

Integration Joint Board Meeting



Thursday, 15 November 2018 at 10:00

**Council Chambers
Ground Floor, Cunninghame House, Irvine, KA12 8EE**

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 11 October 2018 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.

Presentations

4 MSK Physio in Primary Care

Receive presentation from Judith Reid, Consultant Physiotherapist, on MSK Physio in Primary Care.

Quality and Performance

5 Director's Report

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

**6 North Ayrshire Alcohol and Drug Partnership (ADP) Annual Report
2017-18**

Submit report by Thelma Bowers, Head of Mental Health, on the Alcohol and Drug Partnership's Annual Report (copy enclosed).

7 Chief Social Worker Annual Report

Submit report by David MacRitchie, Chief Social Work Officer, on the on the Annual Report of the Chief Social Work Officer (copy enclosed).

Strategy and Policy

8 Budget Monitoring – Month 6 (September 2018)

Submit report by Caroline Whyte, Chief Finance and Transformation Officer providing an update on the projected financial outturn for the financial year (copy enclosed).

9 Programme for Government Funding for Breastfeeding

Submit report by Dr. Ruth Campbell, Consultant Dietitian in Public Health Nutrition, on work to improve local breastfeeding rates (copy enclosed).

10 What Matters to You? 2018

Submit report by Michelle Sutherland, Strategic Planning Lead, on the outcomes from What Matters to You? Day in North Ayrshire (copy enclosed).

11 Augmentative and Alternative Communication (AAC) – Part 4 of the Health (Scotland) Act 2016: Communication Equipment and Support

Submit report by Alistair Reid, Lead AHP, on the commencement of Part 4 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 – the Provision of Communication Equipment (copy enclosed).

12 Urgent Items

Any other items which the Chair considers to be urgent.

Integration Joint Board

Sederunt

Voting Members

Bob Martin (Chair) NHS Ayrshire & Arran
Councillor Robert Foster (Vice Chair) North Ayrshire Council

Councillor Timothy Billings North Ayrshire Council
Alistair McKie NHS Ayrshire and Arran
Councillor Christina Larsen North Ayrshire Council
John Rainey NHS Ayrshire and Arran
Dr. Janet McKay NHS Ayrshire and Arran
Councillor John Sweeney North Ayrshire Council

Professional Advisors

Stephen Brown Director North Ayrshire Health and Social Care
Caroline Whyte Chief Finance and Transformation Officer
Dr. Paul Kerr Clinical Director
David MacRitchie Chief Social Work Officer – North Ayrshire
Dr. Calum Morrison Acute Services Representative
Alistair Reid Lead Allied Health Professional Adviser
David Thomson Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson GP Representative

Stakeholder Representatives

David Donaghey Staff Representative – NHS Ayrshire and Arran
Louise McDaid Staff Representative – North Ayrshire
Marie McWaters Carers Representative
Graham Searle Carers Representative (Depute for Marie McWaters)
Sam Falconer (Chair) IJB Kilwinning Locality Forum
Fiona Thomson Service User Representative
Clive Shephard Service User Rep (Depute for Fiona Thomson)
Nigel Wanless Independent Sector Representative
Heather Malloy Independent Sector Rep (Depute for Nigel Wanless)
Vicki Yuill Third Sector Representative



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 11 October 2018
at 2.00 p.m., Council Chambers, Cunninghame House, Irvine**

Present

Bob Martin, NHS Ayrshire and Arran (Chair)
Councillor Robert Foster, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
John Rainey, NHS Ayrshire and Arran
Councillor Christina Larsen, North Ayrshire Council
Dr Janet McKay, NHS Ayrshire and Arran
Councillor John Sweeney, North Ayrshire Council

Stephen Brown, Director of Health and Social Care Partnership
Dr Paul Kerr, Clinical Director
David MacRitchie, Chief Social Work Officer
David Thomson, Associate Nurse Director/IJB Lead Nurse
Dr. Louise Wilson, GP Representative

David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Marie McWaters, Carers Representative
Graham Searle, Carers Representative (Depute for Marie McWaters)
Sam Falconer, (Chair) IJB Kilwinning Locality Forum
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative
Heather Malloy, Independent Sector Representative (Depute for Nigel Wanless)

In Attendance

Eleanor Currie, Principal Manager (Finance)
Thelma Bowers, Head of Service, Mental Health
Michelle Sutherland, Strategic Planning Lead
Neil McLaughlin, Manager, Performance and Information Systems
Brenda Walker, Senior Officer, Adult Support and Protection
Norma Bell, Independent Living Manager
Mark Inglis, Senior Manager, Intervention Services
Karen Andrews, Team Manager (Governance)
Diane McCaw, Committee Services Officer

Also In Attendance

Councillor Anthea Dickson, North Ayrshire Council
Jane Brown, Care Inspectorate
Geoff Mark, Care Inspectorate

Apologies for Absence

Dr. Calum Morrison, Acute Services Representative
Alistair Reid, Lead Allied Health Professional Adviser
Vicki Yuill, Third Sector Representatives
Barbara Hastings, Third Sector Representative (Depute for Vicki Yuill)
Caroline Whyte, Chief Finance and Transformation Officer
Louise McDaid, Staff Representative (North Ayrshire Council)

1. Chair's Remarks

The Chair welcomed Jane Brown and Geoff Mark from the Care Inspectorate and Sam Falconer, Chair of the Kilwinning Locality Forum to the meeting.

2. Apologies

Apologies were noted.

3. 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 there were no declarations of interest.

4. Minutes/Action Note

The accuracy of the Minute of the meeting held on 13 September 2018 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

4.1 Matters Arising

Volunteering Strategy - Engagement timeline has been created involving focus groups and H&SC representatives. Anyone interested in joining focus groups should get in touch with Vicki Yuill. Evaluation will be carried out then feedback collated in October. Ongoing Action.

Action - V. Yuill

Adult Support and Protection – Covered under separate item on Agenda. Action complete and to be removed.

Action – B. Walker/S. Brown

5. Presentation: Children's Services Update

The Board received a presentation from David MacRitchie, Chief Social Work Officer, on the diverse work of the Children, Families and Criminal Justice service and highlighting the following:-

- strengths within the service;
- key policy drivers;
- expansion of the Universal Early Years Service;
- improvements to ensure that children and young people get the right support;
- partnership working with service users and communities;
- work within Greenwood Academy and Elderbank Primary School;

- research carried out on the effects of adverse childhood experiences (ACES);
- building on the model for the future within the six localities; and
- development of a new ASN residential and respite unit which should be operational by Autumn 2020.

Brenda Walker, Senior Officer, Adult Support and Protection joined the meeting at this point.

Members asked questions and were provided with information on the following:-

- following the 5 year strategy in schools, the cluster model should evolve differently within each locality;
- minimising any impact on teachers within Greenwood and Elderbank through training and weekly meetings with pastoral support services;
- the reduction in the number of children from these schools entering the children's hearing system;
- that the Joint Children's Service Improvement Board meets monthly and gives strategic direction and approach in relation to early intervention and nurturing;
- other Groups which involve members of the public, eg. the Champion's Board;
- the lack of resources to enable social workers to be in place within every school across North Ayrshire; and
- future investment opportunities at a national level.

The Board agreed (a) to note the information provided; and (b) to receive an update to a future meeting.

6. Director's Report

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

The report highlighted works underway in the following areas:-

- the transformation and streamlining of intermediate care and community rehabilitation services across Ayrshire;
- the launch of the Kings Fund report commissioned by the Chief Officer Network around integration in Scotland;
- a recent training event to promote understanding of the roles of NAHSCP and the Scottish Reporters Children's Administration and on partnership working;
- provision of KA leisure cards to looked after children and young people;
- excellent inspection grades from the Care Inspectorate received by the Throughcare Team;
- that the Throughcare Team have assisted 27 young people into college and 6 into university this year;
- carer support for employees;
- that Arran CVS have become the first employer on Arran to be recognised as a Carer Positive Employer; and
- Working with Diversity in North Ayrshire.

Members asked questions and were provided with information on the following:-

- how enhanced intermediate care support links into care homes settings; and

- the number of intermediate care and multidisciplinary teams which will not operate 7 days a week.

The Board noted the ongoing developments within the North Ayrshire Health and Social Care Partnership.

7. Annual Performance Report

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer and Neil McLaughlin, Manager Performance and Information Systems on the Annual Performance Report 2017-18, which was published on 31 July 2018 to meet the Scottish Government deadline and detailed in full within the Appendix to the report.

The report provided detail in relation to:-

- outcomes for local people;
- locality health and social care needs;
- service provision, including lead partnership responsibilities and commissioned services;
- transformational change; and
- budget and financial information.

The Board agreed to retrospectively approve the draft NAHSCP Annual Performance Report 2017-18, which was published online on 31 July 2018.

8. Budget Monitoring – Month 5 (August 2018)

Submitted joint finance report by the Chief Finance and Transformation Officer, Principal Manager (Finance) and the Strategic Planning Lead on the projected financial outturn for the financial year 2018/19 as at August 2018. Appendix A gave a detailed overview of the Partnership budgetary position while Appendix B gave a detailed variance analysis. Appendix C provided full detail on savings with Appendix D detailing progress against the approved recovery plan and Appendix E highlighting the movement in the overall budget position.

Members asked questions and were provided with information on the following:-

- how new models of care can shift the balance of care into communities
- any further action required to be added to the financial recovery plan which could potentially impact on the quality and performance of front line services;
- re-assurance that care homes are considered to be front line services;
- that Eleanor Currie will provide clarification to Nigel Wanless in terms of the lengthy description in relation to older people permanent care homes;
- that the future position regarding allied health professional resource, and how those budgets and staffing are devolved, will be provided to a future meeting of the IJB;
- the offsetting of an element of Carers Act funding to provide support for respite services and that this will continue to be assessed with an in-depth breakdown provided to a future meeting;
- clarification on the Health Minister's announcement in terms of NHS debts and on whether this includes unmet NHS funding through IJBs;
- the increase in emergency respite care over the last 3-4 years adding to the budget pressures; and
- that 'one in one out' for placements for care home packages has seen a steady reduction of 2 places per month and on how long this would continue.

The Board agreed (a) to approve the changes in funding as detailed in Appendix E to the report; (b) that an update on the allied health professional resource, and how those budgets and staffing are devolved, be provided to a future meeting; (c) that an in-depth breakdown around carers funding be provided to a future meeting; (d) that clarification on the Health Minister's announcement around NHS debts be provided to the next meeting; (e) to note (i) the projected year-end overspend of £1.247m; (ii) the movement in the projected outturn position and the future financial risk; (iii) the progress and impact in relation to the financial recovery plan; and (iv) that the financial position will continue to be closely monitored with a further update to the IJB in November.

9. Community Link Workers Programme Update

Submitted report by Michele Sutherland, Strategic Planning and Transformational Change Lead on the progress of the Community Link Worker (CLW) Programme which provides a person centred approach aiming to improve the health and wellbeing of local people through better connections to appropriate sources of support in the community.

Future modelling of the CLW service will see improvement in the links and visibility within the general practice and local community allowing for greater tailored provision of services.

The Board agreed to note the new model emerging which enhances prevention and early intervention approaches.

10. Adult Support and Protection – Thematic Inspection Improvement Work Plan Update

Submitted report by Brenda Walker, Senior Officer – Adult Support and Protection on improvements being taken forward following findings of the first joint Thematic Inspection of Adult Support and Protection. The Improvement Action Plan was attached as Appendix 1 to the report.

Members asked questions and were provided with information on the following:-

- whether extending the offer of advocacy to all adults will be achievable in terms of resources;
- the management of any risks around ASP for mental health services, children's services and carers;
- that this is a significant area for development across all user groups; and
- that the Strategic Advocacy Plan, to be submitted to the Mental Welfare Commission, will come to the IJB prior to submission in December.

The Board agreed to (a) approve the Improvement Action Plan as detailed in the Appendix to the report; and (b) note that the Strategic Advocacy Plan will be provided to the meeting of the IJB in December.

11. Trindlemoss and Warrix Avenue (formerly known as the Tarryholme Drive Project)

Submitted report, and received a presentation, by Norma Bell, Independent Living Manager updating on progress and the current status of the Trindlemoss and Warrix Avenue Project. The presentation outlined the following:-

- how the original journey began in relation to the project;

- transformational change to create a safe, sustainable community-based model;
- a refresh of the staffing structure;
- a multi-disciplinary review of the existing programme to develop new themed outcome based activities;
- lessons learned from other sites, eg. Dirrans Centre;
- working in partnership and linking with other directorates;
- provision of high quality homes in a safe environment to enable living independently within the community;
- person centred care planning; and
- future steps.

Members asked questions and were provided with information on the following:-

- the number of places available within the Project;
- the possibility of IJB Members visiting the complex; and
- the completion dates of January 2019 for Warrix Avenue and May 2019 for Trindlemoss.

Noted.

12. Meeting Dates for 2019

Submitted report by Diane McCaw, Committee Services Officer on the proposed dates for meetings of the Integration Joint Board and the IJB Performance and Audit Committee for 2019. Appendices 1 and 2 to the report provided details of the key dates for meetings of the IJB and the IJB PAC in 2019. A calendar of Council, NHS Board and IJB and IJB PAC meetings was attached for information at Appendix 3.

The Board was advised of a change to the detailed IJB Pre Agenda start time for the meeting on 5 December 2019. This is to accommodate the CPP Board meeting, which has now been arranged for that morning. It was suggested that the IJB Pre Agenda on 5 December 2019 now commence at 2.00 p.m.

The Board agreed to approve the dates for meetings of the Integration Joint Board and the Integration Joint Board Performance and Audit Committees for 2019 as outlined in the report, subject to the change to the start time of the IJB Pre Agenda meeting on 5 December 2019 to 2.00 p.m.

The Meeting ended at 12 noon.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 11 October 2018

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Children's Services Update Presentation	10/11/18	The Board agreed (a) to note the information provided; and (b) to receive an update to a future meeting.	Ongoing	Donna McKee
2.	Budget Monitoring – Month 5 (August 2018)	10/11/18	The Board agreed (b) that an update on the allied health professional resource, and how those budgets and staffing are devolved, be provided to a future meeting; (c) that an in-depth breakdown around carers funding be provided to a future meeting; (d) that clarification on the Health Minister's announcement around NHS debts be provided to the next meeting.	Ongoing	Caroline Whyte
3.	Adult Support and Protection – Thematic Inspection Improvement Work Plan Update – Strategic Advocacy Plan		The Board agreed to (b) note that the Strategic Advocacy Plan will be provided to the meeting of the IJB in December.	Ongoing	Brenda Walker

Integration Joint Board
15th November 2018

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
HSCS	Health and Social Care Scotland
CAMHS	Child and Adolescent Mental Health

1.	EXECUTIVE SUMMARY
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.
2.	CURRENT POSITION
	National Developments
2.1	<u>Health and Social Care Scotland (HSCS) Conference – 7th December 2018</u>
	Health and Social Care Scotland is a national collaboration through which those who lead change within Health and Social Care Partnerships can come together to learn from each other, work collectively and support one another to deliver integration for the people of Scotland. HSCS represents the 31 Health & Social Care Partnerships in Scotland comprising Chief Officers, Chief Finance Officers, IJB Chairs and Vice Chairs and managers of health and social care services.
	Health and Social Care Scotland's inaugural conference will take place on 7th December 2018. The conference is a celebration of integrated partnership working, and will showcase exemplar projects from across the country, hear from senior figures in health and social care and deliberate on the future direction of travel for partnership services. Confirmed speakers include David Williams (Chair, Chief Officers Group) and Claire Sweeney (Audit Scotland).
	All Health and Social Care Partnerships will have the opportunity to submit a video clip as part of HSCS <i>Scotland's Voices</i> film which will be premiered on the day and bid for the chance to showcase an example of transformation in your area through our <i>Integration in Action</i> workshops.

	This first conference will see the formal launch of Health and Social Care Scotland and the official launch of their website.	
	North Ayrshire Developments	
2.2	<u>Appointment</u>	
	Following a robust recruitment process, Julie Barrett has been appointed as Senior Manager (Mental Health) and commenced on 12 th November 2018.	
2.3	<u>Super Social Work</u>	
	NAHSCP co-ordinated a weeks' Social Work experience for 5th/6th year pupils in North Ayrshire who are considering this as a career. This took place week commencing 5 th November 2018.	
	The programme was entitled " Super Social Work " and was a week long timetable of visits/ inputs/ DVD's/case studies from a cross section of services in the partnership. The Head of Social Work at Strathclyde University also attended to advise on the routes to degrees.	
	At the end of the week, the pupils were asked to give a presentation on their experience (as a group or individually) in front of a panel consisting of :- Fiona Stansfield, Strathclyde University David MacRitchie, Chief Social Work Officer Maureen Baird, Project Officer Karen Foster, Practice Teacher Lesley Higgins, Team Manager (Learning & Development)	
2.4	<u>NAHSCP Staff Partnership Awards – 28th February 2019</u>	
	The North Ayrshire Health and Social Care Partnership is now accepting nominations for our Staff Partnership Awards on Thursday 28th February 2019 in the Volunteer Rooms, Irvine . This will be our third staff awards event highlighting the breadth of great work happening across the Partnership. There are 10 categories in total and the Awards present an ideal opportunity to showcase and celebrate both individual and team contributions across health and social care. Nominations are sought for the following categories :-	
	<u>Team Categories</u> Partnership Champions Administration Stars Innovative Team Volunteer Champions (in health & social care)	<u>Individual Categories</u> No.1 Volunteer Partnership Champion Inspirational Leader Admin Star
	Nominations can be made using the nomination form in the following link :- https://www.surveymonkey.co.uk/r/PartnershipStaffAwards2018Nominations	

2.5	<u>Advocacy – North Ayrshire</u>
	As part of the development of our Health and Social Care Partnership Strategic Advocacy Strategy and Action Plan, we would like to hear your views on Advocacy in North Ayrshire.
	The survey (https://www.surveymonkey.co.uk/r/JHNMRR6) is very short. And consultation will close at midnight on 16 November . Please pass this on to anyone who may be interested in letting us know their views.
2.6	<u>Sensory Services for Children</u>
	On Thursday 4 October, Danny Sweeney and Roisin Scrimshire from the Sensory Impairment Team hosted a Pan Ayrshire Children’s Visual Impairment Forum at Greenwood Conference Centre. This multi-disciplinary networking event focused on the needs of visually impaired children and young people, including planning the best way forward now that children under 16 years are no longer registered with a visual impairment.
	<p>Speakers included:</p> <ul style="list-style-type: none"> • Colleagues from Ayrshire College talking about transition and developing good links • Transport Scotland advised on the changes to the blue badge and blind persons travel card for visually impaired children • Third sector colleagues provided updates about their services across Ayrshire • Orthoptist, Theresa Rooney, informed the group about visual stress • Paediatrician, Nuno Cordeiro, discussed the successful multi-disciplinary functional vision clinics that have been established in Ayrshire and Arran.
	Overall, this was a successful informative event which has helped to create stronger links between all those who attended.
2.7	<u>Global Care Family Gathering</u>
	On Saturday 27 th October 2018, North Ayrshire Council and the North Ayrshire Health and Social Care Partnership had the honour of hosting the first ever Global Family Care Gathering. Organised by Who Cares? Scotland, attended by the Leader of the Council and Scotland's First Minister (among many others) and screened live across the world, over 250 people gathered at the Greenwood Centre in Irvine.
	Many of our care-experienced and former care-experienced young people met up with others from across the world including the US and New Zealand. The day was very much a call for love to be introduced into our care system and the personal stories shared by some of the speakers on the day had me in tears a few times - both with despair at our lack of humanity at times but also hope and optimism about resilience, support and what can be achieved when we get it right. A big shout out is due to our very own portfolio-holder and IJB Vice-Chair, Councillor Foster, for helping to ensure that the first ever event like this was hosted right here in North Ayrshire.

2.8	<p><u>Mental Health in Kilwinning</u></p>
	<p>CAMHS and many other health and wellbeing services took part in the Breakfast Blether at Pennyburn Primary School on Tuesday 9 October, to discuss the emotional wellbeing and support structures for pupils. The Breakfast Blether was well attended event – parents and carers, a variety of services – and informal table discussions were useful and thought provoking for all, including:</p> <ul style="list-style-type: none"> • Identifying the named person process regarding diagnosis • Dispelling the myth that the GP route is best and quickest • Discussing the implications of a label for life • Identifying a wider network of support within the school and wider community
	<p>Kilwinning Academy held a Mental Health Discussion Dinner on Wednesday 10 October. People were served a two course meal (free) and had the opportunity to hear about the different supports available in Kilwinning.</p> <p>The CAMHS Team went along as part of the Kilwinning Wellness Model, which works with education, health and social care, third sector and parents. The outputs from this and other initiatives will enable creation of a mental health vision for Kilwinning Academy.</p>
2.9	<p><u>Ministerial Visit – 2nd November 2018</u></p>
	<p>Maree Todd, Minister for Children & Early Years, visited North Ayrshire on Friday 2nd November 2018. The Minister did a walkround at Castlepark Early Years Centre and then participated in two focus groups in relation to :-</p> <ul style="list-style-type: none"> • Multi-Agency Work – Team around the Child; • Early Learning and Childcare – Growing Together.
2.10	<p><u>North Ayrshire Achieves 2018</u></p>
	<p>The annual North Ayrshire Achieves Awards ceremony was held on 1st November 2018 at Saltcoats Town Hall. The annual event is an ideal showcase for the excellent work undertaken by staff across the Council and the Health and Social Care Partnership. Our HSCP was well represented on the night with three Finalists from across Older People's Services through to Justice Services. I am delighted to say that we scooped two awards on the night with our Care at Home Service winning in the Building Community Capacity Category and our Montrose House Management Team winning in the Promoting Wellbeing category. I am immensely proud of the work that our Partnership staff do on a daily basis and it is always good to have that re-affirmed by external judging panels too!</p>



	<u>Anticipated Outcomes</u>
	Not applicable.
	<u>Measuring Impact</u>
	Not applicable
3.	IMPLICATIONS

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

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

4.	CONSULTATION
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.
5.	CONCLUSION
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 **Stephen Brown, Director/Chief Officer** on **01294 317723** or sbrown@north-ayrshire.gcsx.gov.uk

**Integrated Joint Board
15th November 2018**

Subject: North Ayrshire Alcohol And Drug Partnership (ADP) Annual Report 2017-18

Purpose: To present the Alcohol and Drug Partnership's Annual Report.

Recommendation: The Integration Joint Board is invited to Note the Annual Report, as attached as Appendix 1 to this report.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NAADP	North Ayrshire Alcohol and Drug Partnership
ADP	Alcohol and Drug Partnership
DAISy	Drug and Alcohol Information System (DAISy)
DRD	Drug Related Deaths
ARD	Alcohol Related Deaths

1.	EXECUTIVE SUMMARY
1.1	This paper provides a summary of the NAADP annual report submitted to the Scottish Government. The full report (see attached) outlines NAADP's contribution to achieving the key outcomes and ministerial priorities.
1.2	The annual report identifies all sources of income that the ADP has received and details the monies spent to deliver the priorities set out in the ADP action plan. The current financial letter notes that ADP funding for drug/alcohol services is delegated to the IJB, it sets out the financial allocation to the ADP, as well as detailing the range of ministerial priorities and local and national outcomes to be achieved.
1.3	<p>The report includes data and progress on the below priorities as outlined by Scottish Government :</p> <ol style="list-style-type: none"> 1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy) 2. Tackling drug and alcohol related deaths (DRD & ARD)/ risks in your local ADP area Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest. 3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women.

	4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i> .
2.	BACKGROUND
2.1	As part of the annual funding allocation from the Scottish Government all Alcohol and Drugs Partnerships are required to complete and submit an annual report to ensure progress and delivery outcomes against the set and agreed ministerial priorities.
2.2	<u>Anticipated Outcomes</u>
	None
2.3	<u>Measuring Impact</u>
	None
3.	IMPLICATIONS

Financial:	There are no financial implications directly arising from this report.
Human Resources:	No implications
Legal:	No implications
Equality:	No implications
Children and Young People	No implications
Environmental & Sustainability:	No implications
Key Priorities:	No implications
Risk Implications:	No implications
Community Benefits:	No implications

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

4.	CONSULTATION
4.1	The completed ADP annual report was circulated to the ADP strategic management team for consultation.
5.	CONCLUSION
5.1	IJB are asked to note the ADP Annual Report.

