emotional resilience** in children and train teachers to foster stronger and productive relationships with children and young people through a nurturing approach and increasing engagement in the learning process. Evidence shows that this is reducing instances of non-engagement with children and young people and is contributing towards raising attainment.

## Childcare Provision

- Throughout 2020-21 the focus for Early Learning and Childcare (ELC) has been on managing the impact of the Covid-19 pandemic on **children's**

learning and development and on the **health and wellbeing** of children and their families.

- All efforts have been focussed on **maintaining provision** where guidance has allowed. During periods of lockdown, service has been maintained for **vulnerable children and the children of key worker families**.
- **Remote learning** has been utilised successfully to support those learners who have not been able to attend. At all other times ELC provision has been maintained for all children with a strong focus on nurture and health and wellbeing. The service has continued to **support ELC funded providers and childminders** through the Scottish Government's Temporary Restrictions Fund.
- We are gearing up to deliver **1140 hours of Early Learning and Childcare (ELC)** to children and families across North Ayrshire from August 2021. A full review of the planned provision has been carried out in light of the Covid-19 related impacts to ensure our delivery is in the right places to meet the needs of our children and their families.





- All our extension and refurbishments projects aim to create **indoor and outdoor learning environments** which are beautiful, calm spaces which inspire curiosity, wonder and excitement for play and learning.
- Our **Early Learning and Childcare Expansion Programme (ELCEP)** has reached some key milestones. 25 separate projects have now been completed. A contractor has been appointed to carry out the refurbishment of Marress House, the most significant project within the programme.
- The ELCEP has provided a range of **local employment opportunities** and last year fourteen Modern Apprentices completed their training and secured employment from August 2019.

### Period Poverty Initiative

- We continue with our **Period Dignity project** to support the dignity and respect of our residents. Initially established in 2017, we were the first local authority in the UK to offer free sanitary provision in its schools, libraries, community centres and public buildings and we continue to lead the way in our fight against period poverty.
- During the Covid-19 response phase **via our food box distributions**, we also took orders for period products which would be added to the delivery for those in need. Alongside this we were supplying local community hubs for their local communities.
- In December we **piloted a bulk home delivery for secondary age pupils**. This was hugely popular. As part of this pilot, we offered access to reusable products which can have long term financial benefits to the user as they no longer need to buy disposable products each month. The reusable products will last around 5-10 years. Reusable products were popular, and we hope that these help to alleviate some financial pressure in households each month.
- The Period Products (Free Provision) (Scotland) Bill was approved in November 2020 and places a duty on local authorities to ensure period products are available to “anyone who needs them”. Facilities Management



## Face to face interventions

continued for our most vulnerable children and young people throughout the Covid-19 pandemic.



will be working over the next year to design a service which meets the requirements of the Bill. Our children and young people will be a key part of this service delivery.

## Children and Families

- **Face to face interventions** continued for our most vulnerable children and young people throughout the Covid-19 pandemic. In addition, many virtual and 'Near Me' digital appointments and visits have, and continue to be undertaken, utilising technology. Since March 2020, Children and Families teams have undertaken an average of 529 home visits per week to offer support, guidance and respond to safeguarding issues and vulnerabilities.
- In addition our teams have contacted children and their families by **phone** (402 per week on average) and virtually (23 per week on average). The number of vulnerable families being identified has steadily grown throughout the periods of lockdown.
- Utilising the **Get Connected Fund** a number of children and families experienced enhanced participation in learning and an ongoing connection with those offering them essential support.
- In order to ensure that young people could be digitally connected especially during the pandemic, 265 devices including 54 Chromebooks, 45 laptops and 25 iPads were distributed to children who are **looked after, as well as care leavers**. The devices were supplied by Who Cares?, our Corporate Parenting Team and Community Development.
- Our staff provided a range of **activities** to our children and families throughout the pandemic, including arts and crafts activities, scavenger hunts and booklets.
- Applications to the Cash For Kids Emergency Grant Fund raised £10,500 for our most vulnerable families **providing essential items** during the lockdown period.
- Donations of bicycles were received and distributed to families, assisting with mobility and **outdoor opportunities** to enhance well-being.
- Donations of children's clothing were collected and distributed to families who required them.
- Money received from the **Winter Care Social Funding** was used in a variety of ways to go directly to vulnerable children and families across North Ayrshire. This included vouchers for local cafes, cinema, supermarkets and gym memberships. All Care Experienced young people were written to with





Funding was also provided for music tuition, horse riding, crisis counselling, dance lessons, football coaching for children and young people in all locality teams,

packs of resources, wellbeing activities and treats. All foster carers were given vouchers at Christmas time. Caravan breaks and treat days are being planned and purchased post Covid.

- The Service Access and Multi Agency Assessment Screening Hub (MAASH) teams recently provided **Hope Bags**, with vouchers for local supermarkets, cafes, mobile phone, as well as other information and support guidance, all packed into the same emergency pack and offer invaluable support at a very worrying time.



Food vouchers, clothing vouchers and electricity cards were distributed, and our very successful Chicken Dinners project and Christmas Toy Appeal took place with £1200 being awarded as a grant from West Sound radio station.

- Food vouchers, clothing vouchers and electricity cards were distributed, and our very successful Chicken Dinners project and Christmas Toy Appeal took place with £1200 being awarded as a grant from West Sound radio station. We received numerous and generous donations of toys and money from far and wide to ensure all our families in need had a full Christmas dinner delivered to them before Christmas day.
- Funding was also provided for music tuition, horse riding, crisis counselling, dance lessons, football coaching for children and young people in all locality teams, as well as two extensions for family homes to support kinship placements (placements at risk of breaking down).
- All Care Experienced young people have a **KA Leisure card** that they can use when the gyms open up again.
- A joint funding submission with the National Portrait Gallery, North Ayrshire Alcohol and Drugs Partnership, North Ayrshire Health and Social Care Partnership and North Ayrshire Youth Services was successful in securing £60,000 from the **Youth Recovery Fund**. The Youth Recovery Fund has been set up to support the wellbeing of all children and young people impacted by the Covid-19 pandemic, in particular those young people from disadvantaged



The Innovative Employment Programme will create an opportunity for parents and carers involved with the Rosemount Project.



backgrounds and will enable the youth work sector across Scotland to support educational recovery in the context of the Covid-19 crisis. This funding will support an exciting range of art programmes, initiatives and exhibitions that will have a choose life message and encourage positive mental health and wellbeing amongst our children and young people. This involved art packs being posted out to over 200 children and young people across North Ayrshire.

- A **Care Experienced Quality Improvement Officer** was appointed on 1st March 2021 whose sole role will be to focus on the attainment and achievement of care experienced young people.
- During the Pandemic our **Service Access Team** realigned their service within a week linking Health and Social Care Partnership staff to all Community Hubs to work in collaboration with Community Development, the Third Sector and volunteers to support vulnerable families at risk of isolation in our communities. This responsive and collaborative approach enabled staff to deliver individualised support, meet food and health needs with dignity, tackle loneliness and support families with managing finances. Over 600 additional families who contacted the Community

Hubs were supported by the Service Access team during the first month of the pandemic.

- This co-location and joint working initiative has developed a strong partnership across services and is a model which we continue to build on to improve local health and wellbeing and to ensure that the services provided in each locality are meeting the specific needs of families and communities.
- Following the legacy and learning that was developed from the partnership work with our Community Development colleagues in the Community Hubs an exciting opportunity to support parents and carers into employment, training and further education post pandemic has arisen. The **Innovative Employment Programme** will create an opportunity for parents and carers involved with the Rosemount Project who are on low income and who have lost employment and training opportunities due to the pandemic to participate in person centred employment and training programmes. These programmes will enhance parents' and carers' experience of training and employment and provide them with a variety of bespoke learning programmes, that are interactive, confidence building and which cover a vast range of topics. Furthermore, this innovative programme will take parents



Our Throughcare Team fund accommodation costs for young people who are undertaking education courses at HNC level and above.

and carers on their own learning journey with each programme incorporating literacy and skills development, health and well-being and support to work towards adult learning awards and volunteering opportunities.

- Additional benefits from this creative intervention will be an introduction to **what's on at a local level** to encourage and increase the circle of support that parents and carers have in their local area and opportunities for delivery of intergenerational and joint family learning programmes, initiatives and events. It is anticipated that these programmes will commence in July/August 2021.
- Our Throughcare Team fund **accommodation costs for young people who are undertaking education courses at HNC level and above**. This allows the young person to use their care experienced bursary to cover all their other costs. This allows young people to concentrate on the course without necessarily looking for part time employment to meet their basic needs. One young man who went on to study for a PhD said that providing finances to give him the space to concentrate on his coursework was the best thing we did.
- In line with the increase in Universal Credit payments during the pandemic, **Throughcare raised the weekly Care Leaver Payment by £20**. Along with the regular distribution of vouchers for supermarkets and clothing suppliers as well as crediting power supplies, this was a way to try to ensure that care leavers were able to maintain their homes and meet their basic needs. Although the Care Leaver Payment increase was a direct response to the pandemic, the offering of vouchers and financing power supplies are a frequent, long standing practice of the team to alleviate some of the financial hardships suffered by care leavers. In addition, the council tax exemption for care leavers until their 26th birthday, is another financial pressure that young people don't need to worry about.



# Case Study: Qualitative Research undertaken (September 2020) into the cost of pregnancy in Ayrshire and Arran

The relationship between lack of material resources and poor health, including during pregnancy, is well established, and the birth of a new baby can result in those close to the poverty line falling below it. Evidence shows that there can be cost-related barriers to accessing universally provided, and free at the point of access services

In Ayrshire and Arran a qualitative study (jointly commissioned with NHS Greater Glasgow and Clyde and NHS Health Scotland) to explore the financial impact of pregnancy on low-income families was undertaken. This was with a view to establishing any cost-related barriers to accessing antenatal healthcare and to explore what health services can do to support the financial wellbeing of expectant parents and their families. An important aspect of the study involved capturing the real voices of lived experience from participants.

## Findings

Financial pressures of pregnancy for expectant and new families caused cost-related barriers in accessing antenatal and postnatal care. The impact was apparent on families who were both in employment and out of work. Many families relied on the welfare system and family support. Issues were identified in the way in which Universal Credit operates, understanding entitlement and applying for support.

***“My husband’s not well and he’s not able to work. Suddenly we had zero income (just applied for Universal Credit). All we***

***had were a couple of beds and someone had given us a sofa. We literally had to rely on the kindness of other people to get us through that – it restores your faith in humanity!”***

***New mum, experienced, A&A***

Some groups found specific barriers e.g. asylum seeking families who were ineligible for welfare system payments found that their support parents were insufficient, meaning they relied on charity. A range of factors contributed to the financial pressures experienced by expectant and new families in receipt of low income, the most significant of which were:

- an increased burden on overall household income levels, particularly for asylum seekers, single parent families, and those in receipt of Universal Credit
- additional costs associated with preparing for the arrival of a new baby and ensuring the child’s wellbeing once born
- the social pressure to ‘buy the best’ for the baby.

***“H- was working at the time and I was pregnant, but we found out we weren’t entitled to anything until she was here. So that was like a kick to the teeth actually. We were kind of struggling then to make ends meet, just with bills and things... Getting everything ready for her coming was a problem – we had to borrow money off H-’s cousin because we were in dire straits really.”***





#### New mum, first time, A&A

***"I buy for the baby when I have money... when I got the Baby Start Grant I just went out and got loads – I buy when I see them on offer. Some things are hard to buy on a budget... Mum's buying the pram for me – £100 off Amazon – but you see people spending like £800 – it's mad!"***

#### Pregnant, first time, A&A

While families experienced a sudden and intense financial pressure during pregnancy, varying degrees of financial support were accessed for 'baby-focused' spending such as clothes and equipment. This support was provided primarily by close family, and (for those eligible) by the availability of the Scottish Government Baby Box and the Best Start Grant.

Antenatal (and to a lesser extent postnatal) healthcare needs added a further layer of financial pressure on the income of these families, particularly those living in rural locations. The key impacts of accessing this care related to:

- travel costs for attendance at centralised venue appointments, whether for antenatal clinics or for scans/specific monitoring – again a particular issue for those in rural areas
- loss of earnings due to partners attending antenatal appointments
- cost, or lack of availability of free, childcare to address the restrictions on having children present at assessment centres or to facilitate travel to appointments
- additional costs incurred as a result of the ineffective or uncoordinated scheduling and running of appointments (parking, travel costs, food)

***"It's three buses to get to Crosshouse... Nine pounds eighty single all the way. So nearly £20 return – £40 for us both – just to get a scan!"***

#### Pregnant, experienced, A&A

***"Getting appointments closer. I think for anybody in Girvan who would be travelling to Crosshouse it's a nightmare."***

#### New mum, Experienced, A&A

***"He works set hours so trying to get a babysitter was difficult... for scans you're allowed to go to two but his boss didn't allow him more time off... so I had to take her (toddler) too."***

#### New mum, experienced, A&A

***"No one asks you if you can get to appointments – they just send out details and expect you to work it out! It's not good... it's not easy."***



### Pregnant, experienced, A&A

These findings supported several recommendations for action, as summarised below, and will contribute to future Child Poverty action planning:

- Greater opportunities for meaningful engagement with midwives at the antenatal stage will provide for continuity of care and time to build relationships of trust and provision of financial advice.
- The provision of clearer awareness-raising and signposting of specialist money advice/welfare rights services is needed. This includes staff training.
- Proactive discussion of the financial support that is available must take place early in the antenatal care process.
- The provision of vouchers or passes ante-natal care.
- Greater ease of accessibility to welfare foods and tackling of associated stigma
- Local second-hand buying options, third sector services, and online platforms which provide equipment for new parents should be promoted.
- Access to childcare facilities, specifically for those attending more frequently for additional care appointments.
- Greater flexibility to accommodate individual circumstances when arranging appointments.
- A more decentralised service delivery model, for example, a hub-and-spoke model, particularly in rural areas.





## Travel Initiatives

- We secured £400,000 of funding from the **Spaces for People** programme managed by Sustrans to enable temporary infrastructure projects to reallocate road space to facilitate **safe walking, wheeling and cycling** during the Covid-19 emergency. The funding will enable the following works to be undertaken by the end of May 2021:
  - Creation of new cycle parking at strategic locations.
  - Delivery of a range of behaviour change activities including school travel materials and maps.
  - Path works to reclaim full path widths on existing routes and remedial surfacing works on key active travel routes.
- We have developed a partnership project with Sustrans Scotland to deliver a street design project in Ardrossan which will design and implement **high-quality public space in the town centre and upgrade the National Cycle Network (NCN)**. The Ardrossan Connections project will be delivered over three years, with construction planned in 2022/23. This will focus on:
  - Providing safe, accessible and attractive walking, wheeling and cycling route for residents and visitors and improve the attractiveness of the NCN between the Three Towns.
  - Creating a sense of place in Ardrossan that celebrates heritage and encourages more visits.
  - Improving awareness of the NCN and the benefits of active and sustainable travel
  - Alleviating transport poverty and allow more people to experience the health and wellbeing benefits of travelling actively and sustainably.
- We have secured £1.31M for 2021/22 from the Strathclyde Partnership for Transport (SPT) Capital Programme towards the delivery of **active travel and public transport improvements** across North Ayrshire

## Covid-19 Vaccination Travel Vouchers

- In response to the challenges faced accessing clinic appointments for Covid-19 vaccination we implemented a 'travel voucher' that provided the financial assistance for citizens to travel to their clinic appointment. Although children and young people are not currently receiving the vaccine their health and wellbeing is inextricably linked to their family and carers and this helped to reduce barriers to accessing protection from the virus via vaccination and the financial burden of cost of travel. This is being considered nationally as an exemplar of good practice.

# Appendix 1 – Actions to Reduce Child Poverty

## Increasing Income from Employment

Action	Who action is carried out by (all those partners involved in action)	Level of Intervention	How impact has / will be assessed	Targeted Group
Support the creation of new jobs in North Ayrshire through business development and the Inward Investment Strategy and Ayrshire Growth Deal.	NAC Team North Ayrshire working with local and regional partners	Universal	Percentage of working age population in employment – 69% (2020/21)  Number of jobs created by businesses in North Ayrshire supported by Business Development – 163 (2020/21)	All Residents
Encourage and support local businesses to pay the Living Wage	NAC Economic Development	Universal	Percentage of people earning less than the living wage – 16.0% (2019/20)	Employed residents
Increase participation and positive outcomes across a range of employment programmes including: • Skills for Life Programme • Family Futures • We Work for Families	NAC Employability services	Targeted	Number of participants in programmes and number of participants entering employment	Lone parents, unemployed parents
Provide In-work Support Programmes	NAC Employability services	Targeted	Number of participants	In work parents
Employability Support Services will continue to target parents, young people and people with disabilities and work in partnership with other services to identify and target possible clients.	NAC Employability services	Targeted	Number of participants in programmes	Unemployed people, people with disabilities
We will deliver our Disability Employment Support Service: Equal	NAC Employability services	Targeted	Number of participants in programmes	Unemployed people, people with disabilities
Continue to use procurement powers and increased quick quote thresholds to help more local suppliers win contracts. Our activities aim to stimulate the local economy, by securing jobs or generating community benefits.	NAC Procurement Business Development Team	Targeted	N/A	Local businesses and residents
Develop employability skills through adult and community learning opportunities.	NAC Employability services and Connected Communities	Targeted	Number of participants in programmes	Unemployed people
Support care leavers with employment and training opportunities	NAC Throughcare support team	Targeted	Care leavers in positive destinations	Care leavers
Modern Apprenticeships for young people leaving care or have disabilities	NAC	Targeted	Number of Modern Apprentices	Care leavers of young people with disabilities
Maintain a specific focus on reducing the poverty related attainment gap and maximise the learning potential of specific groups of learners, including Looked After Children.	NAC Education Services	Universal	Average total tariff score of pupils living in SIMD 30% most deprived areas Average tariff score: All Leavers	Looked after children, children in poverty
Childcare/ Out of School Care Roll out of 1140 Early Years Expansion to aid Covid-19 recovery and enable parents to work	NAC Education Services, HSCP, partner providers	Universal	Centres providing 1140 hours provision	All parents
Work in partnership with Ayrshire College a range of vocational programmes are on offer to pupils in the Senior Phase.	NAC Education Services, Ayrshire College	Universal	Numbers attending vocational programmes	Senior pupils
Activity Agreements - Activity agreements provide 1:1 support to help young people overcome barriers they may face when taking the next step to employment, training or further education.	NAC Education Services, NACHSCP	Universal	Number of activity agreements	Senior pupils
Develop the Young Workforce (DYW) - All North Ayrshire schools are broadening the range of wider qualifications and experiences available in secondary schools.	NAC Education Services and Partners	Universal	N/A	Senior pupils
Strengthen the links between schools and partnership organisations and employers	NAC Education Services and Partners	Universal	Participation rate of 16-19 year olds (90.56% in 2019/20)	Senior pupils

