

## **Integration Joint Board Meeting**



**Thursday, 21 October 2021 at 10:00**

### **Hybrid Meetings Pilot**

In light of the current COVID-19 pandemic, this meeting will be held on a predominantly remote basis in accordance with the provisions of the Local Government (Scotland) Act 2003. As part of a hybrid meetings pilot, a small number of Committee Members will, by prior arrangement, also be permitted to attend in person.

Where the meeting is open to the public, a very limited public gallery will also be available, with attendance by prior arrangement by contacting Committee Services ([committeeservices@north-ayrshire.gov.uk](mailto:committeeservices@north-ayrshire.gov.uk)). Such meetings will also be live-streamed for wider viewing 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 23 September 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 Mental Welfare Commission Report - Authority to Discharge**

Submit report by Caroline Cameron, Director (NAHSCP) on the Mental Welfare Commission – Authority to Discharge Report (copy enclosed).

**6 The National Care Service Consultation Response Report**

Submit report by Caroline Cameron, Director (NAHSCP) on the National Care Service Consultation Response (copy to follow).

**7 Urgent Items**

Any other items which the Chair considers to be urgent.

**Webcasting**

Please note: this meeting may be filmed for live and subsequent broadcast via the Council's internet site. At the start of the meeting, the Chair will confirm if all or part of the meeting is being live-streamed/webcast.

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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
Jean Ford	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
Glenda Hanna	Independent Sector Representative
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 23 September 2021 at 10.00 a.m.**  
**involving participation by remote electronic means**

**Present**

Bob Martin, NHS Ayrshire and Arran (Chair)  
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  
Jean Ford, NHS Ayrshire and Arran  
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  
Darren Fullarton, Associate Nurse Director/IJB Lead Nurse  
Dr Calum Morrison, Acute Services Representative

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

**In Attendance**

Thelma Bowers, Head of Service (Mental Health)  
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)  
Eleanor Currie, Principal Manager (Finance)  
Aileen Craig, Head of Service (Democratic Services)  
Craig Stewart, Committee Services Officer  
Diane McCaw, Committee Services Officer

**Apologies**

Dr Louise Wilson, GP Representative

**1. Apologies and Chair's Remarks**

Apologies for absence were noted.

The Chair advised of the resignation of John Rainey through ill health and the Board expressed its thanks and appreciation for his contribution to the Board and the Performance and Audit Committee. The Chair further welcomed Jean Ford who has re-joined the IJB for a short period of time.

## **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 26 August 2021 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

### **3.1 Matters Arising from the Action Note**

The Action around Community Alarm/Telecare Services Transition from Analogue to Digital action (Action 1) will be submitted to the IJB by the end of this calendar year (December 2021), including information on the date for changeover.

The following items detailed on the Action Plan will be picked up as part of the refresh of the Strategic Plan:-

- UK Care Home Industry update on the Commissioning Strategy (Action 2);
- National Digital Strategy (Action 3);
- Public Health Scotland locality profiles and priorities (Action 4); and
- NHS Ayrshire and Arran Remobilisation Plan (Action 7).

An updated Action Note will be circulated to Board Members following the meeting.

## **4. 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:-

- Statutory guidance relating to Police powers in the Age of Criminal Responsibility (Scotland) Act 2019 which was published on 2 September 2021;
- Publication by the Scottish Government of the National Guidance for Child Protection in Scotland 2021;
- The National Care Service Consultation;
- The Herbert Protocol initiative to support vulnerable persons living with dementia or memory loss;
- Turning Point Scotland's PEAR service remembrance event held on 31 August 2021;
- The commissioning of Penumbra to deliver the pilot Support for Families Bereaved by Suicide service;

- A Covid update noting that the Partnership, along with the NHS and NAC, still operate on an “emergency” footing;
- The Scottish Ministers announcement 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; and
- Updated information in relation to self isolation exemption, physical distancing, Covid recovery legislative consultation, enhanced clinical and professional oversight arrangements for Social Care, vaccinations, community testing and staff testing.

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

- feedback from IJB Members in terms of the Covid-19 Public Inquiry being considered at the Development Session taking place on the afternoon of 23 September 2021;
- the Covid Recovery Legislative Consultation response being circulated to the IJB prior to submission;
- awaited communication from the Scottish Government in terms of the Covid booster and flu programme;
- the option for members of the public to book separate Covid booster and flu vaccination slots if they are concerned about having both administered at the same time; and
- the additional National Care Consultation TSI online forum and National Care Service session taking place on 30 September.

The Chair undertook to contact Public Health to register the Board’s concerns that information requires to be circulated urgently to the public in terms of the Covid booster and flu vaccination programme.

Noted.

## **5. Financial Performance - Month 4**

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 highlighted 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.

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

- any impact on services from the non filling of vacancies;
- the filling of some professional roles being challenging but that recruitment strategies are in place;
- costs in terms of the Covid vaccination programme will be captured by NHS Ayrshire and Arran and that what is contained within the report relates to the

North Ayrshire Health and Social Care delegated services part of the Covid response; and

- delayed discharges and care at home staff recruitment and retention.

