

Integration Joint Board Meeting



Thursday, 16 June 2022 at 10:00

Virtual Meeting

Remote Meeting Arrangements

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

- 1 Apologies**
Invite intimation of apologies for absence.
- 2 Declarations of Interest**
- 3 Action Note**
Matters arising regarding Action Note.
- 4 Appointments**
Submit report by Caroline Cameron, Director (NAHSCP) on the appointment of members to various vacant positions on the IJB, Performance and Audit Committee and Strategic Planning Groups (copy enclosed).
- 5 Child Poverty Report 2021/22 and Action Plan 2022/23**
Submit report by the Executive Director (Communities and Education) on the Child Poverty Report 2021/22 and Action Plan 2022/23 (copy enclosed).
- 6 Presentation: Phoenix Futures Development**
Receive a presentation by Lyndsey Wilson Hague and James Armstrong from Phoenix Futures Scotland.
- 7 Wider Scope Report: Audit Dimensions and Best Value**
Submit report by Deloitte on the Audit Dimensions and Best Value for the year ended 31 March 2022 (copy enclosed).

- 8 Director's Report**
Submit report by Caroline Cameron, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).
- 9 Financial Monitoring: 2021-22 Year End Performance**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the IJB's financial performance (copy enclosed).
- 10 Risk Management Strategy**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on an updated Partnership risk management strategy (copy enclosed).
- 11 Community Alarm/Telecare Service transition from Analogue to Digital (IP)**
Submit report by Kerry Logan, Senior Manager on the transition for Community Alarm/Telecare Services transition from Analogue to Digital Service Internet Protocol (IP) (copy enclosed).
- 12 Distress Brief Intervention Update**
Submit report by Thelma Bowers, Head of Service on the progress of implementation of the Distress Brief Intervention Service (copy enclosed).
- 13 Support for Unpaid Carers in North Ayrshire**
Submit report by Scott Hunter, Chief Social Work Officer providing an update on developments to improve support to unpaid carers in North Ayrshire (copy enclosed).
- 14 Whistleblowing Report – Quarter 4, January to 31 March 2022**
Submit report by Karen Callaghan, Corporate Governance Co-ordinator in relation to whistleblowing concerns raised in Quarter 4 (January-31 March 2022) (copy enclosed).
- 15 Urgent Items**
Any other items which the Chair considers to be urgent.

Integration Joint Board

Sederunt

Voting Members

Bob Martin (Chair)	North Ayrshire Council
Cllr Margaret Johnson (Vice-Chair)	NHS Ayrshire & Arran
Cllr Timothy Billings	North Ayrshire Council
Adrian Carragher	NHS Ayrshire and Arran
Cllr Anthea Dickson	North Ayrshire Council
Jean Ford	NHS Ayrshire and Arran
Marc Mazzucco	NHS Ayrshire and Arran
Cllr Louise McPhater	North Ayrshire Council

Professional Advisors

Caroline Cameron	Director
Paul Doak	Head of Service (HSCP Finance & Transformation)/ Section 95 Officer
Iain Jamieson	Clinical Director
Scott Hunter	Chief Social Work Officer – North Ayrshire
Philip Hodgkinson	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
Darren Fullarton	Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson	GP Representative
Janet Davies	Lead Psychologist

Stakeholder Representatives

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

Integration Joint Board
16th June 2022

Subject: Appointments

Purpose: To make IJB members aware of the appointment of members to various vacant positions on the IJB, Performance and Audit Committee and Strategic Planning Groups.

Recommendation: The IJB are asked to note and endorse the appointments contained within this report.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	Following the Local Government Elections on 5 th May 2022 and the outcome of recent recruitment processes, the IJB are asked to note the appointment of members to the following positions.
1.2	<ol style="list-style-type: none"> 1. Voting Members appointed by North Ayrshire Council; 2. Vice Chair of the IJB; 3. Chair of the Performance and Audit Committee; 4. Chair of the Strategic Planning Group; 5. Stakeholder Representatives; 6. Staff Side Representative (NHS); and 7. Clinical Director
1.3	Recruitment processes took place to appointment to the IJB Stakeholder and Clinical Director positions.
2.	BACKGROUND
2.1	Following the Local Government Election on 5 th May 2022, the Council agreed membership of all its' committees and appointments to outside bodies at its Council meeting on 18 th May 2022.
3.	PROPOSALS
3.1	<u>Voting Members</u>
	<p>North Ayrshire Council endorsed the undernoted appointments to North Ayrshire IJB, with substitutes noted in brackets:</p> <ul style="list-style-type: none"> • Councillor Margaret Johnson (Cllr Christina Larsen) • Councillor Anthea Dickson (Cllr Chloe Robertson)

	<ul style="list-style-type: none"> • Councillor Timothy Billings (Cllr Stewart Ferguson) • Councillor Louise McPhater (Cllr John Sweeney) <p>Councillor Margaret Johnson has also been appointed as the North Ayrshire Council's Cabinet Portfolio-holder for Health and Social Care.</p>
3.2	<u>Vice Chair, IJB</u>
	In line with the IJB Standing Orders whereby the Cabinet Portfolio-holder for Health and Social Care is the North Ayrshire Council Chair of Vice Chair appointment to the IJB, Councillor Margaret Johnston has been appointed as Vice Chair of the IJB.
3.3	<u>Performance and Audit Committee</u>
	In accordance with the Integration Scheme and IJB Standing Orders, it is proposed that Councillor Timothy Billings continue in the role of Chair of the Performance and Audit Committee. There remain vacancies on the Performance and Audit Committee and IJB members have been canvassed for nominations.
3.4	<u>Strategic Planning Group</u>
	The IJB are asked to agree that Councillor Margaret Johnson, as Vice Chair of IJB be appointed as Chair of the Strategic Planning Group.
3.5	<u>Stakeholder Representative(s)</u>
	Following a recruitment process and interviews held with the IJB Chair and the Chief Officer, Pamela Jardine has been appointed as the substantive Carer's Representative on the IJB.
	The Panel were unable to appoint to the substantive Service User position, therefore the Depute will continue in this role until a substantive replacement has been appointed.
	IJB are asked to endorse the appointment of Pamela Jardine as the new IJB Carer's Representative.
3.6	<u>Staff Side Representative (NHS)</u>
	The NHS Board Employee Director has confirmed that, following the departure of David Donaghey from the IJB, Terri Collins has been appointed as his replacement.
3.7	<u>Clinical Director</u>
	Following a competitive interview process, across all three HSCPs, Dr Iain Jamieson has been appointed as the Clinical Director for North Ayrshire HSCP. Dr Jamieson will start his new role on 20 th June.

3.8	<u>Anticipated Outcomes</u>
	N/A
3.3	<u>Measuring Impact</u>
	N/A
4.	IMPLICATIONS

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

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	

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

North Ayrshire Integration Joint Board

Voting Members

Bob Martin (Chair), NHS Ayrshire & Arran
Councillor Margaret Johnson (Vice Chair), North Ayrshire Council

Councillor Timothy Billings, North Ayrshire Council
Councillor Anthea Dickson, North Ayrshire Council
Councillor Louise McPhater, North Ayrshire Council

Adrian Carragher, NHS Ayrshire & Arran
Marc Mazzucco, NHS Ayrshire & Arran
Jean Ford, NHS Ayrshire & Arran

Professional Advisers

Caroline Cameron, Director/Chief Officer
Paul Doak, Section 95 Officer
Iain Jamieson, Clinical Director
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Dr Phil Hodgkinson, Acute Services Representative
Alistair Reid, Lead Allied Health Professional
Darren Fullarton, Associate Nurse Director/Lead Nurse
Dr Louise Wilson, GP Representative
Janet Davies, Lead Psychologist

Stakeholder Representative

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

Integration Joint Board
16 June 2022

Subject: **Child Poverty Report 2021/22 & Action Plan 2022/23**

Purpose: To seek approval for:

- a) The North Ayrshire Child Poverty Report 2021-22 and Action Plan 2022-23;
- b) The submission of the report to the Scottish Government and the publication on the North Ayrshire Community Planning Partnership website;
- c) The proposal to develop a strategy to tackle child poverty, covering the period 2023-26;
- d) The introduction of a “Tackling Child Poverty” Board to agree, monitor and deliver our local strategy in relation to the wide-ranging proposals within the Scottish Government’s Tackling Child Poverty Delivery Plan, to be chaired by the Council Leader; and
- e) Permission to propose North Ayrshire as a “Pathfinder” local authority in tackling child poverty, as described in the Scottish Government delivery plan (Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026).

Recommendation: That the IJB:

- a) Approves the North Ayrshire Child Poverty Report 2021-22 and Action Plan 2022-23;
- b) Agrees that the report can be submitted to the Scottish Government and published on the North Ayrshire Community Planning Partnership website;
- c) Approves the proposal to develop a strategy to tackle child poverty, covering the period 2023-26;
- d) Approves the introduction of a “Tackling Child Poverty” Board to agree, monitor and deliver our local strategy in relation to the wide-ranging proposals within the Scottish Government’s Tackling Child Poverty Delivery Plan, to be chaired by the Council Leader; and
- e) Grants permission to propose North Ayrshire as a “Pathfinder” local authority in tackling child poverty, as described in the Scottish Government delivery plan (Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026).

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	This report presents the draft North Ayrshire Local Child Poverty Action Plan and Report 2022-23 which has been attached as Appendix 1.

1.2	The report and action plan are statutory requirements by Scottish Government and are the responsibility of local authorities and NHS Boards. The North Ayrshire action plan has been developed using a collaborative approach with internal and external partners. The report summarises the existing and planned activity intended to reduce child poverty in North Ayrshire.
1.3	The report also proposes a further step change in how North Ayrshire tackles child poverty by establishing a board to lead the development and implementation of a strategy to reflect the Scottish Government delivery plan.
1.4	The report also seeks permission to propose North Ayrshire as a “Pathfinder” as defined in the Scottish Government child poverty delivery plan 2022-26: Best Start, Bright Futures.
2.	BACKGROUND
2.1	The current Government Spending Review Consultation is to inform how Scottish Government will prioritise its resources for the next three years (2022 – 2025).
2.2	<p>The three priorities are:</p> <ul style="list-style-type: none"> • to support progress toward meeting child poverty targets; • to address climate change and • to secure a stronger; fairer, greener economy.
2.3	<p>Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026</p> <p>The Scottish Government’s second Tackling Child Poverty Delivery Plan covering 2022-2026 was presented to Parliament on Thursday 24th March 2022. It is projected to deliver the lowest levels of child poverty in Scotland in the last 30 years. This means that by 2023-24, the year of the Scottish Government interim targets, using current projections, it is anticipated that around 17% of children will live in relative poverty, with more than 60,000 fewer children living in poverty since the Act was passed in 2017.</p>
2.4	<p>North Ayrshire</p> <p>The most recent statistics available are from “End Child Poverty’s ‘Child poverty in your area 2014/15 – 2019/20’” dataset:</p> <p><i>After housing costs, child poverty in North Ayrshire for 2019/20 was 27.9% (this corresponds to roughly 6,300 children). This is 0.8-percentage points higher than the previous year, and 3.1-percentage points higher than 2014/15. For context, the 2019/20 rate for Scotland was 24.3%.</i></p>
2.5	A report was provided to COSLA Leaders on 25 th March 2022, seeking approval to arrange a joint session between Scottish Government Ministers and COSLA Leaders, following the Local Government elections, on roles, responsibilities and actions to tackle child poverty. A further report was provided to Leaders in April, following consideration of the detail within the plan and discussions with Local Government advisors.
2.6	The current version takes a ‘plan for Scotland’ approach and acknowledges the key role of Local Government in tackling child poverty.

2.7	The COSLA response to the consultation highlighted the role that Local Government plays in tackling child poverty and that any plans to tackle child poverty require a partnership approach. Local child poverty action plans are the joint responsibility of local authorities and health boards. COSLA officers have been clear in all engagement on the plan that investment for programmes and support that Local Government is vital, alongside proper resource in order to deliver, for example, potential new systems and administration requirements.
2.8	<p>The areas where efforts will be focused include:</p> <ul style="list-style-type: none"> • A focus on the six priority groups of families most at risk of experiencing child poverty; • A commitment to identifying a small number of 'pathfinder areas' to commence work on a phased approach to whole system, person-centred support; • Intention to scale up the Social Innovation Partnership (SIP) to reach additional families; • A variety of support and investment to help parents access employment; • Building on existing social security and benefits to further support those on low incomes being mindful of the current cost of living crisis; • Working with Local Government to explore the automation of social security entitlements with a view to increasing uptake and reducing the burden on families; and • A range of payments and support which builds on the work already being undertaken by Local Government.
2.9	Key themes and areas of action within the Scottish Government delivery plan
2.9.1	Scotland's Offer to Families: Working together to deliver differently. Scottish Government is committed to working together to ensure that systems work for the people who need them most, trialling and evaluating new approaches, adapting ways of working, and investing in rigorous monitoring to understand how changes are impacting on priority families.
2.9.2	<p>This will include the following themes:</p> <ul style="list-style-type: none"> • Pathfinders • Social Innovation Partnership • Providing the opportunities and integrated support parents need to enter, sustain and progress in work • Maximising the support available for families to live dignified lives and meet their basic needs • Supporting the next generation to thrive.
2.10	<p>Areas of action</p> <p>The following areas of action and associated key actions have significant implications for North Ayrshire Council.</p>

2.10.1	<p>Pathfinder areas: whole system change</p> <ul style="list-style-type: none"> • Identification of a small number of pathfinder areas to commence work on a new phased approach to whole system change. • Scottish Government will invest up to £5 million in 2022-23 from the Tackling Child Poverty Fund and leverage the full package of funding set out throughout this plan, to support the work of pathfinders • Bringing together partners in a locality to overcome barriers and maximise the use of resources to provide holistic support tailored to the individual needs of families.
2.10.2	<p>Social Innovation Partnership</p> <ul style="list-style-type: none"> • Scottish Government will also build on the learning of the Social Innovation Partnership to work with up to 300 people in 2022-23, providing deep, adaptable, person-centred support that strengthens wellbeing, while addressing short-term needs and supporting long-term aspirations including employment and other positive destinations. • Backed by investment of up to £9.75 million in 2022-23, alongside investment from The Hunter Foundation, this will include relational support, delivery of accessible funded childcare options and close working with employers to promote flexible working and wellbeing in the workplace.
2.11	<p>Part A: Providing the opportunities and integrated support parents need to enter, sustain and progress in work</p> <p>Key actions</p>
2.11.1	<p>A strengthened employment offer to parents.</p> <ul style="list-style-type: none"> • Aim to support up to 12,000 parents into work, helping to increase household incomes from employment. • Increase investment in employability support, making up to £81 million available in 2022-23. This will support delivery of a new offer to parents, providing support tailored to their needs through a dedicated keyworker – including support to access childcare and transport – and access to skills and training. • Investment will support the creation of up to 600 funded opportunities in 2022-23 for parents. • £2 million Challenge Fund, to test out new approaches to supporting parents into work. • A new Parental Transition Fund to tackle the financial barriers parents face in entering the labour market, particularly over the initial period of employment, investing up to £15 million each year. • Over the course of 2022-23 work with health boards and local authorities to provide up to 200 funded placements for parents through a new NHS Demonstrator Project for those experiencing long-term unemployment. • Child poverty to be a central pillar of our Lifetime Skills Offer, with enhanced support for the priority groups. • A new Adult Learning Strategy for Scotland in spring 2022.

2.11.2	<p>Connectivity and childcare</p> <ul style="list-style-type: none"> • Efforts focused initially on digitally excluded low income families from the six priority groups, working with key partners across the public and third sector to reach those who need it most. • In summer 2022, Scottish Government will develop and publish a strategic plan for all childcare commitments for the remainder of this Parliament. • Further develop funded offers of early learning and childcare for children aged one and two, starting with low-income households within this Parliament • Build a system of school age childcare, offering care before and after school, and during the holidays by the end of this Parliament • Improve availability of buses, introducing a £1 million community bus fund, supporting local authorities to improve the availability of public transport in their areas. • Review how Demand Responsive Transport (DRT) can be used to support low- income families. • Step up ambition on Connecting Scotland and will bring 300,000 people online by the end of 2026, backed by £200 million.
2.11.3	<p>Transforming our economy</p> <ul style="list-style-type: none"> • Identify and overcome barriers to parental employment, to ensure that enhanced employability and skills support is matched with fair work opportunities, in partnership with public, private and third sector employers. • Progressing fair work actions in low paid sectors and ensuring investment in Just Transitions. • Remove barriers to employment, taking a strategic and intersectional approach to tackling employment inequalities. • Refresh Fair Work Action Plan 2022, including commitments relating to structural barriers and inequalities, as well as discrete focus on the Gender Pay Gap, the disability employment gap and a new Ethnicity Pay Gap strategy. • Promote fair work practices through public procurement policy and practice. • By this summer, introduce a requirement on public sector grant recipients to pay at least the real Living Wage to all employees. • Develop Community Wealth Building action plans with every local authority and take forward plans for the introduction of a Community Wealth Building Bill during this session of Parliament, to connect this dual action on fair work and public investment to local and regional economies.

2.12	<p>Part B: Maximising the support available for families to live dignified lives and meet their basic needs</p> <p>Key actions</p>
2.12.1	<p>People and place</p> <ul style="list-style-type: none"> • Invest at least £500 million of Whole Family Wellbeing Funding over the next five years, with the first £50 million of this transformational funding in 2022-23. This will help transform services that support families to ensure that all families can access preventative, holistic support which is wrapped around their needs, and provided when they need it and for as long as they need it • Commence delivery of new Getting it Right Together approach by June 2022, focusing on a range of settings. Through this new approach support will be provided for the most deprived communities and develop a ‘no wrong door’ approach to support, linking into wider elements of action across this Plan. • Investing £36 million over two years through our Communities Mental Health and Wellbeing Fund. Whilst SG is constrained by UK budgeting arrangements, they will use the ongoing Resource Spending Review to provide multi-year funding for the third sector where possible to do so, enabling more sustainable, joined up, strategic planning for the sector. • Invest £325 million over the course of the Parliament in the Place Based Investment Programme (PBIP), which includes continuation of the £25 million Regeneration Capital Grant Fund. • Continue to deliver the Empowering Communities Programme, with up to £18 million per year complementing the capital investment programme.
2.12.2	<p>Social security</p> <ul style="list-style-type: none"> • Double the value of the Scottish Child Payment (SCP) to £20 per week per child from April 2022 • Roll out the SCP in full to children under 16, and further increase the payment to £25 per week per child by the end of 2022. • Increase the value of 8 Scottish social security benefits by 6%, including Best Start Grants and Carer’s Allowance Supplement, to keep pace with rising costs. • Legislate to remove the income thresholds from Best Start Foods by 2023-24, bringing eligibility in line with both Best Start Grant and Scottish Child Payment. • Improve how support is provided to carers and make links to wider services. • Introduce an extra payment of £10 a week for people who will get Scottish Carer’s Assistance who are caring for more than one disabled person. • Work with local authorities to mitigate the Benefit Cap as fully as we can within the scope of devolved powers, taking immediate steps to support as many families as possible in 2022, with this support targeted at families and the child poverty priority family types in particular.

2.12.3	<p>Income maximisation</p> <ul style="list-style-type: none"> • Shift more of the complexity of navigating the benefits system away from potential applicants, making it easier for people to access support when they need it. • Further explore systems of automated payment, beginning with the Scottish Child Payment and Best Start Grant, and delivering more person-centred referral and handover processes. • Take targeted action to overcome the additional barriers faced by the priority family types. This includes: <ul style="list-style-type: none"> - Working with seldom-heard groups to better understand and address non take-up of benefits, - Expanding access to the Family Nurse Partnership and strengthening the Health Visitor Pathway. - Enhance access to advice and support, in places where families already go, investing up to £10 million to increase access to holistic advice services in the current parliamentary term, including expanding access to advice in health and education settings.
2.12.4	<p>Warm and affordable homes</p> <ul style="list-style-type: none"> • Continue to invest in the Affordable Housing Supply Programme, in line with commitment to deliver 110,000 more affordable energy efficient homes by 2032, including 70% available for social rent, and 10% in our remote, rural and island communities. • Place the prioritisation of tackling child poverty at the heart of the Affordable Housing Supply Programme through further strengthening housing planning processes to ensure larger family homes are delivered where they are needed. • Take action to reduce costs for families in the private rented sector, investing £2.75 million in 2022-23 to begin private rented sector reforms which will aim to reduce child poverty by improving the quality of provision and housing affordability for families. • Provide a further £10 million to continue our Fuel Insecurity Fund in 2022-23 to tackle the cost of living crisis, helping households at risk of self-disconnection, or of self-rationing their energy use. • Work in partnership with housing associations to break the cycle of homelessness, funding Rapid Rehousing Transition Plans for 2022-23 and 2023-24 to enable local authorities to scale up Housing First for Families in their areas.
2.13	<p>Part C: Supporting the next generation to thrive</p> <p>Key actions</p>
2.13.1	<p>Best start to life</p> <ul style="list-style-type: none"> • Deliver on commitment to invest £60 million in renewing play parks in Scotland over the lifetime of this Parliament, to ensure all children have access to quality play in their own community. • Throughout 2022, publish a suite of refreshed materials to provide practitioners with the confidence, clarity and practical support to continue to

	<p>implement GIRFEC in well-planned, joined-up and streamlined ways, helping to prevent or mitigate childhood adversity and trauma.</p> <ul style="list-style-type: none"> • Continue to invest £4 million each year until 2025 for The Promise Partnership Fund, to help organisations with early intervention and to deliver changes to better support children, young people and families in, or on the edges of care.
2.13.2	<p>Supporting children to learn and grow</p> <ul style="list-style-type: none"> • Working together with local authorities, Education Scotland and schools themselves, invest a further and increased investment of £1 billion over the course of the Parliamentary term in the refreshed Scottish Attainment Challenge programme. • Ensure access to a digital device for every school aged child by 2026. • Publish a new Youth Work Strategy focused on providing services to young people most in need. A renewed focus on delivering outcomes through youth work will help to alleviate poverty by ensuring young people have the support they need to make informed positive life choices that lead to a better future.
2.13.3	<p>Post school transitions</p> <ul style="list-style-type: none"> • Develop a School Leavers' Toolkit. The toolkit will bring together practical information about budgeting and finances, as well as guidance for school leavers on how to exercise their full democratic rights as citizens. • Invest up to £45 million in the Young Person's Guarantee, including Our Future Now and Discovering Your Potential, in 2022-23. This will provide new and enhanced education, skills, employability and employment opportunities as well as relationship based support to young people who are at risk of not participating in opportunities and face significant barriers in entering the labour market. • Over the next three years, enhance the total student support package so that it reaches the equivalent of the Living Wage, including for estranged students.
2.14	<p>The COSLA President has reiterated the concerns that the plan must be clear that any asks of Local Government are subject to further discussion between spheres of Government. The plan must not commit Local Government to actions that have not been agreed.</p>
2.15	<p>Full analysis of the Tackling Child Poverty Delivery Plan will be undertaken by COSLA officers, alongside Local Government professional organisations, and officers will continue to work with Scottish Government officials. COSLA officers will plan for the joint Scottish Government Ministers/COSLA Leaders session following the Local Government elections.</p>

2.16	Local Child Poverty Action Plan
2.16.1	Local authorities and NHS boards are required to publish their annual joint local Child Poverty Reports and Action Plans in June of each year. This provides a retrospective review of progress against previous actions and sets priorities for the forthcoming year. This report contains, for Cabinet approval, its annual report and an action plan covering the period 2022-23.
2.16.2	The 2022-23 Child Poverty Action Plan and Report (Appendix 1) was developed using a collaborative approach with internal and external partners and summarises the existing and planned activity intended to reduce child poverty in North Ayrshire. The National Co-ordinator for Child Poverty Action Reports from the Improvement Service has supported this work and has published, with CPAG, our Cost of the School Day work as national good practice.
2.16.3	<p>Key themes over the past year include:</p> <ul style="list-style-type: none"> • Our cost of the school day work, identified as national good practice; • Collaborative approaches to continuing to address the poverty related attainment gap; • Ongoing automation of access to benefits; • Innovative ways of tackling the rising cost of home energy for residents funded by the Council's investment fund; and • Innovative employability initiatives with partners, including health visitors and the third sector.
2.16.4	<p>Key actions for the forthcoming year include:</p> <ul style="list-style-type: none"> • Establish a new board in North Ayrshire to tackle child poverty, chaired by the Leader of the Council and supported by NHSAAA, the North Ayrshire HSCP, the Third Sector Interface and Community Planning partners; • Supporting parents to progress to or improve employment; • Continuing to support families where disability is a factor through the Equal Programme; • Aligning schools' PEF resources to interventions we have shown to be effective in reducing the impact of poverty on learning; • Further supporting activity in relation to care experienced young people; • Reviewing the Health Visitor and Family Nurse pathway; • Extending our action plan in relation to the national cost of pregnancy report; • Progressing support for New Scots young people and families; • Reviewing financial inclusion services; • Reviewing Out of School Care provision • Additional support to vulnerable families and children impacted by fuel poverty; and • Prioritisation of mental health and wellbeing in schools and communities.
2.17	Proposed governance Arrangements for delivery of the North Ayrshire Child Poverty Action Plan

2.17.1	<p>Scottish Government has described the Delivery Plan as a “plan for Scotland” rather than a Scottish Government plan. Partnership arrangements are being discussed with COSLA. It is clear however from the specific proposals included in the Delivery Plan that the implications for North Ayrshire will be wide ranging and will involve the whole system, including ongoing partnerships with CPP partners, especially HSCP and NHS.</p>
2.17.2	<p>It is therefore further proposed that a board be set up to develop, lead, monitor and ensure delivery of the commitments within the next iteration of our local plan. This will include Council services, HSCP, NHS and the Third Sector as key partners. and proposes to develop a three-year strategy (2023-2026) to cover the remaining period of the Scottish Government plan (2022-26), with annual progress reports thereafter.</p> <p>The approach will align with the key themes of the Scottish Government delivery plan as described in this report. This will allow consistent longer term and more integrated planning, delivery and monitoring of our plan in line with national outcomes and targets. The draft terms of reference of the proposed Board are attached at Appendix 2.</p>
2.17.3	<p>Key strategic areas of work will include:</p> <ul style="list-style-type: none"> • Greater involvement of residents, including children and young people, in service design; • Design of services which are human and kind; • “Accessing our Council” via online, telephone and face to face routes; • Workforce planning and creating a “no wrong door” culture to improve access to our services; • Examining how economic development, transport, skills and childcare provision can combine to break down barriers to employment; • Access to affordable childcare; • Greater job quality through Fair Work; • Accessibility; • Maximising uptake of benefits; • Further progress in removing financial barriers to education (CoSD); • Whole family wellbeing, supported by the Scottish Government Whole Family Wellbeing Fund; • Linking adult and children’s services to improve outcomes for families living in poverty; and • Improved use of data and performance measures in relation to what the local issues are and what actions need to be taken to effect a step change in child poverty.
2.18	<p>“Pathfinder” Local Authorities</p> <p>This report also seeks permission to propose North Ayrshire as a “Pathfinder” local authority in tackling child poverty, as described in the Scottish Government delivery plan: (Best Start, Bright Futures). This approach would focus on systems change and whole systems approaches, with an emphasis on data and what works locally.</p>

3.	PROPOSALS
3.1	<p>It is proposed that the IJB:</p> <ul style="list-style-type: none"> a) Approves the North Ayrshire Child Poverty Report 2021-22 and Action Plan 2022-23; b) Agrees that the report can be submitted to the Scottish Government and published on the North Ayrshire Community Planning Partnership website; c) Approves the proposal to develop a strategy to tackle child poverty, covering the period 2023-26; d) Approves the introduction of a “Tackling Child Poverty” Board to agree, monitor and deliver our local strategy in relation to the wide-ranging proposals within the Scottish Government’s Tackling Child Poverty Delivery Plan, to be chaired by the Council Leader; and e) Grants permission to propose North Ayrshire as a “Pathfinder” local authority in tackling child poverty, as described in the Scottish Government delivery plan (Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026).
3.2	<u>Anticipated Outcomes</u>
	It is anticipated that family income will be increased; that more parents will be in work or education; and that life chances for children and young people will be improved.
3.3	<u>Measuring Impact</u>
	The action plan and report contain a range of performance measures and case studies which are useful in understanding the impact of the interventions.
4.	IMPLICATIONS

Financial:	There are no financial implications for North Ayrshire Council contained within the current report.
Human Resources:	There are no HR implications for North Ayrshire Council contained within the current report.
Legal:	The Council has a statutory duty to publish its Child Poverty Report and Action plan each year, preferably by June.
Equality:	Tackling child poverty sits at the heart of our equalities and socio-economic duty and there are wide ranging implications related to our approach.
Children and Young People	The report focuses on creating equity and improved living standards for children and young people.
Environmental & Sustainability:	Tackling child poverty sits at the heart of our equalities and socio-economic duty and there are wide ranging implications related to our approach.
Key Priorities:	The proposals relate to the Council Plan in its entirety.
Risk Implications:	Child poverty has increased in North Ayrshire. There is a risk that the mitigations within the control of the local authority are not sufficient to reverse the trend.
Community Benefits:	N/A

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

5.	CONSULTATION
5.1	The Council and NHSAAA consult with a wide range of partners to deliver the local Child Poverty Report and Action Plan, including young people, CPP partners and national agencies.
6.	CONCLUSION
6.1	The proposed adoption of a more strategic approach to tackling child poverty will enable further holistic approaches to the work proposed.

For more information please contact Dr Audrey Sutton, Executive Director (Communities & Education) on (01294) 324415 or asutton@north-ayrshire.gov.uk



Child Poverty Report 2021-22 and Action Plan 2022-23



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Foreword and Introduction

In North Ayrshire we are fully committed to becoming a fairer and more equal society. Our shared strategic approaches shape everything we do and we focus our work on tackling inequalities and creating a society where no one lives in poverty, where the economy is inclusive and where everyone has the same life chances to live fulfilling and healthy lives. Our ambition is shared by all our Community Planning Partners and is demonstrated in our partnership working and joint commitment to the priorities and actions outlined in this report. Our multi-agency partnership approaches are recognised as a key strength in North Ayrshire.

Our new annual Child Poverty Action Plan is key to our commitment to mitigating the current and lasting impacts of the pandemic and to demonstrating our determination to reduce child poverty in the longer term in a climate of a cost-of-living crisis with rising food and fuel costs.

This plan should be considered as a development of previous plans and therefore includes updates on the incremental work we are engaged in as well next steps in that journey.

Notable achievements this year include further progress in our cost of the school day work and collaborative approaches to continue to address the poverty related attainment gap. Innovative ways of tackling the rising cost of home energy for residents have been developed, funded by the Council's investment fund. Innovative employability initiatives continue to be developed with partners, including health visitors and the third sector. The Health and Social Care Partnership (HSCP) continues to innovate in relation to the Pan-Ayrshire Infant, Children and Young People's Transformational Change Programme Board (ICYPTCPB) which provides the partnership vehicle to support and improve the health and social outcomes for infants, children and young people in Ayrshire and Arran.

However, the stark reality is that child poverty is still increasing in North Ayrshire. To accomplish any of our aspirations we need a step-change in how we work address it. As a result, we will this year establish a new board in North Ayrshire to tackle child poverty, chaired by the Leader of the Council and supported by NHS Ayrshire and Arran (NHSAAA), the HSCP, the Third Sector Interface and Community Planning partners. This approach will reflect proposals in the Scottish Government's Tackling Child Poverty Delivery Plan and lead to a more effective whole system approach to our work. It will ensure residents are involved in holistic ways of working, which will reduce the complexity of support available for our children, young people and their families.

Marie Burns, Leader of North Ayrshire Council

Craig Hatton, CEO of North Ayrshire Council

Claire Burden – CEO, NHSAAA

What is Child Poverty?

The Child Poverty Action Group (Scotland) defines poverty as follows:

“Child poverty means growing up in families without the resources to ‘*obtain the type of diet, participate in the activities and have the living conditions and amenities*’ which are the norm in 21st century Scotland (Townsend, 1979). Children are considered to be living in poverty if they live in households with less than 60% of median household income. This is the key measure used by UK and Scottish Government.”

From the latest figures (2019-20) a family is considered as in poverty if, after housing costs, they are living on:

- Less than **£333 a week or £17,400 a year** for a single person with children aged between five and 14 years.
- Less than **£450 or £23,400 a year** for a couple with children aged between five and 14 years.

What are the effects of child poverty?

Experiencing child poverty can undermine the health, wellbeing and educational attainment of children. For example, Scottish Government [statistics](#) show:

- **61%** of low-income families with children in Scotland can’t afford to make regular savings of £10 a month or more.
- **51%** report that they don’t have a small amount of money to spend each week on themselves.
- **10%** can’t afford to have friends of their children visit for tea or a snack once a fortnight. [CHILD POVERTY IN](#)

[SCOTLAND | CPAG](#)

National context and scale of the challenge

Fairer Scotland Duty

The Fairer Scotland Duty is an overarching strategic duty on public bodies (including local authorities). It has interactions with the Equality Act 2010; Scotland Act 2016; and came into force on 1 April 2018. The Duty requires that: “An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.”

Local Child Poverty Action Plans and Reports

The Child Poverty (Scotland) Act 2017 introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report, as soon as practicable after the end of each reporting year.

Scottish Government's Delivery Plan

The Scottish Government has [published](#) its second Tackling **Child Poverty** Delivery Plan due under the Child Poverty (Scotland) Act 2017, outlining actions for the period 2022-2026:

“Best Start, Bright Futures sets out how partners will work together to deliver on Scotland's national mission to tackle child poverty. It is not solely a plan for the Scottish Government, it is a plan for all of Scotland, recognising the contribution all parts of society must make to deliver the change needed for children and families.”

[Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026 \(March 2022\)](#)

- [Part A](#) focuses on providing the opportunities and support needed to enter, sustain and progress in work – including a new employability offer to parents and improvements to the support structures needed including through childcare and transport.
- [Part B](#) focuses on maximising the support available for families to lead dignified lives and meet their basic needs – actions include a transformational approach to people and places, social security and income maximisation and delivery of warm and affordable homes.
- [Part C](#) focuses on supporting the next generation to thrive –delivered through a range of interventions underpinned by GIRFEC, the Promise, tackling the poverty related attainment gap, and through investment in the Young Person's Guarantee.



Child Poverty Targets

The Child Poverty (Scotland) Act 2017 set out four measures of relative poverty and statutory targets for Scotland to reach by 2030. This establishes Scotland as the only part of the UK with statutory income targets on child poverty.

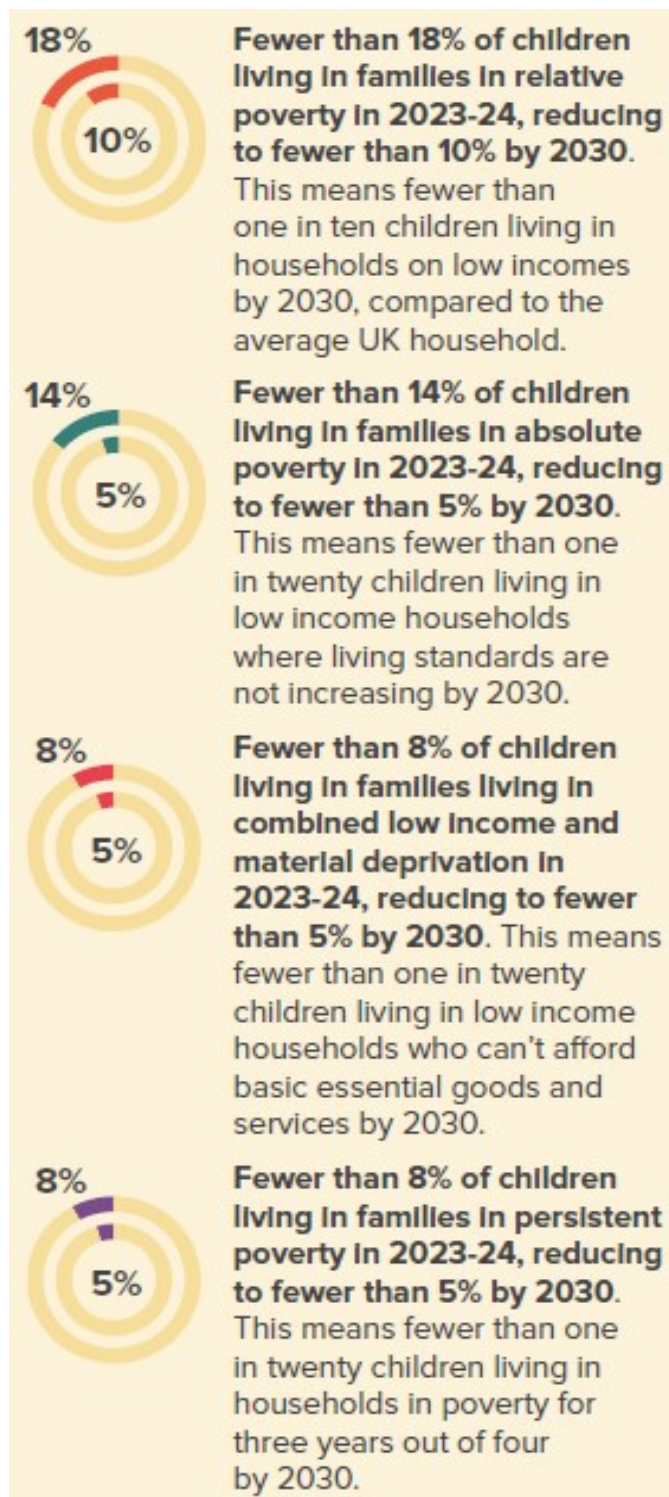
Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026 sets out the following updated ambitious targets for reducing child poverty:

“In large part due to the actions we have taken to date, together with those set out in this plan, using current projections we anticipate that **around 17% of children will live in relative poverty in 2023**, with over 60,000 fewer children living in poverty since the Act was passed in 2017. Whilst economic modelling cannot precisely account for what may happen, particularly in the context of the cost-of-living crisis, inflation rises and increasing international instability, we anticipate on the basis of current information that over 50,000 fewer children will live in absolute poverty compared to 2017, with around 16% of children projected to live in absolute poverty in 2023. However, as

the impact of the economic situation becomes clearer, this Government will continue to consider further actions required over the lifetime of this plan to achieve these targets, to support families, and break the cycle of child poverty.”

[Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 \(www.gov.scot\)](https://www.gov.scot/Best-Start-Bright-Futures-Tackling-Child-Poverty-Delivery-Plan-2022-2026)

Figure 1: National Child Poverty Targets



[Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 \(www.gov.scot\)](https://www.gov.scot)

National Context

The Joseph Rowntree Foundation reports:

“Around one in five people in Scotland live in poverty after taking account of housing costs and this figure has been rising since 2011–14. Deep poverty (a household with less than 50% of the median income adjusted for a household size) followed a similar decline between 1998–01 to around 2009–12 but has steadily increased since then. Deep poverty has now reached similar levels to those found 20 years ago with 14% of people in Scotland well below what is needed to make ends meet.”

[Poverty in Scotland 2021 | JRF](#)

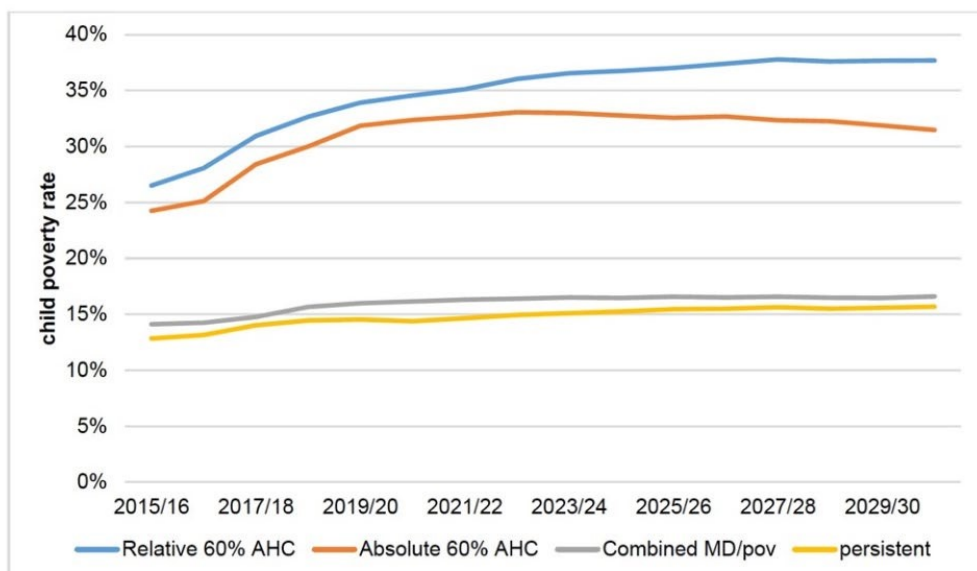
In 2017–20, for all children in Scotland, each of the current poverty measures sat at more than double their 2031 target.