# Appendix 1 – Actions to Reduce Child Poverty

## Maximising Benefits

Action	Who action is carried out by (all those partners involved in action)	Level of Intervention	How impact has / will be assessed	Targeted Group
Undertake income maximisation by Money Matters Team to assist clients to receive their full legal entitlement to benefits	NAC Money Matters Team and referring services	Targeted	Income generation for service users – Over £15m in 2020/21 Success rate for appeals – 76% in 2020/21	Parents
Welfare Rights Officers based within GP surgeries.	NAC Money Matters Team and referring services	Universal	N/A	All families
Hold further sessions with senior managers to encourage poverty impact assessment approaches in our work.	NAC, NHS Ayrshire and Arran	Targeted	N/A	Raise awareness for Staff
Process Free School Meals and School Clothing and Footwear Grant – continue to automate annual process	NAC Customer Services	Targeted	N/A	Families entitled to free school meals and clothing grants
Continue to encourage uptake of Free School Meals in Primary and Secondary Schools including planning for additional provision	NAC FM Team and Education	Targeted	% uptake of free school meals (Primary) – 63.79% in 2020/21 % uptake of free school meals (Secondary) – 44.87% in 2020/21	Families entitled to free school meals
Ensure that our Customer Services Team are prepared to deal with any increase in demand for Benefits, Council Tax Reductions, EMA, FSM/ SCGs and Scottish Welfare Fund applications.	NAC Customer Services	Universal	Speed of processing Housing Benefits and Council Tax reductions	All residents entitled
Transformation Project, to assess the possibility of a “Single Shared Assessment”.	NAC Customer Services and Transformation Team	Universal	N/A	All residents
Digital support to residents – • Assisting with benefits claims • Assisting with digital upskilling	NAC Tenant Welfare Team	Universal	Number of residents assisted with digital skills Number of tenants provided with face to face UC digital support (cumulative for reporting year)	All residents
Roll out of training in financial inclusion direct referral pathways for maternity services in the first instance.	NHS Maternity Services and Money Matters	Targeted	Referrals to Money Matters from Maternity Services	Pregnant women and families
Provision of information relating to financial inclusion via the Better Health Hub	NHS Teams	Universal	N/A	Families
Provide access to free quality assured health information materials on financial matters via the Health Information & Resources Service including continued provision of access to non-digital versions (and free print and post service).	NHS Teams	Universal	N/A	Vulnerable families
Provide training and capacity building for staff on the most effective ways to have conversations with residents about financial matters.	NHS Teams	Universal	N/A	Vulnerable families
Monitor and support benefit automation and portal, being implemented by the end of 2022 by Scottish Government and Social Security Scotland.	NHS Teams	Universal	N/A	Vulnerable families



# Appendix 1 – Actions to Reduce Child Poverty

## Reducing the cost of living

Action	Who action is carried out by (all those partners involved in action)	Level of Intervention	How impact has / will be assessed	Targeted Group
Implement the Local Housing Strategy including – • alleviating fuel poverty through our new build Council housing programme (latest insulation standards, use of renewable and energy efficiency technologies)	NAC Housing Services	Targeted	Number of households in fuel poverty (28% in 2020/21) % of council dwellings that are energy efficient	Vulnerable families
Focus on keeping our Council housing rent levels affordable	NAC Housing Services	Universal	Weekly rent rates compared to Scottish average	Council residents
Homelessness Prevention – Rapid re-housing Transition Plan.	NAC Housing Services	Universal	Number/ % of presentation that did not make a homeless application and were able to sustain current accommodation or secure alternative	Vulnerable families
Review our housing allocation policy to ensure no unintended consequences for child poverty	NAC Housing Services	Targeted	N/A	Vulnerable families
Energy advice – • Corporate Sustainability Team - general energy efficiency advice • Referrals to Home Energy Scotland.	NAC various teams	Universal	N/A	All residents
Progress the Solar PV Farm Project	NAC Sustainability Teams	Universal	N/A	All Residents
Seek approval for our first EV Strategy	NAC Sustainability Teams	Universal	N/A	All Residents
School holiday meals programme	NAC Facilities Management, KA Leisure, Community Partners	Universal	Number of young people accessing holiday meals programme	Vulnerable families
We will further work on our food waste project which makes surplus food available for children.	NAC Facilities Management	Universal	Uptake figures	Vulnerable families
Period Poverty initiative – providing free access to sanitary products at secondary schools and in all council buildings.	NAC Facilities Management	Universal	Provision figures	Vulnerable families/ young people
Welfare Reform Advice Team offer debt services to NAC Tenants	NAC Welfare Reform Advice Team	Targeted	Tenants engaging with service	
Reduce transport poverty by ensuring that local communities and families have sustainable and active travel opportunities to enable them to easily access services, facilities, employment and school.	NAC Travel and Transport with Partners	Universal	Measures for Transport usage	All residents
Travel Smart project aims to promote sustainable and active travel and reduce transport poverty in local communities.	NAC Travel and Transport with Partners	Universal	Measures for Transport usage	All residents
Family Learning Team funded to work in partnership with schools and the extended community – including food and budgeting support	NAC Education Services, Family Learning Team	Universal	Numbers of families engaged in programmes	Vulnerable families and all families
Continue to support digital learning with access and devices in Education.	NAC Education Services and partners	Universal	N/A	All children and young people
We will continue to build on the Participatory Budgeting approach to Pupil Equity Funding.	NAC Connected Communities Team and partners	Universal	N/A	Children and young people
We will raise awareness of the North Ayrshire Community Book(s).	NAC CPP Team	Universal	N/A	All residents
Continue to address food with dignity opportunities in our localities including launching an interactive map.	NAC Connected Communities Team and partners	Universal	N/A	All residents

# Appendix 1 – Actions to Reduce Child Poverty

## Reducing the cost of living (cont.)

Action	Who action is carried out by (all those partners involved in action)	Level of Intervention	How impact has / will be assessed	Targeted Group
Explore the use of the new Community Benefits Gateway (Portal).	NAC Procurement Teams	Universal	N/A	All residents
Support development of early literacy through management of Bookbug in libraries and communities, provision of training for partners and staff and provision of four Scottish Book Trust story bags each year from birth to Primary 1 for all children	NAC Connected Communities Team	Universal	Number of bags distributed to areas of deprivation	All families
Take forward the Cost of the School Day actions with schools, services and partners.	NAC Education Services and Partners	Universal	TBC	Vulnerable families
We will take forward the Action Plan from the Cost Of Pregnancy Pathway research programme	NHS Teams	Targeted	TBC	Pregnant women

**North Ayrshire Community  
Planning Partnership**

Cunninghame House  
Friars Croft  
Irvine KA12 8EE

**Tel.** 01294 324114

**email.** [info@northayrshire.community](mailto:info@northayrshire.community)

# North Ayrshire Children Services Plan

Performance Report

2020/21









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The 2020 Covid-19 Pandemic has had a major impact on all of our lives. The pandemic and associated lockdowns will have a lasting impact on our children and families.



## Foreword

Welcome to our Children's Services Performance Report. This is our first performance report since we launched our Children's Services Plan 2020-23 in October 2020. The report covers activity during 2020/21.

The 2020 Covid-19 Pandemic has had a major impact on all of our lives. The pandemic and associated lockdowns will have a lasting impact on our children and families, in terms of their financial situation as well as the impact on mental health and other aspects of everyday life. The impact of Covid-19 will be vast and is already being evidenced in relation to children and young people. We want to make sure that we are able to support all of our Children and Young People as we move into a recovery phase.

We have already had to adapt our services rapidly to provide alternative arrangements for learning and other supports. We will continue to adapt as we learn more about the longer-term impact of the pandemic. We will continue to listen to children, young people and families and use the best data available to inform the strong local partnership working which underpins our new Children's Services Plan. We are confident that we will continue to give children and young people the best possible start in life in North Ayrshire.



A key focus for all Children's Services partnerships will be the continued impact of living with the Covid-19 pandemic and all of the associated challenges.

# Introduction

Our Children's Services Plan 2020-23 was approved and published in October 2020 and set out our key priorities for the next three years to achieve our vision in North Ayrshire – **for all our children and young people to have the best start in life and for North Ayrshire to be the best place in Scotland to grow up.**

Our Plan identified five key priorities that will be taken forward over the timescales of the Plan.

A key focus for all Children's Services partnerships will be the continued impact of living with the Covid-19 pandemic and all of the associated challenges with recovery and renewal phases from this. Our key priorities will be even more important in this new context.

## Children's Services Planning Context

During 2020/21 we have been reviewing our Children's Services Planning and conducting self-evaluation activity. This has led to the creation of a new group, the Children's Services Executive Group to deal with operational governance and

decision making. The self-evaluation activity identified various areas where we wanted to commence short term improvement Workstreams. The details of the Workstreams are included in the main report below.

We will have an ongoing rolling programme of improvement Workstreams that will be implemented within our annual planning cycles.

Our Children's Services Executive Group maintains strong links to our Children's Services Strategic Partnership, which has the main strategic oversight of our Children's Services Planning agenda. During 2021/22 we will be reviewing our key Performance Measures with the Children's Services Strategic Partnership to ensure they reflect our renewed areas of focus and Workstream improvement activity.





# Children's Services Performance 2020/21

What have we been doing over the last 12 months?



Our performance report includes some of our key highlight from the last 12 months. We have included case studies where possible and a summary of our Performance Measures is included at Appendix 1. Our high-level actions as agreed in our Children's Services Plan 2020-23 are included as Appendix 2.

Our report has been split into five sections to cover our five key priorities. We have a focus on Getting it Right for Every Child (GIRFEC) principles and practice.

Getting it right for every child (GIRFEC) is based on children's rights and its principles reflect the United Nations Convention on the Rights of the Child (UNCRC). It is for all children and young people because it is impossible to predict if or when they





might need support. GIRFEC also respects parents' rights under the European Convention on Human Rights (ECHR).

To ensure we demonstrate our GIRFEC approach, our report is: **child-focused, based on an understanding of the wellbeing of a child in their current, based on tackling needs early and demonstrates joined-up, partnership working.**

The Getting it Right for Every Child (GIRFEC) approach supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential. At home, in school or the wider community, every child and young person should be:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

These eight factors are often referred to by their initial letters – SHANARRI. We have included a relevant case study linking to each of the SHANARRI wellbeing factors throughout our report.



The Getting it Right for Every Child (GIRFEC) approach supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential.





We published our North Ayrshire Children's Rights Report in October 2020 and this provided details of the areas of focus for the next three years.



## Priority 1: Young people's rights and views are respected and listened to.

Ensuring the rights, views and aspirations of children and young people are at the centre of everything we do

### Children's and Young People's Rights

We published our North Ayrshire Children's Rights Report in October 2020 and this provided details of the areas of focus for the next three years.

The United Nations Convention on the Rights of the Child (**UNCRC**) sets out the human rights of every person under the age of 18 and is the most complete statement on children's rights treaty in history. It was adopted by the UN General Assembly in 1989 and is the most widely adopted international human rights treaty in history.

The Convention has 54 articles that cover all aspects of a child's life and set out

the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It makes clear how adults and governments must work together to make sure all children can enjoy all their rights.

Every child has rights, whatever their ethnicity, gender, religion, language, abilities or any other status. The Convention must be understood as a whole: all rights are linked, and no right is more important than another.

### The UNCRC in Scotland

The UK ratified the UNCRC in 1991, but it has not been incorporated into domestic law, meaning that many of the protections



RRS educates about children's rights, but also models rights and respect in all relationships, whether they be between teachers or other adults and pupils, between adults and between pupils.

contained within it are not accessible to children and young people in the UK.

In September 2020, as part of the Programme for Government, the Scottish Government agreed to incorporate the UNCRC into domestic law in Scotland. The UNCRC (Incorporation) (Scotland) Bill will make it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights.

### North Ayrshire UNCRC Working Group

We have established a UNCRC implementation Working Group including representative from Council and HSCP services to ensure we are ready to embrace the changes from the UNCRC (Incorporation) (Scotland) Bill. We already ensure that Children's Rights are fully considered as part of our Equality Impact Assessments and Children's Rights continue to be at the heart of everything we do.

### Rights Respecting Schools

All schools promote children's rights and the Rights Respecting Schools programme (RRS) has been promoted and introduced into almost all schools in North Ayrshire.

The **Rights Respecting Schools Award (RRSA)** recognises achievement in putting the United Nations Convention on the Rights of the Child (UNCRC) at the heart of a school's planning, policies, practice and ethos.

RRS educates about children's rights, but also models rights and respect in all relationships, whether they be between teachers or other adults and pupils, between adults and between pupils. RRS underpins our Integrated Children's Service Plan; Promoting Positive Relationships anti-bullying, Additional Support needs and Child Protection policies. The UNCRC provides a clear link for pupils between building up rights-respecting approach in our schools understanding their rights and for children's rights to be realised everywhere.

All of our schools have undertaken this type of learning and moving forward this approach will be essential in light of the incorporation of the UNCRC into Scotland's domestic law and into revised CP and ASN practices.

#### As of January 2021, we have:

- 4 Gold fully Rights Respecting Schools – with a Children's Rights Ambassador status.
- 23 Silver awards who are rights aware.
- 26 Bronze who are Children's Rights Committed.



Increasingly, there are groups for Lesbian Gay Bisexual Transgender (LGBT) children where they can meet up for mutual support.



**LGBT education** forms part of the learning (primarily in the secondary schools) focussing not only on the sexual health aspects for children and young people, but also on social and emotional resilience, including supporting mental health in relation to relationships, sexuality and sexual behaviour. Our revised Health and Wellbeing curriculum pathway takes full cognisance of this. The use of curriculum benchmarks ensures that progress of young people is measured throughout this key area of education.

A number of programmes and approaches continue to be used in schools including:

- SHARE (Sexual health and relationships education) – NHS resource
- Fit (Stonewall resource)
- See Me! resources
- Stonewall information/resource
- LGBT Scotland
- Bespoke programmes of study which include discussions on sexuality and sexual behaviour
- Risky behaviours.
- Expect Respect
- Mentors in Violence Project (MVP)
- Digital support groups are offered in partnership with Youth Services,

Youth Services and Education have been successful in gaining funding through the Youth Work education fund to deliver

targeted sessions through the mobile youth centre. This work will include a focus on our hard to reach groups including the LGBT community. They will be offered support with MHWB and Employability through a variety of measures to including outdoor learning opportunities

Increasingly, there are groups for Lesbian Gay Bisexual Transgender (LGBT) children where they can meet up for mutual support. They are supported to represent themselves at national events and marches. Even in lockdown, highlights from the recent LGBT History Month held in February featured:

- Bake days.
- A casual dress day when pupils and staff were encouraged to wear something purple and donate towards LGBT Youth Scotland.
- North Ayrshire Youth services provided opportunities to virtually attend evening support groups.

### Children's Hearings

Any child or young person attending a children's hearing will be offered the services of an advocacy worker to help them have their voice or views heard. It is their right to have this and the Chair of the hearing must make them aware if this has not already been done.



# Case Study: Respected

Having the opportunity, along with parents and carers, to be heard and involved in decisions that affect them

## Youth Participation and Citizenship Strategy

We launched our North Ayrshire Youth Participation and Citizenship Strategy 2021-2025. It complements the Children's Services Plan 2020-23, the Children's Rights Report and our Child Poverty Action Plan Report. Young people have been at the heart of the consultation, planning, delivery and providing feedback during the development of the new Strategy. Our Connected Communities Team engaged with young people, youth workers and stakeholders on the key themes affecting young people. This involved continuous consultation with young people through a variety of events and platforms. This engagement will continue throughout the life of the new Strategy.

Our first fully online Joint Cabinet took place in November and involved 110 young people from across our secondary schools. They were joined by our Council Cabinet, senior officers, Members of the Scottish Youth Parliament (MSYP) and the Youth Council Executive. Our young people shared their views on the issues that really matter to them including their community, digital connectivity, employability and health and wellbeing. The views of our young people will inform our post Covid-19 recovery and renewal.

The online digital Joint Cabinet session announced two successful funding bids totalling £120,000 from the Youth Work

Education Recovery Fund for youth projects in North Ayrshire. A joint funding submission with the National Portrait Gallery, North Ayrshire Alcohol and Drugs Partnership, our Health and Social Care Partnership and our Youth Services team was successful in securing £60,000 from the Youth Recovery Fund. This will explore artist interventions that could be used in local communities to improve mental health and wellbeing.





## Priority 2: Acting early to improve what happens next

Focussing on early intervention and prevention

### Child protection

We were aware that the impact of the Covid-19 may have heightened the risk of child abuse in our communities. During the Lockdown periods, the Child Protection Committee urged staff to help protect children in our communities. There was also continued engagement with the public.

The Child Protection Committee offered a range of e-learning modules for employees and partners to ensure all our teams are confident in recognising the signs of a child or young person at risk of harm and how to report this. Childcare Hubs were established during the first lockdown period to offer support to children identified as being more vulnerable and requiring supported time.

Over the summer period a blended model of support was offered focusing on play opportunity and resilience building activities as well as more one to one support ensuring children's inclusion in group activities, but recognising and individualised support needs provided by consistent adults.

Children and families continued to undertake face to face work alongside families who were identified as being more vulnerable during the lockdown period. The focus of this work was to support families with areas of risk and need and build effective responses to these. A range of practical and emotional supports were offered.





## **North Ayrshire Child Sexual Abuse Strategy**

Our Child Protection Committee ratified the first localised Child Sexual Abuse Strategy in Scotland in 2020. Child sexual abuse is preventable. It is our belief that an overarching strategy that addresses all forms of child sexual abuse is needed if we are to adequately challenge, and ultimately prevent, these behaviours in all their forms.

The strategy is available here:

<http://childprotectionnorthayrshire.info/cpc/media/2014/04/North-Ayrshire-Child-Sexual-Abuse-Strategy.pdf>

The strategy was formally launched in April 2021 and a 3-year implementation plan will be developed to take forward prevention, protection and support and recovery work.

## **Child Protection Public Information and Engagement:**

Our Child Protection Committee has strengthened its social media presence to promote child protection awareness and has supported national Child Protection

Committee Scotland campaigns throughout 2020. These include the Keeping Kids Safe and Keeping Kids Safe Online campaigns. In addition, Child Protection awareness raising resources have been distributed via food parcels, community hubs, pharmacies and vaccinations centres across North Ayrshire.



It is our belief that an overarching strategy that addresses all forms of child sexual abuse is needed if we are to adequately challenge, and ultimately prevent, these behaviours in all their forms.

## Suicide Support Pathway

We implemented the Young Person's Suicide Support Pathway as a preventative and early intervention approach to supporting vulnerable young people who have made a significant attempt to take their own life

The Pathway is intended for young people up to the age of 18 years who are not known to any other Social Work Services who have made a significant attempt at taking their own life i.e. non-fatal overdose, act of self-harm significant enough to require treatment and intervention, or a deliberate act of a suicidal nature.

As the first responders to all concerns about the welfare of children and adults the Service Access/MAASH Team are well placed and equipped with all the necessary skills to ensure follow up support is actioned (**unless the young person is open to another Social Services team**) – be it by them or another trusted agency.

Outcomes from the introduction of this pathway include the following:

- A whole systems and partnership approach to prevent escalation to more statutory services.
- Provide interventions that draw on expertise and engagement from key agencies.
- Improved mental health and wellbeing, increased resilience with young people feeling safe and supported.
- Increased access to follow up services for young people who might otherwise fail to be identified.

- Reduction in repeat Emergency Department presentations.
- An opportunity for young people to engage with someone out with the family unit.

## Education and Childcare Hubs

In the summer of 2020, in a short period of time a range of colleagues worked together to create hubs in the community to support children of key workers and vulnerable children. We also set up Early Years hubs as a joint partnership between Education and Health and Social Care Partnership.

This required planning for accommodation, transportation, staffing, food and resources. It was important to create an environment where children could thrive, promoting resilience at a time of national anxiety through positive play and inclusion. Fundamental to this was collaborative working and professional respect. The impact of this is shown in the case study below.



The Pathway is intended for young people up to the age of 18 years who are not known to any other Social Work Services who have made a significant attempt at taking their own life.

# Case Study: Safe

Protected from abuse neglect or harm at home, early learning and childcare settings, in school and in the community



## Education and Childcare Hubs

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

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

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



Our Health and Social Care Partnership is implementing Safer and Together Model of domestically informed practice.



A number of major national reviews have taken place since our Children's Services Plan 2016-20, including the Care Review, the review of Additional Support Needs and the Scottish Attainment Challenge evaluation.

## Domestic Violence

We supported the White Ribbon 16 Days of Action campaign online with our partners by showcasing a series of films, books, television programmes and podcasts, addressing issues of violence against women.