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 £0.853m 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; and (c) note the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.

## **6. CAMHS Extreme Team**

Submitted report by Thelma Bowers, Head of Service (Mental Health) providing an overview and update on the CAMHS Extreme Team Programme. Appendix 1 to the report detailed a summary of outcomes and recommendations.

The Board agreed 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.

## **7. Community Wealth Building – Anchor Institution**

Submitted report by Caroline Cameron, Director (NAHSCP) seeking approval for the IJB to commit to being an Anchor Institution, defined as bringing 'wealth in the form of jobs and supply chains', as part of the North Ayrshire Community Wealth Building Strategy.

The Vice-Chair undertook to have circulated to the Board the Community Wealth Building Strategy Annual Report which will be submitted to the meeting of the Cabinet on Tuesday 28 September 2021.

The Board agreed to sign the Anchor Charter to become an Anchor Institution.

## **8. Meeting Dates 2022**

Submitted report by Karen Andrews, Team Manager (Governance) on the draft timetable for meetings of the IJB and the IJB Pac for 2022. Appendix 1 to the report detailed the full schedule of meetings.

The Board agreed to approve the dates for meetings of the Integration Joint Board and the Performance and Audit Committee as detailed in the report.

The meeting ended at 11.00 a.m.



## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 23 September 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  <b>UPDATE 23/9/21</b> – to be submitted to the IJB by the end of this calendar year (December 2021), including information on the date for changeover.	Senior Manager
2.	UK Care Home Industry	19/12/19  13/2/20	Receive a further report examining the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context, including the lessons learned from care home closures and in consultation with both staff, independent and third sectors.  Agreed that the Care Home Providers be consulted at an early stage in the work to examine the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context.	An update on the Commissioning Strategy would now be more appropriate.  <b>UPDATE 23/9/21</b> – to be picked up as part of the refresh of the Strategic Plan	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

				UPDATE 23/9/21 – to be picked up as part of the refresh of the Strategic Plan	
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  UPDATE 23/9/21 – to be picked up as part of the refresh of the Strategic Plan	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.	UPDATE 23/9/21 – to be picked up as part of the refresh of the Strategic Plan	
8.	Financial Performance - Month 3	26/8/21	The Board undertook to provide further information to Members on:- <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>		

## Integration Joint Board 21 October 2020

**Subject:** Director's Report

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


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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NCS	National Care Service
PPE	Public Protection Equipment


<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>National Developments</b>
2.1	<u>Scottish Government Consultations</u>
	<b><u>Consultation on Anne's Law: proposals for adults living in care homes to maintain family and friendship connections</u></b>
	<p>This consultation seeks views on the Scottish Government's proposals for delivering Anne's Law in primary legislation, to ensure that people who live in adult care homes have rights to see and spend time with the people who are important to them. This consultation will run for a five week period and will close on <b>Monday 2 November</b>. This is to align with work on developing the National Care Service Bill (NCS), a possible mechanism for Anne's Law.</p> <p>The consultation can be found here:  <a href="#">Anne's Law: proposals for adults living in care homes to maintain family and friendship connections - Scottish Government - Citizen Space (consult.gov.scot)</a></p> <p><b>Consultation events</b>            Three workshop events have been arranged. The first one took place on 7<sup>th</sup> October and a further two planned (see links below), to obtain views on the aims of and potential options for delivering Anne's Law as well as some of the issues that need to be considered to ensure that any proposals are effective.</p>

	<p>21<sup>st</sup> October 2021, 09:00-10:30am: <a href="#">Click here to register</a></p> <p>26<sup>th</sup> October 2021, 09:00-10:30am: <a href="#">Click here to register</a></p>
2.2	<p><u>National Roll out of £2million initiative to reduce Trauma</u></p>
	<p>A ground-breaking approach to interviews for vulnerable child victims and witnesses is to be rolled out across Scotland. Scottish Government will the £2 million initiative, which involves pre-recorded investigative interviews of children conducted jointly by police officers and social work staff.</p> <p>A key aim of the new Scottish Child Interview Model – developed by local authorities and Police Scotland in a series of pilot projects - is to protect children and reduce stress when recounting their experiences.</p> <p>These core principles are embedded in a new intensive training course at graduate diploma level for police and social work interviewers run at the Police Scotland College at Tulliallan, in Fife.</p> <p>Improving the quality of joint interviews, which are already used in Children's Hearings, will also ensure they can be more routinely used as a witness's evidence in chief in criminal trials, increasing the use of pre-recorded evidence.</p> <p>It is hoped that the new Scottish Child Interview Model will deliver an interview process that secures the child's best evidence at the earliest opportunity and minimises the risk of further traumatising.</p>
2.3	<p><u>Youth LIVES Mental Health Project</u></p>
	<p>Youth LIVES is an exciting new national project for 14–21-year-olds, bringing young people and experts to work together, to influence research on young people's mental health. Youth LIVES will be establishing a youth 'citizen science' mental health network and generating youth-led priorities for mental health research. Young People aged from 14 to 21 years old who have lived experience of mental health and might be interested in taking part in a national youth-led project to improve research on mental health are invited to apply by 1<sup>st</sup> October via the link below.</p> <p>Youth LIVES aims to work with young people from across the UK to understand their priorities for mental health research, form 'Youth Research Teams' and support teams of young people and academics to collaboratively design new research to address evidence gaps and communicate findings to youth audiences.</p> <p>More information about this project can be found <a href="#">here</a> and an application form can be downloaded from <a href="#">here</a>.</p>
2.4	<p><u>Connecting with You</u></p>
	<p>The British Red Cross recently launched a new service aimed at offering support to anyone experiencing issues associated with loneliness. The service, called 'Connecting with You', may be especially suitable for people on the highest risk list (previously shielding list) who call the National Assistance Helpline or Local Authority helplines.</p>

