

## **Integration Joint Board Meeting**



**Thursday, 23 September 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 26 August 2021 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

#### **3.1 Matters Arising**

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

#### **4 Director's Report**

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

#### **5 Financial Monitoring Report**

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial position of the HSCP (copy enclosed).

#### **6 CAMHS Extreme Team**

Submit report by Thelma Bowers, Head of Service (Mental Health) providing an overview and update on the CAMHS Extreme Team Programme (copy enclosed).

**7 Community Wealth Building - Anchor Institution**

Submit report by Caroline Cameron, Director (NAHSCP) seeking approval for the IJB to commit to being an Anchor Institution as part of the North Ayrshire Community Wealth Building Strategy (copy enclosed).

**8 Meeting Dates 2022**

Submit report by Karen Andrews, Team Manager (Governance) on the draft timetable for meetings of the IJB and the IJB PAC for 2022 (copy enclosed).

**9 Urgent Items**

Any other items which the Chair considers to be urgent.

**Webcasting - Virtual Meeting**

Please note: this meeting may be recorded/live-streamed to the Council's internet site, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being recorded/live-streamed.

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If you are participating in this meeting by invitation, you are consenting to being filmed and consenting to the use and storage of those images and sound recordings and any information pertaining to you contained in the them live-streaming/recording or training purposes and for the purpose of keeping historical records and making those records available to the public. If you do not wish to participate in a recording, you should leave the 'virtual meeting'. This will constitute your revocation of consent.

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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
Vacancy	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
Darren Fullarton	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
Vacancy	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 26 August 2021 at 10.00 a.m.**  
**involving participation by remote electronic means**

**Present**

Councillor Robert Foster, North Ayrshire Council (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

Caroline Cameron, Director of Health and Social Care Partnership  
Paul Doak, Chief Finance and Transformation Officer  
Alistair Reid, Lead Allied Health Professional Adviser  
Darren Fullarton, Associate Nurse Director/IJB Lead Nurse  
David Donaghey, Staff Representative (NHS Ayrshire and Arran)  
Louise McDaid, Staff Representative (North Ayrshire Council)  
Graham Searle, Carers Representative  
Glenda Hanna, Independent Sector Representative (Depute for Jackie Weston)  
Janet McKay, Chair, Garnock Valley HSCP Locality Forum

**In Attendance**

Dr. Sukhomoy Das, Non-Executive Director, Whistleblowing Champion (NHS)  
Shona McCulloch, Head of Corporate Governance (NHS)  
Pat Kenny, Deloitte  
Coenraad Balfourt, Deloitte  
Thelma Bowers, Head of Mental Health  
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)  
Laura Miller, IJB Internal Auditor  
Kerry Logan, Senior Manager (Health and Community Care)  
Eleanor Currie, Principal Manager (Finance)  
Michelle Sutherland, Partnership Facilitator  
Karen Andrews, Team Manager (Governance)  
Angela Little, Committee Services Officer  
Hayley Clancy, Committee Services Officer

**Apologies for Absence**

Bob Martin, NHS Ayrshire and Arran (Chair)  
John Rainey, NHS Ayrshire and Arran  
Vicki Yuill, Third Sector Representative  
Clive Shephard, Independent Sector Representative  
Elizabeth Stewart, Interim Chief Social Work Officer

## **1. Apologies**

Apologies were noted.

## **2. Declarations of Interest**

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

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

The accuracy of the Minutes of the meeting held on 17 June 2021 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

## **4. National Whistleblowing Standards**

Submitted report by Dr. Sukhomoy Das on the new NHS Scotland National Whistleblowing Standards which came into effect across NHS Scotland on 1 April 2021. The report provided assurance on how whistleblowing is being managed under the existing policy and provided an update on current whistleblowing activity.

Members asked questions and were provided with further information in relation to the standards that were nationally agreed and sit alongside Council's own whistleblowing policies.

Noted.

## **5. Audited Annual Accounts 2020/21**

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Audited Annual Accounts 2020/21, attached at Appendix 1. Appendix 2 included the letter of representation signed by the Chief Finance Officer (NAHSCP).

The IJB's accounts for the year to 31 March 2020 were submitted to Deloitte LPP in accordance with the agreed timetable. Deloitte have given an unqualified opinion that the 2020/21 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. One error was identified during the audit, relating to the presentation of the debt repayment of £1.486m to the Council within the Movement in Reserves Statement; there was no impact of the financial statements as it is a presentation point and was amended in the final version of the accounts. The overall financial position remains as reported to the IJB Performance and Audit Committee on 25 June 2021.

The Board agreed to (a) note that Deloitte LLP have completed their audit of the annual accounts for 2020-21 and have issued an unqualified independent report auditor's report; (b) note the recommendations within the Wider Scope Audit Deloitte LLP report; and (c) approve the Audited Annual Accounts to be signed for issue.

## **6. External Audit - Final Report on the Audit of Financial Statements**

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

The key messages of the report were:-

- it was expected that an unmodified audit opinion would be issued;
- effective financial planning and management arrangements were in place with a strong and consistent finance team;
- a balanced budget had been set for 2021/22, requiring a small draw on reserves in order to achieve a balanced position;
- the IJB continued to have strong leadership and the transition of the new Chief Officer and Head of Service for Health and Community Care during the year went smoothly;
- appropriate arrangements were put in place in response to the Covid-19 pandemic with normal governance arrangements having now returned; and
- it continues to have an embedded performance management culture and sufficient arrangements in place to secure best value with a strong focus on continuous improvement.

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

- future risks, including financial uncertainty, the pandemic and the impact of Brexit that is being kept under review;
- work on the Financial Strategy that will begin late 2021/early 2022; and
- details of transformation progress that is reported to the IJB on a regular basis.

Noted.

## **7. External Audit - Wider Scope Audit Report**

Submitted report by External Auditors Deloitte on the 'Audit Dimensions and Best Value' for the year ended 31 March 2021. The scope of the audit work was risk based and proportionate, and covered the four audit dimensions of Financial Management, Financial Sustainability, Governance and Transparency and Value for Money. Responsibilities in relation to Best Value had been incorporated into the audit work. Appendix 1 to the report outlined the purpose of the report and responsibility statement. The Action Plan with recommendations for improvement was attached at Appendix 2 to the report.

Noted.

## **8. Director's Report**

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

The report provided an update on the following areas:-

- consultation on a National Care Services for Scotland;

- new regulation to support people caring for people with a terminal or progressive illness that came into force on 31 July 2021;
- drug related deaths statistics;
- the publication of the Frontline health and social care workers' views and experiences of the Covid-19 vaccination programme in Scotland;
- joint inspection of services for children at risk of harm in North Ayrshire;
- new children's respite centre, Roslin House that welcomed its first guests on 9 August 2021;
- additional funding announced by the Scottish Government for Eating Disorder Service; and
- a Covid update, including information on relaxations on restrictions, enhanced clinical and professional oversight arrangements for social care, vaccinations and community and staff testing.

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

- a session on the National Care Service Consultation that will take place on 23 September 2021; and
- recruitment by Public Health Scotland to maintain and increase the Covid vaccination programme and the annual Flu vaccination programme.

Noted.

## **9. Financial Performance - Month 3**

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial position of the Health and Social Care Partnership.

Appendix A to the report provided the financial overview of the partnership position, with detailed analysis provided in Appendix B. Appendix C(i) showed the full Transformation Plan for 2021/22, which had been agreed by the Transformation Board. An overview of those service changes which do have financial savings attached to them and the current RAG status around the deliverability of each saving was outlined at Appendix C(ii). Appendix D outlined the movement in the overall budget position for the partnership following the initial approved budget and the local finance mobilisation plan submission was provided at Appendix E to the report.

The Board undertook to provide further information to Members on:-

- reductions in training grade funding and respiratory rapid response funding;
- the Carers Centre underspend; and
- the Anam Cara overspend.

The Board agreed to (a) note the overall integrated financial performance report for the financial year 2021-22, the current overall projected year-end overspend of £1.748m and that there is no proposal to implement a Financial Recovery Plan at the current time; (b) note the progress with delivery of agreed savings; (c) agree the budget changes which are detailed at para 2.8 and Appendix D; (d) note the updated estimated costs of the 2021-22 Covid mobilisation plan of £8.279m; and (e) note the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.



## **10. Allied Health Professions Highlight Report**

Submitted report by Alistair Reid, Lead Allied Health Professional Adviser on the activity of the Allied Health Professions(AHP) in North Ayrshire Health and Social Care Partnership during 2020 and the first half of 2021.

The AHP Highlight report was attached at Appendix 1 and provided information on the contribution of AHP services for the people of North Ayrshire, a summary of the challenges faced in 2020 and outlined the objectives for North Ayrshire AHP services for 2021/22.

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

- Health and Therapy Teams (HaTT) based at Brooksby and Ayrshire Central;
- increased referrals in a number of areas and the direct and indirect consequences of Covid;
- use of the quality improvement approach to accessing waiting times in a number of areas; and
- staffing pressures and national conversations around future workforce supply.

The Board agreed to (a) note the content of the AHP Highlight report, attached at Appendix 1; and (b) endorse the AHP Service objectives for 2021/22 outlined within the report

## **11. Strategic Plan 2022-30 Development**

Submitted report by Michelle Sutherland, Partnership Facilitator providing an update on the Strategic Plan development.

The report provided information on a series of stakeholder engagement exercises and policy development that will be undertaken, building on intentions and ambitions outlined in the Bridging Plan. Following the engagement sessions, a more interactive and engaging publication format will be developed, utilising graphical and rich art approaches, as well as short videos and animations.

The Board agreed to approve and support the development and engagement proposals to support the creation of a longer-term Strategic Plan.

## **12. Remobilisation of Day Services for Older People**

Submitted report by Kerry Logan, Senior Manager (Health and Community Care) on the outcome of consultation with staff, service users, families, carers and an external provider on the delivery of day services for older people in North Ayrshire and proposed changes for the remobilisation for both in-house and external day service provision.

Members asked questions and were provided with further information in relation to the cautious approach that will be taken to re-opening day care services and a review that will be undertaken after a 6 month period.

The Board agreed to (a) deliver a blended approach to day service delivery, utilising resources to reduce the building-based day services to allow re-investment in capacity to deliver outreach; (b) approve Option 2 to re-open traditional day services in 4 of the 5 day service buildings, closing one of the in-house day service buildings in the Three Towns locality; (c) approve the continued provision of day services by Alzheimer's Scotland within the Harbour Centre Ardrossan; (d) note that these proposals fully deliver the savings associated with the day services review; and (e) note that the revised model will be formally evaluated after a 6 months period of reopening to determine effectiveness of service delivery and impact on unmet need and to identify any further improvements

### **13. Appointment - IJB Monitoring Officer**

Submitted report by Caroline Cameron, Director of (NAHSCP) on the appointment of an IJB Monitoring Officer.

Andrew Fraser, Head of Service (Democratic Services) and the IJB's Monitoring Officer, retired on 23 July 2021. Aileen Craig was appointed as Head of Service (Democratic Services) on 19 July 2021 and it was recommended that she is appointed as the IJB's Monitoring Officer with immediate effect.

The Board agreed (a) to appoint Aileen Craig, Head of Service (Democratic) as the IJB's Monitoring Officer with immediate effect, in terms of the Ethical Standards in Public Life etc. (Scotland) Act 2000; and (b) that the Chief Officer seek approval of the appointment from the Standards Commission.

### **14. Appointment - IJB Auditor**

Submitted report by Caroline Cameron, Director of (NAHSCP) on the appointment of an IJB Auditor.

Laura Miller, Senior Manager (Audit, Fraud, Safety and Insurance) has been appointed as North Ayrshire Council's Chief Internal Auditor with effect from 19 August 2021. As previously agreed, this role would also undertaken the role of IJB Auditor.

The Board noted the appointment of Laura Miller, Chief Internal Auditor, to the role of IJB Auditor.

### **15. IJB Performance and Audit Committee Minute**

Submitted the Minutes of the IJB Performance and Audit Committee held on 25 June 2021.

Noted.

### **16. Strategic Planning Group Minute**

Submitted the Minutes of the Strategic Planning Group meeting held on 3 August 2021.

Noted.

## **17. Valedictory**

The Board expressed its thanks and appreciation to Marie McWaters and Fiona Thomson, for their involvement in the IJB, as Carer Representatives. It acknowledged their contribution, which started in the shadow year, to the work of the IJB.

The Board was advised that recruitment for a Carer representative is underway.

The meeting ended at 11.40 a.m.

## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 26 August 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 meeting in August 2021	Senior Manager
2.	UK Care Home Industry	19/12/19  13/2/20	<p>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.</p> <p>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.</p>	An update on the Commissioning Strategy would now be more appropriate	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.	A date will be confirmed in August	David Thomson

4.	Director's Report	22/10/20	The Board agreed to (a) consider a report on the Public Health Scotland Locality Profiles report at a future meeting.	A date will be confirmed before the end of 2021	Director
5.	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.	It is too soon to agree a date but a report will be provided to a future meeting.	Thelma Bowers
6.	Year End Financial Performance 2020-21	17/6/21	The Board was advised that details of Carers Act Funding will be reported to a future meeting; and an update on vacancy savings will be reported to the IJB Performance and Audit Committee.		
7.	NHS Ayrshire and Arran Remobilisation Plan 3	17/6/21	The Board was advised that a further update on the North Ayrshire specific elements of RMP3 will be reported to a future meeting.		
8.	Financial Performance - Month 3		<p>The Board undertook to provide further information to Members on:-</p> <ul style="list-style-type: none"> <li>• reductions in training grade funding and respiratory rapid response funding;</li> <li>• the Carers Centre underspend; and</li> <li>• the Anam Cara overspend.</li> </ul>		



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**Integration Joint Board**  
**23 September 2020**

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**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.