Our Health and Social Care Partnership is implementing Safer and Together Model of domestically informed practice. To build on the effectiveness of this approach a Pan Ayrshire Approach has been taken on establishing a core group of trainers in each Local Authority area. These trainers will have a multi-agency skill set and this approach involves partnership with our third sector colleagues from Women's Aid. Currently an application for an Implementation lead is being made to the Equally Safe Fund which if successful would enable a 3-year post to focus and ensure effective multi-agency implementation of this approach across the three local authorities within Ayrshire.

Police Officers have attended training on the new Domestic Abuse legislation to improve their understanding on domestic abuse, its impact on victims and improve their ability to deal with reported incidents and to work with partners in safeguarding.



# Case Study:

## Campus Police Officers



In line with the North Ayrshire Community Planning Partnership (CPP) Local Outcomes Improvement Plan, residents and young people are valued and should have the best opportunities to live their life to their full potential. As a priority and ambition, a variety of pledges are agreed in the Plan to tackle and mitigate problems in order to create a better life for residents within the North Ayrshire area.

Through the CPP structure, a joint approach has been developed to prevent crime and disorder and to collectively provide support to those most vulnerable and at greatest risk of harm within our communities.

Recently, a Campus Officer from Irvine Royal Academy identified the need for collaborative working with pastoral teams, school management, parents, carers and partner agencies to assist and educate young people about the dangers of being involved in criminality through the use of restorative programs. The Officer has delivered a number of presentations within PSE classes on a wide range of topics including internet safety, bullying and hate crime and to raise a general awareness of national campaigns including Mental Health Awareness week.

The officer was instrumental in working with Active Schools colleagues and started 'Walk & Talk' during the recent lockdown period which was a local hub for young people to attend. This included a variety of networks to support mental health needs and help build better local relationships with the police.

This partnership working has been instrumental in engaging hard to reach children and young people who are not participating within the education curriculum and the assistance and activities have been co-designed to reduce the risk of anti-social behaviour, violence and potential exploitation.





The Children and Young People (Scotland) Act 2014 seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated.



### **Named Person Service Evaluation Workstream**

The Children and Young People (Scotland) Act 2014 seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.

Part 4 of the Children & Young People (Scotland) Act 2014, which was revoked in September 2019, required local authorities and the relevant health board, to put in place arrangements for the provision of a 'Named Person' for each young person from birth to 18. The legislation indicated each Named Person would act as a single point of contact for each child with responsibility for providing advice, information and support where required.

While it is no longer a statutory requirement to provide a Named Person for each young person, GIRFEC policy continues to describe the benefits of a service supporting Named Persons, Lead Professionals and wider integrated, multi-agency working, in order to

meet the needs of all children, young people and their families through early intervention and preventative action. North Ayrshire's NPS adopts an approach that compliments North Ayrshire's Child Protection processes and procedures to safeguard vulnerable children by supporting families through early intervention and preventative non-statutory measures.

The Review of the Named Person Services Workstream will review the processes and procedures and identify improvements where applicable, to ensure Named Persons and Lead Professionals are provided with effective and efficient early intervention and preventative support in meeting the needs of children, young people and their families. This will be aligned to, and measured against, aspects of best practice outlined in Additional Support Needs and Getting it Right for Every Child legislation.



## Champions Board

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

Our Champions Board has designed, published and launched a Care Experienced Mental Health Toolkit called 'Care4Yourself' for all Care experienced young people and staff. Over 80 of these have been distributed.

They have also created a 'What is Care Experience' animated video to raise awareness for all Corporate Parents; launched a Stigma Policy and are at the heart of consultations and policy changes.

Our Champions Board continues to meet, albeit virtually, and we are exploring their own role as advocates for the care experienced community.

## Universal Early Years' Service

Throughout the pandemic, our Universal Early Years' service, which includes health visiting and Family Nurse Partnership (FNP) staff, continued to provide support to children under the age of 5 and their families. The service adapted in line with pandemic restrictions to offer video and phone contact with families, as well as continuing to offer home visits as required.

Many services, which ordinarily would be available to support children and families, were suspended during 2020/21 to support Covid-19 efforts. Despite this:

- **825 Requests for Assistance (RfA)** were made by Health Visitors and Family Nurses for early intervention and prevention support from the wider integrated UEY service (Health Visiting Support Workers, Healthcare Support Workers/Family Nurturers, Perinatal Mental Health Nurse, Early Years' Speech and Language Therapist and Early Years' Social Workers).
- **841 Requests for Assistance** were also made to wider local authority, NHS and third sector services such as audiology, speech and language therapy, Paediatrics, We Work for Families and day care provision.

# Case Study:

## We Work For Families



We Work For Families offers tailored support to meet the individual needs of parents/carers with children under 5 years of age, who may be finding it difficult to take the next step to realising their potential, and can assist with areas including employability skills, self-confidence and motivation, housing support and benefits and debt advice.

The programme's support workers provide employability advice and support to parents and carers in North Ayrshire and is accessed by referral from Health Visitors, Family Nurses or Early Years Social Workers for those most in need. This support has recently been extended to Children and Families Localities teams being able to make requests on behalf of families. It is an assets best approach enabling parents and carers to receive support to achieve personal aspirations around employment and training assisting them to overcome barriers in this area.

A family had been supported intensively by their Health Visitor over a period of time. The Health Visitor had requested support from We Work For Families, the employability support programme for families with children under the age of 5, to support mum to gain employment. With their support, mum applied for a number of jobs and has secured employment in a care home. This has impacted positively on mum as she now feels she is doing something for herself.

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





### Perinatal Mental Health Nurse

Universal Early Years' benefits from a specialist Perinatal Mental Health Nurse (PMHN), integrated within the Irvine and Kilwinning locality Health Visiting teams. The role of the PMHN is to support mums experiencing low to moderate mental health difficulties, such as low mood or anxiety, in the ante-natal period and up to a child is 1 year of age. GPs, Mental Health Practitioners, community midwives, health visitors and Family Nurses can all request support from the PMHN. By supporting maternal mental health, we in turn support the overall wellbeing of the family unit.

**During 2020/21, 76 mums were referred to the PMHN for support.**

### Early Years' Social Workers

Another part of our integrated Universal Early Years' service is our Early Years' Social Workers (EYSW) who are co-located with health visiting teams across North Ayrshire. EYSW have a pivotal role in supporting children and their families (by intervening in their lives at an early stage before circumstances or behaviours result in the need for statutory intervention).

**82 referrals for support were received from Health Visitors and Family Nurses during 2020/21.**

Many of these requests were highly complex and a direct result of the impact of Covid-19 pandemic. Working alongside families to identify areas of vulnerability and assist to reduce these prevents escalation of safeguarding issues. We work in collaboration with families where we seek to understand their challenges at an early point and support them to tackle these to ensure the families overall wellbeing, keeping the child's experiences at the centre of this.



We work in collaboration with families where we seek to understand their challenges at an early point and support them to tackle these to ensure the families overall wellbeing, keeping the child's experiences at the centre of this.



## Early Learning and Childcare

We are gearing up to deliver 1140 hours of Early Learning and Childcare (ELC) to children and families across North Ayrshire from August 2021. A full review of the planned provision has been carried out in light of the Covid-19 related impacts to ensure our delivery is in the right places to meet the needs of our children and their families. All of our extension and refurbishments projects aim to create indoor and outdoor learning environments which are beautiful, calm spaces which inspire curiosity, wonder and excitement for play and learning.

**Our Early Learning and Childcare Expansion Programme (ELCEP) has reached some key milestones. 25 separate projects have now been completed.** A contractor has been appointed to carry out the refurbishment of Marress House, the most significant project within the programme.

The ELCEP has provided a range of local employment opportunities and last year fourteen Modern Apprentices completed their training and secured employment from August 2019.

The new Scottish Child Payment, which is unique to Scotland opened for early applications in November. The new benefit, which is a payment for families on certain benefits, will be introduced on Monday 15 February 2021. Eligible families will get £40 every four weeks for each child under six years old.

We commenced the statutory public consultation on the proposal to establish a new Primary School at Montgomerie Park, Irvine with the inclusion of early learning and childcare (ELC) provision as part of the new school proposal. We have secured funding up to a 50% contribution towards the £14.5 million project.



**Our Early Learning and Childcare Expansion Programme (ELCEP) has reached some key milestones.**





We Work for Families is an employability programme delivered in partnership with the Lennox Partnership, Economy and Communities and Universal Early Years.

## Priority 3: Making things fairer and better

### Reducing inequalities and improving outcomes

#### We Work for Families

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

#### Early Years' Financial Inclusion Pathway

Health Visitors and Family Nurses continue to utilise the financial inclusion pathway which facilitates families to access Money Matters and also Home Energy Scotland.

#### Cost of the School Day Policy 2021

Our 2019/20 Child Poverty Action Plan and Report was published in October 2020. This identified The Cost of the School Day as a key area of focus for 2020/21. A formal Cost of the School Day (COSD) Working Group was established comprising Elected Members, young people, parents, head teachers and staff of educational establishments, senior officers from the Council and HSCP, CPP partners and officers.

The objective of the COSD working group was to produce a policy that could be used by all schools, services and partners to embed the agreed principles



The Working Group agreed that a set of North Ayrshire Commitments would be launched with schools and partners to set out the overall objectives.



and to develop a high-level action plan to be taken forward in 2021. The policy and action plan encompasses the work of all educational establishments and of community planning partners, communities and local businesses.

The Working Group agreed that a set of North Ayrshire Commitments would be launched with schools and partners to set out the overall objectives. A high-level action plan was developed that included a wide variety of suggested actions that can be taken forward by education establishments, council services and partners.

We have committed to hold a launch event in the form of a COSD Conference. In line with our co-design and co-production approach, key areas of focus for the forthcoming year from the draft action plan will be agreed at a launch conference in June 2021.

The conference will become an annual event where the action plans can be reviewed, and good practice can be shared. We hope that all education establishments will nominate a COSD Champion who will attend the conference as well as other key staff and partners.



We have committed to hold a launch event in the form of a COSD Conference. In line with our co-design and co-production approach, key areas of focus for the forthcoming year from the draft action plan will be agreed at a launch conference in June 2021.





We will take a sustainable, whole systems approach to reduce and poverty proof costs relating to the school day.

Our **North Ayrshire Commitments** have been agreed as:

The intention of the COSD policy and action plan in North Ayrshire is to:	Our North Ayrshire Cost of the School Day Commitments are:
Reduce costs related to going to school.	We will take a sustainable, whole systems approach to reduce and poverty proof costs relating to the school day
Increase participation by children, young people and families.	Children, young people and their families will be at the heart of making decisions and designing policies that affect the cost of the school day.
Minimise income stigma and increase inclusive approaches.	Our schools, services and partners will take a reflective, poverty aware and inclusive approach to making decisions that affect the cost of the school day.
Support families.	We will support families to maximise their income and participate in the life of their school.
This will be underpinned by the following: <ol style="list-style-type: none"> <li>1. We will commit to adopting the Cost of the School Day Toolkit in every educational establishment, supported by partners.</li> <li>2. We will commit to co-designing actions in relation to the COSD with young people, families and partners.</li> </ol>	





For children and young people returning to school in August 2020, we ensured a good selection of hot meals were available from the first day.



As part of the policy development and our budget commitments, it was agreed that there will be a recurring annual investment of £500,000 which will focus on:

- Food: £150,000 to extend our school and community food network across all schools to support children and families;
- Clothing and sustainability: £100,000 for a School and Family Participatory Budget Investment Fund for educational establishments to respond to local needs in relation to school uniforms, outdoor clothing, sports kit and recycling and reuse equipment; and
- Digital inclusion: £250,000 in a Digital Families Fund to digitally include 1,000 families each year, providing access to devices and connectivity for online learning and activities, enhancing and guaranteeing sustainability of current investment in devices for home use.

We now look forward to our first conference, which will be organised and led by our Youth Services team and the young people who have been involved in the development of the COSD policy and action plan.

## Better Off Hub

Our new Better Off Hub will deliver vital financial advice services in a new holistic way, focused on the whole person with the objective to build capacity and reduce future demand on services.

Employees and volunteers have been supporting residents to use digital devices and, where there are barriers to access, we have secured devices and Wi-Fi access for our residents from the Connecting Scotland Project.

## Food Provision

In addition to Community Hubs our Food Hubs led by our Facilities Management team have provided **60,000 shopping vouchers for children eligible for school meals since July 2020, worth £1.7 million**. Prior to this our Food Hubs had delivered the equivalent of 1.26 million meals.

For children and young people returning to school in August 2020, we ensured a good selection of hot meals were available from the first day to encourage pupils back into the dining halls. We recognise the importance of primary school children enjoying the social benefits of their dining hall as it supports their wellbeing. We introduced staggered lunch breaks to manage bubbles safely and to ensure children felt safe in their environment.



Our Holiday Hunger initiative continued to help feed families during the October and Christmas school holidays by providing weekly vouchers worth £20 per week for each child. We also provided £100 payments for each child in receipt of free school meals in December to help support them over the Christmas holidays. This was followed in March by £100 Spring Hardship Fund payments to eligible families including those with pre-school children.

During the phased return of secondary school pupils in early 2021, we provided a full menu selection in schools as well as a £20 shopping voucher to all pupils eligible for free school meals.

Our North Ayrshire Fairer Food Approach helps give our residents better access to good quality affordable food. The Whitlees Quaint Larder, Cranberry's Community Larder and Woodwynd's Wee Shoap introduced their Pantry initiatives. This uses a membership system to provide a mini supermarket-like environment where residents have the opportunity to choose their own food. This dignified approach to food insecurity helps make

our residents' money go further by giving them access to good food at a lower cost. We now have eight Fairer Food locations in North Ayrshire and this network will increase over coming months.

### Period Poverty

During the Covid-19 pandemic and associated lockdowns, our pupils were offered a subscription service for two or three months' supply of free period products. This allowed primary and secondary school pupils to register for products which would be delivered to their home address. Pupils also had the option of trying out more sustainable products.



Our North Ayrshire Food System helps give our residents better access to good quality affordable food.



# Case Study: Included

Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they love and learn



To ensure our pupils could access online learning we provided:

**1217 wifi iPads**

**189 Cellular iPads**

**306 Wifi units**

**900 Chrome books**

**582 anywhere SIMS**

## Digital Learning

As part of the response we the Covid-19 pandemic, we have supported children and families to have access to digital devices. We have purchased over **1200 iPads and 900 Chromebooks as well as connectivity in the form of individual pupil SIMs or MiFi Units for families to share. This amounts to connectivity for 512 pupils.** E-Sgoil and remote learning were developed to ensure pupils were able to continue their learning and we put in place other free resources such as books, stationery etc. Virtual Community Centres were set up on Facebook. There's one for each locality. Sign up has been extensive.

Due to the Covid-19 pandemic there has been issues with the supply chain for obtaining more devices that have been ordered (an additional 600 iPads and 400 Chromebooks). £250,000 of funding has been approved for a Digital Families Fund to digitally include 1,000 families each year, providing access to devices and connectivity for online learning and activities, enhancing and guaranteeing sustainability of current investment in devices for home use.

We received 639 devices to support families and care leavers in the second phase of the Connecting Scotland initiative. Twenty organisations benefitted from this initiative, including Connected Communities service and the Health and Social Care Partnership. The devices are in the final stages of being delivered to the families and the organisations will be part of a North Ayrshire network to share good practice, an approach already benefitting phase 1 recipient organisations.



## Attainment

In 2021 our senior pupils' final grades for SQA qualifications will be estimated grades based on pupil class work and tests. Each grade will be quality checked in school and through Scottish Qualification Authority (SQA) sampling. Estimated grades will be submitted to the SQA in June 2021 and pupils will receive their awards in August 2021.

The Professional Learning and Leadership Development initiative within the Communities Directorate launched a new podcast 'Let's Chat Leadership'. In each episode, they discuss current issues influencing educational leadership including the power of facilitation and coaching.

## Attainment Challenge

North Ayrshire Council is a Challenge Authority and we have made good progress towards improving learning, raising attainment and closing the poverty-related attainment gap in 2019/20. Improvements can be seen across indicators for literacy, numeracy and health and wellbeing. Our Scottish

Attainment Challenge workstreams continued to make good progress and we are adapting delivery approaches to continue to meet learner needs across the local authority.

The South West Educational Improvement Collaborative (SWEIC) Annual Plan 2020 progress was approved. The Plan supports local authorities through the recovery phase with key emphasis on recovery, reconnect and renew. The Plan aligns with the National Improvement Framework and focuses on three key areas:

- Broad General Education.
- Closing the poverty-related attainment gap
- Enhancing leadership capacity and collaboration

Our schools have received in the region of £4.4m for each of the last three financial years as Pupil Equity Funding to reduce the poverty related attainment gap. Plans were created in every school to outline how PEF was spent by focussing on improving literacy, numeracy and health and wellbeing. Good progress has been made towards planned outcomes and



good practice is being shared through case studies. Head Teachers have re-evaluated and realigned resources and budgets to help support children and young people throughout the pandemic.

### **Supporting Care Experienced Attainment**

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

have often benefitted the young person's overall health and wellbeing.

### **Raising Attainment**

Covid-19 impacted on the ability for teacher judgement assessment of achievement of Curriculum for Excellence levels to be completed. As a result of Covid-19, data was not collected in term 4 of the 2019-20 academic year for literacy, numeracy or health and wellbeing measures. The most current data available on key measures is provided below which was reported in the 2018-19 academic year report. Data for attendance and exclusion data is not directly comparable to previous years due to the closure of schools in March 2020.

### **Key progress in reducing attainment gaps in literacy**

In 2018/19 academic year, we have continued to make progress in reducing identified literacy attainment gaps, most notably recording a reduction in literacy attainment gaps at P4 and S3 pupils achieving level 4 or above. We able to report very good progress has been made



in reducing the early years milestone literacy attainment gap and a slight increase in literacy attainment gaps at P1 and S3 pupils achieving level 3 or above.

Further activity will be undertaken to better understand and implement strategies where appropriate to address these identified gaps.

### **Key progress in reducing attainment gaps in numeracy**

We have also continued to make progress in reducing identified numeracy attainment gaps in the 2018/19 academic year. There has been a further reduction in the numeracy attainment gap at P4 and we are able to report very good progress in reducing the early years milestone numeracy attainment gap. There has been a slight increase recorded in numeracy attainment gaps at P1 and S3 pupils achieving level 3 or above. We will undertake work to better understand and implement strategies where appropriate to address identified gaps.

### **Key progress in reducing gaps in health and wellbeing**

We have continued to make good progress in reducing identified attainment gaps in health and wellbeing and developing children and young people's wellbeing and resilience.

#### **The Compassionate and Connected Classroom**

The Compassionate and Connected Classroom curricular resource was received positively by several schools.

#### **Kit Bag**

Mental Health and Wellbeing staff worked alongside the Family Learning Team to deliver training on use of the Kit Bag.

This is a curricular resource to support learners with their emotional wellbeing.

#### **The Wellbeing Hub**

The Wellbeing Hub pilot in Kilwinning Academy has shown some early success. The Wellbeing Hub has provided an area of the school where professionals have space to support young people as individuals and in a group setting. The room also provides a safe space for senior pupils (SeeMe/Scottish Mental Health First Aid (SMHFA) trained to provide peer to peer support. In addition, Education staff trained in "Reflections", a bespoke North Ayrshire resource – see further detail below.)

#### **Barnardo's**

Barnardo's delivered group work to help introduce young people to the concept of mental health and wellbeing; look at barriers and challenges to wellbeing; discuss supports and how to access these and look at how to support others

#### **See Me Peer to Peer Support**

28 young people were trained in SeeMe (SMHFA) volunteer peer support in the Wellbeing Hub. The supporters report they have gained confidence from working with others and have been able to use their skills within the community library to encourage more young people to make use of the library as a safe space. The young people supported by their peers report they feel happier speaking to someone their own age who may be experiencing similar feelings to themselves.

## Key progress in reducing gaps in attendance and exclusion levels

We have seen a reduction in identified gaps in secondary pupil attendance and exclusions rates. We will continue to monitor and implement strategies to address increasing gaps in primary pupil attendance and exclusions rates.

