

Integration Joint Board Meeting



Thursday, 22 September 2022 at 10:00

**Council Chambers, Cunninghame House, Irvine /
Hybrid via Microsoft Teams**

Meeting Arrangements - Hybrid Meetings

This meeting will be held on a predominantly physical basis but with provision, by prior notification, for remote attendance by Elected Members 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>.

1 Declarations of Interest

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

2 Minutes/Action Note

The accuracy of the Minutes of the meeting held on 25 August 2022 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3 Chief Social Work Officer Annual Report 2021/22

Submit report by the Chief Social Work Officer on the Annual Report required by the Scottish Government (copy enclosed).

4 Director's Report

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

5 Annual Performance Report 2021-22

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) to note the key achievements during 2021-22 and the publication of the Annual Performance Report.

6 2022-23 – Month 4 Financial Performance

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

7 Reserves Policy

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the updated Partnership reserves policy (copy enclosed).

8 North Ayrshire Health and Social Care Partnership and Alcohol and Drug Partnership Implementing Medication Assisted Treatment – update report and Improvement Plan

Submit report by Thelma Bowers, Head of Mental Health on the implementation of new Medication Assisted Treatment (MAT) Standards and requesting endorsement of the North Ayrshire MAT Improvement Plan.

9 Recovery & Renewal for Mental Health

Submit report by Thelma Bowers, Head of Mental Health on the Scottish Government Programme of work for Mental Health Recovery & Renewal investment and service development in alignment with Scottish Government strategic priorities (copy enclosed).

10 Whistleblowing Report – Quarter 1, April to 30 June 2022

Submit report by Karen Callaghan, Corporate Governance Co-ordinator in relation to whistleblowing concerns raised in Quarter 1 (April-30 June 2022) (copy enclosed).

11 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting

Please note: this meeting may be filmed/recorded/live-streamed to the Council's internet site and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being filmed/recorded/live-streamed.

You should be aware that the Council is a Data Controller under the Data Protection Act 2018. Data collected during the webcast will be retained in accordance with the Council's published policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site.

Generally, the press and public seating areas will not be filmed. However, by entering the Council Chambers, using the press or public seating area or (by invitation) participating remotely in this meeting, you are consenting to being filmed and consenting to the use and storage of those images and sound recordings and any information pertaining to you contained in them for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you do not wish to participate in a recording, you should leave the meeting. This will constitute your revocation of consent.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact dataprotectionofficer@north-ayrshire.gov.uk.

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
Christie Fisher	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
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)



North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 25 August 2022 at 10.00 a.m.
involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.

Present (Physical Participation)

Voting Members

Bob Martin, NHS Ayrshire and Arran (Chair)
Councillor Margaret Johnson, North Ayrshire Council (Vice Chair)
Councillor Anthea Dickson, North Ayrshire Council
Louise McPhater, North Ayrshire Council

Professional Advisers

Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Head of Service (HSCP Finance and Transformation)/Section 95 Officer
Darren Fullarton, Associate Nurse Director/IJB Lead Nurse

Stakeholder Representatives

Louise McDaid, Staff Representative (North Ayrshire Council)/Chair, North Coast Locality Forum

Present (Remote Participation)

Voting Members

Councillor Timothy Billings, North Ayrshire Council
Adrian Carragher, NHS Ayrshire and Arran
Christie Fisher, NHS Ayrshire and Arran
Marc Mazzucco, NHS Ayrshire and Arran

Professional Advisers

Alistair Reid, Lead Allied Health Professional Adviser

Stakeholder Representatives

Pamela Jardine, Carers Representative
Vicki Yuill, Third Sector Representative

In Attendance (Physical Participation)

Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Thelma Bowers, Head of Service (Mental Health)
David Thomson, Head of Service (Health and Community Care)
Stuart McKenzie, Senior Manager, CAMHS
Karen Andrews, Team Manager

Diane McCaw, Committee Services Officer
Hayley Clancy, Committee Services Officer

In Attendance (Remote Participation)

Michelle Sutherland, Partnership Facilitator, HSCP
Eleanor Currie, Principal Manager – Finance
Peter McArthur, Senior Manager (Addictions)
Scott Bryan, Strategic Planning Policy and Inequalities Officer
Pat Kenny, Deloitte
Ellis Davidson Horne, Deloitte

Apologies

Dr. Louise Wilson, GP Representative
Philip Hodgkinson, Acute Services Representative
Janet Davies, Lead Psychologist
Aileen Craig, IJB Monitoring Officer

1. Apologies and Chair's Remarks

Apologies for absence were noted.

The Chair welcomed Christie Fisher as the new NHS Non-Executive Member of the Integration Joint Board and thanked Jean Ford and Philip Hodgkinson for their valuable contributions to the work of the IJB.

The Chair agreed to vary the order of business to allow consideration of Agenda Item 16: Appointments as the first item to provide an update on current Membership to the Board.

2. Declarations of Interest

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

3. Appointments

Submitted report by Caroline Cameron, Director (NAHSCP) which detailed the appointment of Christie Fisher as the new NHS Non-Executive Member of the North Ayrshire Integration Joint Board.

The Board agreed to (a) note the appointment of Christie Fisher as the new NHS Non-Executive Member; and (b) approve the appointment of Christie Fisher to the Performance and Audit Committee.

4. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 16 June 2022 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

4.1 Matters Arising from the Action Note

Updates in terms of the Action Note were detailed as follows:-

- Mental Welfare Commission – report to be brought back to the IJB by October 2022;
- Risk Appetite Statement - recommendation from PAC that report template be amended to incorporate alignment with Risk Appetite and this will be embedded in future reports to IJB where a decision is required;
- Communities Mental Health and Wellbeing – update to be provided to a future IJB;
- Medium-term Financial Outlook – discussion on sharing more information will be incorporated into the IJB Development Workshop in September; and
- Unscheduled Care Performance – verbal update at Agenda Item 14.

Noted.

5. 2021/22 Audited Annual Accounts

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Audited Accounts for 2021-22, attached at Appendix 1 to the report. Appendix 2 included the letter of representation signed by the Chief Finance Officer (NAHSCP).

The IJB's accounts for the year to 31 March 2022 were submitted to Deloitte LPP in accordance with the agreed timetable. Deloitte have given an unqualified opinion that the 2021/22 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. During the audit, minor amendments were required around the presentation of the prior year adjustment in respect of the £500 Covid 'thank you' payments which were reported to the IJB through the financial monitoring reports in 2021-22 and in the remuneration report. The overall financial position remains as reported to the Performance and Audit Committee in June 2022.

The Board agreed to (a) note that Deloitte LLP have completed their audit of the annual accounts for 2021-22 and have issued an unqualified independent report auditor's report; (b) approve the Audited Annual Accounts to be signed for issue.

6. External Audit Final Report

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

The key messages of the report were:-

- it was expected that an unmodified audit opinion would be issued;
- effective budget settings and monitoring arrangements were in place supported by an experienced finance team and robust internal audit function;
- a balanced budget had been set for 2022/23, holding unearmarked reserves at a level consistent with its Reserves Strategy and therefore financially sustainable in the short term;
- the IJB continued to have strong leadership with more tailored training being developed for Board Members; and

- there continued to be a clear and robust performance management framework and sufficient arrangements in place to secure best value and in terms of areas requiring further development.

The Chair thanked Deloitte for their work over the years in auditing the IJB and for the valued working relationship.

Noted.

7. Director's Report

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

The report provided an update on the following areas:-

- National developments that included the National Suicide Statistics, the State of Caring 2022 Survey, the consultation on Mental Health and Wellbeing Strategy and the Call for Views and Your Priorities digital consultation on the National Care Service (Scotland) Bill;
- A future report to be provided to the IJB on suicides, drug and alcohol related deaths;
- Ayrshire wide developments that included Awards from the NHS Scotland Event and an update on MARAC Go Live on 1 August 2022;
- North Ayrshire Developments that included Welfare rights Officers in Schools, the launch of a new Wellbeing Instagram Account, the continued partnership with the National Portrait Gallery and the new support resource for staff affected by the death of a young person by suicide; and
- An update on the Covid vaccination programme alongside the flu vaccination programme.

Louise McPhater left the meeting at this point.

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

- The vaccination programme being delivered by start of December 2022; and
- Whether the vaccination programme would also include those who work privately as carers.

Noted.

8. 2022-23 Month 3 Financial Performance

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

Appendix A to the report provided the financial overview of the partnership position, with the full Transformation Plan for 2022/23 provided in Appendix B. Appendix C provided an overview of those service changes with financial savings attached to them

and the current BRAG status around the deliverability of each saving. Appendix D outlined the movement in the overall budget position for the Partnership following the initial approved budget. The local finance mobilisation plan submission was provided at Appendix E to the report with Appendix F showing the IJB reserves position in detail.

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

- the timing of budget revisions in terms of readjustments;
- planning for the future in relation to complex care and delayed discharges;
- the carers underspend figure presented in June being the final position for the last financial year; and
- the projected carers underspend figure for this financial year being lower than last year.

The Board agreed to (a) note the overall integrated financial performance report for the financial year 2022-23 and the current overall projected year-end overspend of £0.050m; (b) note the progress with delivery of agreed savings; (c) note the remaining financial risks for 2022-23, including the impact of remaining Covid-19 estimates and costs; and (d) approve the budget reductions detailed at Paragraph 2.11 of the report.

9. Ayrshire and Arran CAMHS Reform Programme

Submitted report by Stuart McKenzie, Senior Manager on the CAMHS Reform Programme and the actions progressed to continue to implement a programme of significant reform. Appendix 1 detailed hyperlinks in relation to strategic documents mentioned within the report. The report also highlighted areas of redesign and response associated with the Recovery and Renewal plans which evolved through and beyond the Covid-19 Pandemic.

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

- challenges regarding recruitment and any associated delays with commencement of projects;
- opportunities to evolve nursing practice in terms of child and young person mental health;
- work within communities to understand the needs of neurodivergent individuals;
- development of the language and narrative across all aspects of mental health; and
- the commissioning of an 'Extreme Team' approach across Ayrshire and Arran enabling targeted resource allocation to ensure early intervention in relation to children and young people.

Noted.

10. The Promise in North Ayrshire: Update on Progress

Submitted report by Alison Sutherland, Head of Service (Children, Families and Criminal Justice) in relation to ongoing work within North Ayrshire to deliver The

Promise to our children and young people. Appendix 1 to the report detailed The Promise Governance Chart. The report outlined progress being made nationally and locally and detailed the key next steps until March 2024.

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

- the levels and trends in relation to children in care;
- the alignment of further services to early intervention and prevention approaches;
- the commitment from the Scottish Government in terms of funding and the allocation to the Family Wellbeing Fund;
- discussions with Children's Services Planning Group partners on the management of progress; and
- engagement with the third sector.

The Board agreed to note (a) the progress in North Ayrshire to lay the foundations to deliver on the ambitions of The Promise and on the further areas of work planned during Phase 1 to 2024; and (b) that a further progress report and action plan will be remitted to IJB following The Promise Conference to be held in November 2022.

11. Joint Inspection of Children's Services

Submitted report by Alison Sutherland, Head of Service (Children, Families and Criminal Justice) on the findings of the Joint Inspection of Services for Children and Young People at risk of harm. The full report by the Care Inspectorate, noting key findings, strengths and good practice, was detailed at Appendix 1 to the report.

The Board agreed to note the contents of the report including (i) the publication of the Joint Inspection of Services for Children and Young People at risk of harm in North Ayrshire Community Planning Partnership area in June 2022; (ii) the very positive nature of the report, key findings, strengths and good practice and how it reflects the commitment and dedication of staff working across agencies; and (iii) the identified areas for further improvement.

12. North Ayrshire HSCP and ADP Annual Performance Management Report – Alcohol and Drugs

Submitted report by Peter McArthur, Senior Manager, Addiction detailing annual performance information in relation to alcohol and drugs. The Annual Performance Report was attached at Appendix 1 to the report and provided details of access to treatment waiting times, alcohol brief interventions, Naloxone supply, drug related deaths, training delivery and finance.

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

- financial information on funding streams and the challenge for the Partnership and community groups to deliver supportive interventions;
- individuals with lived experience providing support to others while balancing their own recovery;
- the concern regarding gambling in relation to mental health and wellbeing;
- the number of reported lives saved through the use of Naloxone across North Ayrshire;
- Naloxone kit expiry dates and publicity around replacement kits; and

- a future report from the ADP giving a clearer understanding in terms of drug types which have contributed to drug death statistics.

Noted.

13. North Ayrshire HSCP and ADP Implementing Medication Assisted Treatment (MAT) – Annual Report

Submitted report by Peter McArthur, Senior Manager, Addiction, on the implementation of the new Medication Assisted Treatment (MAT) Standards. The MAT Annual Summary report was detailed in Appendix 1 to the report while Appendix 2 provided detail of the RAG status for each of the MAT Standards 1-5 for each of the ADP areas. Appendix 3 detailed an overview of the MAT Implementation Support Team's (MIST's) assessment of MAT implementation in North Ayrshire including a number of Improvement Actions and Appendix 4 noted to obligations contained within recent correspondence from the Minister for Drugs Policy.

Members were provided with further information in relation to the new governance arrangements in terms of accountability for Chief Officers and Chief Executives.

Noted.

14. Unscheduled Care Update

The Board received a verbal update by Caroline Cameron, Director (NAHSCP) following the report to the last meeting of the IJB on 16 June 2022. The verbal update included information in relation to:-

- ongoing work in terms of rightsizing the bed footprint in acute hospitals;
- no additional bed closures to date;
- a number of focussed 'discharge without delay' events supported by HSCP colleagues across Ayrshire and Arran;
- clear targets in place in relation to future phased additional bed closures prior to the winter period; and
- a key priority for improvements in terms of safe staffing levels and patient care experience.

The Board was also informed of a Pan-Ayrshire agreement to report back to IJBs in September an update in terms of any impact on performance, the position in relation to hospital beds, the learning from 'Discharge Without Delay' events and an outline of the next steps.

Noted.

15. NAHSCP Draft Workforce Plan 2022-25

Submitted report by Scott Bryan, Interim Programme Manager, Strategic Planning on the draft Workforce Plan 2022-25. The draft Workforce Plan was detailed in full at Appendix 1 to the report. Appendix 2 provided information on actions and desired outcomes.

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

- nursing gaps highlighted within the Plan;
- consultation and engagement with professional leads from a range of stakeholders;
- collective discussion in terms of future workforce; and
- the inclusion within the Plan of a further commitment to work with the Third Sector to identify and deliver plans and resources.

The Board was advised to contact Scott Bryan direct with any further feedback in relation to the Plan.

Noted.

16. Clinical and Care Governance Annual Report

Adrian Carragher left the meeting at this point.

Submitted report by Darren Fullarton, Lead Nurse/Associate Nurse Director providing Clinical and Care Governance Group (CCGG) update on governance activity for the period August 2021 – August 2022. The revised Terms of Reference for the CCGG were detailed at Appendix 1 to the report. Appendix 2 detailed action plans in response to recommendations from the Mental Welfare Commission visits across North Ayrshire.

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

- a potential refresh of the staff input to the Group; and
- specific input from the pharmacy professional group.

Noted.

The meeting ended at 12.40 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 25 August 2022

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Mental Welfare Commission Report: Authority to Discharge	21/10/21	The Board agreed to (a) note the terms of the report; (b) approve the North Ayrshire Health and Social Care Partnership response to the recommendations; and (c) receive an update report to the IJB in 12 months in terms of progress with the recommendations of the Mental Welfare Commission report.	Update by October 2022	David Thomson
2.	Communities Mental Health & Wellbeing Fund	17/3/22	The Board agreed to (a) note the terms of the report; and (b) note that a report would be brought to a future meeting of the Board, for consideration, which would provide learning and an evaluation of what worked, and what did not, in respect of the Fund distribution process, etc.	Update has been included in the MH Recovery and Renewal Report tabled on 22/9/22 – no further action required.	Vicki Yuill
3.	Medium-Term Financial Outlook	17/3/22	The Board agreed to (a) note the Medium-Term Financial Outlook and the potential financial position in years 2 and 3; and (b) approve the setting up of a Workshop, at the appropriate time, in order to help and facilitate consideration of matters going forward once the funding position, by the Scottish Government, had become clearer.	Agreed to Set up a Workshop, at the appropriate time, once funding position, by the SG, had become clearer. Update – IJB Development Workshop taking place in September 2022.	Paul Doak

4.	Unscheduled Care Performance	16/6/22	The Board agreed to (a) (b) receive a performance update at the next meeting in August and thereafter consider any further interventions required; and (c)	Verbal update provided 25 August 2022. This will be deferred to IJB on 20 October to align with East and South Ayrshire	Caroline Cameron
5.	Director's Report	25/8/22	A future report to be provided to the IJB on suicides, drug and alcohol related deaths.	Date tbc	Caroline Cameron
6.	The Promise in North Ayrshire: Update on Progress	25/8/22	The Board agreed to note (b) that a further progress report and action plan will be remitted to IJB following The Promise Conference to be held in November 2022.	Early 2023	Alison Sutherland
7.	North Ayrshire HSCP and ADP Annual Performance Management Report – Alcohol and Drugs	25/8/22	A future report to IJB from the ADP giving a clearer understanding in terms of drug types which have contributed to drug death statistics.	IJB 17 November 2022	Billy Brotherston/ Peter McArthur

Integration Joint Board 22 September 2022

Subject :	Chief Social Work Officer Annual Report 2021/22
Purpose :	To provide Integration Joint Board members with awareness of the annual Chief Social Work Officer report which is required by the Scottish Government.
Recommendation :	<p>Board are asked to note:</p> <ol style="list-style-type: none"> 1. the contents of this report, in particular the successes and challenges and; 2. the skilled and compassionate interventions of our practitioners and managers

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CSWO	Chief Social Work Officer
MAPP	Multi Agency Public Protection Arrangements

1.	EXECUTIVE SUMMARY
1.1	There is a requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) and this is contained within Section 3 of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government etc. (Scotland) Act 1994.
1.2	In line with the legislation and guidance, the CSWO is required to prepare an annual report for the Council, on all statutory, governance and leadership functions of their CSWO role.
1.3	Given all social work and social care functions have been formally delegated to the Integrated Joint Board this report will also be presented to North Ayrshire Council's Cabinet

2.	BACKGROUND
2.1	In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE and others, identified a more standardised approach to prepare the annual reports.
2.2	To reflect the changing environment the requirement to report specifically on Covid 19 has been removed from this year's report template.
2.3	The report provides an overview by the CSWO of the partnership structures, governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire. It looks more closely at the statutory functions of the service and the quality and workforce development within our services. The report is also forward looking, reviewing the preparation for key legislative changes that will impact on our delivery and outlining the key challenges the service will be facing in the forthcoming year.
2.4	The report highlights the range of Social Work activity throughout the year and places that in the context of the socioeconomic challenges faced locally. Of note, the following three areas should be highlighted:
2.4.1	<p>Data from the reporting period suggests 28% of children in North Ayrshire live in poverty. The broader socio-economic factors that bring to bear this set of circumstances are understood and actions to address this are taking place in many arenas. However, it is my duty to continue to highlight the impact of this on children, families and in particular the impact of this on future life opportunities.</p> <p>Social Workers and Social Work Assistants use a range of interventions to support families to mitigate the worst effects wherever possible. These interventions, to this point, are offering some success as we are not seeing a rising number of children either on our child protection register or becoming looked after. With the economic situation currently with us it remains to be seen what the impact of this will be on our children, families and broader communities over the coming winter in particular.</p> <p>I remain confident in the capacity of children's social work services to deliver statutory social work services in the coming year.</p>
2.4.2	Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. The application of CPO's remain a fundamental pillar in the diversion from prison whilst also delivering productive outcomes that benefit our wider community. Performance in this area remains high with 100% of level one orders complete and 92% of level two orders completed within timescales.

	Within the broader justice arena it is important to bring to boards attention the increase in MAPPA cases being managed at all levels. The management of these cases requires skilled interventions across public protection agencies and Social Work services are central to this.
2.4.3	<p>Within adult services the environment remains complex. In particular the support needs of our communities in relation to mental health and wellbeing remains significant and reflective of our times.</p> <p>The year past has seen continued increases in a range of activity undertaken by our Mental Health Officers (MHO) including guardianship activity, detentions and the various legal orders utilised to protect individuals. We continue to look at ways to enhance our offer to our communities and have successfully piloted a <i>stand alone</i> MHO Team. This has separated the MHO function from the broader care management function had has allowed us to see our waiting times for assessment plateau while also seeing a reduction in waiting times for some of those awaiting discharge from hospital.</p> <p>I remain acutely aware of the increasing demand and skills required to deliver this aspect of Social Work and we continue to sponsor Social Workers to undertake the MHO function. We are also in the process of developing clearer professional standards to support our Social Workers in the skilled delivery of these services.</p>
3.	PROPOSALS
3.1	It is proposed that the Integration Joint Board notes the key themes and challenges detailed in the report and that it endorses the report as set out in Appendix 1.
3.2	<u>Anticipated Outcomes</u>
	That the Integration Joint Board, North Ayrshire Council and the Scottish Government are made aware of the positive impact of Social Work Services in North Ayrshire as well as the significant challenges that are being faced.
3.3	<u>Measuring Impact</u>
	Impact will be measured in terms of the direction and support to continue to transform the delivery of Social Work Services.
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None

4.4	<u>Equality/Socio-Economic</u> None.
4.5	<u>Risk</u> The Integration Joint Board has been delegated authority to provide Statutory Social Work Services on behalf of North Ayrshire Council. Any significant failure in the delivery of these services brings a high degree of significant risk to individuals and a high degree of reputational risk.
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> This report covers matters which contribute to the key priorities around vulnerable children and adults within the North Ayrshire and the Council and IJB Strategic Plans.
5.	CONSULTATION
	The Extended Partnership Senior Management Team have contributed to the contents of this report.

Caroline Cameron
Director HSCP/Chief Officer

For further information please contact **Scott Hunter, Chief Social Work Officer**, at scotthunter@north-ayrshire.gov.uk

Appendices

- Appendix 1, CSWO Annual Report 2021/2022

Chief Social Work Officer Report



2021 – 2022

Contents

Introduction	1
North Ayrshire Demographics	2
1. Governance and Accountability	3
1.1 Overview of the North Ayrshire Health and Social Care Partnership.....	5
Visions, Values and Priorities	5
North Ayrshire Needs Assessment.....	6
2. Service Quality and Performance	8
2.1 Children, Families and Justice Services	8
The Promise	9
Inspection of Children's Services.....	9
Rosemount Crisis Intervention Team	10
Justice Services.....	11
Community Payback Orders.....	11
Caledonian Women's Service	13
Moving Forward Making Chances	13
Drug Treatment and Testing Order Team	14
MAPPA	14
2.2 Health & Community Care	15
Overview.....	15
Adult Support and Protection	15
Care at Home.....	16
Respite Services.....	16
Day Services	17
Dirrans Centre.....	18
The Carers Team	18
Money Matters	19
Arran.....	19
Ayrshire Out of Hours Social Work Service	20
2.3 Mental Health	22
North Ayrshire Drug and Alcohol Recovery Service (NADARS).....	24
Learning Disability Services	26
2.4 Independent Care Providers who provide care services on our behalf	28
2.5 Inspection of Local Services.....	29

3. Resources	30
3.1 Financial Pressures	30
3.2 Financial Performance.....	31
3.3 Medium Term Financial Outlook	33
4. Workforce	34
4.1 Workforce Planning – Staffing and Recruitment Issues.....	34
4.2 Workforce Development.....	34
Appendix	37
MHO Service.....	37
Adult Protection	38
Child Protection	39
Looked after Children	40
Emergency Placement	40
Secure Placements	41
Justice Service.....	41

Introduction

Welcome

It is a pleasure to introduce this year's annual Chief Social Work Officer report for North Ayrshire which covers the period 1st April 2021 through 31st March 2022.

These remain unprecedented times for social work and social care services. A unified voice is more important than ever to ensure the contribution social work makes to our communities' collective wellbeing is recognised and understood. I firmly believe some of our key successes this year will ensure improved outcomes will continue to be possible for our residents. I also firmly believe our commitment to overcome the risks that present in relation to the enduring harm caused by endemic poverty and the long-term impacts of Covid, will see us ensure the contribution of Social Work is better understood and strengthened in North Ayrshire.

In the year ahead we will continue to ensure our Social Work services continue to work in a way that puts our residents at the centre of their care. We will also seek to ensure that when protective measures are required, these are applied in such a way that ensures the safety of those affected, and includes them wherever possible. Finally, I am clear that a key principle of Social Work has always been to challenge discrimination and oppression, and we will seek to ensure Social Work services do this whenever presented with these circumstances.

I would also like to place on record my appreciation of the compassion and commitment displayed day in, day out by our practitioners, managers and support staff to ensure that Social Work services are delivered to the best of our abilities to our communities. Finally, having joined the organisation in December 2021 I would like to place on record my thanks to Elizabeth Stewart for her skilled contributions and leadership as interim and now Depute CSWO.

Scott Hunter

Chief Social Work Officer

North Ayrshire Health and Social Care Partnership

North Ayrshire Demographics

North Ayrshire is home to approximately 134,220 people, (National Records for Scotland, Mid-2021 Population Estimates Scotland) all living in its many towns, villages, and islands, with slightly more females (52.5%) than males (47.5%). 16.3% of the population are aged 0 to 15 years, 9.8% are aged 16 to 24 years, 21.5 % are aged 25 to 44%, 29.1% are aged 45 to 64 years of age, 13.1% ages between 65 to 74 years of age, with 10.2% of our population aged 75 years and above.

The latest update of the Scottish Index of Multiple Deprivation has reconfirmed the deep structural challenges faced by many communities in North Ayrshire, despite steady progress by North Ayrshire Council in its ongoing commitment to eradicate poverty. North Ayrshire is ranked as the fifth most deprived council area in Scotland. Some of the area's most heavily affected by deprivation are concentrated in the Three Towns and Irvine areas but areas in Kilwinning and the Garnock Valley also have above average deprivation.

All our communities in North Ayrshire have their own characteristics and needs and we recognised that a one size fits all approach to service delivery is not appropriate. A blanket service may be of great benefit to one community and of little value to another.

Therefore, we are now designing local services based on local need, identifying the health and social care priorities in communities, and developing services that help people access the right services at the right time.



1. Governance and Accountability

The requirement for each Local Authority to have a Chief Social Work Officer (CSWO) was initially set out in Section 3 of the Social Work (Scotland) Act 1968 and was further enshrined through Section 45 of the Local Government etc. (Scotland) Act 1994. The overall aim of the CSWO role is to ensure that North Ayrshire Council and North Ayrshire Health and Social Care Partnership (HSCP) receive effective, professional advice and guidance in the provision of all Social Work services, whether provided directly, in partnership with other agencies, or purchased on behalf of the local authority. Alongside this the CSWO, as the professional lead, provides professional governance, leadership, and accountability for the delivery of social work and social care services. Critically, Social work services are delivered within a framework of statutory duties and powers that are required to meet national standards and provide best value. Local Authorities are required to ensure there is CSWO cover 7 days a week 365 days per year.

Since the advent of HSCPs, the role of the CSWO remains complex, given the diversity of governance and accountability structures. The responsibility for the operation of Social Work services was devolved to the Integration Joint Board (IJB) and as such the CSWO is a standing member of the IJB as the professional advisor on Social Work matters. The CSWO's responsibilities in relation to local authority social work functions continue to apply to services which are being delivered by other bodies under integration arrangements however, the responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the local authority. Elected Members have important leadership and scrutiny roles in councils, and it is essential they assure themselves that the quality of Social Work services are maintained and risks are managed effectively.

Within the NAHSCP, The CSWO is a member of the Partnership Senior Management Team (PSMT) alongside Heads of Service, Principal Managers, and other professional leads for health disciplines. The PSMT meets on a regular basis. Out with these meetings, the CSWO meets regularly with the NAHSCP Director and Heads of Service and contributes fully to any matters relating to social work quality and performance. Regular meetings with the Chief Executive, to whom I am directly accountable, as well as attendance at strategic forums allow me to effectively deliver the functions of the CSWO in North Ayrshire.

The CSWO is a member of a range of forums however critically the CSWO provides advice to the following key groups: the Partnership's Integration Joint Board, comprising of members nominated and appointed by NHS Ayrshire and Arran and North Ayrshire Council; the Partnership's Senior Management Team comprising the Director and senior managers responsible for health and care services; the Chief Officer Group (COG) as professional adviser for Public Protection (child protection, adult protection and MAPPA); Child Protection Committee and Adult Protection Committees.

The CSWO continues to be a key member of both Care Home and Care at Home Oversight Groups which were established at the onset of the pandemic and continue

to provide support to the sector today. These groups provide a critical forum to disseminate update national guidance, policy and practice changes. The groups, which meet weekly also seek to manage emerging critical issues in relation to staffing and standards of care. The groups remain the gateway to initiation of large scale investigations (LSI) where there is significant concern in relation to any aspect of service where harm has been, or is likely to be, experienced. LSI's within the partnership are chaired by the CSWO who facilitates a multi-agency response to the identified risk.

The CHOG and CAHOG also provide the means by which oversight and action is directed in response to providers within the market who are no longer able to deliver agreed contractual obligations. In such cases commissioning and operational colleagues respond in a manner that seeks to assure continuity of care wherever possible. It is important to reflect that these circumstances have occurred in the reporting period and the partnership response led to a successful transition for those residents affected. It is also crucial within the context of this report to be transparent in relation to the strain these events place on the partnership infrastructure, however we are clear that the standards of care we seek for our residents will not diminish.

With other changes over recent years, the key role of the CSWO has become more complex and challenging. Local Authorities need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively. This is recognised and supported in North Ayrshire particularly with the development of a specific Chief Social Work Officer role which is independent of the Heads of Service for Adult, Justice and Children's services, and reports directly to the Chief Officer / Director of Health and Social Care. To fulfil these responsibilities in North Ayrshire, the CSWO has direct access to Elected Members, the Chief Executive and reports directly to the Chief Officer of the HSCP.

The CSWO continues to work across professional boundaries in the HSCP and the ability to do this effectively has been strengthened by the stand alone CSWO role in North Ayrshire. Health colleagues require advice from the CSWO in terms of their role, remit and responsibility for the social work tasks undertaken within their integrated teams. Conversely, Social Workers, rightly demand the support and clarity provided by their professional lead.

As professional lead for social work in NAHSCP, I chair a monthly Social Work Governance Board which focuses on the quality and support required by our social work staff, both registered and non-registered, to ensure we deliver effectively to the people of North Ayrshire. The SWGB reports into the overarching NAHSCP Clinical Care and Governance Board, of which I am a member, as the means to provide scrutiny and assurance to the IJB as to the quality of health and social care services delivered on its behalf.

1.1 Overview of the North Ayrshire Health and Social Care Partnership

Visions, Values and Priorities

North Ayrshire Health and Social Care Partnership is working towards a vision where:

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

Our Partnership includes health and social care services within Health and Community Care Services, Mental Health and Learning Disability Services and Children, Families and Justice Services.

This report aligns with our Bridging Strategic Commissioning Plan. This one-year plan built on our existing plan ‘Let’s Deliver Care Together (2018-2021)’ and reflected our response to the COVID-19 Pandemic. The plan set out our pandemic recovery intentions, as well as offering a longer-term vision for local health and social care services.

This Bridging Plan allowed us to confirm with the people who use our services and North Ayrshire residents and staff that during the bridging year, we would continue to focus on these five **priorities**:



Our new Strategic Plan will cover the years 2022-30 and is available at the following [Link](#)

North Ayrshire Needs Assessment

To better understand the health and care needs of North Ayrshire, we produced a Strategic Needs Assessment. The following summary provides some of the key areas for action.

In addition to the demographics provided earlier in this report, population projections continue to suggest two population changes which will have an impact on health and social care in the future.

- The North Ayrshire population continues to decrease and is expected to shrink by 2.1% between 2018 and 2025
- Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for over 25% of the population by 2025. This also implies a shrinking younger (0-15) and working age (16-64) population.

Between 2018 and 2025, those aged between 65 and 74 years will increase by 2.8% to account for 13.3% of the population. However, those aged 75 plus will increase by 21.3% over the same period and will account for 11.9% of the population in 2025 (or 15,751 people).

North Ayrshire continues to be an area of high deprivation resulting in both social and health inequalities across the population. The most recently published Scottish Index of Multiple Deprivation figures suggest as much as 42% of North Ayrshire's population live within areas that are considered among the most deprived areas in Scotland. Information published by the charity EndPovertyNow, suggests that 28.3% of children in North Ayrshire live in poverty, greater than 1 in 4 children.

27% of local people are living with a long-term condition (LTC) (which could include Arthritis, Asthma, Diabetes, Chronic obstructive pulmonary disease (COPD)). Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age. Only 1.7 people in 10 under 65 have a long-term condition, unlike those 85+ where 9.2 people in every 10 live with a LTC. Those living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared with less than 5% of under 65s.

Across most acute hospital measures (including, Emergency Admissions, Unscheduled Bed days, Delayed Discharges and preventable admissions), we see higher proportions of people from older age groups, and as highlighted before, those proportions increase with age. As such, those aged 75 years or over account for the greatest volume of emergency admissions, unscheduled bed days and delayed discharges. When taking this in context with the population projections, a growing population of those aged 75 years plus is likely to place additional demands on local health and care services.

However, those aged 75 years plus also account for the greatest volume of potentially preventable admissions, which suggests more community-based services could help reduce demand on acute hospitals.

Mental Health concerns continue to rise, with the percentage of the local population receiving medication for some form of mental health condition increasing each year.

In 2020, 22.0% of local people were receiving some form of Mental Health medication. North Ayrshire is continually higher than the overall percentage for the health board area and Scotland. This suggests a greater demand for local Mental Health support. When looking at hospital admissions, North Ayrshire's rates are below that of Scotland as a whole, and mostly in line with the NHS Ayrshire and Arran health board area. However, unlike general acute admissions, the highest proportion of Mental Health admissions are amongst adults aged 18-44 years, suggesting a demand within this age group for mental health services.

In 2018, 73% of primary 1 children in North Ayrshire were reported as being of a healthy weight and as having no dental concerns. While this is a positive figure, it suggests that 27% of local children are not of a healthy weight and have concerns over their dental health. For healthy weight, North Ayrshire compares unfavourably with the health board area (75%) and with Scotland as a whole (77%). For dental care, North Ayrshire compared favourably with the health board area (70%) and with Scotland as a whole (72%).

A further priority for action is in relation to substance use. While alcohol related admissions to hospital appear to decrease year on year, North Ayrshire reports higher volume of admissions compared to the Health Board Area and Scotland as a whole.

In addition, alcohol related deaths were reported as increasing 24.9 (per 100,000) at the latest reported data, with North Ayrshire experiencing a higher proportion of deaths when compared to the health board area (19.5) and Scotland as a whole (20.4).

Like alcohol related hospital admissions, admissions related to drugs are also continually higher in North Ayrshire when compared with the health board and Scotland. Drug related admissions are increasing year on year in North Ayrshire, the health board and across Scotland. Drug related deaths across Scotland have steadily increased year on year. In both North Ayrshire and the health board area, the proportion of drugs deaths has fluctuated each year. However, despite fluctuations, in most years North Ayrshire has reported a higher number of drug related deaths against both the Health Board area and Scottish average. In 2020, the rate per 100,000 of drug related deaths in North Ayrshire was 35.26. For the Health Board, this was 33.18 and for Scotland was 25.44.

2. Service Quality and Performance

2.1 Children, Families and Justice Services

Regular performance reports are readily available within Children and Families which includes activity data and management information which allows staff to see how our teams are performing and responding to risk. Key data in relation to Child Protection Referrals, Investigations and Case Conferences are collated, alongside data in relation to Adoption and Permanence.

The number of child protection concerns received by the Partnership this year compared to last year has **decreased by 15%**. Concerns which have progressed onto Child Protection Investigations remain largely static to last year with a conversion rate around **40%**. **59%** of cases subject to a CP investigation then progressed to case conference. With **90%** of children subject to a case conference then being placed on the Child Protection Register. Risk factors most commonly associated with Child Protection Registrations this year are **Emotional Abuse, Parental Mental Health problems and Domestic Abuse**. During **2021/22** there were **235** de-registrations and **169** of these were due to improved home situations.

This year the Partnership has seen a **fall** in the number of Child Protection Orders being applied for and granted. A **significant decrease** on last year of around **72%**, with a total of **11** Child Protection Orders being authorised.

In the last year, there has been a decrease in the number of children and young people newly accommodated. In this reporting period, **49** young people were newly accommodated, a decrease of **14** children from the year before. This is the lowest number of young people requiring alternative care **since we began recording of this data (2013/2014)**.

As expected, due to the impact of the pandemic on court functions, the number of children either being legally secured through adoption or permanence has also decreased, as did the number of children who had decisions made about their long-term future. There were 5 successful adoptions in 2021/22

Children and young people requiring the intensive safety which secure care brings, **increased slightly, from 1 to 2, during 2021-22**.

Our number of in-house foster carers **fell from 103 to 99** over the last year, with **8** new foster carers being approved. As at **31/03/2022, there were 156** children with Foster Carers provided by the Local Authority. The number of children in Kinship care has **increased to 354**.

Please see the appendix for full statistical information.

Outwith Child Protection and Adoption and Permanence work, our Children and Families Teams have been involved in a variety of other work to support our children and young people over the last 12 months.

The Promise

In the past year, substantial work has been undertaken to progress the commitment to lay the foundations to deliver on The Promise in North Ayrshire during the 'bedding down phase' (Phase 1) of the 10-year implementation plan.

The Promise is a large-scale, complex 10-year change programme with multiple objectives and interlinked activities, across multiple partners. Building for the future takes time. To maximise impact and ensure sustainability of approach, a firm foundation needs to be built to give assurance of governance and accountability; to allow all partners to be clear of their own, and collective, roles and responsibilities; and on which to build all future developments.

The Promise sets out a clear commitment for all corporate parents to have an enhanced understanding of the experiences of those who have spent time in care, and to drive forward the findings and recommendations. Delivery of The Promise does not sit in isolation and also cannot be delivered by North Ayrshire Council alone. Delivery sits alongside the commitment to incorporation of the United Nations Convention on the Rights of the Child (UNCRC), our Corporate Parenting Plan, North Ayrshire's Child Poverty Strategy, the Children's Services Plan and work in relation to children and young people's mental health and wellbeing. Delivery and progress with all of these plans require multi-agency working across a number of partners.

Between April 2021 and March 2024, The Promise is within the "Bedding Down" phase where;

- Early intervention and prevention will become standard with obsolescence of crisis services commenced.
- The necessary legislative reform will be underway to make sure The Rules are enabling.
- A practice and culture change programme will be embedded.

Inspection of Children's Services

A joint inspection of services for children and young people at risk of harm across North Ayrshire took place between August 2021 and April 2022. Inspection activity was reinitiated after an initial delay occurred due to the pandemic. Between August 2021 and April 2022, the inspection team gathered evidence from staff surveys; survey responses from children and young people and from parents and carers; reading a position statement prepared by the partnership and undertaking an analysis of all available evidence and publicly available information about the partnership. Findings of the inspection will be published in June 2022 and impacts on Social Work services reported on in next year's CSWO annual report.

Rosemount Crisis Intervention Team

The Rosemount Crisis Intervention Team deliver individualised and tailored packages of support, with the aim of strengthening parenting capacity, empowering young people, and keeping families together within their communities. The work of the service ties-in closely with The Promise in that the five foundations of the promise – Voice (child-centred approach that advocates for the needs/rights of young people), Family (taking a whole family approach to ensure residential accommodation is a last resort), Care (where children can't remain with birth parents, we seek to promote Kinship care), Scaffolding (building networks of support within local communities) and People (fostering positive relationship between our workforce and those we support) – is reflected in the work we do.