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<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	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>National Developments</u></b>
2.1	<b><u>Age of Criminal Responsibility (Scotland) Act 2019 – Statutory Guidance</u></b>
	<p>Statutory guidance relating to police powers in the Age of Criminal Responsibility (Scotland) Act 2019 was published on 2<sup>nd</sup> September 2021.</p> <p>The <a href="#">Place of Safety</a> guidance sets out the responsibilities and procedures to be followed by police, in collaboration with local authorities in relation to the power to taking a child under the age of 12 to a place of safety in certain limited situations.</p> <p>The guidance on <a href="#">Investigative Interviews</a> aims to support police, local authorities and others with functions related to investigative interviews under the Act, ensuring that these are carried out in a child-centred way in keeping with the ethos of removing young children from criminal justice processes.</p>

2.2	<u>National Guidance for Child Protection in Scotland 2021</u>
	<p>The Scottish Government has now published the National Guidance for Child Protection in Scotland 2021 with a suite of accompanying documents:</p> <p>The non-statutory Guidance describes the responsibilities and expectations for all involved in protecting children in Scotland and replaces the 2014 version. It outlines how statutory and non-government agencies should work together with parents, families and communities to prevent harm and to protect children from abuse and neglect. The Guidance promotes partnership between those who care about and have responsibilities for the child, and entails a collaborative approach between professionals, carers and family members.</p> <p>The Guidance has been developed collaboratively and has involved extensive engagement with stakeholder groups and individuals, to ensure that it takes full account of developments and new thinking. It incorporates an understanding of best practice and 'what works' from various sources, including practitioner and stakeholder experience, inspections, research and learning from Significant Case Reviews. The 2021 guidance also integrates the (previously separate) guidance for health professionals.</p> <p>Whilst publication of the guidance and associated documents is an important milestone, consistent implementation across Scotland will be key to realising the benefits from the review. An implementation steering group has been established to undertake detailed implementation planning as local areas engage with the Guidance and a fuller picture of support needs for practitioners, managers and leaders emerges. Membership is drawn from statutory and third sector partners and national organisations. Consideration of local resourcing and wider support requirements will be an early focus for this group.</p>
2.3	<u>National Care Service Consultation</u>
	<p>As discussed at the last IJB, NAHSCP are developing an inclusive approach to develop an IJB response to the consultation. Officers within the partnership have started discussions through the various professional networks and within their own teams on the potential impact of the reforms proposed in the consultation. There a number of consultation events/ sessions planned over the next few weeks including the following groups :-</p>
	<ul style="list-style-type: none"> <li>• Partnership Senior Management Team</li> <li>• Extended Senior Management Team</li> <li>• Discussions at IJB governance and wider stakeholder and professional leadership groups e.g., Healthcare Governance, ADP, Strategic Planning Groups, Staff Partnership Forum etc.</li> <li>• Community Engagement Sessions across various localities;</li> <li>• Scottish Government will facilitate a number of sessions in Irvine on 15<sup>th</sup> September</li> </ul>
	<p>The feedback from all of the above activity will be collated into one formal response for IJB approval on 21<sup>st</sup> October 2021.</p>



	<b><u>Ayrshire Wide Developments</u></b>
2.4	<b><u>Herbert Protocol</u></b>
	<p>The Herbert Protocol is a well-established initiative that helps support vulnerable persons who are living with dementia or memory loss. The initiative is already used in some Divisions across Police Scotland as well as the wider UK.</p> <p>The Herbert Protocol initiative is named after George Herbert, a War veteran of the Normandy landings, who had dementia and sadly died while he was 'missing' on his way to his childhood home.</p> <p>On 1st September 2021 Ayrshire Division launched the Herbert Protocol. The protocol encourages carers, family and friends to provide and put together useful personal information that they should store in a safe place that would help the police in the event they report their loved one missing. This information includes contact numbers, medications needed, locations that may be familiar and memorable for the person as well as a recent photograph. Remembering all sorts of information at times like this can be very distressing for those involved and when being asked by a police officer, adds to the stress and upset caused. The information contained within these forms aims to relieve some of that stress. The NAHSCP for the Herbert Protocol is Elizabeth Stewart, our Interim CSWO.</p> <p>The form can be easily sent or handed to the police in the event of a loved one going missing, reducing the time to gather this information. The form should be completed as soon as possible and when family are either given a diagnosis of dementia or they suspect the person is living with dementia or a similar memory loss illness.</p> <p>Families/Carers can access the form via:- <a href="https://www.scotland.police.uk/what-s-happening/missing-persons/the-herbert-protocol/">https://www.scotland.police.uk/what-s-happening/missing-persons/the-herbert-protocol/</a>.</p>
	<b><u>North Ayrshire Developments</u></b>
2.5	<b><u>Remembrance Event – PEAR Service</u></b>
	<p>Turning Point Scotland's PEAR service held a remembrance event for friends and family members of those lost to drug and alcohol use on Tuesday 31 August.</p> <p>Organised to mark International Overdose Awareness Day, a flower float took place to commemorate the lives of those who have sadly passed away and to stand in support with those affected by these losses.</p> <p>Staff, volunteers and other partners were at the event to provide Naloxone kits and support for anyone who has lost a loved one or who has concerns about a loved one. They also provided support, information and signposting for anyone struggling with their own drug or alcohol use.</p> <p>For more information on Turning Point Scotland's PEAR service, visit the website <a href="#">here</a>, call 01294 447407 or email <a href="mailto:northayrshireinfo@turningpointscotland.com">northayrshireinfo@turningpointscotland.com</a>.</p>

2.6	<b><u>Suicide Bereavement Service – Penumbra</u></b>
	<p>Ayrshire and Arran is a pilot site for Support for Families Bereaved by Suicide. An oversight group has been established and Penumbra have been commissioned to deliver the service which launched during August 2021 with referrals active to the new service.</p> <p>The Pan Ayrshire Choose Life Strategic Group continues to meet on a regular basis reviewing the 10 Actions within the Ayrshire suicide prevention action plan. Training remains an important feature and funding has been identified for two training posts. A training strategy has been written up and requires to be ratified within the training group work stream. Agreement is also required to identify what groups should be prioritised for the training. BRITE continues to be delivered by CRT and there has been interest from other Health Boards re having the training delivered to their staff..</p>
	<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>
2.7	<b><u>COVID-19 Public Inquiry – Invitation to Provide Input</u></b>
	<p>On 24 August, Scottish Ministers announced that a Scottish public inquiry will be established to consider matters in relation to Scotland's handling of the COVID-19 pandemic under the Inquiries Act 2005.</p> <p>An Aims and Principles paper has been published which forms the basis of stakeholder engagement on the Terms of Reference for the inquiry. The Aims and Principles paper is available online here: <a href="http://www.gov.scot/publications/covid-19-inquiry-establishment">http://www.gov.scot/publications/covid-19-inquiry-establishment</a>.</p> <p>Organisations are being invited to provide comments on the Aims and Principles taking the following questions in consideration :-</p> <ul style="list-style-type: none"> <li>• Which areas of the handling of COVID-19 in Scotland do you think deserve particular scrutiny?</li> <li>• Are there any shortcomings or successes that you would like to see given particular consideration?</li> <li>• Are there areas in which you think Scotland would benefit particularly from drawing lessons learned?</li> </ul> <p>The deadline for submitting responses and comments is 30 September 2021. After that point, these will be analysed and used to develop the Terms of Reference for the inquiry.</p>

	<b><u>Guidance</u></b>
	Updated guidance has been issued since the last update to IJB in relation to :-
2.8	<p><b><u>Self Isolation Exemption</u></b></p> <p>Further guidance has been published by the Scottish Government outlining the circumstances where Health and Social Care staff can be exempt from self-isolation, the updated guidance is located here <a href="#">DL(2021)24</a> - Update on isolation exemptions for Health and Social Care staff (scot.nhs.uk). The updated guidance aligns the exemption rules for health and care staff identified as close contacts of someone who has tested positive for COVID-19 with the guidance for the wider population. The updated national guidance specifically for the health and social care workforce recognises that there needs to be additional safeguards in place to protect the workforce and those who use health and care services.</p> <p>Health and Social Care staff are no longer required to automatically self-isolate provided they:</p> <ul style="list-style-type: none"> <li>• are double vaccinated with the second dose at least two weeks before exposure to the case;</li> <li>• have no COVID-19 symptoms (a new continuous cough; high temperature of 37.8 or above; or a loss of, or change in, normal sense of taste or smell (anosmia)); and</li> <li>• have a negative PCR test taken after exposure to the case.</li> </ul> <p>NHS and NAC have put processes in place to allow line manager oversight and approval for any staff returning to work who meet strict criteria.</p>
2.9	<p><b><u>Physical Distancing</u></b></p> <p>Statutory guidance <a href="#">DL(2021)28</a> was updated and published on 31<sup>st</sup> August 2021 on changes to physical distance in acute settings, community settings including care at home and care homes. Risk assessments for building have been reviewed for social care settings to align to the new guidance. For health delivered services at this time NHS Ayrshire &amp; Arran are not reducing physical distancing measures and will keep the guidance and risk assessments under review.</p>
2.10	<p><b><u>COVID Recovery Legislative Consultation</u></b></p> <p>The Scottish Government Coronavirus legislation team launched a 12 week public consultation entitled “Covid recovery: a consultation on public health, public services and justice system reforms” on 17<sup>th</sup> August 2021, which runs until 9 November 2021. The consultation will seek the public’s views on legislative reform to support Scotland’s recovery from the coronavirus (COVID-19) pandemic.</p> <p>The consultation sets out a range of proposals, including whether some beneficial temporary provisions made under Scottish and UK coronavirus legislation and due to expire in March 2022 should be maintained. NAHSCP are in the process of collating our response to the consultation. The consultation paper can be accessed through this link :- <a href="https://consult.gov.scot/constitution-and-cabinet/covid-recovery/">https://consult.gov.scot/constitution-and-cabinet/covid-recovery/</a></p>

2.11	<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.
2.12	<u>Vaccinations</u>
	<p>Based on SG Dashboard <b>94.4%</b> (102,928 people) of adult population in <b>North Ayrshire</b> had received first dose with <b>88.1%</b> (96,056 people) receiving 2<sup>nd</sup> dose.</p> <p>Overall, <b>94.2%</b> (282,486 people) of <b>Ayrshire &amp; Arran</b> adult population received first dose vaccination – <b>88.4%</b> (264,986 people) second dose.</p> <p><b>Population in Scotland</b> – <b>91.3%</b> have received 1<sup>st</sup> dose with <b>83.7%</b> receiving 2<sup>nd</sup> dose. Figures as at 4<sup>th</sup> September 2021.</p>
	<p>Vaccination Clinics are presently administering second dose to 16 and 17 year olds and are expected to complete by end September.</p> <p>Regular additional drop-in clinics are being held to encourage take up of the vaccine.</p> <p><b>Covid-19 vaccination of children aged 12-15 years.</b></p> <p>The Scottish Government, guided by the clinical and scientific advice on vaccination provided by the JCVI, advise that vaccination will be offered to eligible children in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Children aged 12-15 years of age with severe neuro-disabilities, Down's Syndrome, underlying conditions resulting in immunosuppression, and those with profound and multiple learning disabilities or who are on the learning disability register;</li> <li>• Children aged 12-15 years of age who are household contacts of adults or children who are immunosuppressed, based on the potential for additional indirect protection.</li> </ul> <p>These eligible children will be issued invitation letters and will be vaccinated in Mass Vaccination Centres in due course.</p> <p><b>Covid Booster &amp; Flu Programme</b></p> <p>The programme will be offered in 2 stages from September, starting with those most at risk from serious disease.</p> <p>Stage 1 of the booster vaccination programme for 2021 – 2022, the following groups will be offered a booster dose and the flu vaccine from September:</p> <ul style="list-style-type: none"> <li>• Adults aged 16 years and over who are immunosuppressed</li> <li>• Those living in residential care homes for older adults</li> <li>• All adults aged 70 years or over</li> <li>• Adults aged 16 years and over who are considered clinically extremely vulnerable</li> <li>• Frontline health and social care workers</li> </ul>

	<p>Communication has opened with care home providers to enable NHS A&amp;A Vaccinators to attend to deliver both flu and covid booster to residents – unfortunately care home nurses are unable to deliver flu vaccine to their own residents this year due to a licencing issue.</p> <p>Stage 2, the following groups will be offered a booster dose as soon as practicable after Stage 1, with equal emphasis on the flu vaccine where eligible:</p> <ul style="list-style-type: none"> <li>• All adults aged 50 years and over</li> <li>• All adults aged 16 to 49 years who are in an influenza or Covid-19 at-risk group</li> <li>• Adults household contacts of immunosuppressed individuals</li> </ul> <p>As most younger adults will only receive their second covid-19 vaccine dose in late summer, the benefits of booster vaccination in this group will be considered at a later time when more information is available.</p> <p>Planning is now well underway to deliver the above programme.</p>																
	<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.																
2.13	<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, <b>with 27,210 results</b> recorded at time of writing.</p>																
<b>3.</b>	<b>PROPOSALS</b>																
3.1	<u>Anticipated Outcomes</u>																
	Not applicable.																
3.2	<u>Measuring Impact</u>																
	Not applicable																
<b>4.</b>	<b>IMPLICATIONS</b>																
<table border="1"> <tr> <td><b>Financial:</b></td><td>None</td></tr> <tr> <td><b>Human Resources:</b></td><td>None</td></tr> <tr> <td><b>Legal:</b></td><td>None</td></tr> <tr> <td><b>Equality:</b></td><td>None</td></tr> <tr> <td><b>Children and Young People</b></td><td>None</td></tr> <tr> <td><b>Environmental &amp; Sustainability:</b></td><td>None</td></tr> <tr> <td><b>Key Priorities:</b></td><td>N/A</td></tr> <tr> <td><b>Risk Implications:</b></td><td>N/A</td></tr> </table>		<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>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
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<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	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**  
**23 September 2021**

**Subject:** **2021-22 – Month 4 Financial Performance**

**Purpose:** To provide an overview of the IJB's financial performance as at Month 4 including an update on the estimated financial impact of the Covid-19 response.

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

- (a) notes the overall integrated financial performance report for the financial year 2021-22, the current overall projected year-end overspend of £0.853m and that there is no proposal to implement a Financial Recovery Plan at the current time;
- (b) notes the progress with delivery of agreed savings; and
- (c) notes the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.

<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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the July period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn, before the impact of Covid-19, is a year-end overspend of £0.853m for 2021-22 which is a favourable movement of £0.895m since Month 3. This is above the position approved by the IJB when the budget was set for 2021-22 where the IJB approved to draw down £0.181m of general reserves to balance the budget.