Employability skills and sustained, positive school-leaver destinations for all young people

Measure	2015	2016	2017	2018	2019	2020
Percentage of school leavers entering initial positive destinations	96%	94.8%	93.4%	95.6%	94%	92.5%
Percentage of 16-19 year olds participating in education, employment or training	-	89.9%	90.3%	91.1%	90.5%	90.6%

School leaver attainment in SCQF literacy & numeracy levels

Area of focus	Performance Measure	2015-16	2016-17	2017-18	2018-19
<b>Literacy</b>	% of school leavers attaining SCQF level 4 in literacy	96%	95%	96%	95%
	% of school leavers attaining SCQF level 5 in literacy	79%	81%	84%	84%
<b>Numeracy</b>	% of school leavers attaining SCQF level 4 in numeracy	89%	88%	88%	90%
	% of school leavers attaining SCQF level 5 in numeracy	68%	67%	70%	69%

The challenge school leavers faced in June 2020 continues to be assessed and we continue to work with internal and external partners to ensure that appropriate support and provisions are in place. School staff are working with careers officers, maintaining contact with leavers and monitoring impact and changes in plans.



# Case Study: Achieving

Being supported and guided in learning and in the development of skills, confidence and self-esteem at home, in school and in the community



A Foundation Apprenticeship course in Social Services and Healthcare was established through partnership working with the Health and Social Care Partnership's Learning and Development team. This enables pupils to combine classroom-based activity with a one day per week work placement. A class of 16 learners from across Ayrshire were fully engaged in their learning and this is the first step on a progression pathway for careers in Social Services, Health, Social Care and related sectors. There was a slight decrease in the number of pupils participating in the programme down from 16 to 11. This is not unusual and pupils who participated in the programme have made very good progress in their work-based placement in health and social care settings.

Last year sixteen funded provider nurseries and 79 childminders were successfully awarded contracts to work in partnership with us to support delivery of 1140 of free childcare to all eligible early year's children. Strong partnership working with funded providers also led to the development of a new professional learning programme which is centred on the four Early Learning and Childcare (ELC) quality principles.

The ELC expansion programme has provided a range of local employment opportunities and last year fourteen Modern Apprentices completed their training and secured employment from August 2019.

### Getting it Right for Every Child

Staff understanding of Getting It Right for Every Child (GIRFEC) continues to be a focus within all aspects for our practice and professional learning, the principles underpin all of the processes within the council in support of children and young people, including Education.

Through GIRFEC, staff will be able to determine proportionate, timely and appropriate help for young people improving each child's situation and reducing risk. The approach supports the achievement and attainment of best outcomes for all children, demonstrated through the review and impact of personalised targets in Children's Plans. All children have the entitlement to support which is appropriately developed and monitored using the GIRFEC practice model.

The GIRFEC model is used within our Additional Support Needs (ASN) planning with children and young people. Information from Quality improvement

visits reveal that most children and young people (over 75%) with ASN plans are making good progress.

### Lockhart Campus

The pupils who would move to the new £30m development Lockhart Campus in Stevenston in 2021 were able to see photographs of the construction progress in 360 degrees with the use of virtual 3D headsets allowing them to navigate through the facility and to become familiar with the Campus before it opens. The Campus, a first of its kind in Scotland, will provide a unique learning and living environment for 200 young people with a range of additional needs. The school logo and uniforms have been are now in place following consultation with parents and pupils. Our Family Learning Team are facilitating an Equity and Equality project to support families with the transition into Lockhart Campus from the 4 ASN schools.

To provide parents with the knowledge and understanding to support their child, a range of online parent workshops have been facilitated focusing on a range of topics relevant to families within the Lockhart community. This has included Supporting Siblings, Q&A with an Autism specialist, Communication, Supporting Wellbeing and Sexual health and relationships.

A Transition document has been prepared with tools and resources for parents/ carers to use at home with their child to promote positive communication around transition. Each child received a personalised transition kit to help support their understanding of the transition journey onto the new Campus.



## Family Learning Team

Over the last year our Family Learning Team has provided a range of supports and activities for children young people and families.

**196 children and their families were gifted a wellbeing packs and involved in a digital Wellbeing Wednesday** online programme which provided weekly 'how to videos' and social media interaction. 100% of families who responded felt that it had given the family time to interact positively.

**26 families took part in Virtual Family Cooking and Craft programmes.** 100% felt included in their community as part of transition.

The Family Learning Team adapted their delivery model to provide a range of family learning opportunities during periods of government restrictions and school closures, this included:

- **286 Learning at Home packs were provided to identified primary and secondary families.** Packs were designed to support learning at home during school closures and supported

through the Family Learning Website and social media platforms.

- A family learning website was created to provide ideas around supporting learning at home. Parents/carers can access local and national resources to support their child learn at home and support wellbeing.
- A range of informal and formal family learning programmes were offered **with 40 families achieving the Family John Muir Award and 50 children achieving their Young STEM leader 2 award.**



'We are very grateful for the resources in the box. The booklet is full of fun ideas and we as a family are enjoying engaging in home learning activities. Thank you so much!'

# Case Study: Nurtured

Having a nurturing place to live in a family setting, with additional help if needed, or where not possible, in a suitable care setting.

## Ghillie Dhu Crew

The Ghillie Dhu Crew is a group set up in 2017 for children permanently fostered in care in North Ayrshire, to provide an alternative to organisations such as Brownies or Scouts which can sometimes feel challenging to young people with care experience. The Ghillie Dhu Crew is a safe space for children aged 5-9 and 10-14 to attend a club once a week where their needs are understood. When Scotland went into lockdown because of the COVID-19 pandemic, those who run the Ghillie Dhu Crew were seriously concerned that the connections and relationships made through the group could be lost during lockdown and this would be detrimental to some of the children.

Within a week of the lockdown being announced, the Ghillie Dhu Crew moved online by using an app to connect both adults and the children they care for. A programme of themes was established, chosen by the facilitators and based on suggestions from the children. Every day the Chief Ghillie Dhu, Katie (one of the young people who has been volunteering with the group since pre-lockdown), provides a short video of herself setting different challenges and arts and crafts projects for the children to do at home. The challenges use everyday household objects so no shopping is required. This way of working has been so popular that adopted parents and children in the area, who heard about the group through word of mouth, have also been invited to take part.

One of the challenges set by the facilitators and presented by the Chief Ghillie Dhu,

was something to lift spirits in the local community. The children were given a card that they wrote a personal message on and produced Hug Bugs – a small wooden heart with “hug” on it that could be hung up – and together with a poem and a handwritten note, these were distributed to elderly or isolating and shielding people in North Ayrshire. To date 94 Hug Bugs have cheered up local residents, while the children had great fun focusing on the task and talking about what lockdown meant for other people.

This has helped to engage, entertain and distract children during lockdown, with them learning, connecting and taking on new challenges. The children look forward to the daily challenges along with regular video summaries and updates on the week’s activities, which go online on Saturday mornings – and if this is ever late, the children start to message asking where the next instalment is! Parents and carers also enjoy spending time on these projects with the children, and they have created a separate online group where they can share achievements, worries and concerns during these unprecedented times. The Hug Bugs project has also helped the children to connect with others in the community and many recipients wrote back to the children for example, – “Just to let you know, I received my card with message – sending you a hug, from a little bug – I was quite impressed. When you stay by yourself (especially during lockdown) you do feel lonely at times but knowing that someone or ones are thinking of you, makes a big difference. So thank you, keep up the good work.”





Children and Families staff worked throughout the pandemic to support children and young people within our communities.

### Children and Families Teams

Children and Families staff worked throughout the pandemic to support children and young people within our communities. Between 21st of March and 26th of June covering the period of lockdown 5969 children were visited. Within this there were 991 visits made to families identified as particularly vulnerable. Over 5,000 telephone calls were made to support families within the same period. Many staff were redeployed into critical areas for example, Child Protection, Children's houses and Summer Hub, their flexibility and willingness to do so enable vital support to be provided at the right time to children who required it. Support offered has been incredibly creative with arts and crafts packs made up and delivered to families, activity booklets developed offering low cost or free activity ideas for families at home, ceramic painting kits provided. In addition, leading up to Christmas each Locality Area supported vulnerable families with dinner hampers and vouchers for fuel ensuring families adversely impacted by poverty were supported to enjoy a family Christmas. Staff worked in partnership to organise the Christmas Toy Appeal ensuring these were distributed to children and families within North Ayrshire.

The facilitation of face-to-face family time for Looked After and Accommodated

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

Very recently a partnership working audit was completed for The Meadows residential house. The audit highlighted how the care team have been tremendous throughout the pandemic in supporting young people and retaining a nurturing environment despite the difficult times we are in. The team regularly organised activities for the young people from campfires, swimming pool and gardening to completing Joe Wicks fitness classes. They have managed to entertain the young people despite having sporadic Wi-Fi. They ensured birthdays were celebrated with slight changes so that young people had fun and had events to look forward to.

Throughout this difficult time, The Meadows care team have continued to create a safe mental and physical space for young people reassuring them that they view The Meadows as home.





In February 2017, the Scottish Government commissioned an Independent Care Review (ICR) which concluded in February 2020.



### The Promise Workstream

In February 2017, the Scottish Government commissioned an Independent Care Review (ICR) which concluded in February 2020. A suite of reports was published that provide the ICR's findings, financial implications and a 10-year plan. The overall finding was that the care system is broken and requires a radical change to make sure our care experienced children and young people enjoy the same opportunities and rights as every other child.

One of the reports the ICR produced is titled 'The Promise' and sets out an overall view of a new approach based on five foundations. The five foundations are:

- **Voice:** When children speak, adults must really listen to them. Adults must make sure that children are included in decisions about their lives.
- **Family:** If children are living with their family and are safe and feel loved, they should stay there. Their family should be given all the help they need to stay together. If they need extra help when things get difficult, they should get it.
- **Care:** If children cannot stay with the adults in their family, they will stay with their brothers and sisters. The home they live in together will be a place where they feel safe and loved. It should be their home for as long as they want and need it to be.
- **People:** Relationships are important. Adults must make sure children are able to stay close to the people they want to and keep in contact with them. Adults must also help children make new

relationships as they grow up. Sometimes adults need some help too. The adults who are close to children must get the help they need to make sure they can do their best for children.

- **Scaffolding:** Help and support must be there for children and families whenever they need it. It must also be there for the adults who are close to children and families. It is important everyone knows where to go for help and that it is ready when it is asked for.

The review identified over 80 specific changes related to the five foundations that must be made to transform how Scotland cares for children and families as well as the unpaid and paid workforce. North Ayrshire Council and the Community Planning Partnership have been asked to sign up to 'The Promise' and respond locally to IRC's findings. Consequently, it has been proposed these foundations and changes are at the heart of any reorganisation of how we think, plan and our priorities for our care experienced children and their families.

The Promise Workstream has been established to take a co-ordinated approach to our reorganisation. The workstream will seek to build upon the existing practice across the authority to support care experienced young people and oversee a coordinated whole system review that is centred on improving children and young people's experiences of the care system. This will be founded on the Getting It Right For Every Child principles and wellbeing indicators.



## Rosemount Whole Family Approach

To build on the work we are taking forward across our services with young people and in terms of service development, Whole Family Approach and “scaffolding of support” work is taking place with Community Education to involve Adult Tutors to provide bespoke support to our parents and carers who are involved with the Rosemount project. The intention is to boost confidence and self-esteem, mental health and wellbeing amongst parents/carers with regards to further education and employability. At the moment we can commence this virtually however post-COVID we plan to use the IT room at Meadowcroft and local community education locations i.e. Caley Centre to encourage and support community involvement and increase the circle of support that parents/carers have in their local area.

We are also looking at volunteering and work experience for parents/carers with regards to the Quaint Larders etc. (another shop has opened in Kilwinning and one proposed for Irvine) where parents/

carers can gain a wealth of experiences. There is also potential for work experience for parents. This will also promote the “customer to citizen” journey as the community is the sustainability factor for families once they move on from HSCP services.

We hope this initiative will have a positive impact on the family as a whole, particularly when we move into a recovery phase from lockdown as we provide hope and opportunities for vulnerable parents/carers/families.

We are also looking at wider family events within the local communities, again to support our families as we move out of lockdown



The intention is to boost confidence and self-esteem, mental health and wellbeing amongst parents/carers.

# Case Study: Responsible

Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decision that affect them.



## Make it Your Own Project

The Impact Arts' 'Make It Your Own' project offered interior design skills to care experienced young people aged 16 to 26. As part of the project, they received £150 home improvement budget, gained creative and practical skills to help sustain your tenancy, and received support to create or update CVs, help to apply for college or job opportunities and interview advice.





This transition to adulthood is a crucial life transition for a young disabled person.

## Transitions to Adult Services Workstream

On the 30th of September 2020, a Private Member's Bill was introduced at Scottish Parliament titled the Disabled Children and Young People (Transitions to Adulthood) (Scotland) Bill. While still at the early stages of consultation this Bill, which is still subject to parliamentary approval, seeks to improve opportunities for disabled children and young people as they grow up and would legislate a requirement for local authorities to have plans for each disabled child and young person as they move into adulthood. In practice this would mean a statutory plan to be put in place up until a young person is 26 years old and a need for a whole systems approach to supporting young people with a disability.

This transition to adulthood is a crucial life transition for a young disabled person. Transition in this context encompasses the move from school into the adult world of work, and/or further or higher education. However, the move between being a child at school and an adult participating in economic life, and associated transitions, simply never occur for far too many disabled children and young people. This Bill seeks to address that issue.

Our practices are focused on ensuring where it is in the best interest of a child a multi-agency Team around the Child is established and if applicable a Coordinated Support Plan is put in place. Prior to the Covid-19 pandemic North Ayrshire had a Transition Pathways Group established. This is a multi-agency team with representatives from Education, Children with Disabilities and Adult Services to oversee and plan the effective transition from education to adult services.

The Transitions to Adult Services Workstream aims to ensure that young people with additional support needs and their families, will be provided with a more effective transition into adulthood, which delivers greater access to a range of provisions and supports in the local community. This will be achieved through reviewing current policies, procedures and practices and to enhance collaborative working across agencies to proactively plan person-centred transitions into adulthood.



The value of empowered communities and citizens is also recognised in the Learning Together National Action Plan on parental involvement, engagement, family learning and learning at home 2018-2021.



### Multi Agency and Locality Working Workstream

The Community Empowerment (Scotland) Act 2015 outlines a statutory duty for local authorities to engage in community planning at a locality level in order to enable local communities to become more actively involved in decision making. The Local Government (Scotland) Act 2003 and the Equality Act (Scotland) 2010 also emphasise the importance in ensuring equity and equality are at the centre of developing and delivering effective services.

The value of empowered communities and citizens is also recognised in the Learning Together National Action Plan on parental involvement, engagement, family learning and learning at home 2018-2021. This plan set a vision for improving the education and life chances of children and young people by recognising that parents/carers are often a child's primary education. This workstream seeks to align to this vision by further enhancing approaches to parental involvement and engagement in a child's learning journey.

Following the success of the locality model adopted during the initial stage of the Covid-19 pandemic, the Connected Communities service has embarked on an exciting transformation project to reshape the relationship the Council has

with residents with shift from 'customers to citizens'. This will involve developing services and systems to provide a single point of contact within the locality to coordinate services. This will enhance partnership working across agencies and promote a move away from siloed working in their locality.

A key part of this group's approach requires a mapping exercise of supports available in localities in order to identify gaps and how these can be fulfilled in a holistic way. This will be a key component of this workstream.



This plan set a vision for improving the education and life chances of children and young people by recognising that parents/carers are often a child's primary education.



# Priority 4: Supporting mental health

## Supporting social, emotional and mental wellbeing

### Developing our nurturing approach across all Children's Services

We continue to work towards our vision of being a nurturing authority through our "Nurturing North Ayrshire's Recovery" approach by building emotional resilience in children and develop stronger relationships. Following lockdown, it was found that children who had experienced nurture approaches coped well with the return to school.

We aim to establish emotional resilience in children and train teachers to foster stronger and productive relationships with children and young people through a nurturing approach, increasing engagement in the learning process. Evidence shows that this is reducing instances of non-engagement with children and young people and is contributing towards raising attainment. During and post lockdown and we asked the following question that identified the effectiveness of nurture in supporting the wellbeing of our staff and pupils.

#### Q13. During lockdown are there any aspects of a nurturing approach that have been helpful in terms of supporting yourself and your practice?

Main Themes Identified (In order of most mentioned)		
Importance of Communication	Supporting Children and Young People	Supporting Staff
Adopting Nurture Techniques and Qualities	Focus has been on Health and Wellbeing	Supporting Families
Whole School and Community Approach	Using Nurture Resources and Continuing Professional Development	Adopting Nurturing Approaches in Personal Life
Awareness of Individual Circumstances and Flexible Approach	Importance of Positivity	Continuing to Improve Nurture Practice
Importance of Relationships	Working Together	Importance of Transitions

Emerging from lockdown it was found that children who had experienced nurture approaches coped well with the return to school. Nurture had significantly improved their resilience to adversity.

Nurturing North Ayrshire's Recovery, a programme of professional learning has also provided staff with effective techniques to respond to children and young people and their own health and wellbeing needs. This programme was based on the following needs emerging from the nurture questionnaire

Q16. What aspects of implementing Promoting Positive Relationship policy and North Ayrshire Nurturing Approach might help you address these barriers?				
Main Themes Identified (In order of most mentioned)				
Guiding Principles	Relational Approaches	Practical Application	Staff Wellbeing	Implementation
Relationships	Importance of Communication	Consistency	Revisit Policy	Clear Guidance
Positivity	Environment Offers a Safe Base	Nurturing Environment	Collaboration/ Team Work	Continue Good Practice
HWB Priority	Routine	Emotion Coaching	More Training Required	Trust
Whole School Approach	Listening	Calm Approach	Support for Staff Wellbeing	Reassurance
Nurturing Approach	Restorative	6 Principles of Nurture	Clear Communication	Promote Positive Behaviour
Positive Ethos	Communicating with Family/Carers	Regular Check-Ins	Support from NAC	Child Centred Approach
Community Approach	All Behaviour is Communication	Positive Role Model	Mindfulness	Change and Loss

## Nurturing North Ayrshire's Recovery – levels of engagement

This shows that Nurture approaches are considered to be essential by education staff in meeting the health and wellbeing needs of our children and young people.

	Number of views (Audio Version)	Number of views (No audio)	Total Number of Views
Unit 1 – Trauma, Stress, Resilience	3,785	809	4,594
Unit 2 – Learning is Understood Developmentally	2,128	1,507	3,635
Unit 3 – Environment Offers a Safe Base	670	517	1,187
Unit 4 – Nurture is Important for Wellbeing	1,252	2,588	3,840
Unit 5 – Language is a Vital Means of Communication	4,002	-	4,002
Unit 6 – All Behaviour is Communication	5,451	2,282	7,733
Unit 7 – Transitions are Important in the Lives of Children	1,043	-	1,043





## Improving mental health and wellbeing through physical activity and social participation

### DigiDream Digital Quiz

During lockdown all face to face youthwork activities were cancelled. Having consulted with our young people and partners we created the live Wednesday online quiz on Facebook. This allowed us to host the quiz and have live chats with the young people by answering their comments and questions.

We adapted the format of the quiz to include two British Sign Language interpreters, to support our deaf young people to take part.

The Wednesday Quiz has had 46,559 attendees with 4,648 people interacting with the posts. We have 35 to 40 families regularly taking part in the quiz.

### Youth Work Education Recovery Fund

£60,000 was awarded by the Youth Work Education Recovery Fund which will see young people partner up with the

Council's Youth Services team, the Health and Social Care Partnership and National Galleries to explore artist interventions that could be used in local communities to improve mental health and wellbeing. This was identified by young people themselves who feel pressure on mental wellbeing has been heightened by the current pandemic and lockdown.