	<p>'Connecting With You' is available to all people aged 18 or over in Scotland and be accessed online at <a href="http://www.mygov.scot/loneliness">www.mygov.scot/loneliness</a> or by phone on 07709502127 (Monday - Friday, 10am - 4pm).</p> <p>Support offered is dependant individual needs and local availability but could include:</p> <ul style="list-style-type: none"> <li>• Weekly phone calls</li> <li>• online support</li> <li>• in-person meetings</li> <li>• support getting into new or old hobbies and interests</li> <li>• help meeting new people, or getting back in touch with people</li> </ul> <p>An SMS message (below) will be issued to all those on the highest risk list who have signed up to the messaging service, and are over 18.</p>
2.5	<p><u>Winter Planning for Health and Social Care</u></p> <p>On 5th October the Cabinet Secretary announced an investment of over £300m in hospital and community care to tackle what may be the toughest winter the NHS and Social Care have ever faced. The new multi-year funding will support a range of measures to maximise hospital and primary care capacity, reduce delayed discharges, improve pay for social care staff and ensure individuals in the community who need support receive effective and responsive care.</p> <p>The winter package of additional support includes:</p> <ul style="list-style-type: none"> <li>• Recruiting 1,000 additional NHS staff to support multi-disciplinary working</li> <li>• £40 million for 'step-down' care to enable hospital patients to temporarily enter care homes, or receive additional care at home support, with no financial liability to the individual or their family towards the cost of the care home</li> <li>• An additional £62 million to maximise the capacity of care at home services</li> <li>• Up to £48 million will be made available to increase the hourly rate of social care staff to match new NHS band 2 staff</li> <li>• £20 million to enhance Multi-Disciplinary Teams, enable more social work assessments to be carried out and support joint working between health and social care</li> <li>• £28 million of additional funding to support primary care</li> <li>• £4.5 million available to Health Boards to attract at least 200 registered nurses from outwith Scotland by March 2022</li> <li>• £4 million to help staff with their practical and emotional needs, including pastoral care and other measures to aid rest and recuperation</li> </ul> <p>The plan and funding is focussed on a whole system approach to bolstering the care workforce by increasing numbers of staff, providing them with additional support and increasing the pay for social care staff. The NHS Boards and HSCPs have been issued with a follow up communication outlining the funding in more detail, and work has started in North Ayrshire HSCP to consider the best use of the resource to provide the greatest benefit over the winter period, taking the longer-term impact of investment in services into consideration. This work will be undertaken in partnership with East and South HSCP and Acute colleagues to ensure a whole system plan can be developed. There is further information expected on specific funding allocations to individual areas before local plans can be finalised. A further update will be brought to the IJB when further detail of funding and plans is available.</p>

	<b><u>Ayrshire Wide Developments</u></b>
2.6	<b><u>Community Wealth Building, Anchor Charter</u></b>
	 <p>Following agreement at the last IJB, Bob Martin, signed the Community Wealth Building Charter on behalf of North Ayrshire IJB as part of Challenge Poverty Week. East and South Ayrshire IJBs are expected to sign up to the Charter in the coming weeks. The HSCP will establish a CWB steering group to co-ordinate the work across the partnership.</p>
	<b><u>North Ayrshire Developments</u></b>
2.7	<b><u>Short Break Carers Recruitment</u></b>
	<p>North Ayrshire are looking to recruit and assess short break carers for children aged from birth to 16 years old who reside in the community with birth parents, as well as for children and young people who are placed with kinship carers.</p> <p>This is an essential service to support children who are at risk of being looked after out with their family, as well as families who are affected by child protection issues such as parental substance/alcohol use and/or neglect.</p> <p>To find out more about what being a short break carer entails, and details on how to apply, click <a href="#">here</a>.</p>
2.8	<b><u>iMatter Survey</u></b>
	<p>As with all HSCPs and NHS Bodies across Scotland, NAHSCP takes part in the iMatter staff engagement process where individuals complete a questionnaire that measures staff engagement then teams agree an action plan to improve staff engagement.</p> <p>The combined iMatter scores for all our teams gives a composite picture of staff engagement across North Ayrshire HSCP. This year, despite a relaxation of a response threshold for larger teams, 60% of people in the 212 Partnership teams responded overall. More positively, the composite Partnership engagement score (Employee Engagement Index, EEI) was 78 (from 100) - which is considered high in "normal" circumstances. Additionally, a question which asks staff to rate, out of ten, their overall experience of working for the Partnership, scored 7.3 - the highest score North Ayrshire HSCP have ever recorded for this. The next step is for individual teams to agree their engagement action plan.</p>
2.9	<b><u>Community Link Workers – National recognition</u></b>
	<p>Congratulations to our Community Link Worker team for reaching the finals of the National Association of Link Workers Awards 2021 in the</p>