In 2017–20:

- Almost one in four children were living in relative poverty (After Housing Costs) (target less than one in ten)
- More than one in five children were living in absolute poverty (target less than one in twenty) • 13% of children lived in material deprivation (target less than 5%).

Persistent poverty is measured over a different timeline but in the period between 2015–19, 16% of children in Scotland were trapped in poverty for at least three in four years, more than three times the target of less than 5%.

Figure 2: Projected Child Poverty Levels 2015/16 to 2030/31



The chart above (Figure 2) shows the projected trend of child poverty for each target. By 2030/31, it is estimated that 38% of children will be in relative poverty, 32% of children will be in absolute poverty, 17% of children will be in combined low income and material deprivation and 16% of children will be in persistent poverty. The key reason for

these projected rises is the impact of welfare reform, primarily the benefit freeze and the two children limit on tax credits.

The Scottish Government recognises that in the context of these projections the child poverty reduction targets within the Act are ambitious. However, Scottish Ministers are clear that in the current environment, which threatens to make many families worse off, there is a strong case for intensive action at national and local level to tackle child poverty.

Who is affected?

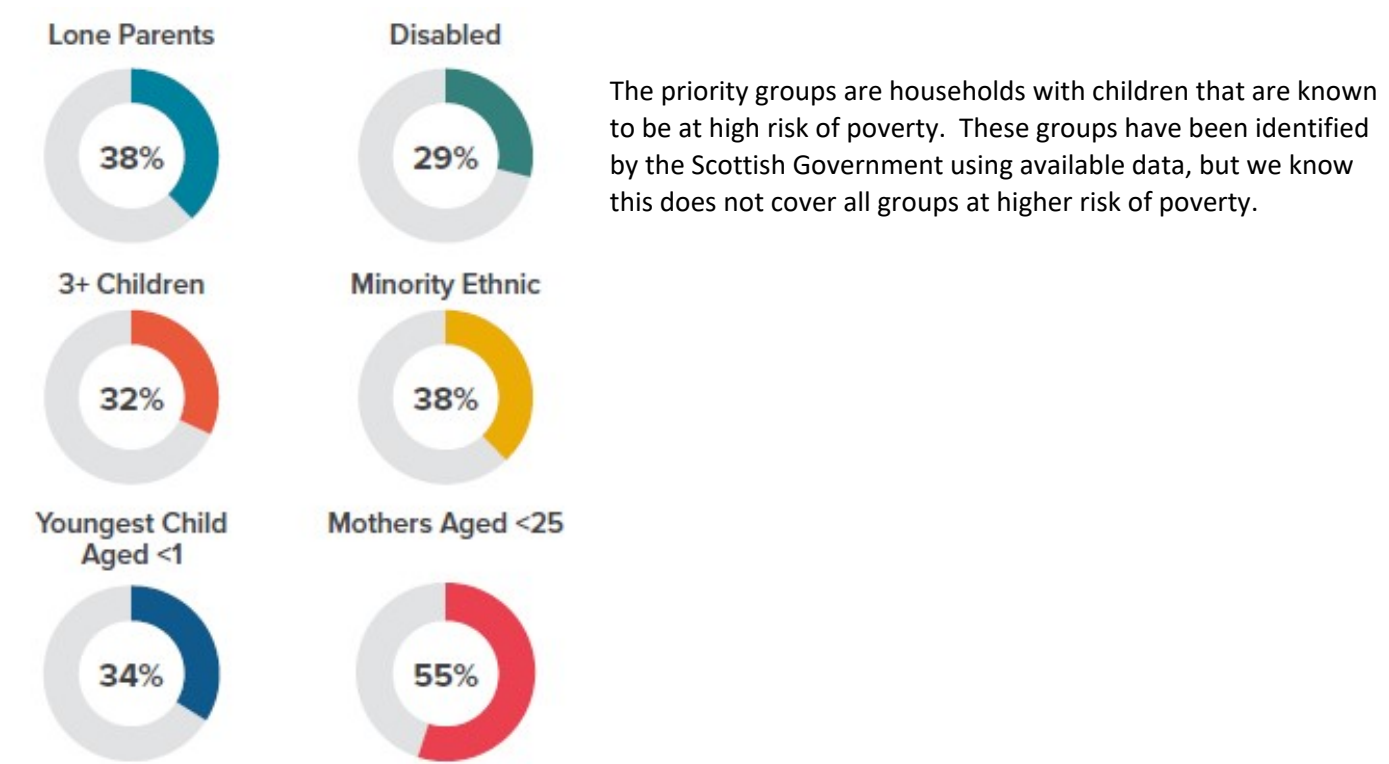
The Scottish Government identified a number of groups most at risk of child poverty in Scotland (Scottish Government, 2018).

These are children living in:

- Single parent households;
- Households where an adult and/or child is disabled;
- Households with 3 or more children – large households;
- Minority ethnic households;
- Households with a child under one year old; and
- Households where the mother is under 25 years of age.

Figure 3 below shows the proportion of children living in poverty in Scotland by the priority group status of their household.

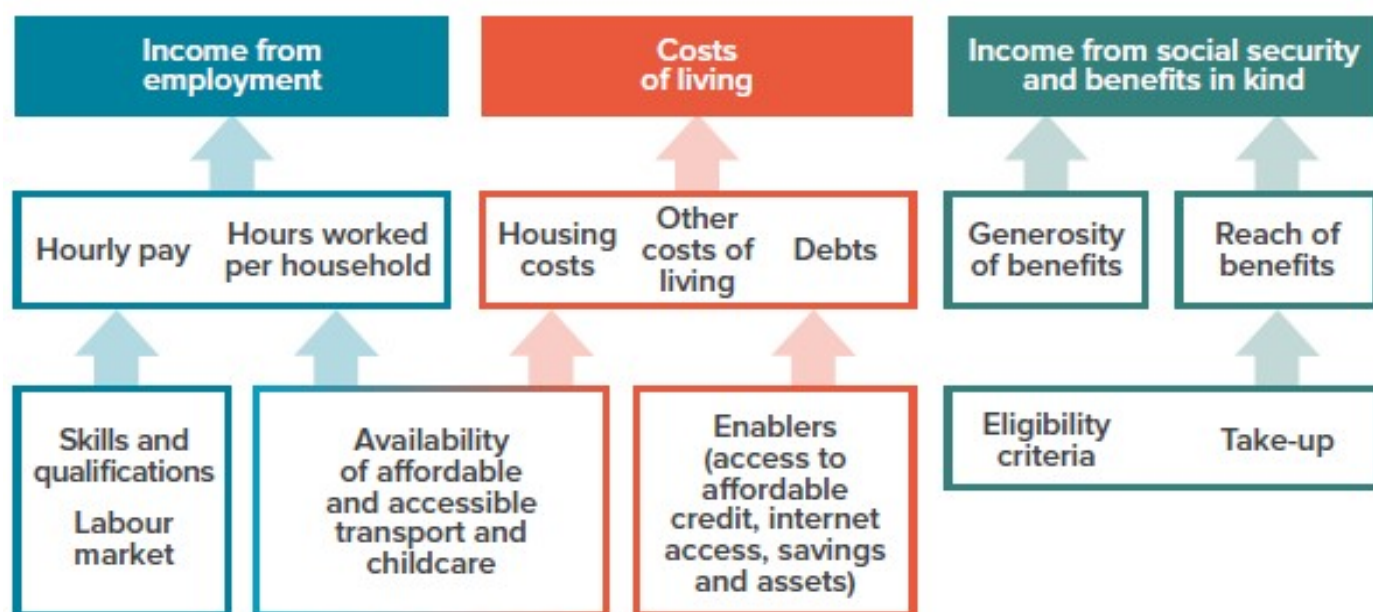
Figure 3: Priority Groups



What are the drivers of child poverty?

The direct drivers of poverty fall into three main categories – income from employment, costs of living and income from social security. Our plan is based on these three themes.

Figure 4: Direct Drivers of Poverty



[Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 \(www.gov.scot\)](#)

What causes child poverty in Scotland?

According to CPAG Scotland:

“Child poverty is caused by a range of factors which work together and result in inadequate household resources. Factors which contribute to insufficient income include:

- Inadequate income from employment
- Inadequate income from social security benefits
- Living Costs

The Joseph Rowntree Foundation Poverty in Scotland 2021 report highlighted that being in a household where no one is working is one of the biggest risk factors of being in poverty – and support for people on low incomes is often fragmented and very difficult to access. In-work child poverty rates are closely linked to the number of adults in work in the family and their hours of work. Child poverty rates are very low for children in families where two parents are at work, with at least one in full-time work. Families with a single earner or with only part-time workers experience much higher poverty rates. Children in lone-parent families have high poverty rates, even when their parent works full time. In lone-parent families working full-time poverty has risen from 13% in 1996/97 to 22% in 2018/19. Between 1998/99 and 2010/11, the child poverty rate in lone-parent families working part-time more than

halved from 52% to 22%. It has since risen back to 41%. Low-income families receive a greater proportion of their overall household income from welfare payments meaning earnings growth has reduced overall impact and may explain why rates of in-work poverty have increased in recent years. Alongside this, changes to UK benefits systems have negatively impacted low-income families, including freezes to working-age benefits and tax credits and the introduction of Universal Credit. “

The local picture: data and governance

North Ayrshire Strategic Context

Figure 5 below shows the links in our Children’s Services Planning approach and how tackling child poverty is governed in North Ayrshire.

Figure 5: Children’s Services Planning Dashboard

North Ayrshire Children’s Services Planning 2022		
Local Outcomes Improvement Plan 2022 - 30		
National Performance Framework		
North Ayrshire Council Plan 2019 - 24	North Ayrshire Health and Social Care Strategic Plan 2022- 30: Caring Together	NHSAAA Strategic Plan in development: Caring for Ayrshire
Child Poverty Action Plan 2022 - 23 (annual publication with new three-year strategy 2023 - 26) North Ayrshire Children’s Services Plan 2020 - 23 published every three years Children’s Rights Report 2020 - 23 (published every three years) CLD Strategic Plan 2022 - 25 Youth Participation and Citizenship Strategy 2021 - 25 (published every four years) HSCP Children’s Services Plan Annual Education Plan 2022 - 23 Scottish Attainment Challenge Strategy 2022 - 26		

Poverty in North Ayrshire – what do we know?

High levels of inequality exist in North Ayrshire, particularly poverty and the associated effects this has. North Ayrshire is one of the most deprived areas in Scotland. Deprivation levels are significantly higher than the Scottish average. The latest 2020 Scottish Index of Multiple Deprivation (SIMD) highlighted continuing levels of deprivation in North Ayrshire. 52 of our 186 SIMD data zones now fall within the 15% most deprived in Scotland. 39,139 people live within these deprived areas representing 28.8% of North Ayrshire’s population, significantly above the Scottish average.

Local Poverty Related Indicators

Local child poverty indicators (After Housing Costs) 2019/20

New data on child poverty was released in May 2021. This [new estimate, by Loughborough University](#), is based on Department of Work and Pensions (DWP) and Her Majesty's Revenues and Customs (HMRC) data but is based on family income levels, after housing costs. The data only covers the age group of 0- to 16-year-olds.

The data shows that an estimated figure of over 6,200 children (27.9%) age 0-16 years could be living in poverty in North Ayrshire in 2019/20. When comparing local authority areas in Scotland, **North Ayrshire has the second highest level of child poverty after housing costs of any area in Scotland** (27.9%) and is higher than the national average of 24%. North Ayrshire has seen a 3.1 percentage point increase in child poverty levels since 2014/15, above the Scottish percentage point increase (2%).

Other Local Poverty Indicators

Further analysis of local data available to us provides deeper insight into our local context. The information is displayed below.

The main issues highlighted in terms of employment are more 'lower paid' jobs, higher underemployment levels and higher unemployment compared to Scotland as a whole. In terms of benefits, there are higher levels of out of work benefit claims.

For other related issues that impact on people's lives, we have higher levels of children looked after by the authority, higher rates of children admitted to hospital due to asthma and higher levels of domestic abuse incidents.

Context

- After housing costs, child poverty in North Ayrshire for 2019/20 was 27.9% (this corresponds to approximately 6,300 children). This is 0.8-percentage points higher than the previous year, and 3.1percentage points higher than 2014/15. For context, the 2019/20 rate for Scotland was 24.3%.
- We have the lowest employment rate in Scotland (64.9%). The employment rate for North Ayrshire decreased by 1.5-percentage points since the previous data release (Jul 2020-Jun 2021).
- We have the 2nd highest unemployment rate (5%) in Scotland. However, the unemployment rate is down by 0.2-percentage points since the last data release.
- Our economic inactivity rate (29.7%) is the highest in Scotland and the 13th highest in Great Britain.
- There are 27,000 economically inactive people in North Ayrshire and 56,000 economically active people, a ratio of 1 to 2.5 (at a Scotland level the ratio is 1 to 3.6).
- We have the 3rd lowest male employment rate in Scotland (65.3%) (the Scottish rate is currently 75.7%).
- We have the 2nd lowest female employment rate (65.4%) in Scotland (Scottish rate is 70.6%).
- The number of people claiming benefits principally for the reason of being unemployed, as a percentage of the working aged (16-64) population) is 5%. Though only 0.1-percentage points below pre-Covid-19 levels (Oct 2020-Sep 2021 vs Jan 2019-Dec 2019); a significant caveat is that our economic inactivity rate is 4.6percentage points higher than pre-Covid-19 levels. This may be due to lack of opportunity locally leading to people exiting the labour force or may be linked to concerns about returning to in-person work due to Covid-19.

Figure 6: Local data overview

Indicator	North Ayrshire	Scotland	Source
% of households managing well financially (2019)	49%	56%	Local Child Poverty Dashboard (www.gov.scot)
% of children in working households (Jan-Dec 2020)	57.4%	63.1%	ONS
% of children in low-income families (2019-20)	24.3%	16.8%	Local Child Poverty Dashboard (www.gov.scot)
% of employees (18+) earning less than the Living Wage (2021)	11.7%	14.4%	Annual Survey of Hours and Earnings, (www.gov.scot)
Underemployment of 16+ population (%) (2020 Q1)	9%	7.1%	Scottish Government (Statistics.gov.uk)
Employment Rate (Oct 2020 to Sept 2021)	66.3%	72.9%	ONS (www.nomisweb.co.uk)
Unemployment Rate (Oct 2020 to Sept 2021)	5.3%	4.2%	ONS (www.nomisweb.co.uk)
Limiting long-term physical or mental health condition (ALL) (2019)	27.40%	25.90%	Scottish Government Scottish Surveys Core Questions (www.gov.scot)
Age of first-time mothers – 19 and under (% of all first-time mothers) (2016/17-2018/19)	12.4%	6.6%	Scottish Government (Statistics.gov.uk)
Number of children referred to the Children's Reporter	372	-	SCRA

The percentage of households managing well financially in North Ayrshire has reduced from 62% in 2018 to 49% in 2019 (most recent data available), while nationally this has increased by 1% point. Similarly, the percentage of children in working households has reduced from 62.4% in 2018 to 57.4% at the end of 2020. In contrast, the percentage of employees earning less than the Living Wage has reduced from 16% in 2019 to 11.7% in 2021, a greater improvement than nationally (16.9% to 14.4% for Scotland).

The number of children referred to the Children's Reporter has reduced each year since 2015/16 and has reduced by 47.5% in the most recent three-year period.

North Ayrshire Inclusive Economy Dashboard

North Ayrshire Council is recognised as a sector leader in Scotland and the UK in defining and implementing an inclusive economy. The ongoing Community Wealth Building approach provides a practical means to achieving an inclusive and wellbeing economy in North Ayrshire.

This Inclusive Economy Dashboard has been developed to measure social, economic and environmental wellbeing in North Ayrshire. It uses publicly available statistics to track progress of an inclusive and green economic recovery and renewal. The Inclusive Economy Dashboard draws from the Doughnut Economics tool which proposes an economy with a social foundation we cannot fall below and environmental limits that should not be exceeded.

Key findings of the April 2022 update of the Inclusive Economy Dashboard, subject to caveats associated with Covid19 data irregularities, are:

- Child poverty and positive destinations (data for 2019-20) are causes for concern, as they may be worsened still due to the impact of Covid-19.
- There has been a strong improvement in the youth (16-24), and overall benefit claimant counts.
- Employment, unemployment, and economic inactivity all show strong negative trends.
- Earnings and Living Wage data saw significant improvement.
- The Equality and Older Years categories showed notable improvement.
- The Place and Business categories showed varying trends per indicator.

Figure 7: Inclusive Economy Dashboard: April 2022 Update

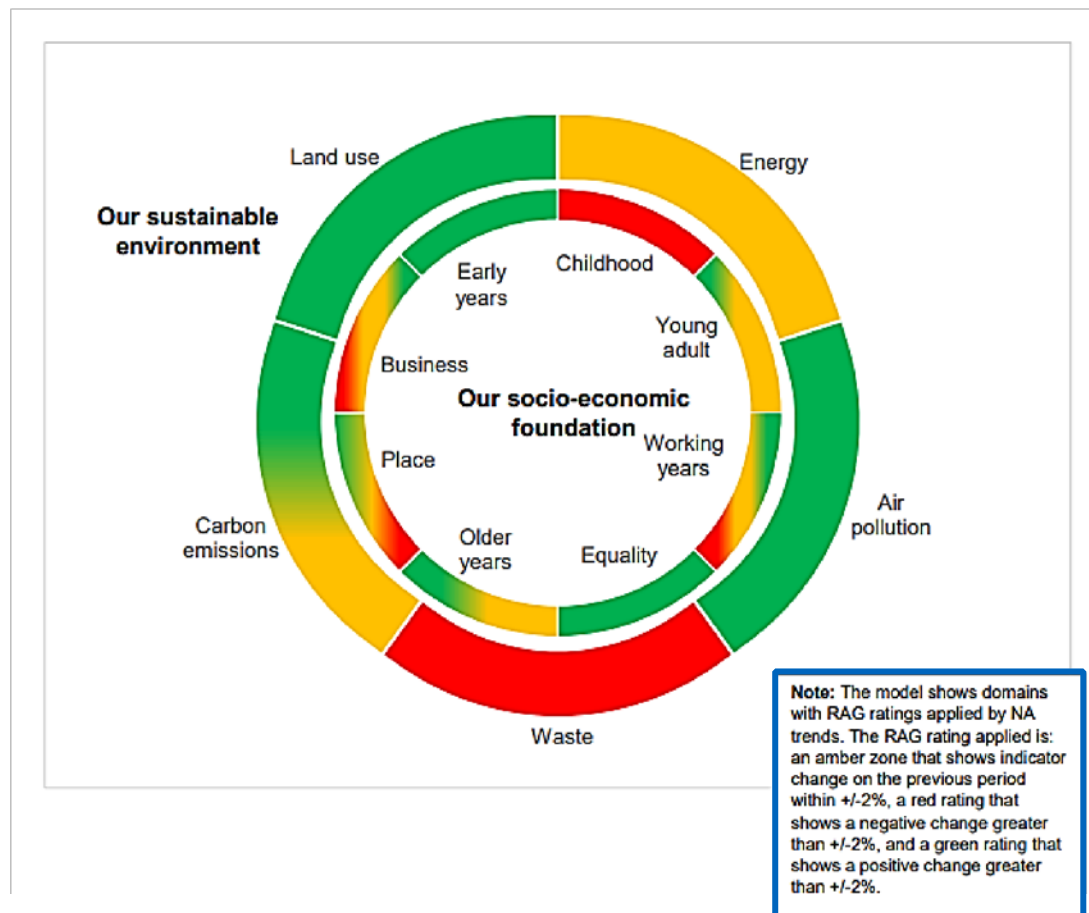


Figure 8: RAG status of Inclusive Growth Dashboard indicators

Our Socio Economic Foundation:

Domain	Indicator	North Ayrshire	Scotland	North Ayrshire change on year	Notes
Early years	Percentage of children achieving their developmental milestones at the time the child starts primary school ¹	83.3% (2019-20)	85.7% (2019-20)	+2.5%pts (+3.1%)	North Ayrshire is 2.4%pts behind the Scottish rate, however, showed a year-on-year improvement of 2.5%pts
Childhood	Literacy and numeracy attainment gap between most and least deprived at P1, P4, P7 combined ⁴	19.6%pts (2018-19)	18.7%pts (2018-19)	N/A (trend data unavailable)	The North Ayrshire rate is 0.9%pts lower than the Scottish rate.
	Percentage of children living in poverty (after housing costs)	27.9% (2019-20)	24.3% (2019-20)	+0.8%pts (+3%)	The North Ayrshire rate is 3.6%pts higher than the Scottish level.
Young adult	Youth claimant count rate (claimants aged 16-24 as a proportion of population of area aged 16-24)	6.2% (Dec-21)	4.0% (Dec-21)	-4.2%pts (-40.4%)	The North Ayrshire rate is 2.2%pts higher than the Scottish level, however, it has declined by 4.2%pts on the year.
	16-19 participation rate	90.1% (2021)	92.1% (2021)	-0.5%pts (-0.6%)	The North Ayrshire level is 2%pts lower than Scotland's.
	Percentage of school leavers entering positive destinations	92.4% (2019-20)	95.0% (2019-20)	-1.6%pts (-1.7%)	The trend data is potentially of concern; it may reflect the effects of Covid-19.
Working years	Percentage of households in fuel poverty	27.8% (2017-19)	24.4% (2017-19)	-0.5%pts (-1.9%)	Although the data is trending in the right direction, it lags the Scottish rate by 3.4%pts.
	No or low qualifications (up to NVQ2)	38.0% (Jan 2020-Dec 2020)	30.6% (Jan 2020-Dec 2020)	-0.9%pts (-2.3%)	North Ayrshire's rate is 7.4%pts higher than the Scottish rate.
	Percentage of working age population in employment (Employment Rate)	68.3% (Oct 2020-Sep 2021)	72.9% (Oct 2020-Sep 2021)	-2.6%pts (-3.8%)	In North Ayrshire, there are roughly 2,700 people fewer in employment compared to this time last year.
	Percentage of working age population not in employment (Unemployment Rate)	5.3% (Oct 2020-Sep 2021)	4.2% (Oct 2020-Sep 2021)	+0.6%pts (+12.8%)	Despite increasing on the year, the North Ayrshire rate is comparable to pre-Covid-19 level.
	Economically inactive (People who are neither in employment nor unemployed)	29.7% (Oct 2020-Sep 2021)	23.9% (Oct 2020-Sep 2021)	+2.4%pts (+8.8%)	North Ayrshire's rate is the highest in Scotland (13 th in GB); highest rate since Jul 2011-Jun 2012.
	Claimant count rate (claimants as a proportion of population of area aged 16-64)	5.7% (Dec-21)	4.0% (Dec-21)	-2.6%pts (-30.5%)	A strong recovery over the year, however, still 1.7%pts above the Scottish level.
	Percentage of those earning less than the Living Wage	11.7% (2021)	14.4% (2021)	-4.2%pts (-26.4%)	North Ayrshire's rate is 2.7%pts below the Scottish level.
	Gross Weekly Pay (median earnings for employees living in the area) ²	£625.70 (2021)	£622.00 (2021)	+4.6%	Comparable level between North Ayrshire and Scotland with a solid trend.
	Gross Weekly Pay (median earnings for employees working in the area) ³	£597.20 (2021)	£622.40 (2021)	+1.7%	The North Ayrshire figure is 4% below the Scottish level.
Equality	Female Employment Rate	65.4% (Oct 2020-Sep 2021)	70.6% (Oct 2020-Sep 2021)	+1.8%pts (+2.8%)	North Ayrshire has the 2 nd lowest rate in Scotland.
	Equality Act Core or Work-Limiting Disabled	49.9% (2021)	49.1% (2021)	+2.9%pts (+6.2%)	North Ayrshire's rate is 0.6%pts above the Scottish level.
Older years	Healthy life expectancy: Female (at birth)	56.3 (2017-19)	61.9 (2017-19)	+0.5%	North Ayrshire's rate is 9% below the Scottish level.
	Healthy life expectancy: Male (at birth)	58.5 (2017-19)	61.7 (2017-19)	+2.1%	North Ayrshire's rate is 5% below the Scottish level.

North Ayrshire's Economic Resilience

Analysis by the Fraser of Allander Institute shows that around 11% of businesses in North Ayrshire are in the hospitality sector, this is the second largest number across all Scottish local authorities (Argyll and Bute have the highest concentration at roughly 13%). Areas with higher than the national average concentration in hospitality are particularly reliant on tourism, which made them more vulnerable to the economic impacts of Covid-19. At a Scotland level economic output in this sector is estimated to have recovered to around its pre-Covid-19 levels.

Encouragingly, in North Ayrshire's largest sector in terms of economic output (GVA), manufacturing, economic output at a Scottish level is estimated to have recovered to around its pre-Covid-19 levels. The manufacturing sector accounts for 26% of economic output (GVA) and 11.5% of employee jobs in North Ayrshire.

The North Ayrshire economy faces major structural challenges that require significant national and local investment, policy change and innovation, and strategic long-term approaches to address them. Despite sectoral strengths in manufacturing, North Ayrshire has a low job density, faces a weak labour market, as well as evidence of certain groups within North Ayrshire being particularly excluded from the labour market.

We understand that at this time we need to focus even more on reducing child poverty. Both the Fairer Scotland Duty and the requirements of the Child Poverty Act will remain at the heart of our decision making, to ensure we provide support to those most in need.

Local Plans and Policies

Community Planning and the Local Outcomes Improvement Plan

We recognise that high levels of inequality, particularly poverty, exist in North Ayrshire. In our Local Outcomes Improvement Plan (LOIP) 2022-30, we continue our focus on child poverty. This is in response to very concerning local trends in child poverty levels.

We have three priority areas:

- Wellbeing
- Work
- World

Our cross-cutting themes influence our approach to these priorities:

1. Building stronger communities – empowering communities to increase control over their lives, being supported to do things for themselves and having their voices heard in the planning and delivery of services.
2. Prevention – being proactive to avoid negative outcomes and early intervention in existing issues to mitigate their future impact. These do not operate in isolation. We draw from a range of partner plans to support these priorities. Our six Locality Partnerships alongside our Connected Communities Service are fundamental to ensuring that plans are built on lived experience.



Figure 9: Community Planning Structure in North Ayrshire

North Ayrshire Localities

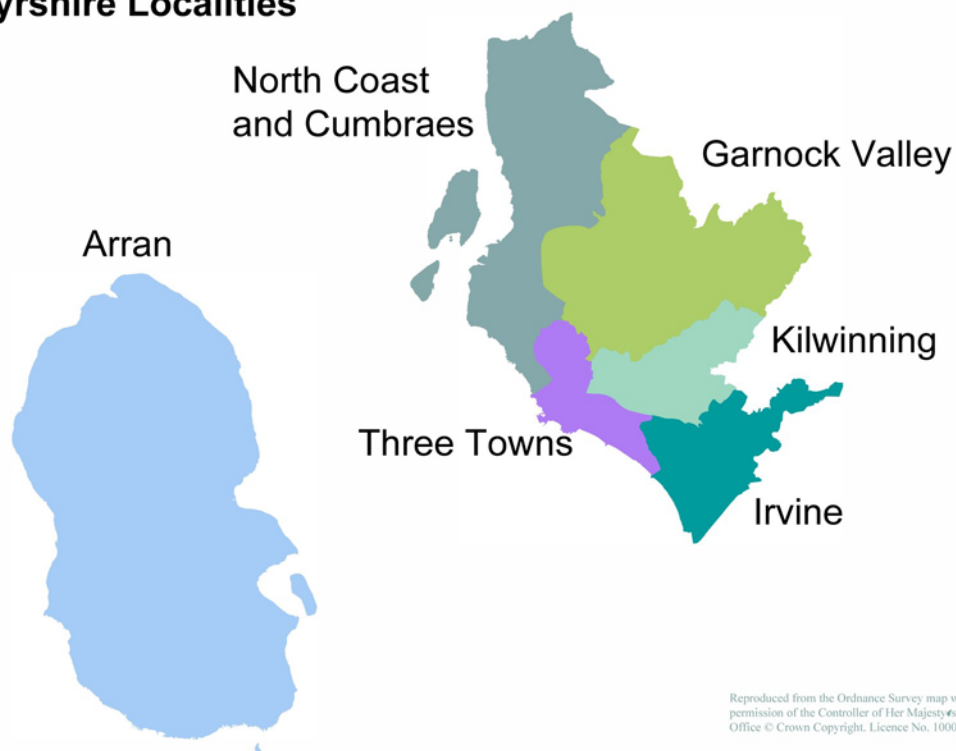


Figure 10: North Ayrshire Localities

North Ayrshire Council Plan

The 2019-24 North Ayrshire Council Plan was approved in June 2019. The plan, titled 'North Ayrshire: A Council that is Fair for All,' describes the vision, mission and priorities. It sets out a strategic approach which is focused on making North Ayrshire a fairer and more equal society. North Ayrshire Council is determined to tackle inequalities and create a society where no one lives in poverty, where the economy is inclusive and where everyone has the same life chances to live fulfilling and healthy lives.

The plan has three strategic priorities linking all the work the Council does, including in partnership:

- **Aspiring Communities:** This priority focuses on a society where everyone, has the same life chances to grow, prosper and have fulfilling and healthy lives.
- **Inspiring Place:** This priority focuses on an enterprising, vibrant and sustainable environment, appealing to investors, attractive for visitors and a place where our residents are proud to live and work.
- **A Council for the Future:** This priority ensures our Council is forward thinking – motivated to transform and improve the services we provide for our communities, through innovation and a strong voice nationally.

North Ayrshire Council uses these priorities to target resources. Everyone within the Council is determined to tackle inequalities and create a society where no one lives in poverty, where the economy is inclusive and where everyone has the same life chances to live fulfilling and healthy lives.

[North Ayrshire Council Plan \(north-ayrshire.gov.uk\)](http://north-ayrshire.gov.uk)

Child Centred Council

North Ayrshire became the first Child-Centred Council in Scotland, putting children and young people at the heart of everything we do and making sure that we give our young people the best possible start in life.

NHS Ayrshire and Arran

NHS Ayrshire and Arran continues to work in partnership to reduce the impact of poverty on children's lives. The Health Inequalities Impact Assessment Tool was developed and work to promote the use of this alongside increasing awareness of child poverty amongst NHS staff is an ongoing priority.

The Pan-Ayrshire Infant, Children and Young People's Transformational Change Programme Board (ICYPTCPB) provides the partnership vehicle to support and improve the health and social outcomes for infants, children and young people in Ayrshire and Arran and provides a strategic view across Ayrshire for children's health and social outcomes and health inequalities.

The focus of the group is prevention and early intervention and the role it has to play in improving child health outcomes, breaking the cycle of health inequalities in Ayrshire and Arran. It proposes ways of encouraging all agencies to work together to offer infants, children and young people the best start in life and realise their full potential. This begins before birth and continues through the early years of life, school years and transition to adulthood supported by the national practice model, 'Getting it Right for every Child' (GIRFEC). The work of the Board is intrinsically linked to the vision of Caring for Ayrshire and with the individual at the centre of care.

Other strategies which tie in to reducing child poverty and its wider include Caring for Ayrshire, the Community Wealth Building Pledge signed by NHS, the Employability Strategy, Population Mental Health and Wellbeing Strategy and the tobacco, oral health and sexual health strategies. NHS have continued to prioritise improving health information and health literacy to support our most vulnerable families in obtaining, communicating, processing, and understanding health information and services.

North Ayrshire Children's Services Plan 2020-23

Our Children's Services Plan 2020-23, currently under review, was launched by our North Ayrshire Children's Services Strategic Partnership in October 2020. This Plan details how North Ayrshire Children's Services Strategic Partnership aims to give our children the best start in life and to make North Ayrshire the best place in Scotland to grow up. To ensure our plans link together to tackle Child Poverty, we have a number of priorities which relate to our ambition to address poverty and equality. They focus on working with parents and carers to build capacity, enabling them to provide the most positive start for their child and improve their future life chances.

Our Children's Services Strategic Partnership provides the strategic governance for our Children's Services Planning and this includes the Child Poverty Action Plan.

[North Ayrshire Children Services Plan 2020/2023 \(nahscp.org\)](https://nahscp.org)

Children's Rights

The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1st September 2020 and was passed unanimously on 16th March 2021. The main purpose of the Bill is to bring the UNCRC into Scots law.

The Bill aims to ensure that:

- Children's rights are respected and protected in the law in Scotland

- Public authorities are legally required to respect and protect children’s rights in all the work that they do.

In 2020 we published our Children’s Rights Report which demonstrates our commitment to the articles of the UNCRC and delivering them through The Getting it Right For Every Child (GIRFEC) approach, which encompasses eight Wellbeing Indicators (safe, healthy, achieving, nurtured, active, respected, responsible and included). GIRFEC recognises that all children are unique and that each child should be helped to reach their full potential. Our Children’s Rights approach will ensure that children’s rights continue to be at the centre of our Children’s Services Planning, including our Child Poverty Action Plans.

The Third Sector Interface TSI Delivered training in partnership with Children in Scotland across local organisations and partners around the new UNCRC Bill to ensure children’s rights are respected and protected. [Our Children’s Rights Report is published online.](#)

Scottish Attainment Challenge

In February 2015, the Scottish Attainment Challenge (SAC) and the £750m Attainment Scotland Fund was launched. This initiative aims to provide targeted support to increase the educational attainment and outcomes of children in Scotland’s highest concentrated areas of deprivation. An allocation of £120m was allocated directly to schools in the form of the Pupil Equity Fund to support schools to use additional resource to target a reduction in the poverty-related attainment gap. Pre-pandemic, North Ayrshire had made significant demonstrable progress in reducing the gap. Every council area also benefits from Pupil Equity Funding (PEF) and 95% of schools in Scotland have been allocated funding for pupils in P1-S3 known to be eligible for free school meals. For every child that is registered, the school receives £1,200 in addition to their normal budget to support our children and young people. A refreshed framework for SAC and PEF has been introduced in 2022. This policy’s mission is to use education to improve outcomes for children and young people impacted by poverty, with a focus on tackling the poverty-related attainment gap.

Inclusive Growth

We worked with the Scottish Government to develop and pilot “inclusive growth diagnostic”. The main purpose of the diagnostic was to see how economic growth could benefit all our residents by identifying any barriers, such as access to transport as well as opportunities. Our North Ayrshire Inclusive Growth Diagnostic identified job density, health and skills as key issues that the Council and partners need to tackle if we are going to achieve an inclusive economy. This significant piece of work gives us the information we need to prioritise actions, such as investing in a supported employment programme to help more disabled people access and sustain employment. The diagnostic has been rolled out across Ayrshire and is central to the Ayrshire Growth Deal.

Ayrshire Growth Deal

The Ayrshire Growth Deal was signed in November 2020 and secures £251.5 million worth of funding to help realise Ayrshire’s potential as a world-class business region for the aerospace and space, energy, tourism, manufacturing and engineering industries, and reaffirms our commitment to the region and the collective desire to support ambitious plans for renewal and long-term sustainable growth. The aim is to marry business growth opportunities to employment progression, developing the future workforce and community development, ensuring all our communities and residents benefit from economic growth.

Community Wealth Building

Together with our Community Planning partners, we launched our first Community Wealth Building Strategy for North Ayrshire. The result will be a more resilient local economy with more diverse businesses and well-paid jobs for our residents. Key to this approach is partnership working and we are working alongside the CPP and wider regional partners to deliver inclusive economic outcomes that will benefit all our residents. Community wealth building is key to tackling poverty and deprivation.

Economic Recovery and Renewal Approach

In September 2020 our Covid-19 Economic Recovery and Renewal Approach was agreed. We are using our economic levers across the Council and our new economic model of Community Wealth Building to develop a Green New Deal for North Ayrshire. We are using our capital investment to accelerate our recovery and wider regeneration of our area, at the same time as tackling climate change. We are supporting our existing businesses and social enterprises to rebuild, diversify and become more resilient, green and inclusive. We are supporting our communities who have lost their jobs or are in insecure work and encourage community entrepreneurship.

The twin priorities of a North Ayrshire Green New Deal to build back better, fairer and greener are to:

- Ensure an inclusive economic recovery and renewal by delivering our Community Wealth Building mission; and
- Ensure a green economic recovery and renewal focussed on achieving our net zero carbon ambitions through the creation of sustainable infrastructure and regeneration projects and creating fairer jobs.

North Ayrshire Fairer Food

As part of our Community Wealth Building Strategy, we have established our North Ayrshire Fairer Food approach to ensure that demand for emergency food provision is reduced and that residents can access affordable and nutritious food. The Community Support Hubs act as brokers who can signpost to local food provision. Using a community wealth building approach, third sector organisations provide low cost or free food to local people who need it with local businesses being partners in this. Working with the North Ayrshire Foodbank and a range of community partner organisations, networks of community fridges, larders, community shops and food coops have been developed to ensure a more sustainable approach to food with dignity. [See section below for further information.](#)

Cost of the School Day

Poverty can have a lasting impact on children and young people's health and wellbeing as well as the significant and persistent gap in attainment from lower and higher income families. Education can represent a route out of poverty, but crucially only if children and young people can access education as fully and equally as possible. The cost of the school day has been and will continue to be a major priority for us. In 2020 we established a working group comprising of Elected Members, young people, parents, head teachers and staff of educational establishments, senior officers from the Council and HSCP, CPP partners and officers. North Ayrshire has previously participated in work with Public Health and Young Scot to develop local approaches to Cost of the School Day, providing a sound basis for the current work, with excellent practice in schools being contributed to the working group deliberations.

Case study: Lived experience and empowered young people

Members of the Garnock Valley Youth Forum have been looking at ways to reduce the cost of the school day. It was identified that they would create a dignified and youth led, community-based provision to support young people and families to reduce the cost of the school day and reduce personal and family carbon footprints.

The group, with support from staff, were able to identify a venue, sources of funding and personnel to design, create and manage a community based uniform swap shop.

The group has changed the use of a room within Kilbirnie Youth Project and renamed the programme, "The Once Loved Uniform Shop."

The group will continue to promote and manage the provision and with support of staff encourage public use of this project.

What they say:

"I feel as if I am doing something for local families as well as doing something to help save the planet."

"Great to be doing something worthwhile, love coming here and feeling part of something special."

"Very excited about taking this idea forward and making real changes."

Understanding Inequalities – Our Approach

Inequalities in individual outcomes are directly linked to wider socio-economic inequalities in society.

The distribution of power, money and resources has a direct influence on environmental influences such as:

- Availability of health enhancing work
- Access to good quality and affordable housing
- Social and cultural experiences
- Transport
- Education and learning opportunities
- Availability and quality of services.

While there will be some fundamental causes of poverty which are out with the control of North Ayrshire CPP, there are many areas where an impact can be made. In order to be most effective, interventions need to be taken at all three levels:

- Undo the fundamental causes;
- Prevent the wider environmental influences; and
- Mitigate the individual experiences.

As well as needing to ensure that our approach intervenes at all three levels described above, research also demonstrates that a combination of approaches across three areas of the population is essential to effectively tackle inequalities.

These three approaches are:

1. **Targeting** – targeting the worst off in society;
2. **Enhanced** – reducing the gap between groups; and
3. **Universal** – reducing the gradient across the population.

Our Action Plan reflects these approaches where relevant. Our Action Plan approach is developed in order to ensure clear links to our LOIP and to reflect the above approach. This, our fourth annual Action Plan, builds on the work done to date, develops some of the existing work, and introduces new actions. Our key actions have been identified and included in the following sections of the report. [Our key actions have been linked to and summarised in Appendix 1.](#) We have included actions where the greatest impact will be made, taking into account scale and pace.

The six priority groups (lone parents; families where a member of the household is disabled; families with three or more children; minority ethnic families; families where the youngest child is under one year old; and mothers aged under 25 years) have been considered in developing our Action Plan. They will continue to be a focus as part of the development of our future actions.

Case study: Police Scotland Youth Volunteers

Our Police Scotland Youth Group has now been running for three years. We recruit from ages 13 – 15 years and the young people are able to stay in the programme until 18 years old.

The initial induction programme consists of learning drill, how to bull their boots, radio procedure, rank structure, phonetic alphabet and uniform standards. We celebrate their progress is a passing out parade which their family can attend. After this milestone, they can volunteer at community events such as marshalling community walks/runs, assisting at fetes/galas, stewarding at events like the fireworks, giving out wristbands to children at busy events and raising money for charity.

At the moment we have 18 young people, with a maximum of 25 places available. We recruit a mixture of young people, from those who are excelling in school to those who might need some extra support such as additional support needs or care experienced backgrounds to try and support wider achievement and offer opportunities to that might not ordinarily be available.

We aim to ensure 33% of our volunteers are those requiring support, however this is currently around 50% for our groups in North Ayrshire.

Lived Experience of Poverty – Fair for All Commission

Lived experience is known to be the most valuable consideration when addressing such complex and challenging areas as child poverty. By creating a shared insight of lived experiences, we not only begin to understand how to tackle real life issues, we also gain knowledge of how to measure whether a positive impact is really being made.