	This position assumes that all Covid-19 related costs, including the element of unachieved savings of £0.088m attributable to Covid-19, will be fully funded.
1.3	<p>From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children and Unplanned Activities (UnPACs) within the lead partnership for mental health. There has been a significant reduction in the learning disability care package overspend following a review of the quarter one delivered care.</p> <p>This reduction adds to the confidence that this position can be improved during the year and at this stage a recovery plan is not being implemented while further work is done to investigate and challenge the most significant projected overspends. The projected overspend is well within the level of uncommitted reserves held of £4.151m so the overall financial risk is contained for 2021-22.</p>
1.4	The follow up focus sessions that took part during August with LD services and Children's Services agreed a range of action points and these will be followed up at the next sessions in October. A session will also be held with Community Care and Health services. These sessions look at ways to reduce future spend to try and ensure future service provision can be contained within current resources.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	<b>FINANCIAL PERFORMANCE – AT PERIOD 4</b>
2.2	<p>At period 4 against the full-year budget of £261.711m there is a projected year-end overspend of £0.853m (0.3%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £1.323m in social care services and a projected underspend of £0.470m in health services.</p> <p>Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>
2.3	<b>Health and Community Care Services</b>
	<p>Against the full-year budget of £75.809m there is a projected underspend of £0.130m (0.2%) and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.300m which is an adverse movement of £0.126m. The budgeted number of permanent</p>



	<p>placements is 790 and at month 4 there are 780 placements. The projection assumes an increase of 10 in August taking the total to the 790 budgeted placements. The occupancy in care homes has increased steadily following the reduction during 2020-21. Within the projection there is an assumption that recent placements that do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed at the current average cost of a placement. Their actual cost will not be known until the FA1 financial assessment is completed. The annual financial reassessment process is almost complete and this accounts for the adverse movement in the projection as the actual costs were higher than estimated.</p> <p>The level of income recovered from charging orders was under recovered during 2020-21 due to the impact the pandemic had on house sales but for 2021-22 it is assumed to be online but this will be reviewed during the year.</p> <ul style="list-style-type: none"> <li>b) Care at home are projecting an overspend of £0.038m after applying £0.805m of funding for additional capacity for Covid . 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 during 2021-22 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.</li> <li>c) Care at Home Charging Income is projected to under recover by £0.169m (adverse movement of £0.011m) due to the ongoing shift towards personal care which is non chargeable.</li> <li>d) Direct Payments are projected to overspend by £0.104m which is an adverse movement of £0.041m due to the waiting list for services being reduced during 2020-21 and additional care packages being agreed in 2021-22.</li> <li>e) Residential Placements are projected to overspend by £0.199m which is an adverse movement of £0.011m. The overspend is due to placements transferring from adult to older people services.</li> <li>f) Carers Act funding is projected to underspend by £0.500m. This projected position assumes charges for respite are waived per the IJB 2021-22 budget paper recommendation and a contribution is made to the increased capacity for children's respite.</li> </ul>
2.4	<p><b>Mental Health Services</b></p> <p>Against the full-year budget of £80.542m there is a projected overspend of £0.524m (0.65%). The main variances are:</p> <ul style="list-style-type: none"> <li>a) Learning Disabilities are projected to overspend by £0.985m (£0.588m favourable movement), included within this is overspends of £0.350m in community care packages (£0.545m favourable movement), £0.483m in direct payments (£0.045m favourable movement) and £0.174m for residential placements (£0.006m adverse movement).</li> </ul> <p>Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The quarter 1 spend was reviewed</p>

against the planned care and this has resulted in the projection being reduced in month 4 as the level of service actually delivered was less than planned. This is partly due to the impact of services still remobilising in the earlier part of the year and also the impact of the roll out of the CM2000 call monitoring system. The data from CM2000 will be reported back to the service to allow them to see where care has deviated from the planned level and focus reviews to those areas.

- b) Community Mental Health services are projected to underspend by £0.463m (favourable movement of £0.208m) and included within this is underspends of £0.509m in community packages (inc direct payments) and £0.060m for residential placements. The favourable movement relates to a reduction in the projected costs for a placement that transitioned from children's services.
- c) Supported Accommodation - there are potentially additional costs in relation to the upcoming supported accommodation developments. This is in relation to security, energy cost and void rent loss during the period between the builds being completed and the service users moving in.
- d) The Lead Partnership for Mental Health is projecting to be online but within this online position there are variances as follows:
  - A projected overspend in Adult Inpatients of £0.344m mainly due to staff in redeployment (£0.326m) following the closure of the Lochranza ward. There is also reduced bed sale income of £0.130m but this is included in the quarter 1 LMP return and will be covered by Covid-19 funding.
  - UNPACS is projected to overspend by £0.863m the based on current number of placements which has increased. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. This can necessitate an UNPlanned Activities (UNPACs) placement with a specialist provider which can be out-of-area. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
  - A projected underspend in MH Pharmacy of £0.160m due to continued lower substitute prescribing costs.
  - Learning Disability Services are projected to overspend by £0.324m. This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time.
  - The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.092m in 2021-22, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2022	£1.492m
Over/(Under) Achievement	£1.092m

	<p>The current projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.</p> <p>The main areas contributing to this vacancy savings position are noted below:</p> <ul style="list-style-type: none"> <li>• Adult Community Health services £0.080m</li> <li>• Elderly Inpatients £0.249m</li> <li>• CAMHS £0.373m</li> <li>• Mental Health Admin £0.210m</li> <li>• Psychiatry £0.400m</li> <li>• Psychology £0.180m</li> </ul>
2.5	<p><b>Children &amp; Justice Services</b></p>
	<p>Against the full-year budget of £36.610m there is a projected overspend of £1.275m (3.5%). The main variances are:</p> <p>a) Care Experienced Children and Young People is projected to overspend by £1.674m (£0.401m adverse movement). The main areas within this are noted below:</p> <ul style="list-style-type: none"> <li>• Children's residential placements are projected to overspend by £1.501m (£0.343m adverse movement). We started 21/22 with 17 placements which included 1 in Secure but this increased to 19 by month 3. At month 4 this has increased by a further two placements taking the total to 21. One place also changed from residential to secure which is an increased cost. Of these placements it is assumed that 1 (secure placement) will end in August, 1 in September, 1 in October and a further 7 will end by December taking placement numbers to 11 by the end of 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 availability of tenancies. The impact on Children's Hearing is improving but still not back to 'normal'.</li> <li>• Fostering placements are projected to underspend by £0.123m (£0.060m favourable movement) based on the budget for 131 places and 132 actual placements (of which 6 are Covid related and are funded through the Covid-19 mobilisation plan) since the start of the year. The recent focus session discussed the need to continue to recruit increased numbers of foster carers, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service, and the team are looking at the best way to approach this.</li> <li>• Fostering Xtra placements are projected to be £0.153m underspent (no movement) based on the budget for 33 placements and 27 actual placements since the start of the year.</li> <li>• Private Fostering placements are projected to be £0.087m overspent (£0.033m adverse movement) based on the budget for 10 placements and 11 actual placements since the start of the year.</li> <li>• Kinship placements are projected to overspend by £0.072m (£0.002m favourable movement) based on the budget for 353 places and 365 actual placements since the start of the year.</li> <li>• Adoption placements are projected to overspend by £0.097m (£0.002m adverse movement) based on the budget for 57 places and 71 actual placements since the start of the year.</li> </ul>

	<div>b) Children with disabilities – residential placements are projected to underspend by £0.310m (£0.027m adverse movement) based on 7 placements which are expected to continue until the end of the year.</div> <div>c) Transport costs – projected underspend of £0.050m (no movement) due to less mileage being incurred.</div>												
2.6	<b>ALLIED HEALTH PROFESSIONALS (AHP)</b>												
	AHP services are projected to underspend by £0.125m due to underspends in non-employee costs.												
2.7	<b>MANAGEMENT AND SUPPORT</b>												
	Management and Support Services are projected to underspend by £0.311m (£0.070m adverse movement) which relates to funding set aside for unscheduled care. £0.277m of this funding is uncommitted and £0.104m relates to the enhanced hospital social work team only incurring part year costs. The adverse movement relates to the partial non achievement of the business support saving.												
2.8	<b>Turnover/Vacancy Savings</b>												
	<div>The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:</div> <table><tr><td></td><td><b>Social Care</b></td><td><b>Health Services</b></td></tr><tr><td>Vacancy Savings Target</td><td>*(2.014m)</td><td>(0.655m)</td></tr><tr><td>Projected to March 2022</td><td>2.014m</td><td>0.740m</td></tr><tr><td><b>Over/(Under) Achievement</b></td><td><b>-</b></td><td><b>0.085m</b></td></tr></table> <div>(*the target for social care services has been increased on a non-recurring basis for 2021-22 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 2022-23 onwards).</div> <div>The position in the table above reflects the assumption in the current financial projections. For social care a total of £0.719m (36% of annual target) has been achieved to date. It is anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target will be online to be achieved.</div> <div>The health vacancy projection to the year-end is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.</div> <div>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. 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.</div> <div>The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.</div>		<b>Social Care</b>	<b>Health Services</b>	Vacancy Savings Target	*(2.014m)	(0.655m)	Projected to March 2022	2.014m	0.740m	<b>Over/(Under) Achievement</b>	<b>-</b>	<b>0.085m</b>
	<b>Social Care</b>	<b>Health Services</b>											
Vacancy Savings Target	*(2.014m)	(0.655m)											
Projected to March 2022	2.014m	0.740m											
<b>Over/(Under) Achievement</b>	<b>-</b>	<b>0.085m</b>											
2.9	<b>Savings Progress</b>												

a) The approved 2021-22 budget included £2.528m of savings.

<b>BRAG Status</b>	<b>Position at Budget Approval £m</b>	<b>Position at Period 4 £m</b>
<b>Red</b>	-	0.640
<b>Amber</b>	0.204	0.861
<b>Green</b>	2.324	0.685
<b>Blue</b>	-	0.342
<b>TOTAL</b>	<b>2.528</b>	<b>2.528</b>

b) The main areas to note are:

- i) Red savings of £0.450m relating to reducing children's residential placements, £0.066m adoption allowances and £0.036m external fostering placements, all of which are projected to overspend.
- 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 savings in relation to day care for adults. These savings of £0.088m are noted as red but are expected to be funded by covid funding.
- iii) The confidence with some savings has reduced since the budget was set due to the ongoing impact of Covid-19, for example Care at Home related savings.

Appendix C (i) shows the full Transformation Plan for 2021/22 which has been agreed by the Transformation Board; the 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.

Not all of the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future.

Appendix C (ii) provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.

The unachieved savings due to Covid-19 have not been reflected in the overall projected outturn position as it is assumed the savings delays would be compensated with additional funding. The delays were included in the mobilisation plan return to the Scottish Government.

## 2.10 Budget Changes

The Integration Scheme states that *"either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the*

	<p><i>Integration Joint Board nor Services managed on a Lead Partnership basis....without the express consent of the Integration Joint Board”.</i></p> <p>Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget.</p> <p><b>Reductions Requiring Approval:</b></p> <p>There are no budget reductions requiring approval in month 4.</p>
2.11	<p><b>NHS – Further Developments/Pan Ayrshire Services</b></p> <p><u>Lead Partnerships:</u></p> <p>The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2020-21 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 2021-22 pending further work to develop a framework to report the financial position and risk sharing across the 3 partnerships in relation to hosted or lead service arrangements has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be allocated to East and South partnerships, similarly the impact of the outturn on East and South led services will require to be shared with North. At month 4 the MH lead partnership is projected to be online.</p> <p><b>East HSCP</b> – projected underspend of £1.077m (£0.388m NRAC share for NA IJB). The main areas of variance are:</p> <p>a) Primary Care and Out of Hours Services- there is a projected underspend of £0.851m. The projected underspend includes savings in Dental Services due to reduced service provision with an anticipated increase in staffing costs going forward. There are reduced projected costs in Ayrshire Urgent Care Services (AUCS) with work being undertaken to cross charge costs related to the Covid-19 pandemic against the Local Mobilisation Plan (Community Clinical Hub). The projected underspend on AUCS assumes a similar level of cross charging from August until December this year with further consideration of the Covid-19 position at that stage. The level of GP activity will continue to be closely monitored going forward. Savings in Primary Care contract administration are also contributing to the projected underspend. This projected underspend is the anticipated outturn position at this early stage of the financial year and will continue to be closely monitored with movements highlighted in future reports to the three Ayrshire IJBs.</p> <p>It is anticipated that the Primary Care Improvement Fund will outturn on budget. The sum of £1.272m has been brought-forward as an earmarked balance within the IJB Reserve and will be used to meet initial East Ayrshire spending plans and priorities being taken forward to meet agreed outcomes. Sums of £0.935m and £0.732m have been brought-forward from 2020/21 by North and South Ayrshire IJBs respectively to meet their own priorities and outcomes.</p>

	<p>b) Prison and Police Healthcare - £0.238m projected underspend largely due to net staffing savings. In addition, the medical contracts at both Prison and Police have reduced and is contributing to the projected underspend.</p> <p><b>South HSCP</b> – projected overspend of £0.022m (£0.008m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the continence service.</p> <p><b><u>Set Aside:</u></b></p> <p>The budget for set aside resources for 2021-22 is assumed to be in line with the amount for 2020/21 (£33.054m) inflated by the 2.8% baseline uplift. The 2020/21 value was based on 2019/20 activity as 2020/21 was not considered representative.</p> <p>At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work was been delayed due to the Covid-19 response. A draft Q1 set aside update for 2021/22 has been issued to IJBs for review.</p> <p>The annual budget for Acute Services is £371.350m. The directorate is underspent by £0.250m, following underspends on reduced elective activity, caused by COVID-19.</p> <p>There is nevertheless an underlying deficit caused by:</p> <ul style="list-style-type: none"> <li>• Unachieved efficiency savings</li> <li>• High expenditure on medical and nursing agency staff, high rates of absence and vacancy causing service pressure</li> <li>• High numbers of delayed discharges</li> </ul> <p>The IJBs and the Health Board previously submitted Remobilisation Plan 3 outlining how activity will return to normal as far as is possible. We are working together now on Remobilisation Plan 4 to reflect current circumstance.</p>
	<b>COVID-19 – FINANCE MOBILISATION PLAN IMPACT</b>
2.12	<b>Summary of position</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 were submitted to the Scottish Government on a regular basis during 2020-21, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process will continue during 2021-22. There is a risk that if the full cost of the Covid-19 response is not funded that the IJB may require to recover any overspend in-year.</p>
2.13	<b>Mobilisation Plan</b>
	<p>The initial 2021-22 mobilisation plan cost submission was submitted in February and estimated the costs to be £5.481m to March 2022. The quarter 1 return updated these costs to £8.279m. The costs remain estimates as the situation continually evolves and there will be updates submitted each quarter.</p>

The local finance mobilisation plan submission is included as Appendix E. The main areas of cost together with the movement over the period are summarised below:

<b>Service Area</b>	<b>Initial 2021-22 Return £m</b>	<b>Quarter 1 Update £m</b>	<b>Change £m</b>
Payments to Providers	0.750	2.421	1.671
PPE	2.000	2.000	-
Additional Staff	1.459	1.901	0.442
Mental Health	1.172	1.172	-
Loss of Income	0.100	0.430	0.330
Unachieved Savings	-	0.138	0.138
Other Areas	-	0.217	0.217
<b>TOTAL</b>	<b>5.481</b>	<b>8.279</b>	<b>2.798</b>

The most recent changes to estimated costs are in relation to:

- Increased sustainability payments to providers based on the extension of transitional arrangements for support to September 2021; there is currently no certainty of the arrangements beyond September.
- Increased staff costs including the impact of cover costs due to long covid;
- Savings delays in relation to day care for adults and older people; and
- Further loss of income from charging for services as not all services have restarted.

#### 2.14 **Covid-19 Funding Position**

At the outset of the pandemic there was an assurance that subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, reasonable funding requirements will be supported. This was on the basis that a process would be developed for these to be accurately and immediately recorded and shared with the Scottish Government. The basis of this reporting was drawn up and agreed with COSLA and Health and Social Care Partnerships.

During 2020-21 various funding was awarded by the Scottish Government and the £3.479m underspend against these funding streams was earmarked by the IJB for use in 2021-22 to support Covid costs.