During the year 2021-22, the Rosemount Project supported 314 children, parents and carers. The service is committed to whole family support and, wherever possible, will include siblings, parents/carers and extended family members in the parenting interventions and family work that the service facilitates. Rosemount has supported 96% of the young people we have been involved with to remain within family settings.

The figures above reflect an increase in the number of individuals supported from the previous financial year; from 1st April 2020 to 31st March 2021, Rosemount supported approximately 276 young people and their parents/carers. Of those 276 cases, 95% of young people were maintained within a family setting. We have had a 12% increase in individuals we have supported (276 to 314), which reflects an increase in the rate of referrals since we have entered a recovery period following COVID-19, as well as the fact that the team have been able to engage with a higher proportion of individuals as COVID-19 restrictions have gradually eased. The success of the service in the past year is testament to the relationship-based values the service is predicated on, as well as the ability of the team to upskill and empower families to resolve their differences and stay together.

From 1st April 2021 to 31st March 2022, Rosemount provided weekend support over 47 out of 52 (90%) weekends. The number of individual cases supported on a Saturday/Sunday ranged from 1 to 6, with an average of 3 cases contacted throughout the year. It is important to note that weekend support is primarily to ensure the most vulnerable situations are provided with a level of advice and guidance to assist parents/carers to maintain appropriate boundaries, whilst responding to any risk taking or challenging behaviours their children may display.

Justice Services

Our Justice Service works in partnership with the justice system. It liaises with court staff, informs and monitors court proceedings, and ensures non-custodial options are available that can reduce re-offending and address underlying causes of offending.

We recognise for those people who have been through the justice system that they want to be productive and make positive contributions to their communities, we work together to help them achieve better outcomes. We aim to:

- Help people to make the move from prison to the community
- Prevent re-offending
- Enable people to give back to their community

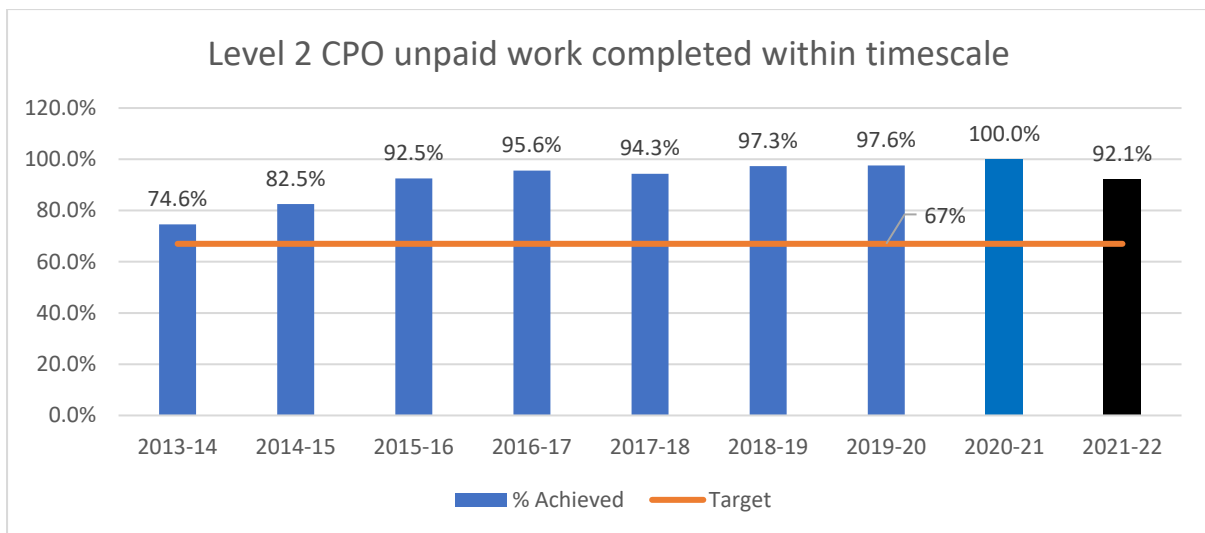
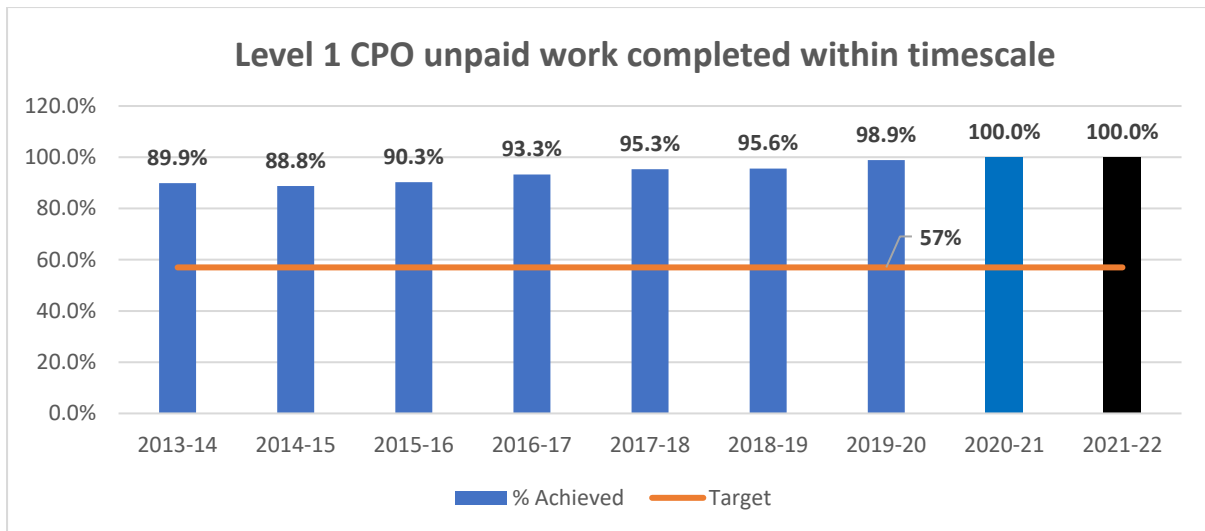
We work with other agencies, organisations and stakeholders such Youth Justice, Adult Support and Protection and MAPPA (Multi Agency Public Protection Arrangements.)

Community Payback Orders

The targets set for unpaid work are pan-Ayrshire targets. The latest Government statistics on Community Payback Orders (CPO) (2020-21) show that North Ayrshire had the lowest of the Ayrshires - and is no longer one of the top 5 local authorities with the highest number of CPOs imposed per 10,000 population in Scotland - at 25.3 per 10,000 population. In comparison, East Ayrshire sits at 28.7 and South Ayrshire sits at 31.9. The Scottish average is 21.2 per 10,000 population.

There has been a steady decline in the number of Criminal Justice Social Work Reports (CJSW) since 2015-16, until 2019-20 where there was an indication of a slight upward turn. This said, numbers are again on the decline in 2020-21, however largely thought to be due to the result of COVID-19. The latest Government statistics on CJSWs for 2020-21 reveal North Ayrshire to be the lowest of the Ayrshires at 47.3 per 10,000 population. In comparison, East Ayrshire sits at 60.9 and South Ayrshire sits at 58.2. The Scottish average is 43.9 per 10,000 population.

Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. We have continuously over-achieved against targets for CPO level 1 and level 2. Numbers of those subject to a Level 1 CPO have however varied greatly due to COVID-19. For example, 2019-2020 saw 92 out of 93 completed within timescale, 2020-2021 saw 21 out of 21, however 2021-2022 numbers increased, with 52 out of 52 completing within timescale. This is similar to the Level 2 CPO's which saw 161 out of 165 in 2019-2020, 2020-2021 saw 24 out of 24 increasing to 58 out of 63 completing within timescale in 2021-2022.



We currently have 252 people of all ages and abilities undertaking unpaid work. The unpaid work teams generally undertake a variety of tasks for the benefit of local communities, due to coronavirus government guidelines, restrictions and health and safety, this year has looked slightly different with regard to the variety of tasks we have been able to undertake.

Case Study:

Ms D is subject to a CPO and also had supervised bail for an historic charge. She had a traumatic childhood and developed her own issues with substance misuse. She had also been involved in several unhealthy relationships and her children were on the CP Register. However, she has made brilliant progress over the past 12 months. She engaged fully with supervision and participated well with work around anger management and managing her emotions as she had a history of violent offences. She has developed good victim awareness and displays genuine remorse for her actions. She takes personal responsibility for her behaviour and there has been no further offending. She is now abstinent from all substances and continues to attend Cocaine Anonymous regularly where she is a source of support for others. She worked extremely hard to get her children taken off the register and engages fully with C&F, and her children are happy, safe and settled. She feels that both Supervised Bail and her CPO have been a great form of support for her. She said that both workers were “amazing” and that she found us “dead easy to work with” as she could be herself and be open and honest without the fear of being judged. She has aspirations for the future and hopes to return to employment/training once her children are older.

Caledonian Women's Service

The Caledonian Women's Service seeks to promote community integration as part of women's recovery from domestic abuse and have supported women to access community resources, including support for alcohol issues and introduction to community groups to support in making social connections. The Caledonian Team also have a children's service worker whose primary role is to support children who have been exposed to domestic abuse, through one to one work helping them explore emotions and supporting them in staying safe, whilst working in partnership with local child protection agencies, in the year 2021-22 a total of 16 children have been offered a service by the children's worker. The Caledonian Women's and children service have also secured £5,000 in funding from the Safer Lives and Natwest bank fund. This funding is used to promote safety and promote resilience among survivors of domestic abuse.

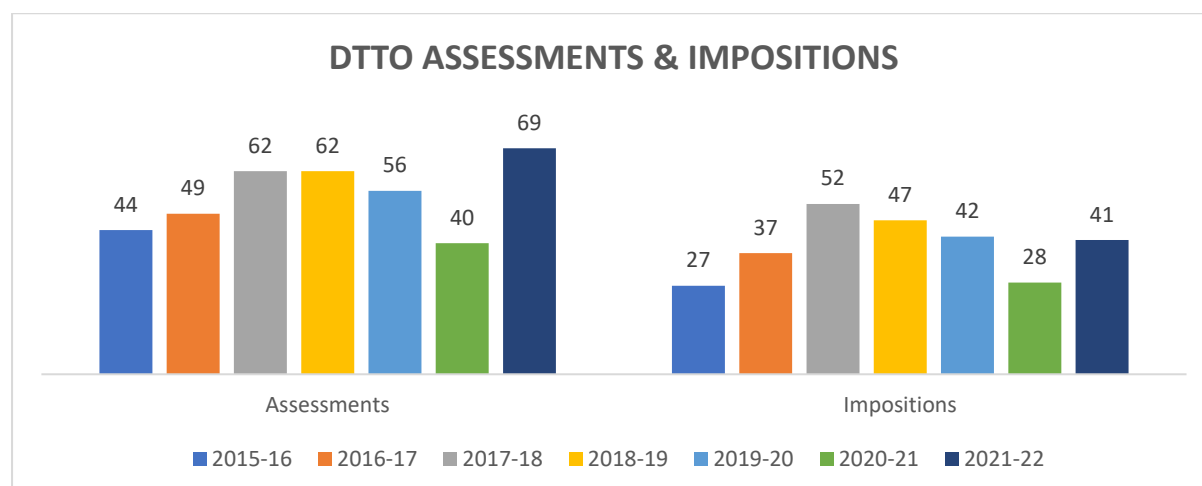
Moving Forward Making Chances

The Moving Forward Making Chances programme is a cognitive behavioural programme designed to assist participants who have been convicted of sexual offences to lead a satisfying life that does not involve harming others. Within the rehabilitative framework of the Good Lives model, practitioners work with group participants to lead a better life, reduce their problems, and lead an offence free life. This programme is framed within a strength based theoretical approach that recognises the relevance of dynamic risk factors. It views completion of group work

as something that will benefit the individual and highlights their role as the primary agent of change. This focus on building an offence free lifestyle means public protection and community safety is increased. COVID-19 restrictions have meant groups have been suspended, however work has continued a one-to-one basis, with 21 men completing the programme in 2021-2022. Following the removal of restrictions groups have now resumed and moving forward this will be the primary mode of delivery.

Drug Treatment and Testing Order Team

The Drug Treatment and Testing Order Team (DTTO) secured funding from Corra for two Recovery Development Workers with lived experience. We are seeing the positive outcomes directly related to this additional resource during 2021/22. An active outreach approach has been adopted to encourage the retention of service users within community-based services and to encourage community-reintegration and involvement in alternative meaningful activities to promote longer-term resilience.



The number of DTTO Assessments requested in 2021/22 shows a significant increase of 72% compared to 2020/21 and the highest number of assessments requested since 2018/19 with an increase of 11%. DTTO impositions peaked at 92% in 2017/18 and reduced in 2020/21 by 24% compared to 2016/17. There is an overall increase of 52% noted in the review period 2015/16. Current DTTO figures reflect the assurance courts in Ayrshire have in this service and the positive outcomes achieved.

MAPPA

There were 172 individuals listed as Level 1 MAPPA in 2021-22 which is the greatest number of Level 1 MAPPA individuals since 2018-19 when figures reached 181. 14 individuals were Level 2 MAPPA, this is greatest number of individuals listed as MAPPA 2 since 2015-16. There were 7 individuals listed as Level 3 MAPPA, the highest figure recorded in the past 8 years with indicators this trend will continue.

2.2 Health & Community Care

Overview

The COVID-19 Pandemic greatly impacted on the delivery of Health and Community Care services throughout 2021/22, and whilst there was an easing of a number of COVID restrictions during this time, the demand on Community Care Services and increasing complexity of levels of support in the community continued, with frontline Health and Social Care staff remaining key to ensuring the delivery of essential services to the most vulnerable people in our communities.

However, it was the second half of the 2021/22 reporting period, Community Care services experienced their most significant challenges throughout the entire pandemic. This included sustained high levels of COVID related workforce absence, frequent guidance changes around isolation and testing and COVID outbreaks across our community teams, hospitals, and Care Home settings. The impact of these factors was seen across a number of our services including frontline care delivery and, in our hospitals, and wards. Throughout this period demand for service delivery and supports continued and our Community Care teams worked tirelessly as they had done throughout the pandemic to deliver safe and effective care.

In late 2021 we received 'Winter Pressures' funding, provided as part of the measures put in place to alleviate system pressures - specifically to support interim care arrangements, multi-disciplinary teams, care at home capacity and social care staff's hourly pay increase. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response.

Also in late 2021, we set out our detailed plan of how this investment would be targeted across a range of Community Care services including EICT, Community Wards, Community Nursing, Community Occupational Therapy teams and Social Work teams. Our plans included significant funding for our Care at Home teams - mostly being directed to frontline service delivery and capacity to address demand from both hospital and in the community.

Adult Support and Protection

Throughout 2021/2022, 2070 Adult Concern reports were received by the Partnership, this represents a 7% decrease in the numbers of referrals received from the year before.

643 Adult Protection Referrals were made, which represents a 15% increase on the year before. 102 Adult Protection Investigations were started with 40 Case Conferences being convened. Most Adult Support and Protection Referrals (those referrals made where the referrer knew or believed the circumstances met the legislative criteria for referral) were submitted by the North Ayrshire Health and Social Care Partnership, followed by Police Scotland, Care Homes and NAC Housing Service. The most common type of harm referrals were submitted in connection with were Physical Harm.

Care at Home

Whilst the in-house Care at Home service did not require to cease delivery on any planned care delivery, the service remained operating at business continuity levels throughout 2021/22. However, the capacity for care provision from external providers has continued to reduce throughout 2021 with the Partnerships framework providers advising of consolidation of existing planned work in line with workforce challenges - one provider was unable to fulfil planned care delivery over a number of occasions throughout the latter half of 2021/22, often requiring the Partnership's inhouse Care at Home service to step in to provide critical support.

This has greatly impacted on delayed discharges with the majority of new care packages requiring to be delivered via the Partnership's in-house Care at Home service. However, our collective commitment to delivering high quality Care at Home services remains unchanged and colleagues from across Council services stepped up as volunteers to support ongoing service delivery. We also continued to engage with care providers on an ongoing basis, including regular contract management meetings, to continue to review the position around Care at Home capacity and support for unmet need.

Recruitment to social care posts has always been challenging and became increasingly difficult throughout the pandemic for both the Partnership, and our commissioned providers. Issues with staff retention also often reduce the impact of successful recruitment drives. Recruitment across Community Care remains a focus, particularly posts within frontline Care at Home Services and over the course of 2021/22 our Care at Home team successfully returned to facilitating various recruitment events over the course of the year, with 30 such events held between September 2021 and April 2022. These events were supported by robust recruitment campaigns, involving social media posts, newspaper articles and radio advertising

Respite Services

Anam Cara is our specialist dementia respite centre based in Kilbirnie. Throughout 2021/22, Anam Cara continued to deliver 24/7 much needed critical respite provision for people with dementia, with five beds available on a weekly basis to support service users and carers in North Ayrshire. There are also a further nine 'step down beds' within the facility, for people who are ready to be discharged from hospital but are not yet ready to return home. The 'step-down' provision has been in place since late 2020 to mitigate issues of delayed hospital discharges while awaiting a package of care in the community. The centre continued to be well utilised with 156 people enjoying accommodation for an average period of 7 nights of respite from March 2021 until the end of April 2022 – or an overall 1,000+ nights of respite provided throughout the year.

Our brand new, purpose-built respite facility for children and young people with additional support needs, **Roslin House**, welcomed its first guests in August 2021. Roslin House, which is adjacent to the new Lockhart ASN Campus in Stevenston, is an 8-bedroom, state of the art facility providing respite breaks for young people

known to North Ayrshire Health and Social Care Partnership's Children and Families Disabilities Team as part of their care and support plan.



Each ensuite bedroom is equipped with comfortable, homely furnishings and mood lighting, with rooms opening out into a fantastic, landscaped garden with a water feature, BBQ, music feature and a heated hang-out den for teenagers. The facility also has an activity wing with an area for arts and crafts, a hi-tech sensory room, quiet room, a games room with sofas and TV, and a kitchen area where young people can eat together or learn cooking skills. As well as providing a comfortable 'home from home' stay for young people, the new facility will offer a bespoke respite experience and a smooth transition from children's to adult respite services in the familiar surroundings of the complex, with the adult respite facility Red Rose House being situated next door.



Day Services

The Partnership continued to engage with Alzheimer's Scotland regarding its Day Services provision situated in Ardrossan, with this service reopening in November 2021. However, in the main, our Older Peoples Day Services remained closed throughout 2021/22, a direct result of the continued impact of the pandemic on our workforce, which did not allow for remobilisation to take place.

Dirrans Centre

The Dirrans Centre, Kilwinning, delivers personalised community-based rehabilitation supports. The team continued to provide support to our clients throughout COVID19 restrictions, until the centre was able to re-open for 'business as usual' - and provide a combination of building based, and community supports using learning from outcomes achieved during the pandemic, during 2021/22.



The Carers Team

At the year-end 2021/22, 1,291 carers were registered with our commissioned carer provider Unity (1,096 are adult carers and 195 are young carers aged 18 or under). Social Work and Education staff offered 366 Adult Carer Support Plans and 68 Young Carer statements.

New Directions were published in July 2021, under section 5(1A) of the Social Work (Scotland) Act 1968 (Directions to local authorities to issue offers under sections 6 and 12 of the Carers (Scotland) Act 2016). The regulations prescribed timescales for the offer and preparation of an Adult Carer Support Plan and Young Carer Statement for carers of terminally ill family members or friends. The Carer Team produced information leaflets, posters, a staff briefing with guidance and animated video to inform our carer community and staff.

Different breaks from caring were provided with Scottish Government funding administered by Unity (commissioned local Carers Service). In the first 3 months, 360 applications were received supporting 545 carers and 456 family members or friends being cared for with carer breaks and essential grants at a cost of £97k. Furthermore 103 new carers were identified through the short break schemes.

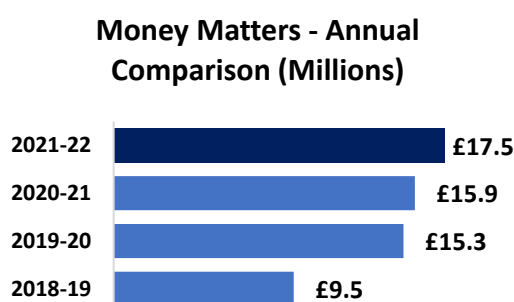
As part of the implementation of the Carer's Act, funding was released with an incremental increase over a 5 year period. In 2021/2022 NAHSCP received around £800,000 bringing the total allocation thus far to just over £2m for Carer's Act duties.

This budget is not ring-fenced and forms part of the baseline IJB budget. Transformational changes have been agreed and work has commenced to: -

- Improve the route of access to assessment and support for carers.
- Strengthen partnership working with the commissioned carer provider – Unity.
- Additional resource to improve Adult Carer Support Plan message, uptake and completion.
- Establish a Short Break Service for easier access to early and more effective breaks from the caring role.
- Review of paperwork – Adult Carer Support Plan, eligibility thresholds.
- Implement a resource release model for carers.
- Add resource of appropriate funding to sustain the new model of carer assessment and support.
- Establish a Self-directed Support Learning Review Board (overarching) to bring forward a range of recommendations to strengthen social care assessment and support delivery.

Money Matters

Our Money Matters Team once again supported the most vulnerable people in our communities, accessing entitled benefits to the incredible sum of £17,513,155.55, an increase of over £1.6M from 2020-21. This was achieved against a backdrop of ongoing welfare reform, a complex benefits system and the impact of COVID-19. This is a great achievement and is testimony to everyone's work in the Money Matters Team.



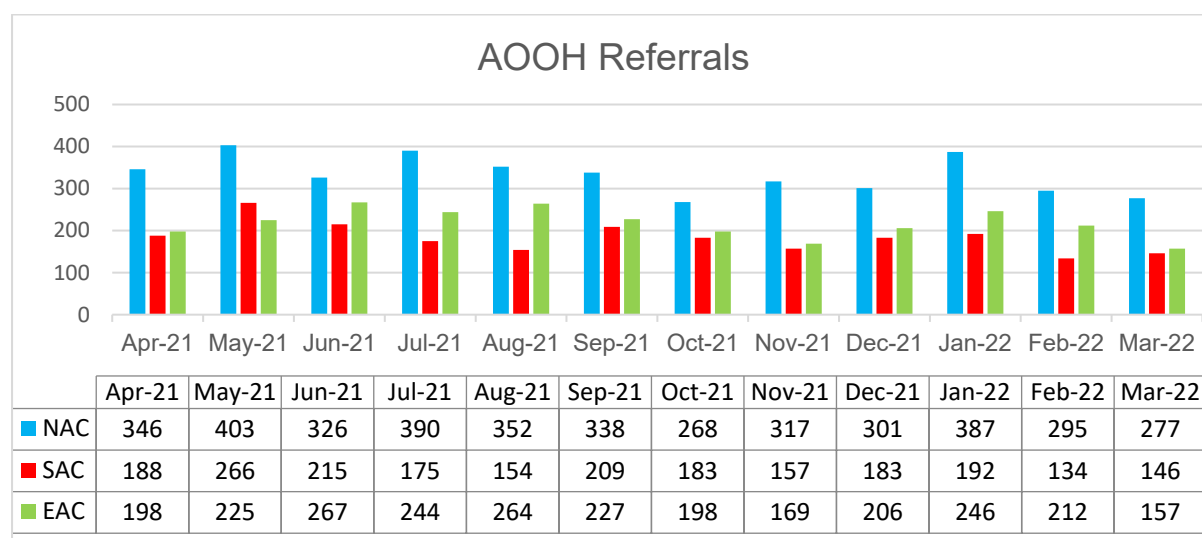
Arran

The Arran Vaccination team is an integrated team demonstrating true partnership working across our health and social care teams. Nurses and GPs from Primary, Community and Hospital have delivered over 3,500 vaccines to residents on Arran.

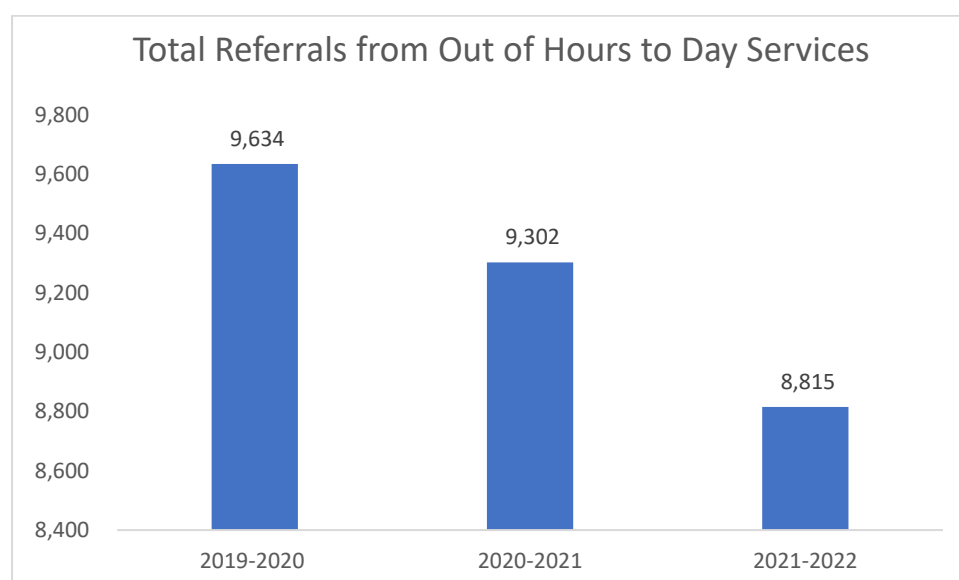
Following a successful bid to the Cora foundation for a 2-year research project into the Drug and Alcohol pathway on Arran in 2018, a new Drug and Alcohol Outreach worker has been agreed and funded by North Ayrshire ADP for 2 years. This is a great example of close working with our third sector partners Arran CVS and a huge step forward in improving this aspect of our service model on Arran.

Ayrshire Out of Hours Social Work Service

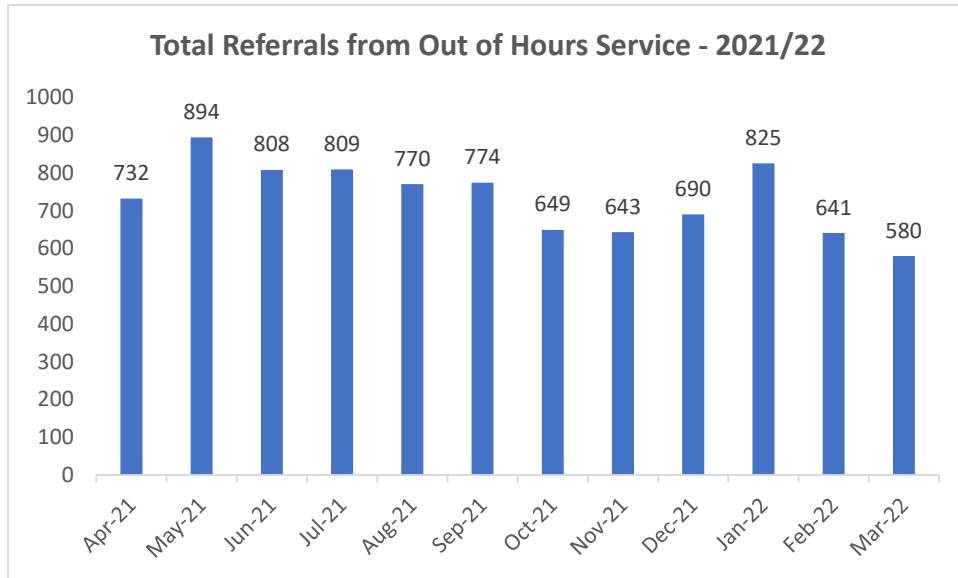
The Ayrshire Out of Hours Social Work Service has now been operational for 10 years. The service has again faced ongoing challenges in relation to Covid19 during 2021-22 but the team have worked tirelessly to provide a continuous service. During the period from 1st April 2021 to 31st March 2022 there were a total of 8,815 referrals from Out of Hours to Day Services. These are broken down as below:



The graph below shows that total referrals across the three Ayrshire councils reduced by 487 between 2020/21 and 2021/22 and by 819 from 2019/20 figures when compared to 2021/22.



From the graph below it is evident that the highest numbers of referrals were received in May 2021 and January 2022. The least number of referrals were received in February 2022 and March 2022. Research shows that peak time for referrals continues to be between 5pm and 11pm while peak days are Friday, Saturday and Sunday.



2.3 Mental Health

There has been a total of 96 emergency detention requests. Of which, 82 were carried out by either out of hours Mental Health Officers or without Mental Health Officer consent. This is an increase of 15 from the previous year. There has also been a significant increase in the number of short-term detention requests with 171 being recorded to the previous year's 134. Of the 171 consent was given to 134, with the other 37 being assessed but no consent given. There was an increase in compulsory treatment orders granted with 70 being recorded to the previous year's 59. Of the 70, 27 had been interim CTO's, with 14 of these moving to full CTO following a further Mental Health Tribunal. Warrants undertaken reduced from 6 in 2020/21 to 4 in 2021/22.

During 2021/22 there was (2) Compulsion Order and Restraining orders (CORO), (3) Compulsion orders, (0) Hospital Directions, (6) assessment orders, (6) Treatment orders and (1) Transfer for treatment order.

Private Welfare Guardianships increased from 314 (57 new) to 402 (102 new). As did CSWO Guardianships from 71 (24 new) to 91 (26 new). Mental Health Officer Report Private Welfare Guardianship Applications increased from 75 to 156.

In North Ayrshire our MHO service has always been integrated and managed as part of the Mental Health Social Work team, with MHO duties being carried out in addition to the MHOs fulltime role. In July 2020, we started a pilot MHO service to allow a small number of MHOs to focus solely on MHO work instead of their dual role of MHO and Care Manager. This also involved a change to how we prioritise requests for Guardianship reports.

Since the start of the MHO pilot we have been able to reduce waiting lists for PWG suitability reports and since we have trialled our new approach to allocations in June 21 our waiting times have plateaued, but we have been able to reduce the waiting times for some of those waiting to be discharged from hospital. The service has demonstrated a year on year increase in legislative work. The pandemic has accelerated this growth with the average Emergency Detentions being 37.5 detentions each year between 2013-2019 and the average per year between 2019-21 reaching 90.5 a 241% increase. Short term detentions showed a similar trend average per year 2013-2019 = 74.6, whilst during the pandemic 2019-2021 the average per year equals 110.5. Warrants were up from an average of 1.66 per year (2013-2019) to an average of 6 per year (2019-2021).

Without the MHO test of change being in place at the time the pandemic occurred it is difficult to see how the service would have coped with such huge increases, increases that continue to this current date. The test of change demonstrated the inherent benefits of a two team model approach, particularly around the increasing workload across both teams and the significant increase in Mental Health act work. However, whilst we have seen benefit to waiting lists within the MHO team, we have also noted a deteriorating picture within the care management. Waiting times are much lengthier than we would want and average length of time waiting higher, exceeding 215 days. As an integrated service from a care management perspective

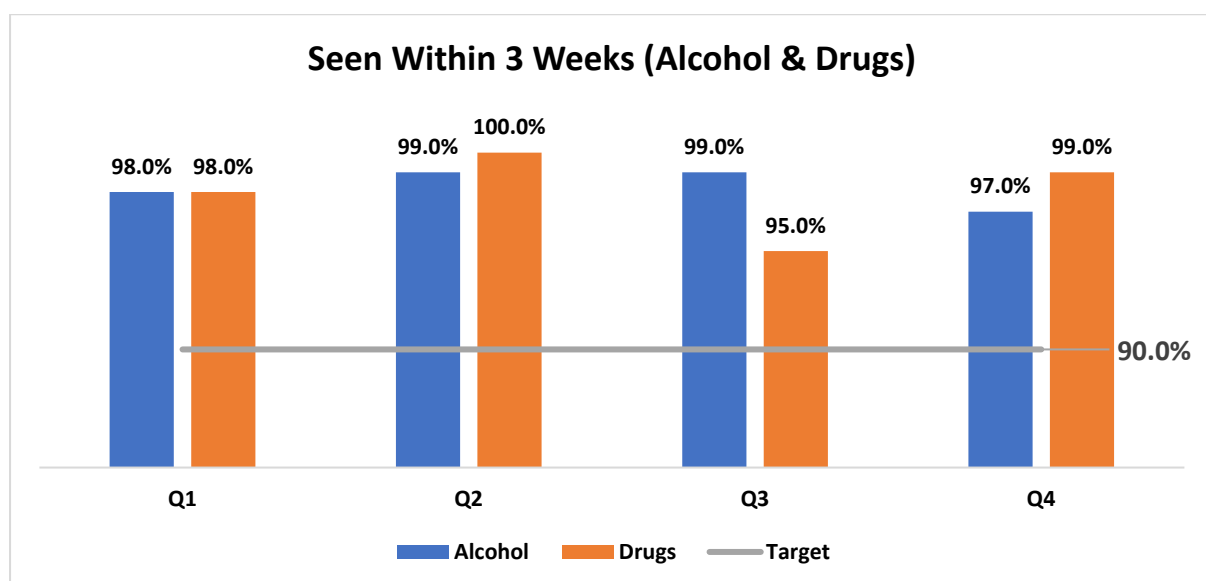
we are beginning to develop guidelines that define timescales for pieces of work to be undertaken by; we are striving in order that our care management service can be a benchmark for best practice across Scotland. Our recently developed “Mental Health Social Work Guideline – Referral to Enablement Time” brings aspects of the Care Management Team in line with national timescales associated with other mental health professions. The 16 week timeframe to enablement from the point of referral is aspirational given where we currently are. However, we believe with additional staffing and a change to the two team model proposed we will go a long way to meeting this.

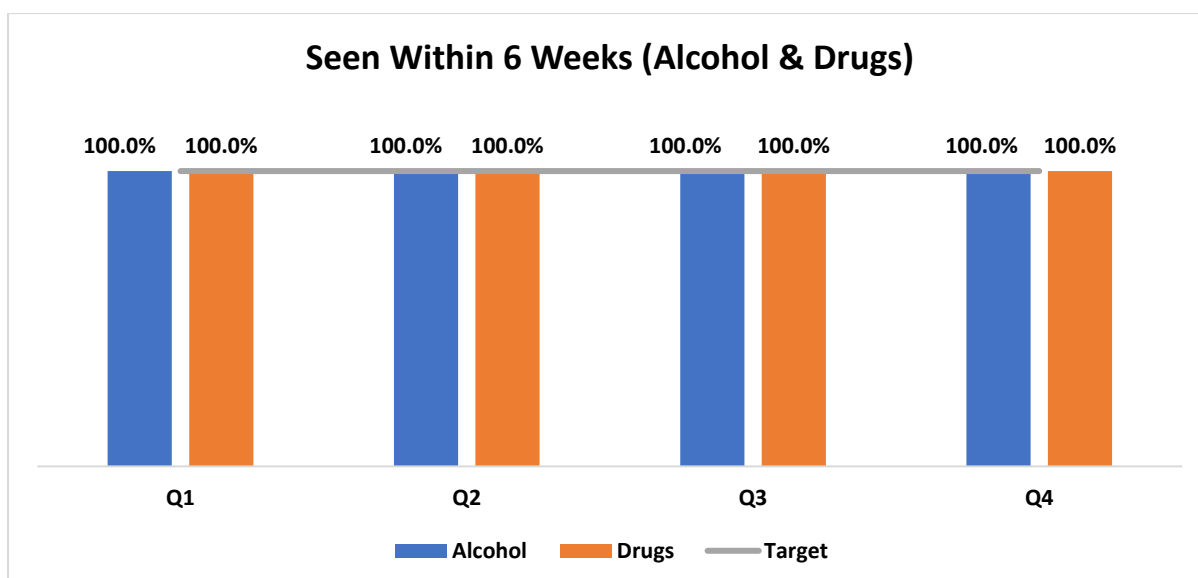
In March 2022 the Partnership Senior Management Team approved additional funding to the mental health social work service, with permanent and short term funding awarded to both the new MHO team and care management team. The service are currently in process of navigating recruitment processes.

During this year, the service has been in the process of recruiting to an in house short term support worker team to replace the previously commissioned Flexible Intervention Service (FIS). Whilst navigating recruitment processes, staff were employed on the nursing bank to fulfil this role. This was highly beneficial during the pandemic period as contracted care providers were not always able to pick up care packages. As such, for a short period of time, we were able to introduce our own support workers. This enabled some discharges from hospital to take place that would otherwise have resulted in delays. It also allowed for a further period of assessment if required, by in house staff, allowing for changes to be made swiftly and appropriately prior to transfer to another care provider. As community support packages continue to be a significant concern for the service, if existing and/ or new providers are unable to support such activity, the service may require to consider an extended model of support in the future.

North Ayrshire Drug and Alcohol Recovery Service (NADARS)

North Ayrshire Drug and Alcohol Service (NADARS) continued to meet the 'Access to treatment' standards and prioritised individuals who are the most vulnerable for face to face, in person support. All community interventions continued to be delivered. The residential facility in Ward 5, Woodland View, prioritised detoxification support alongside a seamless pathway for extended rehabilitation hospital based support (whilst the day attendance programme was paused due to wider COVID-19 related restrictions – these clients continued to be supported by the locality community services). All these interventions were continuously reviewed in light of changing pandemic related guidance. A new support pathway was put in place for individuals following a Non-Fatal Overdose as another measure to prevent drug related deaths. This pathway will continue to be reviewed and improved over the next year with key partner services including the Scottish Ambulance Service and Hospital Liaison Services.





There has been a specific focus over the last year to develop processes and pathways to ensure that Medication Assisted Treatment (MAT) standards 1 to 5 were embedded into practise from April 2022. This new intervention has provided quick access to treatment with many individuals commencing drug use related treatment within 1 day of being referred to services. This have provided immediate access to appropriate medication, harm reduction interventions and mental, physical, sexual and social care support. Data systems have been devised for the reporting on MAT delivery and new guidelines, pathways, policies, procedures have been put in place.

Target set by Scottish Government – Priority Settings	3,419
Total ABI delivery in Priority Settings (Ayrshire & Arran)	5,624

Target set by Scottish Government in Wider Settings	855
Total ABI delivery in Wider Settings (Ayrshire & Arran)	1,027

People being supported by NADARS during 2021-22 is evidenced further by:

- **69%** of service users reported reduction in alcohol intake
- **66%** of service users reported a reduction in non-prescribed drug use
- **62%** of service users reported an improvement in physical health
- **66%** of service users reported an improvement in physiological health
- **65%** of service users reported an improvement in social functioning

There has been a specific focus over the last year to develop processes and pathways to ensure that Medication Assisted Treatment (MAT) standards 1 to 5 were embedded into practise. This new intervention has provided quick access to treatment, with many individuals commencing drug use related treatment within 1 day of being referred to services. This has provided immediate access to appropriate medication, harm reduction interventions and mental, physical, sexual and social care support. Data systems have been devised for the reporting on MAT delivery and new guidelines, pathways, policies, procedures have been put in place.

Our Joint Performance report with the ADP (covering 2021-2022) highlights a trend of increased drug deaths in North Ayrshire – 2016 sadly saw 32 deaths, 2017 saw 25, 2018 saw 38, 2019 saw 41, 2020 saw 39 deaths and most recently for 2021 there were also 39 confirmed drug deaths. Our Addiction service has conducted 18 reviews for individuals who have died. One of the reviews identified learning, which will be taken forward. However, many elements of good practice have also been identified.

During the last year, 573 Naloxone kits were supplied to the community, this builds on previous distribution rates. There were 38 reports of Naloxone uses in the community to reverse the effect of overdose, therefore indicating that 38 lives were saved.

Learning Disability Services

Over the course of 2021-22, the Learning Disability Service continued to make progress with regard to the broad programme of change it had initiated pre-Covid 19, as well as creating new development opportunities.