Our North Ayrshire Fair for All Commission consists of:

- Community Commissioners – representatives of our communities who have knowledge of poverty and insecurity.
- Civic Commissioners – representatives from a wide range of policy areas including universities, public services, health services and businesses.
- Fair for All Commission Officer – provides support to the Commission.

The four key themes identified are:

- Poverty and Health
- Poverty and Housing
- Poverty and Benefits
- Poverty and Cost of the School Day.

The Commission also agreed that the theme of stigma was cross cutting and affected all four themes. It explores the causes of the issues raised through the stories shared by the Community Commissioners, the unintended consequences on communities of policies, procedures and decisions and what possible changes or improvements can be made

Poverty Impact Assessment Approach

In 2020, we introduced Child Poverty Workshops for senior managers across the Council, Health and Social Care Partnership and NHS Ayrshire and Arran. This was designed to bring senior managers together to look at actions through a poverty lens and to encourage consideration of any poverty implications of their work. The session also facilitated partnership working and discussions. The event included the Fairer Scotland Duty, including the Child Poverty (Scotland) Act 2017, our Financial Inclusion Referral Pathway and Rights Based Approaches. Feedback from the event was very positive and this has subsequently been embedded in our CPP and child poverty work.

Facilitating Multi-agency Working

A key theme in North Ayrshire is our strong partnership and multi-agency working approaches. In April 2022 we held our latest partnership Child Poverty Workshop. This regular session facilitates our partnership and multiagency working and allows connections to be made. This way of working informs our plan and brings the content into focus for all services. Feedback from the sessions have been positive.

How we're tackling child poverty in North Ayrshire and future actions

(Please read in conjunction with the previous [Child Poverty Report 2020/21 and Action Plan 2021/22](#)).

Monitoring of this plan

This report requires agreement and monitoring by the Community Planning Partnership. Reporting is linked to other strategic groups as required. This ensures consistency in reporting across all our plans and strategies. We report thematically on our progress every six months to the Community Planning Partnership to ensure we are achieving our ambition of a fairer and more equal society. In 2020 it was agreed that the Child Poverty Action Plan and Report would be included within the governance of the Children's Services Strategic Partnership. This ensures we have aligned Children's Services Planning and that children, young people and their families continue to be at the heart of all we do.

Section 1 – Maximising Income from Employment

Background

In 2016-19, 65% of children in poverty were living in working households, confirming that employment is by no means a guaranteed route out of poverty (Source: [Scottish Government](#)). In 1997 -2000, the figure was 43%. While employment may be rising, changes to the quality and nature of work (such as insecure work, underemployment and low wages) have driven up in-work poverty. (Source: McKendrick, J. et al, 2014. Poverty in Scotland).

Households in which no-one is in paid employment are most likely to experience poverty. Common barriers to work include a lack of suitable employment opportunities, a lack of suitable childcare, caring responsibilities, ill health, disability and employer discrimination." (Source: [Child Poverty in Scotland CPAG](#))

In 2021, JRF looked at the impact on child poverty of moving parents in workless households into work and increasing parents' working hours (Birt and Milne, 2021). They identified that this would lift 60,000 children out of poverty, reducing the child poverty rate in 2023/24 to 17%. (Source: [Poverty in Scotland 2021 | JRF](#))

Review of actions during 2021-22

Bringing new and better jobs to the area: Fair Work

- As part of work with the Community Wealth Building Commission and Anchor Institutions, a **regional Fair Employment workstream** was established with agreement that Ayrshire College would act as lead organisation.
- A baseline survey of employment **practices and policies for the Community Wealth Building Anchor Institutions** involved in the workstream was completed in November 2021.

- An action plan for the workstream is currently being developed and **Fair Work audits/actions** will be created for members. Businesses will be supported to become living wage employers, sign up to disability confident and consider creating modern apprenticeships.
- Leading by example, the **Third Sector Interface has encouraged third sector organisations** to become living wage employers.
- A **Living Wage supplement was applied to the Kickstart programme** to support payment of the living wage.
- Activity under the Fair Work pillar has been stronger than expected with **31 businesses engaging** in support via Fair Work principles.
- We have had **600 of our young people progressing to employment through Kickstart** with North Ayrshire Council's Gateway creating 300 of these jobs.
- There is a focus by **Police Scotland on supporting fair employment and procurement** and they are exploring how best to contribute within the confines of national structures.

Employability Support

- In 2021/22 over 1100 unemployed people were supported by the Employability & Skills team with over 500 progressing to employment.
- We are running several employability programmes which work with families. A joint approach with HSCP supports parents with in-work poverty. These are based around the Scottish Government's **Parental Employability Support Funding** programme. This is resulting in volunteering opportunities and 100 % reporting increased confidence levels in terms of literacies and the challenges they face in terms of "professionals'" involvement in their life.
- We have recruited two posts to support Youth Employability programmes focusing on the **Youth Guarantee** and ensuring that participation does not impact on the family income.
- 12 young people took part in **week-long intensive employability programme** with professional skills workshops, gaining qualifications and linking in with positive destination routes.
- The **Youth Work Education Recovery Fund** enabled a programme which included employability, outdoor learning and mental health and wellbeing. 1,523 young people were engaged from relevant SIMD areas.
- A partnership between Service Access (HSCP) and Community Learning has led to the development of the **Innovative Employment Programme** which creates an opportunity for parents and carers involved with the Rosemount Project who are on low income and who have lost employment and training opportunities due to the pandemic to participate in person centred employment and training programmes.
- The Council created the **Care Academy** in partnership with Health & Social Care Partnership. A total of 32 parents completed the Academy with 25 of them gaining employment with the Council.
- The Council continues to support **work placements** as they become available for a variety of different key groups.
- **We Work for Families** in particular via Health Visiting teams link strongly with the Council. "We Work For Families," delivered by the Lennox Partnership, is a key partner of the universal Early Years' service, supporting parents/carers to overcome the barriers to training, education and employment. **Health Visitors and Family Nurses** have referred around 650 individuals since early 2018. Recently, support has

extended to include low-income households and well as those who are unemployed and new pathways with social work colleagues have also been developed.

- **Literacy and employability** programmes have restarted in four out of six localities, including on-line versions with participants being provided with devices, dongles, training and support to participate at a level that is appropriate for them, with group and one to one support.
- **ESOL programmes for New Scots** currently offer a range of programmes aimed at young New Scots. These include Duke of Edinburgh Award (DoE) groups for young New Scots women and men where they meet weekly to develop important life skills through a range of activities, for example football, dancing, drama. These groups are being supported by New Scots Locality Link workers. Our Young New Scots are also being supported through DoE and matched with volunteers, for example a local photographer to learn new skills based on their interests.
- **Positive Steps with Partners** is a structured development programme for individuals that have been developed by The Ayrshire Community Trust (TACT) (part of the North Ayrshire Third Sector Interface) in partnership with the Scottish Fire and Rescue Service Community Action Team. The programme helps people develop skills and gain practical work experience. In addition, participants gain accredited qualifications. Participants complete a programme of development modules before commencing a placement with the Scottish Fire and Rescue Service Community Action Team.
- The Ayrshire Community Trust (part of the North Ayrshire Third Sector Interface) provides placement opportunities for **volunteers within TACT** to support the development of employability skills. Several people who volunteered at TACT have secured employment within the organisation.
- The **Police Scotland Youth Volunteering** scheme in North Ayrshire builds life skills, enhances confidence and provide a supportive platform for the young people to move on to the next stage in their lives. It seeks to support care experienced young people in this programme to contribute to achieving better outcomes for them.
- The Scottish Fire and Rescue Service Youth Volunteer Scheme gives our young people who are aged from 12 to 18 years the opportunity to learn new skills and contribute to a safer Scotland. By participating, our young people gain a really good understanding of the Scottish Fire and Rescue Service and develop skills to help them actively contribute to their communities.
- TACT Digital (The Ayrshire Community Trust) has a particular focus on digital media and communications, utilising innovative technologies to provide services that benefit the third sector and support communities to fulfil their potential. TACT Digital provides volunteers with opportunities to develop their digital skills through supported learning and working collaboratively on funded projects.
- The **EQUAL Programme** within the Council continues to support parents, young people and people with disabilities into employment. It works in partnership with other services to identify employment opportunities and support our residents. We have worked with 135 people with a disability during 2021/22 with 34 progressing to employment so far as a result of the support provided by the Equal Programme team.

Procurement (North Ayrshire Council)

- A **Connected Leadership session on Community Wealth Building and Procurement** was held in May 2021 to educate managers on procurement as key feature of CWB. A total of 27 managers participated in the session.
- We participated in an **Ayrshire Meet the Buyer event** in April to promote upcoming procurement opportunities and support our local business base to tender for public sector contracts.

- A process for enhanced interaction between **Procurement and Business Development** services has been agreed and implemented and which allows deeper market and locality engagement before commissioning of work.
- We spent a significant proportion (15%) of the Council's **food budget** on local businesses to support Community Wealth Building.
- We are committed to the **Soil Association's Food for Life** programme which also requires local spend to retain this accreditation.
- We have further developed our approach to **community benefits**, focussing on the needs of our communities at the tendering stage. This is directly benefiting local groups and organisations.

Case Study: We Work for Families

Shona lives with her partner and three children and were identified as a low-income household.

The main barriers faced by Shona included long term unemployment, lack of work experience, poor mental and physical health alongside a lack of confidence. She felt isolated and seldom left the house due to her mental health issues.

After meeting Shona the Lennox Partnership were able to start building her confidence, encouraging her to attend an appointment with [SALUS](#), who support returning to work. An action plan was agreed, including counselling and hypnotherapy.

Working with "We Work for Families," they were able to build a rapport with one-to-one appointments. After a six-week course with We Work for Families was completed, Shona was able to identify goals she felt able to pursue.

Wanting to work with children, Shona was accepted to study at college and successfully completed a Social Services Children and Young People SCQF at level 6, even being awarded the student of the year award.

However, before she could progress further, the country entered our first Covid-19 lockdown period. Isolation affected her motivation to further her education and instead Shona focussed on progressing into work. She was referred back to SALUS from We Work for Families and participated in a 12-week course held remotely. She was then able to apply for a HNC in Childhood Practice and with help from We Work for Families she was able to secure a computer to help with her studies.

Whilst studying she was also able to gain part-time employment. Following interview preparation from We Work for Families she has been working for six months as a cleaner at a local nursery, where she has recently been asked provide support as nursery practitioner during lunchtimes.

Throughout her three-year journey with We Work for Families Shona has progressed from being isolated at home with no real goals or purpose to building confidence to receiving support for physical and mental health, progressing her education and securing sustainable employment.

"I am still amazed every day with the things I have been able to achieve. Throughout lockdowns I felt myself beginning to struggle with my mental health again. We Work for Families were there and arranged time for me with SALUS which was an amazing support throughout that period."

Areas of Focus for 2022-23

- We will continue to progress the **regional Fair Employment workstream** action plan.
- We will continue to **support school leavers and their families** into the world of work and further/higher education to secure positive and sustained destinations, for example through the Youth Guarantee.
- We will **support parents to progress to or improve employment** to increase household incomes and reduce child poverty, for example through the Innovative Employment Programme.
- We will complete the roll out of our **literacy and employability** programmes.
- We will roll out our Digital Growth Fund for Businesses
- We will support the delivery of the Council's Modern Apprentice Programme
- We will create new Skills for Life work placements
- We will progress Employer Recruitment Incentives (ERIs)
- The **Equal Horticulture Intermediate Labour Market programme** will continue to support families where disability is a factor.
- The Ayrshire Community Trust will develop a strand of **mentoring within the Positive Steps with Partners Project** employability project. The project will have volunteer mentors who will support new referrals, supporting them to attend volunteer interviews and placements helping mentees to overcome worries and fears and helping to increasing confidence in individual abilities and be more included in their communities.
- **TACT Digital** will develop the project's potential in relation to wellbeing, tourism and heritage and digital skills - by developing and delivering digital participation programmes that help individuals and communities reach their potential.
- CPP partners, notably Police Scotland and Scottish Fire and Rescue, will continue to build relationships with the Champions Board, Education and other partners and further support activity in relation to **care experienced** young people to ensure that they are active contributors in Corporate Parenting.
- **Police Scotland** are building on the excellent work already carried out by Campus Officers in school by identifying other ways that they can provide mentor support and enhance life **skills for school leavers**. This will be extended to include young people who have already left school or further education.
- **Police Scotland** will work with partners over the coming three years to conduct focussed activity with individuals who have a **foundation of recovery** and support them into employment or other positive destinations. They have identified an Inspector to lead on this work and engagement has already begun with partners.

Figure 11: Maximising income from employment performance indicators

Measure	2018/19	2019/20	2020/21	2021/22

Percentage of working age population in employment	69.7%	70.2%	69%	66.3%
Percentage of people earning less than the living wage (LGBF)	24.3%	16%	16.2%	16.2%
Percentage of learning disability service users accessing employment support activities	23.88%	23.84%	0%	25.69%
Number of weeks employment through using Community Benefit clauses	2,093	2,864	2,882	Data Pending
Number of Modern Apprentices recruited by North Ayrshire Council, who are care experienced or disabled	-	10	8	6
Cumulative number of unemployed disabled residents supported into employment	-	18	18	34
Gross weekly earnings – Workforce based	£563.60	£550.10	£599.00	£625.70
Measure	2018/19	2019/20	2020/21	2021/22
Number of jobs created by businesses in North Ayrshire supported by Business Development.	555	524	163	358
Employment rate Percentage (women)	64.4%	65.5%	64.2%	65.4%
Employment rate work limiting disabled	44%	49.2%	46.7%	49%
Women's median gross weekly pay	501	518	596	Data Pending
Participation Rate for 16-19 year olds (per 100)	90.53%	90.56%	Data Pending	Data Pending
Youth employment rate	60%	58.3%	55.6%	53.2%
Percentage of Unemployed People Assisted into work from Council operated / funded Employability Programmes (source LGBF)	16.97%	20.1%	9.06%	Data due Feb 2023

Number of employed modern apprentices recruited to North Ayrshire Council	87	54	40	44
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Section 2 – Maximising Income from Benefits

Background

“Despite being intended, at its most basic, as a safety net against poverty, many families in receipt of social security benefits are living below the poverty line. Nearly three quarters of households with children in which no-one works experience poverty. Furthermore, ongoing welfare reforms are a major contributing factor to the dramatic increase in child poverty which is projected for Scotland.

The interaction of the factors above means that children in households with certain characteristics are at greater risk of experiencing poverty. For example, [Scottish Government statistics](#) show that:

- 39% of children in single parent households live in poverty.
- 30% of children with a disabled family member live in poverty.
- 31% of children living in households where there are more than two children live in poverty.”

(Source: [Child Poverty In Scotland - CPAG](#))

Review of actions during 2021-22

Income maximisation and improving access to information and advice about benefits

- The Council have been distributing winter aid funding directly to families to tackle fuel and clothing poverty and administered the Scottish Government **child bridging payments**.
- Additionally, as well as administering the low-income pandemic payments, the Council has engaged with our vulnerable families regarding Covid-19 isolation grants and supporting families to access services.
- The **Money Matters Team generated over £17.5m** in financial gains for our residents in receipt of Welfare Benefits.
- Money Matters received 4432 enquiries in 21/22 via their **Advice Line**. This included referrals from Health and Social Care Partnership (HSCP), NHS, Council employees and the [website](#). It ensures our most vulnerable residents have support to check their entitlements and ensure they are **receiving their legal rights to benefits**.
- Whilst the number of Appeal Tribunals contribute to drop throughout the UK, the Money Matters Team continues to have a high success rate, with **78% of appeals successful** for service users.
- Training of HSCP, NHS and Council employees continued with eight workshops delivered regarding Universal Credit and Benefits for Children and Families.

- Money Matters began a two-year pilot with North Ayrshire Council's Communities and Education Directorate in August 2021, delivering a **Welfare Rights service in seven secondary schools**. The first six months focussed on establishing the project in the schools but also resulted in over 50 referrals - **generating £38k in financial gains to families**.
- Partnership work with North Ayrshire Foodbank and Fairer Food Network continues and with the easing of Covid Restrictions, arrangements are being made to deliver a **welfare rights service in the Foodbanks**.
- We embarked on a two-year financial inclusion demonstrator project '**Better Off Hub**' in October 2020. It is based on the creation of a Public Social Partnership with the third sector. The Better Off Hub delivers vital financial advice services in a new holistic way, focussing on the individual's needs. Ultimately it is expected to build capacity by addressing the causes of financial issues and reducing future demand on services. The proposals align with Community Wealth Building ambitions and support our economic recovery. A total of 183 people from the Three Towns engaged with Better Off North Ayrshire during 2021-22. Of them, 35% were from vulnerable families, with supported families including a total of 64 children.

School Clothing Grant, Education Maintenance Allowance and Other Grants/Benefits

- We have completed the **automation of Council Tax Reduction**, which has increased team capacity to process applications for other areas such as free school meals and clothing grants.
- **Education Maintenance Allowance Data Matching**: Each year North Ayrshire Council cross references our existing FSM applicants with data from our benefits system to identify all those who meet the qualifying criteria. They then contact parents and carers to advise them to go online, check and confirm their details and complete or renew their application. This digital process ensures that benefits are awarded as quickly as possible to those families who need them.

Health Visiting in North Ayrshire

- In 2019, Public Health and Money Matters developed a North Ayrshire **financial inclusion pathway** based on a national pathway, which was implemented for the **Health Visitor and Family Nurse staff** in North Ayrshire. Universal Early Years (UEY) is in the process of updating this pathway in order to reflect the range of partners available to support families with money advice (benefits, debt and income maximisation) and energy costs and to better reflect the needs of staff. There will be a briefing session for all UEY staff at the end of June 2022 to update them on the new additions to the pathway.

Case Study: Money Matters

A family of EU nationals with three children including their new-born baby was referred to Money Matters. Their only income was from the father working part time. The family had no other income and had lived off savings.

Once a Benefit Check had been completed, the family was advised to claim Universal Credit in addition to child benefit as the family would pass the Habitual Residence Test because the father was working.

The initial Universal Credit claim was refused, however we advised them to reclaim and Universal Credit has now been awarded.

In addition, Money Matters advised on their entitlement to: Scottish Child Payment for the youngest two children; Best Start Baby Grant; Early Learning Grant; School Clothing Grant; and council tax reduction.

By claiming their entitled benefits, their income almost tripled from £778 per month to £2181.50 per month. The total yearly financial gain is over £24,000 for this young family and provides many opportunities for their family's future.

Areas of Focus for 2022-23

- The Council will propose to **top up the child bridging payments** for summer and October 2022 holiday periods.
- Further development of the Council's Transformation Workstreams, "**Accessing our Council**," focusing on easier and more effective access to Council services. This will include improvement to online and telephone access, further automation of benefits and, using lessons learned from the pandemic, improve local access through face-to-face services via locality hubs.
- **Financial inclusion services will be reviewed** to maximise effectiveness.
- **The HSCP will refresh the North Ayrshire Financial Inclusion Pathway for Health Visitors and Family Nurses:** working towards a joined-up approach between maternity services, health visiting and school nursing to support families with consistent, up to date and reliable information in relation to financial inclusion/ income maximisation. This includes a **new referral pathway** in addition to Money Matters and Home Energy Scotland (May 2022).
- In relation to maternity services, NHSAA are building on the good work already in existence with Midwives and Maternity Care Assistants (MCAs). Recommendations of the **cost of pregnancy report** will be used to identify areas of improvement and create an action plan.
- NHSAAA will establish a child/ family poverty as a priority area within **child health assessments**, ensuring robust pathways are in place which meet the needs of our children, young people and their families.
- NHSAA will be monitoring the uptake of the **Young Patients Fund** and considering how to maximise its use.
- We will continue to prioritise income maximisation and the **transfers of claimants from PIP to Scottish Adult Disability Payment and Legacy Benefits onto Universal Credit.**
- We continue to programme **awareness raising session for employees** on available supports and updates in relation to relevant benefits for children and young people (June 2022).
- Money Matters will participate in a two-year **Scottish Government pilot project Accessing Advice Services from nine GP Surgeries** in North Ayrshire which will commence in June 2022.
- The Sustainability team will create **two new posts for tackling fuel poverty** from May 2022, providing advice on how to minimise costs for energy with the aim of helping tenants pay their fuel bills.

Figure 12: Maximising Income from benefits performance indicators

Measure	2018/19	2019/20	2020/21	2021/22
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Percentage uptake of free school meals (Primary)	87.5%	82.72%	63.79%	66.17%
Percentage uptake of free school meals (Secondary)				51.11%
Speed of processing Housing Benefit (New Claims) days	75.45%	61.49%	44.87%	
				9.45
Speed of processing Housing Benefit (Change of circumstances) days	8.51	7.38	8.89	
				9.24
Speed of Processing (Council Tax Reduction) new claims (days)	10.46	7.63	7.59	
	28.28	24.96	19.05	25.59
Speed of processing (Council Tax Reduction) changes of circumstances (days)	7	5.8	5.13	5.95
Number of Crisis Grants Paid	4,579	3,856	3,539	2,460

Section 3 – Reducing household costs and mitigating the effects of poverty

Background

“Price rises have outpaced wages recently, putting pressure on low-income households. Many of these are essential costs, such as food, energy and transport. As the JRF outlines, the poorest fifth of households spend twice as much of their income on food and fuel compared with households in the top fifth of income.

In addition to this, low-income households often pay more for essential goods and services (the ‘poverty premium’). As a Bristol University study notes, the poverty premium is due to a range of factors:

1. Demand-side factors. These relate to the needs or preferences of low-income consumers.
2. Supply-side factors. These reflect how markets shape the choices available and impose additional costs on consumers.
3. Compounding factors. These are issues such as digital exclusion and geography.” (Source: [What causes child poverty in Scotland? CPAG](#))

Our young people tell us a great deal about how we can help to mitigate these factors. The importance of our young people’s voices in decisions that relate to them directly links with the United Nations Convention on the Rights of the Child (UNCRC) and the strategy was co-produced and co-designed with our young people. The approach embeds the culture of ‘Nothing about it without us’ through its robust structure, ensuring that young people’s views are heard through a number of platforms, activities and events. Over the last year this has included 12,749 young people being actively involved in youth participation and citizenship. Young people are currently engaging in the digital strategy, mental health provision and support, alcohol and drug education and the cost of the school day. Action reports on key findings from young people provide an iterative process to ensure the delivery of the changes young people want to see.

Review of actions during 2021-22

Scottish Child Payment

- In 2021/22 Money Matters advised / assisted 87 families claim Scottish Child Payment with 75 awards made in 21/22, which resulted in **financial gains of over £80k to families with children under 6 years old (£80,819.58)**.
- In the run up to the launch of Scottish Child Payment an exercise was conducted in partnership with the Health and Social Care Partnership Children and Families teams to **contact all eligible families open to Children and Families Team** to ensure they had made a claim.

A Green New Deal for North Ayrshire

- North Ayrshire Council approved the **development of two solar PV farms** to reduce North Ayrshire's carbon footprint and help us to become one of the first local authorities in the country to reach net-zero carbon emissions within the next decade. Together the solar farms will see almost two thirds of our Council's energy needs provided through the Council's own renewable energy production. They will reduce our CO2 emissions by over 850 tonnes per year. They will help reduce fuel poverty and, through community benefits associated with the installation, will provide funding for local community projects.
- North Ayrshire Council approved the third Environmental Sustainability & Climate Change Strategy (ESCCS) 2021-2023. The Strategy takes account of emerging intelligence and new technology opportunities and provides a roadmap of actions to achieve net-zero carbon status across North Ayrshire by 2030. Our strategy contains seven workstreams, each with actions which have been developed into a roadmap illustrating how net-zero carbon status will be achieved by 2030 and include **Affordable Warmth and A Green Economy**,
- As part of an ongoing commitment to tackle fuel poverty, we have **retrofitted solar PV to 500 domestic properties**, saving approximately £188k annually and 6,400 tonnes of carbon over 20 years.
- As part of the most recent Council budget, North Ayrshire Council approved plans to invest £1.7m in an **Energy Based Community Support Model** which will provide sustainable support during the cost-of-living crisis: Support will include energy and broader low carbon advice and funding to support energy efficiency improvements.

Housing and support for tenants

- The **North Ayrshire Housing Registered Partners are prioritising kinship care** in their letting policies.
- The Council's **short-term accommodation consists of houses or flats** as opposed to hostels. We know that early intervention is incredibly important in avoiding homelessness. If homeless does occur, we try and ensure that temporary accommodation is only used short term.
- We continue to provide **wraparound support to those who experience homelessness**.
- Our **Welfare Reform Advice Team** staff and **Housing Support Team** staff undertake an income maximisation assessment for every household for which they work and where appropriate will assist citizens to access benefits they are entitled to. They continue to support 5,000 of our 13,000 housing residents on universal credit.

North Ayrshire Food System

- Our Fairer Food Network has grown from eight Fairer Food locations to thirteen. New larders have opened in Irvine, Stevenston, Saltcoats and Beith since the last report, with further openings in Kilbirnie and

Springside due in 2022. Membership has grown rapidly in 2021 as the rising cost of living and the fallout of the Covid-19 pandemic has pushed more and more households into situations of food insecurity. **Over 1200 residents (reaching over 900 school age children) from across North Ayrshire are registered members of Fairer Food locations and this number is expected to continue to grow over the next 12 months**

- As the network has continued to grow, the **offer to its members** has evolved. For example, the Village Larder at West Kilbride Community Centre has secured funding to run a 'Larder Lunches' programme, which will engage members in cooking classes and social activities based around the offer in the larder. Cranberry's Community Larder in Kilwinning is working in partnership with CHAP and Riverside Housing Association to provide drop in benefits and tenancy advice to their members. Local people using the Fairer Food Network are now beginning to take up volunteering opportunities within their local larder or shop, building a sense of ownership and getting valuable experience to support job applications and rebuild confidence as we progress through the pandemic.
- The Irvine Youth Forum continues to provide the Saturday morning breakfast club and Grub Club to community members. The young people and community volunteers work together to ensure food with dignity is part of their community programme, as well as access to a range of other services and support. ▪

The Family Learning Team in North Ayrshire Council has delivered and supported a range of **Family Food Programmes** across a number of schools. 19 families received food, cooking utensils and recipes delivered to their home. Another 20 families have come together to cook and then eat together.

- Eglinton Community Garden is a **collaborative of agencies** that work to provide a range of therapeutic activities for community use and directly supports several client groups such as learning disabilities, mental health issues, ex-offenders, older people, veterans and people experiencing drug and alcohol problems. It provides all members of the community with learning opportunities related to gardening, growing food and cooking. It enables individuals to learn new skills, tools and coping mechanisms and promotes positive changes in health, diet and lifestyle.

School Meals

- We have **extended universal free school meals (UFSM) to Primary 4 and 5 children** and are working on the future provision for Primary 6 to 7. This is expected to greatly increase uptake. Currently the UFSM for Primary 1 to 3 is around 80% and, if replicated across the other year groups, would represent a significant increase in children accessing healthy and nutritious food during the school day. This is likely to have an impact on local employment by increasing the number of jobs with local suppliers.
- **Legislation relating to food made available during the school day** changed on 8th April 2021. This means that food made available via the catering teams, tuck shops and Education led projects will comply with new legislation. The changes are designed to ensure our children and young people have access to the healthiest and most nutritious food throughout the school day.
- During the new school year (2021/22), we introduced a **new pre-order system for school meals** across primary and secondary schools. This has a home order facility and for primaries, it also has an in-classroom ordering system. This encourages conversations with pupils on food, how it is sourced and encourages children to try new menu items to widen their palates.
- The Easter **Holiday Meals and Activity** programme moved from being school based to working more closely with our community partners within our Fairer Food System network. This included those accessing support through our community larders and pantry model.
- We are actively working across Council services **to analyse debt accruing from non-payment of school meals**. The objective is to introduce support interventions where required to assist families in the provision of school meals, for example, assisting them to apply for free school meals or benefit from information regarding other benefits or financial support available

North Ayrshire Community Book(s)

- We have developed **six locality-based community books** and North Ayrshire wide Frequently Asked Questions (FAQ) that signpost and guide people in relation to issues such as access to food, prescription delivery, and financial advice.

Mental Health and Wellbeing

Research has shown that poverty and mental health and wellbeing are closely linked. People living in deprived populations are at risk of worse health, including mental health, than those living in more wealthy communities. It can also mean that people with mental health conditions may experience worse physical health. Ongoing work includes:

- Support for schools and individual teachers with issues related to children and young people's mental health include the development of a **professional learning resource for all school staff**; the development of a **framework on a whole school approach** to support children and young people's mental health and wellbeing; and the development of a **'one-stop shop'** highlighting effective practical resources for school staff to support children and young people's mental health and wellbeing.
- **Two education officers** prepare resources and develop the strategic approach addressing the increasingly complex mental health and wellbeing landscape, supporting schools with training, curricular resources and policy.
- North Ayrshire was the first local authority to employ **counsellors in every secondary school**.
- We have recently produced **bespoke resources to support our community mental health and wellbeing strategy** across the Council, HSCP and its CPP and third sector partners.
- The Council continues to work towards our vision of being a nurturing authority through our **"Nurturing North Ayrshire's Recovery"** approach by building emotional resilience in children and develop stronger relationships. Following lockdown, it was found that children who had experienced nurture approaches coped well with the return to school.

Scottish Attainment Challenge

Under the new Scottish Attainment Challenge model North Ayrshire will receive £1.4m, as opposed to the previous allocation of £5.8m. Scottish Government will use a tapering model over four years meaning North Ayrshire Council grant funding will be reduced by £1.1m cumulatively per annum from 2022-23 until 2025-26.

- The current key workstreams in North Ayrshire's Attainment Challenge have a clear focus on reducing the poverty-related attainment gap:
- **Professional Learning Academy** (focusing on improving teaching and learning, particularly in literacy & numeracy);
- Creating **nurturing schools**;
- Developing and maintaining **good mental health and emotional wellbeing**;
- Support with **family learning**; and
- **Developing our school leaders** to lead the excellence and equity agenda.

- The **Pupil Equity Fund** resources have been targeted specifically to support those most in need and used particularly to mitigate the impact of poverty on educational outcomes for the most disadvantaged learners. Schools will continue to receive £4.17m per annum for the next four years and planning is underway to deliver a range of interventions and supports to mitigate the impact of poverty on pupil attainment.

Children and Families

- A new partnership was established with **SALUS to support parents/ carers with physical or mental health barriers** which may be preventing them maintaining employment.
- **Vouchers** were issued by Children, Families and Justice staff to a number of vulnerable families during the summer of 2021 to allow them to access day trips for their families.
- The Justice Services Caledonian team partnered with Natwest Bank and Safer Lives to distribute £3,000 to **domestic abuse survivors** to support with alleviating costs associated with surviving domestic abuse. These items included purchasing security equipment like CCTV cameras and Christmas gifts for children.
- During the pandemic the Service Access Team realigned their service linking Health and Social Care Partnership staff to all Community Hubs to work in collaboration with Community Development, the Third Sector and volunteers to support vulnerable families at risk of isolation in our communities. This developed a responsive and collaborative approach which continues to enable individualised support, **food and health needs with dignity**, tackle loneliness and support families with managing finances.
- Our Throughcare Team **fund accommodation costs for young people who are undertaking education courses at HNC level and above**. This enables the young person to use their care experienced bursary to cover their other costs and provides the opportunity to concentrate on the course without necessarily looking for part time employment.
- In line with the increase in Universal Credit payments during the pandemic, Throughcare **raised the weekly Care Leaver Payment by £20**. Along with the regular distribution of vouchers for supermarkets and clothing suppliers as well as crediting power supplies, this was a way to try to ensure that our care leavers were able to maintain their homes and meet their basic needs. In addition, the **council tax exemption for care leavers** until their 26th birthday, relieves another financial pressure.

Case Study: Get into Summer 2021

In North Ayrshire the Communities and Education Directorate was responsible for delivering the aims of Get into Summer Funding provided by the Scottish Government in 2021.

Due to the limited timescales the local authority team knew they had to work within well-developed local partnerships with service-providers, rather than attempting to create new partnerships or services. They prioritised targeted support to families through pre-existing relationships between the families and Health and Social Care colleagues.

The team wanted families to have the highest assurance that their children were experiencing high-quality and safe activities, delivered by registered care services. The registered childcare settings (out of school care and early learning childcare) were paid to deliver these places, and the services received augmented support from local

authority Countryside Rangers and arts workers. This also supported the Council's Community Wealth Building Strategy of awarding public contracts to local businesses where possible.

A wide range of partners, including community sports clubs, arts organisations and youth groups, augmented partners' capacity to deliver activities. The Get into Summer funding was pivotal to adding value and, subsequently, enhancing the experience and outcomes for children. North Ayrshire Council boosted its regular programming and the funding assisted in removing barriers to access as well as providing food at events. National partners such as Aberlour and Children First, who are key partners in North Ayrshire, were included and supported delivery across their own locations and client groups.

In terms of a wider offer, the local authority provided activity hubs in libraries and partnered with KA Leisure to deliver activity sessions across leisure settings in North Ayrshire. Transport was provided where needed.

North Ayrshire Council has been developing its 'Food with Dignity' approach since initiating holiday hunger interventions in 2013. This is not solely about feeding children when they are attending events and activities but also makes families aware of the resources that are available in local communities. In the summer of 2021 the local authority worked with these community food groups by providing additional funding and support and promoted the services to families.

In a commitment to the local Community Wealth Building approach, local food suppliers were supported by the Procurement Team to tender for Get into Summer food supply contracts.

Digital Access

- Our Public Health Teams continue to recognise that many of our most vulnerable groups experience digital exclusion. We will continue to support and prioritise addressing digital inequalities within public health and we will support partners to utilise **digital inequalities impact assessment** moving forward to identify where these may exist.
- Digital inclusion: North Ayrshire Council approved £250,000 in a **Digital Families Fund** to digitally include 1,000 families each year, providing access to devices and connectivity for online learning and activities, enhancing and guaranteeing sustainability of current investment in devices for home use. We ensured the provision of over 1,000 laptops and connectivity solutions to children who need them most (building on the almost 3,000 devices/internet access products issued last year).
- In order to ensure that young people could be digitally connected especially during the pandemic, 265 devices including 54 Chromebooks, 45 laptops and 25 iPads were distributed to **children who are looked after and care leavers**. The devices were supplied by Who Cares?, our Corporate Parenting Team and Community Development in partnership with the Scottish Government Get Connected programme.
- The Family Learning Team continue to work with a range of organisations to improve **digital access for families**. Nine families received iPads, sims and Wi-Fi through North Ayrshire Connected Communities programmes in partnership with Connecting Scotland. Three families benefitted from a residential experience.
- **New Scots families** have also been supported with two devices per household to ensure that all have access to learning opportunities. Many young New Scots are also now participating in distance learning to learn Arabic which ensures they maintain links with their heritage culture.

Reducing the cost of the school day

- We are exploring what further processes could be **automated** to maximise the number of families who qualify for **Footwear and Clothing Grants / Free School Meals**, ensuring minimal bureaucracy for the family.
- We are implementing our **Cost of the School Day** plans to reduce the financial burden placed on families associated with their children attending school. Reusable water bottles have been issued to all learners; schools have invested in a range of clothing, uniform items and other equipment to ensure everyone has what they need for school; **all costs for music tuition and all other curriculum charges have been scrapped**. A scheme focused on assisting with the cost of the senior school prom was established this year. Over 100 new dresses were donated from a bridal shop along with donations from school staff, families, and communities.

Case study: Cost of the School Day

Cost of the School Day Spotlight 1: North Ayrshire Council | CPAG

Our 2019/20 Child Poverty Action Plan and Report was published in October 2020. This identified The Cost of the School Day as a key area of focus for 2020/21 onward. The theme of reducing the Cost of the School Day was also identified as a priority by our Fair for All Poverty Truth Commission work and in the Year of Young People legacy action plan recommendations, both of which are our mechanisms for taking account of our residents' lived experience.

Cost of the School Day Working Group and Policy

A formal Cost of the School Day (COSD) Working Group was established comprising Elected Members, young people, parents, head teachers and staff of educational establishments, senior officers from the Council and HSCP, CPP partners and officers.

We have previously participated in work with Public Health and Young Scot to develop local approaches to Cost of the School Day, providing a sound basis for the current work, with excellent practice in schools contributing to the working group deliberations.

The aim of the COSD Working Group was to further drive forward a whole systems approach to reducing the cost associated with education. With new whole-system commitments from the Council and its community planning, wider community and business partners.

The objective of the COSD working group was to produce a policy that could be used by all schools, services and partners to embed the agreed principles and to develop a high-level action plan to be taken forward in 2021.

Key Principles and Plans

The COSD Working Group met four times between November 2020 and March 2021. The group identified some key principles that underpin our approach:

- Relationships
- Good communication
- Trust
- Respect
- Thinking it through – intentions and unintended consequences
- Creativity
- Partnerships

The COSD Working Group has been a collaborative process. The contribution from young people, our school representatives and partners have been extremely valuable in shaping the overall policy. We have had contributions from national experts and external partners including Child Poverty Action Group (CPAG) in Scotland and their support and guidance has been much appreciated.

North Ayrshire Commitments and Actions

Policy and action plan intentions	Our North Ayrshire Cost of the School Day Commitments
Reduce costs related to going to school.	We will take a sustainable, whole systems approach to reduce and poverty proof costs relating to the school day
Increase participation by children, young people and families.	Children, young people and their families will be at the heart of making decisions and designing policies that affect the cost of the school day.
Minimise income stigma and increase inclusive approaches.	Our schools, services and partners will take a reflective, poverty aware and inclusive approach to making decisions that affect the cost of the school day.
Support families.	We will support families to maximise their income and participate in the life of their school.

This will be underpinned by the following:

- We will commit to adopting the Cost of the School Day Toolkit in every educational establishment, supported by partners.
- We will commit to co-designing actions in relation to the COSD with young people, families and partners.

Ongoing Investment in our Commitments

As part of the policy development and our budget commitments, it was agreed that there will be a recurring annual investment of £500,000 which will focus on:

- Food: £150,000 to extend our school and community food network across all schools to support children and families.

- Clothing and sustainability: £100,000 for a School and Family Participatory Budget Investment Fund for educational establishments to respond to local needs in relation to school uniforms, outdoor clothing, sports kit and recycling and reuse equipment.
- Digital inclusion: £250,000 in a Digital Families Fund to digitally include 1,000 families each year, providing access to devices and connectivity for online learning and activities, enhancing and guaranteeing sustainability of current investment in devices for home use.

We now look forward to our second authority wide conference, which will be organised and led by our Youth Services and Education teams and the young people who have been central in the development of the COSD policy and action plan.

MCR Pathways Mentoring Programme

- North Ayrshire Council and the charity MCR Pathways, are partners in a **mentoring programme** in North Ayrshire schools. The programme expanded almost all secondary schools last year. MCR Pathways helps young people, including those who are care-experienced or have experienced disadvantage, to build aspirations and fulfil their potential. Young people are matched with a volunteer mentor who helps them build confidence, overcome challenges, focus on their education and embark on a positive future.

Childcare Provision

- We have focussed our capital investment on the refurbishment and extension of the existing early years estate and outdoor learning spaces to ensure that **all eligible children had access to 1140 of free childcare** per year. All 41 early years classes and centres have benefited from significant enhancements to the learning environment.

Transport for Young People

- We are supporting children and young people aged 5-21 to need to apply for a new or replacement National Entitlement Card (NEC) or Young Scot National Entitlement Card (Young Scot NEC) to access free bus travel.

Period Poverty Initiative

- In 2021 the new Period Products (Free Provision) (Scotland) Act was passed which sets out the right to free period products for all those who menstruate. This was to **ensure universal and dignified provision for all** and addresses the complex issue of period poverty. North Ayrshire Council was the first local authority to provide free period products in educational settings. We are now consulting as to how we extend this to community venues.
- Our pledge and commitment in North Ayrshire is to **reduce the stigma around periods** and to adopt a collaborative approach with services, third sector organisations and agencies with particular emphasis on addressing the menstruating needs within marginalised communities. We also provide supplies to public buildings, community centres, libraries and leisure centres.

Areas of Focus for 2022-23

- We will **complete the roll out of free school meals** for Primary 6 and Primary 7 which requires significant capital work as well as additional planning and logistics.
- **Holiday meal provision** will be a key focus to ensure a wide reach into communities.
- **Targeted summer programmes for families will include employability support** and are being developed for summer 2022, based on the good practice designed in 2021.
- We will introduce new models of provision for **free period products** across schools and communities.