	<p>Social Prescribing Programme of the Year category.</p> <p>Despite not taking the win, the team were highly commended by the judges at the online event and were singled out to highlight their particularly notable contribution.</p> <p>Our Community Link Workers, available through every GP practice in North Ayrshire, can help to improve mental and physical well-being by providing support and information on a wide range of issues, including managing stress, local activities and support groups, employment, a healthy lifestyle, alcohol and drugs and living with health conditions.</p> <p>Well done to the continued positive contribution of the team and the well deserved national recognition of the fantastic team effort.</p>	
	<p><b><u>COVID Update</u></b></p>	
	<p>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.</p>	
	<p><b><u>Updates since last IJB</u></b></p>	
<p>2.10</p>	<p><b><u>Emergency Footing</u></b></p>	
	<p>The Scottish Government have announced that with the continued increased demands on services across health and social care, vital services provided by our NHS need to be protected as we move towards the winter period. This means continuing with a measured and consistent approach to remobilising and renewing across our system, learning from the pressures we were subjected to over the last year and maintaining the ability to quickly respond and intervene, where necessary.</p> <p>As we move into the winter period, we need to continue to balance the capacity of the NHS to recover from the Covid-19 pandemic against increasing demands of emergency, urgent and planned care and delayed discharges.</p> <p>The Scottish Government have therefore agreed that the NHS will remain on an emergency footing until at least 31 March 2022."</p>	
<p>2.11</p>	<p><b><u>PPE Update</u></b></p>	
	<p>Adult social care providers are able to use local PPE Hubs for PPE supply if their existing supply routes fail. This support is available to adult social care providers across the sector, including unpaid carers and personal assistants. Following a review of the PPE arrangements for the adult social care sector as a whole over the summer, including examining a range of alternative delivery models, it was been agreed that the current arrangements have worked well and should be extended until end March 2022 to provide reassurance over the autumn and winter period.</p>	
	<p>A Memorandum of Understanding developed and agreed by members of the Adult Social Care PPE Steering Group on the management of the Hubs has now been</p>	

	<p>updated to confirm the extension of the current arrangements until end March 2022. All social care providers, carer centres (and unpaid carers directly, depending on your local arrangements), and social care personal assistant employers/personal assistants have been made aware of the extension to provide reassurance to the sector in relation to PPE supply over the autumn and winter months.</p>
2.12	<p><u>Support for Social Care Providers</u></p> <p>From 1 November 2021 the non-delivery of care and under-occupancy elements of financial support will only be available to commissioned social care providers in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance. This includes the cessation of the occupancy payments to care homes. The Scottish Government continue to work with provider organisations and stakeholders to further develop the detail of these exceptional circumstances to update the guidance for HSCPs and providers.</p> <p>The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022.</p>
2.13	<p><u>Vaccinations</u></p> <p>Based on SG Dashboard <b>94.4%</b> (105,700 people) of adult population <b>in North Ayrshire</b> had received first dose with <b>88%</b> (98,508 people) receiving 2<sup>nd</sup> dose.</p> <p>Overall, <b>94.4%</b> (290,260 people) of <b>Ayrshire &amp; Arran</b> adult population received first dose vaccination – <b>88.3%</b> (271,573 people) second dose.</p> <p><b>Population in Scotland</b> – <b>91.6%</b> have received 1<sup>st</sup> dose with <b>85%</b> receiving 2<sup>nd</sup> dose. Please note measures now based on people aged 16 years and over. Figures as at 11<sup>th</sup> October 2021.</p> <p>Vaccination Clinics have completed second dose to 16 and 17 year olds and are well into the programme for delivery of vaccine to 12-15 year olds and third dose vaccine to people who are severely immunosuppressed. Invitations have also commenced for booster delivery to priority groups (as detailed below).</p> <p>Regular additional drop-in clinics are being held to encourage take up of the vaccine.</p> <p><b>Covid 19 Booster</b>  JCWI advises that for the 2021 COVID-19 booster vaccine programme individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9) should be offered a third dose COVID-19 booster vaccine. This includes:</p> <ul style="list-style-type: none"> <li>• those living in residential care homes for older adults</li> <li>• all adults aged 50 years or over</li> <li>• frontline health and social care workers</li> <li>• all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the <a href="#">green book</a>), and adult carers</li> <li>• adult household contacts (aged 16 or over) of immunosuppressed individuals</li> </ul> <p>As most younger adults will only have received their second COVID-19 vaccine dose in late summer or early autumn, the benefits of booster vaccination in this group will</p>