The Scottish Government are continuing to work with Health Boards and IJBs to review and further revise financial estimates. This will allow identification of the necessary additional support required over and above the funding carried forward with an expectation that an allocation to bring funding up to 100% will be provided. On this basis the overall financial risk to the IJB for 21-22 is minimised. The main risk remaining being if costs increase significantly by the year-end, this is being closely monitored.

#### 2.15 **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.

The sustainability payments are estimated to be a 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 backdated claims, the commissioning team are working with providers to support them to submit claims. The tables below show the support provided to date and the outstanding claims as at the end of July.

<b>PROVIDER SUMMARY</b>	<b>NCHC Care Homes</b>	<b>Other</b>	<b>Total</b>
Total Number of Providers	17	49	66
Number contacting NAC	17	12	29
Providers Supported to date	17	11	28

<b>OUTSTANDING CLAIMS</b>	<b>NCHC Care Homes</b>	<b>Other</b>	<b>Total</b>
Total Number of Claims	20	4	24
Value of Claims	£659,602	£116,412	£776,015

<b>SUPPORT PROVIDED</b>	<b>NCHC Care Homes</b>	<b>Other Services</b>	<b>TOTAL</b>
	£	£	£

Occupancy Payments (up to July)	642,577	0	642,577
Staffing	151,446	25,875	177,321
PPE, Infection Control	121,997	69,536	191,533
Other	24,543	8,823	33,366
<b>TOTAL</b>	<b>940,563</b>	<b>104,234</b>	<b>1,044,797</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 has been removed 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;
- The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and
- 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.

The current financial sustainability principles, guidance and criteria have now been extended until 30 September 2021, these were previously agreed to 30 June 2021.

## 2.16 RESERVES

The IJB reserves position is outlined in the table below.

The 'free' general fund balance of £4.151m is 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.

£1.486m is held by the Council to support a further repayment of debt in 21-22 and this is not reflected in the financial projection. This position will continue in future years until the debt is cleared.

General Fund Reserves	Earmarked Reserves	Total
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		<b>Debt to NAC £m</b>	<b>Free GF £m</b>	<b>SG Funding £m</b>	<b>HSCP £m</b>	<b>£m</b>
	<b>Opening Balance - 1 April 2021</b>	<b>(3.807)</b>	<b>4.151</b>	<b>5.487</b>	<b>0.681</b>	<b>6.512</b>
	<b>Earmarked as follows:</b>					
	: Primary Care Improvement Fund			0.935		
	: Mental Health Action 15			0.224		
	: Alcohol and Drugs Partnership			0.336		
	: Community Living Change Fund			0.513		
	: Covid Funding			3.479		
	: Challenge Fund				0.500	
	: 2021-22 Budget Gap				0.181	
<b>3.</b>	<b>PROPOSALS</b>					
3.1	<b><u>Anticipated Outcomes</u></b>					
	<p>Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the partnership can deliver services in 2021-22 from within the available resource, thereby limiting the financial risk to the funding partners.</p> <p>The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.</p>					
3.2	<b><u>Measuring Impact</u></b>					
	Ongoing updates to the financial position will be reported to the IJB throughout 2021-22.					
<b>4.</b>	<b>IMPLICATIONS</b>					
<b>Financial:</b>		<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £261.711m there is a projected overspend of £0.853m (0.3%). The report outlines the main variances for individual services.</p>				
<b>Human Resources:</b>		<p>The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.</p>				
<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>5.</b>	<b>CONSULTATION</b>
5.1	<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>6.</b>	<b>CONCLUSION</b>
6.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2021-22, the overall projected year-end overspend of £0.853m and that there is no proposal to implement a Financial Recovery Plan at the current time;</p> <p>(b) notes the progress with delivery of agreed savings; and</p> <p>(c) note the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.</p>

**For more information please contact:**

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2021-22 Budget Monitoring Report–Objective Summary as at 31<sup>st</sup> July

## Appendix A

Partnership Budget - Objective Summary	2021/22 Budget									Over/ (Under) Spend Variance at Period 3	Movement in projected variance from Period 3
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	58,042	57,752	(290)	17,767	17,927	160	75,809	75,679	(130)	(2)	(128)
: Locality Services	24,417	24,431	14	5,269	5,399	130	29,686	29,830	144	(43)	187
: Community Care Service Delivery	27,270	27,234	(36)	0	0	0	27,270	27,234	(36)	178	(214)
: Rehabilitation and Reablement	1,798	1,829	31	1,501	1,481	(20)	3,299	3,310	11	11	0
: Long Term Conditions	2,447	2,079	(368)	8,803	9,020	217	11,250	11,099	(151)	(180)	29
: Integrated Island Services	2,110	2,179	69	2,194	2,027	(167)	4,304	4,206	(98)	32	(130)
MENTAL HEALTH SERVICES	25,524	26,088	564	55,018	54,978	(40)	80,542	81,066	524	1,320	(796)
: Learning Disabilities	19,709	20,694	985	474	474	0	20,183	21,168	985	1,573	(588)
: Community Mental Health	4,980	4,557	(423)	1,682	1,642	(40)	6,662	6,199	(463)	(255)	(208)
: Addictions	835	837	2	1,381	1,381	0	2,216	2,218	2	2	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	51,481	51,481	0	51,481	51,481	0	0	0
CHILDREN & JUSTICE SERVICES	32,597	33,872	1,275	4,013	4,013	0	36,610	37,885	1,275	936	339
: Irvine, Kilwinning and Three Towns	3,327	3,317	(10)	0	0	0	3,327	3,317	(10)	(6)	(4)
: Garnock Valley, North Coast and Arran	2,047	2,003	(44)	0	0	0	2,047	2,003	(44)	(33)	(11)
: Intervention Services	1,633	1,630	(3)	367	367	0	2,000	1,997	(3)	(4)	1
: Looked After and Accommodated Children	17,669	19,343	1,674	0	0	0	17,669	19,343	1,674	1,273	401
: Quality Improvement	1,117	1,202	85	0	0	0	1,117	1,202	85	82	3
: Public Protection	4,207	3,778	(429)	0	0	0	4,207	3,778	(429)	(379)	(50)
: Justice Services	2,380	2,380	0	0	0	0	2,380	2,380	0	0	0
: Universal Early Years	217	219	2	3,220	3,220	0	3,437	3,439	2	3	(1)
: Lead Partnership NHS Children's Services	0	0	0	426	426	0	426	426	0	0	0
PRIMARY CARE	0	0	0	49,554	49,554	0	49,554	49,554	0	0	0
ALLIED HEALTH PROFESSIONALS			0	6,851	6,726	(125)	6,851	6,726	(125)	(125)	0
COVID NHS	0	0	0	191	191	0	191	191	0	0	0
MANAGEMENT AND SUPPORT COSTS	4,955	4,729	(226)	7,199	7,114	(85)	12,154	11,843	(311)	(381)	70
OUTTURN ON A MANAGED BASIS	121,118	122,441	1,323	140,593	140,503	(90)	261,711	262,944	1,233	1,748	(515)
Receive Hosted Over/Underspends South	0	0	0	0	8	8	0	8	8	0	8
Receive Hosted Over/Underspends East	0	0	0	0	(388)	(388)	0	(388)	(388)	0	(388)
OUTTURN ON AN IJB BASIS	121,118	122,441	1,323	140,593	140,123	(470)	261,711	262,564	853	1,748	(895)

## 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>75,809</b>	<b>75,679</b>	<b>(130)</b>	
Locality Services	29,686	29,830	144	<p><b>Older People care homes inc respite</b> - underspend of £0.300m an adverse movement of £126k from P3 based on 780 permanent placements and a projection of a further 10 places to budget level of 790 places with average cost applied to Gross &amp; Interim funded places awaiting financial assessment. No current plans for return to use of Care Home Respite.</p> <p><b>Independent Living Services :</b></p> <p>* Direct Payment packages- overspend of £0.104m an adverse movement of £41k from P3 on 87 current packages.</p> <p>* Residential Packages - overspend of £0.199m a favourable movement of £11k from P3 based on 45 packages.</p> <p>* Community Packages (physical disability) - overspend of £0.051m an adverse movement of £9k from P3 based on 45 packages .</p> <p><b>District Nursing</b> - overspend of £0.130m largely due to additional supplies.</p>
Community Care Service Delivery	27,270	27,234	(36)	<p><b>Care at Home</b> (inhouse &amp; purchased ex Arran) - overspend of £38k in relation to Option2 and CAH projected overspend by £0.805m funded by Covid. Overall an adverse movement of £180k from P3 due to increased demand in Inhouse services with £98k of the movement in Option 2 packages.</p>
Rehabilitation and Reablement	3,299	3,310	11	Outwith the threshold for reporting
Long Term Conditions	11,250	11,099	(151)	<p><b>Carers Centre</b> - underspend of £0.500m no change from P3</p> <p><b>Anam Cara</b> - overspend £0.141m an adverse movement of £36k from P3 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	4,304	4,206	(98)	<p>Montrose House - projected overspend of £59k a favourable movement of £101k from P3 due to allocation of funding regards respite charges</p> <p>GP Services - pprojected underspend of £0.167m due to a refunded charge made in March 2021 in error.</p>
<b>MENTAL HEALTH SERVICES</b>	<b>80,542</b>	<b>81,066</b>	<b>524</b>	
Learning Disabilities	20,183	21,168	985	<p><b>Residential Packages</b>- overspend of £0.174m based on 35 current packages.</p> <p><b>Community Packages (inc direct payments)</b> - overspend of £0.833m based on 341 current packages.</p>
Community Mental Health	6,662	6,199	(463)	<p><b>Community Packages ( inc direct payments) and Residential Packages</b> - underspend of £0.569m based on 99 community packages, 10 Direct Payments and 25 residential placements.</p>
Addictions	2,216	2,218	2	Outwith the threshold for reporting
Lead Partnership (MHS)	51,481	51,481	0	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>CHILDREN'S AND JUSTICE SERVICES</b>	<b>36,610</b>	<b>37,885</b>	<b>1,275</b>	
Irvine, Kilwinning and Three Towns	3,327	3,317	(10)	Outwith the threshold for reporting
Garnock Valley, North Coast and Arran	2,047	2,003	(44)	Outwith the threshold for reporting
Intervention Services	2,000	1,997	(3)	Outwith the threshold for reporting
Care Experienced Children & Young People	17,669	19,343	1,674	<p><b>Looked After Children placements - Overall Projected overspend of £0.034m which is a £0.029m favourable movement from P3 which is made up of the following:-</b></p> <p><b>Kinship</b> - Projected overspend of £0.073m, which is a favourable movement of £0.002m from P3 .Budget for 353 placements, actual no of placements is 365.</p> <p><b>Adoption</b> - Projected overspend of £0.097m. which is an adverse movement of £0.002m from P3. Budget for 57 Placements, actual no of placements is 71</p> <p><b>Fostering</b> - Projected underspend of £0.123m, which is a favourable movement of £0.061m from P3 Budget for 131 placements, actual no of placements is 132</p> <p><b>Fostering Xtra</b> - Projected underspend £0.153m, no movement from P3 Budget for 33 placements, actual no of placements is 26.</p> <p><b>Fostering Respite</b> - Projected online</p> <p><b>Private fostering</b> - Projected overspend of £0.087m, which is an adverse movement of £0.033m from P3 Budget for 10 placements, current no of placements is 11</p> <p><b>Residential School placements</b> - Projecting overspend £1.501m, which is an adverse movement of £0.343m from P3 Current no of placements is 21. (Which includes 2 Secure Placements)</p>
Head of Service - Children & Families	1,117	1,202	85	<b>Employee Costs</b> - Projected overspend £0.080m, however this is partially offset with underspend within Garnock Valley
Quality Improvement	4,207	3,778	(429)	<p><b>Employee Costs</b> - Projected online</p> <p><b>Transports costs</b> - Projected underspend of £0.008m</p> <p><b>Community Packages</b> - <b>Projected underspend of £0.007m</b>, which is a favourable movement of £0.017m from P3. Currently 91 Community Packages on establishment list</p> <p><b>Direct Payments</b> - Projected underspend £0.030m, which is a adverse movement of £0.005m from P3 Current no of packages is 36</p> <p><b>Children's Residential Placements</b> - Projected underspend £0.310m, which is an adverse movement of £0.027m from P3 Currently 7 Residential Placements.</p>
Justice Services	2,380	2,380	0	Outwith the threshold for reporting
Universal Early Years	3,437	3,439	2	Outwith the threshold for reporting
Lead Partnership NHS Children's Services	426	426	0	Outwith the threshold for reporting
PRIMARY CARE	49,554	49,554	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	6,851	6,726	(125)	Underspend on non employee costs
MANAGEMENT AND SUPPORT	12,154	11,843	(311)	Underspend in relation to the unscheduled care funding.
<b>TOTAL OUTTURN ON A MANAGED BASIS</b>	<b>261,520</b>	<b>262,753</b>	<b>1,233</b>	

Threshold for reporting is + or - £50,000

## 2021/22 Transformation Plan

North Ayrshire Health and Social Care Partnership

2021/22 Savings

## Appendix C(i)

Savings reference number	#	Description	Approved Saving 2021/22 £
<b>Children, Families and Justice Services</b>			
SP/HSCP/20/1	1	Children and Young People - External Residential Placements	450,000
SP/HSCP/20/4	2	Adoption Allowances	66,000
SP/HSCP/20/19	3	Fostering - reduce external placements.	36,000
SP/HSCP/20/5	4	Community Support - Children's Care Packages	8,000
TBC A	5	Locality Based teams	
TBC B	6	Childrens RosayIn House	
NACSTA4030	7	Fostering Short Breaks	
TBC C	8	Unaccompanied asylum children - to be confirmed	
TBC D	9	The Promise	
<b>Mental Health</b>			
TBC E	10	Integration of LD/MH Teams	50,000
SP-HSCP-20-9	11	Learning Disability Day Services	88,000
SP-HSCP-20-14	12	Mental Health - Flexible Intervention Service	8,000
TBC F	13	Rehab Model/ Stepdowndown from woodland view	
TBC G	14	Perinatal Mental Health model	
TBC H	15	Unschedule Care hub	
TBC I	16	LD Adult Respite Delivery at Red Rose House	
TBC J	17	Community MDT Model	
TBC K	18	ACORN busines model	
NAC/4168	19	Self Harm Project	
NAC/4185	20	Peer Support	
NAC/4257	21	IPA (Employment)	
TBC L	22	Elderly Mental Health Phase 3	
<b>Health and Community Care</b>			
TBC M	23	Care Homes	500,000
TBC N	24	TEC Solutions	150,000
SP/HSCP/20/17	25	Care at Home - Reablement Investment	300,000
TBC O	26	Care at Home - Review	135,000
SP/HSCP/20/20	27	Day Centres - Older People	50,000
SP/HSCP/20/21	28	Charging Policy - Montrose House	50,000
TBC P	29	Community elderly MH Team Model	
TBC Q	30	NHS Beds Complex Care MH Beds	
TBC R	31	Pallative care and EOL business case	
TBC S	32	develop care at home minimum dataset	
TBC T	33	Occupational Therapy Review	
TBC U	34	Analogue to digital	
<b>Partnership Wide</b>			
TBC V	35	Supported acc models - NAC housing/ Sleepover/ outreach model	204,000
TBC W	36	Complex Care Model - Independent living change fund	
TBC X	37	Adult Complex care model - CM2000	
TBC Y	38	Payroll Turnover Inflation	57,000
TBC Z	39	Review of Admisinistrative Systems and Processes	150,000
SP/HSCP/20/22	40	Transport	50,000
TBC AA	41	Charging Policy - Inflationary Increase	50,000
TBC AB	42	North Payroll Turnover Inflation	10,000
TBC AC	43	North Elderly Mental Health inpatients (lead partnership)	116,000
TBC AD	44	HSCP Challenge Fund - invest to save	
TBC AE	45	Transitions	
TBC AF	46	Caring for Ayrshire prioritisation list	
TBC AG	47	SDS/ Carers Review	
TBC AH	48	Adult Review of Social Care	