- We will **review Out of School Care provision** and provide support to the sector to prepare for the introduction of the Scottish Government policy on wraparound provision.
- We will have a key focus on **homeless prevention** and keeping children out of temporary accommodation.
- We have a keen focus on **vulnerable families who are tenants** and will seek to intervene early to ensure they have the information, support, welfare benefits and services they require.
- We will consider how to **prioritise the retention of the Education Professional Learning Academy**, given the significant impact of this provision and the very real impact of the pandemic on the learning outcomes of those children and young people most affected by poverty.
- We will **review our approach to nurture** across our educational establishments.
- We will consider the **relationship between family learning work and other supports for families** across the Council and within the HSCP.
- We will continue to **prioritise mental health and wellbeing** in schools and communities.
- We will develop plans to mainstream the work being undertaken on a **self-sustaining leadership development model** in Education to support our approach to equity and excellence.
- We will consider how to **align schools' PEF resources** to interventions we have shown to be effective in reducing the impact of poverty on learning.
- We will work on **reducing the cost of the school day** and ensuring we make it as easy as possible for families to receive the financial support they are entitled to.
- We will **recruit UNCRC and Child Poverty leads** to coordinate our work in these areas.
- We will complete our **Digital Learning review** to ensure access to devices.
- **The Positive Steps programme** will develop its mentoring approach and will extend to further partners.
- The **Eglinton Garden project** will extend its approach to include a stronger family focus.

Figure 13: Reducing household costs and mitigating the effects of poverty performance indicators

Measure	2018/19	2019/20	2020/21	2021/22
Out of term school meals - number per annum	21,967	22,914	0	Data Pending
Percentage of households in fuel poverty	26%	28%	28%	Data Pending
Percentage of new tenancies to applicants who were assessed as homeless sustained for more than a year	81.48%	84.07%	92.48%	86.92%
Proportion of properties receiving superfast broadband (LGBF)	93.7%	94.1%	94.7%	Data Due Feb 2023
Number of new build Council housing units reaching completion (cumulative)	296	381	437	681

Percentage of respondents who have access to email or internet from home	-	90	-	Data Pending
Percentage of respondents who say that food is available but too expensive	-	10%	-	Data Pending

Measure	2018/19	2019/20	2020/21	2021/22
Percentage of lets to homeless	22.38%	29.97%	57.9%	Data Pending
Gross rent arrears (all tenants) as at 31 March each year as a percentage of rent due for the reporting year - HRA	3.34%	3.65%	5.46%	6.07%

Future North Ayrshire Child Poverty Strategy 2023-26

Following the publication of the wide reaching [Scottish Child Poverty Delivery Plan 'Best Start, Bright Futures: tackling child poverty delivery plan 2022-26'](#), we will be working during 2022-23 to fully consider activity at a local level and will develop a North Ayrshire Child Poverty Strategy 2023-26 to bring us in line with the national Plan.

It is already clear that the scale of our challenges in North Ayrshire and the activities needed to address these will require effective coordination and governance. As such, we are proposing to establish a new North Ayrshire Child Poverty Board.

The board will be chaired by the Council Leader and the proposed terms of reference of the new North Ayrshire Child Poverty Board are:

- To provide leadership in the development and delivery of the Tackling Child Poverty Strategy for North Ayrshire
- To oversee the implementation of the Child Poverty Action Plan to tackle the inequalities affecting the outcomes for children and families, with a clear focus on early intervention and prevention and a whole system approach
- To monitor the Child Poverty Action Plan, including a performance framework linked to the Local Outcomes Improvement Plan and the Council Plan, on progress in delivering improved outcomes for children, young people and their families
- To advise on and agree an annual report for Cabinet approval and submission to Scottish Government
- To consult with children, young people and families on the priorities and actions within the plan so that they influence the design and delivery of policies and services.
- To promote effective partnership and whole system working and information sharing between services and organisations.

Key strategic areas of work will include:

- Greater involvement of residents, including children and young people, in service design;
- Design of services which are human and kind;
- Workforce planning;
- Creating a “no wrong door” culture to improve access to our services;
- Examining how economic development, transport, skills and childcare provision can combine to break down barriers to employment;
- Access to affordable childcare;
- Greater job quality through Fair Work;
- Accessibility;
- Increased uptake of benefits;
- Further progress in removing financial barriers to education (COSD);
- Whole Family Wellbeing, supported by the Scottish Government Whole Family Wellbeing Fund;

- Linking adult and children's services to improve outcomes for families living in poverty; and
- Improved use of data and performance measures in relation to what the local issues are and what actions need to be taken around child poverty.

Appendix 1: Summary of actions for 2022-23

Section 1 – Maximising Income from Employment		
Proposed Action	Owner(s)	Timescale
Progress the regional Fair Employment workstream action plan	Economic Development	2022-23
Support school leavers and their families to secure positive and sustained destinations, for example through the Youth Guarantee	Education SDS NAC Employability Services	2022-23
Support access to employment in families where disability is a factor	Equal Programme	2022-23
Support parents to progress to or improve employment	NAC Employability Services Service Access CLD	Ongoing
Establish our Digital Growth Fund for Businesses	Business Team	2022-23
Support the delivery of the Council's Modern Apprentice Programme	NAC Employability Services	2022-23
Create new Skills for Life work placements	NAC Employability Services	2022-23
We will progress Employer Recruitment Incentives (ERIs)	Economic Development	2022-23
Complete the roll out of our literacy and employability programmes.	NAC Employability Services Connected Communities	2022-23
Develop mentoring within the Positive Steps with Partners Project employability project	TACT	2022-23
Develop partner support for care experienced young people	Police Scotland Scottish Fire and Rescue Services (SFRS)	2022-23

Develop partner support for people in recovery through mentoring, volunteering and work placements	Police Scotland Scottish Fire and Rescue Services (SFRS)	2022-23
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Section 2 – Maximising Income from Benefits

Proposed Action	Owner(s)	Timescale
Top up the child bridging payments for 2022 school holidays	North Ayrshire Council	Summer and October 2022 holiday periods.
Improve access to services via “Accessing our Council”	NAC Transformation team	2022-24
Review North Ayrshire Council and HSCP financial inclusion services	HSCP	End 2022
Identify areas of improvement and create an action plan from the Cost of Pregnancy report	NHSAAA	2022-23
Establish child/ family poverty as a priority area within child health assessments,	NHSAAA	End 2022
Monitor and improve the uptake of the Young Patients Fund	NHSAAA	End 2022
Prioritise income maximisation and the transfers of claimants from PIP to Scottish Adult Disability Payment and Legacy Benefits onto Universal Credit	Money Matters	2022-23
Continue awareness raising sessions and poverty impact assessments training for staff on available supports and updates in relation to relevant benefits	All partners	Ongoing





Section 3 – Reducing household costs and mitigating the effects of poverty

Proposed Action	Owner(s)	Timescale
Deliver additional support to vulnerable families and children impacted by fuel poverty	Sustainability Team Money Matters	From 2022
Complete the roll out of free school meals for Primary 6 and Primary 7	Facilities Management Education	TBC by Scottish Government
Provide holiday meals for families who need it	Facilities Management Connected Communities Community Partners	Summer and October 2022
Targeted summer childcare and food programmes for families to include employability support	Connected Communities HSCP Employability Services	Summer and October 2022
Introduce new models of provision for free period products across schools and communities.	Connected Communities Facilities Management	End 2022
Review Out of School Care provision	Communities and Education Business Team Employability Service	2022-23
Focus on vulnerable families who are tenants	Housing WRAT and Housing Support teams	Ongoing
Prioritise the retention of the Education Professional Learning Academy	Education	2022-2026
Review our approach to nurture across our educational establishments	Education	2022-23
Review the relationship between family learning work and other supports for families	Education	2022-24
Prioritise mental health and wellbeing in schools and communities	Communities and Education HSCP Third sector	Ongoing
Continue to facilitate the North Ayrshire share of the £15 million Communities Mental Health and Wellbeing Fund 2022/23 supported by a multi partner steering group.	TSI North Ayrshire	2022-23
Mainstream self-sustaining leadership development model in Education	Education	2022-24



















Align schools' PEF resources to interventions we have shown to be effective in reducing the impact of poverty on learning	Education	2022-26
Reduce the cost of the school day	Communities and Education	Ongoing
Complete our Digital Learning review to ensure access to devices	Communities and Education	End of 2022





































The Eglinton Garden project will extend its approach to include a stronger family focus.	NAC Countryside Ranger Service TACT The Conservation Volunteers (TCV) Turning Point Scotland Health and Social Care Learning Disability Team North Ayrshire Alcohol and Drug Partnership.	End of 2022
Recruit UNCRC and Child Poverty leads to coordinate our work in these areas	North Ayrshire Council	Summer 2022

Appendix 2: Summary of Performance Indicators





























PI Status	
	Significantly Adrift of Target
	Slightly Adrift of Target
	On Target
	Data Only (Target intentionally not set)

Section 1 - Maximising Income from Employment

Code & Short Name	2018/19			2019/20			2020/21			2021/22		
	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status
Percentage of working age population in employment	69.7%	64.7%		70.2%	70%		69%	64.7%		66.3%	70%	
Percentage of people earning less than the living wage (LGBF)	24.3%			16%	24%		16.2%	23%		16.2%	22%	
Percentage of learning disability service users accessing employment support activities	23.88%	30%		23.84%	30%		0%	25%		25.69%	25%	
Number of weeks employment through using Community Benefit clauses	2,093	1,200		2,864	1,500		2,882	1,500		Data Pending		
Number of Modern Apprentices recruited by North Ayrshire Council, who are care experienced or disabled				10	10		8	10		6	10	
Code & Short Name	2018/19			2019/20			2020/21			2021/22		






















	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status
Cumulative number of unemployed disabled residents supported into employment				18	20		18	16		34	20	
Gross weekly earnings – Workforce based	£563.60	-		£550.10	-		£599.00	-		£625.70	-	
Number of jobs created by businesses in North Ayrshire supported by Business Development.	555	450		524	450		163			358		
Employment rate percentage (women)	64.4%	-		65.5%	-		64.2%	-		65.4%	-	
Employment rate work limiting disabled	44%	-		49.2%	-		46.7%	-		49%	-	
Women's median gross weekly pay	501			518			596			Data Pending		
Participation Rate for 16-19 year olds (per 100)	90.53%	-		90.56%	-		Data Pending					
Youth employment rate	60%	-		58.3%	-		55.6%	-		53.2%	-	
Percentage of Unemployed People Assisted into work from Council operated / funded Employability Programmes (source LGBF)	16.97%	-		20.1%	-		Data available June 2022	-		Data available June 2023	-	
Number of employed modern apprentices recruited to North Ayrshire Council	87	85		54	50		40	50		44	40	

Section 2 -Maximising Income from Benefits





Code & Short Name	2018/19			2019/20			2020/21			2021/22		
	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status
Percentage uptake of free school meals (Primary)	87.5%	86.25%		82.72%	87%		63.79%	82.75%		66.17%	82.5%	
Percentage uptake of free school meals (Secondary)	75.45%	71.25%		61.49%	74.5%		44.87%	61.5%		51.11%	61%	
Speed of processing Housing Benefit (New Claims) days	8.51	18		7.38	12		8.89	12		9.45	10	
Speed of processing Housing Benefit (Change of circumstances) days	10.46	11		7.63	10		7.59	10		9.24	9	
Speed of Processing (Council Tax Reduction) new claims (days)	28.28	22		24.96	26		19.05	26		25.59	26	
Speed of processing (Council Tax Reduction) changes of circumstances (days)	7	4.4		5.8	7		5.13	7		5.95	7	
Number of Crisis Grants Paid	4,579	-		3,856	-		3,539	-		2,460	-	

Section 3 – Reducing household costs and mitigating the effects of poverty

Code & Short Name	2018/19	2019/20	2020/21	2021/22
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	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status
Out of term school meals - number per annum	21,967	-		22,914	-		(Vouchers provided)	-		Data Pending		
Percentage of households in fuel poverty	26%	26%		28%	25.5%		28%	28%		Data Pending	28%	
Percentage of new tenancies to applicants who were assessed as homeless sustained for more than a year	81.48%	82%		84.07%	82%		92.48%	85%		86.92%	85%	
Proportion of properties receiving superfast broadband (LGBF)	93.7%	-		94.1%	97%		94.7%	97%		Data Pending	97%	
Number of new build Council housing units reaching completion (cumulative)	296	296		381	351		437	755		681	630	
Percentage of respondents who have access to email or internet from home				90	85		Data Pending					
Percentage of respondents who say that food is available but too expensive				10%	7%		Data Pending					
Percentage of lets to homeless	22.38%	25%		29.97%	-		57.9%	-		Data Pending		

Code & Short Name	2018/19	2019/20	2020/21	2021/22
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	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status
Gross rent arrears (all tenants) as at 31 March each year as a percentage of rent due for the reporting year - HRA	3.34%	4.5%		3.65%	4.25%		5.46%	4.25%		6.07%	5.19%	



Appendix 2

TACKLING CHILD POVERTY BOARD: PROPOSED TERMS OF REFERENCE AND GOVERNANCE

a. Remit

- To provide leadership in the development and delivery of the Tackling Child Poverty Strategy for North Ayrshire
- To oversee the implementation of the Child Poverty Action Plan to tackle the inequalities affecting the outcomes for children and families, with a clear focus on early intervention and prevention and a whole system approach
- To monitor the Child Poverty Action Plan, including a performance framework linked to the Local Outcomes Improvement Plan and the Council Plan, on progress in delivering improved outcomes for children, young people and their families
- To advise on and agree an annual report for Cabinet approval and submission to Scottish Government
- To consult with children, young people and families on the priorities and actions within the plan so that they influence the design and delivery of policies and services
- To promote effective partnership working and information sharing between services and organisations.

b. Membership

The local Child Poverty Strategy and Action Plan is the joint responsibility of North Ayrshire Council and NHS Ayrshire and Arran

- Chair: Leader of the Council
- Consultant in Public Health, NHS Ayrshire and Arran
- Executive Director of Communities and Education, North Ayrshire Council
- Executive Director of Place
- Director of HSCP
- Heads of Service as identified by Directors
- Young people
- Additional expertise may be co-opted on to the Partnership with the permission of the Chair.
- Short-life task groups which are established by the Board may include a wider range of representatives and organisations, as appropriate to the topic.

c. Frequency of meetings

- The Board will meet every six weeks
- The Chair may at any time convene additional meetings.

d. Reporting arrangements

- The strategies and reports for which the Board is responsible (see e. below) will be reported to the CPP Board, the CPP Senior Officers Group, North Ayrshire Council Cabinet, Health & Social Care Partnership Integrated Joint Board, and NHS Ayrshire & Arran Board as appropriate.

e. Meetings

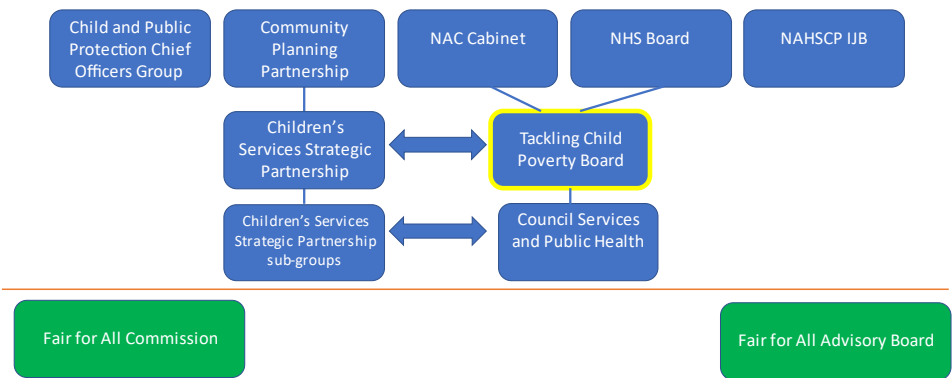
- Meetings will focus the following items, as well as any other business as decided by the Chair:
 - The national Tackling Child Poverty Delivery Plan: Best Start, Bright Futures: tackling child poverty delivery plan 2022-26
 - The local North Ayrshire Child Poverty Strategy
 - The local North Ayrshire Child Poverty Action plan and related activity
 - The local North Ayrshire Child Poverty Annual Report
 - National and local policies and activities which have an impact on child poverty
 - Any other relevant business

f. Governance of Child Poverty Strategy and Plan

Planning for children and families

National Performance Framework			
Local Outcomes Improvement Plan 2022 - 2030			
North Ayrshire Council Plan 2019 - 2024		North Ayrshire Health and Social Care Strategic Plan 2022-30, 'Caring Together'	NHSAAA Strategic Plan (Caring for Ayrshire in development)
Children's Services Plan 2020 -2023 (published every three years)	Child Poverty Action Plan 2022 – 2023 (annual publication with proposed three year strategy 2023 - 2024)	Children's Rights Report 2020 – 2023 (published every three years)	Youth Participation and Citizenship and Strategy 2021 -2025 (published every four years)
Education	Employability	Childcare	Housing
Transport	Benefits and income maximisation	Community Wealth Building	Community Empowerment

Child Poverty: Governance and Advisory





North Ayrshire Integration Joint Board

**Report to the Performance and Audit Committee
on the 'Audit Dimensions and Best Value' for the year ended 31 March 2022**

Issued on 24 May for the meeting on 16 June 2022

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Key messages

As set out in our audit plan, the Code of Audit Practice sets out four audit dimensions which set a common framework for all public sector audits in Scotland. Our audit work has considered how the Integration Joint Board (IJB) is addressing these and our conclusions are set out within this report, with the report structured in accordance with the four dimensions. Our responsibilities in relation to Best Value ('BV') have all been incorporated into this audit work.

Financial management

The IJB continues to have effective budget setting and monitoring arrangements in place. This is supported by an experienced finance team and a robust internal audit function, as well as appropriate arrangements for the prevention and detection of fraud and error.

Financial sustainability

The IJB has set a balanced budget for 2022/23 and holds unearmarked reserves at a level consistent with its Reserves Strategy, therefore is financially sustainable in the short term. However, it continues to be faced with significant financial challenges over the medium and longer-term.

It is positive to see the development of the Medium-Term Financial Outlook during the year, the progress with transformational change programme and the updated Strategic Commissioning Plan with a clear focus on continuous improvement. Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability. Progress continues to be impacted by the ongoing response to the COVID-19 pandemic.

Significant earmarked reserves are projected to be carried forward into future years. It is critical that detailed plans are developed to demonstrate how these funds will be used to make the required transformational change.

Governance and transparency

The IJB continues to have strong leadership, with more tailored training being developed for Board members. The governance arrangements also continue to be robust, with recent updates to the Standing Orders and Scheme of Delegation. The IJB continues to be open and transparent.

Further work is required to progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships.

Value for money

The IJB continues to have a clear and robust performance management framework in place which analyses data, tracks progress and identifies actions. Regular reporting on performance is provided to the Performance and Audit Committee and the IJB, with a focus on continuous improvement.

Best value - The IJB has sufficient arrangements in place to secure best value and has a clear understanding of areas which require further development.

Key messages (continued)

Next steps

An agreed Action Plan is included on pages 25 to 30 of this report, including a follow-up of progress against prior year actions.

Added value

Our aim is to add value to the IJB by providing insight into, and offering foresight on, financial sustainability, risk and performance by identifying areas for improvement and recommending and encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making, and more effective use of resources. This is provided throughout the report.

We have also included our “sector developments” on pages 21 to 23 where we have shared Audit Scotland’s national reporting and our research and informed perspective and best practice from our work across the wider public sector that are specifically relevant to the IJB.

Financial management



Significant risks identified in Audit Plan

In previous years we have concluded that the IJB had effective financial management arrangements in place and a sufficiently qualified and experienced finance team. We therefore did not identify any significant risks in relation to financial management during our planning. We have continued to review the arrangements in place as summarised on the following pages.

Current year financial performance

The 2021/22 budget of £291.702m, including set aside, was approved by the IJB on 18 March 2021. This included an approved draw on reserves of £1.116m. After setting the budget, additional funding and changes in assumptions revised this draw on reserves requirement to £0.181m. The budget has been updated throughout the year to include in-year movements and the latest projected position is a net underspend of £1.780m (0.7%), taking into account a repayment of £1.486m against the debt due to North Ayrshire Council. The Partnership Senior Management Team and Board members regularly review progress against budget throughout the year, with monthly reporting to the IJB. From review of the reporting throughout the year, variances are clearly reported and explained.

The net underspend is a combination of an underspend of £1.4m in community care and health, an overspend of £1.3m in children and justice services and an underspend of £1.4m in management and support costs.

The budget incorporated planned savings of £2.528m. The latest projections have highlighted £0.552m as “Red”, meaning at risk of not being achieved. This mainly relating to reducing children’s residential placements which is currently projecting to overspend. The IJB has also assumed that any unachieved savings due to COVID-19 will be compensated by additional funding, as recorded in the latest mobilisation return to the Scottish Government.

As part of the response to the COVID-19 pandemic, the Health and Social Care Partnership (HSCP) developed a mobilisation plan detailing the additional activities to support its response, alongside the estimated financial impact, including unachieved savings. Financial returns have continued to be submitted during 2021/22 with the latest estimated financial impact being £8.850m.

Financial management (continued)

Finance capacity

The finance team has remained consistent throughout the year. Whilst COVID-19 has created additional work for the team, including the additional reporting requirements to the Scottish Government, this is being well managed.

Internal audit

We have assessed the internal audit function, including its nature, organisational status and activities performed. While the IJB specific internal audit work has not yet concluded, we have carried out a review of the internal audit reports published throughout 2021/22 for both North Ayrshire Council and NHS Ayrshire and Arran. The conclusions have helped inform our audit work where applicable to the IJB, although no specific reliance has been placed on this work.

The Performance and Audit Committee approved the appointment of a new Chief Internal Auditor for the IJB in August 2021 following previous the Chief Internal Auditor moving to a new role as the IJB's Chief Finance Officer.

The 2021/22 Internal Audit Plan was then approved by the Committee in September 2021. In addition to reviews carried out within the parent organisation, the IJBs own internal audit plan included an assignment focussing on an audit of compliance with the CIPFA Financial Management Code. This work was scheduled for quarter 4 of 2021/22 and therefore has not yet been formally reported to the Performance and Audit Committee but is expected to be reported in June 2022.

We will consider the work of internal audit as part of our audit work on the Annual Governance Statement and report our conclusions in our final report to the Committee in August 2022.

Standards of conduct for prevention and detection of fraud and error

We have assessed the IJB's arrangements for the prevention and detection of fraud and irregularities, which relies to an extent on the arrangements in place in the respective parent organisations. This has included specific considerations in response to the increased risk of fraud as a result of COVID-19. Overall, we found the IJB's arrangements to be to be designed and implemented appropriately.

Deloitte view – financial management

The IJB continues to have effective budget setting and monitoring arrangements in place. This is supported by an experienced finance team and a robust internal audit function, as well as appropriate arrangements for the prevention and detection of fraud and error.

Financial sustainability



Significant risks identified in Audit Plan

While the IJB has achieved short term financial balance over recent years and made good progress in repaying the debt due to North Ayrshire Council, there remains a risk that robust medium-to-long term planning arrangements are not in place to ensure that the IJB can manage its finances sustainably and delivery services effectively. We have therefore considered the 2022/23 budget setting process and the work being done over the medium and longer-term including the development of the updated Strategic Plan as summarised on the following pages.

2022/23 budget setting

The IJB approved a balanced budget of £314.855m (inclusive of the estimated set aside budget of £34.850m) for 2022/23 on 17 March 2022. This incorporated an initial budget gap of £0.683m for which detailed savings plan have been developed and approved. The 2022/23 budget assumes no draw on IJB reserves.

In setting its budget, the IJB has recognised a number of financial risks and notes that it may be asked during 2022/23 to approve any appropriate action to mitigate or manage these areas. The main risks include:

- The ongoing response to the COVID-19 pandemic;
- The pending pay award for Local Government and NHS staff; and
- The negotiated uplifts for the National Care Home Contract.

The budget includes £1.486m set aside to support repayment of the IJB debt to the Council.

Financial sustainability (continued)

2022/23 budget setting (continued)

The budget was prepared in consultation with relevant budget holders, the Partnership Senior Management Team and IJB members. The funding assumptions were also aligned with information shared and agreed with the Directors of Finance at both the Council and NHS.

The costs associated with responding to the COVID-19 pandemic have been fully funded by the Scottish Government in 2020/21 and 2021/22. The final costs for 2022/23 and future years will depend upon the recovery timescale. In February 2022, the Scottish Government confirmed further funding to NHS Boards and IJBs to meet COVID-19 costs and to support the continuing impact of the pandemic. The IJB has therefore assumed in setting its budget that all ongoing COVID-19 related costs will be fully funding from this. A sum of £15.891m has been allocated to North Ayrshire IJB, with £1.654m required to offset unfunded costs from 2021/22, resulting in an estimated £14.237m being carried forward as an earmarked balance within the IJB reserves.

In addition to the COVID-19 funding, in October 2021 the Scottish Government announced significant investment for health and social care. This was reflected in the approved 2022/23 budget and as part of the ongoing financial monitoring, the IJB agreed that this would be used to address service pressures in acute through increased investment in community. This is a positive step towards improving the links between budgets and outcomes as this funding is specifically targeted at key priorities.

Reserves

At the time of approval of the 2022/23 budget on 17 March 2022, the IJB carried out its annual review of its reserves in line with good practice.

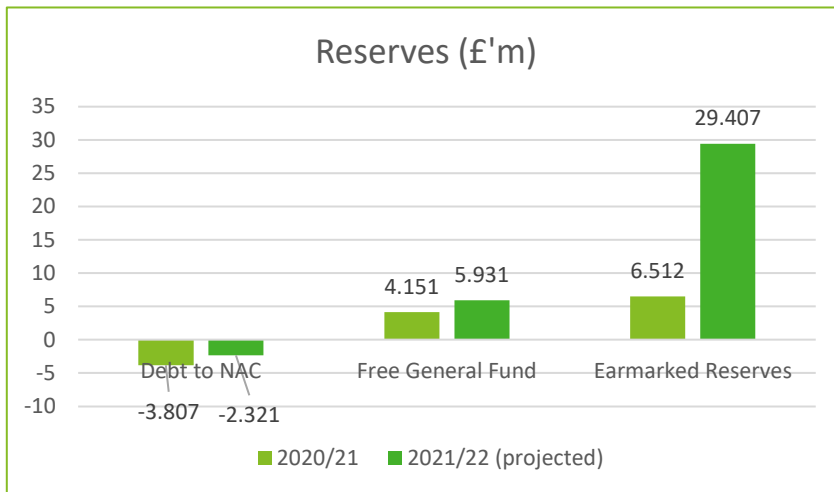
The reserves position in North Ayrshire IJB is unique in that the Board holds a negative reserves balance which has accumulated from previous year overspends. The negative reserve balance is offset by a debtor on the Balance Sheet, reflecting the debt due to North Ayrshire Council. As noted on page 5, the IJB is expecting to be in a position to repay £1.486m to the Council in 2021/22, with a further repayment of the same amount incorporated into the 2022/23 budget.

Financial sustainability (continued)

Reserves (continued)

In setting the 2021/22 budget, the IJB established a “Challenge Fund” of £0.5m to assist the HSCP with developing longer-term plans for delivering savings and service improvements. There has been no spend against this in 2021/22 as services have had to prioritise their response to the pandemic, and the funding will continue to be earmarked for this purpose.

The projected reserves position as at 31 March 2022 is illustrated below.



The IJB has agreed to hold the projected “free” general fund balance as a contingency balance, which equates to 2.2% of the IJB budget, as estimated at the time of setting the budget, and in line with the lower end of the optimal range set within the IJB’s Reserves Strategy, being between 2% and 4%.

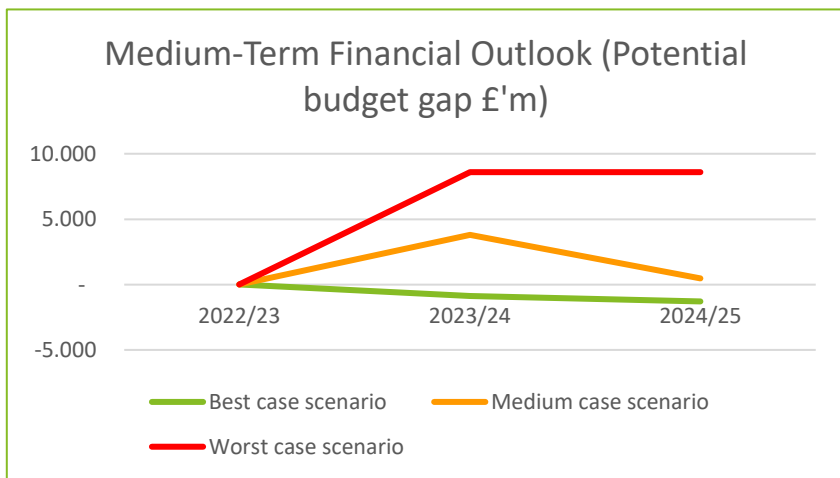
The earmarked reserve balance relates to ring-fenced funding for a number of projects including the Alcohol and Drug Partnership, Primary Care Improvement Fund, Mental Health Action and Community Living Change Fund as well as ongoing COVID-19 costs. It also incorporates the £14.237m COVID-19 funding received from the Scottish Government during 2021/22 for use in future years, along with other COVID-19 funding received throughout the year that remains unspent. This is resulting in a significant value of earmarked reserves at 31 March 2022 in comparison with previous years. It is important that clear plans are developed and monitored to demonstrate how these funds will be used.

Financial sustainability (continued)

Medium-to-long term financial planning

In previous years audits, we have continued to recommend that the IJB develop a medium-term financial plan to ensure that the IJB is prepared to deliver financially sustainable services for the future. This had not been progressed due to the level of uncertainty with funding for future years.

We are pleased to note that the IJB has developed a Medium-Term Financial Outlook (MTFO) covering the first three years of the Strategic Plan period, i.e. 2022-2025, which was considered by the IJB in March 2022. This has been developed based on a range of scenarios based on the information currently available and helps identify the financial challenges which will be faced by the IJB, enabling members to see the impact of current and future decisions on its medium-term financial health.



As illustrated in the graph, the potential gap, after taking into account savings agreed, could be between a surplus of £1.2m and deficit of £8.6m in 2024/25, therefore demonstrating that the IJB is faced with significant finance challenges.

We have considered the factors that have influenced the MTFO and concluded they are reasonable and based on available data, including:

- Demographic changes;
- Local priorities;
- Workforce challenges;
- The UK and Scottish Economy;
- Policy and Legislation (in particular the National Care Service);
- Cost and demand pressures; and
- Available funding.

The IJB has identified the following options to balance any budget gap over the next two years:

- Revisiting the budget pressures which have been identified;
- Reviewing staff turnover savings targets;
- Utilising an element of any additional Scottish Government funding against core service pressures;
- Identification of further savings;
- Service transformation via the Transformation Plan;
- Efficiency savings; and
- Use of reserves on a non-recurring basis.

Financial sustainability (continued)

Transformational change

In 2020/21 we concluded that the IJB was progressing with its transformation programme and taking an innovative approach to determining future service delivery. This has continued during 2021/22.

The Transformation Board has met on a regular basis to oversee the change programme. This group is solutions focused with a view to identifying and implementing actions to get any off-track plans back on target.

The 2021/22 budget included approved savings which formed part of the 2021/22 Transformation Plan of £2.528m. All service changes included in the Transformation Plan include savings, however, there is also an expectation that they will lead to service improvement. Progress against these is reported through the regular financial monitoring reports to the IJB, as discussed on page 5. It is important that as the transformation change programme is progressed, a clear benefits tracker is put in place to demonstrate that the transformation initiatives are achieving the desired outcomes.

Unachieved savings continue to be impacted by the pandemic; however, it has been assumed that additional funding will be received to compensate.

The updated Strategic Commissioning Plan 2022-30, “Caring Together” was approved by the Board in March 2022. This outlines the Partnership’s Vision, Priorities and Ambitions for improving the health and wellbeing of local people up to 2030.

The plan sets out a number of key sections that will inform and support service delivery:

- Strategic Needs Assessments;
- Assets and Investment;
- Policy and Development (including the development of the national care service); and
- Key enablers (including the MTFP, Transformation Plan, Workforce Plan and Engagement and Participation Strategy).

Financial sustainability (continued)

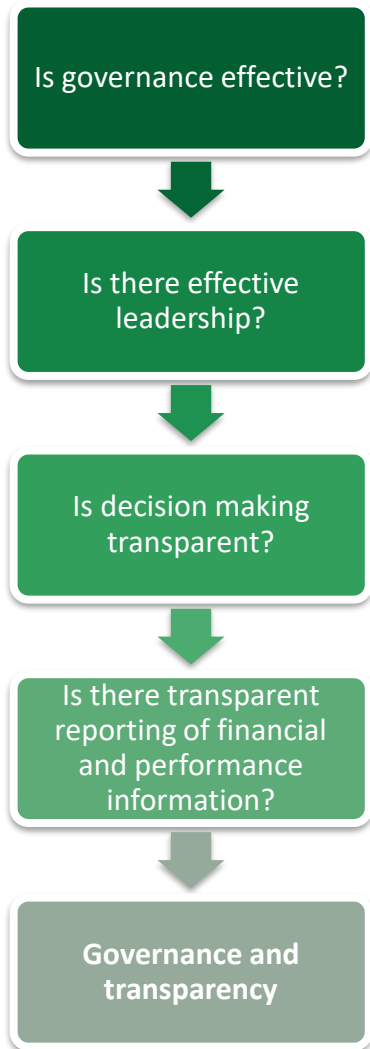
Deloitte view – Financial sustainability

The IJB has set a balanced budget for 2022/23 and holds unearmarked reserves at a level consistent with its Reserves Strategy, therefore is financially sustainable in the short term. It is also continuing to repay the historical loan to North Ayrshire Council. However, it continues to be faced with significant financial challenges over the medium and longer-term, projecting a high level potential funding gap of up to £8.6m over the next two years.

It is positive to see the development of the MTFO during the year, the progress with transformational change programme and the updated Strategic Commissioning Plan with a clear focus on continuous improvement. Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability. Progress continues to be impacted by the ongoing response to the pandemic. Significant earmarked reserves are projected to be carried forward into future years. It is critical that detailed plans are developed to demonstrate how these funds will be used to make transformational change.

It is important that as the transformation change programme is progressed, a clear benefits tracker is put in place to demonstrate that the transformation initiatives are achieving the desired outcomes.

Governance and transparency



Significant risks identified in Audit Plan

In previous years we have concluded that the IJB has strong leadership in place with robust governance and scrutiny arrangements. We did not identify any significant risks in relation to governance and transparency during our planning. We have, however, continued to review the work of the IJB and its Committees, as summarised on the following pages.

Leadership

The Partnership Senior Management Team has remained largely consistent with previous years, and has continued to demonstrate strong leadership, working closely with partners. The following key changes have been made during the year:

- Following the retiral of the previous postholder, the new Head of Democratic Services of North Ayrshire Council was appointed the Monitoring Officer of the IJB in August 2021.
- Following changes to the NHS Board, a new Non-Executive Member was appointed to the IJB in November 2021 and was appointed as Vice-Chair of the Performance Audit Committee.
- A Chief Social Work Officer and a Depute Chief Social Work Officer were appointed in December 2021.
- As discussed on page 6, a new Chief Internal Auditor was appointed.

In our 2020/21 report, we recommended that IJB members would benefit from a more structured and tailored training programme to specifically focus on the work of the partnership and the IJB to support their role in scrutiny and challenge. We are pleased to note that the development of the NA IJB induction programme was re-established in January 2022 having been delayed due to the pandemic.

Governance and transparency

Leadership (continued)

The current focus is to ensure an induction programme was in place for potential new IJB members following the local council elections in May 2022. Management have confirmed progress to date including:

- Identifying both local and national resources.
- Draft programme plan under development.
- Engagement with Health Improvement Scotland to discuss National Offering.

The draft programme currently has three phases:

1. Initial introductions with IJB members
2. Access to national induction resources and workshops
3. Local development (a number of short information briefings, followed by follow-up workshops).

In addition, conversations are underway at a national level to identify if a regional approach is available, for example including joint development for IJB members across all Ayrshire partnerships.

Governance and scrutiny arrangements

We have reviewed meetings attendance from the past year and confirm that there has been adequate attendance. In addition, from attendance at meetings we can confirm that there is sufficient scrutiny and challenge exercised by members during the meetings.

As a result of COVID-19 and associated restrictions, meetings of the IJB and its committees have taken place on a wholly remote basis via MS Teams since June 2020. Live streaming of meetings ordinarily open to the public was introduced in October 2020. The Performance and Audit Committee continues to be a key element of the governance arrangements in place.

The Performance and Audit Committee and the IJB provide oversight and scrutiny of the Strategic Risks. An updated Strategic Risk Register was approved by the IJB in March 2022, with updates on the actions required to manage and control the risks to be the subject of ongoing monitoring of the SMT and the Performance and Audit Committee.

The IJB also approved a revised version of the Standing Orders and Scheme of Delegation in February 2022 and in line with our recommendation, a schedule of key governance documents has been developed to include review timescales and responsible officers to ensure that these are regularly reviewed and remain fit for purpose.

Governance and transparency

Openness and transparency

The IJB continues to stream its Board meetings, and publishes all meeting agendas and minutes on its website, thereby continues to demonstrate openness and transparency of decision making and performance information (which is considered further on page 17).

The IJB also has continued to engage with communities on plans and decisions. As part of the development of the Strategic Commissioning Plan, discussed on page 11, a public consultation was undertaken between 1 December 2021 and 21 January 2022. Due to limitations on face-to-face engagements, most responses were received online, with 240 responses received. Public engagement was also carried out through the North Ayrshire Wellbeing Conversation, which was live since October 2020. During the period, 726 people responded.

Set aside arrangements

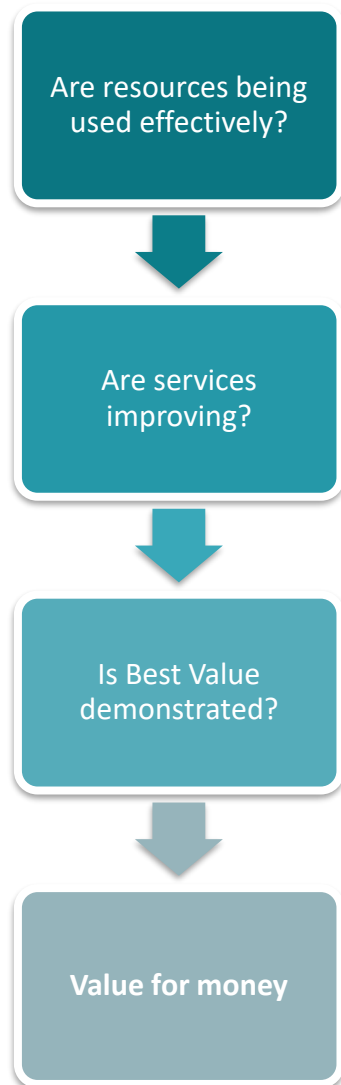
In our 2019/20 report we recommended that the IJB continue to make progress with implementing delegated hospital budgets and set aside requirements. No progress has been made due to the priority of managing COVID-19 responses. This remains a key area of focus, with preparatory work underway with the support of the Scottish Government, the Health Board, and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards Fair Share allocations of resources.

Deloitte view – Governance and transparency

The IJB continues to have strong leadership, with more tailored training being developed for Board members. The governance arrangements also continue to be robust, with recent updates to the Standing Orders and Scheme of Delegation. The IJB continues to be open and transparent.

Further work is required to progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships.

Value for money



Significant risks identified in Audit Plan

In previous years we have concluded that the IJB had an embedded performance management culture. Performance had continued to be strong throughout the challenging period, with clear actions in place for addressing areas of performance requiring improvements. Given the ongoing pressures across the health and care system, there remains a risk that performance reporting has not been timely, reliable, balanced and transparent. We have therefore reviewed the performance reports presented at the IJB to assess the extent of openness and transparency during the year, as summarised on the following pages.

Performance management framework

The Board continues to have a well-established performance management framework in place with quarterly reports taken to the IJB's Performance and Audit Committee. It monitors progress against the strategic priorities set out within the 1-year strategic bridging plan approved for 2021/22 and measures performance against the nine National Health and Wellbeing Outcomes plus the Partnership's new Strategic Priorities:

1. Tackling Inequalities;
2. Prevention and Early Intervention;
3. Improving Mental Health and Wellbeing; and
4. Mobilisation Communities.

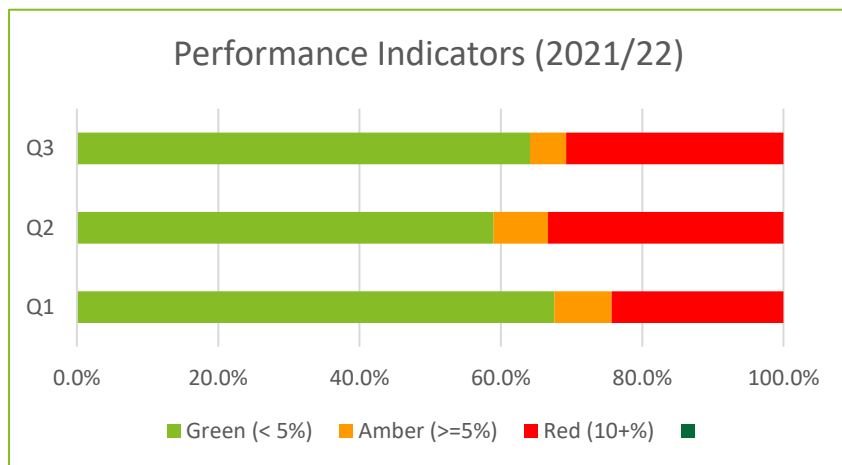
The Annual Performance Report 2020-21 was approved by the IJB in December 2021.