	<p>be considered at a later time when more information is available. In general, younger, healthy individuals may be expected to generate stronger vaccine-induced immune responses from primary course vaccination compared to older individuals.</p> <p>JCVI will review data as they emerge and consider further advice at the appropriate time on booster vaccinations in younger adult age groups, children aged 12 to 16 years with underlying health conditions, and women who are pregnant.</p> <p>The advice is clear that the COVID-19 booster advice is distinct from, and does not supersede, the recent JCVI advice regarding a third primary vaccine dose for those who were severely immunocompromised at the time of their first or second dose. At a later date the JCVI will review whether such persons require a further booster dose following completion of their three-dose primary vaccine course.</p> <p>The JCVI advice states that a COVID-19 booster vaccine dose should be offered no earlier than six months after completion of the primary vaccine course (two doses)</p> <p>JCVI advice also states that the booster dose can be given alongside the flu vaccination therefore planning has included delivery of this vaccination at the same time where appropriate. Separate delivery plans are underway for infant and primary school children.</p> <p><b>Flu Programme</b> - Scottish Ministers have indicated that they wish to extend the eligibility of the flu immunisation programme :</p> <p><b>Existing Eligible Groups</b>  Pre-school children aged 2-5 years; All primary school children in P 1-7  All patients aged 65 years and over  Chronic respiratory disease aged six months or older  Chronic heart disease aged six months or older  Chronic liver disease aged six months or older  Chronic neurological disease aged six months or older  Diabetes aged six months or older  Immunosuppression aged six months or older  Asplenia or dysfunction of the spleen  Pregnant women  People in long-stay residential care or homes  Unpaid carers and young carers  Health/Social Care Workers  Morbid obesity (class III obesity).</p> <p><b>New Eligible Groups 20/21</b>  NHS Independent Contractors  All secondary school children  Nursery, Primary and Secondary school teachers and support staff.  Prison population  Prison Officers and support staff  All patients aged 50-64 – further information to be provided</p> <p>Above lists not exhaustive.</p> <p>Planning is well underway to deliver the above programme.</p>
2.14	<u>Community Testing</u>

	A four week rolling programme has been established for the siting of a symptomatic mobile testing unit across North Ayrshire. Attendance at the MTUs continue to be very positive. When notified of potential outbreak in a neighbourhood we can very quickly deploy the unit to assist citizens with easy access to symptomatic testing.		
	<p>As previously reported Asymptomatic Test Centres have also been established but unlike the Mobile Testing Units, attendance has been quite poor. We are therefore changing our model of delivery from static sites to mobile asymptomatic units and are hoping to receive vehicles in the near future.</p> <p>Scottish Government have commenced discussions with NHS Ayrshire &amp; Arran regarding a walk-through site to undertake Symptomatic Testing (PCR) in Irvine. This site would ensure ease of access to PCR testing for the local communities as we approach winter, and also offer collection of rapid lateral flow tests for regular testing of those without symptoms.</p> <p>Discussions on-going with North Ayrshire Council in terms of sites which fulfil size requirements, given availability likely to be outdoor i.e a car park and intention would be for initially a 6 month period.</p>		
2.15	<u>Staff Testing</u>		
	Lateral Flow Device Testing continues for all frontline health and social care staff who are in regular contact with users of our services.		
3.	<b>PROPOSALS</b>		
3.1	<u>Anticipated Outcomes</u>		
	Not applicable.		
3.2	<u>Measuring Impact</u>		
	Not applicable		
4.	<b>IMPLICATIONS</b>		
<b>Financial:</b>		None	
<b>Human Resources:</b>		None	
<b>Legal:</b>		None	
<b>Equality:</b>		None	
<b>Children and Young People</b>		None	
<b>Environmental &amp; Sustainability:</b>		None	
<b>Key Priorities:</b>		N/A	
<b>Risk Implications:</b>		N/A	
<b>Community Benefits:</b>		N/A	
<b>Direction Required to Council, Health Board or Both</b>		Direction to :-	
		1. No Direction Required	√
		2. North Ayrshire Council	
		3. NHS Ayrshire & Arran	
		4. North Ayrshire Council and NHS Ayrshire & Arran	
5.	<b>CONSULTATION</b>		

5.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
6.	<b>CONCLUSION</b>
6.1	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**  
**21 October 2021**

<b>Subject:</b>	<b>Mental Welfare Commission Report - Authority to Discharge</b>
<b>Purpose:</b>	To provide an overview of the Mental Welfare Commission – Authority to Discharge Report on decision making for people in hospital who lack capacity and to seek approval on the attached response from North Ayrshire Health and Social Care Partnership.
<b>Recommendation:</b>	IJB members are asked to note the report and the NAHSCP response to the recommendations.