For more information please contact Thelma Bowers, Head of Mental Health on 01294 3177843 or thelmabowers@north-ayrshire.gcsx.gov.uk

ADP ANNUAL REPORT 2017-18 (NORTH AYRSHIRE ADP)

Document Details:

ADP Reporting Requirements 2017-18

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **26 September 2018** for the attention of Amanda Adams to:
alcoholanddrugdelivery@gov.scot

1. FINANCIAL FRAMEWORK- 2017-18

Your report should identify all sources of income that the ADP has received (via your local NHS Board and Integration Authority), alongside the monies that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards. You should also highlight any underspend and proposals on future use of any such monies.

Income and Expenditure through the Programme for Government should only be recorded in ANNEX A – Programme for Government Investment Plans and Reporting Template

a) Total Income from all sources

	Problem Substance Use (Alcohol and Drugs)
Earmarked funding from Scottish Government through NHS Board Baseline *	1,302,676
Funding from Integrated Authorities	
Funding from Local Authority – if appropriate	
Funding from NHS (excluding funding earmarked from Scottish Government) – if appropriate	374,282
Total Funding from other sources – as appropriate	
Carry forwards	
Total (A)	1,676,958

Additional NHS funding includes additional NHS resource to top up ADP funding to mitigate against any reduction.

b) Total Expenditure from sources

	Problem Substance Use (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	512,013
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	945,139
Recovery	147,319
Dealing with consequences of problem alcohol and drug use in ADP locality	
Other	64,332
Total (B)	1,668,803

c) 2017-18 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
1,676,958	1,668,803	8,155 under

d) 2017-18 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	Income £	Expenditure £	End Year Balance £
Problem Substance Use *			
Carry-forward of Scottish Government investment from previous year (s)			

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

Note – expenditure included in b) for ‘Recovery’ includes interventions, projects and services specifically targeted at ‘Recovery’ (however, there are a number of additional services and interventions included under ‘Prevention’ and ‘Treatment & Support Services’ which also targets ‘Recovery’).

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2017-18 outlined a range of Ministerial priorities. Please describe in this ADP Report your local Improvement goals and measures for delivery in the following areas during 2017-18 below.

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	Ensure processes are in place to prepare for the implementation for the new DAISy system	All services have reviewed their systems, processes and paperwork and are prepared to enter data into DAISy. This includes any relevant services based within the prison.	
2. Tackling drug and alcohol related deaths (DRD & ARD)/ risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.	<p>Governance arrangements of the Drug Death Review Group (DDRG) to be reviewed and to consider improved linkage with the Health & Social Care Partnership (H&SCP) Adverse Events Review Group.</p> <p>There is a requirement to critically review those tragic events and to identify learning that will support changes to service delivery.</p> <p>The Alcohol & Drug Partnership (ADP) to link with Community Planning Partnership (CPP) and Integrated Joint Board</p>	<p>The 3 Ayrshire ADP's jointly hosted a Staying Alive in Ayrshire conference during November 2017. This set out to explore what more could be done to strengthen local responses to prevent drug related deaths. The key themes identified during the conference and subsequent discussion between the local ADP's led to the development of the strategic framework. This strategic framework describes the principles the ADP's will use to work together over the next three years to reduce drug related deaths. The strategic framework, which has been endorsed by each of the ADP's in Ayrshire, is a high-level document which agrees vision and direction for all local partners. Local action plans with agreed metrics will be developed to sit beneath this. The overarching vision set out in the framework document is to protect everyone who is at risk of a drug related death. Partners are agreed that central to this vision is the need to build strong relationships between and with people who are using drugs, their families and the wider community.</p>	<p>We are in the process of creating a local North Ayrshire Drug Death Prevention Group</p>

	<p>(IJB) structures to consider more targeted community approaches within each of the 6 localities along with raising the profile of challenges to reduce.</p> <p>Completion and progressing actions being identified within the Staying Alive template</p> <p>Delivery of a pan Ayrshire Conference to focus on reducing drug deaths</p> <p>Specific focus of reviewing children affected by a parental death</p> <p>The NHS Prevention & Service Support Team (P&SST) will link with the HMP Kilmarnock action plan around Naloxone training for family and friends during prison visits and in the community, with a view to rolling this out through 2017.</p> <p>Increasing the uptake of naloxone distribution to family and friends</p>	<table border="1"> <thead> <tr> <th>No. of Naloxone kits distributed</th> <th>1st Quarter</th> <th>2nd Quarter</th> <th>3rd Quarter</th> <th>4th Quarter</th> <th>TOTALS</th> </tr> </thead> <tbody> <tr> <td>North</td> <td>73</td> <td>31</td> <td>48</td> <td>38</td> <td>187</td> </tr> <tr> <td>Ayrshire Prison</td> <td>15</td> <td>14</td> <td>12</td> <td>11</td> <td>52</td> </tr> </tbody> </table> <p>Local policy for NHS Ayrshire and Arran dictates the distribution of Naloxone is accompanied by overdose awareness training for first-time recipients of THN kits. The training is delivered in various ways, including group settings, or as structured, one-to-one conversations. During the reporting period, 625 people received Overdose awareness training.</p> <ul style="list-style-type: none"> • A Naloxone e-learning module is available on the Learn Pro platform. During the reporting period, 110 NHS staff members completed this course. • Prevention & Service Support Team (PSST) carried out information and training sessions at HMP Kilmarnock visitors centre during Wednesday evenings throughout September 2017 • In addition awareness sessions carried out across the three local authority areas during October 2017. PSST continue to work with HMP Kilmarnock to display posters, distribute literature and service contact details. • P & SST have continued to work to embed the use of THN by providing a variety of training sessions as either part of training calendar courses, or ad-hoc sessions. This includes awareness raising, training for trainers, or refresher courses, and involves linking with key local services such as HMP Kilmarnock, Crosshouse Hospital Emergency Department and Clinical Assessment Unit. This has enabled a wide remit of staff within Addiction Services to provide Take Home Naloxone kits to persons at risk, family and friends of persons at risk, as 	No. of Naloxone kits distributed	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTALS	North	73	31	48	38	187	Ayrshire Prison	15	14	12	11	52	
No. of Naloxone kits distributed	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTALS																
North	73	31	48	38	187																
Ayrshire Prison	15	14	12	11	52																

		<p>well as workers from other key services.</p> <ul style="list-style-type: none"> • Pan Ayrshire Drug Trend Monitoring Group continues to meet quarterly to gather and distribute local drug trends information. The bulletin is developed and disseminated after each meeting. • Within A&A a 'Brief Intervention for recreational drug use' course was developed. The course is based on the principles of alcohol brief interventions, but is aimed at users of all recreational drugs. <p>ADP Recovery Support Workers engage within a range of community settings, particularly where those are at significant risk, including homelessness, referring 28 people for BBV testing, with a number commencing treatment. 7 volunteers also engage in the Peer Support model.</p>	
<p>3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women</p>	<p>ADP peer mentors providing prison throughcare support</p> <p>Discussions taking place with SERCO to identify a venue and slot within the HMP Kilmarnock timetable with a view to commencing SMART meetings in April/May 2017.</p> <p>Prison setting to be added to 17/18 partnership agreement between the ADP and UK SMART Recovery.</p>	<p>During 2017- 2018, Turning Point Scotland (TPS) worked with 274 individuals returning to Ayrshire from HMP Kilmarnock. Of these, 120 were returning to North Ayrshire (43.8%). Of the 120, TPS referred 74 to the ADP peer support service (which is over 60% of all referrals made to the North Ayrshire peer support service). Of those North Ayrshire cases, 88% (of the 120) reported drugs/alcohol as their main issue in the community. The ADP recovery support workers access the prison link centre and deliver a recovery support group on a weekly basis, which has generated a good level of interest and support being requested through the value of lived experience.</p> <p>SMART meeting continued to be delivered during the reporting period.</p>	<p>Consideration needs to be given to the high number of referrals being received by Peer Support Service.</p> <p>Engagement with HMP Greenock to consider prison throughcare support for females. We have reviewed the delivery of SMART meeting and will look to</p>

			deliver the same outcomes by setting up locally delivered 'Recovery Support Groups'
4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i> .	<p>Quality assurance arrangements to be reviewed and actioned.</p> <p>Feedback received from the Care Inspectorate will be implemented within an Action Plan for overall responsibility of the Quality Assurance Group.</p> <p>The ADP performance management framework requires to be reviewed.</p>	<p>The ADP relies primarily on services providing detailed monitoring and quality assurance information. Findings from the Care Inspectorate have been incorporated within the ADP commissioned services annual reporting template.</p> <p>The ADP has been reviewing its financial and performance management frameworks during this reporting period.</p>	

* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes.	<p>Each of the ADP sub-groups has a designated section within the Delivery Plan, in order to demonstrate a clear focus on the delivery of actions contributing to the strategic priorities of Prevention, Protection, Recovery and Communities, incorporating national and local outcomes, Ministerial priorities, Opioid Replacement Therapy recommendations and local contribution to the Single Outcome Agreement.</p> <p>The ADP Delivery Plan is reviewed by each of the sub groups on a regular basis and a quarterly update is provided to the ADP Strategic Management Team. The ADP reports within</p>
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the Health & Social Care Partnership/ Integration Joint Board structure.

The ADP has representation within a number of strategic structures in order to highlight work taking place and contribution to cross cutting agendas. These include-

- Strategic Planning Group (H&SCP Strategic Priorities)
- Children Services Strategic Plan
- Safer North Ayrshire Partnership (CPP Local Outcome Improvement Plan)
- Community Engagement Network
- Housing First
- Prison Reference Group
- BBV Managed Care Network
- Community Justice Ayrshire
- M.A.D (User Involvement Council)
- FASD Steering Group
- Education Health & Wellbeing Group

In submitting this completed Investment Plan, we are confirming this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

APPENDIX 1:

- 1. Please provide any feedback you have on this reporting template.**

Detailed information is available regarding all the positive recovery focussed interventions and initiatives funded and supported via the ADP.

**Integration Joint Board
15 November 2018**

Subject: **Chief Social Work Officer Annual Report**

Purpose: To provide the report of the Chief Social Work Officer to the Integration Joint Board (IJB) as required by the Scottish Government's Guidance.

Recommendation: That the IJB note and endorse the report set out at Appendix 1.

1. EXECUTIVE SUMMARY

- 1.1 There is a requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) and this is contained within Section 3 of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government etc. (Scotland) Act 1994.
- 1.2 In line with the legislation and guidance, the CSWO is required to prepare an annual report for the Council, on all statutory, governance and leadership functions of their CSWO role.
- 1.3 Given all social work and social care functions have been formally delegated to the Integrated Joint Board, it is vital that the Board is sighted on the CSWO annual report and is aware of the key issues.
- 1.4 This is the ninth annual report covering the period of April 2017 to March 2018. It is attached as Appendix 1.

2. BACKGROUND

- 2.1 In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE, the then ADSW and others, identified a more standardised approach to prepare the annual reports.
- 2.2 The report provides an overview by the CSWO of the partnership structures, robust governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire and the delivery of Social Services. It looks more closely at the statutory functions of the service and the quality and workforce development within our services. The report is also forward looking, reviewing the preparation for key legislative changes that will impact on our delivery and reviewing the key challenges the service will be facing in the forthcoming year.

2.3 The report highlights the range of Social Work activity throughout the year and places that in the context of the socioeconomic challenges faced locally. Of particular note, the following three areas should be highlighted:

- The most recent SIMD figures (2016) show a worsening position in North Ayrshire in the domains of Income, Employment, Education and Housing. All of these domains are likely to impact on the demands for Social Work interventions and this appears to be borne out particularly in relation to increased Adult and Child Protection activity, Mental Health, Disabilities and Destitution presentations. There are significant challenges due to a combination of the financial pressures, demographic change and the cost of implementing new legislation and policy.
- The Audit Scotland Report of 2016 on 'Social Work in Scotland' concluded that *"Current approaches to delivering Social Work Services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for Social Work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use Social Work Services and carers to commission services in a way that makes best use of resources and expertise available locally. They also need to build communities' capacity to better support vulnerable people to live independently in their own homes and communities"*.
- The new Health and Social Care Partnership structures create possibilities to take a whole system approach to delivery of services and the Social Work role and function within this environment will remain a vital one if these possibilities are to be realised. Throughout this annual report, examples are given of new and innovative approaches to delivery of Social Work Services.

3. PROPOSALS

3.1 It is proposed that the IJB note the key themes and challenges detailed in the report and that it endorses the report as set out in Appendix 1. The key themes and challenges are:

1. The impact of poverty, Welfare Reform etc.
2. Increasing demand in child protection activity
3. The capacity of CSWO's to carry out their required functions as well as carry out the work of their substantive posts
4. The increase in digital technology which requires to be balanced with the need to build relationships with service users.
5. The cost and impact of new legislation
6. Addressing the balance of care
7. The recruitment and retention of Mental Health Officers
8. The rise in drug deaths
9. The suicides of young people

3.2 **Anticipated Outcomes**

That the IJB and the Scottish Government are made aware of the significant challenges facing Social Work Services in North Ayrshire.

3.3 **Measuring Impact**

Impact will be measured in terms of the direction and support to continue to transform the delivery of Social Work Services.

4. **IMPLICATIONS**

Current models of delivering Social Work Services will change.

Financial :	There are none.
Human Resources :	There are none.
Legal :	There are none.
Equality :	There are none.
Environmental & Sustainability :	There are none.
Key Priorities :	This report covers matters which contribute to the key priorities around vulnerable children and adults within the North Ayrshire IJB Strategic Plan.
Risk Implications :	There are risks that reducing costs further could affect the quality of services.
Community Benefits :	Anticipated greater community and service user involvement in the design, commissioning and reviewing of Social Work Services.

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

5. **CONSULTATION**

5.1 Members of the Extended Partnership Senior Management Team across the partnership have been consulted on this report.

6. **CONCLUSION**

6.1 The CSWO Annual Report sets out, for the IJB, the extent of the delivery of Social Services in North Ayrshire and summarises significant aspects of performance in relation to the statutory interventions carried out by the Registered Social Worker and Care Services delivered on behalf of the Local Authority.

For more information please contact David MacRitchie, Chief Social Work Officer, on 01294 317781.



Chief Social Work Officer Report

2017–18



V7.0 working

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Introduction

The CSWO is one of the five statutory officers to the council, appointed by the Chief Executive, and gives professional governance, leadership and accountability for the delivery of safe and effective social work and social care services, both provided directly by the local authority and those commissioned or purchased from the voluntary and private sectors.¹

In April 2015, Integration Joint Boards (IJBs) were established and Health and Social Care Partnerships (HSCPs) formed across Scotland. North Ayrshire Health and Social Care Partnership (NAHSCP) is one of three Ayrshire partnerships formed with NHS Ayrshire & Arran and has lead partnership responsibility for Mental Health and Learning Disability Services as well as Child Health Services.

Since 2015, all Local Authority Social Work responsibilities were delegated by North Ayrshire Council to North Ayrshire Integration Joint Board. The appointment of CSWO is not delegated to the IJB. I was appointed to the role in March 2017, having had a period as Interim CSWO and, previous to that, acting as Deputy for three years. My post within NAHSCP is as Senior Manager for Justice Services. During my 24 years working in North Ayrshire, I have been Area Service Manager and Senior Manager for Children's Services.

Social work services are diverse, from social workers involved in statutory roles and responsibilities across children and adult services, our residential and day care services, care at home and teams delivering targeted interventions to vulnerable groups in all age ranges. All share the same core values focussed on promoting enablement and participation, understanding each individual in the context of family and community and looking at opportunities to build on the strengths of individuals and communities.

In 2015, Scottish Government Social Services Strategic Forum published a Shared Vision and Strategy 2015–2020. The vision of this strategy is 'a socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement'.

Achieving this vision cannot be done by working in isolation and social work services have a long track record of working with other agencies and disciplines to support, care for and risk manage (or control) elements of behaviour.

This year's report looks at social work services performance over the past year. However, it is presented in the template format requested by the office of the Chief Social Work Adviser.

¹ Section 3 of the Social Work Scotland Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994

1. Key challenges, developments and improvements during 2017/18

This legislative backdrop sets the framework and expectations of the delivery of social work and health services. It sits alongside the current financial constraints on both local authority and health board funding, the UK Government's ongoing austerity programme and significant changes in welfare reform.

In reviewing the content of this report, there are many areas where I can highlight the contribution and at times, leading role, of our social work teams in supporting NAHSCP in taking forward a significant change agenda. These are:

- Service users and engagement – with many examples of effectively working together on an individual and collective basis.
- Commitment to early intervention and prevention – with a range of initiatives across services that have been established by re-organisation of our workforce rather than separate funding.
- Motivation – to do things differently, and our readiness to work with partners to achieve better outcomes for the people who use our services.

The significant challenges we are facing are:

- Financial constraints – impacting on the sustainability of current models of service delivery in the face of rising demand and complexity.
- Time – to establish sustainable and effective alternative models of care that require to be supported to achieve the desired outcomes.

2. Partnership structures/Governance arrangements

Previously, the CSWO was normally the Director of Social Services a convergence of roles that was widely recognised as being the most straightforward way in which the requirements of the Scottish Government's guidance on this role could be met. The post is one of professional leadership and accountability, but should assist authorities in understanding the complexities of social work service delivery and the role that social work plays in contributing to the achievement of local and national outcomes. The post provides professional advice to local authorities – elected members and officers – in the authority's provision of social work services. In that way, the director's inclusion in all aspects of local authority planning and forums allowed for the CSWO role to be exercised in full.

Since the advent of HSCPs, the linearity of this arrangement has become more complex given the diversity of governance and accountability structures. The responsibility for the operation of social work services was devolved to the IJB and in reflection of the continued importance of this role, the CSWO is a standing member of the IJB as one of the professional advisors. The Director of the HSCP is similarly listed and cannot act in both roles. It is therefore a role that, as in many authorities, has been appointed variously in the HSCP's structures to Heads of Service, or, as in NAHSCP, if none have the appropriate registration, to an experienced officer of the wider senior management team who does meet the requirements.



Currently, the establishment of professional boundaries and clarity within partnership roles is proving to be challenging. Health colleagues require advice from the CSWO in terms of their role, remit and responsibility for the social work tasks undertaken within their integrated teams. Conversely, social workers, rightly demand the support and clarity provided by their lead professional. This has resulted in increasing demands on the time of the CSWO. I now face difficulties in trying to balance the demands of my senior manager role in Justice Services with the professional leadership role within the partnership.

Within NAHSCP, I am a member of the Partnership Senior Management Team (PSMT) alongside Heads of Service, Principal Officers and other professional leads for health disciplines. The PSMT meets on a weekly basis. Out-with these meetings, I meet regularly with NAHSCP Director and Heads of Service and contribute fully to any matters relating to social work quality and performance.

Attendance at forums of the local authority and Community Planning Partnership (CPP), which would previously have been fulfilled by the Director of Social Services (also then CSWO), are now fulfilled by the Director of NAHSCP. It is through regular meetings with the Chief Executive, to whom I am directly accountable, as well as within NAHSCP that communication and consultation is managed allowing me to deliver the functions of the CSWO in North Ayrshire.

Partnership working is the key to the delivery of social services against local and national outcomes. The CPP 'Fair for All Strategy' delivers the Local Outcomes Improvement Plan 2017–2022. This identifies four priorities, all required to build stronger communities for the people of North Ayrshire to live safely, in better health, without poverty, and by giving our children and young people an opportunity to have the best start in life.



As CSWO, I sit on a number of steering groups and strategic partnership forums that look to deliver on CPP's priorities.

The **Children's Services Strategic Partnership** has overseen the Improving Children's Outcomes agenda and is responsible for the strategic direction of children's services across North Ayrshire. Our [Children's Services Plan 2016–20](#) makes promises to the children of North Ayrshire and we are meeting those promises through partnership working and the development of supporting strategies and actions to realise the intended outcomes.

The **Corporate Parenting Strategy** places responsibility on partners for working together to meet the needs of looked after children and young people.

The **Positive Family Partnership Strategy** facilitates engagement with parents and children who are facing difficulties and introduces interventions that are evidence based, such as CEDAR and the SNAP project

Over and above this I am an advisor to North Ayrshire's Chief Officers' Group for Public Protection and am a member of the Child and Adult Protection Committees. I am also a member of the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group. In this way, a comprehensive overview is maintained of all issues relating to public protection and of risk management arrangements.

As lead officer for social work in NAHSCP, I chair a monthly Social Work Governance Board that focuses on the quality and support required by our social work staff, both registered and non-registered to ensure we deliver effectively to the people in North Ayrshire. The onset of partnerships has seen this governance board sit amongst one of many that have been set up to establish necessary accountability in the health professions. As health and social care services have become integrated, it is important to maintain a forum in which the professional integrity of a discipline is a key focus. However, it is equally important to have mechanisms by which learning can be shared and scrutiny robustly delivered on any cross cutting issues. I am currently working with the other lead professionals to establish these processes. The Clinical Care and Governance Board is the overarching governance group to which all others report.

3. Social Services delivery landscape

North Ayrshire has a population of 135,890 living across a mix of town and rural communities on the mainland and two island communities, Arran and Cumbrae.

In North Ayrshire, 39% of residents live in 20% of the most deprived areas of Scotland, the fourth highest incidence of deprivation in Scotland; a third of our children live in poverty, a situation second only to Glasgow. Deprivation is directly linked to a higher prevalence of complex individual problems such as mental ill health, increased drug and alcohol problems, criminality, lower life expectancy, illness in later life and poorer outcomes for children.

Social Services provision in North Ayrshire is a mix of in-house services and those commissioned from the third and independent sectors. Over 2017/18, HSCP Social Work Teams commissioned social care services from 217

different providers **and external agencies** at a cost of **£57million** across the full range of service user groups. We have an established Quality Management Framework in place used to both support providers and ensure that any service delivery issues are addressed in an agreed and managed way.

Our partners in the independent and voluntary sectors make a valuable contribution to health and social care provision in North Ayrshire. They ensure ongoing communication and engagement amongst the independent, voluntary and public sectors is of key importance in terms of meeting service user outcomes. Services commissioned by the Council are subject to North Ayrshire Health and Social Care Contract Management Framework which places the interest of service users at the heart of decision making. It focusses on joint working and adopting positive, open relationships in order to meet the needs of service users and their carers.

A number of provider forums have been developed over recent years in response to the desire amongst the independent, public and third sectors to work together to develop and provide high quality, responsive health and social care services. The main forum in operation is North Ayrshire Health and Social Care Providers Forum which meets quarterly and its remit is to discuss any matter relating to the development of delivery of

According to Scottish Index of Multiple Deprivation (SIMD) 2016, **39%** of North Ayrshire's residents live in areas identified as amongst the **most deprived in Scotland**;

39% equates to almost **53,000** people.



Levels of multi-morbidity

(people with more than one chronic medical condition) are higher in the most deprived areas. For example North Coast locality has lower levels of deprivation compared with other areas in North Ayrshire and as such, have lower levels of people with multi-morbidities (**11% for those 65 and over**) compared with areas with higher levels of deprivation, such as Three Towns, where multi-morbidity levels are much higher (**36% for those 65 or older**).



The number of children living in poverty

is increasing each year: In 2016 the Child Poverty Action Group (CPAG) reported that **7,051 (30.4%)** children in North Ayrshire lived in poverty, the second highest level of child poverty in Scotland (Glasgow City has the highest).

care and support services in North Ayrshire. A number of smaller service specific forums are also in operation which meet as and when necessary, e.g., the Children's Services Providers Forum and the Care Home Forum. All forums are directed by representatives from the voluntary, independent and public sectors and feedback indicates that all providers, regardless of how they are funded, find attending the forums a productive use of their time. A review of how effective forums are will take place 2018 to ensure they remain a useful tool in terms of promoting and enhancing partnership working.

Procurement of services can be a lengthy and protracted process in order to meet all legislative requirements. The complexity of procuring the right service in social services can have a serious impact on the quality of life and health of people who use these services and their carers.

We are working with our partners to design a Services Delivery Options Framework. Part of this work will be looking to clarify the different procedures/options alongside details of where, in line with procurement legislation and NAC Standing Orders for Contracts, it is appropriate to choose a particular procedure or contract route.

Finding the right solutions in North Ayrshire, with geographic diversity and two island communities demands that we work on a locality basis. A full review of health and social care services on Arran, our larger island with a population of 5058, has involved comprehensive consultation with partners, service users, carers and community and is drawing to a conclusion. A workforce on the island with social work services integrated in a hub model of delivery is planned. A more recent review is being undertaken in partnership for the smaller island of Cumbrae, with a population of 1,280.