All services have continued to be impact by the pandemic during 2021/22, with the impact before and during the winter period being significant with key areas of operational service provision having sever reduction in workforce to meet demand. As a result, the SMT agreed to a shortened version of the Quarter 3 report to the IJB in March 2022 to free key individuals to manage the continued demand on services.

Value for money

Performance data

The Quarter 3 performance report for 2021/22 has analysed the performance indicators from the Strategic Plan as follows.



The report to the IJB highlights the areas of focus from those indicators categorised as “Red”, with a verbal update provided by management on actions being taken.

Deloitte view – Value for money

The IJB continues to have a clear and robust performance management framework in place which analyses data, tracks progress and identifies actions. Regular reporting on performance is provided to the Performance and Audit Committee and the IJB, with a focus on continuous improvement.

Best value

It is the duty of the IJB to secure **Best Value** as prescribed in Part 1 of the Local Government in Scotland Act 2003. We have a statutory duty to be satisfied that the IJB have made proper arrangements for securing BV.

Duty to secure Best Value

1. It is the duty of the IJB to make arrangements which secure Best Value.
2. Best Value is continuous improvement in the performance of the IJB's functions.
3. In securing Best Value, the IJB shall maintain an appropriate balance among:
 - a) The quality of its performance of its functions;
 - b) The cost to the IJB of that performance; and
 - c) The cost to persons of any service provided by the IJB for them on a wholly or partly rechargeable basis.
4. In maintaining that balance, the IJB shall have regard to:
 - a) Efficiency;
 - b) Effectiveness;
 - c) Economy; and
 - d) The need to make the equal opportunity requirements.
5. The IJB shall discharge its duties in a way that contributes to the achievement of sustainable development.
6. In measuring the improvement of the performance of an IJB's functions, regard shall be had to the extent to which the outcomes of that performance have improved.

Our BV audit work is integrated into our audit approach, including our work on the audit dimensions discussed on pages 5 to 17. Through our annual audit work, discussed further within this report, the IJB continues to have a number of arrangements in place to secure best value, including an established governance framework, strong leadership, and a comprehensive performance management framework through the Strategic Commissioning Plan. There is a culture of continuous improvement, which was highlighted as part of the North Ayrshire Council Best Value Assurance Report published in June 2020.

The IJB recognises that it must commission services within the financial resources available and, as noted elsewhere in this report, and in common with other IJBs, continued work will be required to deliver long-term financial sustainability. It is positive to see the development of the MTFO during the year, the progress with transformational change programme and the updated Strategic Commissioning Plan with a clear focus on continuous improvement.

Deloitte view – Best Value

The IJB has sufficient arrangements in place to secure best value and has a clear understanding of areas which require further development.

Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the Performance and Audit Committee and the IJB discharge their governance duties.

The scope of our work

We described the scope of our work in our audit plan.

Use of this report

This report has been prepared for the IJB, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

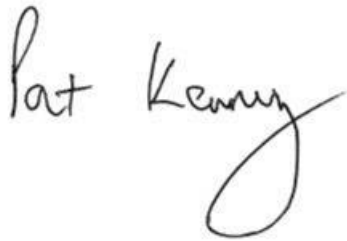
What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to the IJB.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

We welcome the opportunity to discuss our report with you and receive your feedback.



Pat Kenny, CPFA
For and on behalf of Deloitte LLP
Glasgow | 24 May 2022

Sector developments



Local government in Scotland

Financial overview 2020/21

Background and overview

The Accounts Commission published its Local government in Scotland financial overview 2020/21 in March 2022. This covers the first full year that makes clear the impact of COVID-19. It also looks ahead to the medium-to-longer term financial outlooks for Councils. While specifically referring to Councils, a number of the key messages are equally relevant for IJBs.

Key messages

Local government finances 2020/21

- The Covid-19 pandemic persisted throughout 2020/21, with the Scottish Government increasing funding to councils by £1.5 billion to support them in dealing with the impacts of the pandemic.
- When Covid-19 funding is excluded, there has been a real terms underlying reduction of 4.2 per cent in local government funding since 2013/14.
- The underlying increase in Scottish Government funding of £358 million in 2020/21 was 1.1 per cent in real terms. But, over half of this increase is due to specific grants. Ring-fenced funding helps support delivery of key Scottish Government policies but constrains a proportion of the total funding and resources and removes any local discretion over how councils can use these funds.
- Councils' income from customers and clients was affected by Covid-19 restrictions and fell by £0.5 billion.
- In 2020/21, all councils reported surpluses and increased their usable reserves. The total increase in reserves was £1.2 billion (46 per cent). This increase was mainly due to late Covid-19 funding, which was unspent at 31 March 2021.
- Councils administered a further £1.4 billion of Covid-19 grants on behalf of the Scottish Government in 2020/21, putting additional pressure on finance staff across councils.

Medium and longer-term outlook for local government finances

- Scottish Government capital funding to councils is expected to fall again in 2021/22.
- Uncertainty over the amount of funding available for Covid-19 recovery at the end of 2020/21 led to difficulties in setting budgets, and many councils established updated Covid-19 budgets in autumn 2021.
- Covid-19 resulted in revised medium-term financial plans, but longer-term planning will need to be updated as Covid-19 uncertainty diminishes.

Local government in Scotland (continued)

Financial overview 2020/21 (continued)

Key observations	Audit Scotland Recommendations
Reserves – Most of the increase in the general fund is committed to Covid-19 recovery.	Elements of Covid-19 funding that are being carried forward in general earmarked and unearmarked reserves in the accounts should be clearly identified.
Financial management and transparency - Management commentaries in councils accounts have improved, but many are still not complying with previous recommendations on transparency	We recommend again that councils review and improve how they comply with these key expectations of transparency, in particular: <ul style="list-style-type: none">• Is the outturn against budget position for the year clearly shown, and are the reasons for significant variances obvious?• Is the outturn reported in the narrative reconciled to the movement in the general fund contained in the financial statements, and are major differences explained?• Is progress against agreed savings reported?
Budgets for 2021/22 - The uncertainty over the funding position for Covid-19 at the end of 2020/21 led to issues in budget setting and many councils established Covid-19 budgets in autumn 2021	We expect councils to agree spending plans and timescales for Covid-19 recovery reserves with the relevant decision making committee.
Medium and long-term financial planning - Covid-19 resulted in revised medium-term financial plans, but longer-term planning will need to be updated as Covid-19 uncertainty diminishes.	All councils will now need to revise medium-term financial plans to reflect additional financial pressures and updated funding arrangements and to account for updated savings requirements and financial assumptions. Councils should also review longer-term planning as Covid-19 uncertainty diminishes.

Next steps

The IJB should consider each of the above recommendations (where they equally apply to IJBs and Councils) and incorporate into plans where not already considered. The full report is available through the following link: [Local government in Scotland: Financial overview 2020/21 | Audit Scotland \(audit-scotland.gov.uk\)](#)

Reimagining social care – recasting the social safety net

Deloitte insights

Background and overview

Rising costs, limited growth of government revenues, and increasing client expectations are compelling governments to not just repair, but to reweave, the social safety net in order to provide equitable, seamless, and effective services.

Governments rely on income assistance and social care services to protect their most vulnerable citizens. But around the globe, many social safety nets are fraying. The COVID-19 pandemic exacerbated homelessness and other economic disparities in many countries.

In the face of rising costs and client expectations, agencies are re-examining how they and their partners can provide equitable, seamless, and effective social services. They're shifting their focus to prevention—attacking problems at their root, intervening early to keep small issues from growing, and creating pathways to greater self-sufficiency and resilience. The goal is less to patch up the safety net than to reweave it entirely.

The full article available here [Recasting the social safety net | Deloitte Insights](#), with some key highlights summarised below.

Trend Drivers

- The COVID-19–induced economic disruption
- Demand for social care is growing
- Declining job quality
- Many governments can't afford to strengthen their social safety nets



Trend Actions

Many policymakers and service providers are shifting their emphasis from treatment to prevention. They're creating more “wraparound” social services that integrate access to income assistance, child care, health services, housing aid, and other supports to help clients in crisis achieve stability more quickly. They're investing in programs intended to boost the resilience of individuals and communities. And they're looking at ways to plug the gaps in the safety net to accommodate new ways of working.



Moving forward

The pandemic has presented a once-in-a-generation opportunity to create a social care system designed for today's needs. Here are a few steps that can help leaders achieve long-term success:

- Free caseworkers from repetitive tasks
- Embrace a human-centred mindset
- Adopt an ecosystem approach
- Make data and evidence actionable
- Invest in outcomes and remunerate based on results

Action plan



Action Plan

We have followed up the recommendations made in our previous years audits. We are pleased to note that 5 recommendations have been fully implemented, one is partially implemented and one not yet implemented, with a revised target date of March 2023.

Recommendation	Management Response	Priority	Management update 2021/22
1.1 Governance and scrutiny IJB members would benefit from a more structured and tailored programme to specifically focus on the work of the partnership and the IJB to support their role in scrutiny and challenge	Planning was underway for development of a NA IJB induction programme. However, work was delayed due to COVID-19. The Scottish Government Integration team have developed a national resource which will be launched later in the year, which we will use to compliment our own programme. Responsible Person: Chief Finance & Transformation Officer Target Date: March 2022	Low	Updated discussed on pages 13 and 14. Currently timings for an induction programme are unclear. This is in part due to attempts to complement the Elected Member Induction that will be in place following the May elections. At present, it is expected that the induction programme will be clearly developed and ready for implementation by June 22. Partially implemented Revised Target date: June 2022
1.2 Review of Governing Documents The key governing documents of the IJB should be reviewed and refreshed on a periodic basis to ensure that they are still fit for purpose.	Schedule of key governance documents will be developed and reported back to the Committee. Responsible Person: Governance Manager Target Date: September 2021	Medium	A schedule of key governance documents has been developed. Fully implemented

Action Plan (continued)

Recommendation	Management Response	Priority	Management update 2021/22
<p>1.3 Set Aside</p> <p>The IJB should continue to make progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships.</p>	<p>Progress has not been achieved in Ayrshire and Arran during the current financial year as the priority was the response to COVID-19. However preparatory work is well underway with the support of the Scottish Government, NHS Ayrshire and Arran and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards Fair Share allocations of resources. The North HSCP Chief Officer is leading the group that will progress this.</p> <p>Responsible Person: Chief Finance and Transformation Officer</p> <p>Target Date: March 2022</p>	Medium	<p>This action requires senior officers of the three Ayrshire HSCPs and NHS Ayrshire and Arran to develop a shared solution. This has not been practical during 2021/22 due to the pressures in response to the pandemic. The action will be taken forward during 2022/23.</p> <p>Not implemented Revised Target date: March 2023</p>

Action Plan (continued)

Recommendation	Management Response	Priority	Management update 2021/22
2.1 Scottish Government Medium Term Financial Strategy The planned update to the Board's Medium-Term Financial Plan should take account of the financial implications of the Scottish Government five-year Medium-Term Financial Strategy.	It will not be possible to develop an informed medium-term financial plan beyond 2021-22, due the impact of the pandemic and also the unknown impact of the policy, legislation and funding implications of the recently published report on the Independent Review of Adult Social Care. The main unknowns to project the financial position of the IJB beyond 2021-22 relate to funding and pay related inflationary pressures, which are not yet known fully for 2021-22 therefore making future planning scenarios beyond this very difficult. The intention is to update the medium-term financial plan over summer 2021. This will cover the period 2022-23 onwards, with consideration to aligning the time period to the next iteration of the strategic plan.	Medium	A MTFP was signed off by the IJB in March 2022 Fully implemented
	Responsible Person: Chief Finance and Transformation Officer		
	Target Date: March 2022		

Action Plan (continued)

Recommendation	Management Response	Priority	Management update 2021/22
<p>2.2. Budget process</p> <p>We recommended the following improvements to the budget setting process:</p> <ul style="list-style-type: none"> • There needs to be a link between the budgeted spend and the IJB's priorities as set out in the Strategic Commissioning Plan. • There needs to be improved links between the budget and outcomes: there is no information of the outcomes the IJB expects to be progressed (and to what extent) by the budget, which makes it difficult for the IJB to assess to what extent budgetary decisions are impacting on outcomes achieved. 	<p>As above in relation to the MTFP, the linking of budget to outcomes has been a challenge nationally but where this will add value this will be considered as part of the MTFP refresh.</p> <p>Responsible Person: Chief Finance and Transformation Officer</p> <p>Target Date: March 2022</p>	Medium	<p>A MTFP and 2022/23 budget was signed off by the IJB in March 2022</p> <p>Fully implemented</p>

Action Plan (continued)

Recommendation	Management Response	Priority	Management update 2021/22
<p>2.3. Medium-Term Financial Plan</p> <p>The Medium-Term Financial Plan (MTFP) should be refreshed to determine the current expected funding gap. As part of this plan, we would expect it to include:</p> <ul style="list-style-type: none"> • Scenario planning to assess the funding gap when key assumptions are adjusted. • Detailed savings plans are identified in order to reduce the projected funding gap. • A fully integrated budget to allow effective resource planning. • Integration of the set aside budget. 	<p>The planned update of the MTFP has been delayed, but as noted on the previous page this will be updated during 2021.</p> <p>Responsible Person: Chief Finance and Transformation Officer</p> <p>Target Date: March 2022</p>	High	<p>A MTFP was signed off by the IJB in March 2022</p> <p>Fully implemented</p>

Action Plan (continued)

Recommendation	Management Response	Priority	Management update 2021/22
<p>2.4. Strategic/Transformation Planning</p> <p>There should be a clear link between the Board's Strategic Plan and the MTFP to demonstrate what transformational work is to be carried out to achieve long term financial sustainability. A corporate workforce plan needs to be integral to this strategy.</p> <p>A change management programme should then be put in place, with appropriate tools and templates to allow the IJB to demonstrate that the benefits are being achieved</p>	<p>The updated workforce plan has been submitted to the Scottish Government. Some Transformation Board meetings have been cancelled during 2020-21 due to priority being given to COVID-19. There were still meetings for individual projects e.g. Supported Accommodation, LD day care reviews, CM2000, Homefirst, unscheduled care hub including mental health supports which were attended by the approved leads, planning managers and finance. The 2021-22 plan is being developed and will be finalised once the 2021-22 budget is approved.</p> <p>Responsible Person: Chief Finance and Transformation Officer</p> <p>Target Date: March 2022</p>	High	<p>The 2021/22 Transformation Plan was approved and monitored. The Strategic Commissioning Plan was updated, with key enablers including the MTFO and Workforce Plans.</p> <p>Fully Implemented</p>



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Integration Joint Board 16th June 2022

Subject: Director's Report

Purpose: To advise members of the North Ayrshire Integration Joint Board (IJB) of development 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
MARAC	

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 SITUATION
	National Developments
2.1	<u>Children with Visual Impairment Event</u>
	<p>The Guide Dogs charity's children and young people's team would like to invite children with a vision impairment and their immediate families to their summer family party. The event will take place at Blair Drummond Safari Park on Wednesday 6 July, starting at 10am and finishing at around 3pm.</p> <p>Children with a vision impairment plus one parent/guardian can go along for free. Any additional family members (additional parent/guardian/carer/sibling) who would like to attend will be asked to give a suggest a donation of £7.50 each.</p> <p>Booking is essential and places will be allocated on a first come, first served basis. Email familyevents@guidedogs.org.uk for a booking form or call the Family Events Team on 0118 983 8499 for more information.</p>
	<u>Launch of formal consultation on the Data Strategy for Health and Social Care</u>
	Digital approaches to health and care and the data that drives it has been vital to how we've continued to deliver services throughout the pandemic and offers opportunities to support our plans for remobilisation. As part of the refreshed Digital Health and

	<p>Care Strategy the Scottish Government committed to publishing Scotland's first ever Data Strategy.</p> <p>The Digital Health and Care directorate have, and continue to, undertake a broad range of engagement with stakeholders and the public to support the development the Data Strategy. A summary of the findings to date can be found here: https://www.digihealthcare.scot/app/uploads/2022/05/Data-Strategy-HSC-Engagement-Summary-March-2022-pdf.pdf</p> <p>Part of the engagement is to undertake a formal public consultation, which has now launched and can be accessed at: https://consult.gov.scot/digital-health/data-strategy-for-health-and-social-care</p> <p>The consultation will run from Monday the 16th of May until 5pm on Friday the 12th of August. Throughout the period the consultation is open the Digital Health and Care directorate will continue to run bespoke engagements with health and care professionals, third sector advocacy groups and the public.</p> <p>Awareness of the consultation would be welcomed through networks, social media and newsletters. In the meantime, any questions can be submitted to the Scottish Government Team via the email: HSCDatastrategy@gov.scot</p>
	<p><u>Ministerial Statement – Accountability for Delivering the National Mission to Reduce Drug Deaths and Improve Lives</u></p>
	<p>On Thursday 26th May Angela Constance, Minister for Drug Policy made a parliamentary statement in relation to the national mission to reduce drug deaths and improve lives. The statement reaffirmed the commitment to work across Government and Parliament, and beyond, to deliver the national mission to save and improve lives.</p> <p>Some significant elements of this statement includes:</p> <ul style="list-style-type: none"> • A report to be published in June 2022 by the MAT standards support team to evaluate progress with implementation • Alcohol and Drug Partnerships to move from annual to quarterly reporting • Stressed the importance of lived experience panels • Focus on local performance frameworks • Residential rehabilitation number of placements to increase by 300% by 2026 – recent figures show progress but far more to be done • Chief Officers for Public Protection to be responsible for reviews of drug related deaths – guidance will set out expectations for reviews to ensure consistency of approach • Stressed importance of oversight for funding and impact on outcomes <p>The statement outlined the cluttered landscape in terms of accountability for delivery, in legislation this sits with Integration Authorities to achieve progress working in partnership with others. The statement refers to alcohol and drug services being part of the National Care Services in future but that progress cannot wait until the NCS is established. The IJB will be kept informed on progress and local plans.</p>

	Ayrshire Developments
	<u>MARAC Launch across Ayrshire</u>
	<p>A MARAC (Multi-Agency Risk Assessment Conference) is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse.</p> <p>The meeting provides a safe environment for agencies to share relevant and proportionate information about current risk, after which agencies agree actions to reduce risk and increase safety.</p> <p>The primary focus of the MARAC is to safeguard the adult victim. However, the MARAC will also make links with other processes and agencies to safeguard children and manage the behaviour of the perpetrator. At the heart of the MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but that all may have insights that are crucial to their safety. Ensuring that the victim is supported throughout, and their needs represented, the MARAC is crucial to managing risk, improving and maintaining safety and reducing repeat victimisation.</p> <p>MARAC will be launched across the three Ayrshire's in August 2022 and two MARAC coordinators have been appointed to support this. Whilst there has been a pan-Ayrshire approach to this, each of the three areas will host their own local MARAC.</p> <p>Find out more by reading this 7-Minute Briefing paper.</p>
	North Ayrshire Developments
	<u>mPower/Digital Navigator Support</u>
	<p>The North Ayrshire Partnership fully recognised the positive impact that having access to digital supports made to people during the pandemic. The partnership has agreed to mainstream the digital navigator role within the Community Link Worker Service, to enhance digital inclusion across North Ayrshire.</p> <p>As a result, we are on track to deliver all the ADAM kit packs which includes dementia friendly clocks, flipper universal TV remotes, companion pest (cat or dog), nightlights, DORO mobile phone and Amazon ECHO Shows. This equipment was procured doing the NHSAA mPower project and we have been the only Ayrshire area that has been able to deliver this digital support equipment, in the time available. We are gathering feedback from users and services we have linked with on the effectiveness of this digital support equipment.</p> <p>We also recently shared our experiences at the Belfast mPower Festival, with representatives from across Europe. To hear more about the digital navigator role a short video presentation is available here: https://youtu.be/HkiKjD94N8A</p>

New Community Support – Garnock Valley

Join us for a cuppa and a chat at

Join us on:
 The 2nd Thursday of the month at Rosearden Dalry
 The 3rd Thursday of the month at Bridgend Community Centre Kilbirnie
 The 4th Thursday of the month at Beith Community Centre

A brand-new community support is launching in three Garnock Valley towns this month.

‘Our Community Space’ will offer residents a chance to enjoy a chat and meet people, explore ways to improve their well-being and find out what’s going on in their community. The drop-in sessions aim to help reduce social isolation and loneliness, providing a welcoming and informal atmosphere where people can come together to enjoy the company. Free refreshments will be provided and there’s no need to book. Dates and locations are as follows:

Rosearden, Dalry: 2nd Thursday of the month, 1pm to 4pm

Bridgend Community Centre, Kilbirnie: 3rd Thursday of the month, 1pm to 4pm

Beith Community Centre: 4th Thursday of the month, 1pm to 4pm

You can read more about Our Community Space on the news section of the [NAHSCP website](#).

Co-Creating Libraries

North Ayrshire Libraries had existing strong relationships with the Health and Social Care Partnership (HSCP), Public Health, the Third Sector and NHS Library staff through the Ayrshire Self Management Network. This new project provided a new opportunity to work strategically with colleagues in the HSCP.

To ensure there was local level buy in, the project leads co-produced a paper for the Integration Joint Board highlighting the ambitions and to seek their approval and support for the pilot. Stakeholder representatives across the HSCP strategic planning group were also keen to support the pilot and as an outcome library services have now joined the strategic planning group.

The pilot in North Ayrshire came together around a Project Steering Group, whose membership included public library staff, Health and Social Care Partnership (HSCP) staff, Third Sector Interface, Public Health and NHS library staff. The group members were able to share intelligence around current support for children and young people and their mental health. The time that was taken to build relationships between partners was a key enabler for this project developing.

To avoid duplication of work, the NHS librarian carried out an evidence summary on ‘what work has been done with public and school libraries to improve the mental health and wellbeing’ for the group. The Community Link Workers provided local intelligence on third sector and community groups working in the area providing supports for young people and the adult populations and routes via GP practices were also provided for support.

	<p>Kilwinning Academy's Health and Wellbeing pilot was identified as being a key partner by the Project Steering Group (PSG). This participatory budgeting-funded pilot involved the training of a group of senior pupils to become Mental Health Ambassadors and to create a hub within the school. Members of the PSG visited the young people in their hub and agreed to co-create a library Fun Day during the summer holidays at Kilwinning library to promote further engagement.</p> <p>This partnership approach will now be rolled out further across North Ayrshire.</p> <p>An impact video in relation to this project can be accessed via this link:- https://vimeo.com/manage/videos/680276499/9800b1b812</p>
	<p><u>Care at Home Inspection</u></p>
	<p>The Care Inspectorate commenced an unannounced Care at Home inspection in mid-May 2022. The inspection was focussed on 2 of the quality indicators within the inspection framework and initial feedback received from the Care Inspectorate in advance of the publication of the formal report is :-</p> <p><u>Key Question 1</u> - How well do we Support people's well-being?</p> <ol style="list-style-type: none"> 1. People experience compassion, dignity and respect – Grade 5. 2. People get the most out of life – Grade 5. 3. People's health benefits from their care and support – Grade 5. <p>Overall KQ1 graded at 5 - Very Good (performance that demonstrates major strengths in supporting positive outcomes for people).</p> <p><u>Key Question 7</u> - How good is our Care and Support during the Covid 19 pandemic</p> <ol style="list-style-type: none"> 1. People's health and well-being are supported and safe-guarded during the Covid 19 pandemic – Grade 5. 2. Safe infection prevention and control practices – Grade 5. <p>Overall KQ7 graded at 5 - Very Good</p> <p>No requirements were identified and only one Area for Improvement identified in relation to the frequency and quality of reviews. Positive feedback was received in relation to areas of the pandemic response including PPE and testing and positive messages received from people using the service.</p> <p>These grades build on the previous gradings received on other areas of the service, including leadership and management which is currently Grade 6.</p> <p>Our Care at Home Service has been at the front line during the pandemic and has faced extreme pressure over that period, it is a significant achievement to maintain high quality grades and is testament to the dedication of the Care at Home staff.</p>
	<p><u>Joint Inspection of Children's Services</u></p>
	<p>The Care Inspectorate published the findings of the joint inspection of services for children and young people at risk of harm in North Ayrshire on 7th June 2022. The report and findings are available on the Care Inspectorate website - https://bit.ly/3Qabjnr</p>

	<p>The report is a very positive outcome and highlights the strong partnership working in place to support children at risk of harm and in need of protection. The report highlighted strengths in relation to:</p> <ol style="list-style-type: none"> 1. Recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe. 2. Overall, key processes for assessing and managing risk for children at risk of harm were well established and working effectively. 3. Effective oversight and scrutiny of child protection performance was provided by the chief officers group and child protection committee. 4. Partners had a well-established approach to gathering and using performance data to inform and support improvement activity. <p>Areas for improvement are highlighted as:</p> <ol style="list-style-type: none"> 1. The partnership should further develop its review of outcome data to demonstrate the difference service are making in keeping children safe. 2. Continued attention was needed to ensure all children and young people are meaningfully involved in decisions about their lives and in the development of future service provision. <p>A full report on the findings of the report, and the planned actions will be brought to the next IJB meeting in August 2022.</p>
	<p><u>Re-opening of Older People's Day Services</u></p>
	<p>North Ayrshire HSCP made the decision to temporarily close Older People's day services early in 2020 due to the COVID-19 Pandemic. The day services closed on Friday 20 March 2020 and unfortunately, due to the restrictions in place and prioritising the response to the pandemic, to date it has not been possible to re-open the in-house day services for older people. Our day services staff have demonstrated great flexibility in their approach throughout this period including being re-deployed to support our critical frontline services.</p> <p>IJB members will be aware, through the review of day services report approved in August 2021, that a number of other supports including telephone contact, outreach visits, virtual supports and wellbeing visits have been provided to day services users throughout the period of temporary closure to ensure they are supported and have regular contact with the service. The review of day services set out the ambition to build on this to continue to offer a flexible approach to meet the needs of service users with a continued model of blended service delivery on the re-opening of the services.</p> <p>We are now in a position to begin with the careful phased re-opening of our Older People's Day Services buildings across North Ayrshire as detailed below:</p> <ul style="list-style-type: none"> • North Coast – Stevenson Day Care and Resource Centre – w/c Monday 06 June 2022. • Garnock Valley – Gowanlea Day Service – w/c Monday 04 July 2022 • Irvine and Kilwinning - Burns Day Service – w/c Monday 01 August 2022 • Three Towns – Thistle Day Service – w/c Monday 29 August 2022

	<p>We are working closely with our Health and Safety colleagues to ensure our day service delivery remains safe and in line with National Infection Prevention and Control guidance. As such we will initially operate on a reduced capacity basis however this will be reviewed on an ongoing basis as we build up to full capacity delivery for our much valued support service.</p>
	<p>COVID Update</p>
	<p><u>Updates since last IJB</u></p>
	<p><u>Guidance</u></p>
	<p><u>Managing Health & Social Care Staff with symptoms of a Respiratory Infection, or a positive COVID-19 Test</u></p>
	<p>Self-isolation guidance for health and social care staff has evolved throughout the pandemic to reflect the latest clinical and public health advice and rollout of the vaccination programme. New guidance has now been issued for H&SC staff with symptoms of respiratory infection, or a positive COVID-19 test and for staff who have a household member or overnight contact who has tested positive for COVID-19.</p> <p>This new guidance applies from 1 May and contact tracing of staff will ended on 1 May 2022. The guidance applies to health and social care staff and volunteers in Scotland who work with patients and service users in face-to-face settings. If these staff have symptoms of a respiratory infection, a high temperature or do not feel well enough to attend work, they are advised to take an LFD test, as soon as they feel unwell and report the results to their line manager. They should follow the advice in this guidance for those with symptoms if the test is negative, and for those with a positive test, if the test is positive.</p> <p>If staff live in the same household, or have stayed overnight in the same household as someone with a positive COVID-19 test, they should notify their line manager and discuss ways to minimise risk of onwads transmission.</p> <p>All other health and social care staff should follow the updated 'Stay at Home' advice Stay at Home guidance for the general population.</p>
	<p><u>Asymptomatic COVID-19 Testing</u></p>
	<p>All non-patient facing healthcare workers (HCW) have now ceased routine workplace asymptomatic testing.</p> <p>Following discussions at the April COVID-19 Nosocomial Review Group (CNRG) and subsequent agreement by Cabinet Secretary for Health and Social Care, only patient facing staff (including patient facing primary care staff) continue to lateral flow device (LFD) test twice weekly. All patient facing staff will be reminded to record LFD results (positive, negative and void) on the portal Welcome - COVID Testing Portal (service-now.com). Care Home staff continue to also access weekly PCR testing.</p> <p>For more information on the above, can be found on webpage, Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland - gov.scot (www.gov.scot).</p>

	<p><u>Care Home Settings – Information and Guidance</u></p>
	<p>Public Health Scotland has published the updated COVID-19: information and guidance for care home settings (for older adults) version 2.9.</p> <p>The guidance has been updated to reflect key changes in COVID-19 policy in place from 1 May 2022 and the publication of the Director’s Letter (2022) 12 on 29 April 2022.</p> <p>Key changes for information and guidance for care home settings published 3 May 2022 includes:</p> <ul style="list-style-type: none"> • The self-isolation period for residents who are cases (confirmed or possible) in the care home has reduced from 10 days to a minimum of 5 days. This is provided the resident is well and has been fever free for 48 hours without the use of anti-pyretics. The reduction in previous self-isolation from 10 days to a minimum of 5 days is in recognition of the less severe presentation of COVID-19 in care home residents in recent months and redresses the balance in risk of harm from a now less fatal infection to the potential harm of prolonged isolation. • The routine identification of contacts of confirmed COVID-19 cases will no longer be undertaken by Test and Protect. There is generally no requirement for care homes or the local Health Protection Team to undertake contact tracing and the former testing and isolation requirements for contacts are not recommended. However, both staff and residents should notify care home management if they are aware that they have been in close contact with a COVID-19 case and should remain vigilant to the development of symptoms.
	<ul style="list-style-type: none"> • Testing for admission purposes to the care home (admission from hospital or from the community) previously advised only PCR testing should be undertaken however, the guidance has been updated to advise either a PCR or LFD test can be used for admission testing. • Guidance on managing Health and Social Care Staff with symptoms of a respiratory infection, or a positive COVID-19 test as outlined in the Director’s Letter (2022) 12 published 29th April 2022 has been reflected in the updated PHS care home settings guidance. In particular, all care home staff should adhere to this Scottish Government guidance, since it relates to all staff in the physical setting of care homes where there is face-to-face contact with service users. • To note that all guidance can be revised by exception by a local Health Protection Team when managing an outbreak, according to the specific circumstances being dealt with. <p>NHS Ayrshire and Arran have established a SLWG to work through the new testing processes for care home for symptomatic residents and for pre-admissions from the community, North Ayrshire are represented on this group.</p>
	<p><u>Vaccinations</u></p>
	<p><u>Vaccination Drop-ins/Spring Booster</u></p>
	<p>NHS Ayrshire and Arran continues to hold additional drop-in vaccination sessions for first, second and first booster doses of the vaccine throughout Ayrshire. Drop-ins will run from 8.30am to 5.30pm and locations of the vaccination centres can be found on</p>

	<p>the NHS A&A website. Booster vaccines can also be booked online. Find out more on the NHS Inform website.</p> <p>An additional Spring Booster is now being offered to help reduce the risk for those disproportionately affected by coronavirus – those aged 75 and above, residents in care homes for older adults and those aged 12 and over with weakened immune systems.</p> <p>If you are in an eligible group for the Spring Booster, you will be contacted by the NHS about your appointment once you are due it. Visit the vaccine section of the NHS Inform website to find out more.</p>
	Given where we are in the pandemic response this Covid-19 update will be the last routine update as part of the Director's report, any pertinent information or changes in guidance or approach will be included as part of the standard report.
	<u>Anticipated Outcomes</u>
	N/A
	<u>Measuring Impact</u>
	N/A
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	x
	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 Caroline Cameron, Director/Chief Officer on 01294 317723 or carolinecameron@north-ayrshire.gov.uk



Integration Joint Board 16 June 2022

Subject: **2021-22 – Year End Performance**

Purpose: To provide an overview of the IJB's financial performance for the year ended 2021-22 and the implications for the IJB's overall financial position including an update on the financial impact of the Covid-19 response.

Recommendation: It is recommended that the IJB:

- (a) notes the overall integrated financial performance for the financial year 2021-22 and the overall year-end underspend of £21.148m, adjusted to £2.916m after earmarking;
- (b) notes the updated costs of the Covid response and the funding received;
- (c) notes that out-with the IJB overall position, the £1.486m debt repayment has been made to North Ayrshire Council as planned;
- (d) approve the budget changes outlined at section 2.11; and
- (e) approve the proposed earmarking of £18.232m of reserves as detailed in the report, leaving a balance of £2.916m in free general fund reserves

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

1.	EXECUTIVE SUMMARY
1.1	This report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2021-22. The outturn is an overall year-end underspend of £21.148m, which when adjusted for new earmarked reserves of £18.232m is reduced to £2.916m.

1.2	<p>The last reported position to the IJB in March 2022 highlighted a projected underspend of £1.780m post earmarking assumptions. This favourable movement of £1.136m is mainly due to increased payroll turnover and the impact of the lead partnership recharges.</p> <p>The £10.247m of Covid-19 funding has been fully allocated to the appropriate service areas, reflecting the final true outturn position for each service outwith the Covid impacts.</p> <p>Projecting the IJB financial position continued to be challenging during 2021-22 as service levels fluctuated due to the ongoing impact of the pandemic. The additional costs associated with Covid were monitored alongside the risk that these costs may not be fully funded. These challenges will continue into 2022-23 but to a lesser extent.</p>
1.3	<p>The main areas of pressure continued to be within learning disability care packages, residential placements for children and Unplanned Activities (UnPACs) within the lead partnership for mental health. The delivery of an overall underspend has allowed the IJB to repay £1.486m of the debt to North Ayrshire Council as planned.</p>
1.4	<p>The final unaudited IJB outturn position is adjusted to reflect the impact of Lead Partnership services. In line with the current risk sharing agreement for lead partnership services, an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years. The underspend in relation to North Lead Partnership services for Mental Health is not fully attributed to the North HSCP as a share has been allocated to East and South HSCPs, similarly the impact of the outturn on East and South led services has been shared with North.</p>
1.5	<p>Financial balance has been achieved in 2021-22 and significant progress has been made to ensure the ongoing financial sustainability of the IJB. There is additional investment as part of the 2022-23 budget and there are earmarked funds being carried forward for use in 2022-23.</p>
2.	2021-22 UNAUDITED BUDGET OUTTURN POSITION
2.1	<p>The report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2021-22.</p> <p>The report includes the following:</p> <ul style="list-style-type: none"> • Explanations of main areas of variance; • Update on progress with savings delivery; • Budget changes requiring IJB approval; • Impact of the outturn on IJB reserves position; • Lead partnerships and the impact of risk sharing; • Detail of the funding and costs of the Covid-19 response; and

2.2	FINANCIAL OUTTURN
	<p>Against the full-year budget of £294.400m there is a reported underspend of £2.916m. The Integration Scheme outlines that there is an expectation that the IJB take account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of an underspend of £1.889m in social care services and an underspend of £1.027m in health services. This position is after the earmarking of funds for use in future years.</p> <p>Appendix A provides the financial overview of the partnership position, this details the outturn on an HSCP managed basis, on an IJB delegated basis (following Lead Partnership recharge adjustments) and the final adjusted outturn position after accounting for new earmarked reserve balances.</p> <p>The sections that follow outline the significant variances in service expenditure compared to the approved budgets.</p>
2.3	Health and Community Care Services
	<p>Against the full-year budget of £81.840m there is an underspend, pre-earmarking, of £4.211m (5.1%) and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are underspent by £0.447m after applying £0.278m of Covid funding.</p> <p>The budgeted number of permanent placements is 790 and at month 12 there were 736 placements.</p> <p>The level of income recovered from charging orders was under recovered during 2021-22 by £0.236m. This is included in the overall projected underspend of £0.278m above.</p> <p>b) Care at home was online after applying £2.253m of funding for additional capacity for Covid and Winter Planning. Bank staff are being offered contracts and additional staff are being recruited for the in-house service. Additionally, the capacity for care at home will continue to grow to meet the increase in demand for the service; this is part of our longer-term ambition to shift the balance of care and will be funded through the recently announced Scottish Government funding for Care at Home capacity (see para 2.8 below).</p> <p>c) Direct Payments are online after applying £0.274m of the recently announced funding to enhance care at home capacity.</p> <p>d) Residential Placements are overspent by £0.279m. The overspend is due to placements transferring from adult to older people services, new packages and increases to existing packages.</p> <p>e) Adaptations are overspent by £0.202m. Spend was higher due to increasing demand combined with increased costs due to supply issues. The majority of the overspend relates to the purchase and installation of stairlifts.</p>

	<p>f) Carers Act funding underspent by £1.114m. Charges for respite were waived per the IJB 2021-22 budget paper recommendation and a contribution was made to the increased capacity for children's respite at Roslin House.</p> <p>g) Day Care for Older People underspent by £0.363m as vacancies have been held whilst the service has been closed due to Covid and the unachieved saving of £0.050m is assumed to be Covid funded.</p> <p>h) Anam Cara is online after applying £0.181m of the Scottish Government funding for interim care.</p> <p>i) District Nursing is overspent by £0.124m due to an overspend on supplies.</p> <p>j) Rehabilitation wards are overspent by £0.067m (Redburn ward £0.224m overspent and Douglas Grant £0.157m underspent). The overspend at Redburn is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.</p> <p>k) Scottish Government Funding has underspent by £2.238m (Care at Home Capacity £1.192m and Interim care £1.046m) and this will be earmarked for use in 2022-23.</p>
2.4	<p>Mental Health Services</p> <p>Against the full-year budget of £88.742m there is an underspend of £7.251m (8.2%). The main variances are:</p> <p>a) Learning Disabilities are overspent by £0.214m. The main variances are:</p> <ul style="list-style-type: none"> • Care Packages (including residential and direct payments) - overspends of £0.314m in community care packages, £0.243m in direct payments and £0.468m for residential placements. <p>Community Learning Disability Care packages have been one of the most challenging areas to address overspends and to project spend. This is partly due to the impact of services still remobilising in the earlier part of the year and also the impact of the roll out of the CM2000 call monitoring system. The data from CM2000 will be reported back to the service to allow them to see where care has deviated from the planned level and focus reviews to those areas.</p> <ul style="list-style-type: none"> • Purchased day care has underspent by £0.153m as day care services have not fully remobilised. • In house day care underspent by £0.473m as a result of reduced service provision due to Covid restrictions and the ongoing service redesign and staffing model changes. • Trindlemoss – non-employee costs were £0.289m underspent due to lower maintenance costs and utility costs than budgeted. This was partly due to the swimming pool being non-operational during this period. These budgets will be

reviewed during 2022-23 to establish what the normal running costs would be when the facility is fully operational.