**Total**

**2,528,000**



## 2021-22 Savings Tracker

## Appendix C (ii)

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 4	Saving Delivered @ Month 4 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
<b>Children, Families &amp; Criminal Justice</b>								
1	Children and Young People - External Residential Placements	Green	0.450	Red	-	-	0.450	Currently projecting an overspend. Focus session arranged.
2	Adoption Allowances	Green	0.066	Red	-	-	0.066	Currently projecting an overspend.
3	Fostering - Reduce external placements	Green	0.036	Red	-	-	0.036	Currently projecting an overspend.
4	Community Support - Children's Care Packages	Green	0.008	Blue	0.008	-	-	Achieved
<b>Mental Health and LD Services</b>								
5	Integration of LD/ MH Teams	Green	0.050	Blue	0.050	-	-	Achieved
6	Learning Disability Day Services	Green	0.088	Red	-	-	0.088	Delayed due to Covid-19
7	Mental Health - Flexible Intervention Service	Green	0.008	Blue	0.008	-	-	Achieved
<b>Health and Community Care</b>								
8	Care Homes	Green	0.500	Green	0.165	0.335	-	Small overspend projected - keep under review.
9	TEC Solutions	Green	0.150	Amber	-	0.150	-	Ability to make savings in this area whilst responding to the pandemic are limited.
10	Care at Home - Reablement Investment	Green	0.300	Amber	-	0.300	-	
11	Care at Home - Review	Green	0.135	Amber	-	0.135	-	
12	Day Centres - Older People	Green	0.050	Blue	0.050	-	-	Delayed due to Covid-19 but will be achieved due to recent costs.
13	Charging Policy - Montrose House	Green	0.050	Green	0.017	0.033	-	Will be achieved.
<b>Whole System</b>								
14	Payroll Turnover Inflation	Green	0.057	Green	0.019	0.038	-	Assumes month 4 - 12 matches the month 1 - 3 average.
15	Business Support Review	Green	0.150	Amber	0.078	-	0.072	Projected to be achieved.
16	Supported Accommodation	Amber	0.204	Amber	-	0.204	-	Projected to be achieved but depends on the completion date and subsequent move in date.
17	Transport	Green	0.050	Blue	0.050	-	-	Achieved
18	Charging Policy - Inflationary Increase	Green	0.050	Blue	0.050	-	-	Achieved
<b>TOTAL SOCIAL CARE SAVINGS</b>			<b>2.402</b>		<b>0.495</b>	<b>1.195</b>	<b>0.712</b>	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 4	Saving Delivered @ Month 4 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
19	Payroll Turnover Inflation	Green	0.010	Blue	0.010	0	0	Achieved
20	Elderly Mental Health inpatients (lead partnership)	Green	0.116	Blue	0.116	0	0	Achieved
<b>TOTAL HEALTH SAVINGS</b>			<b>0.126</b>		<b>0.126</b>	<b>0.000</b>	<b>0.000</b>	
<b>TOTAL NORTH HSCP SAVINGS</b>			<b>2.528</b>		<b>0.621</b>	<b>1.195</b>	<b>0.712</b>	

## 2021-22 Budget Reconciliation

## Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			100.065
Base budget adjustments	1		(0.053)
Resource Transfer	1	P	21.086
BSL Budget Correction	2	P	(0.005)
941 x CAH O365 Licences (6 months)	2	P	(0.017)
Summer Play Funding	4	T	0.042
<b>Budget Reported at Month 4</b>			121.118
HEALTH	Period	Permanent or Temporary	£'m
<b>Initial Approved Budget</b>			<b>154.659</b>
Resource Transfer			(21.086)
Month 10-12 Adjustments			18.437
Adjust for Non-recurring funding			(20.435)
Full Year effect of Part Year Reductions			(0.057)
RX Return to reserves			1.027
Additional 1.3% Uplift			1.324
RX Cres			(0.828)
<b>REVISED 21-22 BUDGET</b>			<b>133.041</b>
Anticipate Trauma Funding	3	P	0.375
Anticipate Vet 1st Point - North HSCP	3	T	0.105
Anticipate NSAIS funding	3	P	0.634
Podiatry Re-align	3	P	0.678
RX Uplift 21.22	3	P	0.756
RX Uplift 21.22 NR	3	P	0.396
DOAC REVERSAL DRUG-NORTH	3	P	0.100
Funding transfer to Acute (Medical Records)	3	P	(0.034)
Specialist Pharmacist in Substance Misuse	3	P	0.012
Public Health Outcomes Bundle	3	P	0.242
Training Grade Funding	3	P	(0.044)
District Nursing Funding	3	P	0.119
Respiratory Rapid Response	3	P	(0.078)
Hd56 Action 15 Tranche 1	3	P	1.180
Hd69 Mat & Neo Psychological Intervention	3	P	0.123
Hd70 Perinatal & Infant MH	3	P	0.303
Hd7 MH Recovery and Renewal	3	T	2.393
Hd8 MH Support for Hosp Covid	3	T	0.103
North HSCP Covid Rmp3 M1-3	3	T	0.158
North HSCP Covid M1-3	3	T	0.034
Roundings	3	T	(0.003)
<b>Budget Reported at Month 4</b>			<b>140.593</b>
<b>COMBINED BUDGET</b>			<b>261.711</b>

## Mobilisation Submission – Quarter 1

Total HSCP costs															
Total Covid-19 Costs															
£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring
Additional PPE	167	167	167	167	167	167	167	167	167	167	167	167	2,000	0	2,000
Contact Tracing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Testing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Covid-19 Vaccination	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Flu Vaccination	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Scale up of Public Health Measures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Community Hospital Bed Capacity	0	0	0	184	40	40	40	40	40	40	40	40	505	505	0
Community Hubs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Care Home Placements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Capacity in Community	81	81	139	139	139	139	139	22	22	22	22	22	968	968	0
Additional Infection Prevention and Control Costs	5	1	3	3	3	3	3	3	3	3	3	3	38	38	0
Additional Equipment and Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Staff Costs	14	16	128	146	146	153	153	153	153	153	153	153	1,521	1,521	0
Staff Wellbeing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional FHS Prescribing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional FHS Contractor Costs	6	9	8	6	6	6	0	0	0	0	0	0	42	42	0
Social Care Provider Sustainability Payments	0	0	0	225	225	225	160	160	160	0	0	0	1,155	1,155	0
Social Care Support Fund Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Payments to Third Parties	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Homelessness and Criminal Justice Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children and Family Services	18	18	18	18	18	18	18	18	18	18	18	18	217	217	0
Loss of Income	50	50	50	64	64	64	14	14	14	14	14	14	430	430	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Covid-19 Costs</b>	<b>340</b>	<b>342</b>	<b>514</b>	<b>952</b>	<b>808</b>	<b>816</b>	<b>695</b>	<b>578</b>	<b>578</b>	<b>418</b>	<b>418</b>	<b>418</b>	<b>6,875</b>	<b>4,875</b>	<b>2,000</b>
Unachievable Savings	23	23	23	23	23	23	0	0	0	0	0	0	138	138	0
Offsetting Cost Reductions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Covid-19 Costs - HSCP - NHS</b>	<b>363</b>	<b>365</b>	<b>537</b>	<b>975</b>	<b>831</b>	<b>839</b>	<b>695</b>	<b>578</b>	<b>578</b>	<b>418</b>	<b>418</b>	<b>418</b>	<b>7,013</b>	<b>5,013</b>	<b>2,000</b>
-															
Total Remobilisation Costs															
£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring
Adult Social Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reducing Delayed Discharge	422	422	422	0	0	0	0	0	0	0	0	0	1,266	1,266	0
Digital & IT costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Remobilisation Costs</b>	<b>422</b>	<b>422</b>	<b>422</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,266</b>	<b>1,266</b>	<b>0</b>
-															
<b>Total HSCP Costs</b>	<b>785</b>	<b>786</b>	<b>959</b>	<b>975</b>	<b>831</b>	<b>839</b>	<b>695</b>	<b>578</b>	<b>578</b>	<b>418</b>	<b>418</b>	<b>418</b>	<b>8,279</b>	<b>6,279</b>	<b>2,000</b>

**Integration Joint Board**  
**23 September 2021**

**Subject:** **CAMHS Extreme Team**

**Purpose:** To provide IJB with an overview and update on the CAMHS Extreme Team programme and recommendations

**Recommendation:** The IJB is requested to approve and endorse the recommendations developed by the Extreme Team and note the development of an implementation group to enable a second phase of delivery work to be progressed.

**Glossary of Terms**

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CAMHS	Child & Adolescent Mental Health Services
PT	Psychological Therapies
IJB	Integration Joint Board
CMT	Corporate Management Team
SPOG	Strategic Planning Operational Group
SG	Scottish Government

**1. EXECUTIVE SUMMARY**

1.1 In response to the national and local commitment to children's mental health, the launch of a national CAMHS service specification in 2020 and to consolidate and build upon the positive, multi-agency work undertaken in Ayrshire and Arran in preceding years the IJB/NHS Strategic Planning Operational Group commissioned an Extreme Teams' approach in 2020 to respond to the mission critical key question:

*How will we improve Children and Young People's Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level?*

This report provides an update of the programme as the work of the group has now concluded with recommendations developed for further reform work to be implemented across the system.

**2. BACKGROUND**

2.1 Extreme teams is the approach to delivery of Ayrshire and Arran's Daring To Succeed reform programme that sets out what we need to do to deliver the Caring for Ayrshire strategic vision with a shared vision for the future that sets out the principles and values that will deliver excellent, sustainable, contemporary health and care services for the citizens of Ayrshire and Arran.

The CAMHS Extreme team was formed in September 2020 with multiagency leadership membership, encompassing a group of Children's services and CAMHS Senior and professional leads.

The Extreme Team process required the group to decide the areas of activity that are essential to deliver on the commission and whilst retaining the whole picture of reform activity, identifying a group sponsor to own each specific piece of work and then commission a Strategic Lead in the organisation to deliver it.

Strategic Leads can sit in any position in the organisation – they are not hierarchical roles. They are identified on the basis that they are a good match for the activity and are well placed to take the work forward, and their authority to lead comes from the commission.

The 'Extreme Team' holds the overview of all reform activity agreed to deliver the identified goals through regular meetings and discussions, maintaining a live picture of what's happening and how it all joins up, and make decisions as a group as to what needs to be done where across the system.

The CAMHS Extreme Team met weekly as a minimum and frequently more often than this to ensure momentum, action focused discussions and pace to delivery against the commission, with regular progress reports submitted to both SPOG as the commissioners for this reform programme and to the NHS Corporate Management Team (CMT).

The team finalised the scoping of a programme of work in December 2020 with recommendations developed and submitted to SPOG in June 2021.

## **SCOPE OF COMMISSION**

The interface, relationship, and delivery outcomes of the multidisciplinary CAMHS service (Tier 3 specialist outpatient CAMHS) with community-based children's services (Tier 2) and universal services at a locality level to improve children and young people's experience in alignment with the CAMHS national specification

To consider the Community Mental Health and Wellbeing Framework Specification in the context of the reform question.

Consider the implications of the pending national neurodevelopment specification as an integral part of current CAMHS caseload activity and high waiting times  
Engage further with the Emergency Department to access any further opportunities for service improvement


*Tier 4 highly specialist inpatient CAMHS and intensive community treatment services were not within scope although the review team considered the implications of these developments on community pathways at a local level to enable timely discharge and outreach which must be in place ahead of this future development.*

## **PLANNING ASSUMPTIONS**

**Children and Young People receive the right care in the right place at the right time by the right people**

\*Child or Young Person experiences a seamless journey through whichever services best support their needs  
\*Child or Young Person is empowered and supported to own and describe their needs and emotions and to communicate these as directly as possible (health literacy)  
\*Child or Young Person is able to self-refer directly into services and where necessary will be signposted to those that best support their need

		<p>*Child or Young Person is treated holistically (i.e. not medicalised by default), with quality of life and wellbeing as the overarching frame of reference</p>
	<p><b>Interfaces work smoothly and seamlessly in service of Children &amp; Young People</b></p>	<p>CAMHS communicates clarity and consistency of understanding about its role, as set out in the National Specification</p> <p>*There are strong relationships between CAMHS, Educational Psychology, Paediatrics, GPs, the Emergency Department, and Tier 2 services. Roles and expectations of each other are clearly mapped out, and everyone is confident to own, negotiate and enact their role so that children and young people are cared for in the right place at the right time and there is seamless signposting and referral between services</p> <p>*Where a child or young person is not appropriate for referral into CAMHS, other services are confident and skilled to assess, support and take responsibility for the case as needed</p> <p>*Neurodevelopment assessments are delivered pan-Ayrshire in line with the pending National Specification for Neurodevelopment, and in line the National Specification for CAMHS</p> <p>*Services are designed on a pan-Ayrshire and/or locality specific basis depending on how they best serve the needs of children / young people, optimise the resources available for their delivery, and support equity of access across the three Ayrshires</p>
	<p><b>Accountability</b></p>	<p>*Governance arrangements are explicit with shared understanding of where accountability sits and in service of what</p> <p>*Data generation and data sharing is fit for purpose and supports timely, accurate reporting and provision of evidence</p> <p>*CAMHS can evidence alignment with and delivery against the National Specification as required by SG</p>
<b>3.</b>	<b>PROPOSALS</b>	
3.1	<p>In May 2021 the Minister for mental health, social care and wellbeing announced a funding allocation for Ayrshire and Arran of <b>£2,393,273</b> from the Scottish Government's Mental Health Recovery and Renewal Fund for Mental health and wellbeing. This funding has been allocated for the implementation of the CAMHS specification, expanding CAMHS up to age 25 and year 1 of 2-year funding to support clearing waiting times backlogs for CAMHS and Psychological Therapies and is to be treated as additional funding.</p> <p>CAMHS continue to meet the National Targets with regards Referral to Treatment (RTT) within 18 weeks of referral. The target for CAMHS is that 90 per cent of young people must commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral</p> <p>Despite the increasing demand for services, high referral rates and consequently clinical activity the CAMHS teams are consistently maintaining high performance in excess of the 90% RTT standard and Ayrshire and Arran is currently the only Board area in Scotland achieving this target with 96% compliance achieved for 2020/21.</p> <p>The Scottish Government funding has been allocated for a fixed term period but North Ayrshire as the Lead Partnership for Mental Health services has approved priority posts being appointed to on a permanent basis to improve recruitment and retention of a limited specialist workforce pool to enable the aims of these strategic developments to be realised. Recruitment is ongoing but to present has been successful.</p>	