Trindlemoss Day Opportunities took a significant step forward regarding its redesign, with the creation of new job profiles for Development Workers and Senior Development Workers, and the transition of existing staff into these roles, or recruitment of new staff. This work was undertaken with the full involvement of the Unions, and staff themselves, and families and customers were kept informed of the changes via newsletters and other correspondence. As a result of this work, Trindlemoss is well placed to take forward its vision of flexible, community focused provision and networking, focused on the interests and aspirations of customers themselves. 21-22 also saw Trindlemoss being invited by Healthcare Improvement Scotland to take part in Phase 3 of their ongoing Learning Collaborative focused on redesigning day services for people with learning disabilities, along with 2 other HSCPs.



The Learning Disability Service continues to work with partners in Housing to develop and deliver new supported accommodation options throughout North Ayrshire. 2021 saw the delivery of new developments in Dalry (15 properties) and Largs (22 properties), with further developments taking place in Stevenston and Kilwinning. This ongoing collaboration between the service and Housing continues to afford new opportunities to ensure that North Ayrshire has a relevant diversity of housing options.

Significant pressures have been experienced by the Social Work component of the Integrated Learning Disability team over the course of this period, reflecting heightened levels of demand compounded by issues linked to the pandemic, and limitations on the capacity of the Learning Disability Social Work team itself. Following work by the Senior Manager and Social Work team managers, with support from colleagues in the Mental Health team, the need for additional investment in the team was evidenced over a number of pieces of analysis, leading to an enhancement to the team of 4 social workers and 1 social work assistant.

Members of the Integrated Learning Disability Team developed a successful proposal regarding the establishment of an Intensive Support Team. This will comprise a dedicated multi-disciplinary team (involving both NHS and Social Work roles), with the capacity to support and promote a consistent approach to Positive Behaviour Support (PBS) in the interests of sustaining people within their tenancies; supporting community integration to prevent delayed discharged from the local Assessment and Treatment unit; and bringing individuals back into North Ayrshire, from out-of-area placements. This much needed local investment of over £200,000 per annum represents a significant development of the integrated team's capacity, and reflects North Ayrshire's commitment to responding meaningfully to the recommendations of the Scottish Government's Coming Home report (2018).

The work outlined above evidences the Learning Disability Service's continuing commitment to adapting its resourcing and practice around the existing and evolving assets and needs of the local population. Working with a wide variety of partners as part of this is an essential component of realising an inclusive North Ayrshire, where all services recognise and act on their responsibilities with regard to accessibility, and the human rights of all.

2.4 Independent Care Providers who provide care services on our behalf

Independent care and 3rd sector providers, via the contract management framework, maintain and improve their standards of care and support on an on-going basis. We use a range of methods to monitor performance, including:

- Compliments, complaints and feedback from staff, carers and people who use services
- Information that we collect, before visits, from the provider or from our records
- Local and national information, for example, Care Inspectorate reports
- Visits to providers, including observing care and support and looking at records and documents

The information below represents how services are performing, monitored via the contract management framework and ensures services are safe, effective and most of all, that they meet people's needs.

Registered Services: Minimum grades across all themes		Current lowest grade in any assessed quality theme					
Care Service	Subtype	2 - Weak	3 - Adequate	4 - Good	5 - Very Good	6 - Excellent	Grand Total
Adoption Service					1		1
Adult Placement Service					2		2
Care Home Service	Older People	1	7	7	3		18
	Children & Young People	1	2	3	2	2	10
	Learning Disabilities		1	3			4
	Physical and Sensory Impairment		1				1
Fostering Service				2			2
Housing Support Service		2		3	8	2	15
School Care Accommodation Service				2	5		7
Support Service	Care at Home	2	1	8	10		21
	Other than Care at home			8		1	9
Grand Total		6	12	36	31	5	90

2.5 Inspection of Local Services

During the course of 2021-2022 our Children and Families Service were in the process of a Joint Inspection of Services for Children and Young People at Risk of Harm in North Ayrshire. As previously confirmed, the Inspection took place between August 2021 and April 2022, and the findings of the report will be presented within next year's CSWO annual report.

However, the Partnership also received 3 further inspections; 1 announced and 2 unannounced. The inspection reports for these can be found - [Inspection Reports](#).

Inspection Date	Service Number	Service/Unit	Gradings				
			Wellbeing	Leadership	Staffing	Environment	Care & Support
10-Aug-21	CS2003001160	Canmore Children's House (Announced)	2	2	2	4	3
01-Dec-21	CS2019375323	Trindlemoss (Unannounced)	4				(C&S During COVID-19) - 4
22-Mar-22	CS2003001163	Abbey Croft Children's House (Unannounced)	5				5

3. Resources

3.1 Financial Pressures

The Scottish Government Medium-Term Financial Strategy (December 2021) covers the period to 2026-27. It compares the funding and spending scenarios to assess the scale of the challenge and the opportunities over the Resource Spending Review period. The role of the MTFS is to set out Scotland's fiscal outlook over the next five years, including financial opportunities and risks that may impact on the fiscal position. In line with the recommendations of the Budget Process Review Group, the document does not set out new spending plans or explain how prioritisation decisions will be made to meet policy objectives. These decisions are made in the Scottish Government budget.

In December 2021, alongside the Scottish Budget for 2022-23, the Scottish Government launched a Resource Spending Review Framework, with an intention to publish multi-year spending plans from 2023-24 through to the end of the parliamentary term in 2026-27, in May 2022.

The priorities of the resource spending review include:

- Mitigating the effects of the pandemic, which has deepened existing inequalities and exposed the effects of digital exclusion, wealth inequality and generational divides
- Rebuilding public services including increasing social care capacity and establishing the National Care Service
- Ensuring that spending choices support progress towards meeting child poverty and climate change targets and securing a stronger and fairer green economy.

The resource spending review will require decisions to be made about how to prioritise resources within the available financial envelope, against a background of volatile funding streams and changing patterns of demand.

The Resource Spending Review Framework notes that the Feeley Report on Adult Social Care has estimated that approximately 36,000 people in Scotland would benefit from but do not currently access social care support, and the cost of that unmet need is estimated at £436 million. The report also emphasised the need for continued investment in social care and referred to the Health and Social Care Medium Term Financial Framework (MTFF) published in 2018. The MTFF projected that, if the system does not adapt or change, social care expenditure could be expected to grow by 4% per annum. This reflected inflationary and demographic effects, which are intensified in a service which supports the very elderly. This projection pre-dates the pandemic which exacerbated pressures on social care, so the underlying assumptions will need to be revisited. However, it illustrates potential growth in social care costs and funding required over the spending review period driven by the demographic and workforce pressures.

The Scottish Budget for 2022-23 highlighted:

- Investment of over £1.6 billion in social care and integration and lays the groundwork for the delivery of a National Care Service.
- £61 million to address drugs deaths.
- Investment of £290 million in mental health, including £120 million for the Mental Health Recovery and Renewal Fund
- Investment in the Health and Sport Portfolio will increase to over £16 billion, with a further £869 million of funding to address pressures related to COVID-19.

Availability of funding for public services correlates with economic growth, which continues to be weak with continuing uncertainty on the impact of the Covid-19 pandemic. The partnership is supporting the continuing work within the Council and NHS Ayrshire & Arran to minimise the impact of Brexit and the Covid-19 pandemic.

3.2 Financial Performance

The main areas of pressure area continue to be looked after children and learning disability care packages. In general, these areas overspend due to this provision being demand led and subject to fluctuations throughout the year. These services are at times difficult to deliver within budget as some can be low volume but very high cost.

There were significant financial challenges during the period due to the impact of the pandemic. This resulted in additional costs being incurred, fluctuating service levels and partial non-delivery of the transformation programme and associated savings.

Throughout the financial year the IJB-projected position has been balanced moving to an underspend position from September onwards. This demonstrates the continued focus on the financial position, tight financial controls, planned progress with savings delivery in many areas, and the focus on ensuring that the pandemic impacts were captured and funded appropriately.

From the outset of the pandemic the IJB 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, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There was a risk during the year that if the full cost of the Covid-19 response was not funded that the IJB may have required to recover any overspend in-year, however, the final funding allocation eliminated the risk for 2021-22.

The overall financial performance against budget for the financial period 2021-22 (after adjusting for new earmarked reserves) was an overall underspend of £2.916m. This consisted of £1.889m of underspend in social care services and £1.027m underspend in health services.

This position excludes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment. This £1.486m was allocated towards the debt at the period-end reducing the debt to £2.321m (£3.807m 2020-21).

2021-22 has been another challenging year for the partnership. Whilst we are optimistic that we may be over the worst of the direct impact of the pandemic, its long-term impact is not as well understood.

We expect our services to face on-going challenges, including supporting those who have not been able to access a health and social care professional due to demands and restrictions, and addressing the rise in poor mental wellbeing in our communities. We have learned much from our pandemic experience, such as recognising the strength and resilience within our communities, discovering how truly determined and hard-working our workforce is, and finding greater ways to work in collaboration with our partners.

Our health and social care services should reflect and respond to the needs of local people. To support this, we will help to build greater capacity in our communities and provide more ways for service users and local people to share their views with us to help shape services. We are fully committed to planning and designing services together with local people, our staff and our key partners including acute health services, housing, community planning and the third and independent sectors.

We continue to progress our remobilisation plans, considering carefully how we can safely restore all the health and social care services that were regularly provided before the pandemic began. As we do, we continue to prioritise and focus our services for those who are most vulnerable in our communities and who need it most.

As we remobilise, we will endeavour to support and treat the many local people who have been unable to access a health professional due to restrictions. It is anticipated that this will place additional demands on our primary care services as we try to 'catch-up' on caring for patients.

The longer-term impacts of Covid-19 are currently unknown. It is unclear what the effects of long-covid will be on people who were affected by the virus, and what future demands this will place on health and social care services. Further, growing evidence suggests that the pandemic has had negative socio-economic effects that have led to increased health inequalities and contributed to an increase in both poor mental wellbeing and mental health.

The IJB through the refreshed Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future "all people who live in North Ayrshire are able to have a safe, healthy and active life." Moving into 2022-23, we are working proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in North Ayrshire.

3.3 Medium Term Financial Outlook

The Medium-term Financial Outlook (MTFO) was updated during 2021-22 and reported to the IJB in March 2022. This covers the period 2022-25 and this will be updated again before the end of 2022-23 following publication of the Scottish Government's multi-year resource spending review.

A Medium-Term Financial Outlook (MTFO) is a critical part of the strategic planning process. The financial context for public services remains challenging and so it is vital that the IJB's strategic ambitions are set against the financial resources which are anticipated to be available.

The development of the MTFO provides key information on the possible financial position of the IJB over the next three years. It identifies the financial challenges which will be faced by the IJB enabling the IJB to see the impact of current and future decisions on its medium-term financial health.

The MTFO will also be used to identify pressure points and inform decisions which are required to ensure the Partnership remains financially sustainable.

This MTFO covers the first three years (2022-2025) of the Strategic Plan period. There are a range of factors which influence the financial planning of the IJB. These are considered through the MTFO and include the following:

- Demographic changes
- Local priorities
- Workforce challenges
- The UK and Scottish Economy
- Policy and Legislation
- Cost and demand pressures
- Available funding

Based on the projected budget pressures, three scenarios have been developed which align to the Scottish Government Medium-term Financial Strategy – best-case, medium-case and worst-case. In 2022/23, the actual funding levels have been applied across each of the three, with the possible scenarios applied for 2023/24 and 2024/25.

The MTFO will be revisited ahead of the 2023-24 budget exercise following the publication of the Scottish Government multi-year Resource Spending Review at the end of May 2022.

The development of the financial outlook provides key information on the potential financial position of the IJB over the next three-year period. This will assist in identifying challenges and pressure points, and aid decision making by ensuring spend is closely aligned to the IJB's strategic priorities.

4. Workforce

4.1 Workforce Planning – Staffing and Recruitment Issues

The NAHSCP have a workforce of 3,622 staff –1,869 are NAC and 1,753 are NHS.

The Partnership continue to progress with recruitment plans to strengthen our workforce to enable us to provide the best care and support we can to those who need it. Over the last year we have experienced some significant challenges in our services, both in relation to staffing, recruitment and retention.

Recruitment across Community Care remains a focus, particularly posts within frontline Care at Home Services. Recruitment to social care posts has always been challenging and become increasingly difficult throughout the pandemic. Both internal recruitment and that for commissioned providers, has been problematic with retention in the social care sector often reducing the impacts of any successful recruitment. The Partnership's inhouse Care at Home service has successfully returned to facilitating recruitment events and several of these took place in 2021. This has been supported by a robust recruitment campaign, including social media, newspaper and radio advertising, to attempt to bolster the social care workforce.

Within Psychological Therapies, continued efforts regarding recruitment are being made across all services. The national perspective is one of a limited talent pool, which has resulted in reconfiguration of posts to better attract the available staff. In conjunction with NES and Scottish Government, there will be a 20% increase in trainee posts across the psychology professions. This is an addition to the wider roll out of Enhanced Psychological Practitioners, with commencement in Ayrshire and Arran in October 2022. Specifically, resources have been allocated to Community Paediatric Psychology and Adult Mental Health, along with a redesign of the senior leadership team to better support our consultant population. Through the recovery and renewal funds, additional resources have been accessed to support Clinical Health Psychology, Inpatient Neuropsychology and Medical Paediatric Psychology, along with supporting Adult Mental Health Psychology posts.

4.2 Workforce Development

As ever, we remain committed to the continuous professional development of our workforce to increase skills and confidence whilst delivering quality services. We have 61 different course titles that are available to staff through NAHSCP's learning and development calendar. Based on demand and identified learning needs, 20 courses ran with 787 delegates attending over 2021/22. This is a significant increase on last year as a result of the Pandemic.

North Ayrshire Social Services Assessment Centre (NASSAC) supported approximately 23 candidates to achieve an SVQ Award to meet registration requirements as per the Scottish Social Services Council. (SSSC). This is a significant decrease in numbers which reflects the small amount of candidates who were able to start their award in 2020. We deliver SVQ Social Services and Health Care Awards and the Care Services Leadership & Management Award.

We also supported a National Progression Award class in Social Services & Healthcare for 5 pupils from across North Ayrshire Schools.

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

Following the emergence of two cases in 2021 which led to learning - arising from Adult Learning Reviews, a series of Learning Events for the first case was implemented as part of an Improvement Plan. The anonymised background of the case was provided for context and those attending these events were given the opportunity to hear about the learning which had been implemented because of the lessons learned, in addition delegates were encouraged to adopt new approaches and practices in relation to similar circumstances arising in the future, as best suited their roles. For the second case a meeting involving frontline staff involved with the Case has been convened to provide information about learning gleaned in this case and also to provide an opportunity for staff who were directly involved, from across Agencies to feed into any potential learning from a staff perspective. This is a new process, which we hope to adopt going forward in relation to new National Guidance on Adult Learning Reviews. We hope this new process will help to keep staff informed and ensure they have a platform to feed into learning in relation to Learning Reviews

The North Ayrshire Senior Officer – ASP and the Independent Convenor of the North Ayrshire Adult Protection Committee have agreed to revise the new Ayrshire wide Child Protection Guidance on conducting Learning Reviews and advise on how the document can encapsulate Adult Protection Learning Review Guidance. This will provide us with Ayrshire wide Guidance on conducting Learning Reviews for both Children and Adults – a welcome piece of joined up working across Ayrshire, helping to rationalise processes in relation to Learning Reviews across the 3 Ayrshire Authority areas.

North Ayrshire Child Protection Committee facilitated 4 PRISM (Practice Reflective Improvement Short Module) sessions throughout 2021/2022. PRISM sessions provide multi-agency opportunities for staff to benefit from the sharing of findings from evaluation activity, reflect on practice and for staff to consider ways of improving professional practice. These sessions concerned the Significant Case Review of J Family, children who had been re-registered on the Child Protection Register and a joint Adult Support Protection and Child Protection audit case. Staff from a range of agencies including social services, health, housing, adult services and the 3rd sector attended these sessions.

Practice Reflective Improvement Dialogue is a multi-agency initiative that has been introduced within North Ayrshire in 2021 in response to the learning from Initial Case

Reviews and Significant Case Reviews. The learning from these case reviews has highlighted that a cultural shift is required which puts children at the heart of all decision making and ensuring that adult voices are not over privileged, enhancing opportunities for professional reflection and leaders supporting workers to be accountable for their practice and increase professional curiosity. 5 sessions have been facilitated in the past year and evaluation feedback from facilitators and participants indicates that the sessions are providing opportunities for practitioners to reflect and improve their professional practice. It is also supporting the building of multi-agency professional relationships. A senior management group has been established to take forward relevant learning from these sessions.

North Ayrshire supported the development of Pan Ayrshire Learning Review Guidance, which has been locally adapted based on the National Guidance for Child Protection Committees undertaking Learning Reviews (Scottish Government, 2021). The overall purpose of a Learning Review is to bring together agencies, individuals and families in a collective endeavour to learn from what has happened in order to improve and develop systems and practice in the future, thus better protecting children and young people. The process is underpinned by the rights of children and young people as set out in the United Nations Convention on the Rights of the Child (UNCRC). A briefing for staff was established and the new approach (which replaces the Pan Ayrshire Protocol for conducting an Initial or Significant Case Review 2015) has been embedded in practice.

The CPC has also provided an e-learning calendar for practitioners. Several hundred practitioners have participated in the following virtual courses and e-modules in 2021/22.

Child Protection Awareness

Break the silence (supporting children who have experienced sexual abuse)

Child Sexual Exploitation

Chronologies

An introduction to North Ayrshire's Child Sexual Abuse Strategy

Keeping children safer online

Starting a conversation with children

Aim intervention

Problematic sexual behaviour

Supporting children whom have been impacted by domestic abuse

Children's Hearing Training

Appendix

MHO Service

Mental Health (Care and Treatments) 2003	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 - 22
Emergency Detentions	29	24	44	44	54	54	81	There have been a total of 96 requests
Short Term Detentions	72	75	87	69	74	67	134	There have been a total of 171 requests (of which consent was given to 134, with the other 37 being assessed but consent not given)
Compulsory Treatment	40	54	25	52	38	51	59	There have been a total of 70 new CTOs granted (of which 27 had been Interim CTOs, with 14 of these moving to full CTO following a further Mental Health Tribunal)
Warrants Undertaken	1	3	1	2	1	6	6	4

Criminal Justice Act Scotland 1995	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
CORO	4	4	4	4	4	3	3	2
Compulsion Orders	4	6	5	6	2	6	6	3
Hospital Directions	1	1	1	1	1	1	1	0
Assessment Orders	1	2	2	2	2	2	2	6
Treatment Orders	1	1	2	2	4	2	2	6
Transfer for Treatment	0	3	3	3	2	1	3	1

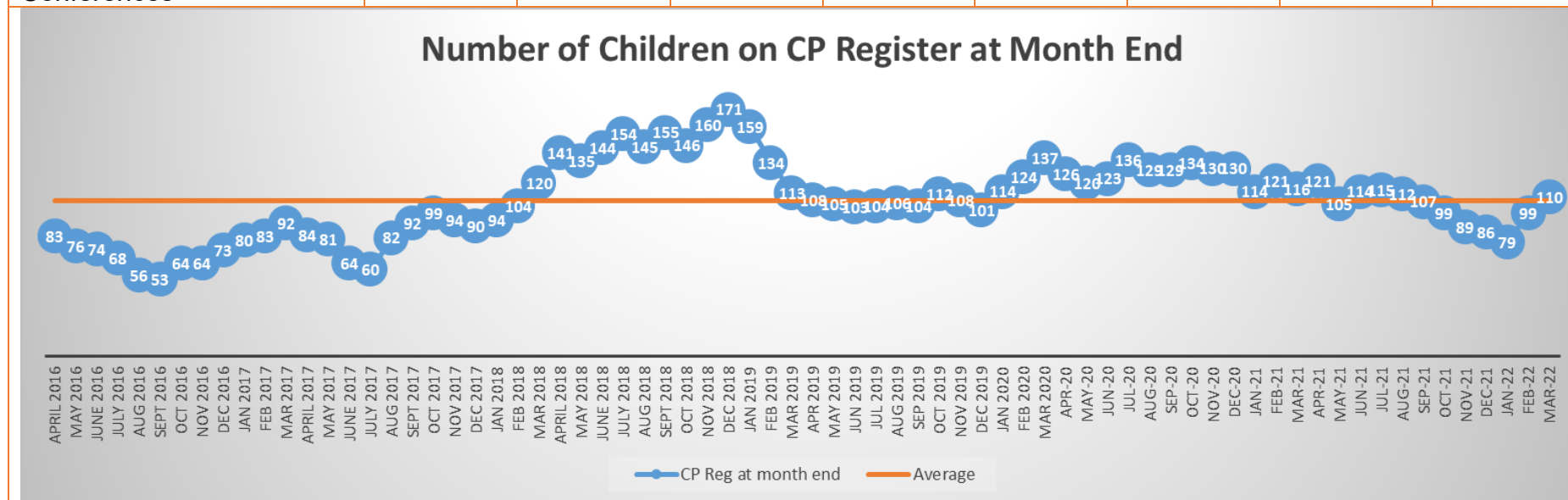
Adults with Incapacity Act (Scotland) 2000	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Private Welfare Guardianships	291	255(60)	287 (67)	367 (92 new)	411 (58 new)	272 (67 new)	314 (57 new)	402 (102 new)
CSWO Guardianships	47	59 (19)	52 (21)	46 (8 new)	40 (16 new)	64 (24)	71 (24)	91 (26)
Financial Intervention Order (LA)	58	53	41 & 21 in process	57	26	31		
MHO Report PWG Application	86	68	96	100	38	104	75	156

Adult Protection

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
ASP Referrals (AP1)	812	697	654	512	457	568	558	643
ASP Investigations (AP2)	61	91	65	53	88	108	132	102
ASP Case Conferences	44	73	48	40	47	66	64	40
Protection Orders	7	6	4	4	1	0	3	1
Adult Concern Reports	1039	1349	1446	1609	1838	2335	2215	2070

Child Protection

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Child Protection Concerns	825	889	810	972	920	849	885	756
Child Protection Investigations (CP1s)	443	402	406	538	374	447	443	432
Child Protection Initial Conferences	101	82	74	103	126	123	121	119
Pre – Birth Conferences	32	30	15	36	43	41	29	34
CP Initial/Pre-Birth Conferences						4	7	4



Looked after Children

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Children newly accommodated in North Ayrshire	91	81	64	63	69	84	63	49

** Where the number of children accommodated = the number of children either admitted into any placement type except “At Home with Parents”/“With Friends/Relatives” OR moved from “At Home with Parents”/“With Friends/Relatives” to any other placement type

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Foster Carers	85	97	100	103	104	98	103	99

Permanency Planning	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Number of permanency plans approved	38	22	37	35	-	30	10	21
Adoption – approved and placed	15	13	10	10	10	3	8	5
Adoptions granted	3	15	13	8	7	8	4	5
Permanence orders approved	7	11	16	14	7	11	3	7
Permanence orders granted	14	6	9	12	9	8	0	1

Emergency Placement

	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Child Protection Orders	12	15	25 (17 family groups)	32	39	11

Secure Placements

	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Number of secure placements	1	0	1	4	1	2

Justice Service

	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	826	754	763	430	606
Number of home leave and background reports submitted	102 (44 leave reports, 58 background reports)	114 leave reports – 49 background - 65	151 (66 leave reports, 85 background reports)	114 (39 leave reports, 75 background reports)	93 (30 leave reports, 63 background reports)
Unpaid Work Requirements	480	403	360	94	172

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Level 1 Mappa	142	155	153	181	163	152	172
Level 2 Mappa	14	4	7	2	7	10	14
Level 3 Mappa	1	1	2	1	5	3	7

Integration Joint Board 22 September 2022

Subject : **Director's Report**

Purpose : This report is for **awareness** to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)

Recommendation : IJB members are asked to note progress made to date.

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	

Glossary of Terms

NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
2.	BACKGROUND
2.1	This report provides IJB with up to date information on recent activity across the HSCP since the last IJB. The report will also provide COVID related information by exception.
3.	CURRENT POSITION
	<u>National Developments</u>
	<u>New mental health and well-being platform for employers</u>

	<p>A new mental health and well-being platform for employers has been launched by the Scottish Government and Public Health Scotland, streamlining employer access to free and reputable health and well-being resources.</p> <p>The resource has been developed in partnership with the Employment and Mental Health Working Group, which brings together the experience and expertise of cross-sectoral representatives from employer organisations, Trade Unions, mental health organisations and public sector partners.</p> <p>Targeted at employers of all sizes in Scotland, from large scale companies to SMEs and the self-employed, the site will also be a useful resource for employees.</p> <p>To access the new resource online, click here.</p>
	<p><u>Ayrshire Wide Developments</u></p>
	<p><u>Discharge Without Delay – 7-Minute Briefing</u></p>
	<p>As people continue to live longer, our hospital and community infrastructure faces a balancing act to manage growing demand and complexity. Any stay in hospital beyond what is needed for treatment can increase the risk of loss of independence, mobility or other personal outcomes.</p> <p>We can all play a part in improving the patient and staff experience through the Discharge without Delay programme – which engages health and social care in enhancing the discharge journey and preventing delays.</p> <p>A 7-Minute Briefing paper has been compiled, which explains more about the programme. You can read the briefing online here.</p> <p>Additional information can be found on the NHS website.</p>
	<p><u>Child Health Report 2022</u></p>
	<p>NHS Ayrshire & Arran has published its latest Child Health Report, which you can read online here.</p> <p>Alongside local authority and HSCP colleagues, NHS A&A is passionate about improving health and social outcomes for infants, children and young people, and this report focuses on the combined pandemic response and recovery plans, as well as celebrating the successes achieved over the last two years.</p> <p>The local Public Health Department would like to extend their thanks to colleagues across NAHSCP who are working hard to protect and improve the health of the public and their families in Ayrshire and Arran.</p>

	<u>North Ayrshire Developments</u>
	<u>Near Me</u>
	<div data-bbox="247 472 343 568" data-label="Image"> </div> <p>Near Me is a video calling service used by many health and public services.</p> <ul style="list-style-type: none"> ○ You may have been offered a Near Me appointment but don't have a laptop, iPad or smart phone to do it on. ○ You might not have the data or Wi-Fi to be able to join the call. ○ Maybe you don't have a private space to make the call from or are unsure of what to do. <p>From the 22nd of August you will be able to make your Near Me call from Kilwinning Library.</p> <p>For more information and how to book the Near Me space please contact the library on 01294 554699.</p> <div data-bbox="217 927 767 1133" data-label="Image"> </div> <div data-bbox="437 1144 497 1196" data-label="Image"> </div> <div data-bbox="533 1133 620 1196" data-label="Image"> </div>
	<u>Respite fund applications open for unpaid carers</u>
	<p>Unity North Ayrshire Carers Centre has opened applications for its Time to Live Fund, where unpaid carers can apply for up to £300 towards respite.</p> <p>An enquiry form can be found online here, or scan the QR code on the poster here.</p> <p>Please note that following initial enquiry Carers Centre staff will be in touch within 3 to 5 working days with an application form.</p>
	<u>Impact Arts opportunities for young people</u>
	<p>Impact Arts' CashBack hub sessions are back, offering young people the chance to explore creativity and imagination through visual and digital art while working with enthusiastic, friendly and skilled tutors.</p> <p>Sessions will run from September through to December on Mondays from 4.30pm to 6.30pm for returners, as well as from 4.30pm to 6.30pm on Thursdays and 12pm to 4.30pm on Saturdays for new participants.</p>

If you know of a young person who would benefit from the programme, you can refer online [here](#) or contact angela.wilson@impactarts.co.uk.

To be eligible for the CashBack to the Future programme, the young person must be aged 14-19 and either:

- Living in an area of deprivation (as defined by the Scottish Index of Multiple Deprivation)
- At risk of disengaging from school
- At risk of engaging in antisocial behaviour
- Living with a disability or mental health condition
- Over 16 and not in employment, education or training

Terrors take top spot at team-building day

North Ayrshire Drug & Alcohol Recovery Service (NADARS) staff enjoyed a recent team-building day, thanks to a successful application to the Staff Well-being Fund.

The event took a Krypton Factor-style format, with three teams taking part in the fun activities – the Three Towns Titans, Garnock Valley Terrors and Irvine Icons.



Staff took part in games and a general knowledge quiz, as well as a scavenger hunt around Irvine that was supported by colleagues in Bridgegate House, Cunninghame House and the Portal, as well as Costa Coffee.

Thanks to all who participated in the event, with a particular shoutout going to Heather Livingston and Dawn Campbell for their organisational skills and KA Leisure for providing the venue. A huge well done to the overall winners on the day - The Garnock Valley Terrors!

Over 198 applications for the Health and Wellbeing Fund have been received from teams across primary care, social care and third and independent sector for funding for a variety of team activities. Over the past two years a total of £150k has been allocated, and the partnership has committed to continue this funding for a further two years.

COVID Update

	<u>Seasonal flu/Covid vaccination programme for the general public</u>
	<p>People aged 65 and over will be first in line for a winter booster jab to protect the most vulnerable from COVID-19 and ease the pressure on hospitals.</p> <p>Letters have now been sent out for appointments taking place next month, with the roll-out helping North Ayrshire to get ahead of any potential surge in infections.</p> <p>The booster jabs will be given at the same time as the flu vaccine to those eligible where possible.</p> <p>Appointments for all other priority groups will be made available as the programme progresses – people in those groups should wait until they are contacted or called forward.</p> <p>Click here to read more from NHS Ayrshire & Arran.</p>
	<u>Asymptomatic Testing</u>
	<p>Scottish Government Ministers have agreed to recommend to pause the remaining regular asymptomatic testing in place for health and social care staff and in high risk settings. The rationale for the pause is based on:</p> <ol style="list-style-type: none"> 1. Community prevalence is a key driver of risk of infection in staff working in high-risk settings. At lower prevalence the likelihood that individuals entering these settings are infectious also reduces, and the relative risk of onward transmission into these settings is lower. 2. Immunity in the population is high due to vaccination and natural immunity from prior infection. Individuals at highest risk of severe disease have been offered a fourth vaccine dose. Due to immunity, each individual COVID-19 infection episode has a much lower risk of causing severe disease. 3. The use of lateral flow tests for most routine asymptomatic purposes means that the lower the prevalence the higher proportion of results that are false positives. While this remains low at current levels of community prevalence, it will mean that increasing proportions of staff in high risk settings are out of work unnecessarily. <p>The current COVID prevalence and vaccine effectiveness context also supports the decision to pause at this time:</p> <ul style="list-style-type: none"> • The 4 nation Chief Medical Officers (CMOs) agreed that the time to pause asymptomatic testing is when prevalence is on a downward trajectory • Data suggest that the recent BA.5 wave has now peaked and prevalence and other epidemiological indicators have improved over the past few weeks • At the time of writing, there has been no move in the COVID 19 UK Alert Level (which remains at Level 3) and the Scottish Government threat level is still at medium. The UK COVID-19 Alert Level Update issued to CMOs and the NHS England National Medical Director on 18 August highlighted:

	<ul style="list-style-type: none"> ○ healthcare pressures have continued to decrease and are now at levels comparable to the August - December 2021 plateau ○ should positive trends continue CMOs may want to consider a reduction to Level 2 in the coming weeks. ○ COVID-19 admissions have continued to decrease in all nations, although leading analysis for hospital admissions suggest the rate of decline is slowing <ul style="list-style-type: none"> ● Vaccination continues to be extremely effective against the risk of hospitalisation among all age groups ● The effectiveness of the vaccine, as well as improvements to treatments over time, is apparent in the changing number of deaths linked to COVID-19. COVID-19 as the underlying cause is now a much lower proportion of all deaths in Care Homes than early in pandemic. <p>Pausing the regular asymptomatic testing regime does not mean that there would be no testing in these settings. Symptomatic and outbreak testing would be retained, alongside testing for admission to care homes and to support appropriate clinical diagnosis and treatment pathways. A full list of the testing pathways that will pause and those that would continue is attached. Please note however that the table of testing pathways may change slightly following discussions on updating the guidance. The final table will be updated on the back of issuing the DL and the publication of updated guidance.</p> <p>The Scottish Government will continue to keep all COVID testing policies under review. If there is a change in the assessment of the risk or threat level, for example, due to a new variant that is a concern then a detailed assessment of the management of the risk will be made and consideration will be given as to whether asymptomatic testing should be introduced again to mitigate against severe harm for those most at risk.</p> <p><u>Timing of the Pause</u></p> <p>There will be a 3 week lead in time for implementation of any new testing policy change. Therefore, implementation of the pause should be in place by the end of September but an earlier pause by employers/providers is encouraged.</p>
	<u>Face Coverings in Social Care Settings</u>
	The Scottish Government issued updated guidance in relation to the use of face masks in social care.
	The updated guidance recommends that face masks do not routinely need to be worn at all times within social care settings. Instead face masks should be for particular situations (for example following staff judgement, advice from health protection / public health or personal choice). This is because although COVID-19 continues to spread, transmission rates are lower and the virus is currently milder than at earlier stages in

	the pandemic resulting in a reduction in severity of illness and hospitalisation. Full details are contained within the guidance (attached) and online Coronavirus (COVID-19): use of face coverings in social care settings including adult care homes - gov.scot (www.gov.scot) . Importantly the fundamental principles of Infection Prevention and Control precautions continue to be essential.
	<p>Health and Social care providers are being recommended to implement the face mask guidance as soon as possible from 14 September, or earlier if they are ready to do so. Healthcare professionals should continue to follow Coronavirus (COVID-19): extended use of face masks and face coverings in hospitals, primary care and wider community healthcare - gov.scot (www.gov.scot) However, where healthcare professionals visit a social care setting, the guidance for social care settings should be adopted.</p> <p>A communication has been issued to HSCP staff and service users to advise of the significant change in guidance.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None
5.	CONSULTATION
	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.

Caroline Cameron, Director
[Carolinecameron@north-ayrshire.gov.uk/01294 317723]

Appendices

Nil

Integration Joint Board 22 September 2022

Subject :	Annual Performance Report 2021-22
Purpose :	This report is for awareness for IJB to note the key achievements during 2021-22 and the publication of the Annual Performance Report.
Recommendation :	That the Integration Joint Board (IJB) should note the key achievements during 2021-22 and the publication of the Partnership's Annual Performance Report.

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	

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

1.	EXECUTIVE SUMMARY
1.1	Each year the Partnership is required to publish an Annual Performance Report, both to comply with legislative requirements and to demonstrate the progress made in working towards strategic priorities and national outcomes.
1.2	The draft report was presented to the Performance and Audit Committee in September and September and will be published on the Partnership's website ahead of the 30 th November deadline.
1.3	This covering report highlights some of the key achievements during 2021-22 which are contained within the Annual Performance Report.
2.	BACKGROUND
2.1	Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

2.2	Guidance for Health and Social Care Integration Partnership Performance Reports (published by the Scottish Government, March 2016) was followed to ensure the content of our performance report met the requirements.
2.3	The legislated publication date for Annual Performance Reports is 31st July, however, the Scottish Government understood that Integration Authorities (IA) may not be able to publish their final 2021-22 reports by the 31st July deadline and may postpone publication until the end of November 2022 in accordance with provisions made in the Coronavirus (Scotland) Act 2020 .
2.4	A draft of the Annual Performance Report was presented at the September Performance and Audit Committee for initial review. Unfortunately, the Strategic Planning Group meeting in September was cancelled and so reflective review will be offered following agreement from the IJB to publish. All provided feedback on the report content has been reflected in the preparation of this final document.
	Performance Highlights
2.5	The Annual Performance Report demonstrates the ongoing progress made by the Partnership in delivering against its vision and strategic priorities, as well as the Scottish Government national health and wellbeing outcomes, children's and justice service outcomes and a range of local measures.
2.6	During 2021-22, the Partnership played a crucial role in maintaining the local response coming out of the Covid-19 pandemic and the report demonstrates the work carried out. The Partnership has faced considerable challenges, but staff have worked tirelessly to help keep local people safe and supported throughout the pandemic and the report recognises the work carried out.
2.7	The report uses case studies throughout to demonstrate some of the performance highlights. Key highlights against each of the Strategic Priorities are outlined below:
	<u>Prevention and Early Intervention</u>
	<ul style="list-style-type: none"> Community Link Workers connected with service users on more than 7,000 occasions, linking them into more than 5,200 supports, services, and community resources The North Ayrshire Drug and Alcohol Recovery Service (NADARS) has continued to demonstrate high levels of performance by meeting national and local standards and targets. <p>Individuals seen within 3 weeks for Drug and Alcohol treatment – 90% target; 99%(drug), 97%(alcohol)</p> <p>Individuals seen within 6 weeks for Drug and Alcohol treatment – 100% target; 100%(drug), 100%(alcohol)</p>

	<u>Tackling Inequalities</u>
	<ul style="list-style-type: none"> • Our Money Matters service supports local people to increase their income through benefit support. In 2021-22 the service generated an incredible sum of £17.5 million (10% increase from 2020-21) of additional income for our residents. • 1,291 carers registered with our commissioned carer provider Unity; 1,096 are adults and 195 are young carers aged 18 or under
	<u>Engaging Communities</u>
	<ul style="list-style-type: none"> • A total 189 complaints were received during the year and were across all service areas, with 46 being upheld across all service areas • During 2021-22, 95% of people chose to have the Partnership arrange services on their behalf • We established a new Self-directed Support (SDS) Learning Review Board to keep SDS at the forefront of our business for further improvement and implementation • Connecting Arran saw Arran Community and Voluntary Service (CVS), as a partner organisation, apply for and obtain 10 iPads to help the elderly and socially isolated gain access online. The age range of the recipients was from 70 to 96 years of age, the majority having had no experience of digital devices
	<u>Bringing Services Together</u>
	<ul style="list-style-type: none"> • Our Service Access team has been instrumental in the development of a Support Pathway for Children/Young people who have attempted suicide. The pathway is intended for young people up to 18 years old who have made a significant attempt at taking their life who are not open to any other social work services. This initiative was implemented late in April 2021 and reviewed at the end of December 2021 with 35 Referrals being received. • The implementation of the primary care improvement programme continues. Increasing support across all the GP Quality Clusters, with additional MSK physiotherapy, Community Treatment and Care Nursing Teams and pharmacotherapy services. This work is clearly aligned with mental health improvements in primary care and the mental health occupational therapy model, which was piloted in the north coast cluster. • The Learning Disability Service is working with Healthcare Improvement Scotland through two learning collaboratives, one focused on developing day opportunities for people with learning disabilities, and the other focussed on implementing the Scottish Patient Safety Programme within Mental Health Wards. Involvement in both is creating new opportunities to link with other services across Scotland, as well as stimulating a variety of improvement and engagement work. • On average 2,038 Care at Home supports were provided monthly. This resulted in over 1.8 million Care at Home visits being provided via the inhouse Care at Home Service and External Care at Home providers throughout the year.