- b) Community Mental Health services underspent by £0.650m; included within this is an underspend of £0.591m in community packages (including direct payments) and an overspend of £0.072m for residential placements.
- c) Addiction services underspent by £0.577m but £0.543m of this relates to the Alcohol and Drugs Partnership (ADP) underspend which will be earmarked for use in 2022-23.
- d) The Lead Partnership for Mental Health was £6.238m underspent (pre-earmarking) and the main variances are as follows:
 - An overspend in Adult Inpatients of £0.111m mainly due to staff in redeployment following the closure of the Lochranza ward. There was also reduced bed sale income of £0.130m but this was covered by Covid-19 funding.
 - UNPACS overspend by £0.864m which includes a backdated charge for a patient in the state hospital. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. This can necessitate an UNPlanned ACTivities (UNPACS) placement with a specialist provider which can be out-of-area. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
 - An underspend in MH Pharmacy of £0.086m due reduced pharmacy spend in the wards.
 - Learning Disability Services overspent by £0.562m. This is mainly due to high usage of supplementary staffing, cross-charging against this budget for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increased and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time.
 - Daldorch charging income under recovered by £0.156m. Previously income was received from other Health Boards for out of area Children/Young Persons attending Daldorch but the service has been redesigned and is no longer chargeable as it is not an education provider. This was approved as a pan Ayrshire pressure as part of the 2022-23 budget which means it will not be a recurring overspend in 2022-23.
 - The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There was an over-recovery of the vacancy savings target of £1.875m in 2021-22, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Turnover Achieved to March 2022	£2.275m
Over/(Under) Achievement	£1.875m

	<p>The main areas contributing to this vacancy savings position are noted below:</p> <ul style="list-style-type: none"> • Adult Community Health services £0.167m • Elderly Inpatients £0.257m • CAMHS £0.598m • Mental Health Admin £0.304m • Psychiatry £0.332m • Psychology £0.565m • Associate Nurse Director £0.052m
2.5	<p>Children and Justice Services</p>
	<p><u>Children's Services</u></p> <p>Against the full-year budget of £36.579m there is an overspend of £1.239m (3.4%). The main variances are:</p> <p>a) Care Experienced Children and Young People overspent by £1.476m. The main areas within this are noted below:</p> <ul style="list-style-type: none"> • Children's residential placements overspent by £2.202m prior to Covid funding and overspent by £1.261m after £0.941m of Covid funding. We started 21/22 with 17 placements (which included 1 in Secure) but this had increased to 20 by the end of the year. • Fostering placements underspent by £0.214m based on the budget for 131 places and 117 actual placements (of which 6 are Covid related and are funded through the Covid-19 mobilisation plan) since the start of the year. Recruitment of foster carers is an active priority for the team, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service. This is promoted through regular targeted recruitment campaigns, community awareness raising and daily presence on various social media platforms. Our active recruitment strategy is gaining some interest and we are actively pursuing a number of enquiries as a result. • Fostering Xtra placements underspent by £0.156m after £0.086m of Covid funding. There was budget for 33 placements and there were 26 actual placements since the start of the year. • Private Fostering placements overspent by £0.131m based on the budget for 10 placements and 16 actual placements since the start of the year. • Kinship placements overspent by £0.099m based on the budget for 353 places and 355 actual placements since the start of the year. The number of placements was higher during the first six months of the year hence the level of overspend. • Adoption placements overspent by £0.099m based on the budget for 57 places and 68 actual placements since the start of the year. <p>b) Children with disabilities – residential placements underspent by £0.059m based on 7 placements at the year end.</p> <p>c) Residential respite – placements overspent by £0.598m due to short-term placements continuing longer than previously projected. These short-term placements are used to prevent an admission to full residential care.</p> <p>d) Transport costs – underspent of £0.061m due to less mileage being incurred.</p>

	<p><u>Justice Services</u></p> <p>Against the full-year budget of £2.385m there was an underspend of £0.005m (0.002%) within the MAPPA service. This underspend is not included in the overall projection as it will need to be paid back to the Scottish Government as a ring-fenced grant.</p>
2.6	<p>ALLIED HEALTH PROFESSIONALS (AHP)</p>
	<p>AHP services are underspent by £0.082m due to underspends in non-employee costs.</p>
2.7	<p>MANAGEMENT AND SUPPORT</p>
	<p>Management and Support Services are underspent by £11.454m pre-earmarking. The main areas of underspend are:</p> <ul style="list-style-type: none"> • Covid funding of £8.597m which will be earmarked and carried forward for use against 22/23 costs. • £0.353m relates to funding set aside for unscheduled care. £0.277m of this funding is uncommitted and £0.076m relates to the enhanced hospital social work team only incurring part year costs. • There is also an over-recovery of payroll turnover of £1.259m (£0.729m for health services and £0.530m for social care) as outlined in para 2.9 below. • Slippage of £0.717m in funding set aside for transition packages and the balance of funding from the living wage allocation. • Underspends on Scottish govt funding of £0.934m which will be earmarked and carried forward for use in 22/23.
2.8	<p>ADDITIONAL SCOTTISH GOVERNMENT FUNDING</p>
	<p>The Scottish Government confirmed on 5 October 2021 a range of measures and new investment that is being put in place to help protect health and social care services over the winter period, and to provide longer term improvement in service capacity across health and social care systems.</p> <p>This funding is predicated on four key principles:</p> <ul style="list-style-type: none"> • Maximising Capacity. • Ensuring Staff Wellbeing. • Ensuring System Flow and • Improving Outcomes. <p>On 4th November, the Scottish Government announced additional funding to support this. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response.</p> <p>Specifically it covers the areas below but the Scottish Government have confirmed that there will be flexibility across the funding streams:</p>

	NAHSCP Share 21/22 (£m)	21/22 underspend earmarked for use in 22/23 (£m)
Interim care arrangements*	1.109	1.046
Enhanced care at home capacity	1.719	1.060
Increase hourly rate to £10.02 for adult social care staff employed by commissioned providers	0.866	-
Enhancing Multi-Disciplinary Teams (MDTs)	0.644	0.644
TOTAL	4.338	2.750

*non-recurring beyond 2022/23.

The underspend on these additional Scottish Government funds at the year-end has been earmarked and held in reserve for use in 2022/23. Detailed spending plans are currently being developed to utilise these non-recurring funds.

2.9 **Turnover/Vacancy Savings**

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

	Social Care	Health Services
Vacancy Savings Target	(2.014m)	(0.655m)
Achieved to March 2022	2.544m	1.384m
Over/(Under) Achievement	0.530m	0.729m

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

- Locality Services £0.480m
- Care experience young people £0.386m
- Community Care service delivery £0.300m
- Irvine, Kilwinning & 3 Towns £0.156m

There have been no intentional plans during the pandemic to pause or delay recruitment and services have actively continued to recruit, in some areas this has proven difficult to fill posts.

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

2.10

Savings Progress

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

BRAG Status	Position at Budget Approval £m	Position at Month 12 £m
Red	-	0.552
Amber	0.204	0.050
Green	2.324	-
Blue	-	1.926
TOTAL	2.528	2.528

b) The main areas to note are:

i) Red savings of £0.450m relating to reducing children’s residential placements, £0.066m adoption allowances and £0.036m external fostering placements, all of which overspent.

ii) Whilst all savings remain on the plan to be delivered in 22-23 there are delays with some savings with delays in implementation due to Covid-19, for example the savings in relation to day care for adults and older people. These savings of £0.138m are noted as blue as they were achieved through vacancies rather than service design funded by Covid funding.

iii) The confidence with some savings reduced since the budget was set due to the ongoing impact of Covid-19, for example Care at Home related savings. These savings been superseded by the additional Scottish Government Funding.

Appendix C provides the final BRAG status around the deliverability of each saving.

The unachieved savings due to Covid-19 have been reflected in the final outturn position as the savings delays were compensated with additional Covid funding. The delays were included in the mobilisation plan return to the Scottish Government.

2.11

Budget Changes

The Integration Scheme states that *“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.... without the express consent of the Integration Joint Board.”*

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

Reductions Requiring Approval:

- : Training grade adjustment £0.014m
- : Dundonald GP admin to Primary Care £0.004m
- : North ABI to East HSCP £0.009m
- : NSAIS Overclaimed Funding £0.634m
- : Douglas Grant Admin to Acute £0.010m

2.12	NHS – Further Developments/Pan Ayrshire Services
	<p><u>Lead Partnerships:</u></p> <p>The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis; this position is currently the default pending further work to develop a framework to report the financial position and risk sharing across the 3 Partnerships in relation to hosted or lead service arrangements, which has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The final outturn in relation to North Lead Partnership services is not fully attributed to the North IJB as a share is allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services will require to be shared with North. At Month 12 the MH lead partnership was underspent by £6.238m pre-earmarking (£1.939m NRAC share for East and £1.751m for South).</p> <p>East HSCP – Underspend of £8.708m (£2.948m NRAC share for NA IJB). The main areas of variance are:</p> <p><u>Primary Care and Out of Hours Services (Lead Partnership)</u></p> <p>On a managed services basis, there is an underspend of £8.350m on the Primary Care Lead Partnership budget. This includes an underspend of £5.749m on the Primary Care Improvement Fund which has been earmarked for carry-forward on an actual spend basis at individual IJB level. The £1.690m underspend in Dental services includes savings due to reduced service provision with an anticipated increase in staffing costs going forward. This underspend includes additional funding allocations for Practice Improvements (£0.715m) and Winter Preparedness (£0.347m), both of which have been earmarked for carry-forward on an individual IJB basis. There are reduced costs of £0.395m in Ayrshire Urgent Care Services (AUCS) due to vacancies within the service, as well as a reduction in the number of sites used for part of the year, resulting in a reduction in GP costs. The level of GP activity will continue to be closely monitored going forward.</p> <p><u>Prison and Police Healthcare (Lead Partnership)</u></p> <p>The £0.351m underspend is largely due to net staffing savings. In addition, the medical contracts at both Prison and Police have reduced and is contributing to the underspend. The underspend includes RMP4 funding £0.105m which has been earmarked for carry-forward within the IJB Reserve.</p> <p>South HSCP – overspend of £0.061m (£0.022m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store of £0.143m and continence service of £0.043m offset by vacancies in the Family Nurse Partnership of £0.113m.</p>

	<p><u>Set Aside:</u></p> <p>The budget for set aside resources for 2021/22 is in line with the amount for 2020/21 (£33.054m) inflated by the 2.8% baseline uplift. The 2020/21 value was based on 2019/20 activity as 2020/21 was not considered representative.</p> <p>At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each Partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however, and 2021/22 activity was not representative either due to the ongoing pandemic. Notwithstanding this a method of capturing up to date local activity and pricing it for set aside calculations is now in place, subject to IJB review and refinement. Quarterly updates were issued throughout the year.</p> <p>The annual budget for Acute Services is £383.9m. The directorate is overspent by £3.4m, caused by increasing overspends on agency medical and nursing staff, as well as overtime and bank usage. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland at present.</p> <p>There is a material underlying deficit caused by:</p> <ul style="list-style-type: none"> • Unachieved efficiency savings • High expenditure on medical and nursing agency staff, high rates of absence and vacancy causing service pressure • High numbers of delayed discharges
	COVID-19 – FINANCE MOBILISATION PLAN IMPACT
2.13	Summary of position
	<p>From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis during 2020-21, on the premise that any additional costs aligned to mobilisation plans would be fully funded and this process continued during 2021-22. There was a risk that if the full cost of the Covid-19 response was not funded that the IJB may require to recover any overspend in-year however, the final Scottish Government funding covered all 2021-22 costs and allowed for a further £8.579m of funding to be carried forward to 2022-23 for future Covid-19 costs.</p>
2.14	Mobilisation Plan
	<p>The initial 2021-22 mobilisation plan cost submission was submitted in February 2021 and estimated the costs to be £5.481m to March 2022. By quarter 4 these costs had increased to £10.247m.</p> <p>The local finance mobilisation plan submission is included as Appendix E. The main areas of cost together with the movement over the period are summarised below:</p>

Service Area	Initial 2021-22 Return £m	Quarter 1 Update £m	Quarter 2 Update £m	Quarter 3 Update £m	Quarter 4 Update £m
Payments to Providers	0.750	2.421	2.119	2.854	3.002
PPE	2.000	2.000	0.581	0.472	0.453
Additional Staff	1.459	1.901	3.704	3.309	4.448
Mental Health	1.172	1.172	0.000	0.000	0.000
Loss of Income	0.100	0.430	0.480	0.569	0.700
Unachieved Savings	-	0.138	0.138	0.138	0.138
Children & Families	-	-	0.949	0.914	1.157
Other Areas	-	0.217	0.396	0.594	0.349
TOTAL	5.481	8.279	8.367	8.850	10.247

The main reason for the increase in costs at quarter 4 was increased staff costs which reflects the higher level of absence due to the Omicron covid outbreak.

2.15 Covid-19 Funding Position

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

The Scottish Government provided a funding allocation in February 2022 which brought the funding up to 100% of costs. On this basis the overall financial risk to the IJB for 21-22 was fully mitigated.

2.16 Provider Sustainability Payments and Care Home Occupancy Payments

COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met. We have been making payments to commissioned social care providers in line with the agreed national principles for sustainability and remobilisation payments to social care providers during COVID 19.

Care Home Occupancy Payments - we have engaged with older people's care homes in relation to care home occupancy payments and make regular monthly payments to care home providers with emergency faster payments being made if required. The Scottish Government ceased these payments at the end of October 2021, although additional financial support can still be provided where a Care Home is in a Covid outbreak situation for more than 28 days.

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

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

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

Providers in North Ayrshire are not all strictly adhering to these timescales, and we have received some backdated claims; the commissioning team are working with providers to support them to submit claims. The tables below show the support provided to date and the outstanding claims as at the end of March.

The current financial sustainability principles (excluding care home occupancy payments), guidance and criteria have now been extended until 30th June 2022.

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	49	66
Number contacting NAC	17	30	47
Providers Supported to date	17	17	34

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	3	5	8
Value of Claims	49,635	175,485	225,120

SUPPORT PROVIDED	NCHC Care Homes	Other Services	TOTAL
	£	£	£
Occupancy Payments*	1,143,507	0	1,143,507
Staffing	891,320	136,691	1,028,011
PPE, Infection Control	519,722	94,053	613,774
Other	163,090	54,016	217,105
TOTAL	2,717,639	284,760	3,002,397

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

- Understanding the reasons why care cannot be delivered, only Covid related impacts can be funded through sustainability payments;
- The 'planned care' approach of continuing to pay for undelivered care has been removed and providers and HSCPs will be required to explore opportunities for creatively delivering services in a different way, temporarily re-deploy staff into other HSCP services (voluntarily), where this is not possible providers will be required to access national supports in the first place, including the potential to furlough staff;
- Where payment for undelivered care is agreed as the only option this will be at a reduced level depending on the type of service, for example for care homes subject to the NCHC occupancy payments will be made at 80% of the rate for all vacancies, this is dependent on care homes continuing to admit new residents where it is clinically safe to do so;
- The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and
- Additional reasonable costs that are incurred as a result of Covid which cannot be covered from other funding sources will be reimbursed, including for example PPE, infection prevention control and additional staffing costs.

2.17 RESERVES

The IJB reserves position is outlined in the table below.

	General Fund Reserves		Earmarked Reserves		Total
	Debt to NAC £m	Free GF £m	SG Funding £m	HSCP £m	£m
Opening Balance - 1 April 2021	(3.807)	4.151	5.487	0.681	6.512
Prior Year Adjustment	-	-	1.245	-	1.245
Revised Opening Balance	(3.807)	4.151	6.732	0.681	7.757
<i>Movement in-year:</i>					
Debt Repayment	1.486				1.486
2021-22 Outturn		3.097		(0.181)	2.916
Use of SG Funding			(1.159)		(1.159)
SG Funding – Earmarking per Appendix B			17.447		17.447
Non-SG Funding – Earmarking per Appendix B				0.785	0.785
Balance at 31 March 2022	(2.321)	7.248	23.020	1.285	29.232

The 'free' general fund balance of £7.248m is held as a contingency balance, this equates to around 2.5% of the IJB budget for 2021-22 which falls within the good practice level of between 2% and 4%.

The £1.486m will continue to be set aside in future years to support the repayment of the debt.

3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<p>The final outturn position for 2021-22 and the work services have undertaken to ensure financial balance during the pandemic are the building blocks for financial sustainability moving into 2022-23.</p> <p>The focus during the year was to ensure the final outturn position was at online for core service delivery whilst closely monitoring the additional Covid costs.</p> <p>This was achieved and the overall debt owed to the Council has reduced.</p> <p>The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line, including the impact of the Covid response financially and on the delivery of the transformation plan.</p>
3.2	<u>Measuring Impact</u>
	The position reported is the unaudited year-end outturn position for 2021-22, further information will also be contained within the unaudited IJB annual accounts. Ongoing updates to the financial position including the reserves position will be reported to the IJB throughout 2022-23.
4.	IMPLICATIONS
Financial:	The outturn is a year-end underspend of £2.916m after earmarking £18.232m of funds for future use and this is also after £1.486m of debt repayment budget back to the Council. The main areas of overspends and underspends are highlighted in the report.
Human Resources:	The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	<p>Within the projected outturn there are various over and underspends including the non-achievement of savings.</p> <p>There is a review of aged debt being undertaken and this could have an adverse impact on the final outturn position.</p>
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	√

5.	CONSULTATION
5.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>
6.	CONCLUSION
6.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance for the financial year 2021-22 and the overall year-end underspend of £21.148m, adjusted to £2.916m after earmarking;</p> <p>(b) notes the updated costs of the Covid response and the funding received;</p> <p>(c) notes that out-with the IJB overall position, the £1.486m debt repayment has been made to North Ayrshire Council as planned;</p> <p>(d) approve the budget changes outlined at section 2.11; and</p> <p>(e) approve the proposed earmarking of £18.232m of reserves as detailed in the report, leaving a balance of £2.916m in free general fund reserves.</p>

For more information please contact:

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2021-22 Budget Monitoring Report–Objective Summary as at 31st March 2022

Appendix A

Partnership Budget - Objective Summary	2021/22 Budget									Over/ (Under) Spend Variance at Period 10	Movement in projected variance from Period 10
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	64,253	59,935	(4,318)	17,587	17,694	107	81,840	77,629	(4,211)	(1,413)	(2,798)
: Locality Services	26,225	24,813	(1,412)	5,348	5,493	145	31,573	30,306	(1,267)	47	(1,314)
: Community Care Service Delivery	31,677	29,848	(1,829)	0	0	0	31,677	29,848	(1,829)	(555)	(1,274)
: Rehabilitation and Reablement	1,768	1,866	98	1,745	1,726	(19)	3,513	3,592	79	148	(69)
: Long Term Conditions	2,561	1,458	(1,103)	8,269	8,502	233	10,830	9,960	(870)	(834)	(36)
: Integrated Island Services	2,022	1,950	(72)	2,225	1,973	(252)	4,247	3,923	(324)	(219)	(105)
MENTAL HEALTH SERVICES	27,054	26,147	(907)	61,688	55,344	(6,344)	88,742	81,491	(7,251)	31	(7,282)
: Learning Disabilities	19,608	19,829	221	479	472	(7)	20,087	20,301	214	1,069	(855)
: Community Mental Health	5,125	4,543	(582)	1,700	1,632	(68)	6,825	6,175	(650)	(365)	(285)
: Addictions	2,321	1,775	(546)	1,416	1,385	(31)	3,737	3,160	(577)	(23)	(554)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	58,093	51,855	(6,238)	58,093	51,855	(6,238)	(650)	(5,588)
CHILDREN & JUSTICE SERVICES	32,488	33,741	1,253	4,091	4,077	(14)	36,579	37,818	1,239	1,319	(80)
: Irvine, Kilwinning and Three Towns	3,597	3,554	(43)	0	0	0	3,597	3,554	(43)	(53)	10
: Garnock Valley, North Coast and Arran	1,991	1,954	(37)	0	0	0	1,991	1,954	(37)	(49)	12
: Intervention Services	1,686	1,657	(29)	332	332	0	2,018	1,989	(29)	(5)	(24)
: Care Experienced Children & Young people	21,370	22,846	1,476	0	0	0	21,370	22,846	1,476	1,570	(94)
: Quality Improvement	1,170	1,145	(25)	0	0	0	1,170	1,145	(25)	(148)	123
: Public Protection	0	0	0	0	0	0	0	0	0	0	0
: Justice Services	2,384	2,385	1	0	0	0	2,384	2,385	1	0	1
: Universal Early Years	290	200	(90)	3,311	3,275	(36)	3,601	3,475	(126)	4	(130)
: Lead Partnership NHS Children's Services	0	0	0	448	470	22	448	470	22	0	22
PRIMARY CARE	0	0	0	50,073	50,047	(26)	50,073	50,047	(26)	0	(26)
ALLIED HEALTH PROFESSIONALS			0	6,853	6,771	(82)	6,853	6,771	(82)	(95)	13
COVID NHS	0	0	0	2,132	2,005	(127)	2,132	2,005	(127)	0	(127)
MANAGEMENT AND SUPPORT COSTS	23,654	13,843	(9,811)	4,527	2,884	(1,643)	28,181	16,727	(11,454)	(1,437)	(10,017)
OUTTURN ON A MANAGED BASIS	147,449	133,666	(13,783)	146,951	138,822	(8,129)	294,400	272,488	(21,912)	(1,595)	(20,317)
Return Hosted Over/Underspends East	0	0	0	0	1,735	1,735	0	1,735	1,735	211	1,524
Return Hosted Over/Underspends South	0	0	0	0	1,569	1,569	0	1,569	1,569	200	1,369
Receive Hosted Over/Underspends South	0	0	0	0	22	22	0	22	22	8	14
Receive Hosted Over/Underspends East	0	0	0	0	(1,092)	(1,092)	0	(1,092)	(1,092)	(604)	(488)
Allocation of PCIF from East	0	0	0	0	(1,856)	(1,856)	0	(1,856)	(1,856)	0	(1,856)
Allocate the Action 15 underspend to East	0	0	0	0	204	204	0	204	204	0	204
Allocate the Action 15 underspend to South	0	0	0	0	182	182	0	182	182	0	182
OUTTURN ON AN IJB BASIS	147,449	133,666	(13,783)	146,951	139,586	(7,365)	294,400	273,252	(21,148)	(1,780)	(19,368)
Less Earmarking (detailed separately on Appendix A (i))		11,894	11,894		6,338	6,338		18,232	18,232		
FINAL OUTTURN POSITION	147,449	145,560	(1,889)	146,951	145,924	(1,027)	294,400	291,484	(2,916)	(1,780)	(1,136)

EARMARKED FUNDS – CARRIED FORWARD FOR USE IN 2022-23

Appendix B

Earmarked Funds - SG Funding	£ 000's
: Alcohol & Drug Partnership	554
: Action 15	511
: PCIF	1,856
: Covid-19 Funding	8,597
: MHO Development Grant	41
: Care at Home Capacity	1,192
: Interim Care	1,046
: Trauma Training	50
: Family Wellbeing Fund	106
: Unaccompanied Asylum-Seeking Children	11
: MDTs	644
: Health Care Support Workers	144
: MH Recovery and Renewal	2,057
: AHP Winter Funding	51
: Cossette Funding	18
: Expansion of Primary Care Estates	55
: GP Premises Improvements - tranches 1 and 2	81
: Mental Health Wellbeing in Primary Care	40
: Dental Practice Improvement	265
: Dental Winter Preparedness	128
Total Earmarked Funds - SG Funding	17,447

Earmarked Funds - Other	£ 000's
: Neighbourhood Networks	145
: NAC Recovery and Renewal – Mental Health Element	71
: Joint Equipment	5
: Nethermain's Adaptations	40
: Supported Accommodation	50
: Trauma Trainer	48
: Perinatal MH Nurse	65
: Medical photography	4
: Data Sims	28
: School Nursing	56
: Buvidal	109
: Perinatal and Infant Mental Health	86
: Replacement Mattress Programme	78
Total Earmarked Funds - SG Funding	785
TOTAL EARMARKING	18,232

2021-22 Savings Tracker

Appendix C

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 12	Saving Delivered @ Month 12 £m	Delivered during Year £m	Shortfall £m
Children, Families & Criminal Justice							
1	Children and Young People - External Residential Placements	Green	0.450	Red	-	-	0.450
2	Adoption Allowances	Green	0.066	Red	-	-	0.066
3	Fostering - Reduce external placements	Green	0.036	Red	-	-	0.036
4	Community Support - Children's Care Packages	Green	0.008	Blue	0.008	-	-
Mental Health and LD Services							
5	Integration of LD/ MH Teams	Green	0.050	Blue	0.050	-	-
6	Learning Disability Day Services	Green	0.088	Blue	0.088	-	-
7	Mental Health - Flexible Intervention Service	Green	0.008	Blue	0.008	-	-
Health and Community Care							
8	Care Homes	Green	0.500	Blue	0.500	-	-
9	TEC Solutions	Green	0.150	Blue	0.150	-	-
10	Care at Home - Reablement Investment	Green	0.300	Blue	0.300	-	-
11	Care at Home - Review	Green	0.135	Blue	0.135	-	-
12	Day Centres - Older People	Green	0.050	Blue	0.050	-	-
13	Charging Policy - Montrose House	Green	0.050	Blue	0.050	-	-
Whole System							
14	Payroll Turnover Inflation	Green	0.057	Blue	0.057	-	-
15	Business Support Review	Green	0.150	Amber	0.100	-	0.050
16	Supprrted Accomodation	Amber	0.204	Blue	0.204	-	-
17	Transport	Green	0.050	Blue	0.050	-	-
18	Charging Policy - Inflationary Increase	Green	0.050	Blue	0.050	-	-
TOTAL SOCIAL CARE SAVINGS			2.402		1.800	0.000	0.602

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 12	Saving Delivered @ Month 12 £m	Delivered during Year £m	Shortfall £m
19	Payroll Turnover Inflation	Green	0.010	Blue	0.010	0	0
20	Elderly Mental Health inpatients (lead partnership)	Green	0.116	Blue	0.116	0	0
TOTAL HEALTH SAVINGS			0.126		0.126	0.000	0.000
TOTAL NORTH HSCP SAVINGS			2.528		1.926	0.000	0.602

2021-22 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			100.065
Base budget adjustments	1		(0.053)
Resource Transfer	1	P	21.086
BSL Budget Correction	2	P	(0.005)
941 x CAH O365 Licences (6 months)	2	P	(0.017)
Summer Play Funding	4	T	0.042
Education Contribution - Roslin House	5	T	0.311
MH INVESTMENT - EM FUNDS	5	T	0.445
Computer Lines Budget Transfer WAN	6	P	(0.002)
£500 Payment reimburse other departments	6	T	(0.054)
Commercial Waste - Corporate Adjustment	7	T	0.020
Occupational Health Recharges	7	P	(0.121)
Commercial Waste - Corporate Adjustment	8	T	0.007
Wages Uplift Funding - £10.02	9	T	0.866
Fin Circ 9/2021 Living Wage £9.50	9	T	0.861
Fin Circ 9/2021 MH Recovery and Renewal	9	T	0.068
Fin Circ 9/2021 Care at Home Winter Plan	9	T	1.719
Fin Circ 9/2021 Interim Care	9	T	1.109
National Trauma Training	9	T	0.050
Scottish Disability Assistance	9	T	0.028
Telephones - Corporate	9	P	(0.053)
Recovery & Renewal Funding - Eglinton Gardens transfer to Community Gardens	9	T	(0.040)
Internal Commerical Waste - Corporate	10	P	0.010
Recovery Development Worker DDTF	12	T	0.026
Whole Family Wellbeing	12	T	0.106
Telecare Fire Safety	12	T	0.028
Computer Equipment - Education funding bulk Laptop spend in Childrens service	12	T	0.027
21/22 Insurance Allocation	12	T	0.061
HSCP Funding	12	T	1.486
National Transfer Scheme - UASC	12	T	0.011
£500 pyt Income adj to Corporate	12	T	0.054
Resource Transfer Increase	12	P	19.304
Roundings	12	T	0.004
Budget Reported at Month 12			147.449
HEALTH	Period	Permanent or Temporary	£'m
Initial Approved Budget			154.659
Resource Transfer			(21.086)
Month 10-12 Adjustments			18.437
Adjust for Non recurring funding			(20.435)
Full Year effect of Part Year Reductions			(0.057)
RX Return to reserves			1.027
Additional 1.3% Uplift			1.324
RX Cres			(0.828)
REVISED 21-21 BUDGET			133.041

HEALTH	Period	Permanent or Temporary	£'m
Anticipate Trauma Funding	3	P	0.375
Anticipate Vet 1st Point - North Hscp	3	T	0.105
Anticipate Nsais Funding	3	P	0.634
Podiatry Re-align	3	P	0.678
RX Uplift 21.22	3	P	0.756
RX Uplift 21.22 NR	3	P	0.396
DOAC REVERSAL DRUG-NORTH	3	P	0.100
Funding transfer to Acute (Medical Records)	3	P	(0.034)
Specialist Pharmacist in Substance Misuse	3	P	0.012
Public Health Outcomes Bundle	3	P	0.242
Training Grade Funding	3	P	(0.044)
District Nursing Funding	3	P	0.119
Respiratory Rapid Response	3	P	(0.078)
Hd56 Action 15 Tranche 1	3	P	1.180
Hd69 Mat & Neo Psychol Interv	3	P	0.123
Hd70 Perinatal & Infant Mh	3	P	0.303
Hd7 Mh Recovery And Renewal	3	T	2.393
Hd8 Mh Support For Hosp Covid	3	T	0.103
North Hscp Covid Rmp3 M1-3	3	T	0.158
North Hscp Covid M1-3	3	T	0.034
Diabetes Prevention	4	T	0.040
Iona/Lewis Patient	4	T	(0.046)
North TEC contribution	4	T	(0.053)
ANP Allocation - MIN	4	T	0.020
Long Covid Funding	4	T	0.400
Covid-19 Service Funding North	4	T	0.283
Veterans 1st Point	4	T	0.028
Training Grade Funding	5	P	0.029
PCRS CRES	5	P	(0.044)
ADP Funding -Recurring	5	P	0.366
ADP Funding -Non-Recurring	5	T	0.744
Covid-19 Service Funding North	5	T	0.147
Training Grade Funding	6	P	0.001
Hd301-camhs Improve-ipcu	6	P	0.122
Hd302-camhs Improve-ihtt	6	P	0.148
Hd303-camhs Improve-ld, F & S	6	P	0.052
Hd304-camhs Improve-ooH U/care	6	P	0.086
Hd305-camhs Improve-liaison	6	P	0.129
Hd306-camhs Improve-neuro	6	P	0.226
Non Fatal O'dose Fr East	6	T	0.053
Hd264-emerg Covid-eat Disorders	6	T	0.328
Community Store Funding To Sth	6	P	(0.017)
Covid-19 Service Funding North	6	T	0.082
Training Grade Funding	7	P	(0.021)
GMS Premises to East	7	P	(0.140)
Community Store Funding To Sth-corr	7	P	(0.001)
Covid-19 Service Funding North	7	T	0.108
Winter Funding Excl Covid-19	7	T	0.112
Pay Award - Band 8A+	7	P	0.080

HEALTH	Period	Permanent or Temporary	£'m
MSK Physio and physio materials tfr to East	8	P	(0.008)
Covid-19 Service Funding North	8	T	0.136
Hd466 Psychological Therapies Funding	8	T	0.286
Hd369 Buvidal Funding	8	T	0.295
Covid-19 Service Funding North	8	T	0.016
Trauma 20/21 Underspent To Capital	8	T	(0.307)
Training Grade adjustment	8	P	0.037
Training Grade adjustment	9	P	0.032
Covid-19 Service Funding North	9	T	0.167
Training Grade adjustment	10	P	(0.013)
Early Years Health Promotion supplies funding from East	10	T	0.003
GMS LDS Transfer to East	10	T	(0.007)
Dist Nrs Bladder Scanners To Capital	10	T	(0.023)
Hd305 Camhs Tfr To Cap For Ward 1b	10	T	(0.082)
Hd595 Trauma Funding Uplift	10	P	0.023
Covid-19 Service Funding North	10	T	0.187
Min - North Infant Feeding	11	T	0.001
Hd Ref 484 Dementia Pds	11	T	0.095
Training Grade Adj - February	11	P	(0.014)
Hd Ref 663 Band 2-4 Staffing	11	P	0.175
CAHMS Admin from South HSCP	11	P	0.011
Hd305 Camhs Tfr To Cap For Ward 1b	11	T	0.082
Hd537 Med & Dent Pay Uplift - North	11	P	0.130
Hd778 Action 15 Tranche 2	11	P	1.430
Covid-19 Service Funding North	11	T	0.166
Covid-19 Service Funding North	11	T	0.271
Further Covid Funding - Social Care	11	T	14.237
Covid-19 Service Funding North	11	T	2.511
Hd Ref 275 Workforce Wellbeing Primary & Social Care	12	T	0.054
Hd Ref 375 Workforce Wellbeing Primary & Social Care	12	T	0.054
Dundonald GP Admin to Primary Care	12	P	(0.004)
Hd Ref 634 Acceleration Of Mdt Recruitment	12	T	0.089
Hd Ref 662 Multi-disciplinary Teams	12	T	0.555
Hd Ref 818 (mat)drug Death Taskforce	12	T	0.163
North Abi to East HSCP	12	T	(0.009)
Medical Discretionary Points	12	P	0.045
NSAIS Funding overclaimed	12	T	(0.634)
Douglas Grant Admin to Acute	12	P	(0.010)
Camhs Accommodation	12	T	0.300
Lead Rx Offset Sch 5 Overspend	12	T	0.563
Hd954 Camhs Accommodation	12	T	1.106
Apprenticeship Levy	12	T	0.294
Resource Transfer Increase	12	P	(19.304)
Roundings	12	T	(0.006)
Budget Reported at Month 12			146.951
TOTAL BUDGET AT MONTH 12			294.400

Mobilisation Submission – Quarter 4

Total Covid-19 Costs													
£000s	April	May	June	July	August	September	October	November	December	January	February	March	2021-22 Revenue Total
Additional PPE	167	167	167	0	0	0	(13)	(3)	(3)	(10)	(10)	(10)	451
Additional Capacity in Community	81	81	139	182	149	149	144	141	140	311	311	310	2,138
Additional Equipment and Maintenance	0	0	0	0	0	19	1	17	4	6	6	7	60
Additional Staff Costs	40	42	155	171	131	145	168	168	167	340	340	341	2,208
Additional FHS Contractor Costs	6	9	8	7	7	11	0	8	12	11	11	12	102
Social Care Provider Sustainability Payments	422	422	422	163	143	157	165	192	192	241	241	242	3,002
Children and Family Services	18	18	18	18	18	18	445	72	72	153	153	153	1,157
Loss of Income	50	50	50	33	33	33	91	48	47	87	88	89	700
Other	0	0	0	25	7	50	(37)	6	6	6	6	6	75
Total Covid-19 Costs	788	790	962	598	479	582	965	649	637	1,145	1,146	1,150	9,893
Unachievable Savings	23	23	23	23	23	23	0	0	0	0	0	0	138
Total Covid-19 Costs - HSCP - NHS	811	813	985	621	502	605	965	649	637	1,145	1,146	1,150	10,031
Total Remobilisation Costs													
£000s	April	May	June	July	August	September	October	November	December	January	February	March	2021-22 Revenue Total
Reducing Delayed Discharge	0	0	0	19	19	19	19	19	19	34	34	35	216
Total Remobilisation Costs	0	0	0	19	19	19	19	19	19	34	34	35	216
Total HSCP Costs	811	813	985	640	521	624	984	668	656	1,179	1,180	1,185	10,247

Integrated Joint Board
16 June 2022
Agenda Item No.

Subject: **Risk Management Strategy**

Purpose: To seek approval for the updated partnership risk management strategy

Recommendation: The IJB are asked to approve the risk management strategy detailed in Appendix 1.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
NAHSCP	North Ayrshire Health and Social Care Partnership
IJB	Integration Joint Board
PSMT	Partnership Senior Management Team
PAC	Performance and Audit Committee

1.	EXECUTIVE SUMMARY
1.1	The partnership's Risk Management Strategy outlines the process established to identify risk, evaluate the potential consequences and to support plans for the most effective method of controlling or responding to risks.
1.2	To ensure that the management of risk is integrated within the partnership, the process forms part of the partnership's governance framework. The Risk Management Strategy is due for review, having been put into place when the partnership was formed.
2.	BACKGROUND
2.1	The previous strategy was approved by the North Ayrshire IJB in June 2019 and the strategy needs to be reviewed every three years as a minimum.
2.2	The updated Strategy reflects the process for North Ayrshire with only minor presentational changes.
2.3	The Strategy includes a requirement for the preparation of a risk appetite statement and Strategic Risk Register which have already been approved by the IJB.

3.	PROPOSALS
3.1	It is proposed to approve the risk management strategy detailed in Appendix 1.
3.2	<u>Anticipated Outcomes</u>
	<p>The primary objectives of this strategy will be to:</p> <ul style="list-style-type: none"> ▪ promote awareness of risk and define responsibility for managing risk within the IJB; and ▪ establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review. <p>This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.</p>
3.3	<u>Measuring Impact</u>
	<p>The PSMT is responsible for providing assurance to the IJB that the Risk Management Strategy is being applied effectively across the Partnership.</p> <p>Reviewing the IJB's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.</p>
4.	IMPLICATIONS
Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Environmental & Sustainability:	None
Key Priorities:	Appropriate and effective risk management practice will deliver better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.
Risk Implications:	Failure to approve the report would result in a disconnect between the Risk Management Strategy and the partnership practice in relation to risk management.
Community Benefits:	None

5.	CONSULTATION
5.1	None.
6.	CONCLUSION

6.1	<p>The IJB are asked to:</p> <p>(a) Approve the risk management strategy detailed in Appendix 1.</p>

For more information please contact:

Paul Doak, Head of Finance and Transformation at pdoak@north-ayrshire.gov.uk or Eleanor Currie, Principal Manager – Finance at eleanorcurrie@north-ayrshire.gov.uk



North Ayrshire Integration Joint Board

Risk Management Strategy

Version No:	3.0
Prepared By:	Eleanor Currie, Principal Manager - Finance
Effective From:	17 th June 2022
Review Date:	18 th June 2025
Lead Reviewer:	Paul Doak, Chief Finance & Transformation Officer
Dissemination Arrangements:	

“This Strategy underpins the commitment to robust risk management within the North Ayrshire Health and Social Care Partnership and must be read in conjunction with NHS Ayrshire & Arran and North Ayrshire Council Risk Management Strategies” – Chief Officer

Version No.	3.0		
Date Effective:	17 June 2022	Review Date:	18 June 2025

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Email whatmatterstoyou@north-ayrshire.gov.uk for more information.

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	V3	Superseded Version:	V2
Date Effective:	17 June 2022	Review Date:	18 June 2025

Policy – the risk management approach

The Integration Joint Board (IJB) is committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

Appropriate and effective risk management practice will be embraced throughout the IJB as an enabler of success, whether delivering better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

In doing so the IJB aims to provide safe and effective care and treatment for patients and clients, and a safe working environment within the IJB and for others who interact with the services delivered under the direction of the IJB.

The IJB purposefully seek to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

Risk appetite is the amount of risk which is judged tolerable and justifiable. It is the amount of risk that any organisation is prepared to tolerate or be exposed to at any one point in time. A formal risk appetite statement requires to be agreed annually by the IJB.

The IJB promotes the pursuit of opportunities that will support the delivery of the Strategic Plan. Opportunity related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the organisation.

The IJB and PAC will receive regular updates on the strategic and operational risks to provide assurance on the adequacy but also the effectiveness of its risk management arrangements.

The IJB through the following risk management strategy, has established a Risk Management Framework, which covers risk policy, procedure, process, systems, risk management roles and responsibilities.

The IJB recognise that the planning and delivery of health and social care services involves having to manage risk. The IJB is responsible for the operational oversight of services and through the Chief Officer is responsible for the operational management and delivery of these services. Caring for people, managing staff, facilities and finances are all, by their nature, activities that involve risk. These risks cannot be avoided completely but can be managed to an acceptable level. This Risk Management Strategy describes the risk management arrangements for North Ayrshire IJB and forms part of the wider framework for corporate governance and internal control.

Key benefits of effective risk management:

- risk 'aware' not risk 'averse' decisions are based on a balanced assessment of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- a positive reputation established for the IJB.

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Strategy - Implementing the policy

Introduction

The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibilities for managing risk within the IJB;
- maximise opportunities to improve service delivery;
- establish communication and sharing of risk information through all areas of the IJB;
- outline measures to reduce the IJB exposure to risk and potential loss; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

Strategic risks represent the potential for the IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan. Typically these risks require strategic leadership to identify and implement appropriate mitigations to manage the risk.

Operational risks represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJB's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where an operational risk impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB and where required the parent organisation.

All risks will be evaluated consistently with risks categorised as being **very high/high/moderate/low** and **red/amber/yellow/green**. Further information can be found at Appendix 1.

Risk management process

Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹ It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process. The risk management framework ensures that information about risks is adequately reported and used as a basis for decision making and accountability at all levels.

The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities. Further information in relation to the Risk Management Process can be found at Appendix 1.

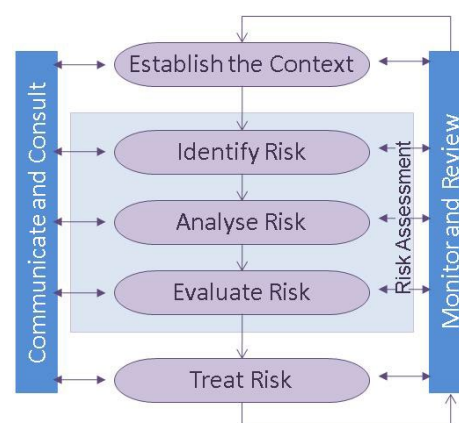


Figure 1 Risk Management Process

¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

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Application of good risk management across IJB activities

The following standard procedures will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of the Risk Management Strategy.