However, the market for social care provision is also being adversely effected by the increasingly significant challenge presented by the ongoing financial constraints on public services and the UK Government's austerity programme. Following the closure of North Ayrshire Citizens Advice Service (NACAS) in March 2018, NAHSCP and North Ayrshire Council agreed that Money Matters would provide a welfare rights service to all North Ayrshire residents and not just HSCP service users. Further resources are being given to Money Matters in 2018 to meet the additional demands on the service. The closure of NACAS resulted in Better off North Ayrshire (BONA) providing debt and financial inclusion services previously provided by Money Matters.

4. Resources

In December 2016, Scottish Government published the Health and Social Care Delivery Plan which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of care and support from hospital to community care settings, and to individual homes when that is the best thing to do. This provides a clear impetus to the wider goal of 50% of the health budget being spent in the community by 2021.

Availability of funding for public services correlates with economic growth which continues to be weak and the ongoing uncertainty on the impact of Brexit.

Other factors impacting on funding for local government services include the protection of other public sector portfolios, implementation of new policy initiatives and the lifting of the public sector pay cap.

Issues of austerity, public sector reform, higher demand for care and support, increased complexity in personal situations presented as well as raised expectation from the public about how that care and support is delivered. The context that social work and social care currently operates in is challenging. Audit Scotland stated in their 2016 report on social work, that social work services are not sustainable in their current form.

NAHSCP established a Change Team in 2015 using the Integrated Care Fund (ICF) monies made available from Scottish Government. This team has supported significant developments across health and social care since that time, generating savings of £1.192million and cost avoidance of £1.299million in partnership services.

With continued demand growth, particularly in community care services for older people, children and families services and learning disability services, savings required have not been achieved and the deficit has increased.

North Ayrshire Council, during the 2017–18 budget setting process, approved the establishment of a Challenge Fund. This is an ‘invest to change’ programme which is an innovative approach in Scotland and has attracted the attention of Scottish Government.

The Challenge Fund created an opportunity for services, using a change approach, to realise both the required North Ayrshire Council savings and additional savings which could be re-invested in a newly designed service to support future sustainability.

However, during 2017–18 the IJB approved use of £1.4m of the Challenge Fund to alleviate in-year cost pressures. Care home placements were allocated £0.977m and learning disability care packages, £0.423m, leaving £2.6m for Challenge Fund projects.

Whilst a number of the projects in phase 1 are on track and delivering the transformation and savings anticipated, a number of them have not happened in the timelines planned or realised the amounts envisaged. This



**Challenge
Fund**
£1.4
million

will be an area of focus during 2018–19 to ensure phase 1 projects are delivered and phase 2 is developed.

A number of services experienced significant in-year budget pressures during 2017–18.

The partnership will continue to face high levels of demand for services, however, it is imperative that services are commissioned within the resources made available and this will be the highest priority during 2018–19.

We have reviewed our Transformation Board that is the governance group for the Challenge Fund. The process of management and scrutiny has been streamlined, and now the Board has a core group that includes the Director, Heads of Service, CSWO and professional clinical leads. The group meets on a monthly basis.

We are undertaking reviews of our current models of care to establish more sustainable approaches to allow us to meet our statutory duties. This inevitably has included the use of assistive technology to enable people to live as independently as possible. However, we recognise the health and wellbeing advantages of reducing social isolation and loneliness (as well as delivering other outcomes). In that way we must remain mindful of not relying solely on new technology, but of creating within communities, opportunities for social inclusion.

5. Service quality and performance including delivery of statutory functions

We work within a framework provided by NAHSCP second strategic plan published in 2018.

Our vision and priorities were endorsed through extensive consultation with the public. They are aligned to those of the Council and the CPP.

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

North Ayrshire Health and Social Care Partnership priorities

- Tackling inequalities
- Engaging communities
- Bringing services together
- Prevention and early intervention
- Improving mental health and wellbeing

The [annual performance report](#) reflects the overall progress in meeting national outcomes. I shall consider the performance of social work in achieving these priorities and delivering on local and national outcomes.

5.1 Tackling inequalities ...

5.1.1 by addressing poverty:

Service Access dealt with 5,132 individual referrals over 2017–18. Of these 12% were noted as Welfare Rights Destitution, a 44% increase from last year, with 842 referrals in 17/18 compared to 584 in 16/17. 74% of these presentations were from people living in the 20% most deprived of our areas.

Money Matters, throughout 2017–18, continued to tackle inequalities and poverty by ensuring service users receive their legal entitlement to benefits. The team generated over £8.6m in benefits to service users. This included providing advice, assistance and representation at appeals, tribunals to 666 service users. From the cases which progressed to appeal Money Matters achieved a 73% success rate resulting in service users receiving over £1.8m in benefits.

Money Matters also provide a helpdesk service which received 4453 enquiries / referrals. Alongside these services, the team provide financial assessments for non-residential charges in community care packages, kinship care assessments and support to all HSCP teams and management.

Recognising the excellence of what this team achieves, Money Matters received the Herald Society Team of the Year 2017 award in November 2017.



5.1.2 by improving access to work

Users of social services are amongst those who are most stigmatised and disadvantaged in our communities. Particular support is required to assist people to realise their strengths and ambitions as well as engaging with partners to provide opportunities for employment.

Mental Health teams recognised the need for further support for people engaged with their services to access and sustain paid employment. The Individual Placement Support (IPS) (employability service) was piloted by Scottish Association for Mental Health during the past year. Outcomes have exceeded targets, with 20 people accessing jobs – IPS has now been commissioned for a further 3 years.

Justice Services – The Employability Mentor Programme was established in September 2017. The aim was to improve the lives of service users by offering advice about local training and employability support and encouraging service users to build on their individual capacity to find routes into employment.

The following objectives have been achieved by the programme:

- The development of assessment tools and procedures to ensure appropriate levels of support and advice for service users.
- The establishment of data recording mechanisms to reflect service user engagement and uptake of internal/external employability provision.
- Creation and maintenance of positive working relationships with partners across the existing North Ayrshire employability pipeline.

Throughcare – As part of the Corporate Parenting Strategy, our Throughcare team has worked with Ayrshire College on a care leaver event to identify opportunities for young people and to support them through transitions. There is an identified member of staff on each of the three Ayrshire campuses who will support care leavers during their time as students. Furthermore, Throughcare staff liaise with Corporate Parenting staff at colleges and universities outwith Ayrshire to identify supports on offer to care leavers. A further seven young care leavers gained modern apprenticeship positions within North Ayrshire. One young person in residential care has successfully gained an important role as Participation Worker with Who Cares?

These initiatives underline North Ayrshire Council's commitment to being a child centred council. All directorates and the HSCP have integrated this commitment into their work. For instance, from 1st April 2018, all care leavers are exempt from paying Council Tax. These kind of actions help to mitigate the impact of inequalities experienced by young people in North Ayrshire.

Rosemount – The Activity Agreement Programme is well established working with looked after young people who are leaving school to help clarify and support future planning for them. The programme assisted 83.5 % of the young people to transition to a positive destination. These positive destinations included college placements and full time employment, with one young person securing a Modern Apprentice place.

5.1.3 by co-production

Café Solace initiative demonstrates what we would all hope to achieve through engagement with service users and co-production. The first Café Solace was established in Ardrossan in 2015 and is now extended to a further two localities in North Ayrshire,

providing nutritious meals for less than £3 to 4,745 people. I am also happy to report Café Solace won the Tackling Inequalities and Improving Health category at the COSLA 2017 awards.

5.2 Engaging communities

In line with the Christie Commission Report (2011) on the reform of public services, we know that effective services must be designed 'with and for people' and we recognise that meaningful engagement takes us nearer to this goal and will lead to the successful co-production of services.

NAHSCP has benefitted from a full time Engagement Officer who sits within the Change Team. The Change Team has supported and enhanced the further development of our HSCP Locality Forums. This again is reported in our annual report. For the purpose of this report, I shall give examples of how NAHSCP social work teams take an inclusive and consultative approach with carers and service.

Mental Health – The Involved! Group has continued to provide a means of engaging people using services and staff in the development of service user involvement within mental health services, becoming a constituted group in its own right during the past year. The link with the Mental Health Change Programme has resulted in members of the Involved! Group being central to developments in community mental health services in North Ayrshire. The mission statement for the group is:

The Involved! Group is a safe place where people are respected and feel empowered to share ideas and different viewpoints confident in the knowledge that they are listened to by the people that can make a difference in developing services that are of benefit to the people who use them.



this is
my story

Children and Families teams regularly consult, and involve children and young people, supported by representatives from Who Cares?, the national voluntary organisation working with care experienced children and care leavers across Scotland. Children and Families teams have helped give a voice to young people, for example, young people are involved in recruitment panels for residential care workers. In addition, support is provided for children and young people at Looked After and Accommodated Reviews and Child Protection Meetings to enable them to express their views, whether this be verbal, or written or via an Advocacy Worker.

Justice Services – As well as providing the range of core Social Work Justice Services in North Ayrshire, we have seen significant developments in the last year in terms of our engagement with service users and the support we have been able to offer them to find employment. In recognition of this work, and other developments in Social Work Justice Services, our Justice Fieldwork Team received NAHSCP Innovative Team Award in March 2018.

We embarked on a Service User Engagement Project with Strathclyde University in 2016–17 which has been hugely successful. We have developed a User Engagement Council, collectively named the 'MAD' (Making A Difference) Group, all involved have worked hard to co-produce, improve and develop a range of services within North

Ayrshire Social Work Justice Services. To date the involvement and attendance has been significant and progress has taken place on a number of fronts, including:

- Revamping the Justice Social Work reception area, to include a positive thoughts board, book club and suggestions box
- Formulating a Justice Social Work service user entrance questionnaire, to capture the voice of service users from the outset of their involvement in the system
- Creating a Justice Social Work social media account, through twitter and Facebook
- Starting a weekly walking group and gym club
- Using peer mentors within Justice Social Work Services
- Creating a specific 0.5 Desistance Officer post to promote desistance based practice within our service. Our Desistance Officer has lived experience in the justice system and will continue to develop the MAD Group as well as providing group work support for former long term prisoners

5.3 Bringing services together ...

Our workforce is our major resource and the reconfiguration of teams has been geared towards the goals of moving towards a focus on early intervention and prevention and ensuring that intervention is by the right person, in the right place, at the right time and that it is doing the right thing.

Reconfiguration of teams and partnership working can both help realise the desired outcomes for service users and also ensure that social work resources are used efficiently and effectively.

Some examples of this from across the services are given below:

5.3.1 by partnership working

Multi Agency Assessment Screening Hub (MAASH) – We have spoken in previous reports of the development of the Multi Agency Domestic Abuse and Response Team (MADART). This partnership model, working with police, housing, social workers and third sector organisations (Women’s Aid and Assist) has undoubtedly helped better support victims of domestic abuse in a more effective and timeous way. The MADART team, alongside social work justice services (notably the Caledonia Programme working with perpetrators of domestic violence) has been a major contributor to reducing levels of domestic abuse in North Ayrshire. There has been a 49% decrease in individuals reported as victims of domestic violence in the past five years and an astonishing 39% reduction on last year’s figures.

In 2016–17, the model was extended and MADART now sits within MAASH (Multi-Agency Assessment and Screening Hub). MAASH deals with all concerns referred to and by the police. North Ayrshire has higher numbers of children referred to the Scottish Children’s Reporter Administration (SCRA) than other areas of Scotland at 2.3% of all children compared to 1.5% nationally. The highest number of referrals to SCRA were from the police. By establishing MAASH, this has helped to reduce the number of police



referrals to SCRA by 47% this year. MAASH screens and assesses referrals, and support is offered at the earliest time to avert situations escalating to the point where statutory intervention may be required. This kind of approach is in the best interests of families and also averts unnecessary work for our limited registered social worker resource.

We have expanded the role of the hub to include Adult Support and Protection referrals which similarly see a high incidence of referrals from our police colleagues.

Community Alarm and Scottish Ambulance Service – In 2015–16, we piloted a service wherein social care workers from our Community Alarm Service responded to 999 calls via telecare alongside the Scottish Ambulance Service. Evidence of 7,670 bed days saved and over 74% of people remaining in their own homes supports the roll out of this pilot.

5.3.2 by building teams around the child

During 2017–18 we took a targeted approach following identification of two schools, Greenwood Secondary and one of its feeder primary schools, Elderbank. These schools had a particularly high incidence of children referred to the reporter. We located social workers at Greenwood and created a multidisciplinary team drawing on specialist knowledge and expertise in a whole systems approach to work directly with the children and families at risk of escalation to the hearing system.

Early indications, eight months into the project, have shown that targets set have been achieved and in some cases exceeded. Within the two schools there have been no children looked after away from home and a reduction in children and young people being placed on statutory measures. Increased attendance for those children whom the team are working with has also been reported.

Anecdotally, this dedicated approach from social work suggests that both children and families have benefitted from the accessibility and time spent with them. Forging relationships as a vehicle for effecting social change is well versed in social work.

Building on this, we are establishing teams of professionals in each of the six localities in North Ayrshire to work together and, as far as is possible, they will be co-located. This is a major challenge. Accommodation has been secured within Kilwinning Academy and, after building works have finished, social work staff and universal early year staff will move there in January 2019. The learning from this model will then be used to implement teams around the child in the other localities.

The locality team around children and families should ensure that it is more likely that services will be delivered by professionals whom children and their families are familiar with and who are known in the community for their particular role. There will also be improved information sharing across services as the locality teams share concerns in order to develop well informed plans to meet identified needs.

As a response to recent child suicides the Child Protection Committee set up a strategic suicide prevention group as well as an operational group. The primary objective is to reduce the number of incidences of suicides by young people in North Ayrshire. In order to achieve this objective we are:

- Establishing specific multi-agency governance arrangements for partnership working
- Monitoring risk factors including incidences of suicide and attempted suicide

- Developing effective response mechanisms for emerging risk factors
- Establishing an overarching Suicide Prevention Community Action Plan and monitoring this development and implementation
- Ensuring best practice information sharing and benchmarking with partners across Scotland

5.3.3 by creating multi-disciplinary teams around Primary Care

We have been busy building on the success of introducing Community Link Workers to the GP practices in North Ayrshire and are utilising the locality approach to developing teams around practices to better access community based services sooner rather than later. We shall be piloting this approach in one locality in North Ayrshire. Fortnightly, a range of professionals from health, social care and housing meet to discuss patients referred by their GP who have a range of needs. The outcome is that the appropriate service/ person is identified and support/ intervention actioned without delays caused by uncertainty of referral routes or, indeed, if it is made to the correct person.

5.3.4 by integrating our services

Addiction Services – North Ayrshire has a high incidence of drug and alcohol misuse. In 2017 there were 25 confirmed Drug Related Deaths (DRD's) compared to 32 in 2016. Whilst this indicates a decrease, we have to acknowledge that at the time of this report in 2018 there has already been a high number of reported suspected DRDs this year.

Every drug-related death is a tragedy and has devastating impacts on families and children affected. We seek to learn as much about the circumstances through our local Ayrshire and Arran Drug Death Review Group, which is made up of specialists from across NHS Ayrshire & Arran, Police Scotland and the health and social care partnerships. Most drug-related deaths involve multiple-substances. An across Ayrshire framework has been agreed that identifies key improvement areas.

In addition, North Ayrshire ADP Strategic Management Group have agreed to create a North Ayrshire multi service Drug Death Prevention Group reporting directly back to the local Alcohol and Drug Partnership. This will provide a local multi-agency forum aimed at implementing agreed actions at preventing drug related deaths.

Our local North Ayrshire Drug and Alcohol Recovery Services (NADARS) is the first fully integrated social work and health service in North Ayrshire. There are significant and excellent outcomes from this service which consistently exceed national targets in delivering a variety of drug related interventions.

The small social work resource in the service is vital in ensuring that the role and task of the registered social worker in all aspects of child and adult protection activity is realised and the NADARS service works closely with other social work services to ensure a comprehensive system of care and support is in place.

Mental Health and Learning Disabilities – Both teams have an integrated management structure, but face challenges in finding accommodation to enable them to be co-located.

The mental health social work team seconded a team manager to the Change Programme to take forward the visioning, integration and development of the service for the future. A pilot of a single point of access has been carried out to streamline the process for people accessing the service and this will be further developed and implemented when the services co-locate in 2019 to a building now identified.

5.4 Early intervention and prevention ...

Early intervention and prevention is at the core of shifting the balance of care. In children there is a recognition of Adverse Childhood Events (ACES) impacting on social, emotional and behavioural wellbeing that, if not addressed, will lead to further problems and demand on health and social care services. In adult and older peoples services this is probably reflected in the development of services that help the person at an 'earlier' rather than 'later' stage. Without adopting this kind of approach, we will not be able to provide sustainable services in the future.

5.4.1 by targeting our services

Children and Families have an excellent programme of Intervention Services that continue to deliver positive outcomes:

Young Persons Support Team (YPST) has a remit that covers 8–16 year olds and a large portfolio that covers individual support, delivering accredited intervention programmes, and developing programmes that meet identified need. They have continued to run a summer programme supporting young people from areas of deprivation through school summer holidays. The young people are involved in a range of activities during what has historically been a difficult time for both parents and children who live in deprivation. This early intervention has seen none involved being referred to the Children's Reporter on either welfare or offence grounds.

The YPST deliver the 2016 COSLA Bronze Award winning SNAP (Stop Now and Plan), a programme aimed at 8–11 year olds and their parents to improve children's resilience and their ability to deal with their emotions. All children involved in SNAP in 2017–18 maintained attendance at school. This achievement is reflective of the joint work and commitment of parents as partners, by engaging in a complementary group work



programme. The programme is evaluated centrally in Canada, demonstrating the North Ayrshire programme has 92% fidelity in its evidenced based interventions. At the end of the programme 98% of parents reported improved relationships with their children.

Rosemount Project successfully supported **91%** of the young people involved with the crisis intervention intensive support service to remain within their families on a long term basis. This was achieved via the delivery of creative and intensive support packages tailored to meet individual need that includes parenting programmes, individual counselling sessions and issue based group work.

5.4.2 by innovation in our services

YPST – Dedicated workers in the YPST developed CHARLIE, a 30-week group work programme for 8–12 year olds who are living with, or have lived with, parents who have misused substances. The programme reflects the social work values of being non-judgemental and taking a holistic view, as well as understanding the person in their

situation. It uses a peer approach to share experience and structured approaches through mindfulness, theatre and activity. Resilience is built in social and emotional capabilities and the young people are supported to achieve significant and sustainable improvements. Some 43 young people were involved during 2017–18. All the group suffered from high stress levels due to the unpredictable nature of their lives. The young people reported a significant reduction in stress and anxiety from a 10 out of 10 on a daily basis to a 1 out of 10 at the end of the 30 weeks, with only a slight increase to 3 out of 10 at the yearly evaluation. A reduction in anxiety in a non-clinical setting is an encouraging move to early intervention to address issues of mental health and wellbeing.

In our second year of the programme (2016) CHARLIE won the North Ayrshire Achieves for promoting wellbeing and in 2017 were runners up in a national competition for Young Person Programme of the Year through the Herald Society Awards.

Programme Approach Team – The social work team has well established processes in place to ensure that children involved in offending behaviours are getting the right help at the right time through early and effective Intervention. The team offers diversion from prosecution and full implementation of Scottish Government’s Whole Systems Approach. Over the course of the last eight years, there has been a 76% reduction in children referred to the Children’s Reporter on offence grounds and North Ayrshire has moved from the position of 6th highest referrer to the Reporter to the 12th highest in Scotland.

The dedicated work of the team had identified an increasing number of children referred for potentially harmful sexual behaviours. Research identified that by the time these children were brought to our attention, they had already displayed sexualised behaviours at a much younger age. However, their behaviours were not picked up or identified as problematic at the time.

The team have developed a training programme for all professionals involved with young people that covers awareness raising and developed clear guidance and information to enable services to feel confident and skilled to deliver effective and proportionate responses to children displaying potentially harmful sexual behaviours. It is a first in Scotland and is already drawing attention from Scottish Government

Pathways to a Positive Future – One of our goals is to minimise the number of times a child has to move placement when they become accommodated. We know that multiple placement moves lead to attachment difficulties and social and emotional problems for children that can result in mental ill health, and behaviours that can place children or others at risk. This is especially true for infants. To avert this we established Pathways to a Positive Future a dedicated resource based in Dregghorn which works with parents over a 12 week period, providing parenting capacity assessments which contribute to timeous decision making about a child’s future. Although aimed at children aged 0–1 year, 20% of the 46 assessments involved older children due to delays in the permanency process, e.g.:

- Complex legal challenges to the original parenting capacity assessment
- Inadequate parenting capacity assessments completed by external assessors
- Significant change to parental circumstances

Final outcomes have seen nine children return to parental care, five to kinship care and eight children who have had their futures secured by adoption. At recent permanency training, solicitors from the Council Legal Services used examples from a Pathways Parenting Capacity Assessment as good practice in evidential assessment. This has

enabled clarity for Sheriffs in making conclusions deemed to be in children's best interests.

Mental Health – The Recovery College Model is already evidencing positive outcomes in England and Ireland. It has been developed in North Ayrshire with people with lived experience as well as a range of mental health professionals working in the NHS, social work, the voluntary sector and education. Recovery Colleges take an educational approach to mental health with options of tutor courses available. It provides 11 courses in all six localities and it is hoped that the creation of a Public Social Partnership will support a co-production approach and will embed the model in North Ayrshire

5.4.3 by services that maintain older people at home and in good health

Care At Home – Demand for the service has seen an increase of 18% since last year, with 2021 people supported in their own homes. The service is delivered every day of the year and the admirable dedication of staff saw it overcome many challenges that the 2017–18 winter brought, particularly in our rural communities. It is little wonder that the service has maintained Care Inspectorate gradings of 'very good' across all quality themes.

The Reablement Service achieved 50% successful outcomes in that service users were either fully reabled, requiring no further service, or had a reduction in Care at Home services as a result of the intervention. The service has been enhanced by social work assistants and occupational therapists moving into the service. This has resulted in an effective and efficient way in bringing the right people together to provide necessary support at the right time. Of the people who received the service, 84% have rated it as 'excellent' or 'very good'.

5.5 Improving mental health and wellbeing ...



This priority was identified as the most important for the people of North Ayrshire and endorsed by locality forums over the course of 2017–18. Examples of what we have done so far are as follows:

5.5.1 by developing peer support services

North Ayrshire Drug and Alcohol Recovery Service – has pioneered this approach for many years and continues to see that opportunities of sharing common experiences and learning from peers how they overcome problems has enormous benefits.

Mental Health – A new peer support service for adults with mental health problems has been commissioned during the past year in response to feedback from service users about the kind of support they would like to receive. The service will be run by Penumbra

and will support people to connect with others in their local communities to reduce isolation and promote recovery.

5.5.2 by supporting young people to become confident adults

The **YPST programme** has supported six young people to achieve the Duke of Edinburgh awards in all categories and a further young person achieved the John Muir Award for outdoor activity.

The **Rosemount team** has continued to deliver the innovative partnership work with the National Galleries. Young people use art to address their own lives and sketch out what kind of society could exist if the future was in their hands. They have been working on a conceptual skill project called 'Art of the Future'.

5.5.3 by nurturing

Children's Residential Services – have undergone a review over this past year. They prepared to close one of the houses that was no longer fit for purpose and enhance the environment, skill mix and set of staff in the remaining four houses. Each provides care and support for eight young people, many of whom who have experienced trauma and uncertainty in their lives. Staff have been supported by an educational psychologist regarding the benefits of appropriate communication with young people and the adoption of a nurturing approach. This approach is already adopted in our schools.

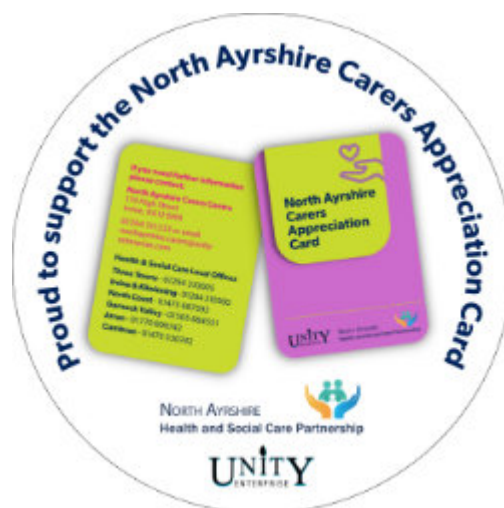
5.5.4 by supporting carers

Many people in North Ayrshire who have a disability or infirmity are cared for by family without any recourse to social work services. At the last census 13,900 identified themselves as carers, yet this is not reflected in the numbers who registered at a carers centre. Whilst carers' assessments have been routinely offered by social work to family carers, the take up remains very low.