The Youth Work Education Recovery Fund and has been targeted towards a number of smaller initiatives benefitting young people in North Ayrshire including:

- community-led learning programmes through the Beith Trust
- supportive outdoor learning experiences with the Arran Outdoor Centre
- sustainable food provision via Dalry Community Garden
- environmental projects with Barnardos and the Green Health Partnership
- mental health and wellbeing work in partnership with SeeMe
- enhanced family learning opportunities
- update Mobile Youth Centre for use as youth work hub across North Ayrshire



## Community Mental Health & Wellbeing Framework Workstream

In June 2019, the Scottish Government and COSLA commissioned a Children & Young People's Mental Health and Wellbeing Programme Board. The purpose of this Board is to oversee reforms to ensure children, young people and their families receive the support they need, when they need it, underpinned by the values, principles and components of GIRFEC while remaining responsive to local needs and systems. The Programme Board works to ensure the development of a coherent, whole system approach with a focus on putting the voices and experiences of children, young people and their families at the centre.

Additional funding has been provided from the Scottish Government that will be used to strengthen existing integrated working between Services and partners to support children and young people's mental health and wellbeing and will look to enhance existing supports as well as identifying the need for additional or new supports. A range of multi-agency and partnership initiatives and supports are

already coordinated by North Ayrshire's Mental Health Operational Group which will be taken into account as part of this work. Representatives from Education, Connected Communities, HSCP, CAMHS and the third sector partners will all collaborate to deliver effective services and support.

Our Community Mental Health and Wellbeing Framework Workstream will provide formalised governance arrangements for the coordination of our Community Mental Health Framework allocation and to build upon existing practice to embed early intervention and preventative supports as well as promote positive mental health and wellbeing.



The purpose of this Board is to oversee reforms to ensure children, young people and their families receive the support they need, when they need it.





## Supporting children, young people and their families to build resilience

The Young People's Mental Health Project – Arran Youth Foundations and Arran High School Parent Council were awarded £45,226 from the Community Investment Fund (CIF) to provide innovative projects that contribute to the wellbeing of all children and young people on Arran, specifically looking at improving mental health and wellbeing services.

The Family Learning Team worked in partnership with Mental Health services to develop programmes that support parents and carers around Mental Health Improvement and supporting their child's wellbeing.

**76 parents attended a wellbeing programme with 97 % of those who completed an evaluation know how to support their child's developing needs.**

Positive feedback was received from parents, for example:



"I actually looked forward to the course every week. It was nice to talk to others who are having similar issues and to know that we are not alone and also getting ideas of things other people find helpful. I have really enjoyed the course and taken so much away from it and feel like there's a lot of information I can share with other people who may also be able to use it."





## Child and Adolescent Mental Health Service (CAMHS) Extreme Team

The CAMHS Extreme Team is delivering a whole Ayrshire approach to delivering excellent Child and Adolescent Mental Health Services to the children and young people of Ayrshire And Arran, in the right place at the right time and from the right person.

An analysis of the current actual and potential service capacity within CAMHS is now fully underway. Initial focus has been on cleansing already existing databases and datasets to ensure uniformity across the three CAMHS locality teams and the discipline groups. The successful completion of this will provide key information to inform workforce and pathway development plans which will lead to a reduction of waiting times for children and young people and their families, and improved access to CAMHS.

A shared understanding has been created between CAMHS and Educational Psychology of the necessity of this work in order to meet the demands of children

and young people and how it might best be taken forward. This ensures that children and young people are directed to the most appropriate supports at an earlier stage, and will not 'fall between the cracks' of agencies and going forward, gaps in provision can be met by targeted service development and/or direct commissioning.

Transition planning is being reviewed. There is a commitment to work towards 'seamless standardised (transition, which is) aligned with the Scottish Government Transition Planning Guidance'. The successful completion of this will lead to seamless, timeous transitions for young people and their families into and out of CAMHS. There will be a shared ownership and understanding between agencies of the importance of transitions with the young person's experience being central to gauge success of the process.

The Outcome Measures for CAMHS have been agreed and these will enable effective measurement to demonstrate the impact on children and young people.

# Case Study: Aberlour Sustain North Ayrshire Project

Aberlour offer support to Kilwinning and Auchenharvie cluster families with children aged 5-12 years experiencing a range of challenges, including poverty, isolation, mental health and wellbeing, self-esteem, and anxiety.



The project provides relationship-based support to the whole family, focusing on strengths and a commitment to making community connections. Support is offered when families need it, including evenings and weekends. Aberlour collaborate with schools and other community partners to help provide a scaffold around families during difficult times. Working individually and in groups, each family member can develop practical skills and strategies for life: at home, school, and in the community. Families are empowered to lead positive change in their lives. Following the national practice model (GIRFEC), personalised support is offered, informed by understanding trauma and child development. The team works with children and families to identify wellbeing needs and agree on personal goals which build on their strengths and interests – avoiding a ‘one-size-fits-all’ approach.

The team aim to establish trust with families, build confidence, learn new skills, connect to their local community, and achieve sustainable change.

Reasons for referral were related to the pandemic and associated periods of lockdown, such as, disruption to routines, feelings of anxiety and worry, social impact and overall, most families struggling with home learning. The return to school has also seen difficulties for families in re-establishing routines and poorer concentration in children.

# Case Study: Aberlour Sustain North Ayrshire Project (cont.)



## Feedback:

"Feedback from our families has been excellent. They are delighted with the speed of contact and the levels of engagement have been high."

"Delighted the needs of the family were considered so carefully and thoughtfully during the referral"

"I feel that our worker has been outstanding and has gone over and above to offer our families support."

"I feel that our worker has been outstanding and has gone over and above to offer our families support."

## Examples of Successes:

Child/family have been supported to maintain consistent bedtime and structures and as a result, David\* is now sleeping through the night and the overall mood of the home has improved. David is now rested and able to manage daily challenges constructively. Parents are also feeling the benefit of improved sleep and feel better prepared to cope. The family have identified areas of improvement and through advice and guidance have been better able to communicate with one another. The family is happier, parents communicating positively and sharing tasks, overall wellbeing of the family has improved. David's behaviour, mood and wellbeing have improved along with increased capacity to learn as he is no longer exhausted in school.

Outdoor activities continued to facilitate six children at a time, for fun and structured activities. Parents have been keen to get involved and support this. Children have the opportunity to socialise, play, explore the local area and participate in activities that promote confidence building. Parents are provided with time alone to get tasks done at home or shopping etc.

After being invited to lead a remote activity via Teams, Angela\* led a fortune teller making activity. She explained each step clearly and concisely, offering reassurance throughout the task. The task was broken down into manageable chunks and praise was given throughout. Angela increased in confidence and responsibility – taking pride in the activity and a sense of inclusion.

\*Names have been changed.



Breastfeeding remains a public health priority due to the important role it has on the health and development of babies and on longer term health outcomes for both mum and child.

## Priority 5: Helping children and young people to be active and healthy

Helping children and young people to be physically active and maintain a healthy lifestyle

### Infant feeding

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

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

### JumpStart Tots

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

### Drop Everything and Move – DrEAM

During 2020 our DrEAM (Drop everything and move) campaign moved digitally and was rebranded DigiDrEAM. We developed specific weekly themes such as Monday Minds, Tuesday Tik Tok, and Friday Fitness. This approach allowed us to be flexible and still reach our





Active Schools launched their 'Ultimate Step Challenge' targeting teachers, pupils, parents, clubs and community members.



schools, pupils, parents and community residents with our key messaging. This new way of digital working enabled us to support our communities and engage with a wider audience. A feature of the Active Schools work at this time involved both Active Highlights and Adapted Highlights – this allowed our families to participate in a range of activities and challenges to encourage an active lifestyle during lockdown. The main platforms were – Twitter, Facebook, Tik Tok and North Ayrshire Council YouTube channel. Support was also provided to the Community Childcare Hubs.

Active Schools launched their 'Ultimate Step Challenge' targeting teachers, pupils, parents, clubs and community members. Numbers that took part were: **933 pupils, 718 school staff, 348 parents, 51 Council Employees, 115 club members and partners – a total of 2107** people. Across the 5 weeks 204.7 million steps were completed by all participants. Feedback was gathered and some examples are shown:



"This has been a great fun challenge for the kids to do. It's been lovely for them to feel part of their school team even when they can't be together and good for making us get out to increase the step count."

– (Parent)

"It was good for getting me motivated to do more steps, encouraged me to run a wee bit further and more often."

– (Pupil)

"The DrEAM Step Challenge has encouraged me to walk at least ten thousand steps every day and I feel so much better for it – thank you!"

– (Head Teacher)



# Case Study: Active

Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community



## North Ayrshire Sports Academy

North Ayrshire Sports Academy (NASA) is a sports coach education and training programme in sport and physical activity run by our Active Schools team. It provides an opportunity for up to 54 young people across North Ayrshire to become qualified leaders in Sport (6 per secondary school). The course provides training, mentoring, qualifications and awards to all participants. This allows participants to boost their CV and gain valuable experience as well as developing life skills such as confidence, communication, leadership, time management and organisation skills.

In addition to the training all students are required to attend regular mentoring sessions with their Active Schools Coordinator and undertake an agreed number of voluntary hours within their school and local primary schools and community. Students are required to gain experience in delivering sport and physical activity sessions to fulfil the voluntary requirement of the course. This achieves a voluntary recognition certificate known as The Saltire Award – a Scottish Government initiative to recognise volunteering by young people. Students help raise the profile of sport and physical activity as part of North Ayrshire Council's Sport Strategy.

Our 60 North Ayrshire Sports Academy cohort 20/21 who represents all 9 secondary schools have completed the following:

- ETC – conflict resolution
- Basketball – make it happen
- Athletics – Run, Jump and throw
- Weekly catch up sessions

Due to current circumstances regarding Covid-19 all the above were delivered virtually across a variety of our digital platforms.

## Active Schools

Our Active Schools team have continued their work in schools. They have worked across 29 primary schools and all nine secondary schools. We have had 129 different inputs in our primary schools and 46 in our secondary setting. We have reached 3871 primary pupils and 469 secondary pupils during quarter 4 of 2020/21.

Four key of work included areas below –

- Delivery of Curriculum activities/events
- Secondary Leadership
- Primary Leadership
- Consultation

## Young Ambassadors

The Young Ambassadors programme is funded by the National Lottery and is a key element of sportscotland's contribution to developing young people as leaders in sport. We believe that young people make a meaningful and important contribution as leaders in sport, and that young people should have access to a range of opportunities of leadership roles which reflect their interests and abilities.

The team have continued to support and mentor our 100 young ambassadors through weekly or biweekly catch ups.

## S3 – S4 Young Leader

We have delivered 2 of 4 Mental health awareness sessions to our S3/4 young leaders with all others to follow later in the year. We have continued to support and mentor these young people across this time.

## Active Schools and Communities Partnership Officer

The Active Schools and Communities Partnership Officer post was co-funded and developed with sportscotland and commenced in early February. A three-month work plan has been established for this innovative role and has already gained momentum. The post holders target localities have been identified as the Three Towns, Irvine and Kilwinning.

Key priorities for this time are:

- Engage with hard to reach groups
- Supporting families and young people to live a healthier life
- Partnership planning – whole systems approach
- Profile – establish and manage a profile around success stories
- Monitoring and evaluation to evidence impact

Since starting the post the officer has focused on building relationships and meeting with relevant partners. Having met with 25 stakeholders to date, this has allowed positive foundations to be built and will create future programmes, initiatives and learning to inform national sportscotland approaches.



The team have continued to support and mentor our 100 young ambassadors through weekly or biweekly catch ups.

# Case Study: Healthy

Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy, safe choices.



## Healthy and Nutritious School Meals

Providing food to so many people with varying dietary requirements is no mean feat for our catering teams but we all understand the importance of providing healthy, nutritious food and the impact it can have on health and well-being.

In a normal year we will prepare and serve around 1.5 million meals across all educational setting. We are very proud that we hold the gold standard for the Soil Associations Food for Life scheme and we are actually the highest ranked award holder in Scotland due to the number of schools we have accredited at this level. (All primary schools, Arran High and all Early Years settings)



## Healthy Food Served Here

Food provenance is important to us and the Food for Life scheme means we are serving locally sourced, sustainable fresh food, free from trans fats, undesirable additives, complies with national nutritional standards and UK welfare standards. In order to achieve gold standard we also need 15% of our ingredients to be organic, free range products are used where possible, all whilst buying locally and reducing food miles.

Food served in schools plays an important part in the school day. The social aspect of lunch time is very important for the mental well-being of children where they come together and can chat over a healthy meal. We make sure that the we offer the best nutritional food we can. As a key contributor to tackling health inequality we offer fresh fruit, vegetables and wholegrains every day to every child. We also vary menus as our food is seasonal and we encourage children to explore new food types. We also hold tasting sessions for pupils and parents to encourage pupils to try new items

and have conversations at home about different foods.

Having a full tummy has so many benefits for the child not just for their health and energy levels for physical exercise but also their ability to concentrate and learn in the classrooms will certainly be enhanced. No-one learns when they have an empty tummy and are lethargic from hunger.

We track the uptake of school meals both paid and free school meals and monitor this monthly to look for any dips or increases to allow us to analyse this and understand what the root of the change is and use this in future service provision or for interventions as required.

## Emergency Food Response

When schools closed during the Covid-19 pandemic and associated lockdowns, our Facilities Management Team led the food response for children entitled to free school meals with weekly food packs being issued. Rather than simply providing for the children of the household, we recognised that there was likely to be a need for food support within the entire household, therefore a household food





So many children are reliant on school meals for their main meal of the day or their only healthy balanced meal of the day.

pack was delivered. We recognise the importance of fresh food, so the majority of the food pack was fresh produce from local suppliers.

In July as the normal Summer term arrived, we moved to shopping vouchers. This approach allowed households to provide for the family in a dignified way via their weekly shop. The vouchers are restricted to use for food products only. On the islands, a bespoke voucher scheme was set up due to the lack of mainstream supermarkets available.

### **Holiday Meals Programme**

So many children are reliant on school meals for their main meal of the day or their only healthy balanced meal of the day. The need for food does not stop just because the school is on holiday and many children will not have access to hot and healthy food during this time. Prior to the pandemic we catered for a very successful holiday meals programme called Wrap, Run & Fun. In 2019 we served around 22,000 meals to children attending our holiday meals programme. A 3-course hot meal was provided for every child who attended, and still followed our health and nutritional standards, and ensured the children had access to fruit and vegetables.

Due to the pandemic we have been unable to run this programme however

we have been providing the shopping vouchers over holiday periods since their inception in July and we will continue to do so. These vouchers have also been used for school closures due to lockdown.

During the pandemic we saw an increase of around 20% in the application for free school meals. Some of this can be attributed to the change in income for some households due to the pandemic but a significant proportion was actually households who were eligible already but who had not applied for free school meals. The food packs and subsequent voucher scheme has encouraged uptake. Working with colleagues in Customer Services and Education we have had unprecedented communication with parents and families to assist them in accessing this support and it has had real benefits for the entire family.

### **Increasing Uptake & Awareness of Food Choices**

Our Teams are working closely to continue to encourage registration for free school meals and discretely working to identify those who may be encountering hurdles in the process. We are also putting steps in place to identify those families who are not entitled to free school meals but cannot afford to pay for a school meal.





The School Immunisation team have worked creatively in partnership with education staff in delivering the flu programme this year.



Going forward, we will be purchasing a new catering system which will focus on pupils pre-ordering their lunch. This will hopefully allow this to be done at home so a family can order the child's meal for the next day or the week from the menu choices. This allows conversations to take place about food and what is available and will hopefully let parents see the variety available and encourage uptake. There will also be a facility to order in school and introduces the opportunity for teaching staff to discuss food with their pupils, and reinforcing that food is an integral part of the school day.

We already work closely with Head Teachers to develop bespoke service as required in each school and we will continue to encourage healthy food choices for our children and young people by making school lunches an easy and attractive option.

### Outdoor learning

As schools returned after the period of closure due to the Covid-19 pandemic, an increased acknowledgment of the value and benefits of outdoor learning became evident. This is both in terms of using the environment as a learning resource and as an effective tool to enhance learning and teaching across the curriculum. Schools and Early Years Centres have been extending outdoor activity and there is

an increased awareness of the impact the natural world can have on learning and mental health and wellbeing.

Due to the Covid-19 pandemic we had to think differently. For example, schools were not able to offer residential learning trips. As a result, the Arran Outdoor Education Centre promptly adapted their offer and provided high quality outdoor learning on the mainland to the benefit of a significant number of our children and young people.

Outdoor learning continued when pupils returned to school, with young people embracing the responsibility of working outdoors during lesson time. There was increased participation by pupils and the flexibility to move around between peers enabled greater peer teaching and initiative to seek support.

The breadth of experience of outdoor learning extends across all Schools and Early Years. For example, Beith and Woodlands Primary Schools are currently trialling a Junior Forester's Award, promoted by the John Muir Trust. Lamlash Primary 7 children have transformed a small area into a wildlife garden which is now a habitat for local wildlife including hedgehogs and foxes. During the day, children enjoy sitting in this relaxing area, ideal for practising mindfulness. In West Kilbride Primary



A North Ayrshire Strategic Group for Outdoor Learning has recently been formed to bring outdoor learning and learning for sustainability to the fore.

School, the P1 children have been observed leading learning, working more effectively together and learning productively through the provision of a range of quality experiences, for example, natural, transient art, den building and outdoor maths. In Irvine Royal Academy, S3 chemistry pupils were encouraged to take their lockdown learning outdoors by searching their local area for examples of corrosion and physical and chemical methods to prevent corrosion.

A North Ayrshire Strategic Group for Outdoor Learning has recently been formed to bring outdoor learning and learning for sustainability to the fore. The group includes internal colleagues alongside external providers. This will ensure that a shared strategic vision will be established and collaborative working will enable us to build on the current momentum for outdoor learning in schools and in our local communities. Currently, plans are in progress to enhance outdoor learning in order that a breadth of rich experiences promote effective learning, mental health and wellbeing and active lifestyles for all children and young people.

The Council and KA Leisure will work in partnership in 2021/22 with the focus on reshaping the business in line with the Recovery and Renewal Plan; managing the financial recovery, including working closely with Council Finance Officers; by rebuilding the customer base; and re-opening venues and restarting activities in line with the Scottish Government Route Map.

We will invest £350,000 in a Covid-19 Intervention Fund to support Outdoor and Residential Learning

### School Immunisations

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

# Case Study: Outdoor Learning at Beith Primary School

Since returning to school in August 2020 the focus has been on learning outdoors and health and wellbeing.

## Some comments from Primary 2 pupils:

"I like the tyres because I can jump off of them and now I'm not scared. I pretend I'm a pirate in the boat."

– *Crystal*

"I really love the tractor." Emmett

"I like making dens with my friends."

– *Ollie*

"I like jumping on the tyres." Emily "I love mucky Mondays and playing with my friends in the tunnel."

– *Sean*

Current pupils of Primary 7 took a small area at the back of the school and turned it into a wonderful wildlife garden. Led by their teacher, the pupils were involved in the planning, digging and planting of the garden. With the generous donations and support of local businesses and charities, plants, trees, woodchips, logs, and even tyres were donated. The area is now a full habitat for local wildlife. The pupils have installed a wildlife camera and have been fortunate enough to capture evening visits of hedgehogs and foxes. During the day, the Primary 7s enjoy sitting in the chill out area which is perfect for practising mindfulness.

Every stage in the school has also embraced outdoor learning by using Loose Parts Play. This has allowed for creativity where pupils have made giant marble runs to pirate ships. Teamwork, problem solving, communication and resilience are only a few of the skills that pupils have put into practice using Loose Parts Play. There is also a 'Nessy' path of tyres which allow the children to climb and jump over.