	<ul style="list-style-type: none"> Over 5,000 people received a Community Alarm and Telecare service with the Community Alarm Care at Home Assistants responding to 6,000 visits following alarm activations each month.
	<u>Improving Mental Health and Wellbeing</u>
	<ul style="list-style-type: none"> At the Nursing Forum Awards 2021, the Dementia: Post – Diagnostic Support App was awarded winner of the Dementia Care category. Universal Early Years saw an expansion to the support available to expectant and new mums experiencing mild to moderate mental health difficulties. Between April 2021 and March 2022, 85 women were referred for early intervention support. North Ayrshire Drug and Alcohol Service (NADARS) has continued to meet the 'Access to Treatment' standards and prioritised individuals who are the most vulnerable for face to face, in person support. The Falls Prevention project's main aim was to reduce the rate of falls across all four Elderly Mental Health (EMH) Inpatient Wards by 20%. The initial first phase to the end of October saw us achieve this reduction. To the end of 2021-22 there has been a 39% reduction in the monthly numbers of all falls with associated harm (from mild to severe harm) and a 51% reduction in the monthly rate of severe harm
	<u>Children and Justice Outcomes</u>
2.9	<ul style="list-style-type: none"> Our new Family Centred Wellbeing Service has now been established in partnership with education colleagues. In response to a clear need, we developed our Family Centred Wellbeing Service, with a vision that: <i>'We aim to work alongside families in a flexible, collaborative way, to empower them to use their own unique strengths to flourish'</i> Our new Community-Based Short Breaks Service has now been established. The service recruits and assesses short break carers for children aged from birth to 16 years old who reside in the community with birth parents, as well as for children and young people who are placed with kinship carers. Our new Children and Adolescent Specialised Substance Team (CASST) is made up of four young person's drug and alcohol workers who support young people between the ages of 5-21 who are impacted by parental substance use or their own substance use. The team received 76 referrals for young people affected by their own/parent's/sibling's substance use during the year. The Rosemount Project supported 314 children, parents, and carers by delivering individualised and tailored packages of support, with the aim of strengthening parenting capacity, empowering young people, and keeping families together within their communities. During the year Rosemount provided weekend support in over 47 out of 52 (90%) weekends. Our brand new, purpose-built respite facility for children and young people with additional support needs, Roslin House, welcomed its first guests in

	<p>August 2021. It provides respite breaks for young people known to the Children and Families Disabilities Team as part of their care and support plan.</p> <ul style="list-style-type: none"> • Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. For the eighth year we have continuously over-achieved against targets for CPO level 1 and level 2. CPO level 1 – Target: 57%, Actual: 100%; CPO level 2 – Target: 67%, Actual: 92.1% • A new TikTok campaign is aimed at 16–24-year-olds who know the least about community justice. Through one-line testimonies it highlights that a community sentence can change the life of the person who has broken the law and the lives of people in the community. #LifeChangingSentence. • A primary aim of the Caledonian System is to reduce the re-offending of men convicted of domestic abuse related offences, thereby increasing women's and children's safety. After being suspended due to COVID-19, where one to one and telephone work was used, groupwork delivery of the Caledonian men's programme has now resumed. • The number of Drug Treatment and Testing Order Assessments requested in 2021/22 shows a significant increase of 72% compared to 2020/21 and the highest number of assessments requested since 2018/19. Current DTTTO figures reflect the assurance courts in Ayrshire have in this service and the positive outcomes achieved.
	<u>Mental Health Lead Partnership</u>
2.10	<ul style="list-style-type: none"> • Waiting time compliance for Psychological Therapies has been maintained around 90% compliance through this past year. Public Health Scotland (PHS) published data reports A&A as being in the consistent two to three highest performing territorial Boards in Scotland despite being in the lower few Boards for overall staff resource. • Perinatal Mental Health Service is a new pan Ayrshire service, taking referrals from across Ayrshire & Arran. The service also treats women who are pregnant or in the post-natal period and have severe mental illness or are at high risk of becoming severely unwell. • The Community Learning Disability Team developed a successful proposal regarding the establishment of an Intensive Support Team. This much needed local investment of over £200,000 p/a represents a significant development of the community team's capacity and reflects North Ayrshire's commitment to responding meaningfully to the recommendations of the Scottish Government's Coming Home report (2018).
2.11	The report concludes with information on the important role played by Locality Planning Forums as a key conduit between local communities and the Partnership, the transformation programme and financial performance.

	Publication
2.12	This annual performance report is part of a suite of partnership public-facing documents. These documents are available from the NAHSCP website, www.nahscp.org .
3.	PROPOSALS
3.1	It is proposed that IJB notes the key achievements during 2021-22 and the publication of the Annual Performance Report on the Partnership's website ahead of the 30 th November deadline.
3.2	<u>Anticipated Outcomes</u>
	Informing the people of North Ayrshire and wider stakeholders on the progress of health and social care integration, specifically relating to: <ul style="list-style-type: none"> • Outcomes for local people; • Locality health and social care needs; • Service provision (including lead partnership responsibilities and commissioned services); • Transformational Change; • Budget and financial information. •
3.3	<u>Measuring Impact</u>
	With the publication of the Annual Performance Report 2021-22 the Partnership has met its obligations under the Public Bodies (Joint Working) (Scotland) Act 2014.
4.	IMPLICATIONS
4.1	<u>Financial</u> None.
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None.
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> This would ensure we fulfil our obligations in the Integration Scheme.

5.	CONSULTATION
	Staff, partnership stakeholders, the Partnership Senior Managements including (PSMT), and the IJB Performance and Audit Committee (PAC).

Caroline Cameron, Director
Paul Doak, Head of Service (Finance and Transformation) at pdoak@north-ayrshire.gov.uk

Appendices

- Appendix 1 – Annual Performance Report



Annual Performance Report 2021-22



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

Reflections from the Director

Annual Performance Report 2021-22

Welcome to our Annual Performance Report for 2021-22. This report focusses on the performance of services, however the context in which we have delivered our services has been very different with the most challenging year our health and social care services have faced. Our services have faced extreme pressures over the period, with increasing demand and individuals requiring a different type of support. Covid-19 has had a major impact on individuals, families and our communities over the last two years. Despite these challenges there have been many significant achievements and our service reform programme has continued.

Whilst we are optimistic that we may be over the worst of the direct impact of the pandemic, its long-term impact is not as well understood. We expect our services to face on-going challenges, including supporting those who have not been able to access a health and social care professional due to demands and restrictions, and addressing the rise in poor mental wellbeing in our communities. We have learned much from our pandemic experience, such as recognising the strength and resilience within our communities, discovering how truly determined and hard-working our workforce is, and finding greater ways to work in collaboration with our partners.

Throughout the report we have shared examples of the way services have responded to meet the changing needs of individuals and communities. As we recover from the pandemic, our transformation programme will continue focus on service redesign and align future service models to strategic priorities and resources. We will focus on the integration of services to deliver real change to the way services are being provided, and the scale and pace of change will be accelerated as services continue to adapt to 'the new normal'. We will direct our resources to support the pandemic recovery to improve service performance and outcomes for our communities.

In March 2022, the IJB agreed our new Strategic Plan 2022-2030, 'Caring Together'. This plan, developed through engagement and collaboration with local people, service users, members of staff and other key stakeholders, sets out our long-term ambitions for improving the health and wellbeing of everyone who lives in North Ayrshire. Through delivery of this plan, we hope to help create a North Ayrshire where everyone can live a safe, healthy, and active life.

Working together, we can develop a vibrant and proactive health and social care service, that is adaptable to the changing needs and demands of North Ayrshire and continue to provide our communities with the right service at the right time. We are ambitious in how we want to change and modernise our services and key to delivering on this ambition are our Caring for Ayrshire locality and service priorities which will be delivered in partnership alongside the plan.

We are certain to face additional challenges and periods of uncertainty as we move forward, driven by our recovery from Covid-19, the growing demand and need for services, the establishment of a National Care Service and a challenging financial environment.

In conclusion, I want to acknowledge the tremendous efforts of staff across the Health and Social Care Partnership who have been under immense pressure for a sustained period, whilst continuing to deliver services with professionalism and dedication. I look forward to the next twelve months with optimism that we can support a positive recovery for our health and social care services through working with our partners to meet the needs of our communities.

Caroline Cameron



Director, North Ayrshire Health and Social Care Partnership

Contents

Visions, Values and Priorities	5
Our Local Priorities.....	6
Structure of this report	7
Strategic Performance	8
Prevention and Early Intervention.....	8
Tackling Inequalities	13
Engaging Communities	17
Bringing Services Together	22
Improving Mental Health and Wellbeing	28
National Health and Wellbeing Indicators	32
Performance in relation to the three Children's Outcomes and the three Justice Service Outcomes ...	34
Children's Outcomes	35
Justice Outcomes	43
Reporting on localities	55
Transformation Programme	59
Reporting on lead partnership responsibility	65
Mental Health Services.....	66
Child Health Services	68
Inspection of service	73
Financial performance and best value	77
Appendix	81

Visions, Values and Priorities

North Ayrshire Health and Social Care Partnership (NAHSCP/the Partnership) is working towards a vision where:

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

Our Partnership includes health and social care services within **Health and Community Care Services (H&CC)**, **Mental Health and Learning Disability Services** and **Children, Families and Justice Services**.

In this annual performance report, we look back on the progress we have made, share some of our successes and reflect on some areas that have proved challenging.

This report aligns with our Bridging Strategic Commissioning Plan. This one-year plan built on our existing plan ‘Let’s Deliver Care Together (2018-2021)’ and reflected our response to the COVID-19 Pandemic. The plan set out our pandemic recovery intentions, as well as offering a longer-term vision for local health and social care services. This Bridging Plan allowed us to confirm with the people who use our services and North Ayrshire residents and staff that during the bridging year, we would continue to focus on these five **priorities**:



People who use our services and North Ayrshire residents will experience our Partnership **values** in the way our staff and volunteers engage with you and how we behave. We will:

- **Put you at the centre**
- **Treat you with respect**
- **Demonstrate efficiency**
- **Care**
- **Be inclusive**
- **Embody honesty**
- **Encourage innovation**

Our Local Priorities

North Coast & Cumbrae

- 1 Reduce social isolation for older people
- 2 Improve support for stress/ anxiety
- 3 Address impact of musculoskeletal issues
- 4 Promote financial inclusion

Garnock Valley

- 1 Improve young people's mental health wellbeing
- 2 Address low level mental health (all ages)
- 3 Reduce social isolation across all age groups
- 4 Address impact of musculoskeletal issues

Kilwinning

- 1 Engage with Early Years Centres
- 2 Provide GP visiting sessions to nursing homes
- 3 Provide occupations therapy in local pharmacy

Irvine

- 1 Reduce social isolation
- 2 Improve low level mental health issues
- 3 Provide access to physiotherapy

Arran

- 1 Develop transport solutions
- 2 Reduce social isolation
- 3 Improve support to those with complex needs



Structure of this report

We have measured and evaluated our performance in relation to:

- Partnership Strategic Objectives
- Scottish Government National Health and Well-being Outcomes
- Children's and Justice Services Outcomes
- Local measures

The North Ayrshire Health and Social Care Partnership continues to have lead partnership responsibilities across Ayrshire and Arran for Mental Health and Learning Disability Services as well as Child Health Services (including immunisation and infant feeding). We have reflected on some of the highlights and challenges of leading these services across Ayrshire.

We will show that all our services (those provided by our Partnership staff and those provided by other organisations on our behalf) are providing high quality care and support to the people of North Ayrshire.

Finally, the partnership continues to face financial challenges in delivering and improving services from within the available budget, during the year we have made significant progress towards achieving financial balance and overall service sustainability. We have detailed our financial position and reflected on how we continue to provide assurance that we are delivering Best Value in North Ayrshire for Health and Social Care services.

Strategic Performance

Strategic Priority Prevention and Early Intervention

National Outcomes

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- 5 Health and social care services contribute to reducing health inequalities



Our Highlights

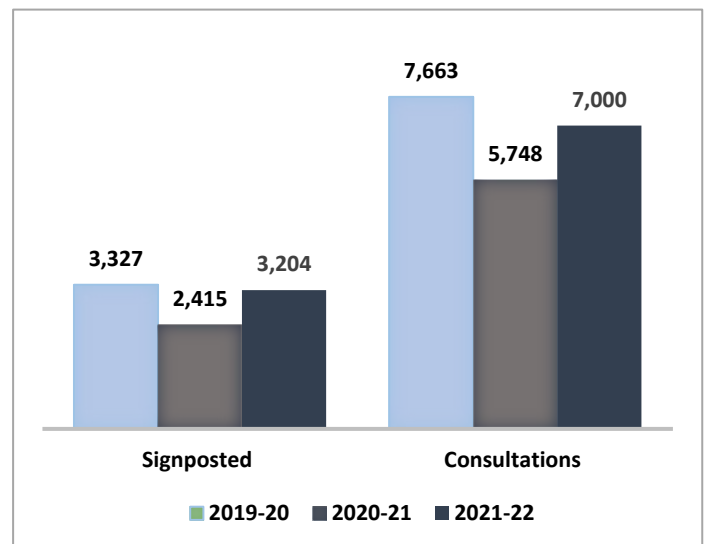
The Community Link Worker Service linked with people more than 7,000 times, linking to 5,200 supports, services and resources

1.1 Throughout the COVID-19 pandemic, the Partnership has supported the local delivery of the **national vaccination programme**, ensuring the maximum roll-out of approved vaccines to local people. For those 12 years and over:

- 111,361 people had received a 1st dose, this is 94.3% of the local population
- 105,038 people had received a second dose, equating to 88.9% of the local population
- 85,581 local people, or 72.5% of the population, had received their 3rd dose of a vaccine

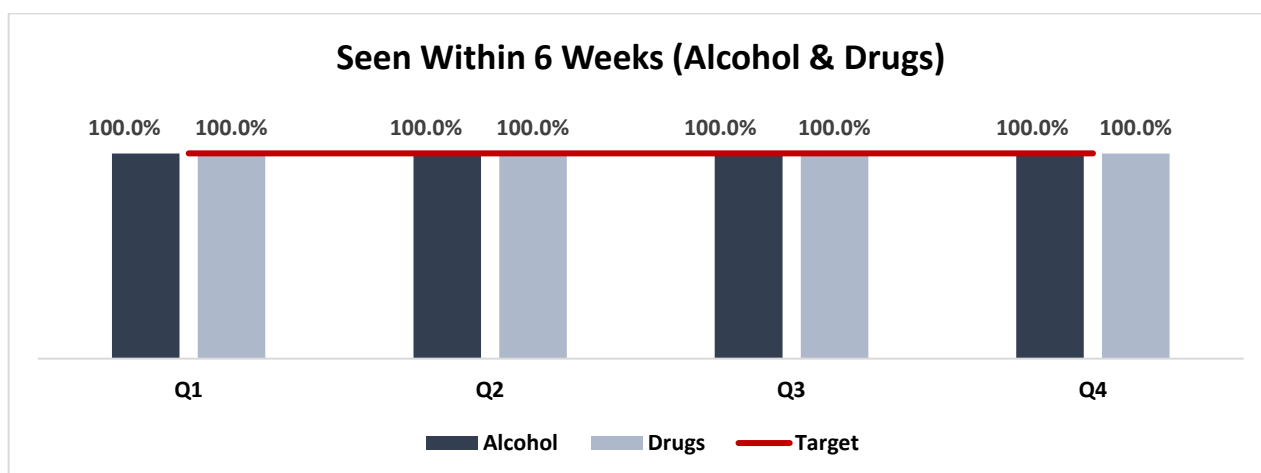
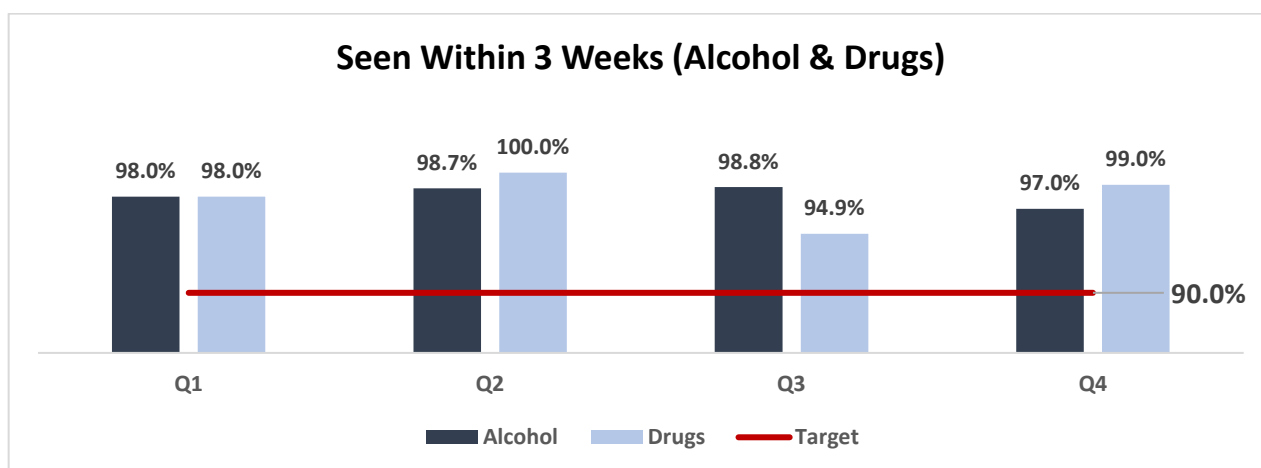
We supported the programme through provision of local premises for use as vaccination centres. At the height of the programme, we provided 18 premises across North Ayrshire for use, ensuring vaccinations centres were locally available.

1.2 In 2021-22, 3,204 people were signposted to the **Community Link Worker** service, 33% higher than the previous year, with the COVID-19 pandemic impacting the last year's figures. In addition, unfortunately 2 of our GP Surgeries had technical or operational issues, so the overall performance is likely to be higher than stated. Community Link Workers connected with service users on more than 7,000 occasions, linking them into more than 5,200 supports, services, and community resources.



Mental wellbeing remains by far the highest recorded reason for using the service, at 68% of all reasons recorded, followed by Financial Health (21%) and Social Isolation (15%).

1.3 **The North Ayrshire Drug and Alcohol Recovery Service (NADARS)** has continued to demonstrate high levels of performance by meeting national and local standards and targets, such as access to treatment waiting times, provision of alcohol brief interventions (ABIs), the roll-out of Naloxone supplies and increasing patient choice regarding Opiate Substitution Therapy (OST) medications.

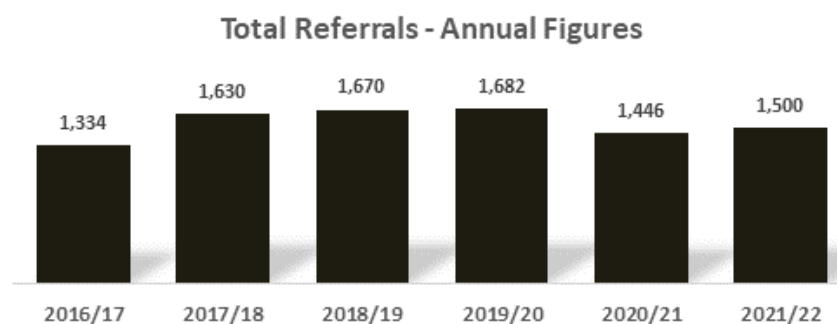


The team continues to identify new ways of working to provide a more agile and streamlined service and further improve performance. This work has been evidenced by the delivery of early intervention services in the delivery of Alcohol Brief Interventions (ABI) in both priority (Primary Care, A&E and Antenatal) and wider settings.

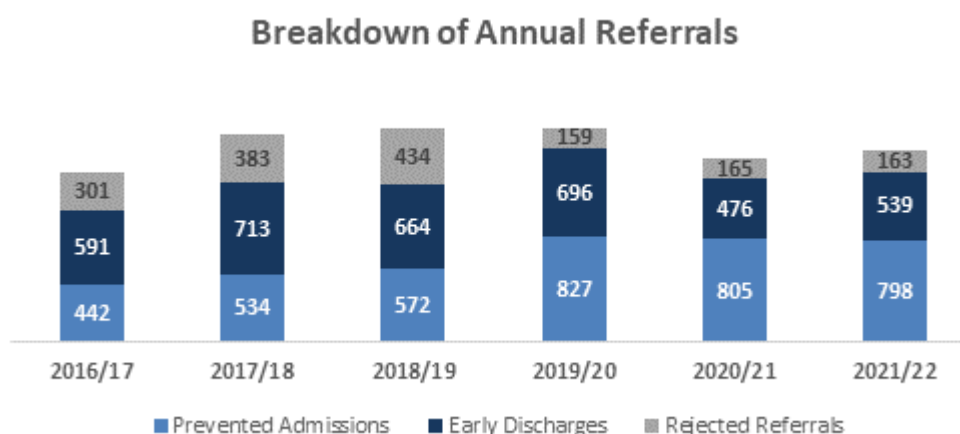
	2020-21	2021-22
Target set by Scottish Government – Priority Settings	3,420	3,420
Total ABI delivery in Priority Settings (Ayrshire & Arran)	5,920	5,776

	2020-21	2021-22
Target set by Scottish Government in Wider Settings	856	856
Total ABI delivery in Wider Settings (Ayrshire & Arran)	1,025	1,017

- 1.4 The Pan – Ayrshire Model for Enhanced Intermediate Care and Rehabilitation (ICT)** is focussed on providing high-quality care and support through proactive early intervention and preventative action to stop older people and people with complex needs becoming unwell in the first place or supporting them to manage their health more effectively.



Since the outset of the COVID-19 Pandemic, the North Ayrshire Enhanced Intermediate Care Team has continued to provide a seven-day service, facilitating early discharge from hospital and providing rapid alternative to acute hospital admission. Face to face input within individuals' own homes continued to take place, with appropriate PPE where clinically indicated and remote methods deemed not appropriate. Priority was given to urgent, admission avoidance activity and maintaining flow through the overall hospital system.



- 1.5** To enhance multi-agency early intervention and preventative responses to addressing domestic abuse, and reduce the number of repeat domestic referrals, our **Multi Agency Assessment Screening Hub (MAASH)** now follows up on all domestic referrals. Previously only those cases with children involved were referred into the team. Monthly MAASH Strategy Response meetings now take place with Police Scotland, MAASH Team Managers and Performance and Information Systems to analyse a newly created data dashboard which details monthly referrals to the service and key trends. The statistical illustration provided by the data dashboard has provided enhanced visibility with regards to streamlining and prioritising our service, ensuring that vulnerable people are safeguarded and get the right support at the right time.
- 1.6** **The Children's Immunisation Service** provides the Pan Ayrshire school-based immunisation programmes, including Human Papilloma virus (HPV), Diphtheria, Tetanus and Polio, Meningitis ACWY and Measles, Mumps and Rubella (MMR). In North Ayrshire, this routine immunisation programme is offered to 7,903 pupils between the cohorts of S1 and S6.

In 2021, the annual Influenza vaccine eligibility was extended to include all secondary school age pupils, alongside all primary aged pupils. This equated to approximately 48,720 children. This programme was completed in a timescale of 12 weeks. The immunisation team required to increase staff resources and liaise with education colleagues to work creatively in partnership to ensure all children were offered the Influenza vaccine in the school setting.

- 1.7** The **Universal Early Years** service has maintained a focus on early intervention and prevention over the last year, with approximately 50% of requests for assistance remaining within the integrated team. Families have received support from the team within the home environment for areas such as communication, sleep, behaviour, toileting, routines and bonding and attachment, as well as support for perinatal mental health and from the Early Years Social Workers aligned to the team.
- 1.8** Following audit work undertaken around anti-psychotic monitoring, **Learning Disability Nursing** staff within the community team implemented a clinic to monitor physical health and ensure appropriate review of anti-psychotic use. Since commencing in November 2021, 23 service users with learning disabilities open to CLDT Consultant Psychiatry on anti-psychotic medication have undergone an annual physical health check including routine bloods. The clinic has been adapted to meet the needs of the individuals attending, with reasonable adjustments being put in place as required. The clinic has helped identify possible side effects being experienced by individuals on anti-psychotic medication and has also provided opportunities to give health advice in regard to lifestyle and unmet health needs, as well as offering appropriate onward referrals.

National Indicators

	NAHSCP	Scotland
Adults able to look after their health very well or quite well	89%	91%
Adults supported at home who agreed that they are supported to live as independently as possible	81%	79%
Adults supported at home who agreed that they had a say in how their help, care or support was provided	73%	71%
Rate of Emergency Hospital Admissions for adults (Per 100,000 population)	14,224	11,475
Rate of emergency bed days for adults	144,759	105,957
Falls rate per 1,000 population aged 65+	20	22

Strategic Priority Tackling Inequalities

National Outcomes

- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- 5 Health and social care services contribute to reducing health inequalities
- 6 People who provide unpaid care are supported to look after their own health and wellbeing. Including to reduce any negative impact of their caring role on their own health and wellbeing



Our Highlights

1,291 Carers registered with our care provider - Unity

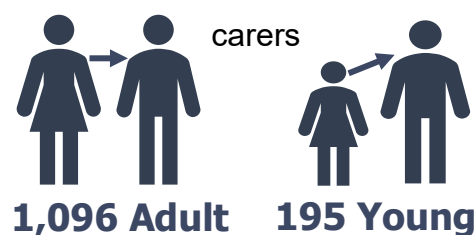
The Money Matters Team has supported the most vulnerable people in our communities accessing more than £17.5M in benefits

- 2.1** In Partnership with Community Learning and Development, our **Rosemount service** co-facilitated a 12-week partnership employability and skills programme aimed at families supported by North Ayrshire Health and Social Care Partnership's Rosemount service. The course covered basic IT skills, advice on health and wellbeing, getting outdoors, building confidence, setting goals and getting connected in your local community.

This course provided a space for participants with similar experiences to come together in a small group setting and work at a pace that was right for them. The programme was tailored to individual need and supported each person to focus on their next steps, including further adult learning opportunities, and a stepping-stone into IT courses that are delivered in the local community. The group reported that they would like to see more employability courses of this kind, with sessions being longer and more opportunities to bring their families together for activities.



- 2.2** The **Carers Team** reported 1,291 carers registered with our commissioned carer provider Unity (1,096 are adult and 195 are young carers aged 18 or under) with 359 carers reported under the main carer category. Social Work staff offered 366 Adult Carer Support Plans, 86 were accepted and 51 completed. NAC Education staff offered 68 Young Carer statements and 53 were completed.



New Directions were published in July 2021, under section 5(1A) of the Social Work (Scotland) Act 1968 (Directions to local authorities to issue offers under sections 6 and 12 of the Carers (Scotland) Act 2016). The regulations prescribed timescales for the offer and preparation of an Adult Carer Support Plan and Young Carer Statement for carers of terminally ill family members or friends. In support of the new directions, the Carers Team produced information leaflets, posters, a staff briefing with guidance and an animated video to inform our carer community that can be found here - https://youtu.be/hq_hh7rxqis

As part of the implementation of the Carer's Act, funding was released with an incremental increase over a 5-year period. In 2021-2022 the Partnership's funding allocation for Carer's Act duties was £1.364 million. This budget is not ring-fenced and forms part of the baseline IJB budget.

Transformational changes have been agreed through PSMT with work commencing to:

- Improve the route of access to assessment and support for carers.
- Strengthen partnership working with the commissioned carer provider – Unity.
- Add resource of x 3 staff to improve Adult Carer Support Plan message, uptake and completion.
- Establish a Short Break Service for easier access to early and more effective breaks from the caring role.
- Review of paperwork – Adult Carer Support Plan, eligibility thresholds.
- Implement a resource release model strictly for carers.
- Add resource of appropriate funding to sustain the new model of carer assessment and support.
- Establish a Self-directed Support Learning Review Board (overarching) to bring forward a range of recommendations to strengthen social care assessment and support delivery.

2.3 Our **Money Matters Team** once again supported the most vulnerable people in our communities, accessing entitled benefits to the incredible sum of £17,513,155.55, an increase of over £1.6M from 2020-21. This was achieved against a backdrop of ongoing welfare reform, a complex benefits system and the impact of COVID-19.

**Money Matters - Annual Comparison
(Millions)**



2.4 **Break the Silence** provide professional support to survivors of rape and sexual abuse, of all genders aged 13 years and over, living in East and North Ayrshire. Options for support include professional counselling using qualified psychotherapists; complementary therapies; group activities; volunteering opportunities; couples' support, and professional counselling support for partners and family members. All support is designed to assist survivors to work through their trauma, move forward and improve their social wellbeing and psychological health, enabling and supporting survivors to achieve an attainable standard of living, health, and family life.

During 2021/22, 141 new referrals from North Ayrshire were made to the service, with the majority of these being self-referrals. Throughout the year, a further 82 people were re-referred into the service from North Ayrshire. There continues to be a waiting list for the service, highlighting the need for support from North Ayrshire residents.

2.5 As part of the delivery of the **Community Mental Health and Wellbeing fund** by Arran CVS (a partner in the North Ayrshire Third Sector Interfaces), staff from the Learning Disability Service promoted the circulation of the [Active, Connected, Included](#) resource. This resource was developed by the Scottish Commission for Learning Disability with the aim of it supporting individuals and communities to think broadly about accessibility, and how inclusive our communities are. With the support of SCLD, all those 57 successful applicants to the Communities Mental Health and Wellbeing fund were provided with a hard copy of the resource and encouraged to use it to look more closely at the accessibility and inclusivity of their opportunities.

National Indicators

	NAHSCP	Scotland
Carers who feel supported to continue in their caring role	31%	30%
Adults supported at home who agreed they felt safe	83%	80%
Premature mortality rate (Under 75s age-standardised death rates for all causes per 100,000 population)	516	457

Strategic Priority **Engaging Communities**

National Outcomes

- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected**
- 7 People who use health and social care services are safe from harm**



Our Highlights

44 compliments were received by the Health and Social Care Partnership

- 3.1** During 2021-22, 44 **compliments** were received by the Health and Social Care Partnership relating to the services provided and the professionalism demonstrated by partnership staff.

Compliments

"Thank you received for Sensory Impairment Team thanking the team for their assistance"

"Health visitor passed on thanks from service user for help and support provided by worker from MAASH Team (Intervention Services)"

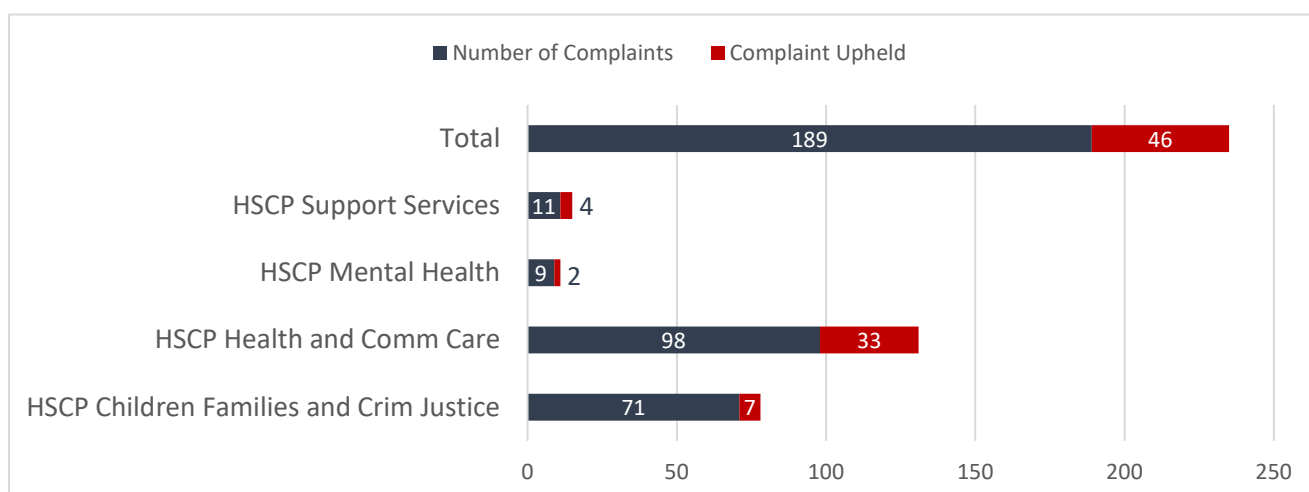
"Comments on evaluation form was complimentary regarding work of worker in Rosemount Team"

"Compliment to Service Access technicians who visited and fitted bed rails – Service users husband said this would greatly help his wife"

"Compliment for Money Matters Team – Great support, caring and brilliant at what they do"

"Thank you card in respect to the care received from Care at Home"

- 3.2** A total of 189 **complaints** were received during the year and were across all service areas, with 46 being upheld across all service areas.



Of the 46 upheld complaints, 22 were categorised as relating to a vulnerable person. Complaint categories are listed below:

Complaint Topic	No.
Communication	6
Missed/late appointment	3
Service provision/delivery	19
Staff behaviour (incl. alleged or perceived)	9
Waiting times	6
Other	3

3.3 Self-Directed Support & Ayrshire Independent Living: In this reporting year, as part of the Scottish Government Source Return, the Self-directed Support team submitted the following figures demonstrating how people have directed their support.



Option 1: 196

Option 2: 156

Option 3: 6685

Option 4: 33

This shows that 95% of people choose Option 3, where support is arranged by the Health and Social Care Partnership.

From a national perspective, there have been several directives and influencing factors (below) for North Ayrshire Health & Social Care Partnership to keep SDS at the forefront of our business for further improvement and implementation.

- National Care Service Consultation with proposals to improve the way social care is delivered (Nov 2021).
- Fair Work Convention's Fair Work in Social Care which seen uplift of rates of pay, Personal Assistant network resources, tools and online support being developed.
- Implementation of the [Social Care - Self-directed Support: Framework of Standards](#)
- Promotion of the revised guidance on SDS through the Pandemic [Supporting documents - Coronavirus \(COVID-19\) self-directed support: guidance - 11 March 2022 - gov.scot \(www.gov.scot\)](#)

The above contributed to the request for permission to establish a Self-directed Support Learning Review Board, agreed at PSMT (March 2022). The Board will review SDS and its application in North Ayrshire with a view to bringing forward a range of recommendations to strengthen our mainstream model of service delivery.

North Ayrshire Health & Social Care Partnership continues to commission independent advice and information services from Ayrshire Independent Living Network (AILN) on a Pan Ayrshire agreement.

Headlines for AILN are:

- Provision of support to 419 customers – 132 live in North Ayrshire, with referrals from North often exceeding other areas each month.
- 318 customers employ over 600 personal assistant staff earning @ £5M per year from the 3 LA's. Plans are agreed to provide a breakdown per locality.
- AILN continued to meet their community benefit obligations through promotion of peer support, Digital Buddy support, PA and Professional newsletters, and social events. They continued to visit Ayrshire colleges delivering SDS awareness to students. They continued to offer and assist with PPE & LFTs.
- New AILN Board members joined, and they continue to recruit further with a potential new Director coming onboard.
- AILN continue to be involved extensively in the national personal assistant developments agenda and are advising on a proposal for better recruitment/ training on the SSSC website.
- AILN recruited a dementia befriending support post with mental health team diagnostic nurses on hand to support.

3.4 Connecting Arran saw Arran Community and Voluntary Service (CVS), as a partner organisation, apply for and obtain 10 iPads to help the elderly and socially isolated gain access online. The age range of the recipients was from 70 to 96 years of age, the majority having had no experience of digital devices. Digital Champion volunteers from the Arran community were trained to assist recipients. It was agreed that the digital champion phone the recipient on a weekly / twice weekly basis to assist with problems or queries. Informal friendships arose from this contact and to some extent helped alleviate social isolation within this elderly group.

Further phases of the programme were aimed at low-income families and households with children, as well as a group with non-existent to average digital skills. iPads and laptops were used by a varied cohort, including a student returning from the mainland for lockdown, a local nursing home and terminally ill islanders in hospital.

None of the above could have been carried out without the assistance and enthusiasm of the volunteer Digital Champions, to whom the community owe a debt of thanks. Volunteering involved supporting in how to: video call, send messages, use apps and general website browsing for information etc. In total, 11 of the 14 people who came forward went through the Digital Champion training modules and 8 of the 9 volunteers were new to volunteering.

3.5 Breastfeeding in North Ayrshire was a success story during 2021/22. The hard work and dedication of the midwifery, health visiting and Breastfeeding Network teams working within North Ayrshire resulted in record performance within recent years that included:

- Highest rates of exclusive breastfeeding at HV first visit in 4 years – 25.7%
- Highest rates of overall breastfeeding at HV first visit in 4 years (mixed feeding included) – 36.3%
- Highest rates of exclusive breastfeeding at 6-8 weeks in 4 years – 20.9%
- Highest rates of overall breastfeeding at 6-8 weeks in 4 years – 27.9%
- Lowest drop-off between birth and first visit in 4 years – 30.8%

- Lowest drop-off between first visit and 6-8 weeks in 4 years – 44.8%

National Indicators

	NAHSCP	Scotland
Adults receiving any care or support who rated it as excellent or good	76%	75%
People with positive experience of the care provided by their GP practice	61%	67%
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	79%	76%

Strategic Priority Bringing Services Together

National Outcomes

- 6** People who provide unpaid care are supported to look after their own health and wellbeing. Including to reduce any negative impact of their caring role on their own health and wellbeing
- 8** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- 9** Resources are used effectively and efficiently in the provision of health and social services



Our Highlights

Refugee Support Team helped 66 individuals receive COVID-19 vaccines.

Recruitment of 2 new Occupational Therapists

Collaboration between the Learning Disability Service & Glasgow School of Art

- 4.1** Our **Service Access** team has been instrumental in the development of a Support Pathway for Children/Young people who have attempted suicide. It is estimated that for every death by suicide there may be up to 100 significant suicide attempts. For every person who dies by suicide on average 135 people are impacted/affected. The pathway is intended for young people up to 18 years old who have made a significant attempt at taking their life i.e. non-fatal overdose, act of self-harm significant enough to require treatment & intervention or deliberate act of a suicidal nature, and who are not open to any other social work services.

The pathway strives to ensure a young person receives first contact within 48 hours, with a follow-up within 5 days. A key aim of the 5-day follow-up contact is because it is recognised that the first contact may be when families and young people are overwhelmed and decline support or signposting, but a few days later they are better able to process and perhaps recognise they may need some help. It has been suggested that if it were possible a longer-term contact of 4 weeks later would be welcomed and will be considered in future discussions.

A cross-service approach to this initiative has involved staff from Social Care and NHS Ayrshire and Arran as a core group, and consulted with school nurses, Connected Communities and additional workers from the Emergency Department as the situation required. This initiative was implemented late in April 2021 and reviewed at the end of December 2021 with the following results:



Source of Referral	
Ayrshire Out of Hours	3
Crosshouse Emergency	1
ED Presentation	2
Education - Teaching Staff	6
Family/Relative	1
Hospital - Medical Staff	3
NHS24	2
Other	2
Social Work Staff	15

Referrals by Age	
12 or under	3
13 to 16	25
Over 16	7

On review, it was apparent that workers used their social work skills to enable as close as possible contacts within the timescales. They also on occasion had to use their knowledge and experience in the best way possible with parents/families who were reluctant to engage at all. The pathway is being implemented in the best way possible for each unique situation – it is the presence of a pathway which has enabled staff to plan their contacts appropriately.

The feedback has been positive with some amendments to process, and language being undertaken to ensure engagement with young people and offer the fullest support. Responses have also indicated that the “*whole family approach*” has been welcomed.

- 4.2** Demand for **Care Home placements**, which had previously been reducing, started to increase early in 2021/22. At the time, efforts were focused on reducing the waiting list for people seeking to secure funding for long term care placements. We were so successful that whilst demand increased, we were able to eliminate the waiting list completely. By the end of the year, no one had to wait for to access funding, and therefore no waiting list was required.
- 4.3** **The Dirrans Centre**, Kilwinning delivers personalised community-based rehabilitation supports. The team continued to provided support to our clients throughout COVID-19 restrictions, until the centre was able to re-open for ‘business as usual’ - and provide a combination of building based, and community supports using learning from outcomes achieved during the pandemic.
- 4.4** **The Refugee Support Team** support over 220 individuals from Syria and Afghanistan. Whilst many are learning English and increasing their skills, reading and writing are the most difficult forms of language to acquire. Therefore, letters and online booking for vaccinations would be very difficult and required support from the team to ensure attendance and understanding. We had many adults and children with underlying health conditions who were not fully vaccinated, but through partnership working we quickly arranged to support a specific clinic for refugees.

66 people were vaccinated with either their first, second or booster vaccine. This also included some children with underlying health conditions or who are immunosuppressed and their siblings.