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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	<p>This report presents the MWC Authority to Discharge report which was issued on 20 May 2021 and the NAHSCP response to the document and associated action plan.</p> <p>The full report can be accessed here:</p> <p><a href="#">AuthorityToDischarge-Report_May2021.pdf (mwscot.org.uk)</a></p>
<b>2.</b>	<b>BACKGROUND</b>
2.1	<p>The Mental Welfare Commission (MWC) has specific legal duties in relation to safeguarding the rights of people who are subject to the welfare provisions of the Adults with Incapacity (Scotland) Act 2000 (AWI Act) and has a statutory safeguarding role in respect of adults whose capacity to make decisions or take actions to promote or safeguard their welfare is impaired due to a mental disorder. During the pandemic a number of stakeholders raised concerns with the Commission regarding whether the appropriate legal authority was used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree the move.</p> <p>The Commission therefore carried out a review of the practice with specific reference to moves from hospital to care homes from 1 March 2020 to 31 May 2020 supported by information from HSCPs across Scotland on the moves during that period. The Commission then made further inquiries as to the rights-based practice and legal authority supporting the moves. The focus of this work was to identify any learning and to ensure that this learning takes place, where required, to support and uphold the rights of individuals.</p>

2.2	The Commission issued their final report on 20 May 2021 to Chief Officers and Health and Social Care Partnerships (HSCPs) with the request that the recommendations are considered through existing governance arrangements with a response to the relevant recommendations returned to the Mental Welfare Commission. An extension to the deadline for responses was granted due to extreme service pressures and allow for our response to be approved by the IJB.
<b>3.</b>	<b>MWC AUTHORITY TO DISCHARGE - REPORT</b>
3.1	The Mental Welfare Commission has a statutory safeguarding role in respect of adults whose capacity to make decisions or to take actions to promote or safeguard their welfare is impaired due to a mental disorder. During the Coronavirus pandemic, a number of stakeholders raised concerns with the Commission regarding whether the appropriate legal authority was used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree to the move.
3.2	People who lack mental capacity and who are being cared for and treated in care homes and hospitals are among the most vulnerable in our society. The focus of the report was to examine the detail of a sample number of hospital to care home moves of people from across Scotland, to check that those moves were undertaken in accordance with the law during the early stages of the pandemic. The Commission therefore undertook to make further inquiries and sought information from Health and Social Care Partnerships (HSCPs) across Scotland in relation to people who had moved from hospital to registered care home settings during the period 1 March 2020 – 31 May 2020 (sample period).
3.3	From those returns, from the information received about 731 people from across Scotland, 465 of whom were reported by HSCPs to have lacked capacity to agree to a move from hospital to a care home (8 of whom in turn did not fulfil the inclusion criteria for this inquiry). Whilst all individuals should receive full information as to their rights in relation to discharge from hospital and outcomes to be achieved to allow them to exercise those rights, work focussed on those (457) people reported as lacking capacity to do so (sample size corresponded to approximately 10% of all discharges from hospitals to care homes reported by Public Health Scotland). It was reported that people had been moved during the sample period without the protection of legal authority. These unlawful moves (involving 20 people) took place across 11 Health and Social Care Partnership areas.
3.4	The report notes for some of these moves, there had been specific pandemic related reasons for example, a misinterpretation that easement of s.13ZA had been enacted as a result of the Coronavirus (Scotland) Act 2020 when in fact this legislation was never activated and was removed in September 2020. One HSCP introduced an alternative to applications for guardianship orders, making decisions ‘internally’ rather than recourse to the courts, the critical safeguard for individuals. This particular practice started in response to the pandemic and ended in August 2020. The Commission enquired whether legal advice had been sought in relation to both these practices; confirmation was given that legal advice had been sought and given.
3.5	The Commission’s significant concern was that, in these cases, this may present as not only lacking in clear legal authority but also as an Article 5 deprivation of liberty and a possible breach of European Convention on Human Rights (ECHR). Section 13ZA of the Social Work (Scotland) Act 1968 was reportedly used to authorise moves in 23 Health and Social Care Partnerships and either Welfare Power of Attorney or