	2018/19	2019/20	2020/21
 <b>National</b>	⊗ 71% 12,494	⊗ 67% 10,639	⊗ 67% 10,590
<b>NHS Ayrshire and Arran</b>	✓ 92% 1,096	⊗ 84% 1,014	✓ 96% 1,088
<b>NHS Borders</b>	⊗ 41% 146	⊗ 88% 368	⊗ 59% 110
<b>NHS Dumfries and Galloway</b>	⊗ 85% 537	✓ 91% 523	⊗ 88% 360
<b>NHS Fife</b>	⊗ 76% 1,021	⊗ 72% 947	⊗ 75% 929
<b>NHS Forth Valley</b>	⊗ 71% 1,040	⊗ 67% 689	⊗ 39% 233
<b>NHS Grampian</b>	⊗ 44% 537	⊗ 66% 869	⊗ 89% 1,205
<b>NHS Greater Glasgow and Clyde</b>	⊗ 81% 3,559	⊗ 67% 2,107	⊗ 57% 3,140
<b>NHS Highland</b>	⊗ 82% 580	⊗ 76% 565	⊗ 76% 528
<b>NHS Lanarkshire</b>	⊗ 71% 1,422	⊗ 57% 1,077	⊗ 61% 589
<b>NHS Lothian</b>	⊗ 63% 1,778	⊗ 54% 1,630	⊗ 61% 1,358
<b>NHS Tayside</b>	⊗ 43% 551	⊗ 59% 624	⊗ 70% 883
<b>NHS Island boards</b>	✓ 95% 227	✓ 94% 226	⊗ 83% 167

✓ Standard met      ⊗ Standard not met

Given the strong performance against the waiting times standard for both CAMHS and Psychological Therapies, Ayrshire and Arran have not been identified as a Board area requiring “enhanced-support” by Scottish Government enabling greater local autonomy and flexibility in how the funding allocation is used.

There are therefore assertive plans in place to respond to the initial 2021-22 allocation and the CAMHS Extreme Teams group have been well placed to assertively respond to the new funding opportunities and through multiagency engagement has developed and implemented whole system change recommendations which are noted in detail in the appendix to this report including:

- Undertaking evidence-based demand and capacity modelling to inform further planning
- Agreed a quality of life measure for the whole child wellbeing and CAMHS network
- Redesign of the CAMHS locality model moving towards delivery of a 7 day service
- Development of a 24/7 Children’s urgent care service providing assertive outreach addressing the rising demand in ED with targeted support at the right time



	<ul style="list-style-type: none"> <li>• Clarified and developed effective systems and processes that support successful collaboration between CAMHS &amp; Educational Psychology</li> <li>• Delivery of a Child and adolescent neurodevelopment service, with pre and post diagnostic pathways developed for Children Young People experiencing neurodevelopmental conditions and launch of a neurodevelopment support service, this contributes to the national taskforce recommendations of whole system working, with a 'No Wrong Door' approach to seeking help.</li> <li>• Reviewed and ensure transition planning is standardised with ongoing work</li> <li>• Scope and review Eating disorders services in alignment with national review recommendations</li> </ul>
3.2	<b><u>Anticipated Outcomes</u></b>
	<p>Anticipated outcomes are noted in the appendices for each workstream with overall aim to:</p> <p><i>'Improve Children and Young People's Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level.'</i></p>
3.3	<b><u>Measuring Impact</u></b>
	Capacity and demand modelling has been fundamental and central to this work to ensure evidence of service impact, with improved outcomes for young people ensuring access to the right service at the right time.
4.	<b>IMPLICATIONS</b>
<b>Financial:</b>	Ayrshire and Arran have been allocated £2,393,273 from the Scottish Government's Mental Health Recovery and Renewal Fund for Mental health and wellbeing for delivery against the national CAMHS specification, expanding CAMHS up to age 25 and year 1 of 2-year funding to support clearing waiting times backlogs for CAMHS and PT and is to be treated as additional funding.
<b>Human Resources:</b>	Workforce development, service re-design, organisational change and recruitment strategy implications
<b>Legal:</b>	Not applicable
<b>Equality:</b>	The CAMHS Extreme teams was developed to ensure equality of access and improved access to service provision
<b>Children and Young People</b>	<p>The Extreme teams commission was developed to ensure that the delivery objectives optimised impact and outcomes for children and young people so that:</p> <p>Service changes can be directly linked to the quality of life of children and young people</p> <p>The Child or Young Person is empowered and supported to own and describe their needs and emotions, and to communicate these as directly as possible</p> <p>Seamless, timeous transitions for young people and their families into and out of CAMHS across Ayrshire.</p>

	<p>Seamless, timeous access to appropriate support for young people and their families where imminent risk is identified and documented and s same day/ next day response is indicated</p> <p>Ensure that children and young people access the most appropriate supports at an early stage, and that, going forward, any gaps in provision can be met by targeted service development and/or direct commissioning</p> <p>The service will provide a timeous and safe service for all young people with a presentation of eating difficulties. It will provide a much wider range of evidence interventions than is currently offered.</p> <p>There is consistent, appropriate support for young people and their families when they need it.</p> <p>Young people receive a high-quality service.</p> <p>People who access the service will tell us about their experience.</p> <p>People who make referrals will be able to provide structured and regular feedback.</p>
<b>Environmental &amp; Sustainability:</b>	N/A
<b>Key Priorities:</b>	<p><i>Key priority within the National Mental Health Strategy and the priority 7 of the Ayrshire and Arran Mental Health conversation:</i></p> <p><i>‘Our children and Young People receive the support to promote good mental health and well-being’</i></p>
<b>Risk Implications:</b>	Include any risk implications in this section.
<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	<p>The CAMHS Extreme Team has now concluded with all recommendations shared and endorsed by SPOG and CMT, and subsequent onward update reporting to IJB's.</p> <p>A CAMHS engagement officer role has also been developed to enable maximisation of participation and co-production approaches with children, young people, and families at the centre of service redesign and development</p> <p>An engagement group has also been established to take forward next steps of workforce organisational change in alignment with the national specification and extreme team's recommendations.</p>

<b>6.</b>	<b>CONCLUSION</b>
6.1	<p>The first meeting of the implementation group borne out of the Extreme Team has taken place with an engagement plan developed for delivery of these critical next stages.</p> <p>The IJB is requested to approve and endorse the recommendations developed by the Extreme Team and note the development of an implementation group with a second phase of work progressed and underway.</p>

**For more information please contact Thelma Bowers, Head of Service, Mental Health on 01294 317849 or [thelmabowers@north-ayrshire.gov.uk](mailto:thelmabowers@north-ayrshire.gov.uk)**

**AYRSHIRE AND ARRAN HEALTH AND CARE SYSTEM  
DARING TO SUCCEED – DELIVERING EXCELLENCE THROUGH REFORM**

**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**

**EXTREME TEAM UPDATE REPORT TO SPOG AND CMT, JUNE 2021**

**Summary of Outcomes for Scopes and Recommendations per Scope**

<b>Scope</b>	<b>Outcome</b>	<b>Recommendations</b>
1. Demand and Capacity	The ability to understand available capacity and demands on CAMHS.	<ul style="list-style-type: none"> <li>• Requirement to bring admin/business support from three into one team to support this work consistently</li> <li>• Requirement for a CAMHS unscheduled care team</li> <li>• Requirement for a specific neurodevelopmental team</li> </ul>
2. Quality of Life Outcome Measures	KIDSCREEN has been agreed and implementation locally is moving forward	<ul style="list-style-type: none"> <li>• Continue with implementation of measures locally and approach national colleagues to see if they wish to collaborate</li> </ul>
3. Transition planning	Seamless Transition into adult services	<ul style="list-style-type: none"> <li>• The consistent use and application of the A &amp; A Transfer Protocol and audit of compliance</li> <li>• The use and application of the Scottish Government's Transition planning guidance documentation to support seamless transition.</li> </ul>
4. Unscheduled care	Ease of access to support for children, young people and families at the point of Mental Health crisis or urgent support is required	<ul style="list-style-type: none"> <li>• To develop an Unscheduled Care service for Children and Young People in Ayrshire and Arran.</li> </ul>

<p>5. Collaboration with Education Psychology</p>	<p>Shared understanding between CAMHS and Educational Psychology of their roles in supporting the wellbeing of children and young people across Ayrshire &amp; Arran</p> <p>Processes embedded to ensure on-going communication to identify opportunities for collaboration and service development.</p> <p>Status of and models for the Community MH and WSS Framework across the three Ayrshires will be known, affording a vision of how Educational Psychology and CAMHS will 'work into' the models that are implemented</p>	<ul style="list-style-type: none"> <li>• Formal agreement of a shared action plan between CAMHS and Psychological Services across the Three Ayrshires.</li> <li>• Shared action plan to deliver: <ul style="list-style-type: none"> <li>(i) service clinician/ practitioner involvement,</li> <li>(ii) service interface clarity,</li> <li>(iii) collaboration on service development,</li> <li><b>(iv)</b> defined input to the Community Mental Health &amp; Wellbeing Supports and Services Framework</li> </ul> </li> </ul>
<p>6. Community eating disorder service</p>	<p>Recognition that the current Governance Arrangements, systems, treatment pathways and patient population focus is out of context with the presenting demographic of service user. There are clear deficits in profession mix and skill set.</p>	<ul style="list-style-type: none"> <li>• Undertake a whole scale review of the service provision, workforce, operational hours &amp; governance arrangements.</li> <li>• Implement the recommendations where appropriate of the National Review of CEDS.</li> <li>• Await the outcomes of SIGN Guidance review due to complete in September 2021.</li> <li>• Undertake engagement exercise with patients, families and carers who have used or are engaged with the service.</li> </ul>
<p>7. Excellence of service Pan Ayrshire</p>	<p>All children &amp; young people receive a consistent, high quality CAMHS service across Ayrshire</p>	<ul style="list-style-type: none"> <li>• This part of the work will form phase 2 developments as a number of key areas need to be explored further and beyond this initial scope.</li> </ul>

## Final full report

Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
1. To undertake evidence-based demand and capacity modelling to understand how available capacity serves the demand on the CAMHS service, and to model whole system pathways which will enable informed decisions and to plan the distribution/allocation of resources across the whole system pathway.	<p>A service baseline position in relation to demand and casework.</p> <p>Mapping of the focus, offer and workforce expertise of CAMHS to support seamless signposting and referral.</p> <p>CAMHS can evidence alignment with delivery of the National Specification, and there is shared understanding of Governance arrangements. Services are designed on a pan-Ayrshire and/or locality basis depending on how they best serve the needs of children and young people, optimising the resources available and supporting equity of access across Ayrshire.</p>	<p>Baseline of CAMHS DCAQ model developed which was allow:-</p> <p>The ability to understand available capacity and demands on the service.</p> <p>Clearly defined pathways identified through the baseline which attributes roles to discipline groups. There are 5 pathways identified in the model; Behavioural presentation, Mental Health Disorders, Neuro-developmental, Intensive Support Team, Other. These have pathways have been modelled round the disciplines within CAMHS.</p> <p>Allows the use of model data to inform decisions regarding the planning and allocation of services effectively e.g. what staffing is required for unscheduled care, Neuro-developmental work and Community CAMHS Teams in line with the CAMHS National Specification, Neuro-developmental Specification and basis of need across Ayrshire.</p>	<p>The successful completion of this scope will provide key information to inform workforce and pathway development plans which will lead to a) a reduction of waiting times for children and young people and their families, and b) improved access to CAMHS with agreed targeted alignment of essential workforce resources in response to the CAMHS National Specification and informed by local demand and need.</p>	<p>Phase1 – in nearing completion and has focused on demand, capacity, caseload management, future requirements and developing reporting structures and governance. There is clear indication that the needs of Children and Young People would be better met using an access to service pathway, based upon presentation and need rather than geographical location.</p> <p>Recommendations:-</p> <ol style="list-style-type: none"> <li>1. Re-equalisation and capacity of admin support across the CAMHS Teams is required to provide consistency and quality across the service. The only successful way that this can be done is with admin services sitting under one</li> </ol>

				<p>structure and not 3 different management structures.</p> <p>2. The urgent and unscheduled care work needs to have a dedicated unscheduled care team to ensure young people are seen at the right place, at the right time, but the right person. This will allow the CAMHS Community team to focus on the mental health disorders and prevent routine work getting delayed.</p> <p>3. The Neuro-developmental work also needs a dedicated team which will allow young people to be seen sooner. Currently many of the Neuro Team also carry a community caseload and some will also see urgent referrals.</p> <p>The data has allowed information to be drilled down to local authority area and individual town level in terms of referrals. This will allow further</p>
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				collaborative work with health, social care, and education colleagues in identifying gaps in the provision of Tier 1 and Tier 2 services.
<b>Purpose of scope</b>	<b>What we intended to deliver</b>	<b>Outcome Delivered through Extreme teams' approach</b>	<b>What will the impact of this work be for children and young people?</b>	<b>Recommendations</b>
2. To agree quality of life outcome measure that could be used across the whole child wellbeing and CAMHS network	<p>The impact of any intervention in a young person's life can be actively monitored via their quality of life.</p> <p>The impact of changes of service on the quality of life of young people can also be actively monitored.</p> <p>The quality of life of young people in Ayrshire and Arran can be compared across localities, nationally and internationally.</p>	<p>The KIDSCREEN wellbeing measure tool enables the Child or Young Person to own and describe their needs and emotions, and to communicate these as directly as possible.</p> <p>Services are designed on a pan-Ayrshire and/or locality specific basis depending on how they best serve the needs of children/young people, optimise the resources available for their delivery, and support equity of access across the three Ayrshires.</p> <p>The impact of service changes can be directly linked to the quality of life of children and young people.</p> <p>The KIDSCREEN tool should be used as an app or QR code, supporting access for Children and young people making it child friendly and promoting greater use.</p>	<p>The Child or Young Person is empowered and supported to own and describe their needs and emotions, and to communicate these as directly as possible (health literacy)</p> <p>Services are designed on a pan-Ayrshire and/or locality specific basis depending on how they best serve the needs of children/young people, optimise the resources available for their delivery, and support equity of access across the three Ayrshires.</p> <p>The impact of service changes can be directly linked to the quality of life of children and young people.</p>	<p>1. To progress with the implementation of quality of life outcome measure and the use of Kidscreen as the agreed method to capture these.</p> <p>This can be delivered either locally or at a national level depending on support.</p>



Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
3. Review and ensure that transition planning is standardised and effective at a locality level to ensure safe continuity of provision/supports.	Transition planning is seamless, standardised and in alignment with the Scottish Government Transition planning guidance, with effective transitions between CAMHS and other services. This will ensure continuity of care and robust governance at a locality level to reduce risk and vulnerability of young people at critical points in the therapeutic journey.	<p>There has been an identification of current points of transition across key points of transition and the means by which takes place.</p> <p>The Scottish Government's Transition planning guidance documentation has been accepted as the key means to support transition from CAMHS into Adult Mental Health Services. NHS IT lead is considering if this can be uploaded into Care Partners for ease of access.</p> <p>It is agreed that the existing A &amp; A Transfer Protocol will be reviewed and that it will be used consistently across the partnerships for transition from CAMHS into AMHS. The aim is to have this operational by the 1<sup>st</sup> of June.</p> <p>Psychiatry in CAMHS are also fully committed to the consistent use of this transition protocol and paperwork.</p> <p>There are conversations to implement the same approach into adult Learning Disability services.</p> <p>The seamless transition into adult mental health services and</p>	<p>The successful completion of this scope will lead to seamless, timeous transitions for young people and their families into and out of CAMHS across Ayrshire. There will be a shared ownership and understanding between agencies of the importance of transitions with the young person's experience of these being central to gauge success of the process.</p>	<ol style="list-style-type: none"> <li>1. An annual audit of the use of a sample of those CAMHS cases transitioned into AMS and evidence of the use of the Scottish Governments Transition planning and that the adherence to the A&amp;A NHS transfer protocol is adhered to. The audit team should be made up of a Service Manager from CAMHS and AMS who report into the Clinical Care and Governance Group.</li> <li>2. Annual self-evaluation activity around the experience of those young people who transition into adult services, that their experience is seamless.</li> <li>3. Collation of data for those 18 – 25 who remain within CAMHS who would previously have transitioned,</li> </ol>

		ensuring that this is done well is even more apparent with the extension of the potential criteria for young people who are Care Experienced or who want to remain within CAMHS up to the age of 25 years old.		understanding the benefits for them in remaining with CAMHS and impact upon Transition. This will inform the demand and capacity Scope and the impact of the ministerial letter on CAMHS resources.
<b>Purpose of scope</b>	<b>What we intended to deliver</b>	<b>Outcome Delivered through Extreme teams' approach</b>	<b>What will the impact of this work be for children and young people?</b>	<b>Recommendations</b>
4. Unscheduled Care Pathway: to support children and young people and their families at the point of imminent danger to self and crisis	<p>That Children and Young People in Ayrshire and Arran receive the right care, in the right place at the right time by the right people particularly when there is a perceived crisis, deterioration in circumstances or escalation in symptoms.</p> <p>That the interfaces between services work smoothly and seamlessly in service of Children and Young People to enable their needs to be met. That there is an accessible pathway complimentary to CAMHS' core function which has the ability to respond to such unscheduled or</p>	<p>Through the interrogation of data and source of references, the concept of Unscheduled care refers to a greater need that purely 'Crisis'.</p> <p>An agreement has been reached that the three Locality delivered services operating to provide care provision for all presentations through a 'duty system' which operates only Monday to Friday 9am to 5pm is impacting directly upon wider service capacity, responses to 'routine work' and efficiency of response. This feature has become increasingly evident in the course of the pandemic.</p> <p>The service will now focus upon where need/ presentation occurs,</p>	<p>The successful completion of this scope will lead to seamless, timeous access to appropriate support for young people and their families where imminent risk is identified and documented and a same day/ next day response is indicated, (either in person or by telephone). This can be considered in four broad terms of intervention.</p> <ul style="list-style-type: none"> <li>• Crisis Intervention</li> <li>• Assertive Outreach</li> <li>• Intensive Treatment</li> <li>• Liaison</li> </ul> <p>The delivery of such a service will offer the opportunity to assess a child or young persons need, interface with carers or family earlier in the</p>	<ol style="list-style-type: none"> <li>1. Provide ongoing support the process of Organisational Change to allow the development of an Unscheduled Care service for Children and Young People</li> <li>2. Support the development of a business case and model to allocate new Government investment to CAMHS specifically to the development of the model</li> <li>3. Promote the application and fidelity of the model to wider</li> </ol>

	<p>unpredictable features of mental ill-health/ significant risk/ distress.</p> <p>There should be a clear understanding within the wider system of when the thresholds for such interventions and support are required and when an alternative (non CAMHS) approaches is better suited.</p>	<p>regardless of day of the week or referring service.</p> <p>This will lead to an uncoupling of 'Urgent' work from core CAMHS care as outlined by the National Specification and provided a seven day service from 7am to 9pm.</p> <p>This will allow capacity to be created within the core CAMHS service to offer quicker access to routine referrals and expedite care pathways and transitions to other services where indicated.</p> <p>9pm until 7am will continue to be supported by CRT services currently operated within Adult services but there is a clear aspiration to offer flexibility and training within the model where care is indicated.</p>	<p>presentation, identify current and on-going risks, whilst determine if Tier 3 service intervention is required with onward allocation to CAMHS or the Neuro Service.</p> <p>It will also offer as an alternative to hospital admission where there is indication for intensive support with higher frequency of contact, offering least restrictive option to Children and young people and their families and being in line with the core fundamentals of the MHA by ensuring reciprocity is at the heart of service design.</p>	<p>stakeholder and service user groups.</p> <p>4. Ensure that a DCAQ approach is taken to recruitment &amp; workforce modelling</p> <p>5. Ensure that quality, safety &amp; service user satisfaction is at the heart of the model through attributing QI time to the project</p>
<b>Purpose of scope</b>	<b>What we intended to deliver</b>	<b>Outcome Delivered through Extreme teams' approach</b>	<b>What will the impact of this work be for children and young people?</b>	<b>Recommendations</b>
5. To develop effective systems and processes that support successful collaboration between CAMHS and Educational Psychology in order to deliver a continuum of support	<p>To understand the range of supports that are available from CAMHS and Educational Psychology;</p> <p>To reach a shared understanding of the</p>	There is a shared understanding between CAMHS and Educational Psychology of their roles in the supporting the wellbeing of children and young people across Ayrshire & Arran.	The successful completion of this scope will ensure that children and young people access the most appropriate supports at an early stage, and that, going forward, any gaps in provision can be met by targeted service development and/or direct commissioning.	<p><i>1. Involvement of Service Clinicians/ Practitioners</i></p> <p>Set up small development groups across CAMHS and North, South and East Educational Psychology services, with mix of clinicians/ practitioners at</p>

<p>for children and young people's mental health across the three partnerships of Ayrshire and Arran.</p>	<p>role of each agency in this field;</p> <p>To consider where other partners/services also meet needs in this area, understand if there are any gaps in provision;</p> <p>To improve systems and opportunities for communication;</p> <ul style="list-style-type: none"> <li>- To highlight opportunities for greater working in collaboration.</li> </ul>	<p>Areas of collaborative work will have been identified between CAMHS and Educational Psychology, including opportunities for training and development being accessed together, and/or developed and delivered together;</p> <p>We will know the status of, and plans for, the Community MH and WSS Framework and related services/models across the three Ayrshires.</p> <p>We will know how Educational Psychology and CAMHS will 'work into' the Community MH and WSS Framework as it is implemented in the three areas, considering how we best add value.</p> <p>There will be effective communication between services to ensure that gaps/overlaps in services are explored. Filling those gaps might be the responsibility of CAMHS and Educational Psychology if within their service delivery locus, but it may be that the wider Wellbeing Service is best-placed to take action on</p>	<p>The improvement in shared understanding of services' roles and skills, and increase in effective communication and collaboration will lead to more streamlined responses to need at all stages.</p> <p>Improved understanding of each services role will ensure there is greater clarity for families in terms of support they can expect from each service.</p>	<p>differing grades in each, to consider:</p> <ul style="list-style-type: none"> <li>(i) experiences of service-interfaces and what could be done to improve them</li> <li>(ii) experiences of use of shared information systems - e.g. Ayrshare</li> <li>(iii) how services could meet regularly to share learning and identify needs and opportunities for new developments</li> </ul> <p><i>2. Service Interface Structures</i></p> <p>Development of shared plans to embed the outcomes of 1. above.</p> <p><i>3. Service Developments and Plans</i></p> <ul style="list-style-type: none"> <li>(i) Regular (at least annual) sharing of service improvement plans between the three Psychological Services and CAMHS</li> <li>(ii) Build on joint-working currently in place and find ways of retaining the partnerships if staff with specialist skills/knowledge leave post</li> </ul>
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		commissioning a more appropriate service.		<p><i>4. Community Mental Health &amp; Wellbeing Supports and Services: Framework</i></p> <p>(i) Communication from CMH&amp;WSSF Leads on timescales for delivery of the service specification across each of the Ayrshires.</p> <p>(ii) Participation in consideration of services that will be offered (including means of access), and what the interim arrangements are during the stages of delivery. This will allow Educational Psychology Services and CAMHS to consider how best to contribute added value.</p>
<b>Purpose of scope</b>	<b>What we intended to deliver</b>	<b>Outcome Delivered through Extreme teams' approach</b>	<b>What will the impact of this work be for children and young people?</b>	<b>Recommendations</b>
6. Community Eating Disorders Service CEDS Scope	<p>The rate of young people presenting with Eating disorders is raising and the severity of presentations is increasing.</p> <p>The majority (75%) of patients with an eating disorder currently in the CEDS service are under 25 years of age.</p>	<p>Through consolation and reflection, there is now a clear recognition that the model of service delivery and focus for Community Eating Disorders requires to be delivered at a lower age range with greater focus upon early intervention and cure.</p> <p>There should be clear evidenced based approaches to supporting</p>	<p>The service will provide a timeous and safe service for all young people with a presentation of eating difficulties.</p> <p>It will provide a much wider range of evidence interventions than is currently offered.</p> <p>To be able to support a wider range of eating difficulties not</p>	<ol style="list-style-type: none"> <li>1. Reposition the current Governance arrangements for CEDS within a Child and adolescent context rather than an adult one.</li> <li>2. Support the development of CAMHS clinicians the</li> </ol>

	<p>A recent review of Eating Disorder services in Scotland was completed and SIGN guidelines have recently been released. CEDS is not current meeting these guidelines.</p>	<p>those patients above the age of 25 with their diagnosis and condition but that this should be further explored.</p>	<p>just young people with Anorexia nervosa.</p>	<p>Unscheduled Care Pathway to deliver more evidenced based, age appropriate interventions at an earlier stage in presentation</p> <ol style="list-style-type: none"> <li>3. Undertake full consultation with stakeholders, patients and families to better understand future model needs.</li> <li>4. Review the MDT/ workforce model in line with the National Review of CEDS (March 2021) &amp; the recommendations it makes ( in keeping with any recommendations anticipated from the current SIGN consultation)</li> <li>5. Use Organisational Change as the preferred lever to support staff &amp; model reconfiguration</li> <li>6. Develop a sustainable business model for a focused, fit for purpose CEDS service.</li> </ol>
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Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
7. Ensuring excellence of CAMHS service Pan Ayrshire	<p>Young people get the support they need within their community and without delay</p> <p>Reduction in waiting times for intervention. Reduction in referrals which are not appropriate for CAMHS input</p> <p>Staffing to meet current &amp; future demand</p> <p>Reduction in number of young people attending ED as support will be offered at an earlier stage??</p> <p>Good Governance and assurance around service development and delivery in action.</p>	<p>More young people accessing a CAMHS service who actually need it.</p> <p>Children and young people report feeling positively impacted by the support/intervention of the service.</p> <p>Reduced wait times Increased input from other partners to limit referrals progressing to CAMHS and being supported through other partners</p> <p>Clear access routes Increased awareness about what CAMHS is and does</p> <p>Consistency of service delivery across Ayrshire whilst recognising local variation and need.</p>	<p>The successful completion of this scope will lead to consistent, appropriate support for young people and their families when they need it.</p> <p>Young people get a high quality service.</p> <p>People who access the service will tell us about their experience.</p> <p>People who make referrals will be able to provide structured and regular feedback.</p>	<p>Evidence gathering of consistent and excellent service delivery:</p> <ol style="list-style-type: none"> <li>1. Annual benchmark against agreed KPIs</li> <li>2. Stakeholder feedback</li> <li>3. Waiting times data</li> <li>4. Input from other third and independent sector services to assist young people with the supports they need for mental health</li> <li>5. Number of ED presentations and age range</li> <li>6. Agreed performance measures should be reported quarterly into respective local children and young people planning groups and at least annually into IJB's as the</li> </ol>

				<p>commissioners of the services</p> <p>7. Performance measures should be provided on both an individual area (North, South and East); and A &amp; A basis – possibly using national comparators</p> <p>8. Both quantitative and qualitative measures will be required – key would be the child and family experience</p> <p>9. SIMD profile of areas where children are referred from and targetting resource effectively</p> <p>10. Children who are in LA care or care experienced - we need to capture their experience and demand on the service</p> <p>11. National measures that CAMHS will require to collect and report on</p>
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### **Other evidence, learning and considerations**

1. Ayrshire and Arran CAMHS have the highest percentage of waiting times for Children and young people seen within 18 weeks @ 98.4% for treatment between January and March 2021.
2. Raising the profile of NHS Ayrshire and Arran in Scotland and beyond. On the 16<sup>th</sup> April NHS Ayrshire and Arran hosted an event for over 150 delegates on MS teams. The event was to look at the pathways for emotionally dysregulated adolescents. The events was endorsed by:  
The Royal College of Nursing  
The Royal College of Psychiatrists in Scotland CAMHS Faculty  
The British Psychological Society  
The association of Clinical Psychologists  
The North of Scotland CAMHS network  
The West of Scotland CAMHS network
3. There has been very positive engagement with “the wider systems” and consultation around the CAMHS Commission, including;
  - Reports to the three Partnership Integrated Joint Boards
  - Inputs to Children Services Planning Groups
  - Reports to Child Protection Committees
  - Two Ayrshire and Arran news letters
  - A well attended (23+ attendees) extreme team open session
  - Discussions with elected members
  - Positive engagement and contribution to locality mental health strategies

### **Recommendations:**

It is recommended that the CAMHS Extreme team is decommissioned in its present form.

To provide assurance to CMT, three questions have been applied by the Extreme Team to answer whether or not the team have delivered on the commission and to consider whether there is a requirement for further oversight and governance.

It is recommended that the existing Extreme Team becomes the **CAMHS Reform Implementation Group**, Chaired by Thelma Bowers as Head of Service for Mental Health, providing oversight and governance to the reform work already evidenced from this report.