**North Ayrshire Community  
Planning Partnership**

Cunninghame House  
Friars Croft  
Irvine KA12 8EE

**Tel.** 01294 324114

**email.** [info@northayrshire.community](mailto:info@northayrshire.community)

## Children's Services Plan 2020-23 – How we will measure our success

*Please note: these Performance Measures will be reviewed during 2021/22 and may change.*

**May 2021**

### Priority 1. Young People's rights and views are respected and listened to

Title	2018/19	2019/20	2020/21	2020/21
	Value	Value	Value	Status
Number of schools with a "Rights Respecting School" award	54	Not available	53	✓
Total attendance by young people at activities, programmes and learning events that support participation in democracy	9,515	10,228	TBC	✓
Children with Direct Payments	41	45	37	✗
The number of care experienced children and young people receiving advocacy support as at the end of the period	Not available		76	Data only
The number of Child Protection referrals received from people in the community in the period	Not available		78	Data Only

### Priority 2. Acting early to improve what happens next

Title	2018/19	2019/20	2020/21	2020/21
	Value	Value	Value	Status
Referrals to SCRA (Alcohol misuse)	4	0	Not available yet	Data only
Referrals to SCRA (Drug misuse)	7	0		Data only
No. children presenting to ED due to alcohol misuse	34	22	10	✓
No. children presenting to ED due to drug misuse/overdose	43	27	29	✓
Number of secure remands for under 18s	1	4	Not available yet	Data only
Number of families graduating through the Family Nurse Partnership programme in the period	Not available	13	14	Data only
The number of children reported missing in the period	Not available		201	Data only
The number of children and young people on a compulsory supervision order away from home as at the of the period	236	221	217	Data only
The percentage of children removed from the child protection register removed due to 'improved home situation'	Not available		66.8%	Data only
The percentage of children looked after at the end of the period who are placed within North Ayrshire	Not available		77.03%	Data only
The percentage of youth diversions in the period which were successfully completed	Not available	100%	95.83%	✓
Percentage of Child Protection Re-Registrations within 18 months	7.17%	15.04%	Not available	Data only
Percentage of Looked after children in a "community" placement	88.19%	90.16%	88.24%	✓
Percentage of Looked After Children with more than one placement within the last year	21.82%	18.26%	Not available	Data only
Number of moves before permanent placement	3.6	6.5	2.5	Data only



Title	2018/19	2019/20	2020/21	2020/21
	Value	Value	Value	Status
Sibling groups with multiple moves into care	Not available	3	1	✓
Percentage of formerly looked after young people receiving aftercare in employment, education or training	57.78%	Not available	50%	✓
The percentage of formerly looked after children in receipt of aftercare services who have experienced a period of homelessness in the last 6 months	0%	0%	Not available	Data only
Percentage of children meeting developmental milestones	80.82%	83.27%	Not available	Data only
Percentage of funded Early Years Provision which is graded good or better	93.22%	96.50%	Not available	Data only

### Priority 3. Making things fairer and better

Title	2018/19	2019/20	2020/21	2020/21
	Value	Value	Value	Status
Percentage of Children living in Poverty (after housing costs) (updated method)	27.1%	27.9%	Not available	Data only
Average total tariff score of pupils living in SIMD 30% most deprived data zones in Scotland	638.1	685.8	Not available	
Average tariff score: All Leavers	780.7	857.4	Not available	
Percentage gap in average total tariff score of school leavers resident in SIMD 20% most deprived and those from the 80% least SIMD deprived North Ayrshire areas. <sup>1</sup>	41.3%	44.4%	Not available	Data only
Participation Rate for 16-19 year olds (per 100)	90.53%	90.56%	Not available	Data only

### Priority 4. Supporting mental health

Title	2018/19	2019/20	2020/21	2020/21
	Value	Value	Value	Status
No. children (aged 9-16yrs) presenting to ED due to self-harm	17	22	22	✗
Number of children referred to EEI (Youth Justice)	187	230	200	✓
CAMHS – Percentage of patients seen within 18 weeks (Pan-Ayrshire)	80.21%	71.4%	98.37%	✓
The percentage of young people who worked with Rosemount during the period who were enabled to stay at home following interventions progressed by Rosemount Services	Not available	94%	TBC	

<sup>1</sup> 2020 results are not comparable with any of the previous years, as SQA has implemented an Alternative Certification Model due to the extraordinary conditions dictated by the COVID19 pandemic

## Priority 5. Helping children and young people to be active and healthy

Title	2018/19	2019/20	2020/21	2020/21
	Value	Value	Value	Status
Percentage of children with BMI centile >91 at 27 month review	9.98%	13.19%	Not available yet	
Percentage of children with a healthy weight in Primary 1	72.8%	Not available yet		
Drop-off exclusively breastfeeding between initiation and 6-8 week review (Birth to 6-8 week Review)/babies that are no longer breastfeeding - North Ayrshire	51.4%	48.2%	Not available yet	
Exclusively Breastfed at 6-8 Week Review - North Ayrshire	19.2%	16.6%	Not available yet	
Pregnant Women who are Obese at antenatal booking - North Ayrshire	28.1%	31.6%	Not available yet	
The percentage uptake of the HPV immunisation	83.69%	81.53%	Not available yet	
Percentage of children in Primary 1 with no obvious dental decay experience	72.9%	Not available yet		
The percentage of children in primary 7 with no obvious dental decay experience	74.78%	Not available yet		

## Children's Services Plan 2020-23

**Performance Framework – May 2021** *Please note- actions will be reviewed during 2021/22 and may change.*

<b>Priority 1: Young people's rights and views are respected and listened to.</b> <i>Ensuring the rights, views and aspirations of children and young people are at the centre of everything we do</i> <b>We will:</b>	<b>Wellbeing Indicators</b>
Implement the North Ayrshire UNCRC plan actions	<b>Respected</b>
Ensure the rights of all children and young people are protected	<b>Respected</b>
Ensure the voices of children and young people are heard and influence the work of the Community Planning Partnership	<b>Respected/ Responsible</b>
Ensure children and young people have the opportunity to develop their citizenship skills, including active democratic participation opportunities	<b>Responsible</b>
<b>Priority 2: Acting early to improve what happens next</b> <i>Focussing on early intervention and prevention</i> <b>We will:</b>	<b>Wellbeing Indicators</b>
Work with our partners to keep all children and young people safe	<b>Safe</b>
Continue to support families with children age 0-5 through our integrated universal early years' service	<b>Safe</b>
Increase access to early learning and childcare	<b>Achieving</b>
Work together with parents or carers to provide support to their children	<b>Nurtured</b>
Improve outcomes for care-experienced young people	<b>Nurtured/ Achieving</b>
<b>Priority 3: Making things fairer and better</b> <i>Reducing inequalities and improving outcomes</i> <b>We will:</b>	<b>Wellbeing Indicators</b>
Implement the North Ayrshire Child Poverty Action Plan	<b>Included</b>
Improve attainment and achievement for all	<b>Achieving</b>
Close the poverty related attainment gap	<b>Achieving/ Included</b>
Implement the recommendations from the Independent Care Review (Scotland).	<b>Included/ Nurtured</b>
Implement the recommendations from the Additional Support for Learning Review (Scotland)	<b>Included/ Nurtured</b>
Build strong collaborative partnerships in local areas to ensure we deliver high-quality services for all of our children, young people and families	<b>Included</b>
<b>Priority 4: Supporting mental health</b> <i>Supporting social, emotional and mental wellbeing</i> <b>We will:</b>	<b>Wellbeing Indicators</b>
Develop our nurturing approach across all Children's Services	<b>Nurtured</b>
Work with children young people, families and communities to improve mental health and wellbeing through physical activity and social participation	<b>Active/ Healthy</b>
Continue to have appropriate pathways in place for supporting mental wellbeing	<b>Healthy</b>
Work together with children, young people and their families to help build resilience	<b>Healthy</b>
<b>Priority 5: Helping children and young people to be active and healthy</b> <i>Helping children and young people to be physically active and maintain a healthy lifestyle</i> <b>We will:</b>	<b>Wellbeing Indicators</b>
Create innovative physical activity and sports opportunities with communities and partners	<b>Active</b>
Adopt a whole systems approach to diet and healthy weight	<b>Active/ Healthy</b>
Design opportunities into the whole system to enable children, young people and their families to have a healthy lifestyle	<b>Active/ Healthy</b>
Ensure all our early years indoor and outdoor learning environments and activities enable children to be physically active	<b>Active/ Healthy</b>



# North Ayrshire Children Services Plan 2020/2023









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It is inescapable that the Covid-19 pandemic will have a lasting impact on our children and families, in terms of their financial situations as well as the impact on mental health and other aspects of everyday life.



## Foreword

Welcome to our updated North Ayrshire Children's Services Plan 2020-23.

This is our second Children's Services Plan and we are aiming to build on the progress that has been made to date. We have set out our key priorities for the next three years to achieve our vision in North Ayrshire – for all our children and young people to have the best start in life and for North Ayrshire to be the best place in Scotland to grow

We continue to listen to and engage with children, young people and families and use the best data available to strengthen the strong local partnership working we have in place. Children and Young People's rights are at the heart of all we do as a Child Centred Council, and the implications of Scottish Parliament Bill to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into the law in Scotland will be a key development of our approach.

We support and build on the strengths of our families, schools and communities to ensure that capacity building,

collaboration and radical kindness underpin all our work together.

During 2020/21 we have been reviewing our Children's Services Planning and conducting self-evaluation activity. This led to the creation of a new group, the Children's Services Executive Group, to deal with operational governance and decision making. The self-evaluation identified various areas where we wanted to make improvements and we have initiated some short term workstreams, the details of which are included in the main report below.



One of our main concerns is tackling Child Poverty and this can be seen in our ambitious Child Poverty Action Plan. We are determined to tackle inequalities and create a society where no one lives in poverty,

We will have an ongoing rolling programme of improvement workstreams that will be implemented within our annual planning cycles.

Our Children's Services Executive Group maintains strong strategic links to our Children's Services Strategic Partnership, which has the main strategic oversight of our Children's Services Planning suite. During 2021/22 we will be reviewing our Key Performance Measures with the Children's Services Strategic Partnership to ensure they reflect our renewed areas of focus and workstream improvement activity.

As part of our ongoing self-evaluation we will be reviewing our Children's Services Plan Performance Framework during 2021/22.

One of our main areas of focus is tackling child poverty and this can be seen in our ambitious Child Poverty Action Plan. We are determined to tackle inequalities and create a society where no one lives in poverty, where the economy is inclusive and where everyone has the same life chances to live fulfilling and healthy lives.



**Councillor  
Joe Cullinane**  
Leader of North  
Ayrshire Council



**Audrey Sutton**  
(Education and  
Communities)  
and Chair of the  
Children's Services  
Strategic Partnership



# Introduction:

## Local Context and key facts

In North Ayrshire we understand that all of our children and young people are unique individuals and should be able to feel confident and happy with themselves and the place where they live.

Currently, we have 135,000 people living in North Ayrshire. 16.7% of our population are children and young people under 16 (17% national average).

The infographic below provides a snapshot of some of the key statistics about children and young people across North Ayrshire. Throughout this document we outline how we plan to tackle these issues and improve outcomes for our children, young people and families.



Child protection Registrations  
(Rate per 1000 0-15 year olds):  
The number of children on the  
Child Protection Register in 2019

North Ayrshire  
**6.7**  
in 2018  
4.6 in 2019

Scotland  
**2.8**  
in 2019

Teenage Pregnancies  
per 1000 15-19 year olds  
in the period 2015 to 2017

North Ayrshire  
**35.6**

Scotland  
**31.42**



Childhood Obesity:  
Percentage of Children with a healthy  
weight in Primary 1 in 2018/19



North Ayrshire  
**72.26%**

Scotland  
**76.58%**

Breastfeeding Rates:  
Babies exclusively breastfed  
at 6-8 weeks in 2019

North Ayrshire  
**19.2%**  
in 2019,  
improvement from  
17% in 2018

Scotland  
**32%**  
in 2019

## Rates of looked After Children age 0-17 in 2019

North Ayrshire

**2.1%**

Scotland

**1.4%**



## 2018/19 Attainment of all School Leavers

% Attaining  
Literacy at SCQF  
level 5 or above

North Ayrshire

**84%**

Scotland 82%

% Attaining  
Numeracy at  
SCQF level 5  
or above

North Ayrshire

**69%**

Scotland 69%

## 2018/19 Attainment of Looked After Children

% Attaining  
Literacy at SCQF  
level 5 or above

North Ayrshire

**39%**

% Attaining  
Numeracy at  
SCQF level 5  
or above

North Ayrshire

**25%**

Scotland 22%

## School leavers destinations 2018/19

All leavers:

North Ayrshire

**94%**

Scotland  
95%

Looked After  
school leavers:

North Ayrshire

**83%**

Scotland  
82%



## Children living in Poverty 2018/19 (Before Housing costs)



North Ayrshire

**27.9%**

National

**24.3%**

## Domestic abuse incidents recorded per 10,000 total population, 2018/19



North Ayrshire

**123.5**

Nationally

**111.5**

## As at July 2020, the Unemployment Claimant Count for 18-24 year olds

North Ayrshire

**14.6%**

Scotland

**9.6%**







We have created a profile of our area based on the latest information and data available. You can view our full data profile dashboard at [Appendix 1](#).



We use a range of information from consulting and speaking to our children and young people such as the Youth Forum, Joint Cabinet and via our Youth Participation and Citizenship Strategy.

## Strategic Needs Assessment

In 2014/15, in partnership with the Dartington Service Design Lab, we carried out a ChildrenCount Wellbeing Survey of almost 8000 young people aged between nine and 16 years old and more than 600 families of younger children. This rich range of information was used to inform our priorities for the 2016-20 Children's Services Plan.

We continue to use a range of data, including further focussed work with Dartington, to build our understanding of the needs in our area in partnership with our Community Planning Partners. Our data sources include:

### School Census data

This includes information collected in schools such as the numbers of pupils by age, additional support needs and other information.

### Child Protection data

This includes the number of children who are looked after by the Council and the reasons for this.

### Health data

This includes information on birth weight and breast-feeding rates, dental health information, immunisation rates and levels of smoking, alcohol and drug use in young people as well as the population as a whole.

### Children and young people's views and experiences

We use a range of information from consulting and speaking to our children and young people such as the Youth Forum, Joint Cabinet and via our Youth Participation and Citizenship Strategy. We ask for the views of children and young people in schools using the How Good is Our School pupil questionnaires.

# Our Priorities for 2020 to 2023

A key focus for all Children's Services partnerships will now be recovery from the Covid-19 pandemic and all of the associated challenges this brings. Our key priorities will be even more important in this new context.

We have a good understanding of the needs of our children and young people and their families and we are determined to ensure that a whole systems approach delivers the best results.

Our Plan is a living document that will be updated and adapted based on the changing needs of our area, especially as the effects of Covid-19 become more apparent. We will be developing detailed action plan and performance framework which will show the actions we will take and how we will measure our progress.

We have ensured that as many children and young people as possible in North Ayrshire are involved in making decisions about what is important to them. We have identified our key priorities by listening to what our children and young people have told us.



**Priority 1:** Young people's rights and views are respected and listened to.

**Ensuring the rights, views and aspirations of children and young people are at the centre of everything we do**

## **We will:**

- Implement the North Ayrshire UNCRC plan actions
- Ensure the rights of all children and young people are protected
- Ensure the voices of children and young people are heard and influence the work of the Community Planning Partnership
- Ensure children and young people have the opportunity to develop their citizenship skills, including active democratic participation opportunities



**Priority 2:** Acting early to improve what happens next  
**Focussing on early intervention and prevention**

## **We will:**

- Work with our partners to keep all children and young people safe
- Continue to support families with children age 0-5 through our integrated universal early years' service
- Increase access to early learning and childcare
- Work together with parents or carers to provide support to their children
- Improve outcomes for care-experienced young people



### **Priority 3: Making things fairer and better**

#### **Reducing inequalities and improving outcomes**

#### **We will:**

- Implement the North Ayrshire Child Poverty Action Plan
- Improve attainment and achievement for all
- Close the poverty related attainment gap
- Implement the recommendations from the Independent Care Review (Scotland).
- Implement the recommendations from the Additional Support for Learning Review (Scotland)
- Build strong collaborative partnerships in local areas to ensure we deliver high-quality services for all of our children, young people and families



### **Priority 4: Supporting mental health**

#### **Supporting social, emotional and mental wellbeing**

#### **We will:**

- Develop our nurturing approach across all Children's Services
- Work with children young people, families and communities to improve mental health and wellbeing through physical activity and social participation
- Continue to have appropriate pathways in place for supporting mental wellbeing
- Work together with children, young people and their families to help build resilience



### **Priority 5: Helping children and young people to be active and healthy**

#### **Helping children and young people to be physically active and maintain a healthy lifestyle**

#### **We will:**

- Create innovative physical activity and sports opportunities with communities and partners
- Adopt a whole systems approach to diet and healthy weight
- Design opportunities into the whole system to enable children, young people and their families to have a healthy lifestyle
- Ensure all our early years indoor and outdoor learning environments and activities enable children to be physically active





# What our Plan means for you: Our Children and Young People

We want you to know what this plan means for you and your family



At the heart of all of our work with you, your families and our partners, are the principles and values called 'Getting It Right For Every Child' (GIRFEC). This way of working is designed to support you and your family by making sure you can receive the right help, at the right time, from the right people. The aim is to help you to grow up feeling loved, safe and respected so that you can realise your full potential.





There are a range of ways that you can get involved and make your voices heard.



If you feel like you need help or advice, then you should speak to your class teacher in primary schools. In secondary schools you can speak to your pastoral care teachers or any other adult in your school that you feel comfortable with. They will be able to help or direct you to the right place or person. There are a range of ways that you can get involved and make your voices heard. This could be through your pupil council, or taking part in focus groups, questionnaires, class surveys and discussions. Or you might want to get involved with clubs, organisations or youth groups. Lots of information is available online in our **Youth Participation Strategy**.

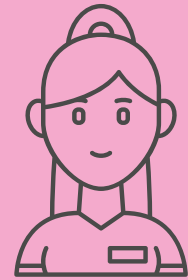
Some of you have helped us to develop this Plan and choose the most important areas for us to work on – and we want to say thank you for this.



# What our Plan means for you: Our Children and Young People

## 1. Your Rights and Views

- We have worked with you to develop a new **Citizenship and Participation Strategy** that will focus on your rights
- If you have been or are being cared for, you can take part in or be represented by our **Champions Board**
- Our **Rights Respecting Schools** and rights awareness in schools make sure that your rights are at the heart of everything we do
- Your views are gathered regularly in your schools. What you tell us is used to make improvements



## 2. Act early to improve what happens next

- **Healthy food** options are available and promoted in our schools
- Our **Active Schools** programmes provide activities in school, after school or in local clubs through KA Leisure
- Our schools and early years centres are working to develop outdoor areas for learning and activity



## 3. Make things fairer and better

- We support families when they have a new baby. This includes **helping** with feeding babies, family money advice, and supporting healthy choices
- We encourage you and your family to get **immunisations** to help protect against diseases
- Our **Family Learning Team** supports you and your family to learn and play together
- We work together to make sure that we give help and support as early as possible if you have challenges or something goes wrong
- We provide support for you to enjoy and benefit from using the internet and social media safely





#### 4. Support mental health

- We work with you to achieve your full potential as successful learners, confident individuals, responsible citizens, effective contributors
- We make sure that there are lots of options in our **schools** for your learning.
- When you leave school, we support you to take the **next steps** into college, university, training or work
- We provide healthy lunches and activities during the school holidays



#### 5. Help you be active and have healthy lives

- There are people and programmes to support your mental health. We have **Counsellors** in each of our secondary schools and all of our schools and early years centres work to remove stigma about mental health
- We use **nurture approaches** throughout all of our Children's Services to make sure that you are supported with your social, emotional and behavioural needs
- For more serious and complex issues, you may be referred to the **Child and Adolescent Mental Health Service** (CAMHS). If this happens we work with you to assess your needs and wishes to best support you and help you recover



# Partnership Approach to Children's Services Planning

North Ayrshire Community Planning Partnership is a strong and effective partnership of a wide range of organisations. We value the benefits of sharing our resources, knowledge and skills to improve the lives of our children and young people. All partners have a shared commitment and partnership vision – ***North Ayrshire – A Better Life.***

The North Ayrshire Community Planning Partnership is made up of the following organisations:



Our work fully supports the purpose, values and national outcomes as set out by the Scottish Government. Our vision demonstrates our link to the National Performance Framework.