	guardianship orders were used to authorise moves across 30 of the 31 Health and Social Care Partnerships.
3.6	The Commission also found confusion in relation to the reported nature of the care home placement with potential impact on rights to protection of property where the person was admitted to a care home but remained liable for their property. This practice was not consistent either within some HSCPs or across HSCPs.
3.7	In summary, the report found that whilst the pandemic brought significant pressures, the identified areas for improvement arising from the examination of a sample number of hospital to care homes moves, are not exclusively as a result of the pandemic. The findings indicate longer standing systemic issues within HSCPS which require urgent action to address in order to safeguard and uphold the rights of the most vulnerable adults in society. To this end, the Commission made 11 recommendations to be considered by all HSCPs and the Care Inspectorate, it is important that the recommendations are considered by all areas and not only those with specific identified unlawful moves.
<b>4.</b>	<b>NORTH AYRSHIRE POSITION</b>
4.1	North Ayrshire HSCP provided the Mental Welfare Commission with detail on 47 cases, 12 of which were for individuals without legal capacity, for the period 1 March to 31 May. Overall across Scotland there were 20 from 457 reviewed cases identified where no legal framework has been in place to facilitate the commissioning of a care home placement for the individual, these cases were identified in 11 HSCP areas.
4.2	The MWC did not routinely supply detail to HSCPs of the individual identified cases, as it was not deemed to be helpful for local scrutiny or for follow up on a small sample of isolated cases. The Mental Welfare Commission have noted that the report is to inform areas of improvement in practice and is indicative and not a definitive in terms of the number of instances where individuals were moved inappropriately, and that given the scope of the report the sample of cases was relatively small and the findings in the report suggest broader issues to be addressed by all HSCPs.
4.3	North Ayrshire HSCP are noted as one of the areas identified as moving individuals without the authority to do so, the North Ayrshire HSCP have not intentionally or knowingly discharged any patients inappropriately or without the legal authority to do so. On further investigation and with clarification from the MWC there was only one specific case which led to North Ayrshire HSCP being named on the report. The case was an unintentional move as the guardianship process was believed to have been completed and the order granted at Court, in relation to this specific case the order has now been granted.
4.4	The Commission issued a letter on 20 May 2021 to all HSCPs who were asked to review and respond to the recommendations contained within report. North Ayrshire's response is attached at Appendix 1.
4.5	<p>In responding to the recommendations North Ayrshire HSCP have attached a RAG status to each of the 8 recommendations relevant to HSCPs, a further 3 recommendations are specifically for the Care Inspectorate.</p> <p>The position within North Ayrshire can be summarised below with full responses attached at Appendix 1:</p>

	<ul style="list-style-type: none"> <li>• There is a robust system of recording AWI where a formal decision in respect of an adult with incapacity is agreed.</li> <li>• The HSCP hospital based social work team have extensive experience of discharge and the legal requirements.</li> <li>• Practitioner guidance is consistent with the principles of the legislation but a need has been identified to update the Management Guidelines which were last reviewed in 2014, work is underway to ensure the guidelines are updated.</li> <li>• There is an established learning and development programme in relation to AWI, an area for improvement is the inclusion of a refresher training programme as part of this.</li> <li>• Robust processes and decision making is in place for all 13za discharges, which has been reinforced during the pandemic.</li> </ul>
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4.6	There is learning from the report which will inform the improvements to our local guidelines and processes. Work is underway with support from North Ayrshire Council Legal Services and team managers to ensure our local processes are robust and will ensure all moves are made with the legal authority in place. The updated guidance will be supported by the roll out of a programme of refresher training.
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<b><u>Anticipated Outcomes</u></b>	
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4.4	The work of the Mental Welfare Commission is to support and safeguard the rights of people who lack mental capacity, the report and associated recommendations should ensure the rights of those individuals are protected.
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<b><u>Measuring Impact</u></b>	
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4.5	The North Ayrshire HSCP response to the recommendations will be monitored through the HSCP Social Work Governance Board with oversight by the Chief Social Worker.
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<b>5.</b>	<b>IMPLICATIONS</b>
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<b>Financial:</b>	None
<b>Human Resources:</b>	None
<b>Legal:</b>	Required compliance with provisions in the Adults with Incapacity (Scotland) Act 2000 (AWI Act)
<b>Equality:</b>	Focus of the report is that people who lack mental capacity have their rights respected, have equality of access to representation and are safeguarded.
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	None
<b>Risk Implications:</b>	Taking forward actions in relation to the recommendations minimises the risk of moving individuals with no legal capacity to do so.
<b>Community Benefits:</b>	N/A

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



<b>6.</b>	<b>CONCLUSION</b>
6.1	IJB Members are asked to (i) IJB members are asked to note the report and the NAHSCP response to the recommendations.