Ahead of the Carers (Scotland) Act 2016, implemented in April 2018, we knew we had to increase carer awareness and identification and help build a carer community. NAHSCP introduced our Carers Appreciation Card in 2016. This currently has 41 local businesses offering discounts and other benefits to 430 carers. The card can also be used to identify an individual as a carer to their doctor, when visiting their pharmacy or even in school or at university.

From this early initiative, 1,344 carers are now registered with Unity (Carers Centre) and 107 of these are young carers aged 8–18 years.

Carers (Scotland) Act 2016 places further duties on social services. This includes; the duty to offer and prepare an Adult Carer Support Plan or Young Carer Statement, a duty to set and publish local eligibility criteria, a duty to support carers where eligible need has been identified, a duty to involve carers in the process of discharge planning, a duty to prepare a local carer strategy, and a duty to prepare and publish a short breaks statement.



We have worked with our Corporate Parenting partners and young people to design a Young Carer's Statement. It has been agreed that the Named Person will support the preparation of a Young Carers Statement. We have worked with Unity and adult carers to establish a new Carers Support Plan. We have agreed eligibility thresholds and the data set has been agreed for the first carer census report to be collated from April to September 2018 and reported back in November 2018. A final report will be published in January 2019 detailing the initial impact of the implementation of the Carers Act.

In terms of funding, a small pot of money (£532k) has been given to NAHSCP for the implementation of the Act. According to the Financial Memorandum issued by Scottish Government this amount will increase year on year. NAHSCP needs to ensure this money is used effectively and efficiently for carers in line with our local eligibility criteria and thresholds and that we have established the governance around this. As with all new legislation, the full impact and cost has still to be quantified.

5.6 Statutory duties

Only registered social workers can undertake certain statutory roles, often ones which require to balance competing needs, risks and rights. We have seen a large volume and pace of legislative change within our statutory framework. Many social workers specialise in particular areas of service and become experts in a particular sphere.

5.6.1 Children and Families Social Work Teams

Our Children and Families area teams have been involved with 1,897 young people over the course of the past year, just under half of these are in terms of statutory orders made by the Children's Hearing, termed Looked After in statute. As at the end of 2017–18 we have 32% who are looked after at home, 54% looked after in foster care or with friends/relatives, and 12% in residential care. The balance of care is an important and vital consideration for young people. As far as possible we seek to maintain the young person in their own home and community

With the support of the Challenge Fund, we have been able to undertake further significant work to allow this to happen. Under the paradigm of Teams Around the Child, staff redeployment has enabled a focus on moving children from external residential placements back to their own community. There had been 23 young people in external placements. The project sought to identify 12 of these with a target of returning five to their own community. By end of April 2018, we exceeded that target, and six have been successfully returned, achieving approximately £800k saving.

5.6.2 Child protection

Child protection continues to remain at the heart of our practice. It is a priority across all multi-agency working, enhanced by good relationships and processes with teams in adult services as the individual's situation demands. In 2016–17, we recognised that time scales for completing child protection work were slipping due to competing demands on the area teams. We therefore realigned our workforce resources and, in October 2017, a dedicated Child Protection Fieldwork Team was established.

An increase of 32% of children on the register has been noted since the establishment of the team and this appears to have uncovered a previously unmet need. Previously, we only completed 2% of CP1's within the 14 day time scale from notification of concern. We

are currently completing 90% of CP1's within the 14 day time scale in the child protection team. We are also seeing the value of workers being able to spend more time with families and children during this process and make more effective plans for better outcomes. This is reflected in the rise in children remaining at home and de registered due to improved home circumstances. There is also evidence that fewer children are being de registered due to the fact they are accommodated.

5.6.3 Fostering and adoption

I have already commented on the value of the Pathways Project in regard to ensuring that children are placed for permanency timeously. The fostering team has run successful campaigns to recruit over the past year and our total numbers of carers stand at 103.

5.6.4 Children with disabilities

There is undoubtedly a significant increase in families caring for children with complex disabilities requiring social work support. Current figures are nearly double that of 2013 with 239 families currently receiving services and at the point of March 2018, 54 were awaiting assessment or reassessment. The reasons for this are manifold, but in no small way linked to the increase of diagnosis of conditions associated with autism and also the advances in health in maintaining young people with significant childhood disorders.

The dynamism within this team is evidenced through their application of the ethos and principles of the Self Directed Support (SDS) agenda. They have, over the years since the legislation was introduced, developed systems and paperwork that meet the needs of open and transparent engagement with families in the process.

We are reviewing our systems and processes regarding SDS in adult services as part of phase 2 of the Challenge Fund.

5.6.5 Community care teams

Adults with long term conditions and older people receive assessment for services from our reformed Locality based teams. There were 3,439 individuals receiving a service in 2017–2018, an increase of 6% over the previous year. Increased demand due to a growing ageing population is well documented as is the multi-morbidity of health conditions they face and the increase in organic mental health conditions such as dementia. The level of support required to maintain people at home is significant.

Dirrans Centre, supporting those who have long term conditions, was awarded 'excellent' grades in this year's inspection. This achievement must be applauded alongside their Platinum award as Employer of the Year from Investors in People for the work done in 2016–17 in maintaining a motivated, skilled team.

Care inspections carried out during 2017–18 on our services such as Care at Home and Day Services for older people, were graded 4 (good) or above. This represents 83.3% of NAHSCP's inspected services and reflects the high quality of services available.

The advances in telecare and assistive technology have enabled many people to remain at home and retain independence. They do so in the security of knowing that help can be summoned when required outwith any dedicated support hours. In essence, these innovations complement planned direct contact and gives them confidence in remaining in their community. However, we need to balance advances in new technology with the value of building relationships with service users to help them fulfil their full potential.

5.6.6 Learning disability services

A huge amount of transformational work has been undertaken by our learning disability teams.

The learning disability team has undertaken specific engagement work with carers and service users as they have worked in collaboration with the Challenge Fund to review sleepover provision. The team has also undertaken a review of respite services to generate additional capacity for new service users transitioning into the service from children's services. This has required detailed negotiations with current service users and their families to reconfigure their respite allocations.

It is clear when reviewing the demand on the service that during 2017–18, we provided 61 new packages of care, 16 of these were for young people who had moved from children's services into adult services, the others were required for a number of reasons, often reflected in ageing carers of a learning disabled adult, or a significant change in the circumstances of the adult. We required to increase 38 packages of care for similar reasons and it is clear that these ongoing demands on the service will increase. Conversely, there are much fewer opportunities to decrease or stop packages given the improvements in life expectancy.

Going forward, the social work service has worked closely with our housing colleagues and have looked to housing solutions that will in future help to alleviate demand for costly packages when delivered in individual but dispersed tenancies. A core supported model of housing will be first realised through the Tarryholme Drive Project in May 2019. This will be followed by further planned initiatives with housing in relation to new builds in all our localities. These will include supported accommodation for adults with disabilities (including mental health and physical disabilities) as well as extra care housing for older people. The current programme is due to be completed by 2022.



5.6.7 Mental health services

The recovery approach adopted within this service and applicable to many people who suffer from mental health problems has enabled the team to work with users of the service to manage care package costs.

However, for the purpose of this report I highlight the significant demand on this service on Mental Health Officer Service which is co-ordinated by the mental health team. In North Ayrshire, the need for the MHO service continues to grow (in line with trends across Scotland) and as the largest group of MHO's sit within the mental health team and also have care management responsibilities, we have seen the team having to prioritise statutory MHO work at times of pressure. This has led to a waiting list for assessments currently sitting at 21. Similarly, they have continued to hold a waiting list for allocation of MHO to provide the report for private guardianship applications. This currently sits at 31.

To alleviate some of this pressure, the team appointed to a full time MHO role and have also negotiated with other teams to take on the supervisory role of private welfare guardians where the adult is care managed by other social work teams. They continue to support and recruit new MHO's to the service, but funding is only for two trainees a year. Balancing that with the ageing profile of the MHO workforce, and the loss through retirement, the situation is not yet stabilised. Over and above that, it is evident that pressures on other social work teams has resulted in them not being in a position to free up their registered social workers to undertake this intensive course. For several years, Children and Families or Justice Services have not been able to provide social workers for MHO training.

The activity of the MHO service is seen at Appendix.

5.6.8. Adult Support & Protection

All our registered social work staff across adult and older peoples' services are classified as council officers in terms of the Adult Support and Protection legislation. I was invited to give a presentation on the role of the CSWO to council officers, which was very well received. See the appendix for the activity undertaken in 2017–18.

During 2017, the Adult Protection Committee took forward an ASP stakeholder's evaluation exercise which led to several changes to further improve ASP practice in North Ayrshire. The evaluation work included interviews with service users and their supporters, who had been supported and protected under the ASP legislation. The innovative approach taken to this work, which involved using peer/volunteer evaluators to conduct the interviews, was widely praised and a research paper on this work will be published in the June 2018 edition of the Adult Protection Journal.

In summer 2017, North Ayrshire put their name forward to volunteer to be included in the very first Joint Thematic Inspection of ASP. This intense process involved sending our self-evaluation ratings along with a variety of evidence to support these, from different sources, to the Care Inspectorate and their Inspection Partners. A variety of additional information was sent off-site to be inspected and this was followed by a week of on-site scrutiny activity.

The resulting inspection report rated North Ayrshire as the top performing area for Adult Support and Protection of the six local authority areas inspected across Scotland. The inspectors agreed with our self-evaluation ratings as follows:

- | | |
|--|------------------|
| • Outcomes for adults at risk of harm | <i>Good</i> |
| • Key process to support ASP practice | <i>Very Good</i> |
| • Leadership and governance in relation to ASP | <i>Very Good</i> |

The very good inspection result has led to five other local authority areas contacting North Ayrshire to request that we share information on our processes and supporting paperwork or to arrange to visit us to discuss how we organise and report on our various processes and our leadership in respect of ASP.

The North Ayrshire Report was generally highly complimentary, typical statements from within our section of the national report included:

- **Outcomes:** *Adults at risk of harm whom we met attested that they were treated with dignity and respect at every stage of their adult support and protection journey.*

- **Processes:** *All of our evidence pointed to the partnership's decisive and consistent operational management of adult support and protection.*
- **Leadership:** *There was ample evidence of a positive culture at all levels in the partnership, from the senior management and leadership teams to the frontline staff. This positive culture was an important contributory factor to the positive safety, support, and protection outcomes that the partnership delivered for adults at risk of harm.*

5.6.9 Public Protection

On 15 December 2015, Scottish Government ministers commenced section 10(1)(e) of the Management of Offenders etc. (Scotland) Act 2005, which took effect on 31 March 2016. This extended the scope of MAPPA to include other Risk of Serious Harm (ROSH) offenders managed in the community, where the responsible authorities assess that a risk of serious harm to the public exists and which requires an active multi-agency response. New paperwork was also produced which helped focus on the ROSH and the risk management plan required to manage the identified risks effectively. This closer adherence to ROSH has resulted in a clearer understanding and agreement of thresholds of risk, and has led to a reduction in MAPPA Level 2 cases and a corresponding increase in MAPPA Level 1s (see Appendix).

ViSOR (Violent and Sex Offender Register) is a database of records of those required to register with the police under the Sexual Offences (Scotland) Act 2009. The vetting required by the UK National ViSOR Standards for access to this database has changed, and has resulted in a significant proportion of Justice Social Workers who are not vetted at the new required levels of NPPV2/3 (Non-Police Personnel Vetting). This creates a risk regarding Police Scotland's compliance with Home Office data protection requirements. NAHSCP Justice Social Work Services have actively addressed issues in regard to ViSOR. All staff have agreed to be vetted at the appropriate level and we have recently been informed that North Ayrshire have the most staff trained in ViSOR in Scotland. We are encouraging routine use of the system by all appropriate members of staff.

6. Workforce

6.1 Professional development and qualifying the workforce

North Ayrshire, unlike many other authorities continues to embrace in-house training as opposed to commissioning from external sources. This arrangement has enabled us to respond quickly to the needs of services. For example, North Ayrshire Social Services Assessment Centre (NASSAC) devised bespoke development sessions with learning disability staff in response to Care Inspectorate Report in Day Services. Key Themes are Medication practice (this will be assessed practice through SVQ), Dignity and respect, positive behaviour support, outcome focused goal planning, positive risk assessment. As mentioned previously, as part of Residential Childcare service redesign, NASSAC provided training for Stage 1 Nurture and Relationship based practice aligning with Nurture Practice and Approaches in all schools

North Ayrshire Social Services Assessment Centre (NASSAC) supported approx. 95 Candidates to achieve an SVQ Award in order to meet registration requirements (SSSC). We deliver SVQ Social Services and Health Care Awards and the Leadership and Management Care Award.

The register for SSSC registration of Care At Home Assistants (CAHA) opened in October 2017. NASSAC are working in partnership with Care at Home services and we are progressing with a 10 year plan to meet SSSC registration requirements for our 700 plus CAHA. Together with Care at Home staff we had a Celebration of Achievement, where 50 staff were given their awards for gaining SVQ levels 2,3 and 4 as well as Leadership and Management qualifications.



We also supported six modern apprentices to achieve their award.

Continuous professional development increases skills and confidence in delivering quality services. We have 65 different course titles that are available to staff through NAHSCP's learning and development calendar. Based on demand and identified learning needs, 57 courses ran with 1825 delegates attending over 2017/18.

6.2 Practice teaching

Practice learning is an essential component of social work training and NAHSCP is committed to providing Practice Learning Opportunities (PLO) for social work students via the Learning Network West (LNW). North Ayrshire Health and Social Care Partnership is well regarded as a source of good quality learning opportunities and we value the partnership working and knowledge exchange activities with our colleagues from the relevant universities, the LNW, Institute for Research and Innovation in Social Services (IRISS), the Social Work Scotland Learning and Development subgroup and the SSSC.

We supported 15 students during autumn and winter 2017–18 to successfully complete their placements. New placement opportunities took place in a homeless hostel (housing) and housing support. Staff from these services completed link worker training alongside HSCP social work staff. Both placements evaluated well and with some consideration given to feedback they could be used again

We have continued to promote and facilitate the Practitioner Forums for practice teachers and link workers to encourage a learning exchange culture across North, South and East Ayrshire. We have also facilitated monthly student groups on a Pan-Ayrshire basis during the peak placement period of September to May where a variety of speakers give input.

6.3 Workforce planning

We continue to experience difficulties in recruiting care at home workers and are working with local colleges and schools to promote a career pathway in social care. Despite there being high levels of unemployment in North Ayrshire, care working is not an option suitable to everyone as it requires skills, resilience and dedication to complete what can be very demanding work both physically and emotionally.

HSCP is sponsoring two workers per year to complete BA Honours degree Social Work (Open University). Service users from Learning Disabilities and the Executive Youth Council were part of the interview process, they chose their own questions, directly spoke to applicants and scored them accordingly. A fantastic example of engagement.

NAHSCP has a workforce that numbers 3,252 split NAC (53%) and NHS (47%). Of these staff, we have 38 registered social workers as Team Managers and 160 registered social workers. At a senior management level, there are just three qualified social workers in a staff group of 13 senior managers. This situation clearly has created difficulties in terms of providing professional social work cover at holiday periods and in succession planning for the CSWO role into the future.

This issue has been raised at the Social Work Governance Board and by the Chief Social Work Officer at the PSMT. Agreement has been given for us to look at the recruitment of qualified social workers, the induction and support structures in place for social workers, career pathways and succession planning. This is a major piece of work which it is hoped will raise the quality of our workforce and encourage and equip qualified social workers to take up promoted posts within the Partnership.

Appendix

MHO service

<i>Mental Health (Care and Treatments) 2003</i>	2013–14	2014–15	2015–16	2016–17	2017–18
Emergency detentions	30	29	24	44	44
Short term detentions	71	72	75*	87	69
Compulsory treatment	48	40	54	25	52
Warrants undertaken	2	1	3	1	2

<i>Criminal Justice Act Scotland 1995</i>	2013–14	2014–15	2015–16	2016–17	2017–18
CORO	4	4	4	4	4
Compulsion orders	4	4	6	5	6
Hospital directions	1	1	1	1	1
Assessment orders	4	1	2	2	2
Treatment orders	2	1	1	2	2
Transfer for treatment	1	0	3	3	3

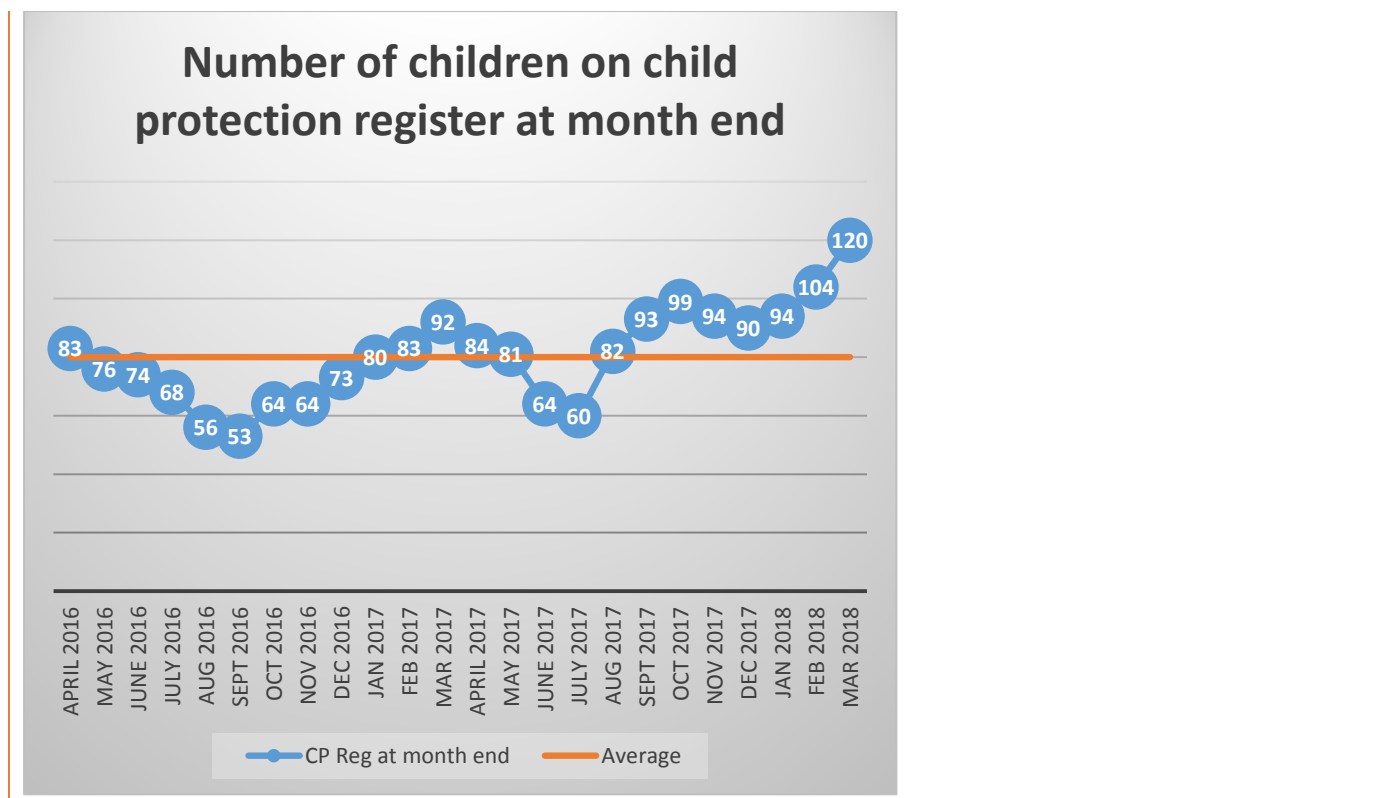
<i>Adults with Incapacity Act (Scotland) 2000</i>	2013–14	2014–15	2015–16	2016–17	2017–18
Private Welfare Guardianships *	204	291	255 (60)	287 (67)	367 (92 new)
CSWO Guardianships **	44	47	59 (19)	52 (21)	46 (8 new)
Financial Intervention Order (LA) ***	42	58	53	41 & 21 in process	57
MHO report: PWG application	79	86	68	96	100

Adult protection

	2013–14	2014–15	2015–16	2016–17	2017–18
ASP referrals	631	812	697	654	512
ASP case conferences	24	44	73	48	40
Protection orders	9	7	6	4*	4**
Adult concern reports	0	1039	1349	1446	1609

Child protection

	2013–14	2014–15	2015–16	2016–17	2017–18
Child protection concerns	885	858	901	835	
Child protection investigations (CP1s)	578	526	430	469	474
Child protection initial conferences	81	176	162	133	136
Pre-birth conferences	26	32	31	16	18



Looked after children

	2013–14	2014–15	2015–16	2016–17	2017–18
Children newly accommodated in North Ayrshire	100	91	81	64	72

	2013–14	2014–15	2015–16	2016–17	2017–18
Foster carers		85	97	100	103

<i>Permanency planning</i>	2013–14	2014–15	2015–16	2016–17	2017–18
Number of permanency plans approved	25	38	22	37	35
Adoption – approved and placed	3	15	13	10	10
Adoptions granted	9	3	15	13	8
Permanence orders approved	27	7	11	16	14
Permanence orders granted	12	14	6	9	12

Emergency placements

	2015–16	2016–17	2017–18
Child Protection Orders	13		15
S143 of the Childrens Hearing (Scotland) Act 2011	21	24	-

Secure placements

	2015/16	2016/17	2017/18
Number of secure placements	3	1	0

Criminal Justice

	2016/17	2017/18
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	844	826
Number of home leave and background reports submitted	118 (64 leave reports, 54 background reports)	102 (44 leave reports, 58 background reports)
Unpaid Work Orders	579	480

Multi-Agency Public Protection Arrangements (MAPPA)

	2014/15	2015/16	2016/17	2017/18
Level 1 Mappa	130	142	155	153
Level 2 Mappa	10	14	4	7
Level 3 Mappa	1	1	1	2

David MacRitchie

Chief Social Work Officer – North Ayrshire

29 September 2018

Integration Joint Board
15 November 2018

Subject:	Budget Monitoring – Month 6 (September 2018)
Purpose:	To provide an update on the projected financial outturn for the financial year as at September 2018.
Recommendation:	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> a) Note the projected year-end overspend of £0.458m; b) Note the favourable movement in the projected outturn position and the future financial risk of further movement; c) Approve the alternative saving as detailed in para 2.10; d) Consider approval of the changes in funding as detailed in section 2.12 and Appendix E; and e) Note the impact of the financial recovery plan and the progress being made in delivering financial balance.

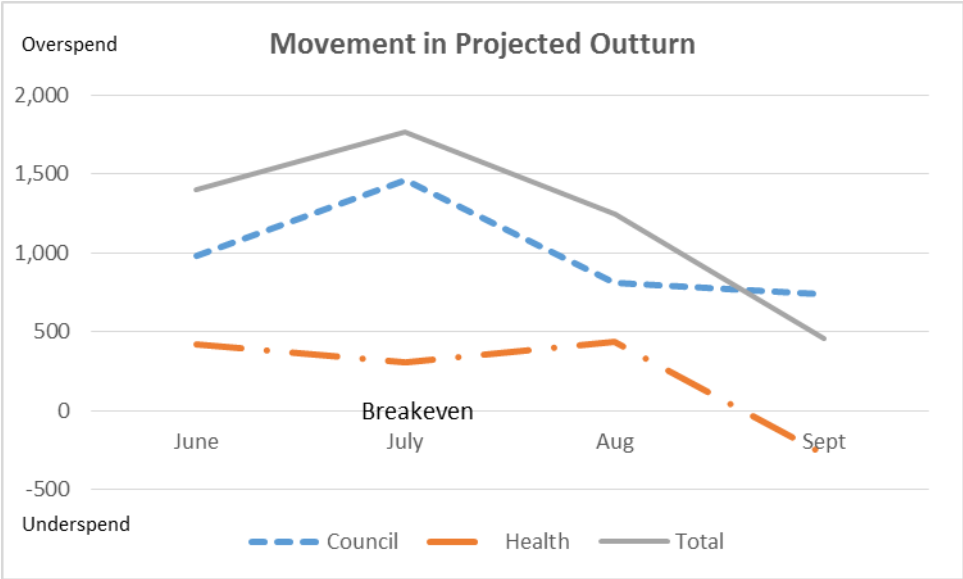
Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
ARG	Allocation of Resources Group
CRES	Cash Releasing Efficiency Savings

1.	EXECUTIVE SUMMARY
1.1	This report reflects the position as at 30 September 2018. The report provides an overview of the financial position 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 by the IJB that although this report refers to the position at the September 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 is a year-end overspend of £0.458m for 2018-19, taking account a number of mitigating actions outlined in the report and the improvement from implementation of the financial recovery plan. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. The position as at August was a projected overspend of £1.247m therefore a significant improvement in the position is now reported.