The public sector duty regarding socio-economic inequalities, known as the Fairer Scotland Duty, requires that when taking strategic decisions, particular public bodies, including local authorities and health boards, must have due regard to how they can reduce inequalities of outcome caused by socio-economic disadvantage in the exercise of their functions.

We have a clear focus on inequalities. In [our Local Outcomes Improvement Plan \(LOIP\) 2017-2022](#), we have increased our focus on children and child poverty.

Underpinning this we have four priority areas:

- A Working North Ayrshire
- A Healthier North Ayrshire
- A Safer North Ayrshire
- A Thriving North Ayrshire – Children and Young People

Our cross-cutting themes are building stronger communities and prevention, and these underpin our approach to these priorities.

Our work to improve Children's Services also directly links to the mission, vision and priorities set out in the [North Ayrshire Council Plan](#). This is the key strategic plan for the Council, which is focused on making North Ayrshire a fairer and more equal society.





We have assessed the impact of the Scottish Attainment Challenge, Pupil Equity Funding and Care Experienced Funding. We have also reviewed our school counselling service.

The Children’s Services Plan directly links to the North Ayrshire Health and Social Care Partnership Strategic Plan 2018-21 – [Lets Deliver Care Together](#).

Our Children’s Services Planning includes our **Children’s Rights Report** and our **Child Poverty Action Plan**. Our new **Youth Participation and Citizenship Strategy**, ‘Step up Speak Out’ was launched in March 2020 and ensures the voice of children and young people is at the centre of all we do. Together they form our approach to giving children and young people in North Ayrshire the best start in life.

Our Children’s Services Planning approach links all relevant plans and strategies together as described above. These can be seen in the diagram below.

The Children’s Services Plan links with, and feeds into, a range of other strategic plans including:

- [North Ayrshire Child Protection Committee Business Plan](#)
- [Corporate Parenting Plan](#)
- [Early Learning and Childcare Strategy](#)
- [Out of School Care Plan](#)
- [Community Learning and](#)

[Development Plan](#)

- [North Ayrshire Carers Strategy](#)
- [Ayrshire and Arran Child Transformation Plan](#)
- [Ayrshire and Arran Oral Health Strategy](#)

A number of major national reviews have taken place since our Children’s Services Plan 2016-20, including the Care Review, the review of Additional Support Needs and the Scottish Attainment Challenge evaluation.





At a local level, Audit Scotland carried out a [Best Value Audit](#) the end of 2019. We have had many of our schools inspected by [Education Scotland](#) over the last three years as well as an assessment of the impact of the [Scottish Attainment Challenge](#). We have reviewed the effectiveness of the Pupil Equity Funding and Care Experienced Funding. We have also reviewed our school counselling service.

All of these reviews and assessments at national and local level are considered in the ongoing development of this plan and inform our improvement planning activities.

The Covid-19 pandemic has created an unprecedented situation for our children, young people and their families. The economic impact is considerable for many of our families and the associated

impacts such as mental and physical health, well-being and educational outcomes will be vitally important in shaping our work over the next three years of this plan.

The Scottish Public Health Observatory (ScotPHO) have developed a [community vulnerability measure](#) to help guide the social mitigation response to the effects of Covid-19. North Ayrshire is identified as being at high risk to Covid-19. This is in common with Inverclyde, Dundee City, West Dunbartonshire, Na h-Eileanan Siar, Dumfries and Galloway and Glasgow City.

We are committed to using all of the information available to us to ensure that we continue to take steps to ensure that the impact of Covid-19 is addressed in a manner that reduces the risk of causing long term damage to children.

**Figure 1: Children's Services Planning Dashboard**





The GIRFEC approach supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential.

## Our Children's Services Plan Development

Our Plan takes a rights-based approach. We are committed to promoting and protecting children and young people's rights. The Children and Young People (Scotland) Act 2014 strengthens children's rights and places duties on local authorities, health boards and partner agencies. Our first North Ayrshire Children's Rights Report 2020-23 is a core aspect of our approach to Children's Services Planning.

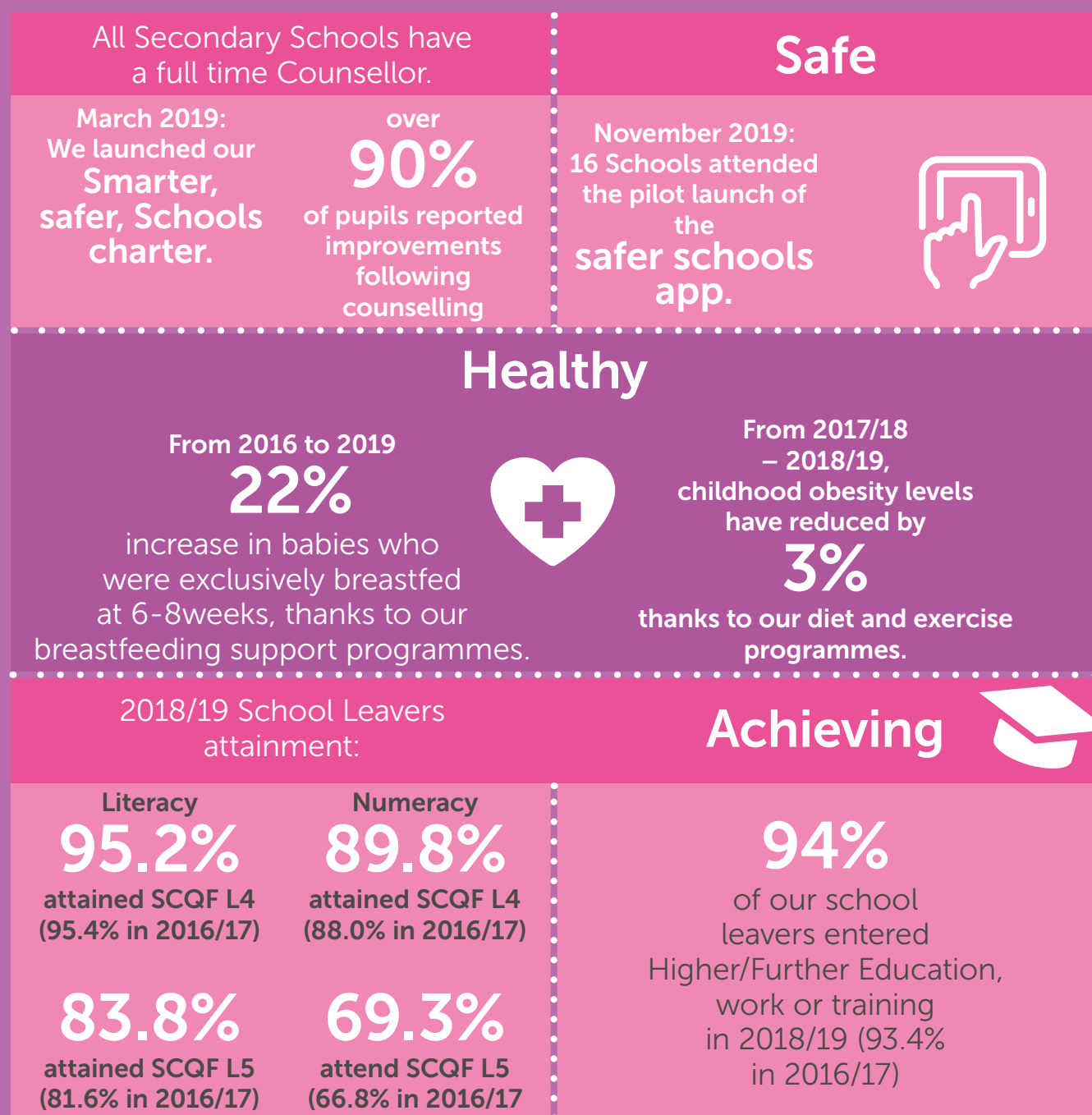
Our plan has been written based on the Getting it Right for Every Child (GIRFEC) principles and values. GIRFEC is based on children's rights and its principles reflect the United Nations Convention on the Rights of the Child (UNCRC). GIRFEC also respects parents' rights.

The GIRFEC approach supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential. At home, in school or the wider community, every child and young person should be:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

# Progress since previous plan

Since the introduction of the 2016-20 North Ayrshire Children's Services Plan we have made significant progress in a number of key areas. These can be viewed in detail in our Children's Services Plan Performance Reports [here](#).





## Nurtured

Our real nappy incentive scheme was launched in October 2019.



It can save families

**£1,300**

per child and reduce environmental impact by 40%.

Family Nurses support young mums (19 and under) until children are 2 years old.

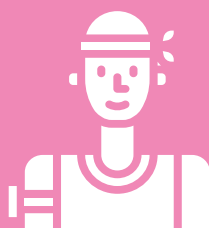
From Jan 2017-Jan 2020 we supported 98 young parents and currently have 78 parents enrolled.

Our Active Schools Team provide opportunities in sport, activity and leadership development.

## Active

**7,748**

children and young people participated in ActiveSchools activities in 2019/20.



Our Early Years centres are creating outdoor learning environments.

## Respected

We are changing how we support children, young people and families by bringing teams together in local areas.

**Over 90%**

of our schools are rights respecting schools (RRS) accredited to Bronze level – RSS committed.

## Responsible

**5,583**

children and young people voted in the latest Youth Participatory Budgeting event (Nov2019)



In 2018/19 our activities supporting participation in democracy had a total of 9,515 attendances

## Included

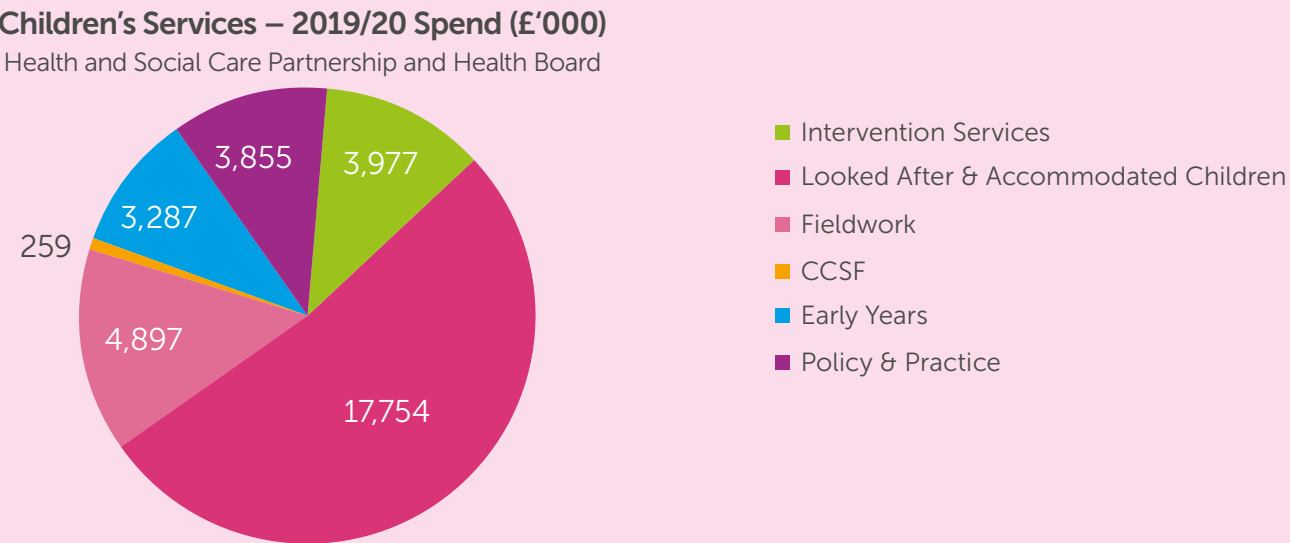
A new £20m Additional Supports Needs Campus is being built in Stevenston including an Adult Respite House.

Our champions board engaged with over 60 professions and Care Experienced young people to research language and stigma associated with the care system.

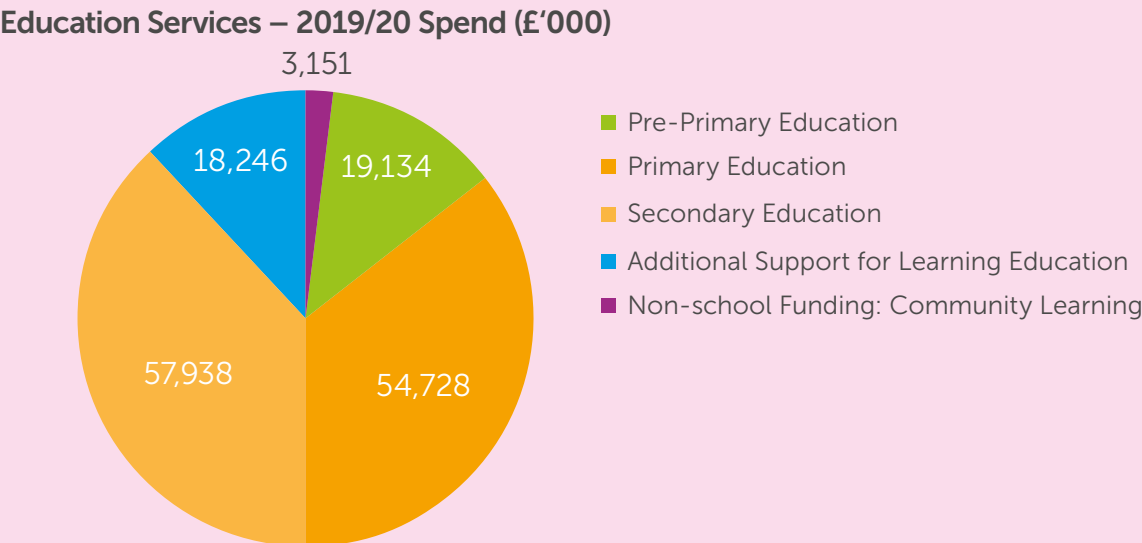
# Resources

In 2019/20 we spent more than £180 million in Education and Health and Social Care, on services to improve the lives and outcomes of children and young people living in North Ayrshire. A breakdown can be seen below, in Figures 2 and 3.

**Figure 2:** Spend breakdown in Children’s Services (NHS and HSCP)



**Figure 3:** Spend breakdown in Education Services







# Strategic Themes

The following key themes are strategically important in our work.

## Child Poverty

In North Ayrshire we are committed to reducing and mitigating the effects of child poverty. We know that 27.9% of children in North Ayrshire are living in poverty and this can affect children's health and wellbeing, as well as school attainment and achievement. Covid-19 has exacerbated this situation and the evidence of this and the related actions are detailed in our Child Poverty Action Plan 2019/20. Covid-19 has exacerbated this situation and the evidence of this and the related actions are detailed in our [Child Poverty Action Plan](#).

Prior to the Covid-19 pandemic, almost one in four children in Scotland (24%, just less than 225,000) were living in relative poverty in Scotland in 2019/20<sup>1</sup>.

New data on child poverty was released in May 2021. This new estimate is based

on Department for Work and Pensions (DWP) and Her Majesty's Revenue and Customs (HMRC) data, but is based on family income levels, after housing costs. The new data shows that over 6,200 children (27.9%) age 0-16 could be living in poverty in North Ayrshire. This is higher than the national estimate of 24% for the same measure. These calculations are estimates but support our experience and knowledge of our local areas.

There is increasing evidence that households with children, which were already at greater risk of poverty, have been disproportionately affected by the financial impact of the Covid-19 pandemic.

It is too early to know the impact that Covid-19 will have on levels of child poverty in Scotland but an analysis by the Institute for Public Policy Research

<sup>1</sup> Child poverty in your area 2014/15 – 2019/20 – End Child Poverty



We are clear about the value of employment for our residents and want to attract the best jobs and employers possible.



(IPPR) Scotland finds that since lockdown almost half (49 per cent) of households with dependent children in Scotland find themselves in the two most serious categories of financial stress – ‘in serious financial difficulty’ or ‘struggling to make ends meet’. This is compared to 30 per cent of all households in Scotland reporting the same levels of financial stress.

Our Child Poverty Action Plan and Report sets out our commitment to Economic Growth in our area through the Ayrshire Growth Deal and Community Wealth Building. We are clear about the value of employment for our residents and want to attract the best jobs and employers possible. We also work to reduce the cost of living for our residents and are committed to develop 1,575 new build Council homes by March 2025.

### Cost of the School Day

Our 2019/20 Child Poverty Action Plan and Report was published in October 2020. This identified The Cost of the School Day as a key area of focus for 2020/21. The theme of reducing the Cost of the School Day was also identified as a priority by our Fair for All Poverty Truth Commission work and in the Year of Young People legacy action plan recommendations, both of which are our mechanisms for taking account of our residents’ lived experience.

A formal Cost of the School Day (COSD) Working Group was established comprising Elected Members, young people, parents, head teachers and staff of educational establishments, senior officers from the Council and HSCP, CPP partners and officers.

We have previously participated in work with Public Health and Young Scot to develop local approaches to Cost of the School Day, providing a sound basis for the current work, with excellent practice in schools being contributed to the working group deliberations.

The aim of the COSD Working Group was to further drive forward a whole systems approach to reducing the cost associated with education. We already have strong approaches to this across our area and we continue to look for new whole-system commitments from the Council and its community planning, wider community, and business partners.

The objective of the COSD working group was to produce a policy that could be used by all schools, services and partners to embed the agreed principles and to develop a high-level action plan to be taken forward in 2021. The policy and action plan encompasses the work of all educational establishments and of community planning partners, communities and local businesses. The working group have also developed



We protect, support and provide a loving and nurturing environment for those who have either been in care or have experienced it.

a set of North Ayrshire Commitments, which will be launched with schools and partners to set out the overall objectives.

The COSD Policy was agreed by Cabinet in March 2021 and will be formally launched at our first annual COSD Conference which will take place in June 2021.

More details are available in our [Child Poverty Action Plan 2020/21](#).

## Children and Families Investment Fund

As part of our determination to address poverty and particularly child poverty we aim to give everyone the same life chances to live fulfilling and healthy lives. In June 2021 we will be launching our £500,000 Children and Families Investment Fund programme. The fund will focus on:

- **Food:** £150,000 to extend our school and community food network across all schools to support children and families;
- **Clothing and sustainability:** £100,000 for a School and Family Participatory Budget Investment Fund for educational establishments to respond to local needs in relation to school uniforms, outdoor clothing, sports kit and recycling and reuse equipment; and

- **Digital inclusion:** £250,000 in a Digital Families Fund to digitally include 1,000 families each year, providing access to devices and connectivity for online learning and activities, enhancing and guaranteeing sustainability of current investment in devices for home use.

This is a recurring annual investment and the launch planned for June 2021 will ensure families will be supported ahead of the return to schools for the new term in August.







## Wellbeing

In January 2018, the Ayrshire and Arran Wellness Model looked to test a whole system model of mental health support by developing a fully integrated approach, aligning specialist child and adolescent mental health teams with developing initiatives in partnership with North Ayrshire schools and other parts of the community. The aim of the model is that there will be clear evidence of a shift in the emotional wellbeing of children and young people within one locality (Kilwinning) evidenced by more appropriate requests for assistance being made to CAMHS.

The Kilwinning Wellness model has reduced the routine referrals from 68 days in August 2018 to less than 2 weeks consistently from September 2019.

The Wellness Model has significantly influenced, managed and changed the demand pressures placed on specialist mental health services for children and young people in a locality, ensuring those individuals with serious mental health concerns are seen timeously and appropriately.