The Refugee Team were fully involved with Bi-Lingual Liaison Officers translating for vaccinators as well as others using Language Line. Other staff were involved in transporting those requiring it to the centre. The NHS staff were enthusiastic, and the clinic ran relatively smoothly. We are now looking at running future events for follow-up vaccinations and newly arrived refugees.

This was a positive piece of collaborative and partnership working between the NHS and HSCP to tackle health equalities



within our community and prevent the spread of COVID-19 and reducing the potential for significant ill health and hospitalisation.

- 4.5** The implementation of the **primary care improvement programme** continues. Increasing support across all of the GP Quality Clusters, with additional MSK physiotherapy, Community Treatment and Care Nursing Teams and pharmacotherapy services, is making good progress. There are specific recruitment challenges on the isle of Arran and new skills mix models are being actioned. All of these services are looking to enhance their services to provide greater levels of resilience for GP practices, e.g. to provide cover for sickness absence, through recruitment and skill mix.

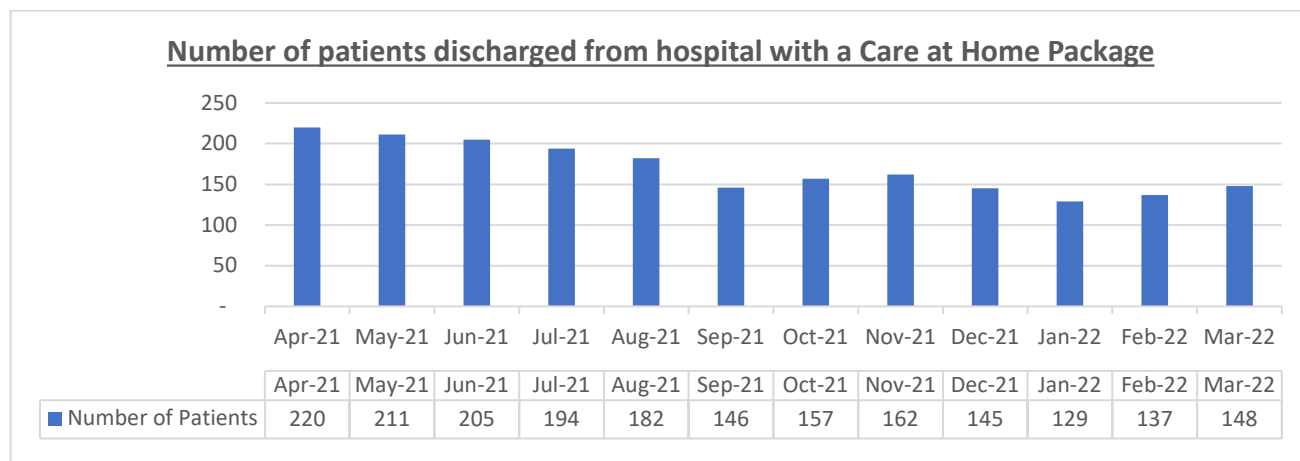
This work is clearly aligned with mental health improvements in primary care and the mental health occupational therapy model, which was piloted in the north coast cluster, with one senior OT staff member successful in supporting people with long COVID-19, mental health conditions and individuals with access to employability support.

As a result, two further occupational therapists have been recruited and roll-out has commenced across other GP practices. The OT posts work closely with all the MDT staff, e.g. Community link worker, pharmacy, MSK physio and CTAC nurses, to provide a holistic support to complex individuals. There is also a continuing ambition to expand mental health practitioners and their service resilience model.

- 4.6** **The Learning Disability Service** is working with Healthcare Improvement Scotland through two learning collaboratives, one focused on developing day opportunities for people with learning disabilities, and the other focussed on implementing the Scottish Patient Safety Programme within Mental Health Wards. Involvement in both is creating new opportunities to link with other services across Scotland, as well as stimulating a variety of improvement and engagement work. As part of this, Trindlemoss Day Opportunities successfully applied for funding to allow two Glasgow School of Art Interns to collaborate with customers, staff and families in depicting the journey of the service to date, and its future ambitions.

- 4.7** Whilst the in-house **Care at Home** service did not require to cease delivery on any planned care delivery, the service remained operating at business continuity levels throughout this period. However, the capacity for care provision from external providers has continued to reduce throughout 2021 with the Partnerships framework providers advising of consolidation of existing planned work in line with workforce challenges - one provider was unable to fulfil planned care delivery over a number of occasions throughout the latter half of 2021/22, often requiring the Partnership's inhouse Care at Home service to step in to provide critical support.

This has greatly impacted on delayed discharges with the majority of new care packages requiring to be delivered via the Partnership's inhouse Care at Home service. However, our collective commitment to delivering high quality Care at Home services remains unchanged and colleagues from across Council services stepped up as volunteers to support ongoing service delivery



- 4.8** On average 2,038 **Care at Home** supports were provided on a monthly basis during 2021/22. This resulted in over 1.8million Care at Home visits being provided via the inhouse Care at Home Service and External Care at Home providers throughout the year.
- 4.9** In 2021/22 over 5,000 people received a **Community Alarm and Telecare service** in North Ayrshire with the Partnerships Community Alarm Care at Home Assistants responding to 6,000 visits following alarm activations each month.
- 4.10** **Warrix Avenue's** care team have taken the opportunity developed as part of inpatient services contingency planning to adapt their provision of services to maximise the support provided from Warrix Avenue. This new model is not only about those currently within Warrix Avenue but about providing intensive outreach support for up to one year in their own homes (pan Ayrshire) to individuals – typically for those who have passed through Warrix Avenue as part of their rehabilitation programme, but also to individuals who may be referred direct from all adult community services or adult mental health admissions for direct support.

Pressure on CMHTs throughout Ayrshire are recognised as part of this proposal, and also that the transition from inpatient 24/7 care to community can be a period of increased risk. This model allows for a care team who knows (and is known by) individuals to provide robust enhanced support and rapid response to individuals open to their services in the person's own home on a pan-Ayrshire basis, reducing demand on CMHT/Unscheduled care services.

The model supports:

- Shorter stay in Warrix Avenue, as rehab can be progressed though the outreach model
- Avoiding persons requiring to come through Warrix Avenue if they can be supported at home instead
- Reduced risk of readmission through breakdown at point of discharge
- Reduced AMH Acute inpatient stay by increased availability of Warrix Avenue or discharge straight to community for rehab support/pick-up
- Improved patient/family care experience of consistent support as outreach
- Reduced demand for CMHTs at point of discharge and handover of person already well-established in the community

We currently have seven patients within the community who are part of the outreach pilot. These patients are doing incredibly well and have managed to stay within the community since discharge. Three complex patients have now been in the community for nearly a year. There is evidence to support that it is probable that some of these patients may have been admitted back to hospital if they did not have the support of the intensive support from the outreach

service. This is due to some mental health breakthrough symptoms and medications requiring to be changed. In addition, support has been offered by telephone when they have been struggling throughout the night. Support with medication collections which have been incorrect and required support from the team to rectify, this has been able to be dealt with quickly and efficiently which has avoided stress for the patients.



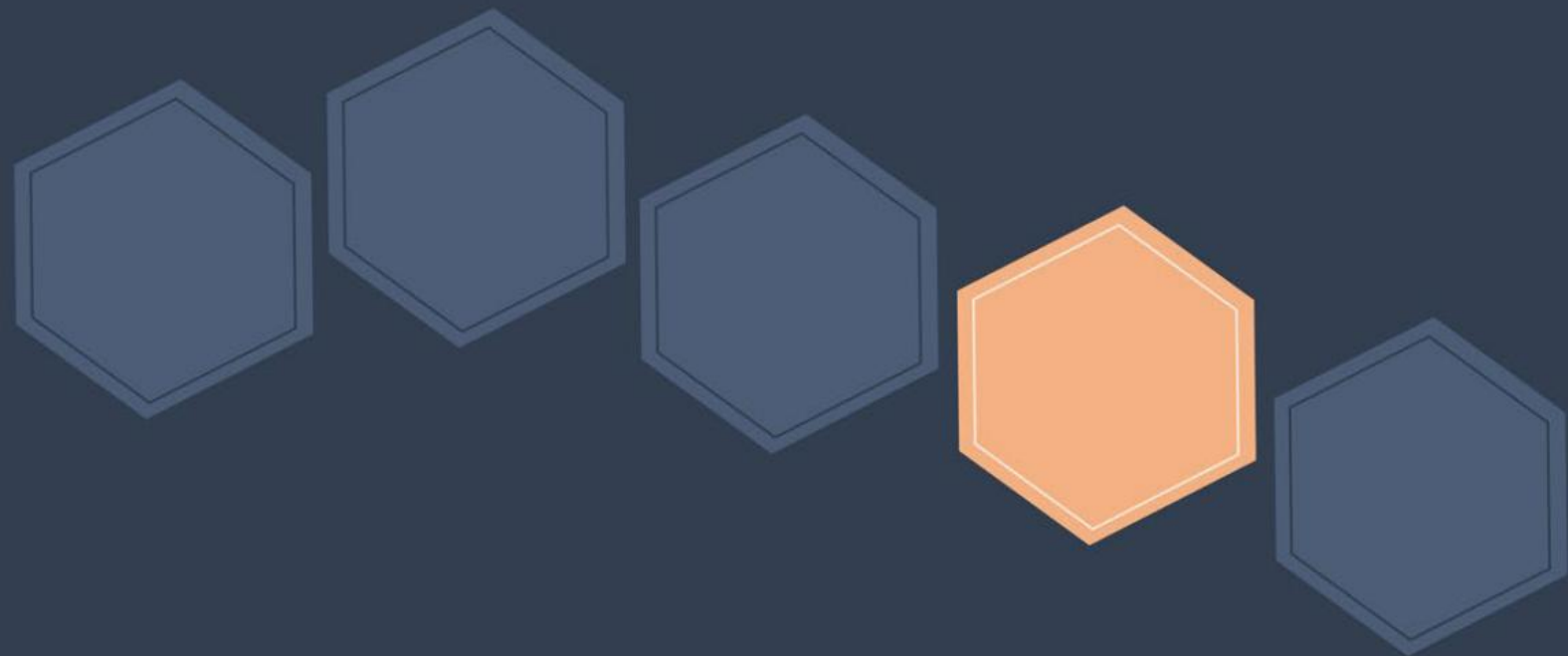
National Indicators

	NAHSCT	Scotland
Readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	110	103
Percentage of adults with intensive needs receiving Care at Home (all levels of CAH)	77%	65%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	819	761
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	30%	24%

Strategic Priority Improving Mental Health and Wellbeing

National Outcomes

- 1** People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 5** Health and social care services contribute to reducing health inequalities
- 9** Resources are used effectively and efficiently in the provision of health and social services



Our Highlights

Award winning Dementia: Post – Diagnostic Support App

Ayrshire and Arran Perinatal Mental Health Service launched

Introduction of the Falls Prevention project

- 5.1** NHS Ayrshire and Arran developed a **Dementia: Post – Diagnostic Support App**, launched in 2021, to provide helpful information to patients, family members and friends impacted by a dementia diagnosis. The app user network has steadily grown over the last year, with a total of 617 people now registered as users of the app. At the Nursing Forum Awards 2021, the app was awarded winner of the Dementia Care category. This free app provides information about understanding dementia, managing symptoms, healthcare advice, making community connections, accessing peer and carer supports, decision making and understanding your rights.
- 5.2** The importance of **perinatal mental health** is recognised across North Ayrshire. Within Universal Early Years, 2021/22 saw an expansion to the support available to expectant and new mums experiencing mild to moderate mental health difficulties through the recruitment of a second Perinatal Mental Health Nurse within the integrated Universal Early Years' team. Between April 2021 and March 2022, 85 women were referred for early intervention support. Autumn of 2021 also saw the launch of the Ayrshire and Arran Perinatal Mental Health Service, which aims to offer support to expectant and new mums with severe and enduring mental health difficulties.
- 5.3** **North Ayrshire Drug and Alcohol Service (NADARS)** continued to meet the 'Access to Treatment' standards and prioritised individuals who are the most vulnerable for face to face, in person support. All community interventions continued to be delivered. The residential facility in Ward 5, Woodland View, prioritised detoxification support alongside a seamless pathway for extended rehabilitation hospital-based support (whilst the day attendance programme was paused due to wider COVID-19 related restrictions – these clients continued to be supported by the locality community services). All these interventions were continuously reviewed in light of changing pandemic related guidance. A new support pathway was put in place for individuals following a Non-Fatal Overdose as another measure to prevent drug related deaths. This pathway will continue to be reviewed and improved over the next year, with key partner services including the Scottish Ambulance Service and Hospital Liaison Services.

There has been a specific focus over the last year to develop processes and pathways to ensure that Medication Assisted Treatment (MAT) standards 1 to 5 were embedded into practise. This new intervention has provided quick access to treatment, with many individuals commencing drug use related treatment within 1 day of being referred to services. This has provided immediate access to appropriate medication, harm reduction interventions and

mental, physical, sexual and social care support. Data systems have been devised for the reporting on MAT delivery and new guidelines, pathways, policies, procedures have been put in place.

- 5.4** The aim of the **Falls Prevention project** was to reduce the rate of falls across all four Elderly Mental Health (EMH) Inpatient Wards within North Ayrshire's remit in NHS Ayrshire and Arran by 20% from the start of the project in April 2021 to the end of the initial phase on 31 October 2021. This was to be achieved by providing evidence-based falls prevention training for all ward staff, with a view to a robust implementation of post falls reviews after each fall in each ward area.

The project is ongoing, and we successfully achieved our initial goal of a 20% reduction in falls by 31 October 2021. Falls increased slightly thereafter although we believe that this slight increase from November 2021 to the present is in part related to markedly increased COVID-19 pressures on the wards, and particularly staff absences related to COVID-19, and the pattern of staff absences and falls appears to support this.

To date there has been a 39% reduction in the monthly numbers of all falls with associated harm (from mild to severe harm) and a 51% reduction in the monthly rate of severe harm.

National Indicators

	NAHSCP	Scotland
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	78%	78%
Proportion of last 6 months of life spent at home or in community setting	89%	90%

MSG Indicators

Emergency admissions to acute hospitals	17,576
Emergency admissions to acute hospitals (Rate per 1,000)	10.9
Admissions from emergency department	9,776
Admissions from emergency department (Rate per 1,000)	6.1
Percentage of people at emergency department who go onto ward stay (conversion rate)	29.7
Unscheduled 'hospital bed days' in acute hospital	131,694
Unscheduled 'hospital bed days' in acute hospital (Rate per 1,000)	81.8
Unscheduled 'hospital bed days' in long stay mental health hospital	31,618
Unscheduled 'hospital bed days' in long stay mental health hospital (Rate per 1,000)	19.7
Unscheduled 'hospital bed days' in geriatric long stay	5,684
Unscheduled 'hospital bed days' in geriatric long stay (Rate per 1,000)	4.4
Emergency department attendances	33,044
Emergency department attendances (Rate per 1,000)	20.5
Percentage of people seen within 4hrs at emergency department	75.0

MSG Indicators – Delayed Discharges

Delayed discharges bed days (all reasons)	17,394
Delayed discharges bed days (all reasons) (rate per 1,000)	13.3
Delayed discharges bed days (code 9)	7,562
Delayed discharges bed days (code 9) (rate per 1,000)	5.8
Delayed discharges H&SC Reasons	9,832
Delayed discharges H&SC Reasons Rates	7.5

National Health and Wellbeing Indicators

The Scottish Government identified 23 (4 remain in development) indicators that were felt evidenced the 9 National Health and Wellbeing Outcomes. Nine indicators come from the biennial Health and Care Experience Survey (see below) and the additional 14 indicators (also below), which evidence the operation of NAHSCP, come from the NHS Information Services Division (ISD) survey. This survey represents a sample of the community and asks about the collective services received whether it be from Social Services, NHS, the collective HSCP, Private or Voluntary organisations. The survey responses do not separate each organisation's service provision.

As with previous years, the COVID-19 pandemic has impacted data completeness and validation timescales. The information below represents the most up-to-date information with further updates accessible from – [Public Health Scotland](#)

Health and Social Care Experience Indicators	2017–18	2019-20	2021-22	Scottish Av %	Rank against Family Group
Adults able to look after their health very well or quite well	91%	92%	89%	91%	5
Adults supported at home who agreed that they are supported to live as independently as possible	84%	84%	81%	79%	4
Adults supported at home who agreed that they had a say in how their help, care, or support was provided	70%	75%	73%	71%	5
Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	76%	64%	66%	7
Adults receiving any care or support who rated it as excellent or good	78%	77%	76%	75%	6
People with positive experience of the care provided by their GP practice	80%	73%	61%	67%	5
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	79%	78%	78%	5
Carers who feel supported to continue in their caring role	39%	32%	31%	30%	3
Adults supported at home who agreed they felt safe	80%	85%	83%	80%	2

To support service improvement, the Scottish Government has identified local authority / Partnership benchmarking families. These family groups are made up of eight local authorities that share similar social, demographic and economic characteristics. Comparing our performance information with our family group should provide a more meaningful comparison with similar areas and allow for greater opportunities for shared learning and best practice. Rankings are on a scale of 1–8, where 1= best performing, 8=worst performing.

North Ayrshire is partnered in its family group with: East Ayrshire, Dundee, Western Isles, Glasgow, Inverclyde, North Lanarkshire, and West Dunbartonshire.

Indicators based on administrative data	2018–19*	2019-20*	2020-21*	2021-22*	Scottish Av % Diff	Rank against Family Group
Premature mortality rate. (Under 75s age-standardised death rates for all causes per 100,000 population).		446	516	516	457	3
Rate of Emergency Hospital Admissions for adults (per 100,000 population)	16,481	16,513	14,057	14,224	11,475	6
Rate of emergency bed days for adults.*	149,902	142,441	135,075	144,759	105,957	8
Readmissions to hospital within 28 days of discharge.	106	107	114	110	103	5
Proportion of last 6 months of life spent at home or in community setting.	87%	88%	89%	89%	90%	7
Falls rate per 1,000 population aged 65+	24	22	18	20	22	2
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	87%	88%	88%	79%	76%	4
Percentage of adults with intensive needs receiving Care at Home. (all levels of CAH)	49%		73%	77%	65%	1
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	1,033	1,144	386	819	761	4
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	29%	30%	26%	30%	24%	1

* Column contents are the most up to date data information received from Scottish Government statisticians.

As well as the National Health and Wellbeing indicators, we regularly report on local measures to help us to evidence performance against the nine National Health and Wellbeing Outcomes and our Strategic Priorities. The list of local indicators can be found in Appendix 1. The full list of indicators can be found in Appendix 2.

Performance in relation to the three Children's Outcomes and three Justice Service Outcomes



Children's Outcomes

Outcome 1: Our Children have the best start in life and are ready to succeed

Outcome 2: Our young people are successful learning, confident individuals, effective contributors, and responsible citizens

Outcome 3: We have improved the life chances for children, young people and families at risk

1.1 The Partnership has worked to enhance the support and services it provides to parents/carers, children, and young people. This has resulted in the creation of a number of new teams to provide this support.

- Our new **Family Centred Wellbeing Service** has now been established in partnership with education colleagues. In response to a clear need, we developed our Family Centred Wellbeing Service, with a vision that:

'We aim to work alongside families in a flexible, collaborative way, to empower them to use their own unique strengths to flourish'

Parents/carers, children and young people and professionals recognised there was a gap in early intervention family support in North Ayrshire. Research indicates the importance of whole family support to support the mental health and wellbeing needs of children and young people.

North Ayrshire already has a key focus on positive relationships, nurturing approaches and positive mental health and wellbeing as part of its approach to supporting children and young people. By developing this service, we hope to build a sustainable, multiagency, holistic, strengths focussed, community-based assessment and support service for families, building on the wealth of skills within North Ayrshire HSCP and the Communities and Education Directorate.

Further information can be found in the service's leaflet at [02 Family Centred Wellbeing Service Flyer \(nahscp.org\)](#)

- Our new **Community-Based Short Breaks Service** has now been established. The service recruits and assesses short break carers for children aged from birth to 16 years old who reside in the community with birth parents, as well as for children and young people who are placed with kinship carers. This is an essential service to support children who are at risk of being looked after outwith their family, as well as families who are affected by child protection issues such as parental substance/alcohol use and/or neglect. To find out more about what being a short break carer entails, and details on how to apply, click [here](#).

- The **Enhanced Early Years Support Programme** will see a shift to relationship-based support with identified families from the ante-natal period to a child starting nursery. This aligns to the principles of The Promise and the expansion of Early Learning and Childcare (ELC) provision and ties in with Children's Services Executive Group Children and Families Review workstream. Support will still be available for other children if required. For children accessing ELC provision, discussion with the nursery to explore other offers of support prior to utilising the Early Years support team will be expected.

- 1.2 Since April, **National Galleries of Scotland** has been working with North Ayrshire young people on the Life Hacks project. 240 young people were sent packs of art materials. The packs were followed up with creative zoom sessions every Tuesday night featuring guest artists from across the country and in person activities in Eglinton Park - including alpaca drawing and petting. A second batch of art packs and an exhibition in Eglinton Park Racket Hall are currently being produced.



- 1.3 In the past year, substantial work has been undertaken to progress the commitment to lay the foundations to deliver on **The Promise** in North Ayrshire during the 'bedding down phase' (Phase 1) of the 10-year implementation plan

The Promise is a large-scale, complex 10-year change programme with multiple objectives and interlinked activities, across multiple partners. Building for the future takes time. To maximise impact and ensure sustainability of approach, a firm foundation needs to be built to give assurance of governance and accountability; to allow all partners to be clear of their own, and collective, roles and responsibilities; and on which to build all future developments.



The Promise sets out a clear commitment for all corporate parents to have an enhanced understanding of the experiences of those who have spent time in care, and to drive forward the findings and recommendations. Delivery of The Promise does not sit in isolation and also cannot be delivered by North Ayrshire Council alone. Delivery sits alongside the commitment to incorporation of the United Nations Convention on the Rights of the Child (UNCRC), our Corporate Parenting Plan, North Ayrshire's Child Poverty Strategy, the Children's Services Plan and work in relation to children and young people's mental health and wellbeing. Delivery and progress with all of these plans require multi-agency working across a number of partners.


Between April 2021 and March 2024, The Promise is within the "Bedding Down" phase where;

- Early intervention and prevention will become standard with obsolescence of crisis services commenced.
- The necessary legislative reform will be underway to make sure The Rules are enabling.
- A practice and culture change programme will be embedded.

- 1.4** It was recognised by **Service Access** and **MAASH** (Multi-Agency Assessment and Screening Hub) during initial assessments for some people at the pre-contemplative stage for change that they were at times reluctant to become involved with services to address their alcohol and drug issues. In response to this, and in recognition of the added value of lived experience and peer support, it was agreed as part of a “Test of Change” to set up a process that would enable Service Access and MAASH Teams to access **Recovery Development Workers** from NADARS to provide Early and Effective Intervention for Adults within our local communities. Service users have welcomed this additional support to better understand their alcohol and drug use issues and have highlighted other positive outcomes including less social isolation, improved mental health and wellbeing whilst also receiving more practical support within their homes, as well as directing them to other services such as Money Matters, DWP and Utility Companies.

Following the success and impact of this pilot, 3 year funding has been secured via the CORRA Partnership Drug Initiative for two full time Recovery Development Workers to be located in Service Access/MAASH as part of a prevention and early intervention strategy.

- 1.5** Our team of **Health Visitors** has continued to deliver full national universal health visiting pathway throughout the pandemic. This is despite more complex caseloads dealing with higher levels of vulnerability, and staff absence partially due to COVID-19.
- 1.6** Over the past year, the **Learning and Development Team** have been working in partnership with colleagues in Education to deliver a Pilot Foundation Apprenticeship in Social Service and Health Care. This was delivered to nine 6th year pupils from across North, East and South Ayrshire at Irvine Royal Academy. All nine pupils achieved the National Progression Award as part of the course, with five going on to successfully complete a placement in a health and social care setting, achieving an SVQ and completing the full Foundation Apprenticeship.
- 1.7** Our new **Children and Adolescent Specialised Substance Team (CASST)** is helping many families in North Ayrshire. The CASST team, established in 2021, is made up of four young person’s drug and alcohol workers who support young people between the ages of 5-21 who are impacted by parental substance use or their own substance use. Throughout 2021/22, CASST received 76 referrals for young people affected by their own/parent’s/sibling’s substance use.



76 referrals
to our new
CASST

Case Study - collaborative working (HSCP, education and Police Scotland)

The family has two children under the age of 5, with the older child attending an Early Years Centre. The Health Visitor had originally identified some vulnerabilities in the family, particularly after the younger child was born, and put in a comprehensive package of support from the Health Visiting Support Worker and Early Years Social Worker.

There were concerns around the parental relationship, interactions with the children and the home environment, but no disclosure was forthcoming. Support has been consistent and regular, even throughout the pandemic, to the point that very positive, therapeutic relationships have been formed. Regular Team Around the Child meetings have taken place, with communication being open and regular between all services to ensure a tight plan was in place for the children and, ultimately, mum.

The Health Visitor received text correspondence from mum which ultimately had led to a disclosure of historic coercive control, emotional abuse, sexual abuse and now, most recently, physical abuse by the father of the children. HV and EYSW were able to meet with mum and mum agreed to make contact with the police.

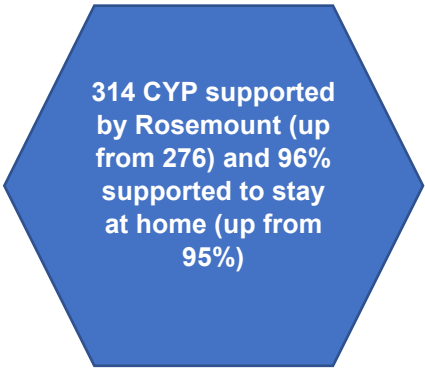
Initial feedback was that the domestic abuse team couldn't see her until the following week, but due to the co-location arrangements in Brooksby with Police Scotland and the concerns about the safety of both mum and the children, HV approached two of the police officers on shift for advice. Both officers were supportive, professional and responsive in how they supported and consequently, dad was arrested and charged.

The incredible partnership work that has taken place here ensured the safety and wellbeing of this family. From Universal Early Years staff, the team at the EYC, Woman's Aid and Police Scotland, the high level of communication between all services allowed this to happen.

- 1.8** The **Rosemount Crisis Intervention Team** deliver individualised and tailored packages of support, with the aim of strengthening parenting capacity, empowering young people, and keeping families together within their communities. The work of the service ties-in closely with The Promise in that the five foundations of the promise – Voice (child-centred approach that advocates for the needs/rights of young people), Family (taking a whole family approach to ensure residential accommodation is a last resort), Care (where children can't remain with birth parents, we seek to promote Kinship care), Scaffolding (building networks of support within local communities) and People (fostering positive relationship between our workforce and those we support) – is reflected in the work we do.

During the year 2021-22, the Rosemount Project supported 314 children, parents and carers. The service is committed to whole family support and, wherever possible, will include siblings, parents/carers and extended family members in the parenting interventions and family work that the service facilitates. Rosemount has supported 96% of the young people we have been involved with to remain within family settings.

The figures above reflect an increase in the number of individuals supported from the previous financial year; from 1st April 2020 to 31st March 2021, Rosemount supported approximately 276 young people and their parents/carers. Of those 276 cases, 95% of young people were maintained within a family setting. We have had a 14% increase in individuals we have supported (276 to 314), which reflects an increase in the rate of referrals since we have entered a recovery period following COVID-19, as well as the fact that the team have been able to engage with a higher proportion of individuals as COVID-19 restrictions have gradually eased. The success of the service in the past year is testament to the relationship-based values the service is predicated on, as well as the ability of the team to upskill and empower families to resolve their differences and stay together.



314 CYP supported by Rosemount (up from 276) and 96% supported to stay at home (up from 95%)

From 1st April 2021 to 31st March 2022, Rosemount provided weekend support over 47 out of 52 (90%) weekends. The number of individual cases supported on a Saturday/Sunday ranged from 1 to 6, with an average of 3 cases contacted throughout the year. It is important to note that weekend support is primarily to ensure the most vulnerable situations are provided with a level of advice and guidance to assist parents/carers to maintain appropriate boundaries, whilst responding to any risk taking or challenging behaviours their children may display.

- 1.9** The North Ayrshire **Champions Board** is a group of care experienced young people who work alongside corporate parents to create change in the care system. The group has been running for 3 years and have driven forward a range of different policies and arranged various events.

North Ayrshire Champions Board gives Looked After children and young people the opportunity to participate and have their voices heard. The Champions Board has recently been split into two separate groups, so that they can each focus on issues relating to their specific Looked After status.

The first group will be currently Looked After young people aged from 12 to 21. The other will be a Care Leavers Champions Board, for young people up to age 26. The Corporate

Parenting Team is currently looking to recruit members to both of these Boards and would love to hear from young people with a variety of care experience, including those looked after at home.

1.10 Evidence suggests that as many as 900 children and young people in North Ayrshire are likely to have been sexually abused in the past year. We launched **the new North Ayrshire Child Sexual Abuse Strategy** in April 2021. It sets out the actions North Ayrshire Child Protection Committee will take to prevent child sexual abuse in our communities, to protect those at risk from sexual abuse, and to support those who are experiencing abuse or who have experienced it in the past. It also sets out the actions they expect all adults to take. To view the strategy, and to find out more about these expectations, visit the NACPC website [here](#).

1.11 **Bags of Hope** continue to make a difference to many of HSCP Families. Alongside the amazing donations by North Ayrshire's foodbank of hampers provided for our vulnerable families, which included butcher packs donated by Stalkers Butchers in Dalry, we were able to share some vouchers from our Hope bags to help those who are struggling. Vouchers for local supermarkets were able to save the day for many people to provide for food and gifts during the Christmas period. The delight from the families involved was immeasurable and we are sure that they did make a difference.

1.12 Our brand new, purpose-built respite facility for children and young people with additional support needs, **Roslin House**, welcomed its first guests in August 2021.



Roslin House, which is adjacent to the new Lockhart ASN Campus in Stevenston, is an 8-bedroom, state of the art facility providing respite breaks for young people known to North Ayrshire Health and Social Care Partnership's Children and Families Disabilities Team as part of their care and support plan.

You can watch a short video about the facility [here](#).

Each ensuite bedroom is equipped with comfortable, homely furnishings and mood lighting, with rooms opening out into a fantastic, landscaped garden with a water feature, BBQ, music feature and a heated hang-out den for teenagers. The facility also has an activity wing with an area for arts and crafts, a hi-tech sensory room, quiet room, a games room with sofas and TV, and a kitchen area where young people can eat together or learn cooking skills. As well as providing a comfortable 'home from home' stay for young people, the new facility will offer a bespoke respite experience and a smooth transition from children's to adult respite services in the familiar surroundings of the complex, with the adult respite facility Red Rose House being situated next door.

1.13 Foster Care Fortnight took place in May 2021 with a theme this year of #WhyWeCare. This annual awareness-raising campaign by the Fostering Network will appeal for those who think they have the relevant skills and experience to find out more about becoming foster carers.

To coincide with Foster Care Fortnight, our Family Placement Team ran a campaign with the aim of encouraging people in North Ayrshire to consider becoming a foster carer or adoptive parent to brother and sister groups or older children aged 10 to 15. The campaign, which aligns directly to The Promise, raised awareness through the local media, social media, billboards, petrol pumps, leaflets and newsletters.

There were 3 new foster carers approved in the 3 months following the campaign and May saw the highest number of fostering enquiries of any month in 2021.



1.14 Kinship Care occurs when on occasion children and young people experience issues within their birth family and may no longer be able to live at home. If this happens, we can consider if the children and young people could live with other family members. This is known as kinship care and can be either a short term or longer-term arrangement.

As part of Kinship Care Week, Children 1st North Ayrshire compiled a list of online events taking place throughout the week. click [here](#) to find out more. Our Kinship Carer Strategy ensures we:

- Fully explore and utilise family support and family network for alternative care if required
- Are proactive and consider new approaches for family finding
- Are fully aware of the policy and legal basis and their responsibilities to explore kinship options prior to any child being accommodated and before a permanence plan is recommended
- Actively support children to return to the care of their birth families
- Actively support permanence for children who reside with kinship carers
- Ensure that all alternative care options are fully explored prior to any permanence plan out with the birth family is recommended
- Consider kinship options for pre-birth child protection cases, where removal is being considered/recommended

**CYP in
kinship care
placements
rose from 343
to 354 this
year**

- 1.15 Team Around the Parent** has now supported a number of parents with this adult led support coaching on self-soothing strategies and providing a toolkit of these. Our staff have provided parents with assistance to complete a What I Need profile to aid professionals to better understand how we can ensure parents participate in discussions as fully as possible and explore what the barriers preventing this are. Strategies developed will be utilised and built upon throughout the Parenting assessment work being undertaken. Parental evaluation to date has been very positive.
- 1.16 The National Missing Persons Framework** provides a basis for understanding good practice across Scotland and developing closer multi-agency working to prevent people from going missing and limit the harm associated when they do. The core principles of the Framework are 'prevent, respond, support, protect'.

Every year, Police Scotland receives over 30,000 calls reporting people missing. On average, Police Scotland undertake 22,100 missing persons investigations per year. Although the vast majority of people who go missing return or are traced safe and well, the trauma of going missing and the risks associated with being missing can continue long after the missing episode.

A Short Life Working Group (SLWG) was convened in North Ayrshire in 2019 to take forward local work to enable us to implement the National Framework. The SLWG have developed local Guidance on Missing People. The link to the Guidance can be found here:

<https://www.north-ayrshire.gov.uk/Documents/SocialServices/national-missing-person-framework.pdf>

There are 3 main processes in relation to Missing People in North Ayrshire – a process for children, a process for adults missing from the community and a process for adults missing from Care Settings.

- 1.17 Practice Reflective Improvement Dialogue (PRI)** is a multi-agency initiative that has been introduced within North Ayrshire.

Learning from previous Initial Case Reviews and Significant Case Reviews has highlighted that a cultural shift is required to put children at the heart of all decision making.

Practitioners from all sectors can refer a case for a PRI session as long as the case has an element of child protection and there is a specific issue within the case that would benefit from further learning and reflection.

Justice Outcomes

Outcome 1: Community Safety and Public Protection

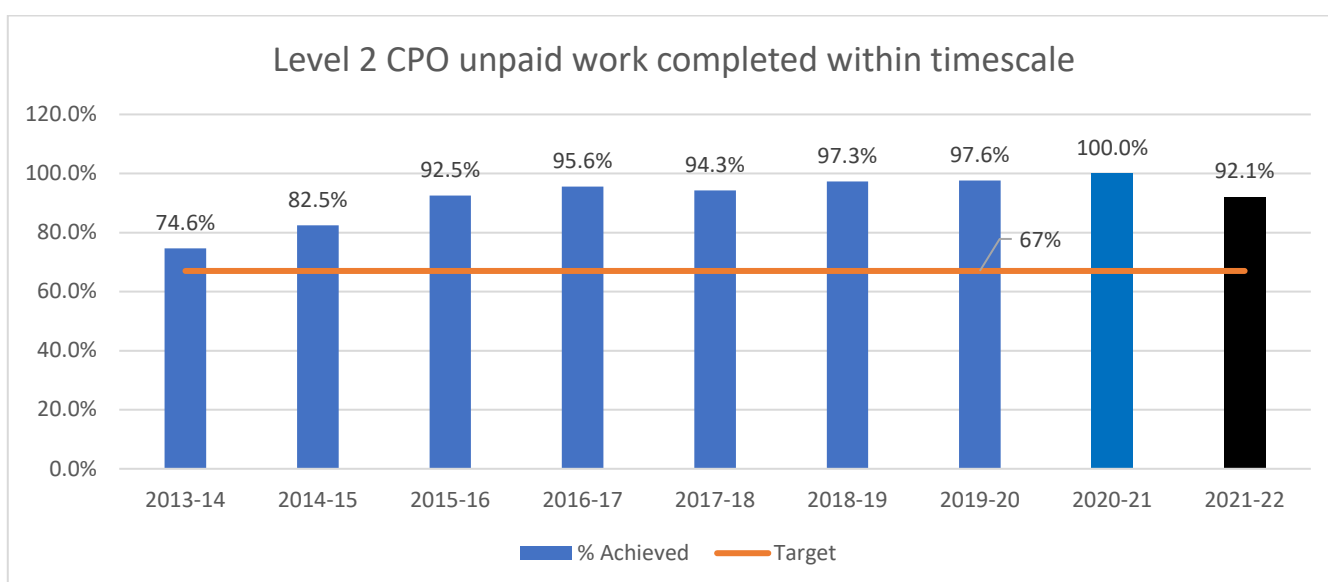
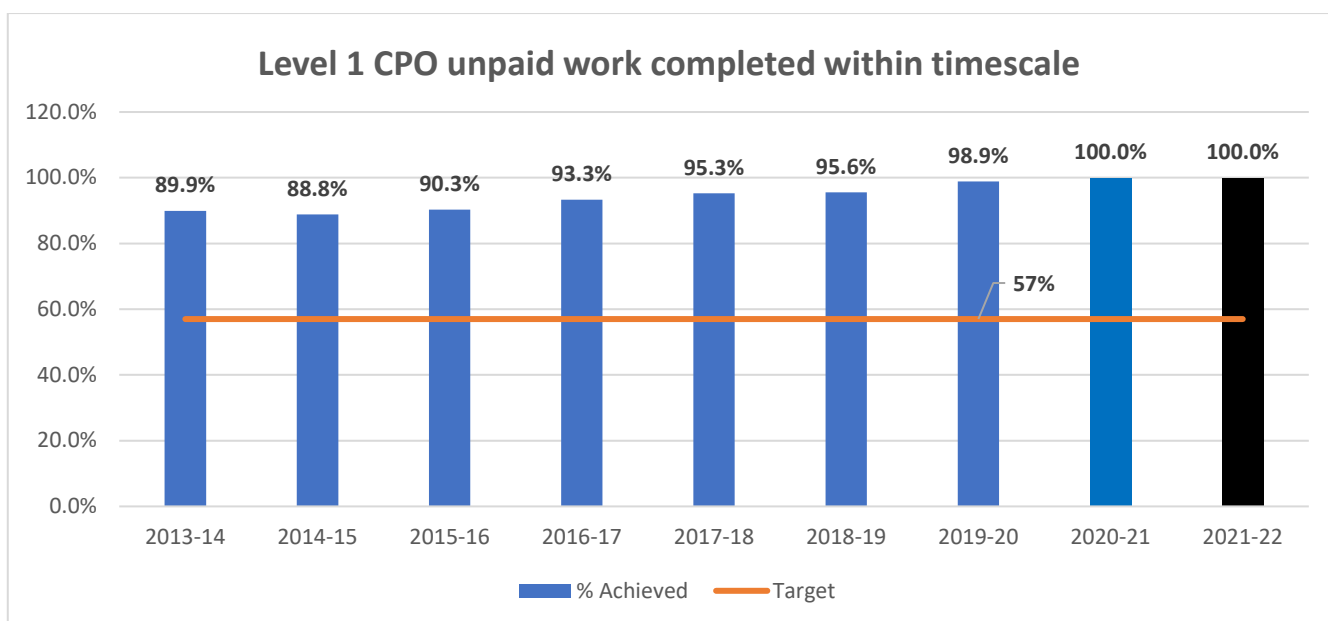
Outcome 2: The Reduction of re-offending

Outcome 3: Social inclusion to support desistance from offending

- 2.1** The targets set for unpaid work are pan-Ayrshire targets. The latest Government statistics on **Community Payback Orders (CPO)** (2020-21) show that North Ayrshire had the lowest of the Ayrshires - and is no longer one of the top 5 local authorities with the highest number of CPOs imposed per 10,000 population in Scotland - at 25.3 per 10,000 population. In comparison, East Ayrshire sits at 28.7 and South Ayrshire sits at 31.9. The Scottish average is 21.2 per 10,000 population.