	<p>The improvement in the projected outturn position is encouraging, it should be noted that the improvement is due to a number of factors:</p> <ul style="list-style-type: none"> • the impact of the financial recovery plan where to date £0.740m of the mitigation has been achieved; • a slowing down of expenditure and commitments by services, for example the level of vacancy savings continues to increase; • closer scrutiny and review of the Health projections during period 6, which has resulted in the Health element of the budget reporting an overall projected underspend; • unanticipated benefits, for example the impact of the reallocation of AHPs. <p>There are further actions on the financial recovery plan which will potentially further improve the position and services will continue to deploy tight financial management controls. If the financial recovery plan does not deliver the required improvement to the financial position there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance.</p>
1.3	<p>Overall the main areas of pressure continue to be care homes, looked after children, learning disability care packages, elderly and adult in-patients within the lead partnership and the unallocated NHS CRES savings.</p> <p>The main adverse movements from period 5 are in relation to children’s residential placements and psychiatry. The main favourable movements are in relation to care homes (respite placements), AHP employee costs, CAMHS, UnPACs and early years.</p>
1.4	<p>The projected financial position assumes that the remaining balance of unallocated CRES for 2018-19 (£1.668m) will not be met in 2018-19. This balance will be formally addressed as part of the planning for the 2019-20 budget. Paragraph 2.12 outlines the Health Board plan to delegate a further saving to the HSCP in relation to workforce of £0.055m, if this is accepted by the IJB this would require to be added to the unallocated CRES balance and reflected in the period 7 position.</p>
1.5	<p>It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis. Financial balance has not been delivered in previous years and in the current financial year there is a projected overspend position. More is being done to ensure the financial sustainability of the partnership and to deliver financial balance for the current year. The service transformation programme and the delivery of the those service changes will be at the forefront as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services.</p>
1.6	<p>There have been recent announcements by the Scottish Government in relation to NHS funding and financial planning, the implications for the IJB are noted in the report. The IJB require to commence planning for the budget for 2019-20 onwards, a budget outlook will be presented to the IJB in December. There is a great deal of uncertainty around the funding for further years and there is expected to be some clarity following the Scottish Government budget on 12 December.</p> <p>Services have commenced planning for the future financial challenges and are currently developing service transformation plans to ensure the IJB are able to approve a balanced budget by 31 March. This work will be shared with the IJB in the coming months.</p>

2.	CURRENT POSITION
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery, actions required to work towards financial balance and progress with delivery of the recovery plan.
	FINANCIAL PERFORMANCE
2.2	<p>Against the full-year budget of £234.681m there is a projected overspend of £0.458m (0.2%). 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 £0.735m in social care services partly offset by a projected underspend of £0.277m 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	Health and Community Care Services
	<p>Against the full-year budget of £65.279m there is a projected underspend of £0.156m (0.2%). The main reasons for the projected underspend are:</p> <ul style="list-style-type: none"> a) Care home placements including respite placements – projected to overspend by £0.920m. This is a favourable movement of £0.264m from period 5 due to reduced use of respite placements and a reduction in permanent placements. b) Independent Living Services are projected to overspend by £0.294m. c) Over-recovery of Charging Order income of £0.290m. d) Equipment and Adaptations are projected to underspend by £0.200m in line with the mitigation approved in period 4. e) Packages of care are projected to overspend by £0.223m due to the use of supplementary staffing (reduced in period 5) and one additional package assumed from early 2019 onwards. f) Care at home (purchased and in house) projected underspend of £0.660m. The projected underspend has increased by £0.057m. g) Long Term Conditions (Ward 1), projected overspend of £0.407m which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure for which funding requires to be identified, this will be addressed as part of the 2019-20 budget process.
2.4	Mental Health Services
	<p>Against the full-year budget of £72.959m there is a projected overspend of £0.370m (0.5%). The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> a) Learning Disabilities – projected overspend of £0.757m of which £0.696m is in relation to care packages and £0.228m for direct payments.

	<p>b) Community Mental Health – is projected to underspend by £0.329m mainly due to vacancy savings and an underspend in care packages.</p> <p>c) Lead Partnership – overall projected overspend of £0.026m which consists of:</p> <p><i>Overspends:</i></p> <ul style="list-style-type: none"> • Adult inpatients £0.457m - mainly due to the delay in generating income from other areas in respect of forensic beds. All of the beds are expected to be sold and in use by the end of January 2019. The recovery plan assumes a fifth bed will be sold prior to the end of the financial year. This is dependent on ensuring delayed discharges in ward 6 are discharged to the community. This is a risk as some of the delayed discharges are South partnership patients and would require SAHSCP to provide funding to facilitate the discharge. • Psychiatry £0.122m - primarily due to locum costs, an unfunded EMH liaison post and a reduction in funding for trainee psychiatrists. There is an increased use of locum staff in the absence of being able to recruit permanent posts. • Elderly Inpatients £0.419m – this has increased from period 5 as the anticipated reduction in the use of supplementary staffing has not been fully achieved. • CRES £0.986m - lead partnership share of the unachieved CRES carried forward, this element of the historic CRES will remain aligned to the Mental Health lead partnership and will be addressed as part of the budget planning for 2019-20. <p><i>Underspends:</i></p> <ul style="list-style-type: none"> • UNPACS £0.340m – the underspend has increased since period 5 due to the delay in the two new care packages assumed in year. The underspend is partially attributable to the availability and use of beds in ward 6 which have prevented more costly external placements. • Learning Disabilities £0.261m - due to a delay in the transfer of an UnPACs patient. • CAMHS £0.370m – due to vacancies and delays with recruitment. • Psychology £0.430m – due to vacancies.
2.5	Children Services & Criminal Justice
	<p>Against the full-year budget of £34.986m there is a projected underspend of £0.247m (0.7%). The main reasons for the projected underspend are:</p> <p>a) Residential Schools and Community Placements – projected overspend of £0.743m. The projection is based on the current number of placements and estimated discharge dates for each placement based on targeting the support from the Challenge Fund investment. The overspend has increased by £0.263m due to a delay in the planned discharge dates, the delivery of further planned discharges continues to be a risk to the projected outturn position.</p>

	<p>b) Looked After Children Placements – projected underspend of £0.434m due to the current demand for fostering, adoption and kinship payments. The underspend has increased by £0.072m mainly due to a reduction in the assumptions on future demand.</p> <p>c) Early Years – are projected to underspend by £0.469m mainly due to the level of vacancies with health visiting. The underspend has increased since period 5 following the detailed review of the NHS budgets which was undertaken in period 6.</p>																				
2.6	<p>There are a number of areas across all services which have been reported as variances for a period of time. A review of the budget allocations across services is ongoing to ensure budgets are aligned to current and future spending plans and to ensure that the financial reporting is enabling those operationally managing budgets, Heads of Service and ultimately the IJB are focussed on the main issues. These virements will be actioned in period 7, to ensure realignment prior to the budget being rolled forward to 2019-20.</p>																				
2.7	<p>Projected Outturn Movement</p>																				
	<p>The movement in the projected outturn position is illustrated in the chart below:</p>  <table border="1"> <caption>Estimated data from 'Movement in Projected Outturn' chart</caption> <thead> <tr> <th>Month</th> <th>Council (Overspend)</th> <th>Health (Overspend)</th> <th>Total (Overspend)</th> </tr> </thead> <tbody> <tr> <td>June</td> <td>1,000</td> <td>400</td> <td>1,400</td> </tr> <tr> <td>July</td> <td>1,450</td> <td>300</td> <td>1,750</td> </tr> <tr> <td>Aug</td> <td>800</td> <td>400</td> <td>1,200</td> </tr> <tr> <td>Sept</td> <td>750</td> <td>-100</td> <td>650</td> </tr> </tbody> </table> <p>The position has fluctuated significantly in the four months of reporting this financial year. This is reflective of the demand driven nature and high cost of some services. The fluctuation from period 5 for Health follows a comprehensive review of the projections for month 6 which resulted in a more significant movement in the projected outturn, but also a more realistic and informed projection of the year-end outturn position.</p> <p>There are a number of high risk areas that may impact on the movement in the projected outturn position in future months:</p> <ul style="list-style-type: none"> • Children’s Residential School Placements • Remand Placements within Children’s Services • Learning Disability Care Packages • Local Government pay award settlement • Impact of any delays in discharge of South Ayrshire patients • Impact of Lead Partnership services 	Month	Council (Overspend)	Health (Overspend)	Total (Overspend)	June	1,000	400	1,400	July	1,450	300	1,750	Aug	800	400	1,200	Sept	750	-100	650
Month	Council (Overspend)	Health (Overspend)	Total (Overspend)																		
June	1,000	400	1,400																		
July	1,450	300	1,750																		
Aug	800	400	1,200																		
Sept	750	-100	650																		

2.8 **Primary Care - Prescribing**

Against a full year budget of £49.308m primary care prescribing and general medical services are projected to be underspend by £0.086m, this is in relation to an underspend in enhanced services.

2.9 **CRES update**

	Permanent or Temporary	£ 000's
CRES Saving brought forward		2.557
Arrol Park employee costs	T	(0.250)
Payroll turnover target increase	T	(0.215)
Addictions	P	(0.364)
Children's services employee costs	P	(0.060)
Balance still to be achieved in 2018-19		1.668

Of the £1.668m still to be achieved £0.986m is allocated to the Lead Partnership for Mental Health and the balance of £0.682m is aligned across all other services and is reported against Management and Support costs.

Given that overall there is a projected underspend in the Health element of the budget the unidentified CRES savings are being offset on a non-recurring basis for 2018-19. There is a requirement to formally identify these savings as part of the 2019-20 budget process.

The £0.986m aligned to the Lead Partnership against Mental Health services should remain aligned to those services. The service are developing plans to re-design Elderly Mental Health beds, this will deliver significant savings to contribute to this target. The business case for the review will be brought to a future IJB meeting for approval.

The remaining CRES target of £0.682m will also be formally allocated as part of the 2019-20 budget.

2.10 **Savings Progress**

a) The 2018-19 budget included £4.003m of savings plus £2.557m of carried forward NHS CRES savings.

BRAG Status	Position at Budget Approval £m	Position at Period 6 £m
Red	3.148	2.329
Amber	0.519	0.689
Green	2.893	0.676
Blue	0.000	2.866
TOTAL	6.560	6.560

b) The projected year-end outturn position assumes that the Red savings will not be delivered as planned and this is reflected in the overall projected outturn position, these are:

- i. Reduction in care home places £0.391m
- ii. Challenge Fund – physical disability care packages £0.200m

	<ul style="list-style-type: none"> iii. Capping of respite £0.070m iv. NHS CRES savings carried forward £1.668m <p>If progress is made to deliver the savings this would improve the overall outturn position. It is encouraging that the level of savings with red status has reduced since the budget was approved, recognising a greater level of confidence of delivery and the progress made so far with identifying savings against the CRES target.</p> <p>c) A saving of £0.008m was agreed against the Harbour Centre day service. It is proposed that this saving is replaced by a contract saving against the WRVS service.</p> <p>A Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solutions focussed approach to bringing programmes back on track.</p> <p>The projected position at September 2018 assumes that all remaining savings on the plan will be delivered. The progress with savings requires to be closely monitored to ensure the impact on the financial position can be assessed and corrective action taken where necessary. Appendix C provides full detail on the savings.</p>
2.11	Financial Recovery Plan
	<p>The IJB approved the recovery plan in August and progress against this is provided in appendix D. The impact of the plan so far has been to improve the financial position by £0.740m.</p> <p>There are a number of additional actions noted on the plan for which the financial impact cannot be quantified at this stage but these actions are expected to contribute positively to the financial position.</p> <p>The plan will be an iterative document to remain under review. Progress with the financial recovery plan will continue to be monitored to ensure it has the required impact. There is a risk that if the planned impact is not achieved that further actions will require to be added to the plan and these may include actions that would impact on the quality and performance of front line services.</p>
2.12	Budget Changes
	<p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.....without the express consent of the Integration Joint Board”</i>.</p> <p>Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget.</p> <p>A significant movement during period 6 is the reallocation of resources for Allied Health Professionals (AHPs), as these are no longer managed on a lead partnership basis by the South HSCP. This has resulted in an overall increase of £4.570m to the North partnership budget and has impacted positively on the projected outturn position. Most of the budgets have been delegated back to the partnerships with some further work being undertaken for some staff groups and non-staff budgets. NHS A&A</p>

are to provide a report to the partnerships on the impact of the transfer. However currently we have assurance that due diligence has been undertaken by the North AHP Lead that the appropriate budget has been allocated in line with the posts being transferred. If there are any issues these will be highlighted to the IJB.

Reductions Requiring Approval:

The specific reductions that the IJB are required to approve are:

- Reduction in the MH supplies budget £0.072m. The employee costs for the MH admin teams were previously allocated across the three partnership. This reduction relates to the transfer of the non-employee costs.
- The GP prescribing budget has reduced by £0.567m as the previous budget was an NRAC share pending the detailed practice level budgets being calculated. In addition there has been a re-alignment of savings between the New Medicines Fund and primary care prescribing which has resulted in a virement of £1.5m across NHS A&A from GP prescribing. The Health Board remain responsible for any over or underspend on the primary care prescribing budget.

It is recommended that the IJB approve the budget reductions outlined above.

Planned Reductions:

There is a proposal by NHS Ayrshire and Arran to allocate a pro-rata share of additional workforce savings to the partnerships, based on an NHS A&A target of £3m the North Ayrshire share was previously indicated to be £0.435m. Following further discussions with NHS A&A this has been reduced to £0.055m, which reflects the Health Board using funding other funding available to mitigate the impact on the North partnership in recognition of the significant value of CRES savings still to be identified.

The IJB are asked to consider the approval of a reduction of £0.055m to the budget, if approved by the IJB this will be added to the unidentified CRES balance in month 7.

Future Planned Changes:

Further areas which are outstanding and will be included in future reports include:

- The North Ayrshire share of the Intermediate Care and Rehab (ICR) investment;
- The disaggregation of some mental health wards from the lead partnership arrangement.

2.13	Lead Partnerships
	<p><i>North Ayrshire HSCP</i> Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.012m overspent, this includes the allocation of the unachieved CRES target carried forward.</p>
	<p><i>South Ayrshire HSCP</i> Services hosted and/or led by the South Partnership are forecast to overspend by £0.17 million as at month 6. This is £0.12 million on the Community Equipment Store and £0.05 million on Allied Health Professionals. The relevant budgets for Allied Health Professionals were devolved to North and East Partnerships in month 6, which</p>

	<p>has improved the financial position of both. A corresponding deterioration is reported in the South Partnership.</p> <p>Historic precedent has been that NHS Ayrshire has funded overspends in hosted and lead services. The approach in 2018-19 has yet to be formally determined.</p>
	<p>East Ayrshire HSCP Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to overspend by £1.2m.</p> <p>The overall Primary Care Lead Partnership projected overspend is £1m and this mainly relates to additional payments within Primary Medical Services to GP practices currently experiencing difficulty. This pressure was offset in the previous financial year by non-recurring savings. Three GP practices are still in HB control at month 6 resulting in significant additional expenditure for the year to date. The position is expected to improve from November as the Three Towns Medical Practice returns to being operated as a 17c practice.</p> <p>Ayrshire Urgent Care Services (AUCS) is projected to overspend by £0.200m which is after £0.350m of CRES savings have been applied.</p>
	<p>Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads.</p>
2.14	<p>Set Aside</p> <p>The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process.</p> <p>The 2018-19 set aside budget for North HSCP is £28.055m, based on expenditure in 2017-18. The acute directorate, which includes the areas covered by the set aside budget, is projected to overspend of circa £10m.</p> <p>129 additional and unfunded beds were open at the 31st March 2018. This had reduced to 35 by the 30th September 2018. There are clear plans in place to reduce these in a phased manner ensuring continuation of service and patient safety.</p> <p>During 2017-18 the North Partnerships use of the set aside resources was £28.055m against the NRAC 'fair share' of £26.563m which is £1.492m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. Further work is required to ensure that the Set Aside budget is operating in line with Scottish Government expectations and is operating in the way required to ensure the IJB can have the desired impact on the whole pathway of care.</p>
2.15	<p>Ministerial Statement – Health Financial Planning</p>
	<p>The IJB requested clarification on the Health Minister's announcement in terms of NHS debts and whether this includes unmet NHS funding through IJBs.</p>

The Director of Health Finance has written to NHS Chief Executives and Directors of Finance to outline the implications for Health Boards, the key points are:

- Boards will require to break-even over a three-year period, in each year Boards will have flexibility to underspend or overspend by up to 1%;
- From the start of 2019-20 the Scottish Government will not seek to recover historic brokerage, this will include the brokerage incurred to the end of 2018-19;
- Boards anticipating brokerage for 2018-19 will ensure no further increase in brokerage requirement in-year.

In terms of the implications for the IJB, these can be summarised as follows:

- No impact on our current year budget or financial position, historic CRES savings targets are not part of the brokerage requirement and form part of our baseline budget allocation;
- As part of the estimated brokerage requirement for 2018-19 NHS A&A are assuming that the HSCP will deliver financial balance this year;
- Write-off of brokerage for this and previous financial years removes the financial risk of a share of any repayment of brokerage in future years being allocated to the IJB.

The message communicated to Health Boards is that they will all be starting with a “clean slate” from 1 April 2019, however the reality is that for those Boards requiring brokerage this year (including NHS A&A) they will be starting the new financial year with a deficit.

A budget outlook report for 2019-20 onwards will be presented to the IJB in December, where the implications will be considered further.

3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<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 2018-19 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA.</p> <p>The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line.</p>
3.2	<u>Measuring Impact</u>
	<p>Updates to the financial position will be reported to the IJB throughout 2018-19.</p>

4.	IMPLICATIONS
Financial:	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £234.681m there is a projected overspend of £0.458m (0.2%). The report outlines the action being taken and proposed action to reduce the projected overspend.</p> <p>The recovery plan totals £1.255m with £0.740m delivered to date. There are a number of other actions are being progressed to reduce the overspend further.</p> <p>There is a financial risk to the IJB in relation to the Lead Partnership arrangements, the implications are unclear at this stage.</p>
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	If the financial recovery plan does not deliver the required improvement to the financial position there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance.
Community Benefits:	None

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

4.	CONSULTATION
4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.</p>
5.	CONCLUSION
5.1	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> a) Note the projected year-end overspend of £0.458m; b) Note the favourable movement in the projected outturn position and the future financial risk of further movement; c) Approve the alternative saving as detailed in para 2.10; d) Consider approval of the changes in funding as detailed in section 2.12 and Appendix E; and

e) Note the impact of the financial recovery plan and the progress being made in delivering financial balance.
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2018-19 Budget Monitoring Report–Objective Summary as at 30 September 2018

Appendix A

Partnership Budget - Objective Summary	2018/19 Budget									2018/19	
	Council			Health			TOTAL			Over/ (Under) Spend Variance at Period 5	Movement in projected budget variance from Period 5
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	53,591	53,324	(267)	11,688	11,799	111	65,279	65,123	(156)	243	(399)
: Locality Services	24,708	25,331	623	4,178	4,246	68	28,886	29,577	691	946	(255)
: Community Care Service Delivery	25,793	25,180	(613)	0	0	0	25,793	25,180	(613)	(590)	(23)
: Rehabilitation and Reablement	1,050	879	(171)	1,437	1,286	(151)	2,487	2,165	(322)	(223)	(99)
: Long Term Conditions	1,735	1,604	(131)	4,315	4,560	245	6,050	6,164	114	136	(22)
: Integrated Island Services	305	330	25	1,758	1,707	(51)	2,063	2,037	(26)	(26)	0
MENTAL HEALTH SERVICES	23,514	24,283	769	49,445	49,046	(399)	72,959	73,329	370	391	(21)
: Learning Disabilities	18,000	18,885	885	477	349	(128)	18,477	19,234	757	695	62
: Community Mental Health	4,131	4,050	(81)	1,628	1,380	(248)	5,759	5,430	(329)	(287)	(42)
: Addictions	1,383	1,348	(35)	1,226	1,177	(49)	2,609	2,525	(84)	(88)	4
: Lead Partnership Mental Health NHS Area Wide	0	0	0	46,114	46,140	26	46,114	46,140	26	71	(45)
CHILDREN'S AND JUSTICE SERVICES	31,463	31,606	143	3,523	3,133	(390)	34,986	34,739	(247)	(146)	(101)
: Intervention Services	3,772	3,684	(88)	303	317	14	4,075	4,001	(74)	(19)	(55)
: Looked After & Accomodated Children	15,980	16,336	356	0	0	0	15,980	16,336	356	157	199
: Fieldwork	4,588	4,609	21	0	0	0	4,588	4,609	21	(14)	35
: CCSF	319	277	(42)	0	0	0	319	277	(42)	(44)	2
: Justice Services	2,655	2,655	0	0	0	0	2,655	2,655	0	0	0
: Early Years	321	242	(79)	2,847	2,457	(390)	3,168	2,699	(469)	(200)	(269)
: Policy & Practice	3,828	3,803	(25)	0	0	0	3,828	3,803	(25)	15	(40)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	373	359	(14)	373	359	(14)	(41)	27
PRIMARY CARE	0	0	0	49,308	49,222	(86)	49,308	49,222	(86)	0	(86)
ALLIED HEALTH PROFESSIONALS				4,570	4,418	(152)	4,570	4,418	(152)	0	(152)
MANAGEMENT AND SUPPORT COSTS	5,132	5,250	118	515	1,074	559	5,647	6,324	677	714	(37)
CHANGE PROGRAMME	658	630	(28)	1,274	1,354	80	1,932	1,984	52	45	7
TOTAL	114,358	115,093	735	120,323	120,046	(277)	234,681	235,139	458	1,247	(789)

2018-19 Budget Monitoring Report – Detailed Variance Analysis per service

Appendix B

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	65,279	65,123	(156)	
Locality Services	28,886	29,577	691	<p>Older People permanent care homes - permanent placements are projected overspend of £0.917m based on 836 placements (583 Nursing and 253 Residential) and an assumption that placements are on a one in one basis to the end of the year. Favourable movement of £0.184m, reduction of 11 places from prior month. Respite care projected overspend of £0.003m, favourable movement of £0.081m based on the spend to date. This also reflects the £0.300m of agreed funding from the Carers allocation which was agreed as part of the recovery plan in period 4.</p> <p>Independent Living Services :</p> <ul style="list-style-type: none"> * Direct Payment packages projected underspend of £0.092m on 62 current packages. * Indirect Payment packages no charges to date, projected underspend £0.045m based on prior year spend. * Adult respite care projected overspend £0.050m based on current spend to date. * Residential Packages projected underspend of £0.025m based on 37 current packages and an expected net decrease in packages of 3. * Community Packages (physical disability) overspend of £0.406m based on 64 current packages, and an expected decrease of 3 packages. <p>Equipment Budget - £0.318m budget for equipment- projected £0.100m underspend in line with approved mitigation.</p> <p>Employee costs - projected £0.188m underspend: Money Matters structure approved resulting in part year vacancies.</p> <p>NHS Packages of Care - projected overspend of £0.223m due to high use of supplementary staffing.</p> <p>District Nursing - projected underspend of £0.173m assuming Band 6 vacancies are filled.</p> <p>Income from Charging Orders - over recovery of £0.290m expected as per previous 3 years trends.</p>
Community Care Service Delivery	25,793	25,180	(613)	<p>Care at home</p> <ul style="list-style-type: none"> - in house service - projected underspend of £0.339m based on current costs. The cost of recruiting 30 staff in October and November will be funded by a reduction in casual and overtime costs. - Purchased Care at home - projected underspend of £0.321m based on current level of spend continuing to end of year. <p>Direct Payments - projected underspend of £0.056m based on 33 current package less 10% expected recovery from underspent balances.</p> <p>Transport costs - projected overspend of £0.084m due to increase in staff mileage within care at home and ferry charges.</p> <p>Admin costs - projected overspend of £0.086m mainly due to mobile phone equipment.</p> <p>Voluntary Organisations - projected overspend £0.064m (CLASP HOPE £0.020m and Alzheimer £0.044m).</p> <p>Income - projected over recovery £0.146m based on current receipts and an increase in Community Alarm income.</p>

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	2,487	2,165	(322)	Employee costs - projected underspend £0.213m due to vacancies. Adaptations Budget - £0.487m - projected £0.100m underspend in line with approved mitigation.
Long Term Conditions	6,050	6,164	114	Carers Centres - projected £0.100m underspend based on additional funding for the Carers Strategy. Ward 1 - projected overspend of £0.407m assuming current staffing levels continue. Ward 2 - projected underspend of £0.053m, assuming funding from East HSCP for Kirklandside Ward. Elderly CMHT - projected underspend of £0.101m assuming current staffing levels continue.
Integrated Island Services	2,063	2,037	(26)	Outwith the threshold for reporting
MENTAL HEALTH SERVICES	72,959	73,329	370	
Learning Disabilities	18,477	19,234	757	Residential Packages - projected underspend of £0.041m based on current 38 packages £2.436m less 2% invoice variances. Community Packages - projected overspend of £0.696m based on current 341 packages less 9.75% invoice variances and a net movement in year of 7 new packages. Challenge Fund savings of £0.256m expected to be achieved. Direct Payments - projected overspend of £0.228m based on 41 current packages less 10% underspent balances and an expected increase of 5 packages in year. Employee costs - projected underspend £0.211m mainly due to vacant posts Income - projected under recovery of £0.100m based on current receipts and no income from other local authorities for use of Taigh Mor respite service as this is being fully utilised to meet the respite needs of North service users.
Community Mental Health	5,759	5,430	(329)	Community Packages - projected underspend of £0.105m based on 99 packages less assumed invoice differences between planned and actual service delivered plus a net increased of 1 package. Employee costs - projected underspend £0.236m mainly due to vacant posts
Addictions	2,609	2,525	(84)	Addictions Team - projected underspend of £0.049m due to in year vacancies. Assumes that any ADP underspend will require to be carried forward for use in future years.