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

## NORTH AYRSHIRE HSCP – RESPONSE TO RECOMMENDATIONS

## MENTAL WELFARE COMMISSION REPORT

## AUTHORITY TO DISCHARGE: REPORT INTO DECISION MAKING FOR PEOPLE IN HOSPITAL WHO LACK CAPACITY

	Recommendation	RAG Status	Comments/Actions
1	HSCPs should undertake a full training needs analysis to identify gaps in knowledge in relation to capacity and assessment, associated legislation, deprivation of liberty definition and the human rights of individuals (as detailed in the report) to inform delivery of training programmes to ensure a confident, competent multidisciplinary workforce supporting safe and lawful hospital discharge planning.	AMBER	A programme of learning and development in relation to Adults With Incapacity is in place within NAHSCP, with two full days of training as part of the programme. The Partnership has reviewed this position and has identified an area for improvement in the provision of refresher training to bring parity with CP and ASP arrangements. Consideration is being given to including this in training programme, for a ½ to 1 day refresher course, with plans to have this in place by March 2022. Team Managers from locality adult Social Work Services are being consulted as part of this exercise and agreement and priority will be agreed through Social Work Governance Board.
2	HSCPs should establish a consistent system for recording when an assessment of incapacity has been conducted, by whom and in relation to which areas of decision making.	GREEN	Our social work information system records requests for assessment of incapacity, decisions and who carries out that assessment. The assessment is very specific in terms of recording details in relation to what specifically a person has capacity to agree to and also the timeline of the capacity assessment and outcome. The system is accessible by all social work staff and there is standard protocol for recording which is consistently followed.
3	HSCPs should ensure that staff facilitating hospital discharges are clear about the status of registered care home placements, in terms of law (see EHRC vs GGC in the report) and with regards the financial and welfare implications of different types of placements for the individual.	GREEN	All NAHSCP teams across localities and including the hospital team have extensive experience of safely discharging to care homes in terms of the law. The Senior Manager responsible for these services held a session with team managers in July 2021 to reinforce responsibilities and ensure all had a comprehensive understanding of the guidance on discharge, with particular emphasis on 13za. Any 13za discharge cannot proceed by only a social worker and requires Team Manager approval with oversight from the Senior Manager.
4	HSCPs should ensure that practitioners facilitating hospital discharges have copies of relevant documents on file detailing the powers as evidence for taking action on behalf of the individual who is assessed as lacking capacity.	GREEN	As detailed in NAHSCP guidance practitioners require to ensure documentation is in place and on file in regard to any evidence on capacity of individuals. The Hospital Based Social Work Team have access to the social work information system and also patient medical notes which both include information pertaining to assessment of capacity. A Team Manager has been identified to lead self evaluation of processes including collating, reviewing and developing audit frameworks in regard to AWI. In terms of those discharging from hospital into care homes, these assessments require to be agreed by two Senior Managers which ensures consistency and quality of assessment. All assessments require to be explicit in regard to the legal basis for

## Appendix 1

			discharge. This requires to be in line with NAHSCP guidance and the Adults With Incapacity (Scotland) Act 2000.
5	HSCPs should ensure that assessments reflect the person as a unique individual with focus on outcomes important to that individual and not external drivers that have the potential to compromise human rights and/or legality of moves.	GREEN	It is embedded into practice from Social Workers, Social Work Assistants and Team Managers that assessments require to be outcome focused and have the person who owns that assessment and/or their representative at the heart of same. Assessments have to be authorised by Team Managers before being signed by service users or their representative.
6	HSCPs should ensure that processes are in place to audit recording of decisions and the legality of hospital discharges for adults who lack capacity in line with existing guidance and the principles of incapacity legislation.	AMBER	<p>It was previously identified that there is a need to update the Management Guidelines for the provision of discharging individuals who lack capacity. This document dates from 2014 and forms the basis of Team Manager and Social Worker practice in terms of ensuring the rights of individuals are upheld and that those discharged from hospital who lack capacity are discharged on a legal basis. A briefing note was produced by legal colleagues in March 2021 around the use of 13za in discharges, this was circulated to all team managers with consultation through locality social work meetings. Discussions have begun with the North Ayrshire Council legal team and suggestions have been made in updating the guidance, particularly in relation to deprivation of liberty. This work is ongoing.</p> <p>A Team Manager has been identified to lead self-evaluation of processes including collating, reviewing and developing audit frameworks in regard to AWI. This will be strengthened by proposals to provide refresher training. This improvement work will be overseen by the Social Governance Board.</p> <p>(Timescales for updated Management Guidelines – by June 2022)</p>
7	HSCPs' audit processes should extend to ensuring evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016.		Refer to requirements 5 and 6
8	HSCPs should ensure strong leadership and expertise to support operational discharge teams.	GREEN	Operational leadership at Team Manager and Senior Manager level and skilled, experienced staff are in place to continue to ensure appropriate legislative frameworks. Enhanced Social Work Hospital Team in summer 2021 with dedicated Team Manager overseeing assessments for complex care arrangements including consistent application of guidance and legislation.
9	The Care Inspectorate should take account of the findings of this report regarding the use of s.13ZA of the Social Work (Scotland) Act 1968 and consider the scrutiny,		n/a – Care Inspectorate Recommendation

## Appendix 1

	assurance or improvement activity to take in relation to this.		
<b>10</b>	The Care Inspectorate should take account of the broader findings of this report beyond use of s.13ZA and consider how this might inform future scrutiny, assurance and improvement activity in services for adults.		n/a – Care Inspectorate Recommendation
<b>11</b>	The Scottish Government should monitor the delivery of the above recommendations and work with Health and Social Care Partnerships and the Care Inspectorate to support consistency and address any barriers to delivery of the next two years.		n/a – Care Inspectorate Recommendation