There has been a steady decline in the number of Criminal Justice Social Work Reports (CJSW) since 2015-16, until 2019-20 where there was an indication of a slight upward turn. This said, the number declined in 2020-21, however largely thought to be due to the result of COVID-19. The latest Government statistics on CJSWs for 2020-21 reveal North Ayrshire to be the lowest of the Ayrshires at 47.3 per 10,000 population. In comparison, East Ayrshire sits at 60.9 and South Ayrshire sits at 58.2. The Scottish average is 43.9 per 10,000 population.

Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. For the eighth year we have continuously over-achieved against targets for CPO level 1 and level 2. Numbers of those subject to a Level 1 CPO have however varied greatly due to COVID-19. For example, 2019-2020 saw 92 out of 93 completed within timescale, 2020-2021 saw 21 out of 21, however 2021-2022 numbers increased, with 52 out of 52 completing within timescale. This is similar to the Level 2 CPO's which saw 161 out of 165 in 2019-2020, 2020-2021 saw 24 out of 24 increasing to 58 out of 63 completing within timescale in 2021-2022.



We currently have 252 people of all ages and abilities undertaking unpaid work. The unpaid work teams generally undertake a variety of tasks for the benefit of local communities, due to coronavirus government guidelines, restrictions and health and safety, this year has looked slightly different with regard to the variety of tasks we have been able to undertake. These have included;

- **Litter Picking** – Service users undertook litter picking in multiple sites throughout North Ayrshire.
- **Workshops** - Our three workshops are equipped to undertake training in woodworking skills and arts and crafts. Service users who have disabilities or health issues may not be able to undertake heavier work. They also have an opportunity to make items which are then sold, with the funds going to the Income Generation Fund. Artwork created by service users has been submitted to the annual Koestler Awards for Arts in Criminal Justice, and several paintings and drawings have achieved gold and silver commendations.

- **Smithstone House** – We have access to a garden area within the grounds. Fruits and vegetables are planted and grown throughout the year, and these are then distributed within the community (often throughout the local foodbanks).
- **Grit Bin Replacement and Filling** – Replacement of damaged grit bins and grit replenishment throughout all North Ayrshire Council areas.
- **Arran** – We have an Unpaid Work supervisor based on the island and work is undertaken at local community centres and sheltered housing complexes.
- **Charity shops** – Unpaid Work squads assist local charity shops by uplifting and delivering furniture donations.
- **Schools** – We have constructed planters, benches, raised beds and mud kitchens for playgrounds and garden areas, including a large Mandarin-themed Garden at St Mary's Primary School on the Largs Campus – this incorporates a stepping-stone path, a memorial bench for a member of staff and a large pagoda centrepiece.
- **Maritime Museum** – Squads undertake large outdoor cleaning and painting projects.
- **Outdoor projects** – Including groundwork and reinstating pathways through West Kilbride Glen, Geilsland in Beith and Dreghorn Courts. Garden tidies have resumed with grass cutting and hedge cutting.
- **Employability** - Working with all justice service users to provide support in working towards employment; a significant factor in reducing re-offending.

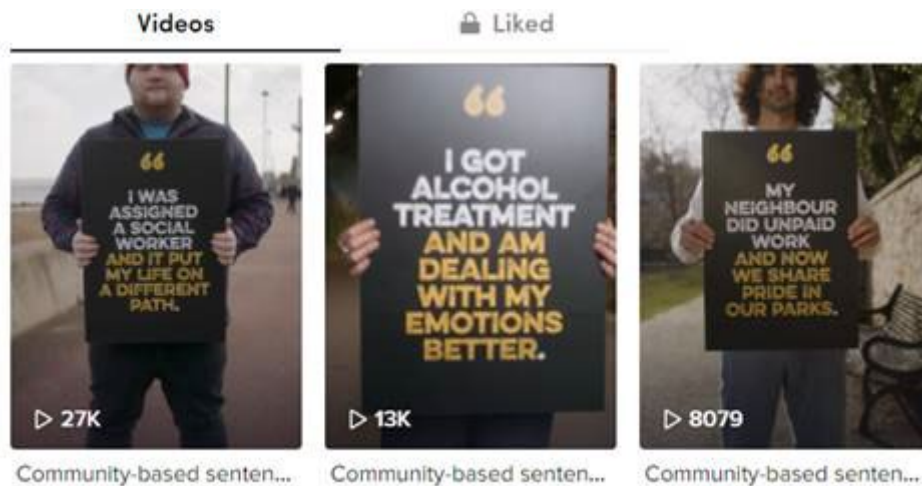
2.2 North Ayrshire's **Justice Social Work Intervention** approach to supporting women in the justice system was singled out as an area of good practice in the national annual report as an excellent example of the ways Justice Services take a person-centred and innovative approach to supporting some of the most vulnerable women in our communities:

"The needs of women in the justice system are typically different and services deployed gender sensitive approaches. For example, North Ayrshire have developed a Women's Team which supports intensive engagement with vulnerable women. This service provides supervision and case management of Community Payback Orders (CPOs) imposed for women who have more complex risk and needs. The pandemic affected access to general and support services for women throughout Ayrshire, which resulted in Justice Services responding to an increase in crisis intervention and welfare concerns."

2.3 A new **TikTok campaign** is aimed at 16–24-year-olds who know the least about community justice but are the most open-minded. Through one-line testimonies it highlights that a community sentence can change the life of the person who has broken the law and the lives of people in the community. #LifeChangingSentence. It has been promoted across our Twitter, Facebook and Insta platforms.

One of the real-life testimonies includes the statement: *"I was assigned a social worker and it put my life on a different path"*. #LifeChangingSentence.

More than 27K people have viewed and engaged with this statement since it was released on 3 March 2022. The call-to-actions can be found in this [webpage](#).



On Instagram:

<https://www.instagram.com/p/Cakg5RJgvDc/#advertiser>

<https://www.instagram.com/p/Cakg6LnAk9C/#advertiser>

<https://www.instagram.com/p/Cakg5U7AxdA/#advertiser>

On TikTok:

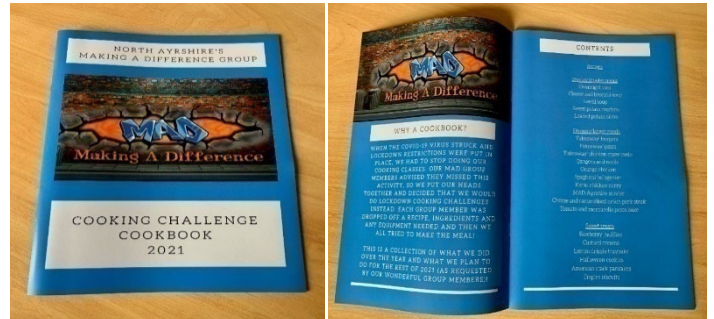
<https://www.tiktok.com/@comjusscot>

- 2.4 Helping Hand** packs continue to be provided for those who are in crisis. These were introduced to provide practical support for those experiencing homelessness and breakdowns in relationships. They have also become a staple of our response in supporting community reintegration for those being released from long-term custodial sentences. The packs consist of many items that services may overlook in terms of being 'essentials' but can help ease a person's transition into a tenancy and, by extension, the community. These consist of toiletries, sanitary products, cleaning products, towels and bedding. By listening to feedback from service users, we use included items to reduce boredom – puzzle books, a digital radio and a mobile phone.

In anticipation of lockdown easing and to promote exercise, staff also applied for vouchers for a range of social activities – cinema, supermarkets, theme parks and coffee shops, for example. This was to support service users in re-establishing links with friends and family in ways that their income would not allow. We also applied for vouchers for sports shops so that those individuals who would want to join some of the established activities that are offered through our MAD project but who perhaps did not have the sportswear required for our gym and football sessions.

- 2.5 The pandemic presented Justice Services with several barriers to supporting service users throughout lockdown. The restrictions exacerbated existing issues for service users such as: isolation, mental health problems, substance misuse and accessing services. As a service, we were forced to think 'outside the box' and adapt our approach to lockdown restrictions.

When lockdown stopped our cooking classes our **Making a Difference (MAD)** service users engagement group advised that they were struggling with no focus or activities to do. We decided to hold cooking challenges where our group members were dropped off a bag of ingredients and a recipe and would compete online to see who would win the challenge. From this we went on to create ours first cookbook. One of our group members said:



"The cookbook has given me the confidence to sit down with my partner and stepdaughter and pick something to make together... but it's something we're all doing together, and I love it!"

- 2.6 The primary aim of the **Caledonian System** is to reduce the re-offending of men convicted of domestic abuse related offences, thereby increasing women's and children's safety. This is in line with the Scottish Government three-fold intended outcomes for community-based interventions: public protection, reduction of custody and social inclusion of rehabilitated offenders. Working with men, women, young people and children contributes to reducing the likelihood of men re-offending while also maximising public protection.

The Caledonian takes the form of an intervention system comprising:

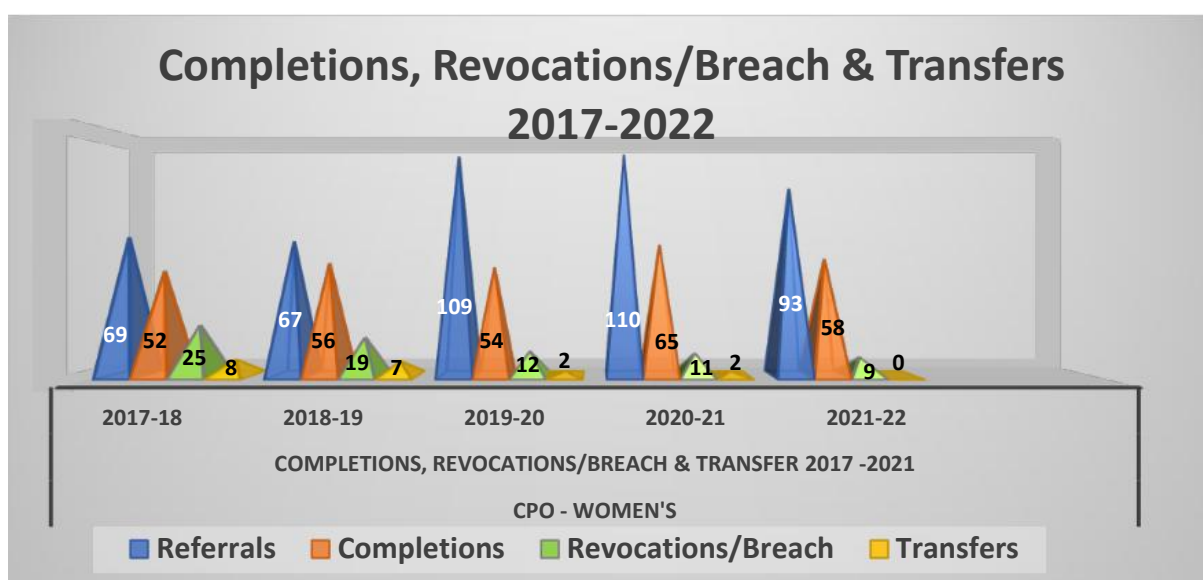
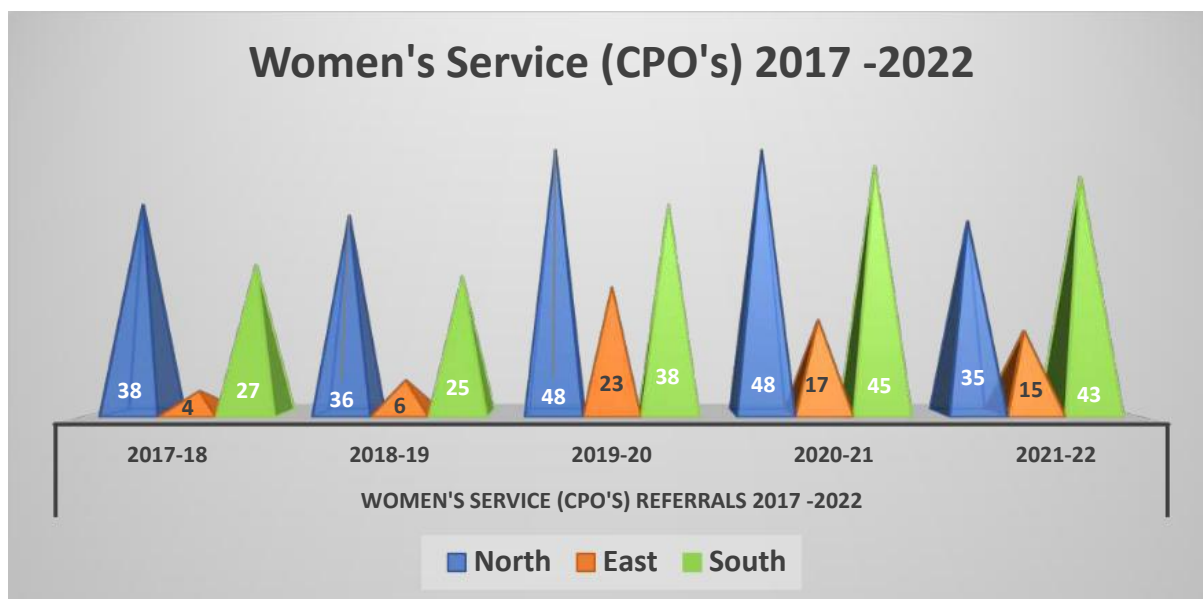
- A programme of focussed intervention with men lasting a minimum of two years comprising pre-group preparation and motivation sessions (14 sessions), a group-work programme (22 sessions), and post-group maintenance until the end of the court order.
- A voluntary service to women who are the victims of the man's domestically abusive behaviour, current partners and children who are experiencing or have experienced, witnessed or live within an environment of the man's abusive and/or controlling behaviour.

After being suspended due to COVID-19, where one to one and telephone work was used, groupwork delivery of the Caledonian men's programme has now resumed. During 2021/22, a total of 27 men completed this programme either individually or as part of a group. During their time on the programme men examined how they can take responsibility for their behaviour and were supported to understand the impact of their abusive behaviour and build strategies to avoid repeating this.

The Caledonian Women's Service offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. Working in partnership with the women, they aim to reduce their vulnerability and work with other services, including education, housing, Police Scotland and the voluntary sector, so that women and their families are better supported. In 2021-22, the team worked with 192 individuals across Ayrshire (an increase of 27 (16%) from the previous year). Offering a variety of services and support, from safety planning sessions to longer term interventions and support. The team currently continues to support 98 women across North Ayrshire.

The Caledonian Women's Service seeks to promote community integration as part of women's recovery from domestic abuse and have supported women to access community resources, including support for alcohol issues and introduction to community groups to support in making social connections. The Caledonian Team also have a children's service worker whose primary role is to support children who have been exposed to domestic abuse, through one to one work helping them explore emotions and supporting them in staying safe, whilst working in partnership with local child protection agencies, in the year 2021-22 a total of 16 children have been offered a service by the children's worker. The Caledonian Women's and children service have also secured £5000 in funding from the Safer Lives and Natwest bank fund. This funding is used to promote safety and promote resilience among survivors of domestic abuse.

- 2.7** The **Moving Forward Making Chances** programme is a cognitive behavioural programme designed to assist participants who have been convicted of sexual offences to lead a satisfying life that does not involve harming others. Within the rehabilitative framework of the Good Lives model, practitioners work with group participants to lead a better life, reduce their problems, and lead an offence free life. This programme is framed within a strength based theoretical approach that recognises the relevance of dynamic risk factors. It views completion of group work as something that will benefit the individual and highlights their role as the primary agent of change. This focus on building an offence free lifestyle means public protection and community safety is increased. COVID-19 restrictions have meant groups have been suspended, however work has continued a one-to-one basis, with 21 men completing the programme in 2021-2022. Following the removal of restrictions groups have now resumed and moving forward this will be the primary mode of delivery.
- 2.8** A new service has been developed for men convicted of sexual offending. A **Desistance Officer** has been recruited to promote social inclusion and accountability with a view to creating a reduction in social isolation amongst this offender group. Isolation and lack of meaningful social connections are cited in research as being factors associated with re-offending. The aims of the service are to support clients with social skills, accessing community groups/services, support to communicate with public agencies and developing volunteering/employment. Outcomes are measured through the development and regular review of a support plan and by reference to accredited risk assessment tools. Since the Desistance Officer service commenced in October 2021, 17 referrals from Ayrshire locality teams have been made to date, having the opportunity to work with 14 service users for a period of 3 months or more. The service will continue to be reviewed.
- 2.9** **Women's Service** staff provide supervision and case management of Community Payback Orders (CPOs) imposed by Ayr and Kilmarnock Sheriff Courts for women who have more complex risk and needs as referred by Justice Services locality teams. This involves statutory supervision and monitoring additional requirements of CPOs; providing reports to the Court as required; liaising with and making referrals to other services and departments; offering support and guidance to encourage desistance; advocacy; and completing offence focussed work in accordance with risk and responsivity principles. In addition, the service incorporates general group work programmes for both women and men across all localities; the Court Screening Service for women appearing at the custody court and the Bail Supervision Service.



Positive outcomes include a reduction in offending behaviour whilst subject to a CPO; excellent advocacy provided by case managers regarding mental health issues; and improved pathways to Health Services in North and South Ayrshire as a result of collective work with the Justice Services Occupational Therapist. There has been collaborative work in all localities with services such as Money Matters and the Financial Inclusion Team, resulting in maximised income for service users and numerous women receiving significant amounts of backdated benefits. It is also recognised that, for some women who display persistent offending behaviour, there has been an increase in multiple Orders and extensions placed on the duration of Orders.

The benefits of a community-based disposal means that the individual is able to maintain their tenancy/belongings, family/neighbour supports, GP Surgery, Prescribing Chemist and a variety of local community-based supports without the need to change worker as services/staff are locality based. It also facilitates on-going work to continue without disruption and reduces

the need for new referrals to other areas which may happen if a custodial sentence is received and upon liberation they are accommodated in a different locality. It increases stability and promotes good mental health/well-being.

In addition, community based sentences reduces the possibility of increased drug debt, as many of our service users are liberated from custody with a huge drug debt as the cost of illicit drugs are significant. We have staff currently undertaking formal qualifications in Cognitive Behaviour Therapy and we are establishing links with community-based employment/training and educational resources to ensure all women can improve their access to education and training opportunities.

Case Study:

Ms D is subject to a CPO and also had supervised bail for an historic charge. She had a traumatic childhood and developed her own issues with substance misuse. She had also been involved in several unhealthy relationships and her children were on the CP Register. However, she has made brilliant progress over the past 12 months. She engaged fully with supervision and participated well with work around anger management and managing her emotions as she had a history of violent offences. She has developed good victim awareness and displays genuine remorse for her actions. She takes personal responsibility for her behaviour and there has been no further offending. She is now abstinent from all substances and continues to attend Cocaine Anonymous regularly where she is a source of support for others. She worked extremely hard to get her children taken off the register and engages fully with C&F, and her children are happy, safe and settled. She feels that both Supervised Bail and her CPO have been a great form of support for her. She said that both workers were “amazing” and that she found us “dead easy to work with” as she could be herself and be open and honest without the fear of being judged. She has aspirations for the future and hopes to return to employment/training once her children are older.

2.10 The initial aim of the **Court Screening Service** was to reduce the number of women who are remanded in custody from Kilmarnock Sheriff Court by providing the Sheriff with detailed information regarding the woman’s circumstances, and outlining a needs-led Court Action Plan should the woman be released on Bail or Supervised Bail. The service strives to interview all women in the custody cells to give advice, guidance, alleviate their fears and form an assessment of their needs. The court process is explained, giving the women an opportunity to provide details of anyone and/or services to be contacted with updates on their current situation. The aims of the service is to offer Sheriffs an alternative to remand and an action plan for women on bail. This involves;

- Interview all women in cells due to appear for the custody court
- Complete risk/needs assessment
- Complete Mental Health assessments when requested by the Police or Procurator Fiscal
- Complete a Court Action Note for the Sheriff
- Liaise with a variety of services, for example C&F SW, addictions, housing

- Complete a risk alert and provide emotional support to women who are remanded
- Making appointments for women who are released from Custody

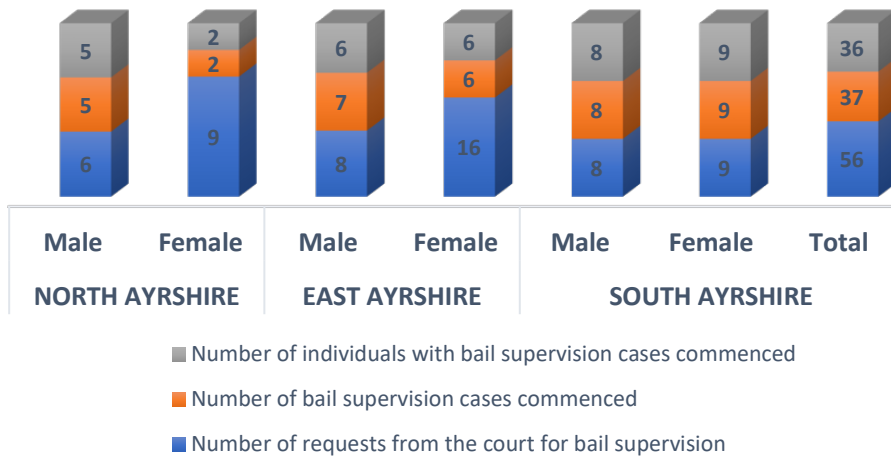
Service Provision

The workload is fluid and dependent on how many women appear from the custody court, varying from none to 12/14 women, which is ascertained at 9am each working day. From April 2021 to March 2022, 175 women went through the custody court with 114 action notes being completed. The production of Court Action Notes can be hampered by women being brought to cells late, serious mental health issues and an inability to gain access to the cells for a variety of reasons. Following the court appearance, if liberated, the women are notified by letter of their next court appearance, thus reducing the risk of non-attendance. It has been further impacted upon by COVID-19 restrictions resulting in the court being closed to staff, virtual courts and women being held in police stations, therefore no assessment could take place which impacted the production of Court Action Notes. The service has developed strong connections and relationships with the Judiciary, Third Sector, NHS Forensic and community-based services and Social Services.

2.11 The Bail Supervision service operates within Ayr and Kilmarnock Sheriff Courts and is available to males and females residing in Ayrshire who appear on both solemn and summary procedures at risk of having bail refused; all females appearing at Court; anyone potentially at high risk of harm, where monitoring via supervised bail may be considered to reduce the risk posed to the community; and those at risk of being remanded where reports are requested including DTTO assessments. Bail Supervision clinics are held in each locality twice per week. These clinics were interrupted for a period of time due to COVID-19 restrictions, however due to obtaining space community-based premises we have re-established our previous way of working. Home visits are undertaken once per week reducing to every second, third and fourth weeks in accordance with National Guidelines. Anyone subject to Bail Supervision is offered advice and guidance in relation to individual circumstances, with access to other Programme Development Team (PDT) services such as the group work programmes or Occupational Therapists if required, as well as being signposted to other agencies/services where appropriate.

Due to COVID-19 restrictions we have had to support people on Bail Supervision for longer as trials have been deferred. This has meant an increase in poor mental health with staff supporting service users by giving practical advice and guidance and supporting them to access relevant community-based services.

BAIL SUPERVISION 2021-22

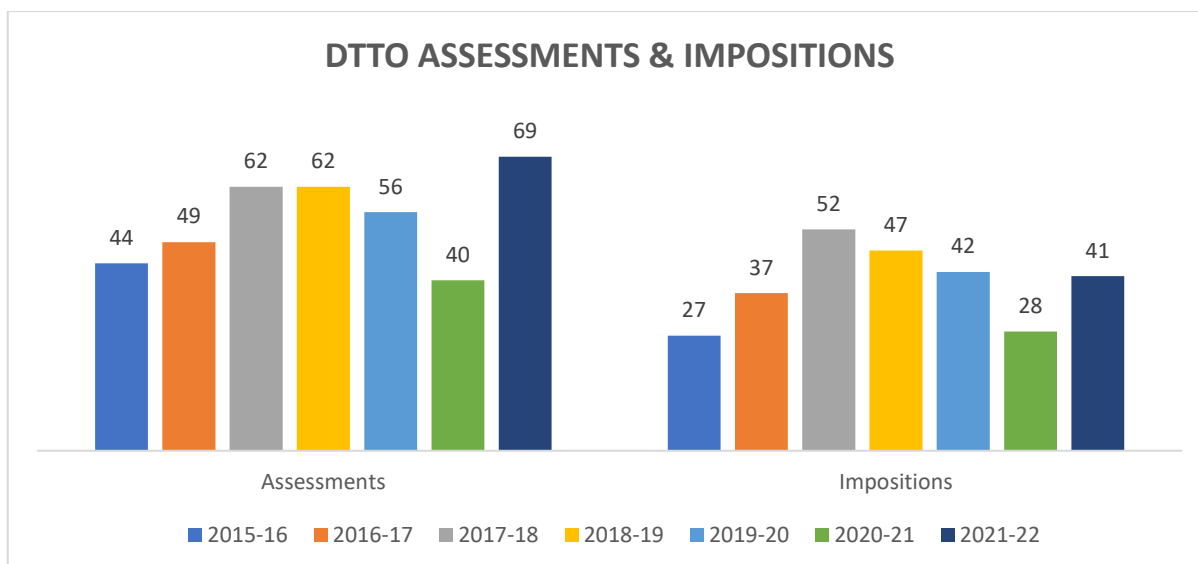


Comments:

Mr H (South Ayrshire) *"Felt I had great support during my time on Bail" "It led to me attending more appointments and my drug use reduced I felt it worked really well"*

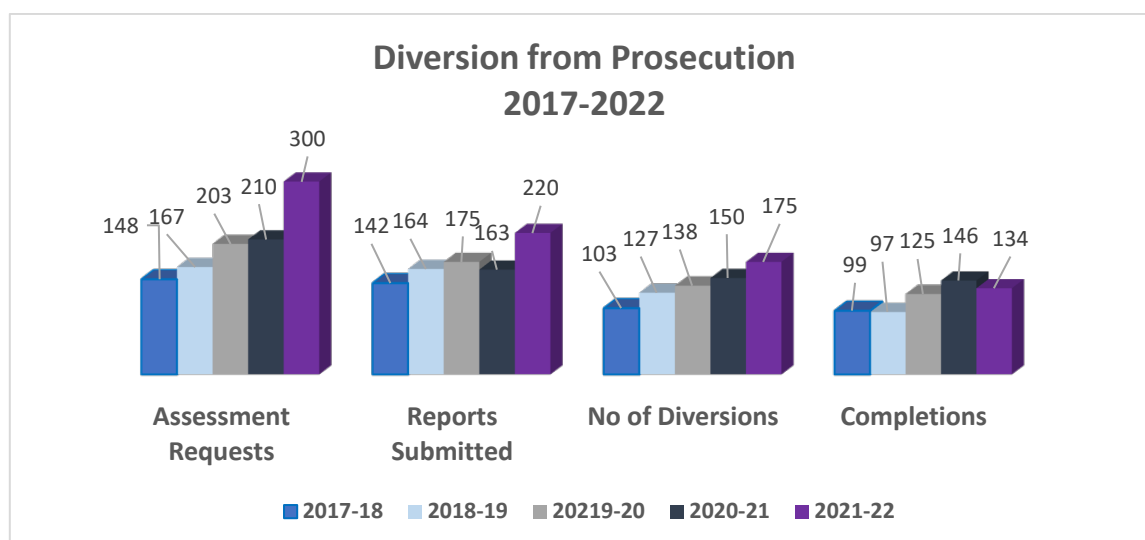
Mr M (North Ayrshire) *"I am very supported and don't like it when my worker is off" "The help has been beneficial to me, and things would have been worse if I hadn't been on it"*

2.12 The **Drug Treatment and Testing Order Team** secured funding from Corra for two Recovery Development Workers with lived experience. We are seeing the positive outcomes directly related to this additional resource during 2021/22. An active outreach approach has been adopted to encourage the retention of service users within community-based services and to encourage community-reintegration and involvement in alternative meaningful activities to promote longer-term resilience.



The number of DTTO Assessments requested in 2021/22 shows a significant increase of 72% compared to 2020/21 and the highest number of assessments requested since 2018/19 with an increase of 11%. DTTO impositions peaked at 92% in 2017/18 and reduced in 2020/21 by 24% compared to 2016/17. There is an overall increase of 52% noted in the review period 2015/16. Current DTTO figures reflect the assurance courts in Ayrshire have in this service and the positive outcomes achieved.

2.13 Diversion from Prosecution (Diversion) has been available since 1997, initially assessed and delivered by Justice Services within each locality. However, referrals from the Procurator Fiscals (PFs) were low and it was agreed to develop a more structured service across the Partnership to coordinate more directly with the Crown Service. Since the integration, referrals have increased significantly, particularly in the past year with a drive to increase Diversion nationally and in response to specific Justice outcomes in the updated national alcohol and drug policy 'Rights, Respect and Recovery'.



The chart above demonstrates continuous growth over the past five years in the number of Diversion assessments requested, number of Diversion reports submitted to Courts and the number of new impositions. The number of assessments requested from the Procurator Fiscal

for low-level offending behaviour has risen by 43% in 2021/22 compared to the previous year, and the number of reports submitted by 35%.

Although low-level offending behaviour is an indicator for suitability for Diversion, many of these individuals present with high need, which has posed a challenge for staff, with ongoing training, development, and stronger working links with partner agencies to meet these needs being priorities.

Reporting on localities

North Ayrshire is home to approximately 134,220 people, all living in its many towns, villages, and islands. These places are home to many different communities, each with their own characteristics and needs.

We recognise that a one – size all approach to services delivery is not appropriate. A blanket service may be of great benefit to one community and of little value to another.

That is why we are now designing local services based on local need, identifying the health and social care priorities in communities and developing services that help people access the right services at the right time.



Locality Planning

Our six Locality Planning Forums (LPFs) are one of our key mechanisms for engaging with local people. They are chaired by a member of our Integration Joint Board and membership is made up of a range of health and social care professionals, third and independent sector representatives and local community groups. Their role is to use their knowledge of services and the local area to support and engage with local people and communities, to identify locality priorities.



In addition to their role in engaging with local communities, they are also the voice of local people within the health and social care partnership. Members of each of our locality planning forums attend both our Integration Joint Board and our Strategic Planning Group. Through this approach, the voice of localities is at the heart of the partnership decision making process.

Review of Locality Priorities

During 2021, each LPF reviewed and updated their locality priorities. These have been agreed by the Partnership's Strategic Planning Group. These priorities will inform local action by the HSCP and our partners to help address the concerns raised. The development report can be found at <https://tinyurl.com/2zrhb3ch>.

In all, nine priorities were identified - seven areas of concern and two areas of opportunity.

Priorities of Concern:

All mainland locality planning forums adopted the priorities below:

- Improving Mental Health and Wellbeing
- Reducing social Isolation
- Prevention, early intervention and recovery from drug and alcohol related harms and deaths
- Recovering from the COVID-19 experience

Due to additional local concerns, other identified priorities were adopted in specific localities:

- Enabling financial inclusion and tackling poverty, was adopted in the Three Towns
- Enabling digital inclusion, was also adopted in Three Towns
- Preventing suicides, was adopted by the LPF in North Coast and Cumbrae

Priorities of opportunity:

The following priorities are shared by all Locality Planning Forums:

- Capitalising on the COVID-19 experience – continuing the legacy of the great partnership working that was developed in the early stages of the pandemic
- Developing personal self-care/ self-management, coping skills and health literacy
- Supporting the local priorities

To help address the identified priorities, our locality planning forums will continue to play a key role in understanding and identifying local need, and continue to feed into the Strategic Planning Group, ensuring the profile of our localities is at the heart of our strategic planning process.

Locality focussed engagement

Below is an example of some of the engagement work undertaken at locality level throughout 2021-22.

Care Improvement Network: The Care Improvement Network has become an important platform in enabling the HSCP to engage with people in North Ayrshire while COVID-19 protections remained in place.



The purpose of the Care Improvement Network is to give people in North Ayrshire a platform to engage with the HSCP in a way that is most suited to them. We recognise that people have busy lives and may not always be able to commit to joining forums.

Instead, this platform will give people the opportunity to engage in a way that suits them whether it be via online or face-to-face meetings or completing a survey.

The network is still developing but it has already enabled people to play an active part in contributing to the strategic plan and members have helped to inform how we work to improve our messaging and communication around mental health and wellbeing. There have also been opportunities for members to find out more about different parts of HSCP services. For example, one of our Community Link Workers attended a meeting which gave people the chance to ask questions and have a discussion about their role.

National Care Service Consultation: The proposals for the National Care Service were published in August 2021 detailing the Scottish Governments proposals for transforming social care in Scotland.

We worked alongside the Scottish Government in September 2021 to facilitate sessions across each locality in North Ayrshire and online via MS Teams, to provide support and enable people to participate in the consultation.

We worked alongside people in localities to submit a join response from people across North Ayrshire.

Community Mental Health & Wellbeing Fund: The Communities Mental Health and Wellbeing Fund has been established in 2021, with £15 million allocated to support mental health and wellbeing in communities across Scotland. The fund is being delivered and managed by Arran CVS supported by the HSCP and the Community Planning Partnership.

Members of staff across the partnership played an active role in helping to develop the application process for distributing funds, scoring the applications to the fund and being part of the steering group.

The Scottish Government have confirmed that the fund will continue for a 2nd year.

Next Steps: Review of Locality Planning Forums

The North Ayrshire HSCP Participation & Engagement Strategy (2022-2025) sets out the partnership's aims and objectives in relation to engaging with all stakeholders including, service users, carers, and staff across all localities in North Ayrshire.

Our approach to engaging with each other has undoubtedly changed as a result of the COVID-19 pandemic. There has been huge reliance and focus on engaging using digital platforms over the course of the last 2 years, which enabled the workforce to work more flexibly and for people to maintain relationships, albeit via technology.

As we make a return to pre-pandemic working practices, we must adapt to a new landscape of how people communicate and engage with each other, whilst recognising the need for a return to using more traditional and recognisable methods of engaging with people.

As a result, the HSCP have committed to reviewing how we facilitate Locality Planning Forums in North Ayrshire. In addition to the changes in how we engage with one another, there were also historic challenges with regards to recruiting new members and getting people to fill positions within the group.

The HSCP Strategic Planning Team will lead a review of the Locality Planning Forums involving all stakeholders to ensure we are providing opportunities for people to engage on health and social care in the most effective and meaningful way.

Transformation Programme

North Ayrshire HSCP's Transformation Team support Partnership teams to identify, develop and deliver system wide change to local services and improve outcomes for the people of North Ayrshire



What Matters to You 2021 remained 'COVID-19 friendly' and is being used to enhance the 'North Ayrshire Wellbeing Conversation' to support the development of Locality Planning Forum priorities, which are being reviewed until July 2021, and the new HSCP Strategic Plan 2022-2030.

In line with Partnership strategic strategies, the WMTY engagement team continues to focus on what is important to people living in our localities. The WMTY and 'North Ayrshire Wellbeing Conversation' identifies two focus areas:

How people manage to keep well in consideration of the challenges faced through COVID-19.

Also, to encourage local people to become part of the experience and influencing change by being involved.

The WMTY questions that were posed:

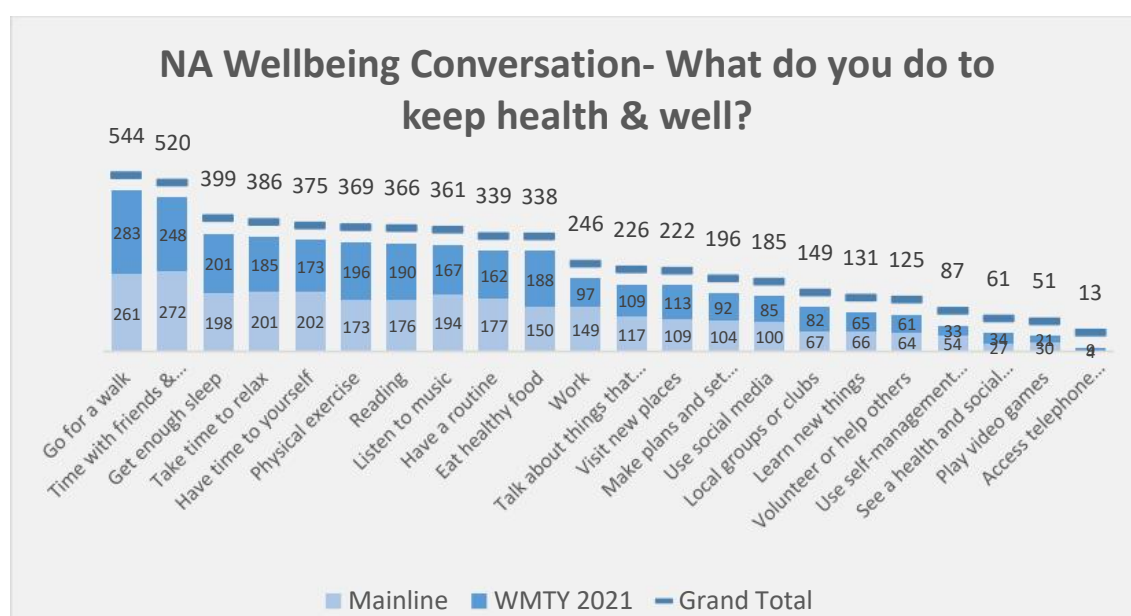
1. ***'What do you do to keep yourself well?'***
2. ***'Would you like to be more involved in shaping HSCP services?'***

The purpose in 2021 was to encourage more meaningful conversations but also to create a local participation focus to enable people to influence and be involved in change in their own area.

Although this event is over the week period, we will support and enable conversations throughout this year to assist change through involvement of local people and staff.

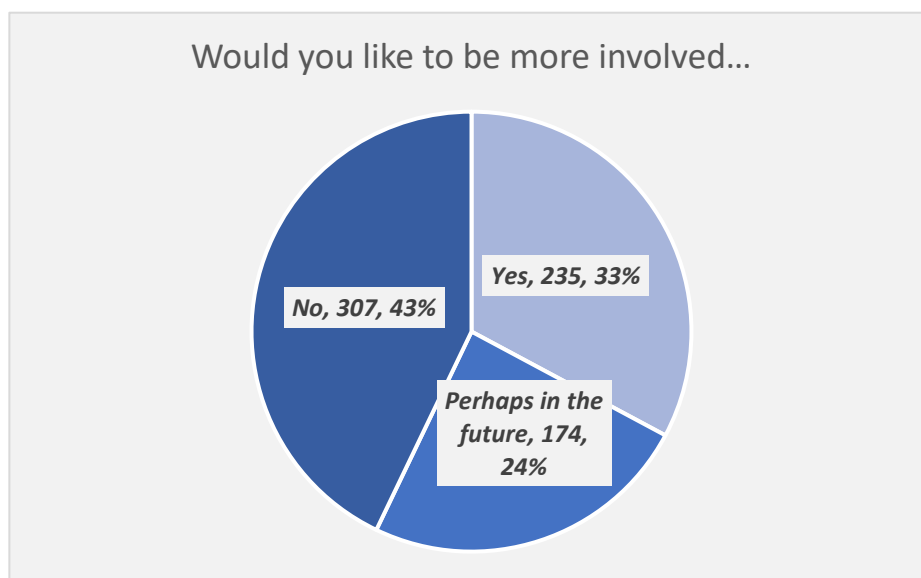
We invited responses from the community using an online survey and work with colleagues across the Partnership and NAC to help promote it.

Question 1 - 'What do you do to keep yourself well?'



Question 2 – Would you like to be more involved in helping to shape HSCP services?

The chart below, shows the overall responses to Question 2. From the 716 responses to the NA Wellbeing Conversation, 33% percent of respondents advised they would like to be more involved in helping to shape HSCP service. This means a potential 235 members for the Care Improvement Network.