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	46,114	46,140	26	<p>Adult Community - projected underspend of £0.079m due to vacancies in the crisis team.</p> <p>Adult Inpatients- projected overspend of £0.457m due to a delay in bed sale income. The projection assumes three low secure beds from November and a further bed from January.</p> <p>UNPACs - projected to underspend by £0.340m. Assumption that there will be no change to NHS GG&C charge and there will be 2 new care packages in-year.</p> <p>LDS - projected to underspend by £0.261m due to delay in UNPACs transfer.</p> <p>Elderly Inpatients - projected to overspend by £0.347m due to use of supplementary staff.</p> <p>CAMHS - projected underspend is £0.370m based on projected staffing levels.</p> <p>MH Admin - projected underspend of £0.076m. This is after the transfer of services to East and South.</p> <p>Psychiatry - projected to overspend by £0.122, primarily due to locums and a reduction in Dean funding. EMH Liaison post remains unfunded.</p> <p>MH Pharmacy - projected to underspend by £0.108m mainly within substitute prescribing due to the benefit on over-accrual in 2017-18.</p> <p>Psychology- projected to underspend by £0.430m based on projected staffing levels.</p> <p>CRES target - projected overspend of £0.986m in relation to savings still to be identified.</p> <p>Projected underspends in other areas - include Associate Nurse Director budgets £0.033m, slippage on mental health allocations of £0.070m and resource transfer reserve £0.098m.</p>
CHILDREN'S SERVICES AND CRIMINAL JUSTICE	34,986	34,739	(247)	
Intervention Services	4,075	4,001	(74)	<p>Employee costs - projected underspend £0.160m mainly due to vacant posts.</p> <p>Care Leavers - projected overspend Of £0.057m based on current number of service users.</p>

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	15,980	16,336	356	<p>Looked After Children placements - projected underspend of £0.434m based on the following:-</p> <p>Kinship - projected overspend of £0.162m. Budget for 302 placements, currently 309 placements and projecting 320 by the year end.</p> <p>Adoption - projected underspend of £0.028m. Budget for 78 placements, currently 68 placements and projecting 71 by the year end.</p> <p>Fostering - projected underspend of £0.320m. Budget for 140 placements, currently 121 placements and projecting 130 placements by the year end.</p> <p>Fostering Xtra - projected underspend of £0.162m. Budget for 32 placements, currently 26 placements and projecting 26 by the year end.</p> <p>Private fostering - projected underspend of £0.079m. Budget for 16 placements, currently 11 placements and projecting 12 by the year end.</p> <p>Fostering respite- projected on-line.</p> <p>IMPACCT carers - projected underspend of £0.007m based on 3 carers providing support for full year.</p> <p>Adoption Fees - projected overspend of £0.070m due to external agency fees and 2 placements from other Councils.</p> <p>Residential School placements including community packages - projecting an overspend of £0.743m. Projection based 2 current secure placements, one projected to November, one projected to March. 25 residential and community placements projected to leave as 2 in October, 1 in November, 3 in December, 6 in January and 1 from February with 12 placements remaining at March 2019.</p> <p>Remand budget of £100k, at present projection assumes this will be spent</p> <p>Employee Costs - projected underspend of £0.088m due to vacancies.</p>
Fieldwork	4,588	4,609	21	Outwith the threshold for reporting
CCSF	319	277	(42)	Outwith the threshold for reporting
Criminal Justice	2,655	2,655	0	Assumed to come in line with budget
Early Years	3,168	2,699	(469)	<p>Employee costs - projected underspend of £0.415m due to vacancies.</p> <p>CAMHS budget - projected underspend of £0.056m</p>
Policy & Practice	3,828	3,803	(25)	Outwith the threshold for reporting
Lead Partnership (CS & CJ)	373	359	(14)	Outwith the threshold for reporting

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
PRIMARY CARE	49,308	49,222	(86)	Prescribing - projected underspend of £0.086m based on activity to date.
ALLIED HEALTH PROFESSIONALS	4,570	4,418	(152)	Employee costs - projected underspend due to vacancies.
Management & Support Services	5,647	6,324	677	CRES savings - projected overspend of £0.682m relating to CRES savings still to be identified.
CHANGE PROGRAMME and challenge Fund	1,932	1,984	52	Employee costs - projected underspend due to vacancies.
TOTAL	234,681	235,139	458	

Threshold for reporting is + or - £50,000

North Ayrshire Health and Social Care Partnership 2018/19 Savings

Appendix C

Council Commissioned Services

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 6 £000's	Projected Shortfall
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Investment in Universal Early Years	Green	Amber	100	47	47	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - School-based Approach to Reducing Looked After (LAC)/Looked After and Accommodated Numbers(LAAC)	Green	Amber	200	106	106	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Reduction in Needs for Residential School placements enhancing our community supports with a new team.	Green	Amber	536	340	340	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Expansion of the Multi Agency Assessment and Screening Hub (MAASH)	Green	Amber	37	26	26	-
Children & Criminal Justice	Reallocation of Partnership Forum budget with associated savings	Green	Blue	40	40	40	-
Children & Criminal Justice	To reduce the Learning and Development team	Amber	Blue	75	75	75	-
Children & Criminal Justice	Reduction in Staffing	Green	Blue	25	25	25	-
Children & Criminal Justice	To discontinue the mentoring project for young people	Green	Green	25	25	25	-
Community Care & Health	Community Care & Health Challenge Fund Projects - Physical Disabilites	Green	Red	200	200	-	200
Community Care & Health	Community Care & Health Challenge Fund Projects - Reablement	Green	Blue	228	181	181	-
Community Care & Health	Reduction in staff from the Arran social work team	Amber	Blue	13	13	13	-
Community Care & Health	Withdrawal of funding to Crossroads, Largs	Green	Blue	14	14	14	-
Community Care & Health	Additional projected income	Green	Green	155	155	155	-
Community Care & Health	Harbour Centre Day Service, Alzheimers - closure of weekend service (note and approve the alternative saving in the report)	Green	Blue	8	8	8	-
Community Care & Health	Reduction in Care Home Placements - proposal to reduce 25 placements.	Red	Red	391	391	-	391
Community Care & Health	Reduction in Care at Home	Red	Blue	200	200	200	-

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 6	Projected Shortfall
Mental Health	Mental Health - Challenge Fund Projects	Green	Green	226	226	226	-
Mental Health	Redesign and recommission a mental health support service at a reduced cost.	Amber	Blue	30	30	30	-
Mental Health	Reduction in Caley Court Learning Disability Team.	Amber	Green	48	48	48	-
Mental Health	Reduction in staff at Hazeldene Day service	Amber	Green	35	35	35	-
Management & Support	Review all support secondments/posts which could be provided by parent organisations to the HSCP.	Amber	Blue	50	50	50	-
Management & Support	Operational savings generated by the business support review.	Amber	Green	150	150	150	-
Management & Support	Planning and Performance Team - reduction in staffing	Green	Green	37	37	37	-
Cross Service	Pilot Sickness Absence Taskforce within the HSCP	Green	Blue	100	75	75	-
Cross Service	Staff Mileage - 10% reduction across the partnership	Green	Amber	40	40	40	-
Cross Service	Bring forward phase 2 Challenge Fund savings from 2019/20 to 2018/19	Green	Blue	250	250	250	-
Cross Service	Cap respite across all services to 35 days	Green	Amber	200	200	130	70
Change and Improvement	Change Team Restructure	Green	Blue	108	108	108	-
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	218	218	218	-
TOTAL				3,739	3,313	2,652	661

NHS Commissioned Services

Appendix C

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 6 £000's	Projected Shortfall
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	242	242	242	-
Planning and Performance	Change Team Restructure	Green	Blue	108	108	108	-
Mental Health	Review of Psychology Services - Phase 2	Green	Blue	47	47	47	-
Mental Health	Prescribing - Secondary 1%	Amber	Blue	7	7	7	-
Mental Health	Add UNPACS 1%	Amber	Blue	23	23	23	-
Mental Health	Psychiatry 1%	Amber	Blue	55	55	55	-
Mental Health	Addictions 1%	Amber	Blue	13	13	13	-
Community Care & Health	Arran	Amber	Blue	20	20	20	-
Community Care & Health	Delayed Discharge Funding	Green	Blue	53	53	53	-
Community Care & Health	District Nursing Supplies	Green	Blue	7	7	7	-
Community Care & Health	Reduction in staffing - Arran	Green	Blue	30	30	30	-
Cross Service	Supplies	Green	Blue	80	80	80	-
Cross Service	Transport	Green	Blue	5	5	5	-
Cross Service	Savings carried forward from 2017/18	Red	Red	2,557	2,557	889	1,668
TOTAL				3,247	3,247	1,579	1,668
GRAND TOTAL				6,986	6,560	4,231	2,329

Financial Recovery Plan (IJB approved Sept 2018)

Appendix D

Ref	Service Area	Recovery Action Proposed	Status: Complete In Progress Delayed	Estimated Benefit £ 000's	Achieved (included in the projected outturn) £ 000's	Remaining Balance £ 000's	Responsible Officer
1	Care Homes	Phased reduction in care home numbers as more people will be supported at home. This would focus on a reduction in residential care placements by utilising the capacity in community services (eg care at home, district nursing) to support people to remain supported in their own homes.	Complete	200	200	-	Donna McKee (David Rowland)
2	Learning Disability	From September there will be a full time care manager seconded to a dedicated learning disability review team. This will assist in achieving the planned Challenge Fund savings and contribute to the financial recovery plan.	In Progress	100	-	100	Thelma Bowers
3	Learning Disability	Sleepovers - the current sleepovers are being reviewed to assess which could be provided using the existing out of hours responder service. There is not currently a savings target aligned to sleepover services.	In Progress	100	-	100	Thelma Bowers
4	Learning Disability	Review of all 2:1 supports for clients, from reviews already undertaken a reduction has been delivered, plan to review remaining supports.	In Progress	75	-	75	Thelma Bowers
5	Cross Service	Review of all transition cases (e.g. LD adults aged 65+) to ensure the appropriate care is provided (saving is estimate net of alternative care provision).	In Progress	150	-	150	Thelma Bowers
6	Cross Service	Audit of compliance with the charging policy to ensure consistency of application across services.	In Progress	50	-	50	Caroline Whyte
7	Carers	Increased demand for Respite services, contributing to overall overspend, use element of Carers Act funding for support for respite. Non recurring basis for 2018-19, reviewed as part of 2019-20 budget in line with plan for Carer's Act funding and implementation.	Complete	300	300	-	Donna McKee (David Rowland)
8	Equipment	Temporary reduction (2018-19 only) in the equipment budget due to the Challenge Fund investment being used to clear the waiting list. This will be kept under review together with any waiting lists and impact on delivery of community based services.	Complete	100	100	-	Donna McKee (David Rowland)
9	Adaptations	Temporary reduction (2018-19 only) in the adaptations budget. This will be kept under review together with any waiting lists and impact on delivery of community based services.	Complete	100	100	-	Donna McKee (David Rowland)
10	MH Inpatients	Current plans assume 4 bed sales to support service costs, actively market a 5th bed.	In Progress	40	-	40	Thelma Bowers
11	Learning Disability	Cease payment of Resource Transfer for a historic arrangement in relation to one patient moving outwith NHS A&A.	Complete	40	40	-	Thelma Bowers
TOTAL				1,255	740	515	

Other actions being taken:

Ref	Service Area	Action	Responsible Officer
1	Learning Disability	Extension of CM2000 to adult services which will enable payment to care providers based on actual service delivered. Greatest potential impact will be from 2019-20.	Thelma Bowers
2	Learning Disability	Developing alternative approaches to personal assistant provision to accompany service users to social events	Thelma Bowers
3	Learning Disability	Developing alternative approaches to transport for service users to social events.	Thelma Bowers
4	Cross Service	The partnership vacancy scrutiny group continues to review all vacant posts which leads to non-recurring savings. This has been added to by the NHS also undertaking a workforce management review group.	Stephen Brown
5	Cross Service	The absence pilot approved by the IJB in August may lead to reduced sickness rates and associated reduced absence related costs.	Julie Davis
6	Mental Health	A review and redesign of Elderly Mental Health wards is being undertaken. There will be no savings in 2018-19 but outcome may reduce the projected overspend.	Thelma Bowers
7	Commissioned services	Review all outstanding contractual uplifts	Caroline Whyte

2018/19 Budget Reconciliation

Appendix E

COUNCIL	Period	Permanent / Temporary	Budget £000's
Initial Approved Budget	2		92,353
Resource Transfer	2	P	22,317
ICF Procurement Posts - Transfer to Procurement	2	T	(89)
Additional Pension Costs	4	P	(9)
Reduction in Criminal Justice Settlement	5	P	(243)
Budget from Education - Activity Agreements at Rosemount	6	T	29
Period 6 reported budget			114,358

HEALTH	Period	Permanent / Temporary	Budget £000's
Initial Approved Budget (including estimated pay award funding)	2		138,638
Resource Transfer	2	P	(22,317)
GIRFEC – Health Visitors	3	P	47
Remove estimated pay award	4	P	(1,496)
Actual pay award	4	P	1,462
Specialist Pharmacist upgrade	4	P	11
MH Admin – transfer to East and South	5	P	(1,198)
NES junior doctor funding	5	P	(80)
HD424 - NMAHP Clinical Lead	5	P	16
Allocation of the AHP budget	6	P	4,570
Mental Health Strategy - Action 15	6	P	571
ADP CRES Reduction	6	P	462
Medical Pay Award	6	P	204
Medical Training Grade Adjustment	6	P	49
Band 3 Admin funding transferred from East	6	P	14
Breast Feeding Programme - Health Visitor	6	P	9

Mental Health Admin Split to South/East(Supplies)	6	P	(72)
Prescribing Reduction	6	P	(567)
Period 6 reported budget			120,323
GRAND TOTAL			234,681

DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	15112018-01	
2.	Date Direction Issued by IJB	15 th November 2018	
3.	Date Direction takes effect	16 th November 2018.	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	X
		Both	
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	X
6.	Functions covered by the direction	All NAHSCP delegated functions	
7.	Full text of direction	NHS Ayrshire & Arran are directed to: a) Action the budget reductions outlined in para 2.12 and Appendix E.	
8.	Budget allocated by Integration Joint Board to carry out direction	North Ayrshire Council £114.358m NHS Ayrshire & Arran £120.323m TOTAL £234.681m	
9.	Performance Monitoring Arrangements	Regular financial updates will be reported to the IJB during 2018/19, the financial recovery plan may require to be reviewed depending on progress and impact.	
10.	Date of Review of Direction (if applicable)	n/a	

Integration Joint Board
15 November 2018

Subject: Programme for Government funding for breastfeeding

Purpose: To provide an update on work to improve local breastfeeding rates.

Recommendation: The Integration Joint Board is asked to:
i) Note the additional funding NHS Ayrshire & Arran will receive;
ii) Note the proposals for this funding.

Glossary of Terms

ISD	Information Services Division, Scotland
UNICEF	United Nations International Children's Emergency Fund
SIMD	Scottish Index of Multiple Deprivation

1.	EXECUTIVE SUMMARY
1.1	Ayrshire has low breastfeeding rates, with a low initiation rate and high drop off rates at discharge from hospital, at 10 days and 6-8 weeks.
1.2	<p>As part of the Programme for Government (2017/18), the Scottish Government requested NHS Boards submit proposals to increase breastfeeding support for mothers, particularly in the earliest days following birth. A proposal entitled '<i>A new multidisciplinary model for infant feeding support</i>' was submitted with the aim "<i>To make Ayrshire the best place in Scotland to breastfeed.</i>"</p> <p>A second proposal was submitted to increase the provision of peer support groups for expectant and new parents across Ayrshire. NHS Ayrshire & Arran will work in partnership with the Breastfeeding Network to introduce two new infant feeding groups.</p> <p>NHS Ayrshire & Arran will receive £345,000 over three years to implement these proposals.</p>
1.3	After the proposals were submitted, Scottish Government asked NHS Ayrshire & Arran to host and manage a Breastfeeding Advocacy Lead for Scotland post and will receive a further £175,000 over three years. The post holder will work in conjunction with Scottish Government to support the development and implementation of an advocacy and cultural change strategy.
2.	BACKGROUND
2.1	There is compelling evidence on the benefits of breastfeeding on the short and long term health of mothers and their babies. Breastfeeding protects babies from ear, gastrointestinal and chest infections, diabetes and obesity later in childhood. Women who breastfeed are less likely to develop breast and ovarian cancer, hip

fracture as a result of osteoporosis and are more likely to return to their pre-pregnancy weight. The nutritional value of breastfeeding is clear, it is a living fluid designed to meet the needs of the individual baby, relative to their age and stage. However, in addition there are other benefits of breastfeeding; UNICEF describes breastfeeding as 'nutrition + protection + comfort'. Breastmilk contains antibodies, which provide protection from infections. Breastfed babies are fed in a responsive way and breastfeeding provides comfort when tired or distressed. The hormones of breastfeeding also encourage a strong bond between mother and baby.

2.2 Breastfeeding rates in Scotland are low compared to the rest of the UK. It can be seen from Figure 1 that breastfeeding rates vary by geographical area and rates in Ayrshire are the lowest in Scotland. The most recent data published by Information Services Division (ISD) Scotland showed that in 2016/17, 18.5% of babies in NHS Ayrshire & Arran were exclusively breastfed at 6-8 weeks compared to 30.3% of babies in Scotland.

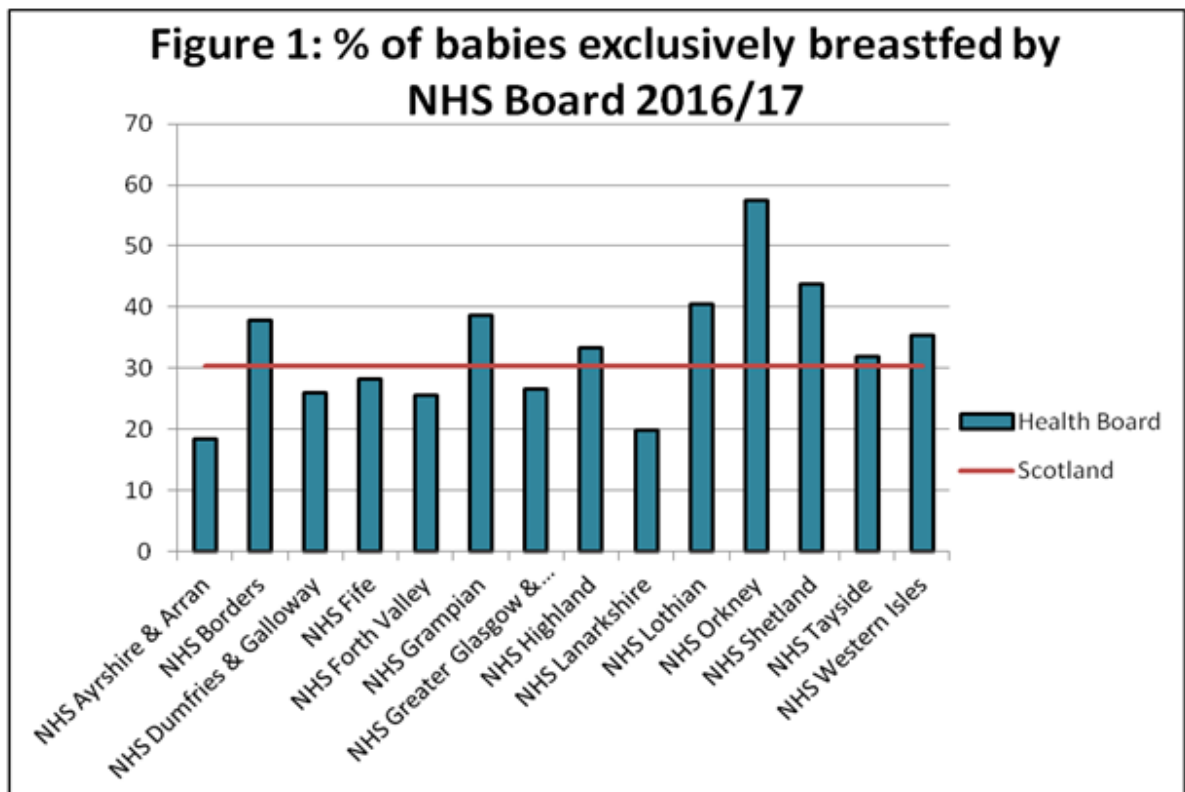
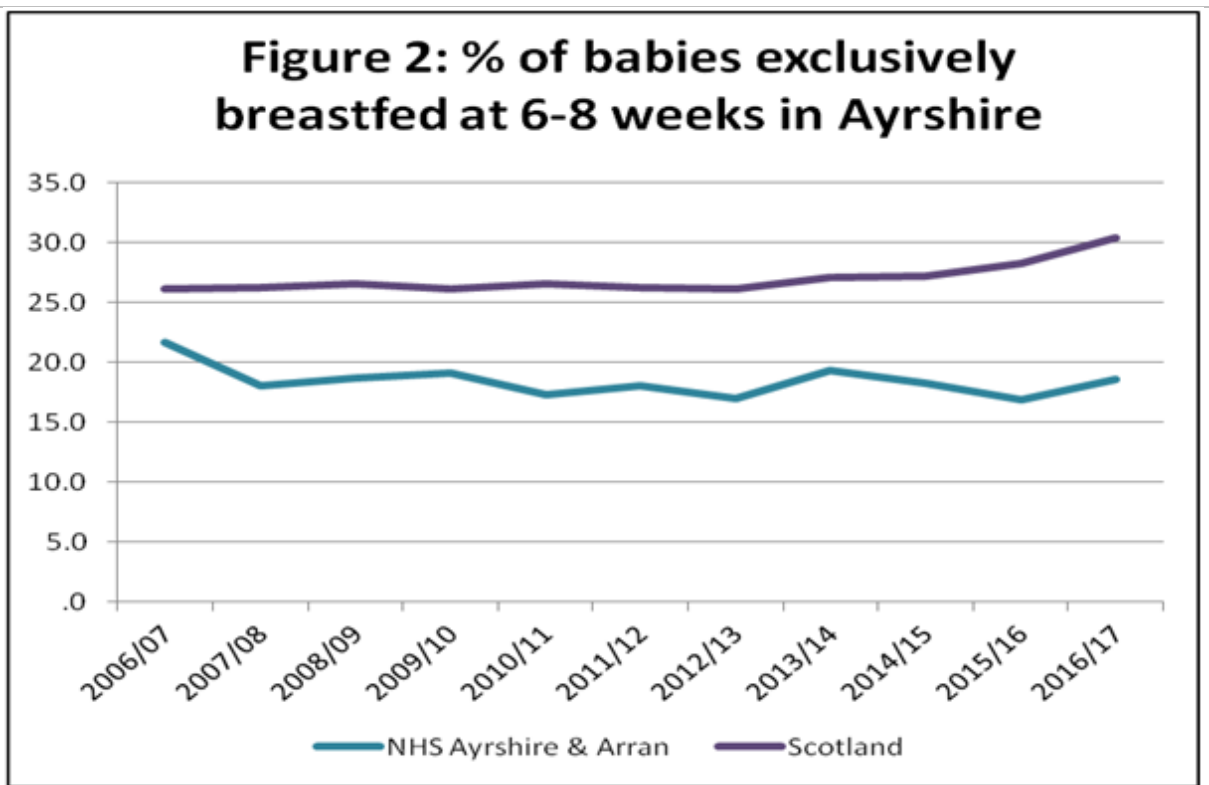
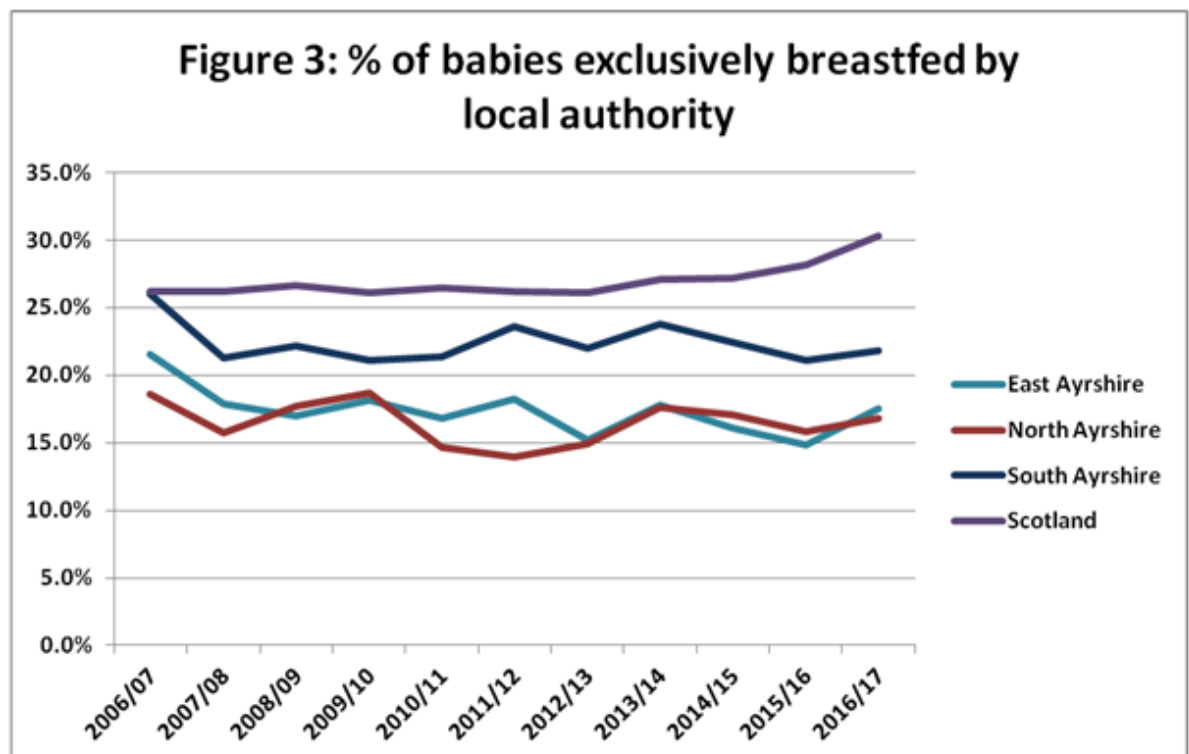


Figure 2 shows that national breastfeeding rates between 2006/07 and 2012/13 were relatively static, with a small gradual increase each year since then. Locally, rates have remained stubbornly low with some year to year fluctuation.