This model fits around children and young people's needs using a broader lens for mental health services, and one that incorporates the wider system, supporting young people wherever they are.

The Wellness Model has also been rolled out in Largs and the scoping work has already started for the Garnock Valley and will spread to the rest of North Ayrshire.



The Kilwinning Wellness model has reduced the routine referrals from 68 days in August 2018 to less than 2 weeks consistently from September 2019.



## Love and Support for Care-experienced Young People

The national Independent Care Review was published in February 2020. The review of Scotland's Care system has far reaching recommendations. We will continue to reflect on how best we can 'Keep the Promise', take the recommendations of the review forward in North Ayrshire and embed in our local plans.

We protect, support and provide a loving and nurturing environment for those who have either been in care or have experienced it.

We have a Champions Board constituted from a range of young people who are all care experienced aged between 15 and 22 who come together weekly and look for ways to change the care system as well as producing tools and advice for their care experienced community. The Board is supported by the North Ayrshire Corporate Parenting Team.

## Throughcare and Aftercare Services

The Throughcare and Aftercare teams support young people moving on from being accommodated away from home to

the next stage of their lives. They are there to listen and respond to young people's emerging needs in any way they can.

Support is offered in a variety of ways, for example, the team has a dedicated Employability Advisor who supports young people to explore pathways into employment, training or education. Advice offered is adaptable to suit individual needs as their employment, education or training journey progresses. In addition, staff can assist young people in finding their own accommodation and provide bespoke emotional and practical support through what can be, for some, challenging and uncertain times, as well as exciting.

Furthermore, the team offers guidance to those who need advice and guidance in applying for DWP benefits, as well as those who are applying for educational bursaries, care leaver's bursaries and financial support. Assistance can also be provided on legal matters, emotional health and wellbeing and life skills.

The teams are dynamic, creative and flexible to meet the emerging and individual needs of care experienced young people.





The Promise Workstream has been established to take a co-ordinated approach to our reorganisation.



# Current Transformation and Improvement Themes

## Our Response to The Promise Workstream

'The Promise' sets out an overall view of a new approach based on five foundations.

The five foundations are:

- **Voice:** When children speak, adults must really listen to them. Adults must make sure that children are included in decisions about their lives.
- **Family:** If children are living with their family and are safe and feel loved, they should stay there. Their family should be given all the help they need to stay together. If they need extra help when things get difficult, they should get it.
- **Care:** If children cannot stay with the adults in their family, they will stay with their brothers and sisters. The home they live in together will be a place where they feel safe and loved. It should be their home for as long as they want and need it to be.
- **People:** Relationships are important. Adults must make sure children are

able to stay close to the people they want to and keep in contact with them. Adults must also help children make new relationships as they grow up. Sometimes adults need some help too. The adults who are close to children must get the help they need to make sure they can do their best for children.

- **Scaffolding:** Help and support must be there for children and families whenever they need it. It must also be there for the adults who are close to children and families. It is important everyone knows where to go for help and that it is ready when it is asked for.

The Promise Workstream has been established to take a co-ordinated approach to our reorganisation. The workstream will seek to build upon the existing practice across the authority to support care experienced young people



GIRFEC policy continues to describe the benefits of a service supporting Named Persons, Lead Professionals and wider integrated, multi-agency working.

and oversee a coordinated whole system review that is centred on improving children and young people's experiences of the care system. This will be founded on the Getting It Right For Every Child principles and wellbeing indicators.

### **Named Person Service Evaluation Workstream**

Part 4 of the Children & Young People (Scotland) Act 2014, which was revoked in September 2019, required local authorities and the relevant health board, to put in place arrangements for the provision of a 'Named Person' for each young person from birth to 18. The legislation indicated each Named Person would act as a single point of contact for each child with responsibility for providing advice, information and support where required.

While it is no longer a statutory requirement to provide a Named Person for each young person, GIRFEC policy continues to describe the benefits of a service supporting Named Persons, Lead Professionals and wider integrated, multi-agency working, in order to meet the needs of all children, young people and their families through early intervention and preventative action. North Ayrshire's Named Person Service adopts an approach that complements North Ayrshire's Child Protection processes and procedures to safeguard vulnerable

children by supporting families through early intervention and preventative non-statutory measures.

- The Review of the Named Person Services Workstream will review the processes and procedures and identify improvements where applicable, to ensure Named Persons and Lead Professionals are provided with effective and efficient early intervention and preventative support in meeting the needs of children, young people and their families. This will be aligned to, and measured against, aspects of best practice outlined in Additional Support Needs and Getting it Right for Every Child legislation.

### **Multi Agency and Locality Working Workstream**

The Community Empowerment (Scotland) Act 2015 outlines a statutory duty for local authorities to engage in community planning at a locality level in order to enable local communities to become more actively involved in decision making. The Local Government (Scotland) Act 2003 and the Equality Act (Scotland) 2010 also emphasise the importance in ensuring equity and equality are at the centre of developing and delivering effective services.



The work continues to take an asset-based approach, ensuring that building capacity is at the heart of all we do.



The value of empowered communities and citizens is also recognised in the Learning Together National Action Plan on parental involvement, engagement, family learning and learning at home 2018-2021. This plan set a vision for improving the education and life chances of children and young people by recognising that parents / carers are often a child's primary education. This workstream seeks to align to this vision by further enhancing approaches to parental involvement and engagement in a child's learning journey.

Following the success of the locality model adopted during the initial stage of the Covid-19 pandemic, the Connected Communities service has led an exciting transformation project to reshape the relationship the Council has with residents with shift from 'customers to citizens'. This involves developing services and systems to provide a single point of contact within the locality to coordinate services. This will enhance partnership working across agencies and improve outcomes for residents in their locality.

### **Community Mental Health & Wellbeing Framework Workstream**

In June 2019, the Scottish Government and COSLA commissioned a Children & Young People's Mental Health and Wellbeing Programme Board. The purpose of this Board is to oversee reforms to

ensure children, young people and their families receive the support they need, when they need it, underpinned by the values, principles and components of GIRFEC while remaining responsive to local needs and systems. The Programme Board works to ensure the development of a coherent, whole system approach with a focus on putting the voices and experiences of children, young people and their families at the centre. The work continues to take an asset-based approach, ensuring that building capacity is at the heart of all we do.

Additional funding has been provided from the Scottish Government that will be used to strengthen existing integrated working between Services and partners to support children and young people's mental health and wellbeing and will look to enhance existing supports as well as identifying the need for additional or new supports.

Our Community Mental Health and Wellbeing Framework Workstream will provide formalised governance arrangements for the coordination of our Community Mental Health Framework allocation and to build upon existing practice to embed early intervention and preventative supports as well as promote positive mental health and wellbeing.





The move between being a child at school and an adult participating in economic life, and associated transitions, is uncertain for many disabled children and young people.

## Transitions to Adult Services Workstream

On the 30th of September 2020, a Private Member's Bill was introduced at Scottish Parliament titled the Disabled Children and Young People (Transitions to Adulthood) (Scotland) Bill. While still at the early stages of consultation this Bill, which is still subject to parliamentary approval, seeks to improve opportunities for disabled children and young people as they grow up and would legislate a requirement for local authorities to have plans for each disabled child and young person as they move into adulthood. In practice this would mean a statutory plan would put in place up until a young person is 26 years old and a need for a whole systems approach to supporting young people with a disability.

This transition to adulthood is a crucial life transition for a young disabled person. Transition in this context encompasses the move from school into the adult world of work, and/or further or higher education. However, the move between being a child at school and an adult participating in economic life, and associated transitions, is uncertain for many disabled children and young people. This Bill seeks to address that issue.

Our practices are focused on ensuring that, where it is in the best interests of a child, a multi-agency Team around the

Child is established and if applicable a Coordinated Support Plan is put in place. Prior to the Covid-19 pandemic North Ayrshire had established a Transition Pathways Group. This is a multi-agency team with representatives from Education, Children with Disabilities and Adult Services to oversee and plan the effective transition from education to adult services.

The Transitions to Adult Services Workstream aims to ensure that young people with additional support needs and their families, will be provided with a more effective transition into adulthood, which delivers greater access to a range of provisions and supports in the local community. This will be achieved through reviewing current policies, procedures and practices and enhancing collaborative working across agencies to proactively plan person-centred transitions into adulthood.

## Family Support

A cross-cutting theme for all our work is Family and Parental Support. We believe that good partnerships between parents, schools and services are key to getting the best outcomes for our children. As part of our ongoing improvement activity, all our improvement Workstreams are considering their links with family and parental support and we will continue mapping and improving access to services and activities in this area.



Our performance will be driven and monitored by the Children's Services Strategic Partnership.

# Evaluation and reporting on our plan

This Plan provides details of our activities and how this will contribute to the achievement of our priorities and better outcomes for children. Our framework will include a range of performance measures to help us track our progress. All of our Children's Services Strategic Partners are committed to contributing to our success.

Our performance will be driven and monitored by the Children's Services Strategic Partnership. An annual performance report on our progress of this Plan will be published by the Partnership and reported through the Community Planning Partnership governance structures, as well as being submitted to the Scottish Government to meet our legal requirements.

As part of our 2021/22 self-evaluation activity we are planning a review of our Children's Services Performance Framework.



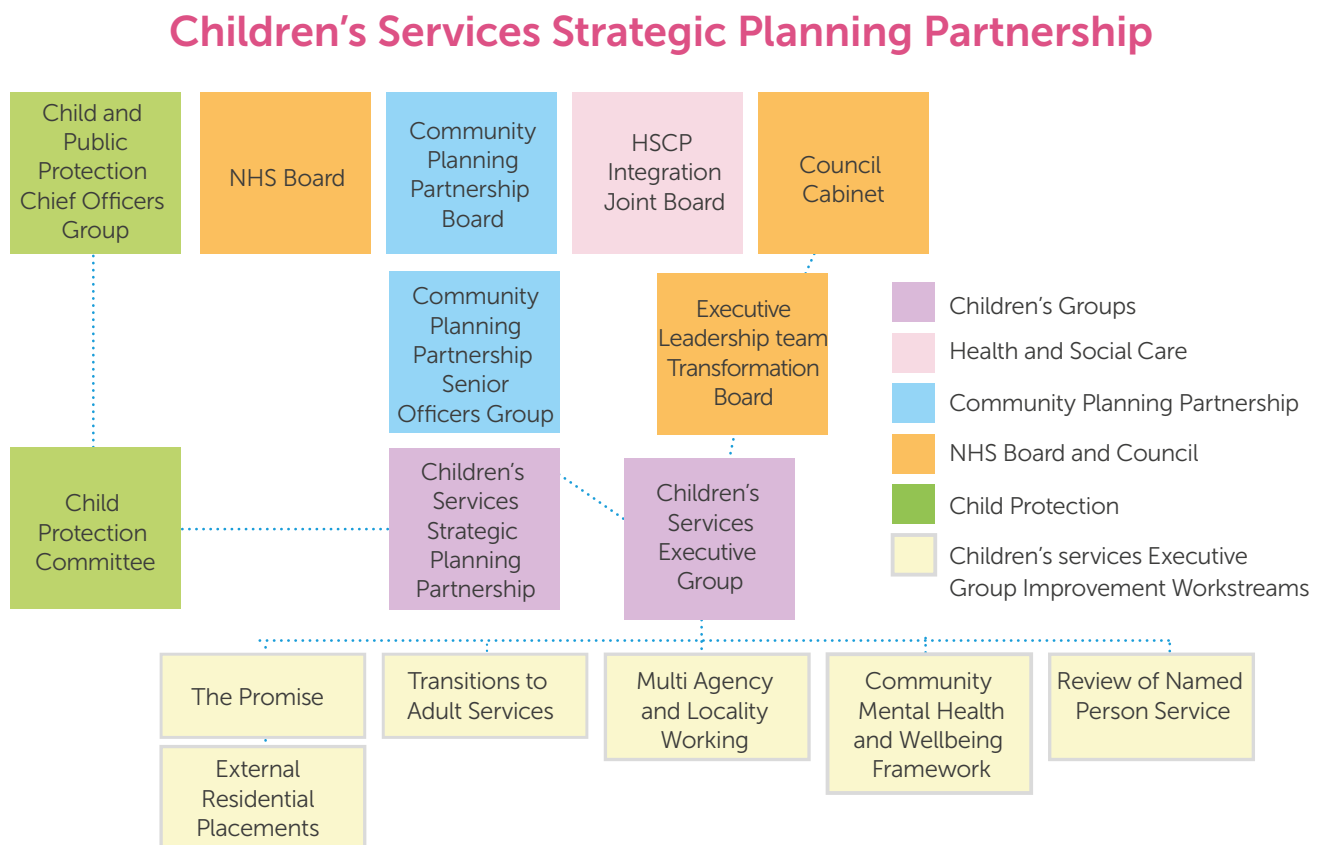


# Who we are and how we work together

This Plan has been written by the North Ayrshire Children's Services Strategic Partnership (CSSP). The structure chart for the CSSP has been included below at Figure 4. Our membership is made up of the following organisations:

- North Ayrshire Council
- NHS Ayrshire and Arran
- North Ayrshire Health and Social Care Partnership
- Police Scotland
- KA Leisure
- Scottish Fire and Rescue Service
- North Ayrshire Child Protection Committee
- Scottish Children's Reporters Administration
- Children's Panel Area Support Team
- Ayrshire College
- Care Inspectorate
- Voluntary Sector

**Figure 4:** Children's Services Strategic Partnership Structure Chart





The CSSP is part of the North Ayrshire Community Planning Partnership (CPP) and reports regularly on our progress. The CPP have overall responsibility for

this plan and works together to improve outcomes for all of our children and young people. The CPP structure diagram has been included below at Figure 5.

**Figure 5: Community Planning Partnership Structure**



Barnardo's run specialist advocacy services across the UK and are there for young people who need someone to support them, protect their rights and help them speak out.



## North Ayrshire Context

### Child Protection

The North Ayrshire Child Protection Committee (NACPC) is a locally based inter-agency strategic partnership which leads on child protection policy and practice. The Committee has an Independent Chair and is comprised of senior staff from across key services in North Ayrshire, including both statutory services and the third sector.

North Ayrshire Child Protection Committee adheres to National Guidance for Child Protection in Scotland (2014) and Protecting Children & Young People: Child Protection Committees and Chief Officer's responsibilities. As such the NACPC has a range of day to day business activities to ensure we fulfil our responsibilities.

### Domestic Violence

We are implementing Safer and Together Model of domestically informed practice. To build on the effectiveness of this approach a pan Ayrshire approach has been taken to establish a core group of trainers in each local authority area. These trainers will have a multiagency skill set and involve partnership with our third sector colleagues from Women's Aid. Currently an application for an Implementation Lead is being made to the Equally Safe Fund which if successful would enable a 3-year post to focus and ensure effective multiagency implementation of this approach across the three local authorities within Ayrshire.

Police Officers have attended training on the new Domestic Abuse legislation to improve their understanding of domestic abuse, its impact on victims and improve their ability to deal with reported incidents and to work with partners in safeguarding.





It is important that all children and young people get the support they need to enable them to reach their full learning potential.



## Getting it Right For Every Child (GIRFEC)

Our practice is informed by GIRFEC which is fully embedded in all of our roles and systems. Getting it right for every child has a set of values and principles that everyone who comes into contact with children in their work has to take into account when working with others, whether other professionals or children and young people. This is to ensure that all children, young people and families are treated fairly, with respect, and are listened to.

'Getting it Right for every child' provides everyone with a common language to describe wellbeing. It provides values and principles that practitioners and agencies should work towards, common tools and guidance to help practitioners identify the best support for a child, as well as defining roles and processes to help everyone to identify and meet a child's needs.

## Advocacy

The advocacy support that is provided in North Ayrshire is by Barnardo's Hear 4u Advocacy Service. Hear 4u provides advocacy for children and young people aged 5-26 who are looked after and accommodated in residential, foster care, kinship and at home, on the child protection register and those with Additional Support Needs.

Barnardo's run specialist advocacy services across the UK and are there for young people who need someone to support them, protect their rights and help them speak out. Their advocates are independent, and they don't work for local councils, social services or the NHS. They strive to explain the wishes of the young person, represent their case and do not give their personal opinions.

Barnardo's advocates role includes:

- Attending meetings with or on behalf of children/young people where decisions are made – for example, children's hearings, looked after reviews, child protection processes.
- Writing letters on behalf of young persons and assisting them with complaints or appeals.
- Helping children and young people to access information so that they can make informed decisions.
- Helping children and young people understand decision making processes and what their rights are within these.
- Giving children and young people a voice to help them achieve their full potential.
- Empowering children and young people to develop their confidence/skills in self-advocacy
- Listening to young people is at centre to all the work they carry out as advocates.



Once additional support needs are identified, a plan is created – sometimes called the child’s plan – to help overcome barriers to learning.

## Children’s Hearings

The Children’s Hearings System is the care and justice system for children and young people. At the heart of the system are Children’s Reporters. Children and young people are referred to the Reporter from a number of sources, including police, social work, education and health.

Children and young people may be referred because some aspect of life is giving cause for concern. For example, there may be needs for protection, care or guidance due to parent or carer issues. Other causes may be not going to school regularly or being in trouble with the police.

The Reporter can:

- Arrange a Children’s Hearing
- Decide that help is needed from somebody from the local authority
- Decide that there is no need for a Children’s Hearing

## Meeting pupil needs

It is important that all children and young people get the support they need to enable them to reach their full learning potential. Children and young people can require additional support for a short time or for a longer period as a result of challenges presented by their learning environment, family circumstances, health, wellbeing needs or disability.

In North Ayrshire there are well-established processes in place to identify, assess and determine needs which involve the children or young people; their parents/carers and associated professionals (a group known as the Team Around the Child). The voice of the child and parent is recorded, and their views considered when assessing, planning and reviewing support.

Once additional support needs are identified, a plan is created – sometimes called the child’s plan – to help overcome barriers to learning. This plan is regularly reviewed, evaluated and updated ensuring progress, attainments and achievements are recorded.

These processes are in line with and informed by “*Supporting Children’s Learning: Statutory Guidance on the Education (Additional Support for Learning) Scotland Act 2004 (as amended) Code of Practice (Third Edition) 2017*”.

Recently, the Scottish Government undertook a review of the implementation of additional support for learning (ASL) in schools. The report’s recommendations have been considered by the Scottish Government in partnership with COSLA and ADES and an action plan was published in October 2020.





## Adverse Childhood Experiences

We are committed to supporting the Pan-Ayrshire work on Adverse Childhood Experiences (ACEs) in conjunction with Community Justice Ayrshire. ACEs are stressful events that occur in childhood and can have a lifelong adverse impact on sustained health and behaviour. We have held screenings in all our localities of "Resilience – The Biology of Stress and Science of Hope" documentary. Over 65 multi-agency screenings of the documentary took place in 2018, led by colleagues from Public Health and Police Scotland (Ayrshire Division). It is estimated that over 4,500 people across Ayrshire have attended a screening and panel discussion. A follow up to the first Pan-Ayrshire Conference on ACEs and trauma took place on 25 March 2019. The event was entitled "ACEs: Adversity is Not Destiny".

Following a motion to Council for North Ayrshire Council to become 'trauma informed', officers in collaboration with partners across the wider Community Planning Partnership have been working to broaden and embed trauma informed practice in all services.

A targeted approach was taken with Community Development, Housing and Libraries employees to raise awareness. NHS and Health and Social Care have installed a module on their e-learning platform that aims to support employees to know how to adapt the way they work to make a positive difference to children and young people affected by trauma and adversity. We now have Trauma Champions within our services who are able to support colleagues 'on the ground' as they work together to make their area of work more trauma informed.



ACEs are stressful events that occur in childhood and can have a lifelong adverse impact on sustained health and behaviour.

**North Ayrshire Community  
Planning Partnership**

Cunninghame House  
Friars Croft  
Irvine KA12 8EE

**Tel.** 01294 324114

**email.** [info@northayrshire.community](mailto:info@northayrshire.community)