Transformation in 2021/22

Following a period of disruption due to the COVID-19 pandemic, the transformation team spent time assisting in the remobilisation of services post-pandemic. As this support became more operational in nature, the transformation team was able to resume a full workload of transformation projects focused on supporting the HSCP's strategic and financial goals. Some of the highlights included the opening of a new respite facility in Stevenston and supported accommodation facilities in Kilwinning and Largs, the kick off of a 5-year investment into Mental Health and Wellbeing in Primary Care Services and the development of a new Perinatal Mental Health Service.

Children, Families and Justice Services

In April 2021, the **National Promise Team** published the 2021-2024 Plan that sets out its priorities in detail. The Priorities are, A Good Childhood, Whole Family Support, Supporting the Workforce, Planning and Building Capacity. Work to ensure the success of The Promise has included:

- Awareness raising Roadshows
- Employed a Corporate Parenting Youth Worker
- Launching a sportswear and equipment grant
- Established a Promise Oversight Board and Operational Group
- Mental Health toolkit "Care4yourself" widely distributed
- Roles developed for the Promise Lead & Promise Engagement and Participation Lead

Roslin House, a brand new, purpose-built respite facility for children and young people with additional support needs, welcomed its first guests on the 21st of June 2021. Adjacent to the new Lockhart ASN Campus in Stevenston, it is an 8-bedroom, state of the art facility providing respite breaks for young people known to North Ayrshire Health and Social Care Partnership's Children and Families Disabilities Team as part of their care and support plan. As well as providing a comfortable, 'home from home' stay for young people, the new facility will provide a bespoke respite experience and offers a smooth transition from children's to adult respite services in the familiar surroundings of the complex, with the adult respite facility Red Rose House being situated next door.

Mental Health and Learning Disabilities

Perinatal Mental Health Service was launched in November 2021, the team is managed in North Ayrshire from a lead partnership perspective but services all of Ayrshire and Arran. The team is made up of a Team Leader, Consultant Perinatal Psychiatrist, Clinical Principal Psychologist, Clinical Consultant Psychologist, charge nurse, staff nurse and occupational therapist. The service provides assessment, care and treatment for pregnant women and up to 12 months postnatally for women experiencing severe mental illness. The service also offers pre-conception advice for women with a history of severe mental illness who are planning a pregnancy.

Red Rose House, situated adjacent to the new Lockhart ASN Campus in Stevenston, is an eight-bedroom, state-of the-art facility providing respite breaks for adults known to North Ayrshire Health and Social Care Partnership's Learning Disabilities Service as part of their care and support plan.

Each ensuite bedroom is equipped with comfortable, homely furnishings and mood lighting, with rooms opening out into a fantastic, landscaped garden with a water feature, barbecue and a heated hang-out den. The facility also has an activity wing with an area for arts and crafts, a hi-tech sensory room, quiet room, a games room with sofas and TV, and a kitchen area where visitors can eat together or learn cooking skills. It was opened on the 25th September 2021 with care being provide by Hansel.

The RISE Team is the creation of an Ayrshire wide community service which aims to address common mental health needs such as anxiety and depression for individuals who have come into contact with Justice Services. This will be achieved using a:

- Caring, safe, respectful approach that is
- Trauma Informed and
- Evidence-based

The service comprises RMN nursing and occupational therapy staff and is working with Justice partners to support people referred via court, Women's Services and Multi Agency Public Protection Arrangements.

The Scottish Government (SG) is focused on improving responses to people in distress. The **Distress Brief Intervention (DBI)** programme emerged through direct engagement with citizens who have experienced distress, frontline service providers and literature review. The SG established the DBI programme, which is hosted and led by South and North Lanarkshire H&SCPs, 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 19 response programme at pace and scale which now sees national access to DBI for anyone over 16 who contacts NHS24 and where 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. Ayrshire and Arran joined the associate programme and commissioned Penumbra to provide support through its chosen pathways as well as project managing the implementation of the pathways. The first priority pathway to be opened was through Primary Care and access has been given through incrementally introducing referrers from GP practices across Ayrshire.

Reporting required to the Scottish Government on wait times for **CAMHS** and **Psychological Therapies** predominantly relies on Access databases which will no longer be supported following transition onto Office 365 by the NHS. This led to the decision to move the data management on to a more robust scheduling system. This will, in addition, allow better DCAQ analysis in the future. **TrakCare**, an NHS appointment and reporting system was then implemented to take over the referral, clinic management, scheduling and reporting for Adult Community Mental Health Services. This will work with Care Partner and Business Objects to create all the reporting required. The next steps will be to transition all the other Psychological Services, currently recording on databases, on to the TrakCare system.

Partnership Wide

New supported Accommodation complexes have been built in North Ayrshire. Following on from the opening of the first purpose built Supported Accommodation complex in Dalry and a larger site for 22 individuals in Largs, a 10-dwelling site in Kilwinning opened in early 2022 and is run by The Richmond Fellowship. A further complex will be opening in Stevenston in late summer of 2022 and supported by staff from Key Housing. Anyone being offered these homes signs a tenancy with NAC. Care is provided from a staff base on site manned 24 hours, allowing families peace of mind that support is on hand when needed. The houses are fully fitted with the latest technology allowing residents a high degree of independence. This type of facility can cater to relatively complex individuals given the right mix of staff and residents. The centralisation of this staff group allows for more flexibility in being able to deliver care to individuals on an as needed basis with potential for more shared supports.

Reporting on lead partnership responsibility

North Ayrshire Health and Social Care Partnership has lead responsibility for: Mental health services (including psychology, CAMHS, learning disability assessment and treatment) Child health services (including child immunisation and infant feeding)

East Ayrshire Health and Social Care Partnership has lead responsibility for primary care and out of hours community response.

South Ayrshire Health and Social Care Partnership is the lead partnership for the Integrated Continence Service, Community Equipment Store, and the Family Nurse Partnership (FNP). This lead responsibility relates to the delivery of continence care and education across Ayrshire, provision of equipment to people living in the community and supporting first-time mothers aged 19 and under through an intensive preventative home visiting programme delivered by FNP.



1. Mental Health Services

- 1.1 Waiting time compliance for **Psychological Therapies** has been maintained around 90% compliance through this past year. Public Health Scotland (PHS) published data reports A&A as being in the consistent two to three highest performing territorial Boards in Scotland despite being in the lower few Boards for overall staff resource. While there is variation across our Specialties, the overall numbers of patients waiting and the number of patients waiting over one year are all reducing to our lowest ever levels. The service as a whole made consistent progress in compliance through the COVID-19 period through a combination of a period of reduced demand, digital expansion, remote working adaptations, and service redesign within the Psychology and wider Mental Health clinical teams. Our strong performance has for the second time contributed to SG assessing us a service not requiring enhanced support.

Local and national funding opportunities and allocations have enabled both new and expansion of existing pan-Ayrshire provision to MHS, Acute, Primary Care and Third Sector. In a competitive workforce context, we have successfully appointed to priority posts targeting longest waits and unmet need. Our Lead (North) Partnership for MHS/Psychology has been supportive in approving permanent contracts to improve recruitment and retention of our limited specialist workforce, including making permanent our Veteran First Point service, a recognised exemplar service in Scotland, which provides a stable platform from which to progress implementation of SGs Action Plan for dedicated holistic veteran provision. The additional funding to date has enabled us to develop our service provision to, for example, Staff Wellbeing, Patients Hospitalised with COVID-19, Pain Management, Weight Management and Trauma Neuro-Rehabilitation beds.

There has been much needed expansion of Psychology in Addictions with our service increasing from a single post-holder to a pan-Ayrshire team of four in the past year. We have supported the development of a trauma-informed workforce including a focus on trauma within the Learning Disability service. Most recently, Lead Psychology posts have been developed in the clinical areas of Maternity/Neonatal/Perinatal, Infant Mental Health, Adult In-patient, Eating Disorders and the Medium Secure Unit (Foxgrove) for Children and Young People.

- 1.2 **Perinatal Mental Health Service** is a new pan Ayrshire service, taking referrals from across Ayrshire & Arran. The service also treats women who are pregnant or in the post-natal period and have severe mental illness or are at high risk of becoming severely unwell. They offer person-centred, evidence-based treatment to women, and where possible involve partners and families in the plan of care. The service has been receiving positive feedback in relation to the integration of Maternity and Neonatal Psychological Interventions (MNPI) and plans for infant Mental Health to be co-located. The team works with women who wish to start a family but are at risk of becoming severely mentally unwell.
- 1.3 The **Unscheduled Care Service** has seen a period of growth and development across all areas. Improvements such as:
- integration of the advanced nurse practitioner (ANP) service.
 - increase in staffing for the elderly liaison team, to include a new staff nurse role.

- Development of pathways designed to shorten patient journeys, ensuring the right care in the right place at the right time.
- Updating of joint working pathways for young people.
- The creation of a non-fatal overdose pathway increased our proactivity in engaging with some of our most at risk population.
- The Intensive CPN Team has led a standards review, designed to further improve patient outcomes, and the Adult Liaison Service began the process of working toward formal accreditation with the Royal College of Psychiatrists.

- 1.4** Members of the **Community Learning Disability Team** developed a successful proposal regarding the establishment of an Intensive Support Team. This will comprise a dedicated multi-disciplinary team, with the capacity to support and promote a consistent approach to Positive Behaviour Support (PBS) in the interests of sustaining people within their tenancies; supporting community integration to prevent delayed discharged from the local Assessment and Treatment unit; and bringing individuals back into North Ayrshire, from out-of-area placements. This much needed local investment of over £200,000 pa represents a significant development of the community team's capacity and reflects North Ayrshire's commitment to responding meaningfully to the recommendations of the Scottish Government's Coming Home report (2018).
- 1.5** **Learning Disability Nurses** led on the delivery of a bespoke phlebotomy service, to provide access to blood screening. This service has enabled blood samples to be successfully taken from 9 individuals within their own homes, who were unable to access primary health care services for reasons such as anxiety in relation to ASD and physical health interventions, and poor physical and mental health. Many of these individuals required desensitisation visits in order to familiarise them with the process prior to attempting to obtain a blood sample. Delivering support in this way has also allowed for unmet health needs to be identified, and further treatment accessed as appropriate.

2 Child Health Services

2.1 Within North Ayrshire the **Immunisation Team** have been working to full capacity throughout the pandemic despite numerous obstacles and challenges with which the NHS have faced.

Childhood Immunisation programmes were classified as an essential service at the beginning of the pandemic. Routine vaccination minimises outbreaks of vaccine preventable disease and limits the burden of disease and associated strain on health and care services. All clinics were successfully maintained with minimal or no disruption to service allowing all pre-school children in North Ayrshire to be offered the full UK Immunisation schedule. The service had to adapt and learn to work in new ways to ensure the safety of the children, families, and staff.



The Children's Immunisation Service provides the Ayrshire school-based immunisation programme, including Human Papilloma virus (HPV), Diphtheria, Tetanus and Polio, Meningitis ACWY and Measles, Mumps and Rubella (MMR). In North Ayrshire, this programme is offered to 7,903 pupils between the cohorts of S1 to S6.

In 2021, the annual Influenza vaccine eligibility was extended to include all Secondary School age pupils alongside all Primary aged pupils. This equated to approximately 48,720 children. This programme was completed in a timescale of 12 weeks. The Immunisation team required to increase staff resource and liaise with education colleagues to work creatively in partnership to ensure all children were offered the Influenza vaccine in the school setting.

The Immunisation team also undertook all 2–5-year-olds Influenza vaccination within Mass Vaccination Centres in North Ayrshire. This was a new model of delivery and the team had to adapt and learn new strategies to ensure availability and accessibility for the public. Lessons were learnt to ensure an effective programme continues for the benefit of the residents of North Ayrshire.

All children 6 months–2 years who were eligible for the Influenza vaccine due to underlying health conditions were immunised by the team within GP practices.

2.2 In December, our **Ayrshire Bairns health visiting app** was launched. The app, which contains information on visits, parenting, child development as well as links to useful resources, will gradually replace many of the paper copies of resources that families are issued with when having a baby. This is an exciting and innovative development for the service and will allow parents/ carers to access evidence based, up to date information as and when they need it. We would encourage all professionals working with early years to visit the app and know how to signpost families to it.



- 2.3** One of the main objectives of the **Rosemount Project** is to work intensively with families to reduce the risk of children becoming looked after and accommodated by the local authority. The team offer a dedicated 7-day support and ensures there are two staff members available on a Saturday and Sunday, given the nature of the out of hours work and North Ayrshires lone working policy. Throughout the year, there has been a core group of 7 workers who have committed to weekend provision. It is noteworthy that the weekend support is an addition to the full-time hours staff work Monday to Friday. This is further testament to the values held within the team, who are dedicated to go over and above for the families we are privileged to support.
- 2.4** **Breastfeeding** rates across many areas of Scotland have remained low, despite efforts by many. North Ayrshire has been no different, with significant differences in breastfeeding rates between our most and least deprived communities. Recent figures released by Public Health Scotland have shown a welcome increase in rates of babies exclusively breastfeeding at 6-8 weeks in North Ayrshire from 17.53% in 2019/20 to 18.9% in 2020/21. Arran has the highest rate at 41.6%. Contributing to this progress has been the intensive efforts of midwifery, health visiting, FNP and infant feeding staff who have supported families to choose to breastfeed by providing person-centred care with seamless transitions between services.

Other highlights from the published statistics include;

- Highest rates of exclusive breastfeeding at HV first visit in 4 years – 25.7%
- Highest rates of overall breastfeeding at HV first visit in 4 years (so mixed feeding included) – 36.3%
- Highest rates of exclusive breastfeeding at 6-8 weeks in 4 years – 20.9%
- Highest rates of overall breastfeeding at 6-8 weeks in 4 years – 27.9%
- Lowest drop off between birth and first visit in 4 years – 30.8%
- Lowest drop off between first visit and 6-8 weeks in 4 years – 44.8%

The Ayrshire and Arran Community Children's Services has passed Unicef Baby Friendly Initiative Assessment.

This initiative is aimed at enabling teams to better support families with infant feeding and developing close, loving relationships, ensuring that all babies get the best possible start in life. The process involves training and auditing staff on infant feeding to measure their skills and knowledge, as well as interviewing mothers to hear about their personal experiences of care.

This was a fantastic team effort involving everyone in the service, including managers, health visitors, family nurses and support workers. Staff attended the training and practical skills review sessions offered by the Infant Feeding Team with great enthusiasm and Community Children's Services will now work towards the Gold Award, which is designed to help embed high quality care for the long term. Upskilling and maintaining the skill level of all Universal Early Years staff will be central to the infant feeding team's workplan this year, as NHS Ayrshire and Arran works to gain the UNICEF Baby Friendly Achieving Sustainability: Gold Award.

- 2.5** Within **Universal Early Years**, 2021/22 saw an expansion to the support available to expectant and new mums experiencing mild to moderate mental health difficulties through the recruitment of a second Perinatal Mental Health Nurse within the integrated Universal Early

Years' team. Between April 2021 and March 2022, 85 women were referred for early intervention support. Autumn of 2021 also saw the launch of the Ayrshire and Arran Perinatal Mental Health Service, which aims to offer support to expectant and new mums with severe and enduring mental health difficulties.

In the perinatal period (pregnancy and up to 12 months postnatally). Referrals are accepted from a range of health professionals including Midwifery, health visiting, GP, and mental health services. The Professional Advice line (PAL) can be used by professionals seeking advice re perinatal presentations and the most appropriate support as well as discussing urgent referrals to PMHS.

Case Study

Mum made reference to intending to breastfeed her baby at the routine antenatal conversation with the health visitor (HV). She indicated her feeding intention to breastfeed her baby, despite never breastfeeding any of her other children, recently becoming a single parent in her pregnancy and living in an SIMD 3 area.

This indicates the importance of the antenatal conversations and to give the mum an opportunity to discuss about feeding her baby. It is also important to offer the effective information about breastfeeding to every mum, however they intend to feed their baby, as was so important with the mum we are talking about.

A more detailed conversation with the health visiting support worker (HVSU) was offered to discuss the benefits of breastfeeding, the importance of skin to skin and responsive feeding. The community infant feeding team (CIFT) were contacted and supported mum to begin colostrum harvesting, explaining the reason and the importance of this.

The baby was delivered by vaginal birth at 38 weeks and the mum and baby were seen in the hospital by the maternity infant feeding team (MIFT) where an initial assessment of breastfeeding was carried out. This includes observing correct position and attachment of baby at the breast ensuring mum and baby are comfortable at the breast. The MIFT supported them while they were in hospital and also following transfer to the community midwife.

The MIFT followed mum up at home with phone support. By the time the baby was a few days old, mum felt that breastfeeding was painful, and baby was unsettled at the breast, so a combination of breast and expressed milk was offered to baby. This allowed mum to ensure her milk supply increased and that baby was fed.

When baby was 11 days old a tongue tie was diagnosed, and a frenotomy was carried out by the MIFT to assist with position and attachment at breast.

The care then continued with the ongoing regular support from the HV, HVSU and CIFT who attend mum's house as well as phone support to ensure that baby is breastfeeding well and mum is happy with the feeding. A combination of breastfeeding and expressing ensures that this baby is receiving breast milk and mum is achieving her breastfeeding goal.

At 6 weeks old, baby continued to be breastfed. Mum has been supported through her journey at various stages by the most appropriate person to assist with the correct and proper support. Mum has been offered research based information.

Communication between the whole team involved is seamless and regular to ensure mum and baby are supported and the best people are involved.

Person-centred care, integrated teams and teams around the child and their family can lead to excellent outcomes, none more so in situations where evidence would have suggested low uptake or no uptake.

Case Study

D is a young man aged 13 who resides with his mother and younger brother. The family have experienced trauma, owing to domestic violence perpetrated by D's father, who is now in prison. Unfortunately, this has manifest in D's mother lacking confidence in her parenting capacity, whilst D's behaviours at home, in the community and at school, has become increasingly volatile. It is recognised that the aggression displayed by D is a manifestation of the trauma and violence he has been exposed to throughout his formative years. In addition, D is involved with CAMHS and is being assessed for a neurodevelopmental disorder.

There has been evidence that an intrinsic condition impacts on D's decision-making, which is apparent in the risk taking/offending behaviours he has displayed. D has collected several police concern reports throughout the year. Thus, he is a young person who has received regular support over weekends to encourage him to develop his consequential thinking, to reduce the risks associated with his behaviours, and to bolster his mother's confidence in her parenting. D's mother provided the following feedback:

"I have had a few telephone calls on a Saturday and/or a Sunday and on several occasions staff from Rosemount have visited the house. I have found this service extremely useful. Although I appreciate the necessity to empower myself as a parent, there have been occasions where D's behaviour has escalated during the week. When the weekend comes this can be quite daunting as this is the 48-hour period where D is out with his peers and has gotten himself into trouble. It has been invaluable for myself to be able to get practical advice, sometimes just looking at things from a professional's perspective, and sometimes just reassurance that I'm handling the situations in the best way possible."

Within this example, the service has sought to work from a strengths-based perspective and continually looks to promote the skills and capacities that D's mum has evidenced. The staff adopt a whole-family approach, ensuring a focus of our intervention is targeted at improving family relationships and finding ways for D's family to develop strategies that enable them to become independent in managing their difficulties.

Case Study

The Rosemount Project are also extremely flexible and look at ways to enable families to enjoy prosocial activities in their communities, which has been proven to assist in diverting young people from antisocial behaviour. This has been evidenced in the case of K, a 14-year-old female who identifies as male. K is involved with the Vulnerable Young Person process, due to risks posed to K's welfare as a result of self-harming behaviours. K is diagnosed with FASD, lives in a Kinship placement with her grandmother and younger brother, who also has FASD. K struggles with peer relationships and a level of isolation has impacted on the mental health difficulties K has experienced. K's Rosemount worker has not only provided unwavering support to K's gran throughout the year but has also been successful in involving K in a Pony Club. This activity has led to a tangible improvement in K's emotional wellbeing and involves being allocated a rescue pony to tend and care for. K has formed a bond with her animal which is assisting her to process her own emotional trauma and attachment issues. K's allocated Rosemount worker has also gone above and beyond to source funding to allow K's gran to provide activities for both K and her brother, including at weekends. K's worker also provided a visit on the bank holiday in May 2021, such is his dedication to ensuring the family receive consistent support. K's gran provided the following feedback:

"I have found the weekend support really helpful, especially from (our allocated Rosemount worker) as he has given us vouchers to do things during the summer. He always makes time to listen to all of us and if we need any help with anything, he will do all he can to help us, and I can call him anytime. If I was to rate my worker 5 stars, I would definitely give him 5 stars for his kindness and understanding".

Inspection of service

The Partnership works closely with independent care providers to ensure that the care and support provided is being delivered in line with peoples' outcomes, offers best value, meets regulatory requirements, and keeps people healthy, safe and well.

Care services provided by Partnership teams also undergo external inspections and are subject to rigorous review and inspection. Working together, we ensure that all required standards of quality and safety are met.



Independent Care Providers who provide care services on our behalf

Independent care and 3rd sector providers, via the contract management framework, maintain and improve their standards of care and support on an on-going basis. We use a range of methods to monitor performance, including:

- Compliments, complaints and feedback from staff, carers and people who use services
- Information that we collect, before visits, from the provider or from our records
- Local and national information, for example, Care Inspectorate reports
- Visits to providers, including observing care and support and looking at records and documents

The information below represents how services are performing, monitored via the contract management framework and ensures services are safe, effective and most of all, that they meet people's needs.

Registered Services: Minimum grades across all themes		Current lowest grade in any assessed quality theme					
Care Service	Subtype	2 - Weak	3 - Adequate	4 - Good	5 - Very Good	6 - Excellent	Grand Total
Adoption Service					1		1
Adult Placement Service					2		2
Care Home Service	Older People	1	7	7	3		18
	Children & Young People	1	2	3	2	2	10
	Learning Disabilities		1	3			4
	Physical and Sensory Impairment		1				1
Fostering Service				2			2
Housing Support Service		2		3	8	2	15
School Care Accommodation Service				2	5		7
Support Service	Care at Home	2	1	8	10		21
	Other than Care at home			8		1	9
Grand Total		6	12	36	31	5	90

Inspection of Local Services

Our Children and Families Service were subject to a Joint Inspection of Services for Children and Young People at Risk of Harm in North Ayrshire which was published on the Care Inspectorate website here - [Report of a joint inspection of services](#).

In support to the inspection, please find a link to a video the Young Inspection Volunteers have produced for children, young people, and their Families – [YouTube video](#)

It is a very positive report for children's services and one we can be proud of. The report recognises the very strong evidence of partnership working and the clear commitment and dedication of staff working across various agencies to reduce risk of harm, develop positive relationships and improve wellbeing outcomes for our children and young people.

The report also references the wide range of innovative work the partnership has driven forward, our strong leadership and coherent and shared vision to make positive change. In particular, the report highlights the swift, collaborative, strategic and deliberate action we took to protect children and young people from harm during the pandemic.

Overall, the key strengths highlighted in the report as follows:

- Recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe.
- Overall, key processes for assessing and managing risk for children at risk of harm were well established and working effectively.
- Effective oversight and scrutiny of child protection performance was provided by the Chief Officers Group and Child Protection Committee.
- Partners had a well-established approach to gathering and using performance data to inform and support improvement activity.

The report outlined there were two areas for further improvement:

- The partnership should further develop its review of outcome data to demonstrate the difference services are making in keeping children safe.
- 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.

The Partnership also received 3 further inspections; 1 announced and 2 unannounced. The inspection reports for these can be found - [Inspection Reports](#).

Inspection Date	Service Number	Service/Unit	Gradings				
			Wellbeing	Leadership	Staffing	Environment	Care & Support
10-Aug-21	CS2003001160	Canmore Children's House (Announced)	2	2	2	4	3
01-Dec-21	CS2019375323	Trindlemoss (Unannounced)	4				(C&S During COVID-19) - 4
22-Mar-22	CS2003001163	Abbey Croft Children's House (Unannounced)	5				5

Financial performance and best value

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB.

This section summarises the main elements of our financial performance for 2021/22.



Partnership Revenue Expenditure 2021/22

Strong financial planning and management is paramount to ensure our limited resources are targeted to maximise the contribution to our objectives. Delivery of services in the same way is not financially sustainable. The updated strategic plan approved for 2022-30 is underpinned by the need to learn from the pandemic and ensure opportunities are maximised to transform care models and find new solutions to ensure the future sustainability of high-quality health and care services.

The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Medium term financial planning is key to supporting this process and identifying the transformation and planned shift in resources to provide sustainable services to the local community over the medium term.

In 2021-22 the IJB agreed a one-year balanced budget which included an overall savings requirement of £2.528m and a one-off draw on reserves of £0.181m. The financial position was monitored closely during the financial period with an added focus on the risk in relation to the funding of COVID-19 related costs.

Throughout the financial year the IJB-projected position has been balanced moving to an underspend position from September onwards. This demonstrates the continued focus on the financial position, tight financial controls, planned progress with savings delivery in many areas, and the focus on ensuring that the pandemic impacts were captured and funded appropriately.

The overall financial performance against budget for the financial period 2021-22 (after adjusting for new earmarked reserves) was an overall underspend of £2.916m. This consisted of £1.889m of underspend in social care services and £1.027m underspend in health services.

This position excludes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment. This £1.486m was allocated towards the debt at the period-end reducing the debt to £2.321m (£3.807m 2020-21).

2020-21 Budget £000	2020-21 Actual £000	Variance (Fav) / Adv £000		2021-22 Budget £000	2021-22 Actual £000	Variance (Fav) / Adv £000
74,258	72,611	(1,647)	Health and Community Care	81,840	77,629	(4,211)
81,395	79,647	(1,748)	Mental Health	88,742	81,491	(7,251)
35,427	35,346	(81)	Children, Families and Justice	36,579	37,818	1,239
48,940	48,809	(131)	Primary Care	50,073	50,047	(26)
5,722	5,722	0	Allied Health Professionals	6,853	6,771	(82)
25,176	18,901	(6,275)	Management and Support Costs	29,214	17,627	(11,587)
1,081	1,081	0	Change Programme	1,099	1,105	6
271,999	262,117	(9,882)	TOTAL EXPENDITURE	294,400	272,488	(21,912)
(271,999)	(271,999)	0	TOTAL INCOME	(294,000)	(294,400)	0
0	(9,882)	(9,882)	OUTTURN ON A MANAGED BASIS	0	(21,912)	(21,912)
0	(437)	(437)	Lead Partnership Allocations	0	764	764
0	(10,319)	(10,319)	OUTTURN ON AN IJB BASIS	0	(21,148)	(21,148)
0	6,168	6,168	New Earmarking	0	18,232	18,232
0	(4,151)	(4,151)	FINAL OUTTURN POSITION	0	(2,916)	(2,916)

The main areas of variance during 2021-22 are noted below:

Health and Community Care – underspend of £4.211m mainly relates to an underspend in care home placements due to a reduction in the level of respite, an underspend in day care services as the service was closed during the pandemic, Carers Act funding and Scottish Government funding for Care at Home Capacity and Interim Care. The Scottish Government funding will be earmarked for use in 2022-23.

Mental Health – underspend of £7.251m which relates to underspends in community mental health, learning disability day services, non-employee costs at Trindlemoss and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry). These underspends are predominantly related to the level of vacant posts in these areas. The underspend on the Lead Partnership for Mental Health is not fully attributed to the North IJB as a share is allocated to East and South Partnerships. The Mental Health Lead Partnership was underspent by £6.238m pre-earmarking (£1.939m NRAC share for East Ayrshire IJB and £1.751m for South Ayrshire IJB).

There is also an underspend in the Alcohol and Drugs Partnership which will be earmarked for use in 2022-23. These underspends are partially offset by an overspend in learning disability care packages.

Children, Families and Justice – overspend of £1.239m which is mainly related to overspends in residential, respite and secure placements for children.

Management and Support Costs – underspend of £11.587m mainly relates to the additional COVID-19 funding which has been earmarked for use in 2022-23. There were also underspends in relation to over-recovery of payroll turnover due to the level of vacant posts being higher than assumed when setting the budget, transition funding and the funding set aside for unscheduled care.

COVID-19 Costs - From the outset of the pandemic the IJB 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, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There was a risk during the year that if the full cost of the COVID-19 response was not funded that the IJB may have required to recover any overspend in-year, however, the final funding allocation eliminated the risk for 2021-22.

The Medium-term Financial Outlook (MTFO) was updated during 2021-22 and reported to the IJB in March 2022. This covers the period 2022-25 and this will be updated again before the end of 2022-23 following publication of the Scottish Government's multi-year resource spending review.

Going into 2022-23 there are unknowns relating to pressures, particularly staff pay wards which have not been agreed for either Council or NHS employees. The impact of the policy, legislation and funding implications of the introduction of the National Care Services also remain unknown at this stage.

Reporting on Localities

The Partnership has arrangements to consult and involve localities via their Locality Forums. The IJB has established six Locality Planning Forums, reflecting the previously agreed local planning areas. These provide Board Members with the opportunity to be involved in considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities. This spend has been split into localities by initially allocating spend which could be directly identified to a locality, and the remainder which was not locality specific was allocated on a population basis. 64.6% (64.4% in 2020-21) of spend was allocated based on population, which means at this stage the spend per locality can only be used as a guide and will not fully reflect actual locality usage of services. The population information used can be seen in the following table and was taken from the 2020 mid-year population statistics (sourced from NRS).

Age Group	Irvine	Kilwinning	Three Towns	Garnock Valley	North Coast	Arran	Total	% of spend allocated on this basis
Children aged 0 – 15	31.1%	13.2%	25.6%	14.1%	13.5%	2.5%	100%	11.1%
Adults aged 16 – 64	29.8%	11.9%	24.7%	15.3%	15.2%	3.1%	100%	24.6%
Older People aged 65+	25.7%	10.4%	21.8%	13.6%	23.7%	4.8%	100%	16.3%
Share of total population	29.1%	11.8%	24.1%	14.7%	16.9%	3.4%	100%	12.6%
Total allocated on population basis								64.6%
By Locality								35.4%
Total								100%

This resulted in the following spend per locality -

	Irvine £000's	Kilwinning £000's	Three Towns £000's	Garnock Valley £000's	North Coast £000's	Arran £000's	Total £000's
2021-22 Expenditure	82,384	29,351	64,656	39,940	44,512	11,645	272,488
% share of spend	30.2%	10.8%	23.7%	14.7%	16.3%	4.3%	100%
% of total population	29.1%	11.8%	24.2%	14.7%	16.8%	3.4%	100%

Appendix



Local Indicators

Performance Indicator	2017-18	2018-19	2019-20	2020-21	2021-22	Target	Status
People subject to level 1 Community Payback Order (CPO) Unpaid Work completed within three months	95.33%	95.6%	98.9%	100%	100%	90%	✓
Individuals subject to level 2 Community Payback Order (CPO) Unpaid Work completed within six months	94.27%	97.3%	97.6%	100%	92.1%	90%	✓
Number of Learning Disability service users in voluntary placements	67	58	57	0 (COVID-19)	-	43	n/a
Number of bed days saved by ICT, Intermediate Care Team (formerly ICES), providing alternative to acute hospital admission	5,463	6,563	10,537	9,766	4,872	1,530	✓
People seen within 1 day of referral to ICT	95.66%	100%	99.14%	98.9%	99%	90%	✓
Number of people receiving Care at Home	2,021	1,793	1,970	2,121	1,983	2,167	✗
Number of secure placements	0	1	4	1	2	5	✓
Referral to commencing treatment within 3 weeks (Alcohol use)	95%	100%	98.6%	94.8%	98%	90%	✓
Referrals to commencing treatment within 3 weeks (Drug use)	98%	100%	100%	97.1%	98%	90%	✓
Preschool children protected from disease through % uptake of child immunisation programme (Rotavirus)	96.10%	91%	91.1%	92.9%	93.3%	92.2%	✓
Preschool children protected from disease through % uptake of child immunisation programme (MMR1)	96%	95%	93.3%	95.5%	94.7%	98.2%	✓
Care at Home capacity lost due to cancelled hospital discharges (shared target with acute hospital services) (number of hours)	6,305	6,907	6,431	7,154	-	4,000	n/a

MSG Indicators

Performance Indicator	2018-19	2019-20	2020-21	2021-22	Target	Status
Emergency admissions to acute hospitals	1,622	1,331	1,461	1,380	1,836	✓
Emergency admissions to acute hospitals (rate per 1000)	12	12	10.8	10.3	13.6	✓
Admissions from emergency department	1,007	814	808	763	1,173	✓
Admissions from emergency department (rate per 1000)	7.5	8.0	6.0	5.7	8.7	✓
% people at emergency department who go onto ward stay (conversion rate)	33	32	35	27	33	✓
Unscheduled 'hospital bed days' in acute hospital	9,348	9,031	10,318	10,537	12,320	✓
Unscheduled 'hospital bed days' in acute hospital (rate per 1000)	69	81	76.6	78.5	91	✓
Unscheduled 'hospital bed days' in long stay mental health hospital	8,128 (Dec18)	7,058 (Mar20)	2,487	2,560	6,782	✓
Unscheduled 'hospital bed days' in long stay mental health hospital (rate per 1000)	60	52	18.5	19.1	50.1	✓
Unscheduled 'hospital bed days' in geriatric long stay	943	1,111	110	257	1,772	✓
Unscheduled 'hospital bed days' in geriatric long stay (rate per 1000)	7	10.2	1.0	2.4	13	✓
Emergency department attendances	3,039	2,527	2,292	2,826	3,292	✓
Emergency department attendances (rate per 1000)	22.5	24.9	17.0	21.1	24.4	✓
% people seen within 4 hrs at emergency department	87	87	82.1	67.5	95	✓
Delayed Discharges bed days (all reasons)	1,916	2,073	1,165	1,776	1,515	✓
Delayed Discharges bed days (all reasons) (rate per 1000)	17.5	18.5	10.6	16.3	13.9	✗
Delayed Discharges bed days (code 9)	196	372	393	764	770	✓
Delayed Discharges bed days (Code 9) (rate per 1000)	1.8	2.1	3.6	7.0	7	✓

Where to find more information

If you would like more information on IJB strategies, plans and policies and our performance and spending, please refer to the following websites.

- www.nahscp.org/partnership-strategies-plans-reports/
- www.nhsaaa.net/about-us/how-we-perform/
- www.north-ayrshire.gov.uk/council/strategies-plans-and-policies
- www.north-ayrshire.gov.uk/council/performance-and-spending

Additional financial information for Ayrshire wide services can be found in:

www.east-ayrshire.gov.uk/SocialCareAndHealth/East-Ayrshire-Health-and-Social-Care-Partnership/Governance-Documents.aspx

www.south-ayrshire.gov.uk/health-social-care-partnership/strategy.aspx





Integration Joint Board 22nd September 2022

Subject: **2022-23 – Month 4 Financial Performance**

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

Recommendation: It is recommended that the IJB:

- (a) notes the overall integrated financial performance report for the financial year 2022-23 and the current overall projected year-end underspend of £0.389m;
- (b) notes the progress with delivery of agreed savings;
- (c) notes the remaining financial risks for 2022-23, including the impact of remaining Covid-19 estimates and costs; and
- (d) approves the budget reductions which are detailed at paragraph 2.11.

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	The report provides an overview of the financial position for the Partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments; these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report refers to the position at the end of July, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end underspend of £0.389m (0.1%) for 2022-23.

1.3	From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.
2.	CURRENT POSITION
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	FINANCIAL PERFORMANCE – AT MONTH 4
2.2	<p>At Month 4 against the full-year budget of £280.909m there is a projected year-end underspend of £0.389m (0%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected underspend of £0.661m in social care services and a projected overspend of £0.272m in health services.</p> <p>Appendix A provides the financial overview of the Partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets.</p> <p>The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work.</p>
2.3	Health and Community Care Services
	<p>Against the full-year budget of £81.169m there is a projected underspend of £0.757m (0.9%) and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £1.070m.</p> <p>The budgeted number of permanent placements is 778 and at month 4 there are 755 placements. The projection assumes that there will be a gradual increase in placements to reach the budgeted figure by the end of the financial year. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the FA1 financial assessment is completed.</p> <p>The level of income recovered from charging orders was under recovered in 2021-22 but an online position is assumed at month 4.</p>

	<p>b) Care at home (in house) is projected to be £0.637m underspent. As there are vacant posts some of the current capacity is being met by existing staff working additional hours and casual staff. Bank staff are being offered contracts and additional staff are being recruited which will replace the need for existing staff to work additional hours. The majority of the underspend is in purchased care at home as providers are not always able to accept referrals due to staffing / recruitment issues.</p> <p>c) Community alarms are projected to be £0.205m underspent due to vacancies which are being actively recruited to.</p> <p>d) Reablement services are projected to be £0.153m underspent due to vacancies which are being actively recruited to.</p> <p>e) Care at Home Charging Income is projected to under recover by £0.087m due to an ongoing shift towards personal care which is non chargeable. This is after applying £0.076m of covid funding.</p> <p>f) Physical Disability Care Packages (including residential and direct payments) - projected overspend of £0.144m in community care packages, £0.099m in direct payments and £0.313m for residential placements.</p> <p>g) Adaptations are projected to be online based on spend to date.</p> <p>h) Anam Cara is projected to overspend by £0.127m due to an overspend on employee costs relating to covering vacancies and sickness.</p> <p>i) Integrated Island Services is projected to be £0.164m overspent mainly due to additional accommodation costs for mainland staff working at Montrose House following the recent increase in the number of residents.</p> <p>j) District Nursing is projected to overspend by £0.029m due to an overspend on supplies.</p> <p>k) Rehab wards are projected to overspend by £0.188m (Redburn ward £0.286m overspent and Douglas Grant £0.098m 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>
2.4	Mental Health Services
	<p>Against the full-year budget of £87.744m there is a projected overspend of £0.726m (0.8%). This excludes any potential variance on the Mental Health Recovery and Renewal Funding where any underspend will be earmarked at the year-end for use in 2023-24. The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £1.117m and the main variances are:</p> <ul style="list-style-type: none"> Care Packages (including residential and direct payments) - projected overspend of £0.494m in community care packages, £0.200m in direct payments and £0.468m for residential placements.

Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. 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.

- In house day care is projected to underspend by £0.144m as a result of reduced service provision due to Covid restrictions and vacancies following the service redesign and staffing model changes.
- Residential Respite is projected to overspend by £0.091m which reflects funding the new facility (Roslyn House) to full capacity.

b) Community Mental Health services are projected to underspend by £0.451m and included within this are underspends of £0.650m in community packages (including direct payments) and an overspend of £0.188m for residential placements.

c) The Lead Partnership for Mental Health is projecting to be £0.090m overspent and the main variances are as follows:

- A projected underspend in Adult Inpatients of £0.226m. This is mainly due to overspends in the of supplementary staff, staff in redeployment and reduced bed sale income which are offset by £0.306m of income in relation to the firestop works.
- The UNPACS (Unplanned Activities) budget is projected to overspend by £1.200m based on current number of placements remaining until the year end. 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. There are no local NHS secure facilities for women, people with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACS placement with a specialist provider which can be out-of-area. The nature of mental health UNPACS spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small increase in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
- A projected overspend in MH Pharmacy of £0.100m due to an increase in substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.206m. This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time. The projection assumes that we begin cross charging another HSCP for the ongoing costs of the person detailed above where, despite having extensive time to identify an alternative placement there has, as yet been no solution identified.

- Elderly Inpatients are projected to overspend by £0.144m mainly due to the use of supplementary staffing.
- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.120m in 2022-23, further information is included in the table below:

Vacancy Savings Target	(£0.481m)
Projected to March 2023	£1.601m
Over/(Under) Achievement	£1.120m

The current projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.