Breastfeeding is strongly linked to deprivation, maternal age and educational attainment of the mother. Women who live in the least deprived areas in Scotland are three times more likely to breastfeed than those who live in the most deprived areas; thus babies already vulnerable are further disadvantaged. Older women and those who go on to higher education are more likely to breastfeed. Within Ayrshire breastfeeding rates are higher in South Ayrshire compared to those in North and East Ayrshire (Figure 3).



2.3

In 2011 the Scottish Government published '*Improving Maternal & Infant Nutrition in Scotland – A Framework for Action*'. Since then, NHS Boards have received an annual allocation to implement the Framework.

2.4	<p>The Maternal & Infant Nutrition Programme Board is a partnership between NHS Ayrshire & Arran, the three local authorities and the Breastfeeding Network (a national charity), whose purpose is to oversee implementation of a local maternal and infant nutrition action plan and the associated ring-fenced funding. The plan spans maternal nutrition, including maternal healthy weight; breast and formula feeding; weaning; oral health; and nutrition in early years. The Infant, Children and Young People Transformational Change Programme Board provides oversight of this work.</p>
3.	PROPOSALS
3.1	<p>Integrated infant feeding team</p> <p>Change 1: One point of contact for breastfeeding support</p> <p>Infant feeding support is provided by two key partners; NHS Ayrshire & Arran (maternity unit and community) and the voluntary sector (the Breastfeeding Network). We find that this can lead to some families finding it hard to know what support is available to them and what support best matches their needs. There can also be duplication of support and issues with communication between those practitioners supporting a family. The funding will be used to bring key NHS and Breastfeeding Network staff together to create one team. This Integrated Infant Feeding Team will consist of NHS infant feeding leads and a peer support lead, working together to offer a single point of contact for infant feeding in Ayrshire. The team will deliver a range of innovative, community-based antenatal and postnatal interventions to help increase breastfeeding initiation rates and reduce attrition rates. The team will also lead and co-ordinate activities which challenge the embedded formula feeding culture across Ayrshire. The funding will provide 0.8 WTE Band 6 Community Infant Feeding Support Nurse to support the existing community infant feeding lead, along with 0.6 WTE admin support. For peer support it will fund 2.0 WTE Breastfeeding Network peer supporters to provide proactive support for families.</p> <p>All requests for support will be triaged through the team, allowing decisions to be made about the most appropriate type of support for each family and which team member is best able to offer it. This decision will be made in conjunction with the family. This will allow access to the most appropriate type of support and develop a local model of universal, additional and specialist support, which UNICEF Baby Friendly Initiative recognise as the best model for infant feeding support. Inclusion of peer supporters in the team will result in continuity of support from the antenatal period, through the first days home from hospital until after the baby is 6 weeks old.</p> <p>As part of this change, all breastfeeding families in Ayrshire will be offered proactive, family centred, 1-1 breastfeeding support within 24 hours of discharge from Ayrshire Maternity Unit. A phone call will be made to the family and during this call a breastfeeding assessment will be completed. Where the results of the assessment suggest there are issues with breastfeeding, a same day home visit will be offered. There will be clear referral routes to specialist support if needed. The Team will be using the model for improvement to test methods of contact and support.</p> <p>Proactive support before problems arise should result in reduction in drop off rates at discharge from hospital and before day 10. Pregnant first time mothers and those who have had a previous poor experience of breastfeeding will be able to ask for contact with the infant feeding team before their baby arrives and then link in with a peer supporter or most appropriate member of the team from pregnancy right through their breastfeeding journey.</p>

The integrated team will encourage mums to access support from local peer support groups once they feel able to attend to help them build supportive social networks with other parents to help reduce isolation. This is in line with the Maternal & Infant Nutrition Framework, which states that all families should have access to both professional and peer support.

Change 2: Access to support for parents of premature and sick babies

The team will test offering support for families with a baby in the neonatal and paediatric wards, with peer supporters visiting daily to offer evidence-based information and support around breastfeeding and social and emotional support for parents at what can be a very stressful time. Support in these areas will also focus on talking to parents about the importance of close loving relationships and attachment and bonding with their new baby in line with UNICEF Baby Friendly Initiative standards, alongside expressing and using breast pumps and skin to skin/kangaroo care as appropriate.

Peer supporters will be able to offer support around expressing and storing breastmilk, including for mums who choose to exclusively pump, skin to skin and concerns around milk supply to mums in both the antenatal and postnatal periods, alongside more specialist support in these areas from other members of the team. Mums who pump whilst their baby is in the neonatal unit or who express for long periods of time can be at particular risk of isolation and peer supporters will be able to offer social and emotional support to these mums to enable them to reach their feeding goals. There will be a clear pathway for peer supporters to be able to easily refer back to the Integrated Team to access specialist feeding support for these families if needed.

Change 3: Access to additional antenatal support

We are already in the early stages of testing an online breastfeeding antenatal course on Facebook and this will continue as part of this project, supported by the new Integrated Infant Feeding Team. The content of the course will include evidence-based information on breastfeeding alongside lots of hints and tips from other parents in Ayrshire about how to get breastfeeding off to a good start.

The aim of the course is to normalise breastfeeding and give families the information and knowledge they need to empower them to make informed choices about feeding their new baby. The course groups will be linked to a Facebook page called Ayrshire Breastfeeds which will be facilitated by the new Integrated Infant Feeding Team. Families will be able to join discussions on the page and send private messages, giving them an easy and quick way to access support whenever they need it.

Change 4: Making breastfeeding more culturally acceptable in Ayrshire

Community based work will focus on normalising breastfeeding and changing the culture across Ayrshire to be more positive about breastfeeding. New parents need the support of their families and community to succeed with breastfeeding. The Integrated Infant Feeding Team will give a single point of contact for any community group, school, business or individual who would like to find out more about breastfeeding or show their support. This work will focus on extending our Breastfeed Happily Here scheme; delivering infant feeding sessions in nurseries and schools; and extending our #AyrshireBreastfeeds social media campaign.

3.2	<p>Infant Feeding Groups</p> <p>Reduced opportunities for parents to meet other parents at child health clinics can add to social isolation of parents and the opportunity to meet parents with babies of a similar age. For the past year, with funding from North Health & Social Care Partnership, NHS Ayrshire & Arran and the Breastfeeding Network have piloted a small number of Parent & Baby Cafes welcoming both breastfeeding and formula feeding parents. This type of group was developed to address the need to make breastfeeding more visible in our communities, where many expectant and new mothers have never seen a mother breastfeed. Within these groups, breastfeeding is more seen, experiences are shared and parents currently formula feeding are given the opportunity to consider breastfeeding their next baby or talk to family or friends about it.</p> <p>The groups provide a hub for parents, offering information and signposting to a wide variety of other types of support such as information about Healthy Start, speech and language, dental health and income maximisation. Breastfeeding and infant feeding e.g. responsive bottle feeding and appropriate weaning, are at their core, however, they also focus on attachment and loving relationships between parents and their new baby. Support using the new baby box sling and activities such as baby massage, first aid training and Bookbug also contribute to supporting attachment and offer enjoyable social activities that may help encourage parents to attend.</p> <p>It is proposed that the two new groups are set up in Ayr North and Arran. These will be delivered by the Breastfeeding Network in addition to the five volunteer led peer support groups already in existence in Ayr, Troon, Maybole, Irvine and Kilmarnock.</p>
3.3	<p><u>Anticipated Outcomes</u></p> <p>Scottish Government has set all Boards a stretch aim to reduce the drop off in exclusive breastfeeding rates from birth to 6-8 weeks by 5% by 201/21 and 10% by 2024/25. Discussion is in progress to agree appropriate targets for breastfeeding initiation rates and exclusive breastfeeding rates at 6-8 weeks for each Health and Social Care Partnership area.</p>
3.4	<p><u>Measuring Impact</u></p> <p>Specific measures will include:</p> <ul style="list-style-type: none"> ○ Number of mothers who receive a phone call within 48 hours of discharge ○ Number of additional venues signed up to the Breastfeed Happily Here scheme ○ Number of community events attended by peer supporters ○ Number of women signed up to social media antenatal course ○ Engagement and reach with #Ayrshirebreastfeeds campaign ○ Number of parents supported on neonatal unit and paediatric ward ○ Number of parents attending infant feeding groups.
4.	<p>IMPLICATIONS</p>
<p>Financial:</p>	<p>NHS Ayrshire & Arran will receive a total allocation of £345,000 over three years to March 2021 to implement the proposals outlined in this paper. In addition, NHS Ayrshire & Arran will receive £175,000 over the same time period to host and</p>

	manage a national post.
Human Resources:	A 0.8 WTE Band 6 Infant Feeding Support Nurse post will be appointed to work alongside the current Community Infant Feeding Nurse, on a pan Ayrshire basis.
Legal:	There are no legal issues arising from this report.
Equality:	An Equality Impact Assessment will be undertaken during the development of the proposed services.
Children and Young People	The proposals will have a positive impact on health and wellbeing outcomes for infants and children, and their families.
Environmental & Sustainability:	There are no environmental or sustainability issues arising from this report.
Key Priorities:	This work links to outcomes in the NAHSCP Strategic Plan, Children's Services Plan and the North Ayrshire Local Outcome Improvement Plan.
Risk Implications:	There has been engagement with a wide range of professionals in the development of the proposals; therefore the actions planned are realistic and achievable.
Community Benefits:	As this report does not deal with the outcome of a tendering or procurement exercise, there are no community benefits.

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

5.	CONSULTATION
5.1	The proposals outlined in this paper have been developed by members of the Maternal & Infant Nutrition Programme Board, which has representation from NHS Ayrshire & Arran, the three local authorities, the three Health and Social Care Partnerships, and the third sector. The proposals have been approved by the NHS Ayrshire & Arran Transformation Leadership Group and the Infant, Children and Young People Transformational Change Programme Board.
6.	CONCLUSION
6.1	Breastfeeding rates in Ayrshire have been stubbornly low for over a decade, despite breastfeeding being a key priority for NHS Ayrshire & Arran and its partners. The Programme for Government funding provides an opportunity to focus on changing cultural attitudes towards breastfeeding and normalising breastfeeding within our communities.

For more information please contact Dr Ruth Campbell, Consultant Dietitian in Public Health Nutrition on 01292 885843 or ruthcampbell@nhs.net

Integration Joint Board
15 November 2018

Subject: **What Matters to You? 2018**

Purpose: To inform the Integration Joint Board (IJB) of the outcomes from What Matters to You? Day in North Ayrshire.

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

Glossary of Terms	
NAHSCP	North Ayrshire Health and Social Care Partnership
WMTYD	What Matters to You Day
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	This report informs the members of the IJB of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP) in relation to What Matters to You? Day (WMTYD) 2018 and the change actions taken forward across the whole system. A celebration of this work will be taking place directly after the IJB to thank staff for their efforts and share the good practice displayed across the Partnership.
2.	BACKGROUND
2.1	What Matters to You? Day began in Norway in 2015 as a way of breaking down communication barriers between clinical staff and patients. Scotland adopted the day the following year in order to increase conversations across health and social care in Scotland. Evidence shows that meaningful conversations can lead to improved health outcomes for patients and more efficient services. In 2017, NAHSCP embraced WMTYD as part of our Strategic Plan consultation across the wider health and social care system. Through this, we asked over 2500 people 'What matters to you about health and social care services in North Ayrshire?' Due to last year's success it was felt that WMTYD could be used annually to ensure on-going dialogue with services and local communities.
2.2	In March 2018 a small steering group was formed to begin planning our approach. By utilising learning from both wider engagement conversations and our participation in 2017 the group decided that our focus would be on encouraging conversations, rather than on consultation. This meant that we would keep the 'What matters to you?' question and encourage staff to have an open conversation with the people that they support.
2.3	Having these open conversations would provide an opportunity for staff to learn more about the people they support, including carers and family members and therefore build stronger relationships. It would also allow our services to provide a more person-

	centred service, as they would have an improved understanding of what really matters to the people accessing the service.
2.4	<p>Despite our aim to draw attention away from a consultation style approach it was decided that the day would provide an excellent opportunity to influence change at three levels across the Partnership:</p> <ol style="list-style-type: none"> 1. <u>The staff member</u> having the conversation could make an immediate change as a result of learning something new about the person they support. For example, if a staff member in a day service discovered that the person enjoyed western movies, they could ensure that that person had an opportunity to view them or chat about them regularly. 2. <u>The team</u> within that service would have a discussion about the collective responses and identify one change that they would implement as a team. 3. <u>The Directorate</u> would then have an opportunity to hear feedback from the services and decide on one change (or more) at this level.
2.5	A key aspect of any engagement activity, but often missing, is providing feedback. Therefore, the group decided that WMTYD 2018 would be followed by an event called What Mattered to You? in November 2018. This event would share the outcomes from WMTYD and allow those who took part to see the impact their conversations had.
3.	ACTIONS TAKEN
3.1	In April 2017 an email was sent to all service managers across NAHSCP informing them of WMTYD and asking each service to nominate a What Matters to You Service Champion. These WMTY Service Champions would lead and coordinate the conversations across their service, encourage staff involvement, facilitate the post-WMTYD team discussion and return feedback. Champions were invited to register and attend one of a series of briefing sessions, designed to inform and support them in their role.
3.2	A total of 50 WMTY Service Champions registered to attend a briefing session on behalf of their service, with 38 attending on the day. From the 38 services represented at the briefing sessions, 27 services actively took part in the WMTY process.
3.3	<p>The briefing sessions were made available on various dates and venues across North Ayrshire to allow maximum accessibility. Each session involved:</p> <ul style="list-style-type: none"> • Background information on What Matters to You? Day • Purpose of our participation – Focus on conversations • How to have difficult conversations • Role playing exercise • The role of the WMTY Service Champion • Distribution of materials <p>Champions were invited to ensure team participation, facilitate team discussion, complete and return a team feedback template and share learning from their experience.</p>
3.4	On the 6 th June 2018 – What Matters to You? Day – A total of 1612 conversations were recorded across the Partnership. A full breakdown of the teams and services involved can be found in Appendix 1. However, it should be noted that individual conversation figures must be taken in context as some teams will come into contact with more people on a daily basis. All teams displayed the individual conversation cards in an area visible to carers and family members.

3.5	In the 4 weeks that followed WMTYD the teams involved had a discussion session, based on the feedback form provided (Appendix 2). The teams noted how many conversations they had, the benefits and challenges of taking part, decided on one change that they would make as a team and agreed on a suggested change for the overall service. The feedback forms were then returned to the Partnership Engagement Officer.
3.6	The collective team feedback was forwarded to the Heads of Service to decide on at least one change at Directorate level.
4.	CHALLENGES AND BENEFITS
4.1	<p>Various challenges and benefits of WMTYD were reported via the team discussions. A full list of challenges and benefits, as stated by participating teams can be found in Appendix 3.</p> <p>Challenges:</p> <ul style="list-style-type: none"> • 10 teams (32%) indicated that supporting people to understand the question was a challenge. Some said that the question was often misunderstood and service users interpreted it as an opportunity to raise complaints, rather than discuss what matters to them. Of course, what matters to that individual might be a complaint, although some teams found that it was more of a pattern than individual cases. The ‘What matters to you?’ question is indeed very broad and deliberately so as it encourages conversation which is the very essence of the project. However, if this type of approach is not often utilised it can seem like an odd question to ask. The purpose of the day is to begin normalising these conversations and therefore if it is a regular occurrence our staff, service users and family members should find this less of a challenge when the question is asked. • 4 teams (13%) said that a lack of time with patients/service users was a challenge to having the conversations. Many staff members also informally raised the point that they would like to have more protected time to spend conversing with the people whom they support. They see it as a valuable part of their role, but have less time for this due to competing demands. The evidence of improved patient outcomes as a result of meaningful conversations is overwhelming and therefore ensuring time to talk about what matters to people should be a priority across the Partnership. Providing some regular protected time for these conversations would be beneficial. • 4 teams (13%) said that they faced no challenges in having the conversations. • 3 teams (9.5%) found that people were reluctant to take part on account of being consulted on things previously and not seeing anything change as a result. Feedback is a significant part of any engagement process. It is hoped that by sharing the outcomes via the What Mattered to You? event and other mediums will increase the level of trust service users/patients, carers and family members have, that the Partnership will listen and act on what matters to them. • Other challenges included difficulties in getting people to open up, being unable to follow through on what matters as a result of structural barriers or only seeing someone in a one-off setting and difficulty accessing carers and family members. One team found that deciding on which change to make was a particular challenge. <p>Benefits:</p>

	<ul style="list-style-type: none"> • 14 teams (45%) said that the feedback they had received was valuable and highlighted things they otherwise would not have known. • 11 teams (36%) encouragingly stated that WMTYD provided a good opportunity for meaningful conversations with those that they support, with some indicating that the exercise had improved the level of conversation they usually have with service users, carers and family members. • 6 teams (19%) highlighted the enjoyment that staff, service users, carers and family received from taking part. • 5 teams (16%) talked about relationships improving as a direct result of having the conversation. • 3 teams (9.5%) felt that being able to implement immediate changes as a result of the conversations was a benefit. Although many teams did not highlight this as a specific benefit, most of the teams which took part were able to implement quick changes upon hearing what matters to those they are supporting. • Another benefit raised was that the day allowed staff to hear that they were doing a good job and therefore increased staff morale.
7.	CHANGES IMPLEMENTED
7.1	<p>Each team taking part had committed to making one change as a result of the conversations they had (Appendix 4). 18 teams committed to implementing practical changes such as:</p> <ul style="list-style-type: none"> • Providing training for staff and/or the people that they support • Meet with more local groups and services to increase service awareness • Change the language used in appointment letters • Introduce a de-brief session at the end of each day to keep staff aware of what service users and carers have been telling them • Coordinate more trips out for people accessing the service • Provide more opportunities for people to share their views on a daily basis • Make people aware of waiting lists to ensure realistic expectations • Implement an internal communication log • Create a woman's group • Develop a form filling service • Ensure patients have access to advocacy • Ensure patients receive a phone call prior to their visits <p>There were 8 teams who committed to more strategic changes such as:</p> <ul style="list-style-type: none"> • Provide person-centred care • Use a more holistic approach • Work better as a team to improve the service provided • Improve the activities delivered • Listen more as a team • Improve the accessibility of the service • Focus on issues that matter to the people they support
7.2	<p>Teams also had the opportunity to suggest changes at an overall Directorate level. These suggestions were passed directly to the appropriate Heads of Service to decide which suggestions would be implemented. The following changes will or have already been implemented by the Directorate:</p> <p>Mental Health</p> <ol style="list-style-type: none"> 1. Ensure forms exist for people to express their wishes at any point. 2. Transform small sitting room in Ward 2 Woodland View into a relative's room. 3. Increase access to clinicians delivering psychological interventions.

	<ol style="list-style-type: none"> 4. Ensure all who wish to access addiction services can do so in an area convenient to them and at a time convenient to them. 5. Provide a brief information leaflet along with appointment letters which states 'what we do'. <p>Health and Community Care</p> <ol style="list-style-type: none"> 1. Be creative and flexible around ensuring all clients get access to enjoyable activities. 2. Ensure appropriate staffing levels to reduce waiting times for workers to be allocated – Assessment and Care Management. 3. Educate new and junior staff members on continuity of care, awareness and understanding of empathy and good communication skills. 4. An improved recording system to enable collected information to be accessible. 5. Include carers in the preparation and delivery of carer awareness raising across North Ayrshire and within any future carer training. <p>Children, Families and Justice</p> <ol style="list-style-type: none"> 1. Ensure Wi-Fi is available for all young people within residential childcare settings. 2. Create a service directory which will identify the supports available through Justice Services. 3. Improve engagement with those accessing Justice Services.
8.	LEARNING
8.1	<p>As with all new initiatives or projects it is imperative to reflect on the process and learn from the challenges in order to improve. There were some key learning points for WMTYD 2018 organising team.</p> <ul style="list-style-type: none"> • Some staff members were unsure whether the conversations were for staff or service users/carers. This was potentially a result of the staff survey iMatter running concurrent to WMTYD. Unfortunately we are unable to alter the dates of either initiative as these are decided at a national level. However, we will perhaps need to be clearer in 2019 about the difference between the two. • In relative terms, the involvement of 30 teams is low and we had hoped for more teams to be involved in having the conversations. Prior to organising What Matters to You? Day 2019 we will speak to teams who did not get involved this year to ascertain the reasons behind this and improve the uptake. • We will look at hosting a What Matters to You? Week, rather than a day. Some services only operate on certain days or are busier during other days of the week. • A more direct approach to involve children and young people would be beneficial. • We will have a locality focused approach in 2019/20 led by our Locality Planning Forums and working in partnership with the Locality Partnerships.
9.	<u>Anticipated Outcomes</u>
9.1	<p>By continuing the conversations between staff, people who access services and carers we should see:</p> <ol style="list-style-type: none"> 1. Improved relationships between staff and people we support, including carers. 2. Increased understanding of what matters to people, leading to more efficient services which are better suited to each individual. 3. Increased trust from those who access services, carers and family members as they feel more confident in our ability to ask, listen and do what matters.