1. Implementation of the risk management process, means that risk management information should (wherever possible) be used to guide decision making in the same way that cost and benefit analysis is used.
2. Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
3. Categorisation of risk under the headings below:
 - Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the overall delivery of the Strategic Plan outcomes.
 - Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Customer Service, Employee Health, Safety & Well-being, Business Continuity/ Supply Chain, Information Security and Asset Management.
4. Appropriate ownership of risk. Specific risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development and implementation of mitigation/control measures.
5. Consistent application of the agreed risk matrix. Necessary to analyse and prioritise risk in terms of consequences and likelihood of occurrence, taking into account the effectiveness of risk control measures in place. Consistent application of the risk matrix is also key to compare risks against tolerance thresholds. The risk matrix to be used is attached in Appendix 1.
6. Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with measures to bring it to a level where it is tolerable for the IJB in keeping with its appetite/ tolerance for risk. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the IJB is confident in its ability to achieve the benefits and to manage/ contain the associated risk. Further information can be found at Appendix 1.
7. Implementation and maintenance of live risk registers. Used as a means of collating and recording risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
8. Reporting of strategic risks and key operational risks to the IJB on a six monthly basis.
9. Operation of a procedure for escalation of risks between operational and strategic risk registers that will be managed/controlled by the PSMT.
10. Routine reporting of risk information as part of business as usual. Reporting and review within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

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Risk leadership and accountability

Governance, roles and responsibilities

Integration Joint board

Members of the Integration Joint Board are responsible for:

- Oversight of risk management arrangements through the Performance and Audit Committee;
- Seeking assurances from the Partnership Senior Management Team that effective risk management arrangements are in place;
- Receipt and review of reports on strategic risks and any key operational risks that require to be brought to the IJB's attention; and,
- Ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies/ emerging risks and opportunities.

The IJB delegated certain aspects of risk governance to the Clinical Care and Governance Group and the Performance and Audit Committee. Each Committee has a responsibility to provide assurance to the IJB in respect of the areas detailed below:

- PAC – the PAC through Internal Audit, external audit and other sources will provide independent objective assurance to the IJB on the extent to which the risk management arrangements in place are effective;
- Clinical Care and Governance Group will monitor and review risks falling within its remit, this including regular consideration of all high or very high operational risks.

Chief Officer

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies and members of the IJB informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB

Chief Finance and Transformation Officer

The Chief Finance and Transformation Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

Partnership Senior Management Team (PSMT)

Members of the Partnership Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer and Chief Finance and Transformation Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB;
- ensure the impact of decisions made in terms of risk and opportunities do not have a negative impact on insurance and self insurance arrangements. Key specialist advisors should be involved in decision making processes at the earliest opportunity where practicable; and

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- ensuring that the standard procedures set out in this document and supporting documentation are actively promoted across their teams and within their areas of responsibility.

Individual Risk Owners

It is the responsibility of each risk owner to ensure that they understand their responsibility in relation to the management of risk and specifically;

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- measure effectiveness of existing controls and the mitigations in place to manage the risk are proportionate to the context and level of risk;
- monitor the timely implementation of additional mitigation/controls where required;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk; and
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise.

All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to understand:

- the risks that relate to their roles and activities;
- how their actions relate to their own, their patients, their services users / clients and public safety;
- their accountability for particular risks and how they can manage them;
- the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- that good risk management is a key part of the IJB's culture.

Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

Resourcing risk management

Resourcing the risk management framework

The work on developing and leading the ongoing implementation of the risk management framework and associated training for the IJB and employees will be resourced through the Partnership Senior Management Team's arrangements.

Final decisions in respect of the risk management arrangements will sit with the Chief Officer and Chief Financial Officer.

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Training, learning and development

Risk management training and development opportunities

To implement effectively this strategy, it is essential for staff to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity.

Training can be accessed via North Ayrshire Council or NHS Ayrshire and Arran. Specific training sessions can also be delivered.

Monitoring activity and performance

Monitoring risk management activity and performance

A suitable system is required to ensure risk management activity and performance is monitored. Monitoring will include review of the IJB's risk profile at Partnership Senior Management Team level.

The PSMT is responsible for providing assurance to the IJB that the Risk Management Strategy is being applied effectively across the Partnership.

Key Performance Indicators (KPIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled.

The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

Reviewing the IJB's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this strategy and drive continuous improvement in risk management across the IJB.

It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

Communicating risk management

Communicating, consulting on and reviewing the risk management framework

Effective communication of key risk management information across the IJB is essential to developing a consistent and effective approach to risk management.

Copies of this policy and strategy will be widely circulated via the Partnership Senior Management Team and will form the basis of any risk management training arranged by the IJB.

This strategy will be reviewed every three years or earlier if required to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Board's business environment.

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Appendix 1 Risk Management – A Quick Guide

Risk Management – A Quick Guide

What is Risk Management and why do we have to do it?

Risk is something that may have an impact on the achievement of our objectives. This could be an opportunity as well as a threat. Good risk management means that we have a better understanding of what risks and opportunities the organisation may face and how it can best manage them.

This quick guide provides basic details on the risk management process more detailed information in relation to using risk register software, service risk registers, peer review process etc can be found in the supporting Management of Risk Guidance document.

Understanding and managing threats or risks comes down to four very simple questions:

1. What are the things that could happen to us?
2. What is the likelihood of them happening?
3. What would be the impact?
4. What can we do about it? (How can we prevent it from happening, or what can we put in place to manage it if it should?)

There are several tools which can be used to answer these questions. For simplicity and ease of understanding our approach is to use a simple 4 stage process of identification, assessment, management and review to ensure our risks are recorded and effectively managed. This approach is shown in Figure 2 and described in the four sections below.

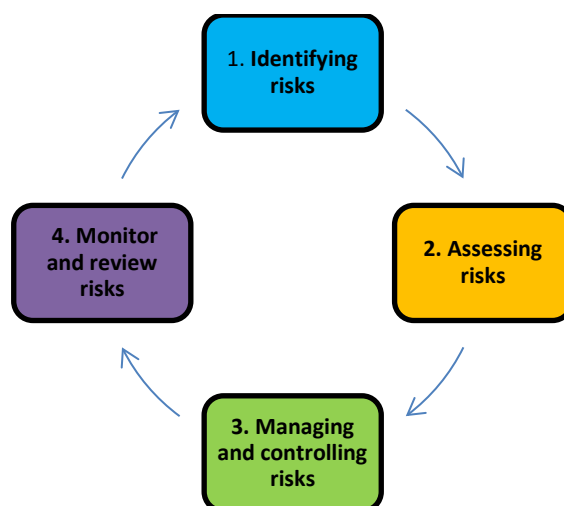


Figure 2 – Four Steps to Managing Risk

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1. Identifying risks

To identify risks, think through the things that could prevent or hinder your team from achieving its business objectives. There are three parts to a risk – an event that has a consequence that leads to an impact on our objectives. Typical risk phrasing could be:

Loss of... Failure of..... Failure to... Lack of... Development of... Opportunity for	}	leads to	results in.....
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You will also need to identify whether the risk is:

- Strategic: risks that are significant scale and will impact on the reputation and performance of the IJB and parent organisations as a whole and in particular the IJB's ability to deliver on strategic objectives.
- Operational: risks specific to the delivery of individual services/service performance/project.

2. Assessing risks

Residual/Net risk = the level of risk remaining after managing it through treatment and/or control measures.

To identify the Residual/Net Risk we simply identify the consequence score from the appropriate domain listed in Table 2 after we have identified the control measure. We then multiple the consequence score by the likelihood of the event occurring. The likelihood score is taken from the matrix at Table 3.

Multiplying the consequence x likelihood then provides us with the Residual Risk. The Residual risk score helps to make decisions about the significance of risks to the IJB and how they will be managed, the controls required and the treatment of the risk. This can be found in Table 4.

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SEVERITY CONSEQUENCE MATRIX - Description and definition of the CONSEQUENCE / IMPACT of the risk should it occur (these are a guide)

Severity					
“Domains”	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and projects	<ul style="list-style-type: none"> Barely noticeable reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Minor reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Reduction in scope or quality, project objectives or schedule. 	<ul style="list-style-type: none"> Significant reduction in ability to meet project objectives or schedule. 	<ul style="list-style-type: none"> Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to patients/staff.	<ul style="list-style-type: none"> Adverse event leading to minor injury not requiring first aid. 	<ul style="list-style-type: none"> Minor injury or illness, first-aid treatment needed. No staff absence required. 	<ul style="list-style-type: none"> Significant injury requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Major injuries or long-term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Incident leading to death or major permanent incapacity.
Patient experience / outcome	<ul style="list-style-type: none"> Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care. 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery < 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, long term effects - expect recovery > 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome continued ongoing long-term effects.
Complaints / claims	<ul style="list-style-type: none"> Locally resolved complaint 	<ul style="list-style-type: none"> Justified complaint peripheral to clinical care 	<ul style="list-style-type: none"> Below excess claim. Justified complaint involving lack of appropriate care. 	<ul style="list-style-type: none"> Claim above excess level. Multiple justified complaints. 	<ul style="list-style-type: none"> Multiple claims or single major claim.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to patient care. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of patient care Minor error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Non delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to insufficient training / implementation of training.
Service / business interruption	<ul style="list-style-type: none"> Interruption in a service which does not impact on the delivery of patient care or the ability to 	<ul style="list-style-type: none"> Short term disruption to service with minor impact on patient care. 	<ul style="list-style-type: none"> Some disruption in service with unacceptable impact on patient care. 	<ul style="list-style-type: none"> Sustained loss of service which has serious impact on delivery of patient care resulting in major 	<ul style="list-style-type: none"> Permanent loss of core service or facility.

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	continue to provide service		▪ Temporary loss of ability to provide service.	contingency plans being invoked.	▪ Disruption to facility leading to significant “knock on” effect.
Financial	▪ Negligible organisational financial loss (£< 1k).	▪ Minor organisational financial loss (£1-10k).	▪ Significant organisational financial loss (£10-100k).	▪ Major organisational financial loss (£100k-1m).	▪ Severe organisational financial loss (£>1m).
Inspection / assessment / audit	▪ Small number of recommendations which focus on minor quality improvement issues.	▪ Minor recommendations made which can be addressed by low level of management action.	▪ Challenging recommendations but can be addressed with appropriate action plan.	▪ Enforcement Action. ▪ Low rating. ▪ Critical report.	▪ Prosecution. ▪ Zero Rating. ▪ Severely critical report.
Adverse publicity / reputation	▪ No media coverage, little effect on staff morale.	▪ Local Media – short term. ▪ Minor effect on staff morale / public attitudes.	▪ Local Media – long term. ▪ Impact on staff morale and public perception of the organisation.	▪ National Media (< 3 days). ▪ Public confidence in the organisation undermined. ▪ Usage of services affected.	▪ National Media (> 3 days). ▪ MP / MSP Concern (Questions in Parliament).
Organisational / Personal Security, and Equipment	▪ Damage, loss, theft (£< 1k).	▪ Damage, loss, theft (£1-10k).	▪ Damage, loss, theft (£10-100k).	▪ Damage, loss, theft (£100k-1m).	▪ Damage, loss, theft (£>1m).

Table 2 – Consequence/Impact Matrix

Likelihood

	1 Remote	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Probability	▪ Will only occur in exceptional circumstances.	▪ Unlikely to occur but definite potential exists.	▪ Reasonable chance of occurring – has happened before on occasions.	▪ Likely to occur – strong possibility.	▪ The event will occur in most circumstances.

Table 3 – Likelihood Matrix

Risk Rating

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LIKELIHOOD	SEVERITY				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Remote	1	2	3	4	5

Table 4 – Risk Rating

Level of Risk	Risk	How the risk should be managed
Very High (20-25)	Immediate Action Required Intolerable	Requires active management to manage down and maintain the exposure at an acceptable level. Escalate upwards. The activity or process should not be started or allowed to continue until the risk level has been reduced. While the control measures selected should be cost-effective, legally there is an absolute duty to reduce the risk. Review every 3 months.
High (10-16)	Immediate Action Required Unacceptable	Contingency plans may suffice together with early warning mechanisms to detect any deviation from the profile. Escalate upwards. If a new activity or process, it should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves an existing activity or process, the problem should normally be remedied within one to three months. Review every 6 months.
Moderate (4-9)	Action Required	Efforts should be made to reduce the risk, but the cost of reduction should be carefully measured and limited. Risk reduction measures should normally be implemented within three to six months. Re-assess frequently
Low (1-3)	Acceptable	No further preventative action is necessary, but consideration should be given to more cost-effective solutions or improvements that impose no additional cost burden. Monitoring is required to ensure that the controls are maintained. Review periodically to ensure conditions have not changed.

Table 5 – How Risks should be managed

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3. Managing and controlling risks

THE FOUR T's

The level of the inherent risk will help determine the best treatment for a risk, whether strategic or operational. Once the type of risk has been determined, consideration must be given to the most appropriate course of action to treat the risk, an action plan will be required to be drawn up and implemented. The rating and prioritisation of the risk will determine the pace with which the risk action plan should be implemented and at which level of the organisation the risk needs to be reported.

Tolerating	<p>A risk may be tolerated where:</p> <ul style="list-style-type: none"> the risk is effectively mitigated by internal controls, even if it is a high risk the risk cannot be mitigated cost effectively the risk opens up greater benefits <p>These risks must be monitored, and contingency plans should be put in place in case the risk occurs.</p>
Treating	<p>This is the most widely used approach. The purpose of treating a risk is to continue with the activity which gives rise to the risk, but to bring the risk to an acceptable level by taking action to control it in some way through either:</p> <ul style="list-style-type: none"> containment actions (these lessen the likelihood or consequences of a risk and are applied before the risk materialises) or contingency actions (these are put into action after the risk has happened, thus reducing the impact. These must be pre-planned)
Terminating	<p>Doing things differently and therefore removing the risk. This is particularly important in terms of project risk but is often severely limited in terms of the strategic risks of an organisation.</p>
Transfer	<p>Transferring some aspects of the risk to a third party, e.g., via insurance, or by paying a third party to take the risk in another way. This option is particularly good for mitigating financial risks, or risks to assets. However, it is a limited option.</p>

Table 6 – The Four T's

CONTROLS

Any action, procedure or operation undertaken to either contain a risk to an acceptable level (the impact), or to reduce the likelihood. Where future actions are planned these should have a date by which they will be implemented.

4. Monitor and Review Risks

REPORTING RISK

Nothing stays the same forever. By talking to your staff and monitoring incident rates and control measures, you will be able to judge whether your risk control measures are effective. Managers and staff must be given responsibility to oversee the process and develop reporting procedures, discussing and helping to implement solutions, as well as monitoring the solutions for effectiveness.

Risks should be reviewed regularly to ensure that the risk has not changed and that no further control measures are needed. A risk should also be reviewed if any changes occur that may increase the risk of an adverse event occurring.

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There is no legal time frame for when you should review your risk assessment. The IJB has adopted an interactive process with discretion when a review is deemed necessary. The risk assessment and register are a live working document and, as your business experiences change, this information should be recorded and updated. As a guide, it is recommended that risk assessments be reviewed as a minimum on an annual basis.

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Integration Joint Board
16 June 2022

Subject:	Community Alarm/Telecare Service transition from Analogue to Digital (IP)
Purpose:	That the North Ayrshire Health and Social Care Partnership update the Integration Joint Board on the transition for Community Alarm/Telecare Services transition from Analogue to Digital Service Internet Protocol (IP)
Recommendation:	The Integration Joint Board is asked to: (i) Note the content of the report; (ii) Consider the information and proposals/implications detailed therein.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
NAHSCP	North Ayrshire Health and Social Care Partnership
TEC	Technology Enabled Care
TSA	Telecare Service Association
IP	Internet Protocol
PSTN	Public Switched Telephone Network

1.	EXECUTIVE SUMMARY
1.1	<p>This report provides an update on how the North Ayrshire Health and Social Care Partnership will support North Ayrshire service users through the Telecommunication providers Analogue to Digital switchover. Community Alarm/Telecare users, in North Ayrshire currently receive their service via technology supported by analogue phone lines. As early as 2023 it will no longer be possible for customers to purchase an analogue phone service from many of the main telecommunication providers and all telecommunication providers expect to have fully transitioned their analogue telephone networks to a digital equivalent by 2025. Therefore, Community Alarm/Telecare users will require to have digital phone lines in place within their homes in order to access Telecare and Community Alarm technology.</p> <p>Telecommunications providers, of which there are over 600 in the UK, have confirmed that all analogue telephone services will be switched off and replaced by digital systems by 2025. Ofcom and telecommunication providers have confirmed that systems which are currently reliant on analogue and voice band data will be affected by this change. This includes systems such as security alarms, cash terminals, fire alarms and Community Alarm/Telecare systems. The move to digital systems is well underway with many providers accelerating their switchover to be complete by the end of 2023.</p> <p>As a result of accelerated timescales from telephony providers, the Scottish Local Government's Digital Telecare Office are encouraging Telecare Providers to make the shift to digital solutions from as early as 2023.</p>

	<p>The current range of Community Alarm and Telecare equipment utilised in North Ayrshire is designed to send calls over the Public Switched Telephone Network (PSTN). If these devices attempt to connect with the Call Monitoring and Alarm Receiving Centre via a digital network, the call could fail to connect or be lost.</p>
2.	BACKGROUND
2.1	<p>North Ayrshire Health and Social Care Partnership currently delivers a Community Alarm and Telecare service to around 5,000 individuals across North Ayrshire both on the mainland and the islands of Cumbrae and Arran. Service Users who access the Community Alarm and Telecare system have technology installed by NAHSCP staff, which is connected through their analogue phone lines, allowing them to access and request help and support via a Call Monitoring and Alarm Receiving Centre. The Call Monitoring and Alarm Receiving Centre will direct any calls it receives to a variety of sources including NAHSCP social care staff, medical services, emergency services, family and next of kin. The charge for Community Alarm and Telecare services £5.07 on the mainland and £2.48 for the islands.</p> <p>Users of the Community Alarm/Telecare service in North Ayrshire generate in excess of 20,000 calls per month via Community Alarm/Telecare equipment. North Ayrshire Council currently employs around 80 Health and Social care staff who are linked to this service including over 70 Community Alarm/Telecare Care at Home Assistants who provide a response service 24 hours per day on the mainland and between the hours of 8am and 11pm on the islands of Arran and Cumbrae. Prior to the Covid Pandemic the service generated calls which required approximately 5,000 responder visits per month however this activity has increased since March 2019 with responder calls of up to 7,000 alarm activations requiring a physical response on a monthly basis.</p>
2.2	<p>Community Alarm/Telecare users have a main Community Alarm unit installed in their homes, which can allow for numerous peripherals to be added, in order to support and monitor service users and to assist them remain as independent as possible in their own homes. Examples of peripheral technology includes things such as Smoke Detectors, Flood Detectors, Falls Detectors, Property Exit Sensors, Epilepsy Sensors etc.</p> <p>The Partnership mostly use Tunstall branded Community Alarm and Telecare equipment purchased via the Scotland Excel Framework. Tunstall are an ISO accredited technology provided and their equipment is compatible with Hanover Scotland's device management platform (Tunstall PNC8) which is used for receiving calls and call handling.</p>
2.3	<p>This technology is vital in supporting individuals in North Ayrshire to continue to live safely in their own homes, with access to care and support when required, and is utilised by adults across all age groups. There are many benefits to Community Alarm/Telecare technology as detailed below:</p> <ul style="list-style-type: none"> • Provides access to multiple items of advanced technology to support safety and independent living • Reduce pressure on traditional health and social care services • Preventing hospital admission and supporting discharge • Reducing the need to service users to leave their own homes and move into long term care settings

	<p>The Partnership received investment in late 2021 as part the Winter Pressures funding which was provided as part of measures put in place to support system pressures and investment in our Community Alarm and Telecare services are integral to this.</p>
2.4	<p>Hanover Scotland are the current provider of Call monitoring and Alarm Receiving services for North Ayrshire's Community Alarm and Telecare services. The contract for this has been extended until early 2023 however this is due to be tendered and work is ongoing regarding procurement action and there is potential that there may be a requirement for a transition to a new Call Monitoring and Alarm Receiving Centre in mid-2023.</p>
2.5	<p><u>Associated Risks</u></p> <p>Ofcom and the Telecare Standards Association, (TSA), are working alongside the Technology Enabled Care sector, Regulators and the Scottish Government to understand the challenges presented by this transition and to support Partnerships/Local Authorities through this process. A number of concerns and risks associated with the transition have been highlighted and these are detailed below.</p> <ul style="list-style-type: none"> Individual Telecommunications providers will work to different timescales within their own operational and strategic plans. This will have implications for service users within North Ayrshire who receive telecommunication services from a wide range of providers, and many have begun to transition sooner than the 2025 deadline and before replacement digital devices are provided. <p>The current range of Community Alarm and Telecare equipment utilised in North Ayrshire is designed to send calls over the PSTN. If these devices attempt to connect with the Call Monitoring and Alarm Receiving Centre via a digital network, the call could fail to connect or be lost, with a potential risk to the service user not receiving the requested assistance.</p> <p>The Scottish Government Digital Office advises there is evidence from countries who have already undertaken the transition to digital technology of increased rates of call failure due to the distortion in analogue signalling from analogue telecare equipment as telecommunication providers prepare their networks.</p> <ul style="list-style-type: none"> The Partnership's current Call Monitoring and Alarm Receiving provider, Hanover Scotland, are not yet fully digitally enabled to support receipt of digital Community Alarm and Telecare equipment. Hanover have advised they are committed to their Alarm Receiving Centre being fully digitally enabled in 2022 to ensure they can accept the different digital protocols and communication methods coming on to the market, as well as being able to continue to support the existing analogue equipment for as long as necessary. This includes supporting the digital communicators on warden call systems as well as newer fully digital grouped and dispersed alarms. Hanover were successful in securing funding from the Scottish Government's Digital Office in December 2020. They are now one year into a two year project to expand the capability and capacity of their Alarm Receiving Centre's digital environment to allow for testing and deployment of the various digital telecare products on the market. Hanover have agreed a timescale with Tunstall, who are their software provider, for the Alarm Receiving Centre to be compatible with digital protocols by September 2022.

	<ul style="list-style-type: none"> • Hanover Scotland are the current provider of Call monitoring and Alarm Receiving services for North Ayrshire's Community Alarm and Telecare services. The contract for this has been extended until 2023 however this is due to be tendered and work is ongoing regarding procurement action and there is potential that there may be a requirement for a transition to a new Call Monitoring and Alarm Receiving Centre in mid-2023. Re-tendering of this contract was been delayed due to the Covid Pandemic. • North Ayrshire Health and Social Care Partnership has spent an average of £191,634 per year in purchasing new Community Alarm/Telecare equipment pre pandemic. Costs of telecare equipment have risen since the onset of the pandemic and there has been various supply issues in this period, including a global shortage of semiconductors that are installed in telecare equipment, which has affected the availability of vital equipment, including smoke detectors and fall detectors. The Telecare equipment providers have already indicated that the costs for Partnerships to purchase new digital equipment will be significantly higher. From the evidence already available the prices of the new equipment are almost double the current costs, with ongoing yearly costs attributed to sim card rental. Providers of Community Alarm/Telecare equipment continue to undertake testing to identify interoperability and establish how much, if any, of current equipment will be compatible with the digital system. However, it is likely that upgraded digitally enabled Community Alarm/Telecare equipment will require to be installed for the majority of users to ensure people continue to have access to support via their Community Alarm/Telecare equipment. There are some digital solutions available, however supply is limited at this time with the Partnership's current favored provider advising of a 6 month lead in time for the purchase of digital devices. • At present much of Community Alarm/Telecare equipment is recycled. For the first 12 months of implementation, it is envisaged that there will be no opportunity to recycle any equipment. This, again, will have a negative budgetary impact for the Partnership. • North Ayrshire's geographical footprint is in many areas rural and isolated with areas where signal strength is poor or indeed non-existent. Therefore, there are risks associated with digital connectivity and availability of digital service. • Cyber security risk – as Telecare Providers source new and more advanced technologies, this is likely to bring an increased cyber security risk.
2.6	<p>Whilst the service has known for some time that there will be a requirement to shift technology, there are still many unknowns in terms of the practical implementation which has delayed the development of a business case and implementation plan. Clarification is required on the equipment specification, the availability of equipment, the compatibility of existing kit and call handling platform. Therefore, there would be little benefit in implementing a new system until these elements are confirmed. Some areas are further progressed with plans, with some now requiring to retrospectively amend implementation plans based on current advice.</p>
2.7	<p>The HSCP has issued communications directly to Community Alarm Service users to provide advice in advance of the switch over and also in respect of the potential for equipment to be removed in light of the Smoke Alarm Regulations. There is also radio advertising on a Pan Ayrshire basis to support services users who may be targets for</p>

	scammers. The HSCP will review any switchovers for individual service users which it is made aware of that take place in advance of the planned roll out of new digital equipment to ensure arrangements are made in an interim basis – this may include the continued short term use of analogue equipment with regular equipment checks to mitigate any risk and the use of GSM equipment, dependent on availability.
2.8	<p><u>Community Alarm and Telecare Equipment Costs</u></p> <p>As already outlined in this report there will be financial implications for the Partnership with the transition from analogue to digital. The Partnership had a successful bid in early 2022 of a grant for up to £50,000 from the Scottish Government's TEC Programme to support the transition from analogue to digital. The North Partnership intends to use this grant to fund a Telecare Lead to Project Manage the analogue to digital programme and this post is currently at Job Evaluation stage. The Scottish Government have already confirmed that there is no further funding available to support Partnerships/Local Authorities with the transition of analogue to digital and that any other financial implications, including the full costs of upgrading Community Alarm and Telecare equipment, have to be met by each individual Partnership/Local Authority area.</p> <p>Within Community Care Services the planning work associated with the preparation that is required in the lead up to transition planned to commence in 2022 has been delayed due to the Covid 19 Pandemic. However there are still many variables to be finalised that makes some of that work difficult. What is evident though is that new digital Community Alarm/Telecare equipment is going to be more costly than the existing analogue equipment. There is currently average annual spend of £191,634 per year to replace and purchase equipment on an ongoing basis, with additional equipment and price increases and unconfirmed yearly sim card costs per alarm device it is anticipated this cost will increase.</p> <p>Testing remains ongoing by many Community Alarm and Telecare providers to determine if analogue telecare equipment can operate over a digital connection. At the moment the results of this testing have not been published and it remains the view of the Scottish Digital Office that this should not be viewed as a viable or long-term solution by service providers unless no alternative digital solution exists. The TSA recently published guidance which stated that 'Organisations must no longer procure social alarms that can only establish connections to Alarm Receiving Centres using analogue communication'.</p> <p>If the Partnership requires to replace the current analogue equipment with an updated digital version of kit for every single user utilising the service at present, then that cost is anticipated to be approximately £800,000 to the Partnership with additional yearly sim rental costs. As such North Ayrshire Council has allocated £996,000 towards these costs.</p>
3.	PROPOSALS
3.1	<p>It is important that the IJB note the digital developments above and the proposals detailed below.</p> <ul style="list-style-type: none"> The Partnership will recruit a project team consisting of a project lead and 4 project support officers who will develop an analogue to digital transition plan, including identifying the right digital solutions and call monitoring platforms required. This project team will be responsible for the procurement, replacement and delivery of all associated analogue to digital works.

	<ul style="list-style-type: none"> • The Project Lead will develop a full business case for the project and this will be brought to a future IJB for approval. • The business case and project plan developed will take into account a full survey of the telecommunications position across North Ayrshire – ie which providers are migrating when, when analogue lines will cease to become available, rural signal blackspots etc. This plan will also include details of how individual service users needs will be considered either in terms of assessing if existing technology is suitable, replacement technology is required and availability of connection in the event of rural location. This remains a risk where users are transferred to digital networks before the Partnership has suitable digital technology and call handling arrangements in place. • A procurement exercise will be conducted for the digital technology required to replace the existing analogue equipment installed in service users homes across North Ayrshire. This procurement exercise must take into account business continuity arrangements to ensure any technology procured provides robust back up arrangements in the event of system down time. • A procurement exercise will be conducted for a Call Monitoring and Alarm Receiving Centre which is digitally enabled to receive calls from both analogue and digital devices to meet current and future Community Alarm/Telecare requirements. This procurement exercise must take into account business continuity arrangements to ensure any technology procured provides robust back up arrangements in the event of system down time. • The Community Alarm/Telecare service is a generic service and is currently not age or condition restrictive. In consideration of the potential cost implications linked to the digital transition and beyond there may be the requirement for the introduction of a specific eligibility criteria to access the Community Alarm/Telecare service and future cost/charge considerations.
3.2	<u>Anticipated Outcomes</u>
	The anticipated outcomes of this paper are to update the Integration Joint Board on the potential impact of the forthcoming analogue to digital transition. By early identification of the proposals, financial implications and potential risks it is anticipated that the service will be in a stronger position to plan and deliver a safe and effective switchover for Community Alarm/Telecare users in North Ayrshire.
3.3	<u>Measuring Impact</u>
	Not Applicable
4.	IMPLICATIONS
Financial:	There will be financial implications linked to the costs associated with the analogue to digital switchover. Further details of what those are will be provided when further developed as part of the analogue to digital switchover business case. Capital funding of £996k has been set aside in North Ayrshire Council's Capital Plan to fund the switch over.
Human Resources:	There are no implications for NAHSCP staff as a result of this report.
Legal:	There are no known legal implications as a result of this report.
Equality:	There are no equality implications as a result of this report.

Children and Young People	There may be implications for Children and Young People who currently utilise Community Alarm/Telecare services in North Ayrshire.
Environmental & Sustainability:	There are no Environmental or Sustainability implications as a result of this report.
Key Priorities:	The Partnership are committed to investing in technology solutions to support independent living.
Risk Implications:	There are Risk Implications, and these have been outlined in section 2
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	

5.	CONSULTATION
5.1	Representatives from Community Care Services have been involved in regular consultation with the TSA, Scottish Government, Telecommunication and Telecare providers. This consultation will continue throughout the preparation for transition from analogue to digital and will incorporate consultation with users of Community Alarm/Telecare services in North Ayrshire. In addition staff from the Community Care Services team are members of the networking groups who meet to discuss this transitional programme of work and the implementation of the analogue to digital strategy.
6.	CONCLUSION
6.1	Members of the IJB are asked to note the information included within this report. A further paper will be submitted at a later date including the business case to support the analogue to digital transition.

For more information please contact Kerry Logan, Senior Manager, Community Care Services on 07836246131, klogan@north-ayrshire.gov.uk

Integration Joint Board
16th June 2022

Subject:	Distress Brief Intervention Update
Purpose:	To update on the progress of implementation of the Distress Brief Intervention Service
Recommendation:	IJB to endorse the implementation of the plan to support DBI across Ayrshire

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
DBI	Distress Brief Intervention
SG	Scottish Government

1.	EXECUTIVE SUMMARY
1.1	Distress Brief Interventions (DBIs) are an innovative way of supporting people in distress. In support of the expansion of the DBI programme, the Scottish Government have established a DBI Associate Programme with partners and/or regions of Scotland who wish to become part of the DBI programme and embed the principles of DBI within their services. With support from the National DBI team, Ayrshire and Arran became an associate to the National programme. The initial commissioning contract was due to conclude on March 2023 but agreement was reached at the Pan-Ayrshire Mental Health Resource Allocation group to extend this for a further year.
1.2	This report seeks to provide an update to the implementation of a local Ayrshire wide service. It will also provides an update on the national DBI response currently open to citizens of Ayrshire and Arran.
2.	BACKGROUND
2.1	<p>For the purpose of the DBI programme distress is defined as <i>“An emotional pain which led the person to seek help and which does not require further emergency service involvement”</i>,</p> <p>This includes people who may not directly seek help themselves, but who are referred for assistance by others because of their perceived distress.</p> <p>The DBI ‘ask once get help fast’ approach has two levels:</p> <p>DBI Level 1 is provided by front line staff (NHS24, Emergency Departments (ED), Police Scotland (PS), Primary Care and Scottish Ambulance Services (SAS)), who have received the DBI Level 1 training, produced by University of Glasgow, who ease</p>

	<p>the person's distress, provide a compassionate response and involves an offer of a seamless referral, with confidence and clarity to a DBI Level 2 service.</p> <p>DBI Level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide compassionate, problem-solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days – reducing both immediate distress and empowering ability to manage future distress. The person's GP will be notified of the outcome of referral by the DBI service.</p>
2.2	<p>The overarching aim of the DBI programme is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community supports, towards the shared goal of providing a compassionate and effective response to people in distress improving experience and outcomes for those experiencing distress and those providing support.</p>
2.3	<p>The Scottish Government (SG) is focused on improving responses to people in distress. The DBI programme emerged through direct engagement with citizens who have experienced distress, front-line service providers and literature review. The SG established the DBI programme, which is hosted and led by South and North Lanarkshire HSCP's, via a DBI Central Team and has been tested, developed and continuously improved in Aberdeen, Inverness, North and South Lanarkshire, Scottish Borders and more recently Moray. Many other parts of Scotland are engaged with DBI through the associate programme, benefiting from the knowledge, infrastructure and tools developed. The vision, collaborative culture and programme infrastructure has been harnessed in support of the effective delivery of the DBI COVID 19 response programme, at pace and scale which now sees national access to DBI for anyone over 16 who contacts NHS24 and where a DBI referral is appropriate. The local provider for Ayrshire and Arran residents is Penumbra. National pathways have also been opened up to Police Scotland and Scottish Ambulance Service to make direct referrals to local DBI service providers. Work is also underway through a few pilot sites for young people to access the service through schools.</p>
2.4	<p>Through the national COVID 19 response accessed through NHS 24, the referrals are as follows:</p> <p><u>National Covid Response:</u></p> <p>Ayrshire and Arran total referrals as at 21/04/2022 = 595</p> <p>East Ayrshire = 198 North Ayrshire = 242 South Ayrshire = 155</p> <p>There have been approx. 26,400 referrals across Scotland from all pathways.</p> <p><u>DBI Ayrshire & Arran Associate Programme:</u></p> <p>Up to 21/04/2022 total number of referrals = 301</p> <p>Geographic breakdown: East = 142; North = 54; South = 105</p> <p>Primary Care referrals = 300 referrals; 8 GP Practices are actively referring and a further 4 practices are in the process of scheduling their training with the team.</p>

3.	The roll out of DBI across Ayrshire
3.1	<p>Penumbra have now successfully been commissioned through North Ayrshire HSCP to deliver DBI to all residents of Ayrshire and Arran through two remaining pathways. It has been agreed that the focus will be to incrementally upscale a direct referral pathway from Primary Care and NHS Emergency Departments.</p> <p>Penumbra currently employ a dedicated service manager as well as practitioners and peer workers. In addition, the local service receives support from Penumbra's national DBI service manager. Training for Level 1 providers is progressing well but unfortunately North Ayrshire only have one of the three GP practices identified as being a priority for access fully engaged with training allowing them to refer. Progress has also been slow with engaging possible referrers through the emergency departments.</p> <p>Pressure on the system has made it difficult for would be referrers to make time in their schedule for the training sessions. Ongoing discussions are taking place to increase capacity for referrals to be made through all routes and Penumbra have offered a flexible schedule to deliver training.</p> <p>It was agreed at the outset that practices would be brought on board based on priority agreed through the GP subcommittee. Initially, East Ayrshire struggled to find the opportunities to engage the relevant practices but some work with the Stakeholder GP and MHP manager has resulted in a large increase in referrals. In North Ayrshire work is underway to capitalise on the success of MHPs in advocating the service and it is anticipated that with this targeted approach North Ayrshire referral numbers will increase.</p>
3.2	<p><u>Anticipated Outcomes</u></p> <p>By offering this service at the earliest opportunity and within 24 hours of referral it is anticipated based on delivery of this programme in other areas that crisis can be resolved without the intervention of secondary care services. Individuals can be supported through this period of uncertainty with practical support without medicalising a normal response to stress.</p>
3.3	<p><u>Measuring Impact</u></p> <p>A robust set of measures have been agreed with Penumbra through the commissioning process. In addition, the national programme provides a regular update on progress of the programme. See attached infographic included as Appendix 1 for the latest update.</p>
4.	IMPLICATIONS
Financial:	The service has been funded in part from the Mental Health Action 15 funding allocation and in part directly from the Scottish Government through the national DBI Programme. Funds are committed until March 2023. This includes £200k from SG and £300k from Action 15 Funding allocation.
Human Resources:	No implications for NAHSCP staff. Penumbra have been commissioned to deliver the service and are engaged in a recruitment programme to facilitate the service locally.
Legal:	N/A.

Equality:	People affected by mental health are an equalities groups and require appropriate levels of support. This programme improves access to support for vulnerable people. An Equalities impact assessment has been completed.
Children and Young People	DBI is currently open to individuals 16 and over. Glasgow University are currently researching the benefits of the programme for under 16's and a report is due in the next six months having been delayed due to COVID 19.
Environmental & Sustainability:	The implementation plan will explore sustainability issues.
Key Priorities:	This programme links to the national and local priority around suicide prevention and is a key action in Every Life Matter action plan.
Risk Implications:	The contract with Penumbra runs until March 2023 and funding has been identified to allow a one-year extension. It is anticipated that this might be highlighted as a priority as part of the ongoing development work looking at mental health in primary care and as such may be allocated long term funding.
Community Benefits:	Increased range of choice, opportunities and access to services at a locality level

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.	CONSULTATION
5.1	<p>There have been considerable consultations with teams from North, South and East Ayrshire with the Scottish government to take forward an appropriate Brief Intervention service.</p> <p>A DBI Steering group has been established with wide representation across Ayrshire</p>
6.	CONCLUSION
6.1	The Implementation of the DBI closes a gap in the support available for people who are experiencing mental health distress, and this is welcomed across Ayrshire and Arran.

For more information please contact Thelma Bowers on 01294 317849 or thelmabowers@north-ayrshire.gov.uk

Period: January 2021 - January 2022

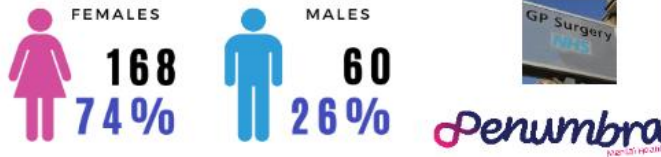
**Management Information
Not for Onward Release**



01) DBI REFERRALS BY GENDER

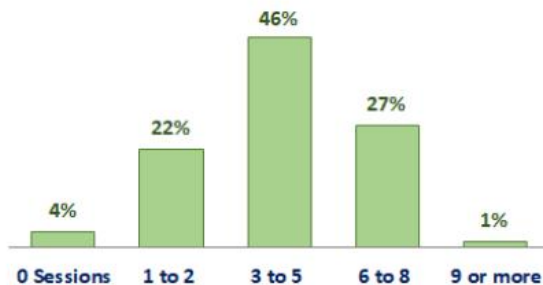
228 referrals to DBI in Ayrshire & Arran (Penumbra).

Almost all referrals came from Primary Care in Hours.

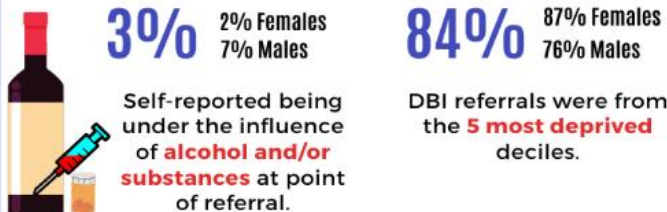


1,059 referrals to DBI across all Associate areas.

03) NUMBER OF DBI SESSIONS FOR COMPLETED REFERRALS



05) DEPRIVATION & ALCOHOL OR SUBSTANCE USE AT L1 (FEB 2021-JAN 2022)



07) PRESENTING PROBLEMS & CONTRIBUTORY FACTORS (FEB 2021-JAN 2022)

Most common **Presenting Problems**:

- Stress/ Anxiety (65% of A&A referrals)
- Depressed/ Low Mood (50%)
- Social Problems (21%)

Most common **Contributory Factors**:

- Relationships (34% of A&A referrals)
- Bereavement (20%)
- Life Coping Issues (18%)

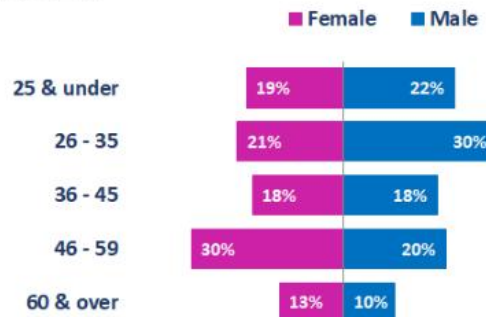
02) DBI REFERRALS BY MONTH & GENDER (FEB 2021-JAN 2022)

On average **19** DBI referrals per month



The vast majority of cases have had an attempt to contact within 24 hours.

04) DBI REFERRALS BY AGE GROUP & GENDER

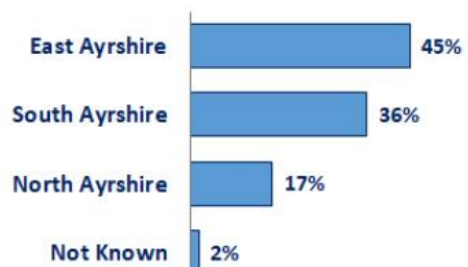


06) DBI COMPLETION REASON STATS (FEB 2021-JAN 2022)

In Ayrshire & Arran area:

- 96%** of appropriately concluded cases engaged in DBI support,
- of which, **92%** engaged in further support beyond the first supportive intervention.
- 4%** of all cases were unable to be contacted.