### **Questions applied:**

- **Are we clear what difference the work has made and continues to make?**

It is anticipated that the above report provides confidence that the commission has been delivered and it is detailed what difference that the reform will and has already made in the lives of children and young people in Ayrshire and Arran. However, to ensure that the reform implemented continue making CAMHS in Ayrshire and Arran being “*the best CAMHS in Scotland*”. The recommendation is that the existing extreme team is decommissioned and instead becomes the CAMHS Reform Implementation Group (CRIG) to ensure that the reform is implemented and built upon.

- **How will the impact on children and young people be measured going forward?**

It is anticipated that the CAMHS Reform Implementation Group (CRIG) will review each scope monthly and the recommendations and associated actions and provides governance and scrutiny in measuring their success in implementation. The CRIG will report quarterly to SPOG on the continued oversight of the reform and provide an annual report on its delivery.

- **What will be different, and how will we know?**

Within each scope, the difference to the lives of children, young people and their families is set out and these will provide an indication that a positive difference has been made and sustained throughout 2021/22.

There would also be clear quantitative and qualitative measures which detail improved performance and centrally improved service user/patient experience of the service.





**Integration Joint Board**  
**23 September 2021**

**Subject:** **Community Wealth Building - Anchor Institution**

**Purpose:** To seek IJB approval for the IJB to commit to being an Anchor Institution as part of the North Ayrshire Community Wealth Building Strategy

**Recommendation:** To ask IJB to agree to sign the Anchor Charter to become an Anchor Institution.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
CWB	Community Wealth Building
SPOG	Strategic Planning & Oversight Group
CLES	Centre or Local Economic Strategies

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	North Ayrshire IJB are asked to sign the Anchor Charter and become an Anchor Institution. The Centre for Local Economic Strategies (CLES) define 'Anchor Institutions' as bringing 'wealth in the form of jobs and supply chains; they are rooted in place and as such are vital to the functioning of our local economies'.
1.2	As an anchor institution the IJB could make a difference across the 5 pillars of Community Wealth Building, including procurement, employment, land and assets, financial power and plural ownership. There is a significant contribution that the IJB can make to working in partnership with communities and businesses to build a strong local economy which supports fair work and encouraging local spend through the direction of £260m of resources.
<b>2.</b>	<b>BACKGROUND</b>
2.1	A key action within the Community Wealth Building strategy is to 'Develop an Anchor Charter agreement to embed Community Wealth Building principles across Anchor Institutions in the region'. At the June 2020 meeting, the Community Wealth Building Commission discussed the potential contents and format of an Anchor Charter. This Charter was agreed by North Ayrshire Council on 25 September 2020 and launched in October 2020. A copy of the CWB Anchor Charter is attached as Appendix 1.
2.2	In June 2019, the Cabinet of North Ayrshire Council agreed proposals to establish a Community Wealth Building Commission, chaired by the Council Leader. The membership of the Commission includes :- <ul style="list-style-type: none"> <li>• North, East and South Ayrshire Councils</li> </ul>

	<ul style="list-style-type: none"> <li>• NHS Ayrshire &amp; Arran</li> <li>• Ayrshire College</li> <li>• Scottish Enterprise</li> <li>• The Ayrshire Community Trust (TACT)</li> <li>• Police Scotland</li> <li>• Scottish Fire and Rescue Service</li> </ul>
2.3	Community Wealth Building (CWB) is an alternative approach to traditional economic development, which seeks to develop resilient, inclusive local economies, with more local employment and a larger and more diverse business base. Community Wealth Building seeks to use the economic levers available to local authorities and other 'Anchor Institutions' by focusing on five pillars for harnessing existing resource to support the local economy: procurement; fair employment; land and assets; financial power; and plural ownership of the economy.
2.4	The purpose of an Anchor Charter is to embed Community Wealth Building principles across Anchor Institutions. The Anchor Charter sets out joint Community Wealth Building commitments and opportunities for collaboration, across a group of Anchors and/or an Anchor network.
2.5	The Chief Officers of the 3 IJBs in Ayrshire and Arran are supportive of all 3 organisations signing up to the commitments outlined in the Anchor Charter. The operational delivery of services through the Health and Social Care Partnership means that operationally the HSCP already deliver services on behalf of Anchor Institutions, i.e. North Ayrshire Council and NHS Ayrshire and Arran. However, the IJB as the strategic commissioning body are in a significant position of influence directing over £260m of financial resources to commission services for the communities of North Ayrshire. Therefore, there is a significant contribution that the IJB can make to working in partnership with communities and businesses to build a strong local economy which supports fair work and encouraging local spend.
<b>3.</b>	<b>PROPOSALS</b>
3.1	IJB members are asked to support the proposal to sign up to become an anchor institution and to promote and embed the principles of Community Wealth Building.
3.2	<b><u>Anticipated Outcomes</u></b>
	Community Wealth Building is about working in partnership with communities and businesses to build a strong local economy which supports fair work, encourages local spend and uses the land and property we own for the common good so that wealth stays local.
3.3	<b><u>Measuring Impact</u></b>
	By signing the Charter, the IJB are pledging to do all they can to support the principles of the Community Wealth Building approach. The IJB will require to commit to embed Community Wealth Building principles and report on progress to the CWB Commission.
<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	
There are no financial implications	
<b>Human Resources:</b>	
There are no staff implications.	
<b>Legal:</b>	
There are no legal implications	

<b>Equality:</b>	No direct implications at this point however the Community Wealth Building Strategy will have a focus on ensuring an inclusive economy where all people and places benefit.
<b>Children and Young People</b>	No direct implications, however it is widely recognised that employment and income is key to reducing child poverty.
<b>Environmental &amp; Sustainability:</b>	No direct implications, however more local purchasing and procurement, shorter supply chains and thus a smaller environmental impact due to transport of goods.
<b>Key Priorities:</b>	The ambitions of Community Wealth Building fully align with the delivery of the IJBs Strategic Plan and our ambitions. North Ayrshire struggles with significant levels of poverty and inequality, new approaches including Community Wealth Building are needed to tackle these challenges.
<b>Risk Implications:</b>	There are no risk implications arising from this report.
<b>Community Benefits:</b>	Community Wealth Building is wholly focussed on using economic levers to develop resilient, inclusive local economies for the benefits of local communities.

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	The proposal for IJBs to become anchor institutions was discussed at the pan Ayrshire Strategic Planning & Operation Group on 30 <sup>th</sup> August 2021. It was recommended by that group that the three Ayrshire IJBs simultaneously sign the charter to become Anchor Institutions. The Chair of the CWB Commission has been consulted.
<b>6.</b>	<b>CONCLUSION</b>
6.1	IJB are asked to sign up to the Anchor Charter to become an Anchor Institution.

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

**Community Wealth Building**...uses the economic levers available to Anchor Institutions to develop resilient, inclusive local economies with more local spend and fair employment, as well as a larger and more diverse business base, ensuring that wealth is more locally owned and benefits local people.

**Anchor Institutions**...are organisations which are rooted in particular places by their mission, histories, physically fixed land and assets, and established local relationships.

## Anchor Charter Mission Statement

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

Pillar Purpose	Pillar Objective	Anchor Pledge
<b>Procurement</b>  We commit to using our spend to support a diverse local business base	Maximise economic, social and environmental benefit for the community through development of dense local supply chains comprising local SMEs, employee owned businesses, social enterprises, cooperatives and other community owned enterprises.	<ul style="list-style-type: none"> <li>• Commit to undertaking supply chain and spend analysis and work towards increasing local spend where possible</li> <li>• Proactively engage with other Anchor Institutions to identify and progress joint procurement opportunities, whilst supporting local businesses to bid and respond to opportunities</li> </ul>



Pillar Purpose	Pillar Objective	Anchor Pledge
<b>Fair Employment</b>  We commit to being a fair employer	Creating fair and meaningful employment opportunities by recruiting from priority groups, paying the living wage and building progression routes for workers.	<ul style="list-style-type: none"> <li>• Work towards becoming a Living Wage Employer</li> <li>• Seek to recruit locally and from priority groups where appropriate e.g. young people, people with long-term health problems, people experiencing poverty</li> <li>• Commit to providing secure, safe employment, addressing gender pay imbalances and developing strategies for in-work progression and wellbeing support</li> <li>• Ensure workers are respected and have access to Trade Union membership</li> </ul>
<b>Land and Assets</b>  We commit to the productive use of our land and assets to support communities and enterprises	Anchors are often major land holders and can support equitable land development and ownership models, including the imaginative use of assets for community and wider social and economic use.	<ul style="list-style-type: none"> <li>• Commit to undertaking an asset review to identify opportunities for Community Wealth Building</li> <li>• Proactively support communities who wish to use or develop under-utilised assets</li> </ul>
<b>Financial Power</b>  We commit to harnessing and growing local wealth	Increase flows of investment within local economies by harnessing wealth that exists locally.	<ul style="list-style-type: none"> <li>• Seek to invest in environmentally sustainable, local economic development opportunities</li> <li>• Support and promote progressive finance initiatives including local credit unions</li> <li>• Encourage staff and service providers to shop locally and ethically, supporting 'Keep it Local' campaigns</li> </ul>

Pillar Purpose	Pillar Objective	Anchor Pledge
<b>Plural Ownership</b>  We commit to supporting plural ownership of the local economy	Advance inclusive economic ownership models such as local SMEs, employee owned businesses, social enterprises, cooperatives, community enterprises and mutually owned companies and thus enable more wealth generated locally to stay within the community.	<ul style="list-style-type: none"> <li>• Proactively engage with communities to co-produce local services and initiatives</li> <li>• Commit to involving local SMEs, employee owned businesses, social enterprises, cooperatives and community owned enterprises within local supply chains</li> </ul>
<b>Climate Action</b>  We commit to becoming a net-zero carbon organisation	The global climate emergency requires immediate and sustained action to reduce carbon and greenhouse gas emissions and remove them from the atmosphere.	<ul style="list-style-type: none"> <li>• Commit to a timescale for achieving net zero carbon and greenhouse gas emissions</li> <li>• Support and encourage environmentally sustainable supply chains</li> <li>• Consider strategies to embed environmental benefits through, for example, capital investment projects, active travel and sustainable energy generation</li> </ul>

# We commit to this Anchor Charter to deliver Community Wealth Building in Ayrshire

Councillor Joe Cullinane  
Leader of North Ayrshire Council



Councillor Douglas Reid  
Leader of East Ayrshire Council



Councillor Peter Henderson  
Leader of South Ayrshire Council



Lesley Bowie  
Board Chair, NHS Ayrshire and Arran



Mark Newlands  
Head of Partnerships, Scottish Enterprise



Carol Turnbull  
Principal, Ayrshire College



Barbara Hastings  
Chief Executive Officer, TACT





## Integration Joint Board 23rd September 2021

**Subject:** Meeting Dates 2022

**Purpose:** To advise members of the draft timetable for meetings of the IJB and the IJB PAC for 2022

**Recommendation:** That IJB agree the dates for meetings of the Integration Joint Board and the Performance and Audit Committee.

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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>																		
1.1	The schedule of meetings for the Integration Joint Board (IJB) and Performance and Audit Committee (PAC) is required for the forthcoming year.																		
<b>2.</b>	<b>PROPOSALS</b>																		
2.1	The IJB in agreed in September 2021, to have 10 meetings per year to avoid the council recess periods. During 2022, this will be reduced to 8 meetings due to the period of purdah during the council elections in May. Ad hoc private sessions will be arranged as and when require																		
2.2	The Performance and Audit Committee will continue to meet on a quarterly basis.																		
2.3	The timing of meetings has taken budget reporting and performance schedules into consideration. The timetable has been created to avoid clashes with other NHS and Council meetings and avoid recess periods of the Council.																		
2.4	The proposed dates for the IJB and PAC meetings are detailed below. The schedule of meetings are attached in Appendix 1.																		
	<table> <tr> <th>Integration Joint Board</th><th>Performance and Audit Committee</th></tr> <tr> <td>10<sup>th</sup> February 2022</td><td>4<sup>th</sup> March 2022</td></tr> <tr> <td>17<sup>th</sup> March 2022</td><td>24<sup>th</sup> June 2022</td></tr> <tr> <td>16<sup>th</sup> June 2022</td><td>2<sup>nd</sup> September 2022</td></tr> <tr> <td>25<sup>th</sup> August 2022</td><td>25<sup>th</sup> November 2022</td></tr> <tr> <td>22<sup>nd</sup> September 2022</td><td></td></tr> <tr> <td>20<sup>th</sup> October 2022</td><td></td></tr> <tr> <td>17<sup>th</sup> November 2022</td><td></td></tr> <tr> <td>15<sup>th</sup> December 2022</td><td></td></tr> </table>	Integration Joint Board	Performance and Audit Committee	10 <sup>th</sup> February 2022	4 <sup>th</sup> March 2022	17 <sup>th</sup> March 2022	24 <sup>th</sup> June 2022	16 <sup>th</sup> June 2022	2 <sup>nd</sup> September 2022	25 <sup>th</sup> August 2022	25 <sup>th</sup> November 2022	22 <sup>nd</sup> September 2022		20 <sup>th</sup> October 2022		17 <sup>th</sup> November 2022		15 <sup>th</sup> December 2022	
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2.5	<b><u>Anticipated Outcomes</u></b>	
	N/A	
2.6	<b><u>Measuring Impact</u></b>	
	N/A	
3.	<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>	None
<b>Risk Implications:</b>	None
<b>Community Benefits:</b>	None

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

4.	<b>CONSULTATION</b>
4.1	Consultation has taken place with the Chair and Vice Chair, IJB and Chair, PAC as well as other relevant officers and officers on the proposed timetable.
5.	<b>CONCLUSION</b>
5.1	IJB members are asked to agree the proposed dates for both IJB and PAC.

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

## NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP MEETINGS SCHEDULE 2022

### INTEGRATION JOINT BOARD

<b>Integration Joint Board [10.00 a.m.]</b>	<b>IJB Pre-Agenda Meeting [10.00 a.m.]</b>
13 <sup>th</sup> January 2022 [ <b>Private Session</b> ]	N/A
10 <sup>th</sup> February 2022	1 <sup>st</sup> February 2022
17 <sup>th</sup> March 2022	8 <sup>th</sup> March 2022
16 <sup>th</sup> June 2022	7 <sup>th</sup> June 2022
25 <sup>th</sup> August 2022	17 <sup>th</sup> August 2022
22 <sup>nd</sup> September 2022	13 <sup>th</sup> September 2022
20 <sup>th</sup> October 2022	11 <sup>th</sup> October 2022
17 <sup>th</sup> November 2022	8 <sup>th</sup> November 2022
15 <sup>th</sup> December 2022	6 <sup>th</sup> December 2022

### IJB PERFORMANCE AND AUDIT COMMITTEE [10.00 a.m.]

4<sup>th</sup> March 2022  
 24<sup>th</sup> June 2022  
 2<sup>nd</sup> September 2022  
 25<sup>th</sup> November 2022