10.	<u>Measuring Impact</u>
10.1	<p>WMTYD is about providing opportunities to have more meaningful conversations and therefore this must happen as organically as possible. There is a risk that if too many measurements are put in place it is seen as another box to be ticked. Nevertheless, it is important to measure what is happening to ensure we can improve every year. We will do this by:</p> <ul style="list-style-type: none"> • Interviewing some of our Service Champions for more in-depth feedback. • Interviewing some of the service managers who did not get involved to ascertain their reasons for this. • Obtain an update from each team involved regarding their change commitment. • Obtain an update from each Directorate on their progress in relation to their change commitment/s. <p>All of the above will be completed by March 2019, in time for planning to begin on What Matters to You? Day 2019.</p>

11.	IMPLICATIONS
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Financial:	There are no financial implications for the Partnership.
Human Resources:	There are no implications for Partnership staff.
Legal:	There are no current or potential legal implications
Equality:	There are positive equality impacts as a result of WMTYD as staff involved asked all service users, carers and family members that they saw on that day.
Children and Young People	There were 4 children and young people's residential units involved. They will receive feedback on the changes which have been implemented as a result of their conversations.
Environmental & Sustainability:	There are no environmental implications.
Key Priorities:	Engaging Communities
Risk Implications:	There are no risk implications.
Community Benefits:	N/A.

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

12.	CONSULTATION
12.1	<p>Informal consultation with WMTYD 2017 participants alongside other pieces of engagement such the strategic plan engagement had a significant influence on this year's approach.</p> <p>The planning stage involved a small steering group consisting of Strategic Planning and Transformation Team members.</p>

13.	CONCLUSION
13.1	What Matters to You? Day 2018 was, overall, a successful exercise which influenced small and large changes across the Partnership. It provided an opportunity for meaningful conversations between staff, service users, carers and family members, many of which will continue. More importantly, sharing the positive results from these conversations will ensure our service users, carers and family members have been listened to, thus creating better conditions for these conversations to take place in future.

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Appendix 1

Children, Families and Justice Services	Health and Community Care Services	Mental Health and Learning Disability Services	Third and Independent Sector	Other
Unpaid Work 17	Beachview Health and Therapy Team 25	Woodland View Ward 2 20	The Ayrshire Community Trust 20	Business Support 59
Partnership Delivery Team 24		Elderly CMHT 50	Cunninghame Housing Association 17	ICT 07
Residential Childcare 22	Kilwinning District Nursing 13	Psychology 06	North Ayrshire Carers Centre 37	
	Dirrans 47	Ailsa 48	Arran CVS 29	
	Douglas Grant Rehab 17	LDS Assist and Treat 04		
	Castle View 13	Woodland View Ward 11 11		
	Garnock Valley Assist and Care 18	NADARS 1000		
	Gowanlea 16			
	Community Link Workers 28			
	Money Matters 28			
	Burns 80			
Total Teams in Directorate: 51	Total Teams in Directorate: 68	Total Teams in Directorate: 66		
Total Teams involved in WMTY 3	Total Teams involved in WMTY 11	Total Teams involved in WMTY 7	Total Teams involved in WMTY 4	Total Teams involved in WMTY 2
Total Conversations 63	Total Conversations 307	Total Conversations 1139	Total Conversations 66	Total Conversations 66

WMTY 2018 Team Involvement

Appendix 2



What Matters to You? Team/Service Feedback



Name of team or service _____

Name of Service Champion or lead person _____

Email address _____

How many conversations did you have?

What were the challenges and benefits?

What is the one thing you will you change as a team?

What is the one thing you would change as a service?

Appendix 3

WMTY 2018 Challenges and Benefits

Challenges	Benefits
	<p>I found this to be an extremely positive experience that allowed me to chat more freely and honestly and never faced any challenges when chatting to the service users, their relatives or the staff members within the team. I found everyone I spoke to was positive and open minded about sharing what mattered most to them. The benefits for the patient was being able to express their needs/goals in a more normal fashion rather than someone just focusing on the issues they present at our service with such as maintaining their independence and keeping fit and active to allow them to go out with their loved ones or look after their beloved pets</p>
<p>The challenges were reassuring carers that their voices would be heard and that we would feedback decisions made around their comments.</p>	<p>Being able to engage with carers through meaningful conversation.</p>
<ul style="list-style-type: none"> • People misunderstood the question and were very service focused. Most people putting down problems such as not being able to get a GP appointment. Many people used it as a platform to complain. In discussion we thought this might be because of the circumstances someone is coming to see the CLW, as they might be in a state of crisis, social problems. • Difficult to apply change as normally only see a person once. 	<ul style="list-style-type: none"> • Allowed us to receive feedback on matters that effect many people in the community i.e transport, therefore allowing us identify this as a gap and feedback to managers. • Good way to generate conversation. We were able to speak to people in the reception when we didn't have appointments. • Conversations about what is important to them helps to build rapport and people feel listened too. People therefore more likely to engage with the service when they need help.
<p>Encouraging our patients to identify what's truly important to them, despite focusing on negatives and health care.</p>	<p>We were able to identify what works well and what doesn't.</p>
<p>Ensuring individuals have a good understanding of what they are being asked in order to make sure they consider the question in the best way for</p>	<p>Better understanding of the individual and gathering feedback from service users.</p>

<p>them. We met this challenge by filtering the conversations into both group and individual interactions and ensuring time for processing the information or for people to discuss their views more should they want to.</p>	
	<p>All staff we open to having discussions with patients, open discussion with team around continuity, empathy and good communication. We found from our reflection on the conversation cards, this is what our patients wish.</p>
<p>Getting everyone to come to a unanimous decision. Speaking to all staff members due to sick leave and annual leave</p>	<p>Chance to air opinions.</p>
<p>To seriously put in the time to chat to service users, staff colleagues, family and other services due to the commitments of my own post and job.</p>	<p>Totally surprising as I got to understand and really know people's ideas of their lives and what is required within the council – more communication!</p>
<p>Trying to get the clients to understand the broadness of the question. Negative comments being able to make them.</p>	<p>Being able to share and talk</p>
<p>Time was the challenge, but another staff member attended from another Day Service on June 6th.</p>	<p>Actually hearing what matters most to our service users when they attend the service.</p>
<ul style="list-style-type: none"> • Ward constraints. Some wards not able to participate. Assessing carers 	<ul style="list-style-type: none"> • Building relationships. Patients and carers felt valued
<ul style="list-style-type: none"> • Turns into a moaning session to complain about things. Have to get people to focus on what is being asked. 	<ul style="list-style-type: none"> • Reinforce to staff the difference and positive impact we do have on people's lives. Recognition of the good work of team.
<p>Getting people to talk</p>	<p>Finding out what matters to people</p>
<p>Getting the message across' What Matters' regarding their experience of services rather than 'What Matters' in their personal lives.</p>	<p>after team discussion it was clear that service users were unaware of what services were on offer and the team agreed they would take action to create an 'service type directory'. They also agreed as a team to discuss and look at further group supports for Women.</p>
<p>client mix/differing needs of client group</p>	
	<p>We has some very positive feedback from our service users - in particular a carer who advised that having someone who is experienced dealing with his benefit issues mattered to him so that he could focus on caring for his wife. We has similar</p>

	<p>conversations advising that as Money Matters team were assisting with benefit issues and maximising their income it relieved additional strains and pressures during difficult periods of ill health. Our service users felt kept up-to-date and felt that they had good relationships with Advisers whom could be contacted easily. It also mattered to our service users that they felt supported through the stressful process of appealing benefit decisions and being assisted by knowledgeable staff - and also having someone to represent in person at Tribunal. Due to Money Matters team requiring confidential financial information from service users to complete benefit checks, 2 conversations took place with service users advising that confidentiality was important to them. Although they felt reassured due to Advisers explaining that all information is kept safe and secure and we hold data under the Data Protection Act 2018. One of the main similarities in our feedback cards that service users felt was important to them was a form filling service. Due to resources we are unable to give a “form filling only” service to our service users. We will support by giving advice over the phone, sometimes it is just reassurance that is required although if further assistance required we will refer on to one of our partner agencies. We give service user support and reassurance by advising them to come back to us if their benefit is refused as we can assist with challenging the decision or in turn if decision favourable to assist with further income maximisation.</p>
<p>Initially selling the WMTY idea (training examples were very useful) individuals were not happy with frequency and range of feedback requested by the organisation is all very confusing.</p>	<p>Innovative approach which encouraged a wide range of personal conversations. Participants enjoyed being involved and had an opportunity to both comment on statutory services and have experienced staff offer clarity and feedback on issues raised.</p>
<p>The team found that some patients struggled as the question was too vague.</p>	
<p>This Psychological Specialty AMH sits within East Ayrshire CMHT where the line management for majority of clinician colleagues is within the East Social & Health Care Partnership. Challenge (1) other parts of AMH service in East Ayrshire not taking part in the activity so no public place to display cards. (2) the considerations made about area for change (need to increase access to psychological interventions) is the conclusion of</p>	<p>Created another opportunity & a different impetus to hear from patients who have lived experience, currently and in the past, of being involved with the East AMH Service & for their experiences to inform service developments.</p>

<p>clinicians line managed by North partnership - while highly specialist psychological interventions are typically delivered by clinicians line managed by the North partnership ; whereas the majority of high volume and low intensity psychological interventions are delivered mainly by clinicians that are under line managers within East Ayrshire who did not directly take part in this activity.</p>	
<p>Possible procedural barriers, for example a number of young people spoke about the fact that Wi-Fi is important to them and that they are waiting for this to be completed. This is nearly rectified by the organisation that is providing HSCP with the computer software/security</p>	
	<p>No real challenges people seems happy to complete</p>
<p>Time and capacity. Ward 2 is a busy ward and getting time was difficult.</p>	<p>Managed to implement quick changes for patients as a result of discussions with them. Enthusiasm of staff to be involved in making changes Gathering everyone's views</p>
<p>Protected time with patients; Constraints of paper work</p>	<p>Provides patients with a forum through which they could freely express an opinion about our service, highlighting the good and bad aspects of care provision within the ward.</p>
<p>Some residents were reluctant to complete the survey</p>	<p>The ones that did gave constructive feedback</p>
<p>Ward constraints: Some wards were unable to participate. Accessing carers was a challenge.</p>	<p>Building relationships. Patients and carers felt valued</p>
<p>We need to improve our communication</p>	<p>Everyone was happy with the team</p>
<p>Getting people to talk</p>	<p>Finding out what matters to people</p>

Appendix 4

WMTY 2018 Team Change Commitments

Make sure that the work load is shared equally throughout the team as at the moment both our physio service and Occupational Therapy department are under pressure due to staff holidays and staff leaving. We will also develop the role of the Rehab Assistant to help lessen the work load of the other members of the team.

North Ayrshire Carers Centre will provide Dementia Training over the next few months. Other training will be considered at the request of carers, and the Carers Centre will endeavour to provide, with the assistance of the HSCP where needed.

We will continue to provide an active listening service but we have become aware that people are not aware of the service. Therefore we will work to increase the community awareness of the service. With additional staff we will enhance the visibility of the service within the community by meeting with more groups and services. People being more aware will mean they have a point of contact if they need signposting to support.

We will aim to focus more on identifying ourselves as Community Mental Health Nurses and will try to change this in appointment letters, as there is still a stigma attached to the word "psychiatric". This will help our patients to feel more comfortable and less intimidated.

We'd like to manage our team as part of the partnership, building relationships and health knowledge in order to better meet wider needs of individuals using our centre in a holistic approach.

As a team we will continue to improve our skills within this area. Continue to provide the service that our patients so deserve.

To work as team to ensure service users receive the most benefit from their day.

As a team – we are and have put in place, after long discussion at our staff meeting, a de-brief after the day has folded – information, issues and positive feedback for all staff to recognise and be aware of everything that has gone on throughout the day.

Major issue is trying to get trips out and getting out into the larger community. Liaise with driver and in team meetings and risk assess for same.

We will make time to listen more as a team, offer Service Users time to have discussions if they have concerns about the service or delivery of the service we provide.

Person centred activities – improving on activities currently delivered. Improving the environment for activities

Ensure service users aware of waiting lists upon initial contact with team to ensure realistic expectations.

Internal communication log to be implemented within team.

Create Women's group which will focus on and hopefully fill any potential gaps regarding service provision for Women.

Having things to do eg activities/holidays came through as the main themes from the responses – ensuring clients are supported to engage in more activities where possible.

Due to form filling being the most popular challenge on our feedback cards we think this may be something that we can change as a team. We will be recruiting addition staff to our team and it is understood that some staff may be sitting in with Service Access teams to provide advice and support and an element of form filling also. We feel this will be very beneficial to our service users.

All individuals who wish access to a range of health and social care addiction services will be able to do so in an area local to them at a time convenient for them.

We are going to routinely collect patient feedback from our service users.

From the conversations 4 out of 6 patients (67%) highlighted the value they attached to receiving a quality therapeutic intervention (and in particular that they are matched to an appropriate psychological intervention). As a team we would like to ensure that we can produce and cascade data related to positive changes to symptoms and functioning for patients that have received the evidence-based psychological interventions that we deliver.

As there are four separate teams and we have now to operate a uniformed approach across the service, it would be useful for a whole service change to be implemented that will be taken from the what matters feedback (see attached)

All staff will undertake Dementia Friendly training, Adult Support and Protect level 1/2 and Mental Health First Aid. All of these sessions will increase awareness, knowledge and understanding of various issues that may affect the people we work to support including staff.

Recognising that all staff have a need to manage their work life balance. Staff who require extra support or assistance with their personal responsibilities will address their requirements to SCN who will find ways to support staff trough the organisations policies and procedures

Good nurse/ patient relationships and ensuring that the patient is involved in their care and support was a theme that ran through much of the feedback from patients. The ward to ensure that patients are fully aware of who their named nurse is and their role in supporting the patient in their recovery.
Ensuring patients have access to the advocacy service.

To focus on issues during the housing support planning process with each individual resident.

We as a team will improve our communications skills as this was highlighted in our conversation. As part of a team effort we will ensure that all patients are phones prior to their visits.

**Integration Joint Board
15th November 2018**

Subject: **Augmentative and Alternative Communication (AAC)
– Part 4 of the Health (Scotland) Act 2016 :
Communication Equipment And Support**

Purpose: The purpose of this report is to update the Integration Joint Board on the commencement of Part 4 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 – the Provision of Communication Equipment.

Recommendation: Members are asked to:

- i) Note the update in relation to Part 4 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 Duty to provide or secure Communication Equipment and Support (Provision of communication equipment).
- ii) Note the potential financial risks associated with this legislation and;
- iii) Otherwise note the content of the report..

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
AAC	Augmentative and Alternative Communication
SLT	Speech and Language Therapy
IJB	Integration Joint Board
AHP	Allied Health Professional

1.	EXECUTIVE SUMMARY
1.1	Recent legislative changes around Augmentative and Alternative Communication (AAC) provide duty on Scottish Government Ministers to secure provision of : a) Communication equipment, and b) Support in using that equipment, To any person who has lost their voice or has difficulty speaking
1.2	AAC in Ayrshire and Arran is currently provided by the Speech and Language Therapy (SLT) Service, with assessment and support provided by the SLTs. There is no dedicated resource available for AAC equipment in Ayrshire.
1.3	This legislation has the potential to make a significant difference to the lives of children and adults with communication difficulties.
1.4	There is risk that this legislation creates increased demand for AAC, with associated

	increased financial pressure.
2.	BACKGROUND
2.1	Augmentative and Alternative Communication (AAC) refers to any method used to replace or supplement speech and can be signing, 'low tech' methods, such as picture/symbol charts or alphabet boards, simple voice output devices, as well as highly complex dedicated 'computerised' equipment and software.
2.2	AAC is used by an individual who has little or no intelligible speech. This can be as a result of a range of conditions including motor neurone disease, stroke, and head injury, learning disability, cancer or cerebral palsy. It is estimated that about 1 in 100 people may have significant difficulties expressing themselves. This means in Scotland there could be more than 50,000 people who might benefit from the use of some kind of AAC system, or 1360 people in North Ayrshire.
2.3	The Scottish Government published 'A Right to Speak' in 2012 with recommendations to improve services for people who use AAC. It was supported by £4million of funding over 3 years (2012-15) to NHS Boards and NHS Education for Scotland to develop Services and support the purchase of AAC equipment. 'Now Hear Me' – the final report published at the end of the 'A Right to Speak' highlighted the progress that had been made in meeting the aspirations that were set out at the start of the 'A Right to Speak' project, however differences remained in the provision of AAC equipment and support across Scotland.
2.4	On 6th April 2016, the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 was given Royal Assent after previously being passed by the Scottish Parliament. Part 4 of the Act relates to the Provision of Communication Equipment. It states that: "The Scottish Ministers must, to such extent as they consider necessary to meet all reasonable requirements, provide or secure the provision of— a) Communication equipment, and b) Support in using that equipment, To any person who has lost their voice or has difficulty speaking." The update to the legislation came into force on 19 March 2018.
3.	CURRENT AAC SERVICE DELIVERY IN AYRSHIRE AND ARRAN
3.1	Individuals who are identified as requiring access to augmentative or alternative methods of communication will in most cases be known to speech and language therapy (SLT). The SLT will identify and introduce appropriate communication support strategies or signing, low or simple tech methods of AAC to the individual and provide support and training to those around the individual. A small number of people with highly complex needs may require assessment and support from an AAC specialist and will be referred to the SLT Departments' AAC Service in Ayrshire and Arran.
3.2	Staffing resource The AAC Service is staffed by a 0.5wte Specialist Speech and Language Therapist providing AAC assessment, support and training across Ayrshire and Arran. SLT professionals are responsible for the assessment and review of individuals with communication needs utilising the specialist resource as required. SLT staffing has reduced across Ayrshire and Arran (core staffing has dropped by 3.7wte – equivalent to 11% of core workforce - over the last 3 year period.) This has impacted

	<p>on the ability of SLT to provide ongoing support on the 'use' of AAC equipment. Changes in delivery of SLT as part of Service Level Agreements with education authorities has contributed to this significant reduction in SLT posts. SLT works in partnership with the education placement of each young person.</p>
3.3	<p>The lead responsibility for AAC service was delegated with AHP (Allied Health Professional) services to South Ayrshire IJB. Following devolution of AHP services to each Ayrshire Health and Social Care Partnership (HSCP), the responsibility for SLT assessment, support, and AAC equipment for the people of North Ayrshire, now sits with North Ayrshire HSCP.</p>
3.4	<p>Equipment provision</p> <p>There is no dedicated budget within NHS Ayrshire and Arran for the purchase, or maintenance, of AAC equipment for children or adults. Adult provision is a one off purchase normally through SLT budgets. Funding requests for AAC equipment for children are currently made to the appropriate Education Services. There is no formal arrangement in place regarding AAC funding with any of the three education authorities, however requests are often successful.</p> <p>Simple high tech AAC equipment has been funded by the establishment that the young person attends. Following assessment and trial loan of complex high tech AAC, a funding request with supporting report is made by the AAC specialist. The process varies across partnerships and can involve:</p> <ul style="list-style-type: none"> • request for funding made by Head Teacher to education authority; and/or • Request for funding with supporting info from Head Teacher made to education group that supports 'accessibility'. <p>No formal commitment is in place from any authority to fund AAC.</p>
3.5	<p>Equipment Bank</p> <p>The AAC Equipment Loan Bank, was established over 25 years ago, and was boosted with funds from 'A Right to Speak'. This has continued to support the provision of equipment to children and adults over the last 3 years. The AAC loan bank provides short term (assessment) and long term loans of equipment for a range of devices that are frequently required. All AAC equipment loans are tracked and returned when no longer in use, and in most are able to be 'recycled' for future use. There is no identified budget for the purchase of replacement equipment or the maintenance of AAC equipment within the AAC Equipment Loan Bank.</p>
4.	<p>IMPLICATIONS FOR AYRSHIRE AND ARRAN</p>
4.1	<p>The Scottish Government's Assisted Communication team have been working with partners, including NHS Boards and nominated Executive Leads for Augmentative and Alternative Communication in each NHS Board area across Scotland, to ensure readiness for commencement, and will continue to work with partners to support the delivery of the legislative duty and the wider programme of work. This includes Publication of the guidance to support implementation of this legislation and the detail around potential associated costs.</p>
4.2	<p>In addition to a lack of formalised arrangements being in place for the purchase of AAC equipment, additional financial risks include; budgetary responsibility - funding for AAC equipment for children by education authorities may stop if it is perceived by education authorities that legislation has now normalized AAC provision as a Health Board responsibility.</p>

4.3	It is anticipated that there may be an increase in demand following the increased awareness raising of voice output communication equipment. Through development of technology and the 'media profile' of 'providing a voice' for individuals could result in increased referral rates.
4.4	Equipment Bank – the availability of up to date AAC equipment for the AAC Assessment Loan Bank is required to allow the communication impaired population of Ayrshire and Arran who are referred to the AAC Service receive a high quality assessment. This will require investment to replace worn items and ensure up to date technology is utilised.
4.5	The 2012 – 2015 Scottish Government National consultation process concluded that AAC spend across all stakeholders was unable to be quantified due to the range of equipment, the unpredictable nature of requirement, and the variant supply routes. Therefore there remains a significant and as yet un-quantified financial risk across a range of partners.
4.6	There is a requirement to quantify the financial risk and agree a funding strategy between health, social care and education. In addition the participation of 3rd Sector organisations is recognised and valued. Work has been ongoing locally and nationally to identify current numbers of people who use AAC. A 'snapshot' is currently being undertaken of numbers of people who use AAC by the Scottish Government Assistive Communications Team.
4.7	<p>To support this legislation Ayrshire and Arran AHP Senior Team are collaborating with Scottish Government Leads to develop a framework to assist in estimating Board spends across Scotland. Initial evidence would suggest the following costs.</p> <p>Total Projected Costs per year for AAC Service that meets the Scottish Governments Legislative Duty : This figure for each partnership area is based on</p> <ul style="list-style-type: none"> • Projected annual costs for repairs and warranty of AAC equipment • Updating loan bank of equipment (2018-19) and maintaining this loan bank • Purchase of equipment for individuals following assessment • Partner agencies ceasing to purchase AAC equipment <p>Cost per partnership; NAHSCP £42,000 - £80,000 SAHSCP £37,000 - £70,000 EAHSCP £38,000 - £72,000 Potential Total Annual Cost of AAC Ayrshire and Arran – £117,000- £222,000</p>
4.8	This legislative amendment, the associated duty of provision and the associated financial risks should be noted by the IJB. Guidance to support the legislation is currently being developed, and may have an impact on the costs associated with delivering AAC in Ayrshire and Arran.
5.	PROPOSALS
5.1	<u>Anticipated Outcomes</u>
	This Act could make a significant difference to the lives of many people with communication difficulties.
5.2	<u>Measuring Impact</u>

	<p>Work has been ongoing locally and nationally to identify current numbers of people who use AAC. A 'snapshot' is currently being undertaken of numbers of people who use AAC by the Scottish Government Assistive Communications Team.</p> <p>The SLT service are monitoring local spend on AAC devices.</p>
6.	IMPLICATIONS

Financial:	Section 4.7 details the current costs associated with delivering the service across the three Ayrshire Partnerships. With a projected total cost across Ayrshire and Arran – £117,000-£222,000 .
Human Resources:	No human resource implications arising from this report
Legal:	This report details the requirement as set out in Part 4 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 3rd 2016 Duty to Provide or secure Communication Equipment and Support (Provision of communication equipment).
Equality:	At this stage, there is no action plan in place to mitigate potential adverse impacts. However, particular groups have been identified where training is required which may be extended to wider partners and individuals to raise awareness and education in the use of AAC communication equipment and support.
Children and Young People	Timely provision of appropriate AAC supports the wellbeing of children and young people with communication needs in North Ayrshire.
Environmental & Sustainability:	Nil .
Key Priorities:	Timely provision of appropriate AAC supports the Partnership's strategic ambitions around tackling inequalities, and improving mental health and wellbeing.
Risk Implications:	There is an identified risk in relation to financial sustainability to deliver the intention of the legislation. There is a need for further clarification in relation to the current funding streams associated with AAC across Health Board, Health and Social Care Partnerships and Council based Education Services.
Community Benefits:	Not applicable

Direction Required to Council, Health Board or Both <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	

5.	CONCLUSION
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5.1	<p>Members are asked to note the potential impact of this legislation on the provision of AAC in Ayrshire and Arran; the positive impact this may have for children and adults with communication difficulties living in North Ayrshire, and the associated financial risk.</p> <p>The AHP Senior Team will continue to collaborate locally and nationally; to monitor demand for AAC, and to quantify any financial pressures as a result of this legislation.</p>
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For more information please contact Alistair Reid, Lead AHP on 01294 317710 or Alistair.Reid@aapct.scot.nhs.uk