08) DBI REFERRALS BY CLIENT'S H&SCP OF RESIDENCE (FEB 2021-JAN 2022)



Integration Joint Board
16th June 2022

Subject: **Support for Unpaid Carers in North Ayrshire**

Purpose: To provide Integration Joint Board members with an update on developments to improve support to unpaid carers in North Ayrshire.

Recommendation: That the Integration Joint Board:

- Note the contents of this report and approve the approach described to provide improved support for unpaid carers in North Ayrshire, and
- Approve the amended Carer's eligibility criteria threshold to support individuals with low and moderate need levels, instead of just substantial and critical levels of need.

Glossary of Terms	
IJB	Integration Joint Board
NAHSCP	North Ayrshire Health and Social Care Partnership
PSMT	Partnership Senior Management Team
ACSP	Adult Carer Support Plan
NHS A&A	NHS Ayrshire & Arran
SDS	Self-Directed Support

1.	EXECUTIVE SUMMARY
1.1	This report provides the IJB with an update on developments to improve supports to unpaid carers. Central to this process is the strengthening of our strategic partnership with our commissioned carer and information support provider, Unity.
1.2	The work has a clear focus on improving access to supports through development of community-based supports and an ambition to reduce the bureaucratic burden on front line practitioners.
1.3	The overall aim is to ensure carers can more readily self-identify and receive as quickly as possible early and effective help assisting them to have a life alongside caring.
2.	BACKGROUND
2.1	Duties under the Carer's (Scotland) Act 2016 came into force in April 2018. The Act sets out the duty to offer and prepare an Adult Carer Support Plan (ACSP) and carers rights to request a plan, among other priorities. As part of the implementation of the Carer's Act funding was released with an incremental increase over a 5 year period from 2018-19, to recognise the demand for support would increase over time. North Ayrshire IJB were allocated £0.574m in 2022-23 which is the final year of the implementation funding, bringing the total allocation to just over £2m for Carer's Act duties. This budget is not ring-fenced and forms part of the baseline IJB budget. In previous financial years there have been underspends in the funding allocated due to lower than anticipated demand for ACSPs. There is a risk that Carer's are not

	receiving the essential support they need through a lack of awareness and ease of access to services through the current ACSP process.
2.2	At the time of implementation, the HSCP took the decision for ACSP's to be completed by Social Workers only at that time as adult carer assessments were already part of the Social Work role and to fully embed the approach before introducing new routes to carer assessment and support. The North Ayrshire Chief Social Work Officer supported by the Carer's Team has led a review of the current pathway for adult carers to request or be offered an ACSP and provision of support. It is evident that the process in place from the outset was fit for purpose at the time, but there remain several barriers to access carer assessment, issues with the provision of support and a lack of an adequate resource release model.
2.3	<p>Presently 1,475 carers are registered with Unity – North Ayrshire Carers Service. 204 are young carers (aged 5 – 18 years) and 1,271 are adult carers (aged 19+).</p> <p>For North Ayrshire CareFirst (our Social Work Information System) show 161 live carer relationships are identified through the creation of relationships or identification of Main Carer category when assessing the cared-for person (adults). CareFirst data also shows that for 2022 thus far, 195 ACSP's were offered, 33 carers accepted, 159 declined and 3 did not respond. In terms of the 33 acceptances only 14 completed their ACSP – only 7% of those offered followed through with the completion of an ACSP.</p>
2.4	There is learning to be gained from the success of the Winter Wellbeing/ Short Break Funds Unity received early 2022 from Scottish Government. Within 12 weeks the carer service received 360 applications and supported 545 carers and 456 cared for individuals with carer breaks and essential grants for low-income families at a cost of £97k. Furthermore 103 new carers were identified. Three Towns Carer Group members shared 'we would not normally have applied for support but due to the simple completion of an online application and not having to contact Social Work we were encouraged to apply and were successful in receiving a break from caring'.
3.	NATIONAL CARER UPDATE
3.1	<p>The North Ayrshire Carers Team represent the HSCP at the following forums as a route to seek/share best practice and bring back policy directives: -</p> <ul style="list-style-type: none"> • Carers Leads Meeting (Chaired by Scottish Government Carer Policy Team, attended by HSCP or NHS Carer Leads) • Carers Implementation Steering Group (Chaired by Scottish Government Carer Policy Team, attended by multiple stakeholders such as COSLA, NES, HIS, Young Scot, Carers UK, MECOPP and HSCP Carer Reps)
3.2	<p>In the implementation of local carer plans the HSCP takes direction and guidance for improving carer identification methods, information and support from several areas: -</p> <ul style="list-style-type: none"> • Carers (Scotland) Act 2016 and its National Implementation Plan 2021 – 2023. The plan sets out actions and outcomes in key priority areas to ensure we continue to embed the duties under the Act. • Independent Review of Adult Social Care – Carer Recommendations, with the prominence of supporting carers clear in the consultation for the establishment of the National Care Service, including a shift towards early intervention • Continued COVID-19 recovery plans from Scottish Government.

	<ul style="list-style-type: none"> Upcoming National Carer's Strategy - The Minister for Mental Wellbeing and Social Care has committed to the publication of a stand-alone Carers Strategy in late Spring 2022, with an immediate focus on COVID-19 recovery and a longer-term purpose of improving carer support in a meaningful and sustainable way. The strategy will focus on carers and their needs, setting out how policies across the Scottish Government can work together with other public bodies to support carers as we recover from the pandemic and beyond. National engagement opportunities and their output such as the current Care Inspectorate Carers Inquiry 2022.
4.	<u>Anticipated Outcomes</u>
	<u>Proposed Improvements for North Ayrshire Carers</u>
4.1	A new approach is being developed and implemented for Carer's assessment and support in North Ayrshire where we will focus on putting the carer at the centre and employing what they have told us. Often carers do not want to approach the HSCP or statutory Social Work services, they have never needed to and would prefer an easier and alternative solution to accessing carer support.
4.2	The HSCP have strength of carer voices and guidance from our longstanding Carer's Advisory Group and Carer's Champion, recent success with Carer's IJB representation, Care Improvement Network opportunities and engagement prospects with Unity and local carers. As such carers will sense check and steer the direction of carer improvements at every stage.
4.3	A Carer's Support Development Group was established in November 2021 supported by the Senior Management Team, support services (Finance, Commissioning and Performance/ Systems) and led by the Carers Team and myself as Chief Social Work Officer. Unity have also joined the membership to strengthen collaborative and partnership working.
4.4	The recommendations proposed by the Carer's Support Development Group to implement a better route for assessment, support, and resource allocation for adult carers in North Ayrshire. were presented to the Partnership Senior Management Team in March 2022. The PSMT supported the proposals, subject to IJB approval.
4.5	<p>The following transformational changes are planned with process and functionality to be confirmed over the coming months. A programme plan and timeline have been developed by the Carer's Team in line with the key pieces of work:</p> <ul style="list-style-type: none"> An updated ACSP as the model of carer assessment will be online for easier access and completion by carers. This has been developed with the support of Children's, Adult's, Older People's and Finance Services staff. It meets the legislative requirements of what must be in an ACSP and meets the requirements to enable collection of the current statutory reporting for the Carer Census. Moreover, it has been shared with our Carer Advisory Group members and all stakeholder feedback will be considered in the final model. Widen the net and offer carers an option of routes for accessing carer assessment and support. The HSCP will recruit two posts to be based within Unity premises. One will support the promotion and completion of ACSP and administer our statutory duties of assessment and determining levels of need/ support provision. The second role will administer/ arrange the provision of support or breaks from caring and promote a Short Breaks Bureau model of approach.

	<ul style="list-style-type: none"> • The duty to offer and complete ACSP's will remain with all Social Work Teams as part of a two-tier approach to carer assessment and support. Internal processes and access to resource are being developed and tested. • Re-directing and offering an alternative route to complete a carer's assessment and support to Unity, our commissioned provider, will mitigate some of the barriers identified in the current pathway. It will promote lower levels of support available, promote different solutions to carer breaks and utilise Unity North Ayrshire Carer Service more effectively. • Unity will receive funding on an agreed payment schedule to resource the model. Positive contract amendment conversations have commenced in this regard. • A communication plan is being developed alongside reusable marketing campaign information with North Ayrshire carer branding taking into consideration multiple platforms (social media/ website). It will also be crucial to develop a carer information and support training programme to improve staff across all sectors knowledge, confidence and skills in their role of signposting and supporting carers. • The current North Ayrshire Carer's Eligibility Criteria, attached as Appendix 1, will be amended to extend the eligibility threshold to include those individuals with low and moderate need. This will extend the parameters of support include early and effective support as per the new Strategic Commissioning Plan ambitions meaning lower levels of support will be provided for carers with a view to supporting carers at an early stage and preventing the breakdown of carer supports. The IJB require to formally approve this change to the eligibility criteria. There will be resource implications of widening the eligibility criteria and this will require to be kept under review to ensure demand for services can be accommodated from within the existing budget allocation. • A resource release model has been developed with support from HSCP Finance colleagues. The ACSP questions record the impact of the caring role and hold a weighting. The score feeds through to the support plan and outcomes to be met. This links to the thresholds within the eligibility framework determining the level of budget resource. PSMT agreed to the draft resource allocation model and allotted rates with discretion to the Lead for Carers to extend resource in certain circumstances subject to the total budget spend. A review of the model will return to PSMT after 6 months of operation. • PSMT have requested that this approach is embedded and promoted across services together with the aims of Self-directed Support. The principles being that all supported people including carers have flexibility and choice over how they manage and direct their support and budgets to meet their personal outcomes. SDS guidance also enables and encourages HSCP's to maximise flexibility of spend, to ensure staff and more importantly people can develop their support arrangements to meet their personal outcomes in a way that works for them. • The PSMT agreed to establish a Self-Directed Support Learning Review Board. The Board will include wide representation from across the HSCP, third sector and independent sector partners and will commence late June 2022. The Board remit will be to review SDS and its application in North Ayrshire, with a view to bringing forward a range of recommendations to strengthen SDS understanding, promotion and practice.
4.6	<p>Further development work is ongoing with NADARS, CAMHS and the other HSCP services. Carers linked to some service user and patient groups take longer to recognise or accept their caring role, therefore it is crucial we can support this hard to reach co-hort of unpaid carers. There is a new Project Delivery Officer in the process of recruitment for the carer's team to dedicate time on a rotational basis with specific services to embed carer awareness and improve the message of carer identification and seeking support.</p>

5.	<u>Measuring Impact</u>
5.1	Project plans and timescales have been agreed by PSMT. This work will be progressed through the Carer Support Development Group and Carer Advisory Group. Developments will be composite to the overarching changes to be progressed through the Self-directed Support Learning Review Board.
5.2	Staged reporting will go through the appropriate governance groups. PSMT have requested update reports on a 3 monthly basis and the IJB will be informed of progress.
5.3	Engagement and collaborative work with carers and staff will help gauge the impact of developments as well as where improvements still need to be made to provide better more consistent carer awareness and support. Increased carer registrations, increased breaks from caring requests and sustained carer engagement and/ or increased participation from carers will demonstrate positive and effective working relationships with carers and confirmation that developments are successful.
6.	IMPLICATIONS

Financial:	Carer developments need to be actioned to ensure Carers' Act Implementation Funding is utilised to support Unpaid Carers in North Ayrshire.
Human Resources:	There will be CPD for staff on new procedures, processes and practice to help deliver the key messages of carer identification, information and better support for all carers across all services. There is also the recruitment of a project role in the carer team to increase resource to allow the full extent of plans to be achieved
Legal:	North Ayrshire IJB and the Local Authority must meet their duties under the Carers (Waiving of Charges for Support) 2014 Regulations, Carers (Scotland) Act 2016 and Terminal Illness Regulations (July 2021). This legislation should be held in the same regard as any other pertaining to professional assessment of need and support provision.
Equality:	North Ayrshire HSCP will not discriminate against any carer because of their caring role/ responsibilities or because of the individual(s) they care for. Each carer should be offered information and support based on their own individual/ unique circumstances. In addition, the change to eligibility criteria proposed will support a more holistic I access approach to support.
Children and Young People	The agreed improvements will impact adult carers in the first instance. We will take the learning from this to develop and implement better more consistent support for young carers (aged 5 – 18 years) which is equally a priority and requires resource and time to review the current pathway for young carer support. In the meantime, young carers should continue to be identified and offered the chance to complete a young carer statement through NAC schools and our Social Work Teams.
Environmental & Sustainability:	N/A
Key Priorities:	Ensuring unpaid carers in North Ayrshire are identified and offered early and effective support to continue in their caring role; appropriately directing resources towards carer support services

	and provision of support and strengthen strategic partnerships with our commissioned carer information and support provider, Unity and local carers.
Risk Implications:	There is a risk that future demand and approach for services is unknown and we may not achieve the impact in supporting Unpaid Carers or alternatively will face a significant increase in demand which will require to be managed from within available resources. The demand and progress will be closely monitored.
Community Benefits:	Community benefits will be considered in all activities under the developments for carers and contract with Unity.

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

7.	CONCLUSION
7.1	The IJB are asked to consider the proposed improvements to access supports for Unpaid Carer's in North Ayrshire, including the proposal to extend the eligibility criteria for support. The implementation plan will be closely monitored to ensure we are delivering the desired outcomes.

For more information please contact Scott Hunter, Chief Social Work Officer on 01294 324551] or [scotthunter@north-ayrshire.gov.uk]



North Ayrshire Carer's Eligibility Criteria

Implementation Date: 1st April 2018

Carers Act: Statement of Intent

The Carers (Scotland) Act 2016 (fully implemented 1st April 2018) is intended to better support Scotland's adult and young carers on a more consistent basis so that they can continue to care, if they so wish, in good health, allowing them to have a life alongside caring. *(See appendix one for meaning of carer)*

Specifically for young carers, they should have a childhood similar to their non-carer peers and should be enabled to be children first and foremost, relieved of any inappropriate caring roles, allowing them to have a quality of life.

Carers Act: Provisions

The Act introduces the right to a new Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) *(See appendices two and three for examples)* encouraging meaningful conversations with people to understand their personal needs and outcomes. It will improve the access to support at all levels without any requirement for carers to provide care on a substantial or regular basis. Unity (North Ayrshire Carers Centre) are well placed to help the delivery of lower levels of support including accessible information, advice and guidance across the localities.

Engaging effectively with carers as equal partners will help empower them, providing carers and professionals with more useful information about the support that may be available in our communities. This is also reflected in the duty applied to health boards to involve carers in hospital discharge processes, ensuring support is relevant, appropriately timed and delivered in a cohesive way.

Effective delivery of support to carers will improve the physical and emotional health and wellbeing of carers in turn benefitting those being cared for and can help to sustain good caring relationships.

The North Ayrshire Carers Strategy, for carers written by carers, will be reviewed and a new plan for how we identify and support carers in their localities will be set. This will include a short break service statement again, for carers developed by carers.

An Eligibility Criteria Framework is required to be set locally to help the North Ayrshire Health & Social Care Partnership (NAHSCP) to determine levels of support based on assessed/identified need and impact/risk of the caring role.

Eligibility Criteria Framework: Why and what it achieves

Eligibility criteria ensures we have a fair and consistent system for determining how the NAHSCP targets finite public resources. It is the local authority's duty to set and apply the criteria alongside the ACSP or YCS to exchange information about caring. It means that carers with different needs will be treated equally in accessing the right level of information, advice, support and services.

The Framework covers two aspects:

- I. Levels and types of need for support
- II. The thresholds that must be met to be eligible for support

Eligibility Criteria Framework: Process

The process can be broken down into four phases:

Phase One – A carer who wishes to access support can request an ACSP/YCS from the NAHSCP. It is also the duty of NAHSCP staff to offer an ACSP/YCS on identification of someone carrying out a caring role. This leads to a joint conversation to consider their caring situation and needs, their health and general wellbeing and how they can best achieve their own outcomes. The ACSP/YCS is completed to identify and record fully each carer's individual needs, outcomes and support. Not all carers assessed will have eligible needs. However, all carers have access to information, advice, guidance, and universal preventative services.

Phase Two – The support plan or statement will identify what matters to the carer as well as the impact of caring on their life. As the conversation continues the carer and professional will consider how to achieve the things that matter to the carer.

Phase Three – The eligibility criteria framework is applied here to identify the level of support from the impact or risk of them caring. If there are outcomes that meet the eligibility threshold, it is our duty to offer and explain the four options of Self-directed Support to consider how the carer may have their support delivered along with all options of available resources.

Phase Four – When the level of support has been agreed, and the carer fully informed of all options and resources, the carer will decide how they wish their support to be arranged from the four options of Self-directed Support. The carer will be involved in each stage of the process and in all decision making. A review date will be set and recorded at this point.

Adult Carer Support Plan: Purpose & Preparation

The ACSP will identify and record each adult carer's individual needs, personal outcomes and support to be considered to meet those needs. The plan helps to find out what impact caring responsibilities are having on an adult's life. Adult carers can request a plan to be carried out. The Local Authority must offer and prepare the ACSP on identification of an adult carer, if accepted. Consideration should be given to who is best placed to support the adult carer to prepare their plan. The carer can start to complete their ACSP on their own or with the help of a person or organisation of their choice. However, it is the duty of the Local Authority to accurately capture the carers identified needs and come to a view on the carer's eligibility for support.

In all cases, the local authority must inform the carer of their eligibility and why it has reached that decision. When a carer is identified as having eligible needs for support, the local authority must discuss what these eligible needs are and outline how these might be met via the four options of Self-directed Support. The responsible authority is North Ayrshire Council with the exception of (section 28) the duty for each Health Board to involve the carer before the cared-for person is discharged. This duty applies in situations where:

- The identified carer is an adult carer or a young carer
- An individual is identified who intends to provide care to a patient post discharge
- An individual is providing or intends to provide care but does not self-identify as a carer
- Professionals consider it likely that the patient will require care from a carer following discharge
- A formal discharge process takes place

Young Carer Statement: Purpose & Preparation

The YCS will identify and record each young carer's individual needs, personal outcomes and support to be considered to meet those needs. The statement helps to ensure young carers do not take on inappropriate caring tasks or caring that is inconsistent with their age and maturity. The statement further ensures there is effective planning in place to support young carers in transition to adulthood.

The responsible authority is NHS Ayrshire & Arran for pre-school age, and the NAHSCP via the Named Person Service for school age up to the age of 18 years, or having reached 18 and still in school. Young carers can request a statement to be carried out and we must offer the YCS on identification of a young carer. The YCS should link to the Child's Plan if there is one in place. Consideration has been given to who is best placed to support the young carer to prepare their statement. The NAHSCP and Education & Early Years have agreed it will be Head Teacher/Pastoral staff until the young carer meets the eligibility thresholds of substantial or critical for one or more of their outcomes. The YCS will then be

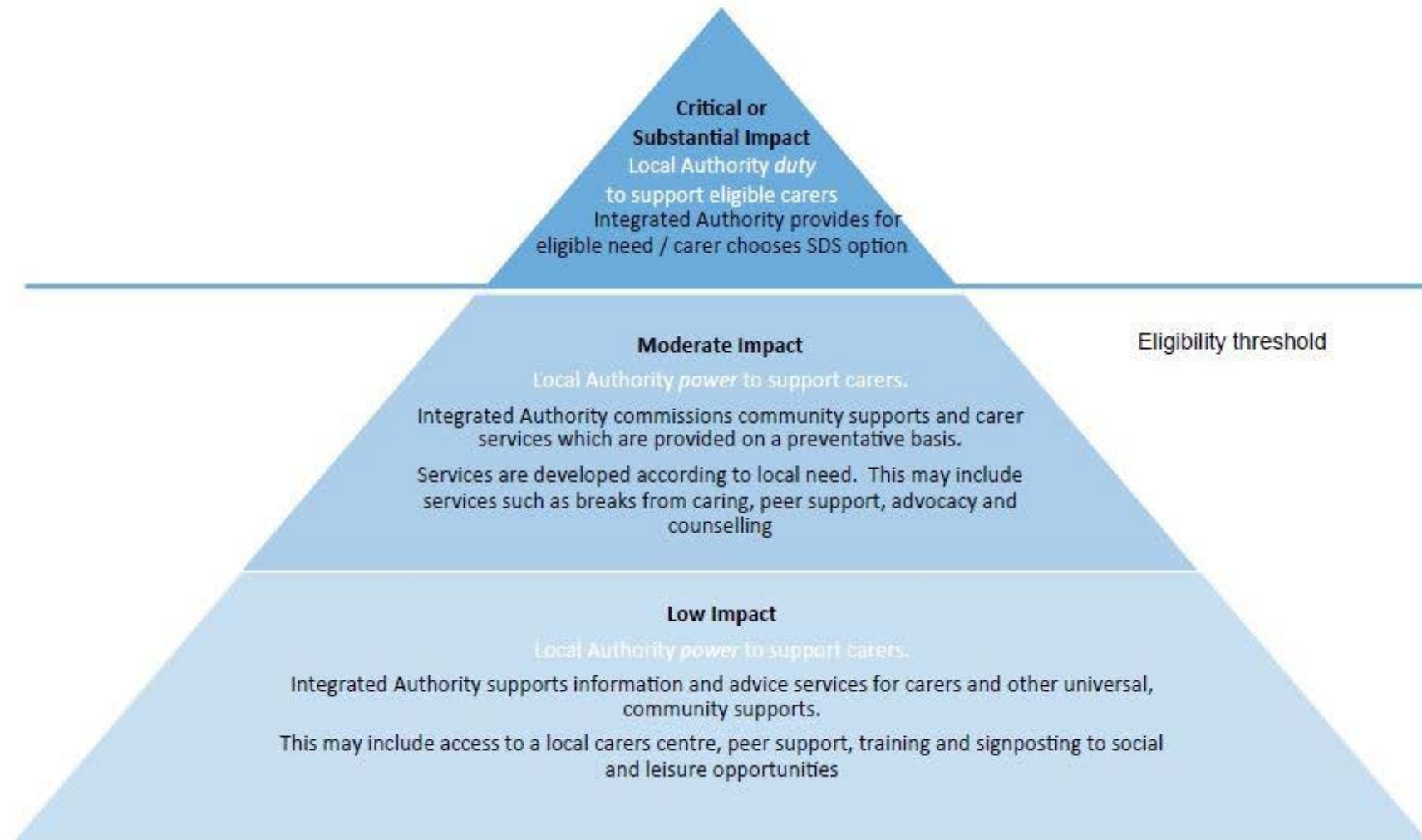
referred to the Named Person Service for tracking and passed to the appropriate Children & Families Social Work Team for action. The outcomes cover the SHANARRI indicators of wellbeing: Safe/Health/Achieving/Nurtured/Active/Respected/Responsible/Included.

Eligibility Risk Indicators

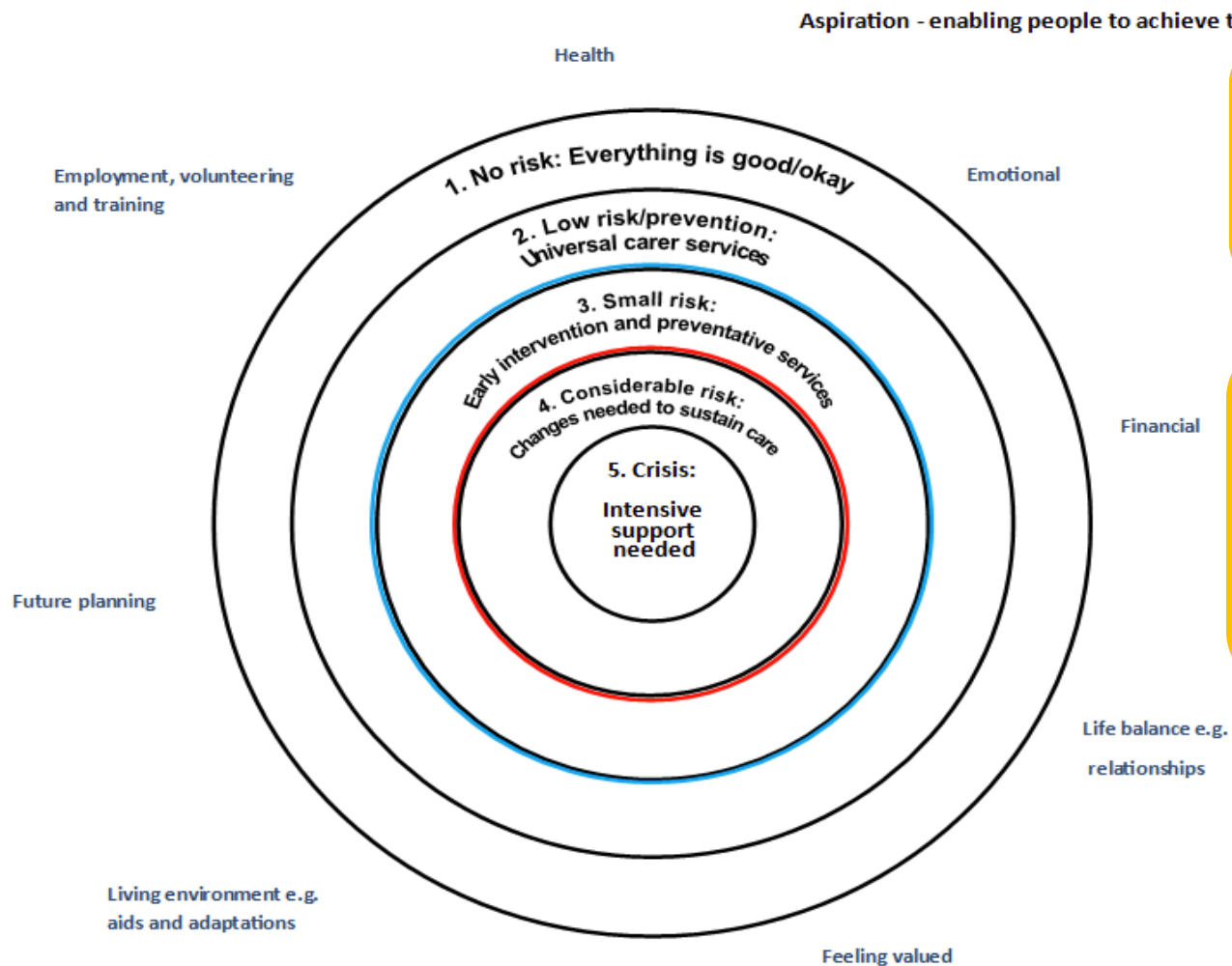
Eligibility for services is decided in terms of risk to an individual. There are five categories:

No Impact	Indicates no quality of life issues as a result of their caring role. There is no risk to the carer's health & wellbeing and they are able to experience a good life balance. There is no current need for information, guidance or support.
Low Impact	Indicates there may be some quality of life issues but they are low in risk to the carer's health and wellbeing and opportunities for independence. Some need for universal and/or preventative information, guidance or support.
Moderate Impact	Indicates there is some quality of life issues and they are causing enough risk to impact on the carer's health, wellbeing and potential for independent living. Some provision of health & social care services may be appropriate.
Substantial Impact	Indicates there is major risk to a carer's health, wellbeing and capacity for independent living. Urgent provision of health & social care services is likely.
Critical Impact	Indicates there is a significant risk to a carer's health, wellbeing and capacity for independent living. Immediate provision of health and social care services is likely.

Eligibility Thresholds: This shows where eligibility sits in relation to carer support in practice and how NAHSCP can support carers. This includes examples of services, which are not intended to be exhaustive or prescriptive (individual and local circumstances will determine services).



Eligibility Criteria Framework: This shows how criteria for reaching thresholds could be used to assess levels of need against the Carer outcomes



Key:

The blue circle shows the threshold between Levels 2 and 3 support.

The red circle shows the threshold between Levels 3 and 4 support – where the Duty to Support is triggered.

How it works: All carers should be offered a carer support plan and free access to general, universal services. Being assessed as 'at risk' in one of the areas of a carer's life triggers entitlement for additional services, which should be based on the four Self-directed Support options. All of these outcomes are discussed during the completion of an ACSP/YCS.

Table of Indicators – Adult Carer Support Plan

	<i>Universal support moving to commissioned services & support (local authority 'power to support')</i>			<i>More targeted commissioned services & support (local authority 'duty to support')</i>	
	Caring has no impact/no risk	Caring has low impact/risk prevention	Caring has clear impact/small, moderate risk. Response needed	Caring has considerable impact/high risk	Evidence of critical impact/crisis
Health	Carer in good health	Carer's health beginning to be affected	Carer's health at risk without intervention	Carer's health requires attention	Carer's health is breaking/broken down
Emotional	Carer has good emotional wellbeing ----- Good relationship with cared-for-person	Caring role beginning to have an impact on emotional wellbeing ----- Risk of detrimental impact on relationship with cared-for person	Some impact on carer's emotional wellbeing is evident ----- Some detrimental impact on relationship with cared-for person	Significant impact on carer's emotional wellbeing ----- Relationship with cared-for person is significantly affected	Carer's emotional wellbeing is breaking/broken down ----- Relationship with cared-for person is breaking/broken down
Finance	Caring is not causing financial hardship - carer can afford housing cost/utilities/food/clothing	Caring is causing a risk of financial hardship - some difficulty meeting housing cost/utilities/food/ clothing	Caring is causing some detrimental impact on finances - difficulty meeting housing cost/utilities/food/ clothing	Caring is having a significant impact on finances e.g. difficulty meeting housing cost/utilities/food/ clothing	Caring is causing severe financial hardship e.g. carer cannot afford housing cost/utilities/food/ clothing
Life balance	Carer has regular opportunities to achieve the life balance they want They have a broad choice of breaks/activities promoting physical, mental and emotional wellbeing	Carer has some opportunities to achieve the life balance they want They have access to a choice of breaks/activities promoting physical, mental and emotional wellbeing	Carer has limited opportunities to achieve the life balance they want due to caring They have access to few breaks/activities promoting physical, mental and emotional wellbeing	Carer has few, irregular opportunities to achieve the life balance they want due to caring They have little access to breaks/activities promoting physical, mental and emotional wellbeing	Carer has no opportunity to achieve the life balance they want due to caring They have no access to breaks/activities promoting physical, mental and emotional wellbeing

Feeling valued	Carer feels their knowledge and expertise is always valued by health, social care and other professionals. Consequently they feel included and empowered	Carer feels their knowledge and expertise is sometimes valued and consequently they generally feel included and empowered	Carer increasingly feels their knowledge and expertise is not valued by health, social care and other professionals. Consequently they sometimes feel excluded and disempowered	Carer often feels their knowledge and expertise is not valued by health, social care and other professionals. Consequently they often feel excluded and disempowered	Carer feels their knowledge and expertise is never valued by health, social care and other professionals. Consequently they always feel excluded and disempowered
Future planning	Carer is confident about the future and has no concerns	Carer is largely confident about the future but has minor concerns	Carer is not confident about the future and has some concerns	Carer is anxious about the future and has significant concerns	Carer is very anxious about the future and has severe concerns
Employment	Carer has no difficulty managing caring and employment/education Carer does not want to be in paid work or education	Carer has some difficulty managing caring and employment/education. There is a risk to sustaining this in the long term. Carer is not in paid work or education - long term	Carer has difficulty managing caring and employment/education. There is a risk to sustaining this in the short term Carer is not in paid work or education but would like to be - medium term	Carer has significant difficulty managing caring and employment/education. There is a risk to sustaining this in the short term. Carer is not in paid work or education but would like to be soon	Carer has significant difficulty managing caring and employment /education. There is an imminent risk of giving up work or education. Carer is not in paid work or education but would like to be now
Living environment	Carer's living environment is suitable, posing no risk to the physical health and safety of the carer and cared-for person	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared-for person in the longer term	Carer's living environment is unsuitable but poses no immediate risk	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and cared-for person	Carer's living environment is unsuitable. There are immediate and critical risks to the health and safety of the carer and cared for person

Table of Indicators – Young Carers Statement (Based on NCO Thresholds and SHANARRI Indicators)

	Universal support moving to commissioned services and support (local authority, power to support)			More targeted, commissioned services & support services & support (Local Authority 'Duty to support')	
	No Impact	Low Impact	Moderate impact	Substantial Impact	Critical Impact
Safe/Living Environment	Young Carer free from abuse, neglect or harm at home, at school and in their community.	Young carers situation at home, at school and in their community is currently stable and manageable.	Young carers situation at home, school or in their community is not ideal and potential risk to young carer and cared for person is evident.	Young carers situation at home, school or in their community is not ideal and there are safety risks which cannot be remedied in the short term.	Young carers situation at home, school or in their community is unsuitable and there are safety risks for the young carer and the cared for person.
Health	Young carer is in good physical and mental health with no identified medical needs.	Young carer is able to manage some aspects of their caring/family/social roles and responsibilities. There is a possibility of the young carer's health being affected.	Young carer is able to manage some aspects of their caring/family/social roles and responsibilities. It is evident the young carers health is being affected.	Young carer is having difficulty in managing aspects of the caring/family/social roles and responsibilities. Young carer's mental and physical health is affected as a result.	Young carer has significant physical/mental difficulties due to the impact of their role as a carer which may cause life threatening or long term harm.
Achieving/ education	Young carer continues to access education/training and as no difficulty in managing caring role alongside.	Young carer has some difficulty managing caring alongside education/training. There is a small risk to sustaining education/training in the long term.	Young carer has difficulty managing caring alongside education/training. There is a risk to sustaining education/training in the medium term.	The young carer is missing out on education/training and there is a risk of this ending in the near future due to their caring role.	The young carer is at significant risk or has had to give up education/training due to their caring role.
Nurtured/ relationships	Young carer displays positive emotional wellbeing. They have a nurturing place to live and a positive relationship with the cared for person.	Young carer role beginning to have an impact on emotional wellbeing and may require additional help when needed. Risk of detrimental impact on relationship with cared for person.	Some impact on the young carers emotional wellbeing and on their relationship with the cared for person resulting in a strained relationship. Additional help needed where possible, in a suitable care setting.	Major impact on a daily basis to the young carer's emotional wellbeing and therefore impacts on the cared-for person. Young carer is unable to sustain many aspects of their caring role.	Relationship between the young carer and the cared-for person is broken. The young carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.

	Young carer feels acknowledged by professionals and does not require additional help.				Input is needed immediately for the young carer. The young carer never feels acknowledged and therefore feels excluded.
Active/life balance	Young carer has opportunities to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has some opportunity to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has limited opportunity to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has few and irregular opportunities to take part in activities such as play, recreation and sport at home, in school and in their community. May have a negative effect on healthy growth/development.	Young carer has no opportunity to take part in activities such as play, recreation and sport at home in school and in their community. This has a negative effect on their healthy growth/development.
Respect/ Responsible	Young carer has regular opportunities to be heard and involved in decisions. They have an active and responsible role to be involved in decisions that affect them.	Young carer has some opportunities to be heard and involved in decisions and has an active and responsible role to be involved in decisions that affect them.	Young carer has limited opportunity to be heard and involved in decisions that affect them due to their caring role.	Young carer has few and irregular opportunities to be heard and involved in decisions that affect them due to their caring role.	Young carer has no opportunities to be heard and involved in decisions that affect them due to their caring role.
Included/ Finance	Young carer feels accepted in the community where they live and learn. Young carer has time to take part in community activities. Free from financial stress.	Young carer feels some acceptance in the community where they live and learn but is unsure how to take part in community activities. There is a small risk of financial stress.	Young carer has limited acceptance in the community where they live and learn, due to their caring role. There is a risk of financial pressure.	Young carer feels isolated and not confident in the community where they live and learn. Need for financial support.	Young carer does not feel accepted in the community where they live and learn. Young carer's financial position is severe and there is financial hardship.

Eligibility Criteria Review

This policy and associated procedures will be reviewed within three years subject to any further changes in legislation.

Documents and Policies Related to Eligibility Criteria

Carers (Scotland) Act 2016

Getting it right for every child - GIRFEC

Fair Access to Community Care Services

Self-Directed Support Policy

Local Carers Strategy

Appendix One

Meaning of Carer

- 1) In this Act 'carer' means an individual who provides or intends to provide care for another individual (the 'cared-for person')
- 2) But 1) does not apply –
 - a) In the case of a cared-for person under 18 years old, to the extent that the care is or would be provided because of the person's age, or
 - b) In any case to the extent that care is or would be provided, under or by virtue of a contract or as voluntary work.
- 3) The Scottish Ministers may by regulations –
 - a) Provide that 'contract' in 2) b) does or, as the case may be, does not include agreements of a kind specified in the regulations,
 - b) Permit a relevant authority to disregard 2) where the authority considers the relationship between the carer and cared-for person is such that it would be appropriate to do so.
- 4) In this part relevant authority means a responsible local authority or responsible authority (See section 41 (1) of the Act).

Meaning of Young Carer

- 1) In this Act 'young carer' means a carer who –
 - a) Is under 18 years old, or
 - b) Has attained the age of 18 years while a pupil at a school, and has since attaining that age remained a pupil at that or another school.

Meaning of Adult Carer

- 1) In this Act 'adult carer' means a carer who is at least 18 years old but is not a young carer.

Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 23 May 2022

Title: Whistleblowing Report – Quarter 4, January to 31 March 2022

Responsible Director: Jennifer Wilson, Nurse Director

Report Author: Karen Callaghan, Corporate Governance Coordinator

1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. Board Members are asked to discuss the report on organisational activity in relation to Whistleblowing concerns raised in Quarter 4 (January – 31 March 2022).

2.2 Background

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

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to

improve services as a result of concerns. The first annual report will be presented in August 2022.

In NHS Ayrshire & Arran the agreed governance route for reporting on whistleblowing is to Staff Governance Committee and then to the NHS Board. The NHS Board report will be shared with Integration Joint Boards following the NHS Board meeting.

2.3 Assessment

As zero Whistleblowing concerns were received in Quarter 4 (Q4) a detailed report is not possible and a summary is provided below to provide information on Whistleblowing cases received, progress with investigations and improvement plans. The first Annual report for Whistleblowing is being progressed and will be submitted to Staff Governance committee and the NHS Board in August 2022.

- Chart 1 below shows the total number of concerns investigated as Whistleblowing in 2021/22.



Chart 1

- Investigations: One case remained open from Q3. This was concluded at the end of March 2022 with the concern upheld. The investigation lead is meeting with the senior management team of the area concerned to discuss the recommendations prior to drafting of the improvement plan. The plan will be owned and managed by the senior management team and reported through the Site and Mental Health Governance Committee.
- Improvement plans: Table 1 shows status of investigations. Of five completed investigations, four required improvement plans and one required a learning plan. These are monitored through Directorate Governance routes with feedback on closure to the Whistleblowing Oversight Group.

Number Investigations closed	Numbers of Improvement Plans		Number of Learning Plans	
	In Progress	Closed	In Progress	Closed
5	3	1	1	

Table 1

- Experience of individuals raising concern/s: A feedback survey is being piloted, with a response rate of 25%. Although feedback received has been limited this has been positive, for example, when asked: "What was your impression of the staff that were dealing with the concerns?" the response was "Very helpful and I truly felt I was being taken seriously".

Further information from the feedback survey will be available in the Annual report.

- **Communications:** Whistleblowing communications will be refreshed in the coming month. This will remind staff about how to raise a WB concerns and will include refreshed and updated 7 minute briefings. An anniversary communication is also being considered to mark the one year anniversary of The National Whistleblowing Standards going live. As zero concerns were received consideration on how communications are shared will be reviewed.
- **Training:** Reminders will be issued to remind managers and staff to complete the mandatory Turas Learn modules. To date 2233 staff and 450 managers have accessed the training modules. A review of the benefits of continued Facilitated Sessions for managers and offering lunch time learning sessions for staff is underway.
- **Review of process:** Given the one year anniversary since the launch of The Standards a review of our processes and guidance is being undertaken. This will consider learnings from cases received over the past year, advice and guidance from the INWO and best practice from other health boards which is shared through the Whistleblowing Practitioners Forum, attended by the Head of Corporate Governance and Corporate Governance Coordinator. Feedback from those involved in the process will be considered. The review will also be informed by the outcomes of an Internal Audit into Compliance with Whistleblowing Policies and Procedures taking place during April 2022.

2.3.1 Quality

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of 'Caring, Safe and Respectful' and promoting a culture of psychological safety.

2.3.3 Financial

There is no financial impact.

2.3.4 Risk assessment/management

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation, if staff do not believe they will be listened to and do not feel senior leaders in NHS Ayrshire & Arran are fulfilling the organisation's Values of 'Caring, Safe and Respectful' and promoting a culture of Psychological Safety.

2.3.5 Equality and diversity, including health inequalities

A local Equality Impact Assessment (EQIA) for the Standards is in place and published on our [public facing web](#). This assesses the impact of the Whistleblowing Standards on staff and those who provide services on behalf of the NHS with protected characteristics.

2.3.6 Other impacts

- **Best value:** Governance and accountability and Performance management. The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care. Effective handling of concerns supports the delivery of the Healthcare Quality Strategy.
- **Compliance with Corporate Objectives** - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.7 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group by email
- Staff Governance Committee on 3 May 2022

2.4 Recommendation

The Board are asked to discuss the paper for Quarter 4 (January – 31 March 2022).