The areas contributing to this vacancy savings position are noted below:

- Adult Community Health services £0.192m
- CAMHS £0.546m
- Mental Health Admin £0.240m
- Psychiatry £0.100m
- Psychology £0.503m
- Associate Nurse Director £0.020m

2.5

Children and Justice Services

Children's Services

Against the full-year budget of £36.491m there is a projected overspend of £1.903m (5.2%). The main variances are:

a) Care Experienced Children and Young People is projected to overspend by £1.914m. The main areas within this are noted below:

- Children's residential placements are projected to overspend by £2.450m prior to Covid funding and projected to overspend by £1.704m after £0.746m of Covid funding. We started 22/23 with 23 placements and of these placements one is assumed to be discharged in August, one in September, one in October and two in December taking the placement numbers to 18 by the end of the year.
- Fostering placements are projected to underspend by £0.153m based on the budget for 115 places and 115 actual placements (of which 6 are Covid related and are funded through the Covid-19 funding) 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 are projected to be on-line after applying £0.086m of covid funding. The projection is based on the budget for 30 placements and 29 actual placements since the start of the year.

	<ul style="list-style-type: none">Private Fostering placements are projected to be £0.056m underspent based on the budget for 17 placements and 14 actual placements since the start of the year.Kinship placements are projected to underspend by £0.162m based on the budget for 376 places and 360 actual placements since the start of the year.Adoption placements are projected to overspend by £0.098m based on the budget for 53 places and 67 actual placements since the start of the year. <p>b) Children with disabilities – residential placements are projected to underspend by £0.094m based on 8 placements which are expected to continue until the end of the year.</p> <p>c) Residential respite – placements are projected to overspend by £0.394m. These short-term placements are used to prevent an admission to full residential care. There are currently 4 placements which three expected to be discharged in August and two in September.</p>												
2.6	ALLIED HEALTH PROFESSIONALS (AHP)												
	AHP services are projected to underspend by £0.124m due to underspends in non-employee costs.												
2.7	CHIEF SOCIAL WORK OFFICER												
	There is a projected underspend of £0.700m due to a projected underspend in the Carers Strategy funding.												
2.8	MANAGEMENT AND SUPPORT												
	<p>Management and Support Services are projected to underspend by £1.219m. The main areas of underspend are:</p> <ul style="list-style-type: none">An over-recovery of payroll turnover of £0.972m for social care services as outlined in para 2.9 below.An over-recovery of payroll turnover of £0.262m for health services as outlined in para 2.9 below.The 2022-23 budget included a budgeted surplus on the social care side offset by a budgeted deficit on the health side of the budget. The net impact is neutral but Appendix A will show this position for each element.												
2.9	Turnover/Vacancy Savings												
	<p>The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:</p> <table><tr><td></td><td>Social Care</td><td>Health Services</td></tr><tr><td>Vacancy Savings Target</td><td>(2.014m)</td><td>(1.183m)</td></tr><tr><td>Projected to March 2023</td><td>2.986m</td><td>1.445m</td></tr><tr><td>Over/(Under) Achievement</td><td>0.972m</td><td>0.262m</td></tr></table>		Social Care	Health Services	Vacancy Savings Target	(2.014m)	(1.183m)	Projected to March 2023	2.986m	1.445m	Over/(Under) Achievement	0.972m	0.262m
	Social Care	Health Services											
Vacancy Savings Target	(2.014m)	(1.183m)											
Projected to March 2023	2.986m	1.445m											
Over/(Under) Achievement	0.972m	0.262m											

The position in the table above reflects the assumption in the current financial projections. For social care, a total of £1.493m (74% of annual target) has been achieved to date. The turnover achieved to date is higher than usual as the 22/23 budget included investment in various areas of staffing and these posts are not fully recruited to yet. The underspend in day care for older people has also been included as payroll turnover in 2022/23 which is a change from 2021/22 when the underspend was held to offset additional care at home costs.

The health vacancy projection to the year-end is based on the month 4 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

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. The main areas are month 4 are:

- Management and Support £0.241m
- Community Care Service Delivery £0.215m
- Locality Services £0.160m
- Rehab and Reablement £0.160m
- Community Mental Health £0.140m
- Learning Disability Services £0.140m
- Integrated Island Services £0.136m

There have been no intentional plans to pause or delay recruitment and services have actively continued to recruit; in some service areas it 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 2022-23 budget included £0.683m of savings.

BRAG Status	Position at Budget Approval £m	Position at Month 4 £m
Red	-	-
Amber	0.060	0.060
Green	0.623	-
Blue	-	0.623
TOTAL	0.683	0.683

- b) The main area to note is that amber savings of £0.060m relating to adoption allowances are assumed to be achieved in the projected outturn but final plans to deliver this have still to be agreed.

Appendix B shows the full Transformation Plan for 2022/23 which has been agreed by the Transformation Board; the Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure

	<p>plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.</p> <p>Not all the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future.</p> <p>Appendix C provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.</p>
2.11	<p>Budget Changes</p> <p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.... without the express consent of the Integration Joint Board.”</i></p> <p>Appendix D highlights the movement in the overall budget position for the Partnership following the initial approved budget.</p> <p>Reductions Requiring Approval:</p> <ol style="list-style-type: none"> 1) Software license transfer to IT £0.003m 2) Prescribing £0.071m 3) Admin Post to Medical Records £0.034m
2.12	<p>NHS – Further Developments/Pan Ayrshire Services</p> <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 would not be fully attributed to the North IJB as a share would be allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services will require to be shared with North. At Month 4 the MH lead partnership is projected to overspend by £0.090m (£0.029m NRAC share for East and £0.028m for South).</p> <p>East HSCP – are projecting a £0.604m underspend of which £0.223m (37%) is attributable to North. The main variances are:</p> <p>Primary Care - there are reduced costs within Dental Services, where there is a projected underspend of £0.277m. This is largely due to Childsmile and the Dental Management Team both running with a number of vacancies. In addition, there are reduced costs within Primary Care Contracting and Support £0.297m, largely due to vacant posts, as well as projected savings in</p>

	<p>Diabetic Retinopathy and within East Ayrshire Community Hospital Medical and General Pharmaceutical. These reduced costs are partially offset by additional salary costs of the of the GP element of Out of Hours Services, as well as additional costs of the overnight nursing service. Projected overspend of £0.374m, with work ongoing to address and bring into line as far as possible over the course of 2022/23.</p> <p>Prison and Police Healthcare - there is a projected underspend of £0.303m due to reduced new contracts. however there is a review of the prison service currently being undertaken/ It is expected that these funds will go towards improving the staff levels within the prison however an underspend of £0.303m is projected at this early stage of the financial year.</p> <p>South HSCP – projected overspend of £0.171m (£0.063m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store and continence service offset by vacancies in the Family Nurse Partnership.</p> <p>Set Aside: - an approach has yet to be decided on for 22/23, which may be used as a “shadow year” for using current year activity. This will depend on how representative the activity is felt to be. By default inflation will be applied to the 2021/22 budget.</p> <p>The annual budget for Acute Services is £373.3m. The directorate is overspent by £3.1m, caused by increasing overspends on agency medical and nursing staff, together with increasing drug expenditure. 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 <p>The IJBs and the Health Board work closely in partnership to maintain service and improve performance.</p>
2.13	<p>FINANCIAL RISKS</p>
	<p>There are a number of ongoing financial risk areas that may impact on the 2022-23 budget during the year, these include:</p> <ul style="list-style-type: none"> • High risk areas of low volume / high-cost services areas e.g. Learning Disability care packages, children’s residential placements and complex care packages. • Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this • Ongoing implementation costs of the Scottish Government policy directives • Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs • The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas

- The Covid recovery process and re-mobilisation of services, including the ability to change and improve services following learning from the Covid response
- The impact and implementation of the National Care Service.
- The Local Government and NHS pay awards are not settled for 2022-23 and negotiations are ongoing; as outlined in the report the risk is mitigated for the social care workforce by providing for a 3% increase and for NHS it is anticipated that additional funding would be allocated if the pay award settlement is higher than the current assumption
- The current very high levels of inflation
- The review of the Care at Home service which commenced in Spring 2022
- Supported Accommodation - funding has been included in the budget for the new developments but the adequacy of the funding will only be known when the final occupants are agreed.

These risks will be monitored during 2022-23 and the financial impact reported through the budget monitoring report.

2.14 COVID-19 – FINANCE MOBILISATION PLAN IMPACT

Summary of position

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 and 2021-22, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process will continue during 2022-23 with returns moving from quarterly to monthly. Covid funding of £13.321m was carried forward from 2021-22 for use in services delegated to the Partnership during 2022-23 and the costs outlined below will be met from this funding.

2.15 Mobilisation Plan and Funding Position

The quarter 1 mobilisation plan cost submission was submitted in July and estimated the costs to be £4.067m to March 2023. There was no change to these estimates in month 4 but the amount for payments to providers will need to increase in month 5. The costs remain estimates as the situation continually evolves and there will be a further update submitted after month 5.

The local finance mobilisation plan submission is included as Appendix E. The main areas of cost are summarised below:

Service Area	Initial Quarter 1 2022-23 Return £m	Month 4 2022-23 Return £m
Payments to Providers	1.100	1.100
PPE	0.418	0.418
Additional Staff	1.317	1.317
Loss of Income	0.246	0.246

Children & Families	0.957	0.957
Other Areas	0.029	0.029
TOTAL	4.067	4.067

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 - The Scottish Government ceased these payments at the end of October 2021 but exceptions were made following the Omicron outbreak and limited payments were made to eligible care homes. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.

Sustainability payments – the most recent guidance issued on 22nd June reduces the scope of what providers can claim for. The main costs that can be claimed relate to testing and vaccination and this is extended to 31st March 2023. The Social Care Staff Support Fund was also extended to 30th September 2022.

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

The breakdown of payments made in 2022-23 up to 31st July 2022 are shown in the tables below:

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	49	66
Number contacting NAC	16	11	27
Providers Supported to date	16	11	27

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	9	11	20
Value of Claims	303,243	238,382	541,625

SUPPORT PROVIDED	NCHC Care Homes	Other Services	TOTAL
	£	£	£
Occupancy Payments up to 31 st July 2022	81,650	-	81,650

Staffing	469,081	105,349	574,429
PPE, Infection Control	152,810	41,674	194,483
Other	65,323	4,167	69,489
TOTAL	768,863	151,189	920,052

2.17 RESERVES

The IJB reserves position is summarised in the table below with full detail given in Appendix F.

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 is above the lower target level of 2% and does demonstrate significant progress towards establishing a contingency reserve of between 2% and 4%.

£1.486m is held by the Council to support a further repayment of debt at the end of 2022-23 and this is not reflected in the financial projection. This position will continue into 2023-24 when it is anticipated that the debt will be cleared.

	General Fund Reserves		Earmarked Reserves			Total
	Debt to NAC	Free GF	SG Funding	Non-SG Funding £m	HSCP	
	£m	£m	£m	£m	£m	£m
Opening Balance - 1 April 2022	(2.321)	7.248	23.106	0.699	0.500	29.232

3. PROPOSALS

3.1 Anticipated Outcomes

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the Partnership can deliver services in 2022-23 from within the available resource, thereby limiting the financial risk to the funding partners.

The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.

3.2 Measuring Impact

Ongoing updates to the financial position will be reported to the IJB throughout 2022-23.

4.	IMPLICATIONS
Financial:	The financial implications are as outlined in the report. Against the full-year budget of £280.909m there is a projected underspend of £0.389m. The report outlines the main variances for individual services.
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>Para 2.13 highlights the financial risks.</p> <p>The report falls in line with the agreed risk appetite statement which is a low-risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a high-risk appetite in relation to finance and value for money.</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 report for the financial year 2022-23, the overall projected year-end underspend of £0.389m;</p> <p>(b) notes the progress with delivery of agreed savings;</p> <p>(c) notes the remaining financial risks for 2022-23;</p>

	(d) approves the budget reductions which are detailed at para 2.11.
--	---

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**

2022-23 Budget Monitoring Report–Objective Summary as at 31st July 2022

Appendix A

Partnership Budget - Objective Summary	2022/23 Budget									Over/ (Under) Spend Variance at Period 3 £'000	Movement in projected variance from Period 3 £'000
	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	64,698	63,560	(1,138)	16,471	16,852	381	81,169	80,412	(757)	(121)	(636)
: Locality Services	28,204	27,772	(432)	5,250	5,330	80	33,454	33,102	(352)	(342)	(10)
: Community Care Service Delivery	31,239	30,210	(1,029)	0	0	0	31,239	30,210	(1,029)	(207)	(822)
: Rehabilitation and Reablement	1,987	1,982	(5)	0	0	0	1,987	1,982	(5)	1	(6)
: Long Term Conditions	939	1,102	163	9,110	9,411	301	10,049	10,513	464	472	(8)
: Community Link Workers	182	183	1	0	0	0	182	183	1	0	1
: Integrated Island Services	2,147	2,311	164	2,111	2,111	0	4,258	4,422	164	(45)	209
MENTAL HEALTH SERVICES	31,295	32,021	726	56,449	56,449	0	87,744	88,470	726	1,850	(1,124)
: Learning Disabilities	21,759	22,876	1,117	482	482	0	22,241	23,358	1,117	1,116	1
: Community Mental Health	5,822	5,431	(391)	1,676	1,616	(60)	7,498	7,047	(451)	(372)	(79)
: Addictions	3,714	3,714	0	1,542	1,512	(30)	5,256	5,226	(30)	(30)	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	52,749	52,839	90	52,749	52,839	90	1,136	(1,046)
CHILDREN & JUSTICE SERVICES	32,467	34,370	1,903	4,024	4,024	0	36,491	38,394	1,903	1,448	455
: Irvine, Kilwinning and Three Towns	3,083	3,082	(1)	0	0	0	3,083	3,082	(1)	4	(5)
: Garnock Valley, North Coast and Arran	2,117	2,117	0	0	0	0	2,117	2,117	0	1	(1)
: Intervention Services	1,773	1,763	(10)	340	340	0	2,113	2,103	(10)	(6)	(4)
: Care Experienced Children & Young people	21,771	23,685	1,914	0	0	0	21,771	23,685	1,914	1,449	465
: Head of Service - Children & Families	1,195	1,195	0	0	0	0	1,195	1,195	0	0	0
: Justice Services	2,378	2,378	0	0	0	0	2,378	2,378	0	0	0
: Universal Early Years	150	150	0	3,249	3,249	0	3,399	3,399	0	0	0
: Lead Partnership NHS Children's Services	0	0	0	435	435	0	435	435	0	0	0
CHIEF SOCIAL WORK OFFICER	2,584	1,884	(700)	0	0	0	2,584	1,884	(700)	(735)	35
PRIMARY CARE	0	0	0	49,530	49,530	0	49,530	49,530	0	0	0
ALLIED HEALTH PROFESSIONALS			0	8,900	8,776	(124)	8,900	8,776	(124)	(73)	(51)
COVID NHS	0	0	0	528	528	0	528	528	0	0	0
MANAGEMENT AND SUPPORT COSTS	11,134	9,682	(1,452)	2,829	3,061	232	13,963	12,743	(1,220)	(1,664)	444
OUTTURN ON A MANAGED BASIS	142,178	141,517	(661)	138,731	139,220	489	280,909	280,737	(172)	705	(877)
Return Hosted Over/Underspends East	0	0	0	0	(29)	(29)	0	(29)	(29)	(368)	339
Return Hosted Over/Underspends South	0	0	0	0	(28)	(28)	0	(28)	(28)	(350)	322
Receive Hosted Over/Underspends South	0	0	0	0	63	63	0	63	63	63	0
Receive Hosted Over/Underspends East	0	0	0	0	(223)	(223)	0	(223)	(223)	0	(223)
OUTTURN ON AN IJB BASIS	142,178	141,517	(661)	138,731	139,003	272	280,909	280,520	(389)	50	(439)

2022-23 Transformation Plan

Appendix B

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 3 £	Projected Saving	Projected Shortfall 21/22 £
Children, Families and Justice Services									
SP/HSCP/20/1	Children and Young People - External Residential Placements	Monitor and review all placements with a view to reducing the overspend.	Red	Saving			-	-	
SP/HSCP/20/4	Adoption Allowances	Monitor Adoption Allowances. With a view to reduce the overspend	Red	Saving	59,535		-	59,535	
SP/HSCP/20/19	Fostering - reduce external placements.	Monitor Fostering Placements with a view to reduce the overspend	Red	Saving			-	-	
	Transport review	Review of costs relating to taxi utilisation and implementation of new electronic form. Aim to reduce transport budget in council. Links in with David Hammonds Transformation Project.	Red	Saving					
	Grow internal fostering capacity	Review capacity of existing foster carers with a view of increasing existing capacity	Amber	Cost neutral					
NACSTA4030	Fostering Short Breaks	Develop an inhouse short break service to replace the commissioned service provided by Cornerstone.	Amber	Saving			-	-	-
Mental Health and LD									
	Transformation of CAMHS - CAMHS Specification	CAMHS have reviewed and updated referral guidance to align with the CAMHS National Specification. Some risks identified in order to facilitate the continued changes are accommodation, and recruitment of clinical staff.	Amber	Investment		1,091,463			
	Transformation of CAMHS - CAMHS Age 25	CAMHS are developing specific pathways to provide care and support up to the age of 25 where appropriate e.g. Eating Disorders, Neuro, Personality Disorders, Early Psychosis.	Amber	Investment		623,402			
	Transformation of CAMHS - CAMHS Waiting List	Two external providers have been procured to support Neuro waiting for assessment (Purple House	Amber	Investment		311,701			

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 4 £	Projected Saving	Projected Shortfall 21/22 £
	Transformation of CAMHS - CAMHS Psyc Waiting List	Clinical Director & Senior Manager agreed plan in order to reduce access to Psychiatry. In addition to this, 3 non-medical prescribers have been trained and are prescribing for ADHD clinics.	Amber	Investment		366,707			
	Transformation of CAMHS - Out of Hours Unscheduled Care	Recruitment and implementation of a new service to provide support to children and young people on an unscheduled basis. CAMHS are being commissioned by Paediatrics to deliver this service via Scottish Government funds.	Amber	Investment		86,294			
	Transformation of CAMHS - CAMHS Intensive Home Treatment	Recruitment is ongoing. Accommodation required to house team together. Ongoing development of policies and procedures for team in alignment with partners agencies	Amber	Investment		14,752			
	Transformation of CAMHS - CAMHS Liaison		Amber	Investment		129,073			
	Primary Care Mental Health investment	Creation of a business case to deliver Mental Health to Primary Care over the next 4 years. Allocation of funds will be incrementally increased over the duration of the next four years. North leading for Ayrshire.	Green	Investment		261,159			
	Continued review of models of care at Woodland View	A particular focus on rehabilitation models of care for MH building on learning from Warrix Avenue. Development of a business case for ARBD is also underway. A test of change for ward 7B will be reported through this workstream.	Amber						
	Implementation of MAT standards	Programme of work to set up the systems required to report on Medical Assisted Treatment standards for Addictions. The programme will be run on a pan ayrshire basis led by North. The national direction was for this to be led by Public Health but they have not started any recruitment so North will take forward in the meantime.	Green	Investment					
	Complex Care Model - Independent living change fund	Recruit the Intensive Support Team agreed through this fund and monitor progress of assessments of out of area placements. A dynamic register should be developed and maintained which will feed into national data.	Amber	Investment		513,000			
	ACORN business model	Mental Health Rehabilitation service needing help to transition to a social enterprise. Now incorporated within Caring for Ayrshire.	Red	Saving	-		-	-	-
	Implementation of Trakcare Patient Management System in Community Services	Implementation of new information recording system for NHS to report on 18 weeks RTT. This will include development of new processes and transfer of data from current system to the new one. This will allow for better recording of clinical activity and inform future DCAQ work. Adult community mental health will go live first followed by other community teams currently utilising Access databases. A Pan	Green	Cost neutral					
	Implementation of Unscheduled Care	Part of the national redesign of urgent care work. The aim of the mental health project is to deliver an integrated system to support mental health and wellbeing by utilising existing mental health services and enhancing their pathways for unscheduled	Green	Investment					

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 4 £	Projected Saving	Projected Shortfall 21/22 £
Health and Community Care									
	TEC Solutions	To appoint a temporary 'Project Manager' post, who will oversee the procurement and installation of	Green	Investment		50,000		-	-
	Analogue to Digital	Funding received for a Project Manager to manage the process of moving all services users from analogue to digital technology.	Amber	Investment		996,000			
SP/HSCP/20/17	Care at Home - Service Review	This project will incorporate the review of the care at home job role and any implications for service as a	Amber	Investment				-	-
	Hospital Team Model		Green						
	Arran Integrated Services model	Continue to work towards an Integrated Hub on Arran building on the frailty work and developing a single point of contact for all health and social care services. It is anticipated there will be a substantial amount of investment required and a business case will be developed.	Green						
	Primary Care Investment Fund	Remodel how we deliver primary care locally, ensuring that multi-disciplinary teams are available in each medical practice across North Ayrshire. This will help ensure that when needed local people will get the right care and support they need	Green	Investment					
	HSCP MDT - Community Health & Care	Implement HSCP MDTs across each of the localities to support GP practices and HSCP service coordinate care for those with the most complex needs. This approach will replace Older People Local Operational Teams.'							
	Develop Care at Home - Minimum data set	Scope all current recording processes for data and look to consolidate a dataset that can be used for all reporting needs.		Cost neutral					
	AHP Whole System redesign	exercise; to better understand the distribution and contribution of AHPs in health and care in North Ayrshire, to support future workforce planning that maximises this contribution for the benefit of the people of North	Amber						
	Interim Beds	To utilise a one-off lump sum, provided by the Scottish Government, to provide interim beds, for a maximum of 6 weeks, for clients who will have an onward move to permanent care.	Green						

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 4 £	Projected Saving	Projected Shortfall 21/22 £
Partnership Wide									
	Supported acc models - NAC housing/ Sleepover/ outreach model	Continue working with third sector providers to implement supported accommodation models in the	Green	Saving				-	-
	SDS Review	Engage with all stakeholders to look at how we encourage a more innovative and person centred approach to SDS. Implement an SDS Review Learning Board to help progress.							
	Carers Review	Develop a resource release model for allocation of funds for carers as well as implement a short break service.	Amber	Saving			-	-	-
	Adult Complex Care Model - Call Monitoring	Review of call monitoring system for provision of adult community supports. This will include evaluation of current provision and development of a specification for future tender as the current contract is due to expire.							
	Implementation of Eclipse information system	Implementation of new information recording system for social care to replace Care First. This will include development of new protocols and transfer of data from current system to the new one.							
	Money matters and GP Practice Welfare Rights service	Facilitate the introduction of a money advise service available within GP practices.		Investment		78,000			
	Payroll Turnover Inflation	Monitor slippage through staff turnover with a view to meeting the savings target.		Saving	301,201		301,201	-	-
	Business Support Review (linked to Care at home review)	Scope and review the remit of the business support unit and how it could be adapted to the benefit of all HSCP teams.							
	North Elderly Mental Health inpatients (lead partnership)	Agree the spend going forward for the recurring savings achieved through bed retraction from Ailsa.		Saving	321,000		321,000	-	-
	HSCP Challenge Fund - invest to save	Monitoring of all projects approved through the Challenge Fund with a focus on invest to save ideas.							
	Transitions	Improve transition pathways from Childrens to Adult services as well as into older adults in order to improve outcomes for service users.							
	Caring for Ayrshire	The focus for Caring for Ayrshire is to bring a greater proportion of health provision into local communities. The Caring for Ayrshire work will ensure local GP practices are fit for purpose and have the capacity to host multi-disciplinary teams and meet local health and care needs.		Investment					
	Advocacy Strategy	Refresh of Advocacy strategy with a view to incorporating both adult and childrens services.		Cost neutral					

2022-23 Savings Tracker

Appendix C

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 4	Saving Delivered @ Month 4 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
1	Adoption Allowances	Amber	0.060	Amber	-	0.060	-	Currently projecting an overspend.
TOTAL SOCIAL CARE SAVINGS			0.060		0.000	0.060	0.000	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 4	Saving Delivered @ Month 4 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
2	Payroll Turnover Inflation	Green	0.302	Blue	0.302		-	Achieved
3	Elderly Mental Health inpatients (lead partnership)	Green	0.321	Blue	0.321	-	-	Achieved
TOTAL HEALTH SAVINGS			0.623		0.623	0.000	0.000	
TOTAL NORTH HSCP SAVINGS			0.683		0.623	0.060	0.000	

2022-23 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			116.017
Base budget adjustments	1		(0.046)
Uploaded Budget			115.971
Resource Transfer	1	P	26.228
Software Licences transfer to IT	3	P	(0.002)
Montrose Cleaning Post to Facilities Management	3	P	(0.014)
Software Licences transfer to IT	4	P	(0.003)
Roundings			(0.002)
Budget Reported at Month 4			142.178

HEALTH	Period	Permanent or Temporary	£'m
Initial Approved Budget			163.988
Resource Transfer			(26.228)
Month 10-12 Adjustments			22.401
Adjust for Non-recurring funding			(22.408)
Full Year effect of Part Year Reductions			0.128
REVISED 22-23 BUDGET			137.881
Training Grade Adj - April	1	P	(0.064)
Vire No 2 - East to North CAMHS Admin	1	P	0.099
Band 2-4 SG Funding reduction	1	P	(0.007)
AHP Clinical Admin Budget Transfer	2	P	0.048
Dean Funding to Partnerships	2	P	0.085
Prescribing Uplift	2	P	1.631
Prescribing Cres	2	P	(0.715)
Prescribing out non schedule 5	2	P	(0.429)
Scottish Huntingtons Post	3	P	0.014
Daldorch Income Shortfall	3	P	0.045
Community Store Contributions	3	P	(0.006)
Iona/Lewis Patient to South	3	T	(0.046)
Marie Curie contract uplift	3	P	(0.004)
Trakcare/Huntingtons/ Daldorch	3	P	0.086
Staff Wellbeing Posts from OH&RD	4	P	0.193
Top Slicing Posts- Prescribing	4	P	(0.071)
Admin Post transferred to Medical Records	4	T	(0.034)
Naloxone for Police Scotland	4	T	0.026
Roundings	4		(0.001)
Budget Reported at Month 4			138.731

COMBINED BUDGET MONTH 4	280.909
--------------------------------	----------------

Mobilisation Submission – Month 4

Covid-19 Costs - HSCP - All														
Workstream Mapping	£000s	April	May	June	July	August	September	October	November	December	January	February	March	2022-23 Revenue Total
1. Public Health	Scale up of Public Health Measures	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Vaccinations	Flu Vaccination & Covid-19 Vaccination (FVCV)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Workforce and Capacity	Additional Community Hospital Bed Capacity	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Workforce and Capacity	Additional Staff Costs (Contracted staff)	36	50	65	179	105	105	105	105	105	105	105	31	1,096
3. Workforce and Capacity	Additional Staff Costs (Non-contracted staff)	51	49	47	0	0	0	0	0	0	0	0	0	147
4. PPE, Equipment and IPC	Additional Equipment and Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
4. PPE, Equipment and IPC	Additional Infection Prevention and Control Costs	0	0	0	0	0	0	0	0	0	0	0	0	0
4. PPE, Equipment and IPC	Additional PPE	27	27	27	38	38	38	38	38	37	37	37	37	418
4. PPE, Equipment and IPC	PPE Hub Running Costs	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Additional Capacity in Community	9	9	10	0	0	0	0	0	0	0	0	0	28
5. Social Care and Community Capacity	Additional Care Home Placements	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Adult Social Care	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Children and Family Services	79	79	79	80	80	80	80	80	80	80	80	80	957
5. Social Care and Community Capacity	Homelessness and Criminal Justice Services	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Reducing Delayed Discharge	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Covid-19 Financial Support for Adult Social Care Providers	178	178	178	188	188	189	0	0	0	0	0	0	1,100
5. Social Care and Community Capacity	Social Care Support Fund Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Chief Social Work Officer	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Primary Care	Additional FHS Contractor Costs	13	13	13	12	12	12	0	0	0	0	0	0	75
6. Primary Care	Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Digital & IT costs	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Loss of Income	41	41	41	41	41	41	0	0	0	0	0	0	246
7. Miscellaneous	Other	(0)	0	(0)	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Payments to Third Parties	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Staff Wellbeing	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Patient Transport	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Covid Costs - HSCP - All		434	447	460	538	464	465	223	223	222	222	222	148	4,067

Reserves Position in Detail

Earmarked Funds	
: Alcohol & Drug Partnership	890
: Mental Health Action 15	511
: Primary Care Improvement Fund	1,856
: 21-22 Budget Gap	0
: Challenge Fund	500
: Community Living Change Fund	513
: Covid19 Funding	13,321
: Neighbourhood Networks	145
: Mental Health Officer Development Grant	41
: NAC Recovery and Renewal – Mental Health Element	71
: Joint Equipment	5
: Nethermaines Adaptations	40
: Supported Accommodation	50
: Care at Home Capacity	1,192
: Interim Care	1,046
: Trauma Training	50
: Trauma Trainer	48
: Family Wellbeing Fund	106
: Perinatal MH Nurse	65
: Unaccompanied Asylum-Seeking Children	11
: Multi-Disciplinary Teams	644
: Health Care Support Workers	144
: MH Recovery and Renewal	2,057
: Medical photography	4
: Data Sims	28
: School Nursing	56
: Buvidal	109
: AHP Winter Funding	51
: Perinatal and Infant Mental Health	86
: Cossette Funding	18
: Replacement Mattress Programme	78
: 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	24,305
Outstanding Debt	(2,321)
Unallocated General Fund	7,248
General Fund	29,232

Integration Joint Board 22nd September 2022

Subject :	Reserves Policy
Purpose :	To approve the updated partnership reserves policy
Recommendation :	The IJB is asked to approve the updated reserves policy.

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	

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

1.	EXECUTIVE SUMMARY
1.1	The partnership's Reserves Policy outlines the statutory and regulatory framework for reserves and the operation of reserves.
2.	BACKGROUND
2.1	The current reserves policy was approved in 2019 and is due for review.
2.2	<p>The purpose of a reserves policy is to:</p> <ul style="list-style-type: none"> • outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves; • identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves; • indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed; and • set out arrangements relating to the creation, amendment and use of reserves and balances.

3.	PROPOSALS
3.1	The IJB Reserves Policy has been reviewed and there are no planned changes to the policy.
3.2	<u>Anticipated Outcomes</u>
	Improved governance and clarity around the operation of reserves.
3.3	<u>Measuring Impact</u>
	The level of reserves will be considered as part of the budget setting process each year and be formally approved by the IJB.
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> The report falls in line with the agreed risk appetite statement which is a low -risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties.
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None
5.	CONSULTATION
	There was no consultation undertaken.

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

Appendices

- Appendix A, Reserves Policy



North Ayrshire Integration Joint Board

Reserves Policy

Date Effective: October 2022
Review Date: September 2025

1. Background

- 1.1 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the North Ayrshire IJB has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the IJB.
- 1.2 The purpose of a reserve policy is to:
- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
 - identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
 - indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed; and
 - set out arrangements relating to the creation, amendment and use of reserves and balances.
- 1.3 In common with local authorities, the IJB can have reserves within a usable category.

2. Statutory/Regulatory Framework for Reserves

Usable Reserves

- 2.1 Local Government bodies - which includes the IJB for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve

Powers

General Fund

Local Government Scotland Act 1973

- 2.2 For each reserve there should be a clear protocol setting out:
- the reason / purpose of the reserve;
 - how and when the reserve can be used;
 - procedures for the reserves management and control; and
 - the review timescale to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- as a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
 - future use of funds for a specific purpose, as agreed by the IJB; or
 - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

3.3 The Integration Scheme outlines that where there is an underspend in the operational budget that this can either fund additional capacity in-year or be carried forward to fund capacity in future years. Any final underspend in the operational budget in-year will be credited to IJB General Fund reserve.

4. Role of the Chief Finance Officer

4.1 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold (the prudential target). The IJB, based on this advice, should then approve the appropriate reserves strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.

- 5.2 In determining the prudential target, the Chief Finance Officer should consider the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Finance Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.
- 5.3 In light of the size and scale of the IJB's responsibilities, over the medium term it is proposed to hold a prudent level of general reserves. This value of reserves must be reviewed annually as part of the IJB Budget and Strategic Plan; and in light of the financial environment at that time. Where it is assessed that the financial environment at the time of setting the budget does not support a prudent level of reserves to be held this should be reported to the IJB together with an aspirational reserves position. The level of other earmarked funds will be established as part of the annual financial accounting process.
- 5.4 The Integration Scheme states that where there is an overspend in the operational budget the Parties will consider making interim funds available to the IJB. Where funds are not provided and the IJB has insufficient General Fund reserves the IJB may report a negative reserves position on the Balance Sheet. This position must be addressed with a plan agreed between the IJB and the Parties in relation to future plans to address the negative reserves position.

6. Reporting Framework

- 6.1 The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 6.2 The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.
- 6.3 As part of the budget report the Chief Finance Officer should state:
- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
 - the adequacy of general reserves in light of the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
 - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
 - if the reserves held are under the prudential target, that the IJB should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

- 7.1 Expenditure should not be charged directly to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

Integration Joint Board 22 September 2022

Subject :	North Ayrshire Health and Social Care Partnership and Alcohol and Drug Partnership Implementing Medication Assisted Treatment – update report and Improvement Plan
Purpose :	To present information on the implementation of new Medication Assisted Treatment (MAT) Standards and endorse the North Ayrshire MAT Improvement Plan.
Recommendation :	IJB are asked to endorse the MAT Improvement Plan and note the obligations placed on Chief Officers and Chief Executives in relation to governance and accountability.

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ADP	Alcohol and Drug Partnership
MAT	Medication Assisted Treatment
DRD	Drug Related Death
MIST	MAT Implementation Support Team

1.	EXECUTIVE SUMMARY
1.1	To present a report on the implementation of new MAT Standards for management and assurance purposes and to provide information on the requirement of a new North Ayrshire MAT Improvement Plan which is to be personally signed off by the end of September 2022 by Chief Officers and Chief Executives
2.	BACKGROUND
2.1	The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services.

2.2	The accompanying report (Appendix 1 - 'MAT annual summary report 2021 to 2022') provides information from April 2021 to March 2022 on the implementation and progress on initiating MAT delivery in North Ayrshire.
2.3	Appendix 2 provides detail of the RAG status for each of MAT Standards 1-5 for each ADP area (the RAG status for Standards 6-10 are due to be re-assessed in October 2022). NHS Ayrshire and Arran are well placed in terms of progress.
3.	PROPOSALS
3.1	<p>IJB are asked to note the information included in the accompanying report in relation to:</p> <ul style="list-style-type: none"> • The processes involved in the introduction of MAT delivery; • The Test of Change process and the positive impact of this • The improvement in access times to commencing treatment that supports an individual's recovery; • Data on MAT delivery; • Client experience and case studies • Staff experience
3.2	IJB are also asked to endorse the local MAT Improvement Plan (contained in Appendix 3). This Improvement Plan has been developed with the support of partner services and people with lived and living experience.
3.3	<p>In addition, IJB are asked to note the obligations contained within recent correspondence from the Minister for Drugs Policy (Appendix 4) – namely:</p> <p><i>'Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:</i></p> <ol style="list-style-type: none"> <i>a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published <u>Improvement Plans</u> for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;</i> <i>b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;</i>
	<ol style="list-style-type: none"> <i>c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;</i> <i>d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);</i>

	<p>e) <i>Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;</i></p> <p>f) <i>Should any quarterly report identify the need for intervention, that this is acted on immediately ‘.</i></p>
3.4	The implementation of the MAT Standards is part of a wider range of interventions with the desired outcome of preventing Drug Related Deaths (DRD) and offering more timely and appropriate treatment to support an individual's recovery.
3.5	These Standards are now part of a continuous implementation, review, monitoring and improvement cycle delivered by local services whilst being supported by the national MIST in line with Scottish Government priorities in relation to the prevention of DRD's.
3.6	The Improvement Plan will guide services to ensure that MAT standards 1 to 5 are fully implemented by April 2023 and that Standards 6 to 10 are, at least, partially embedded by April 2023.
3.7	<u>Anticipated Outcomes</u>
	The implementation of the MAT Standards is part of a wider range of interventions with the desired outcome of preventing Drug Related Deaths (DRD) and offering more timely and appropriate treatment to support an individual's recovery.
3.8	<u>Measuring Impact</u>
	<p>These Standards are now part of a continuous implementation, review, monitoring and improvement cycle delivered by local services whilst being supported by the national MAT Implementation Support Team (MIST) in line with Scottish Government priorities in relation to the prevention of DRD's.</p> <p>The agreed Improvement Plan will guide services to ensure that MAT standards 1 to 5 are fully implemented by April 2023 and that Standards 6 to 10 are, at least, partially embedded by April 2023</p>
4.	IMPLICATIONS
4.1	<p><u>Financial</u></p> <p>Additional funding to support the initial implementation of MAT delivery was sought and approved from both the ADP and the Scottish Government (however, this funding was only formally confirmed in July 2022).</p> <p>Further funding will require to be identified in order to support the implementation of the new Improvement Plan especially in relation to MAT standard 7 which relates to primary care. Funding proposals will be developed and submitted, in the first instance, to the national MAT implementation support team (MIST) and the local ADP.</p>

4.2	<u>Human Resources</u> None.
4.3	<u>Legal</u> Detailed within the correspondence from the Minister for Drugs Policy, although not detailing a legal requirement, there is reference to a clear expectation that actions will be taken and oversight arrangements are put in place in local area.
4.4	<u>Equality/Socio-Economic</u> The full implementation of the MAT Standards will have a direct positive impact on some of the most vulnerable members of society
4.5	<u>Risk</u> Staff recruitment continues to be an issue and the availability of premises in locality areas to undertake the full range of MAT interventions.
4.6	<u>Community Wealth Building</u> None.
4.7	<u>Key Priorities</u> The implementation of these Standards is a key Scottish Government priority to support the delivery of local strategic and operational plans across statutory and partner services and support wider actions to prevent DRDs in line with the National Mission.
5.	CONSULTATION
	Staff and service users from across various services and people with lived and living experience have contributed to the production of this report, and MAT Improvement Plan.

Director – Caroline Cameron

For more information please contact Thelma Bowers, Head of Mental Health on [01294 317763 or thelmabowers@north-ayrshire.gov.uk]

Appendices

- Appendix 1 - MAT annual summary report 2021 to 2022
- Appendix 2 - RAG Status - for MAT standards 1 to 5 - July 2022
- Appendix 3 - North Ayrshire MAT Implementation Plan finalised draft - for endorsement & approval 080922
- Appendix 4 - Correspondence from Minister for Drugs Policy - MAT requirements and accountability 2022

IMPLEMENTING MEDICATION ASSISTED TREATMENT (MAT)



NORTH AYRSHIRE DRUG AND ALCOHOL RECOVERY SERVICE (NADARS) Reporting period: 1st April 2021 - 31st March 2022

Quality issue: The numbers of drug related deaths in Scotland continue to increase. In 2020, there were 1,339 drug related deaths, which is the largest number ever recorded and an increase on the previous year. Ayrshire and Arran have the second highest death rate per 100,000 population. Evidence suggests quick access to treatment is crucial and being in treatment can be a protective factor for majority of individuals. The Scottish Drug Deaths Taskforce (SDDTF) has prioritised the introduction of the MAT standards to help reduce the number of drug related deaths. There is evidence that rapid access to MAT meets the needs of highly vulnerable groups and reduces mortality.

Aim: To have no barriers to accessing treatment and care that supports an individual's recovery. This project focussed specifically on improving access to appropriate Medication Assisted Treatment (MAT) in order to prevent deaths, reduce harms and promote recovery opportunities.

Tests of change

Cycle 1: Implement and Test the MAT clinic pathway on a Monday and a Thursday in one locality (Three Towns).

Cycle 2: Secure funding to recruit staff to support the implementation of the full model.

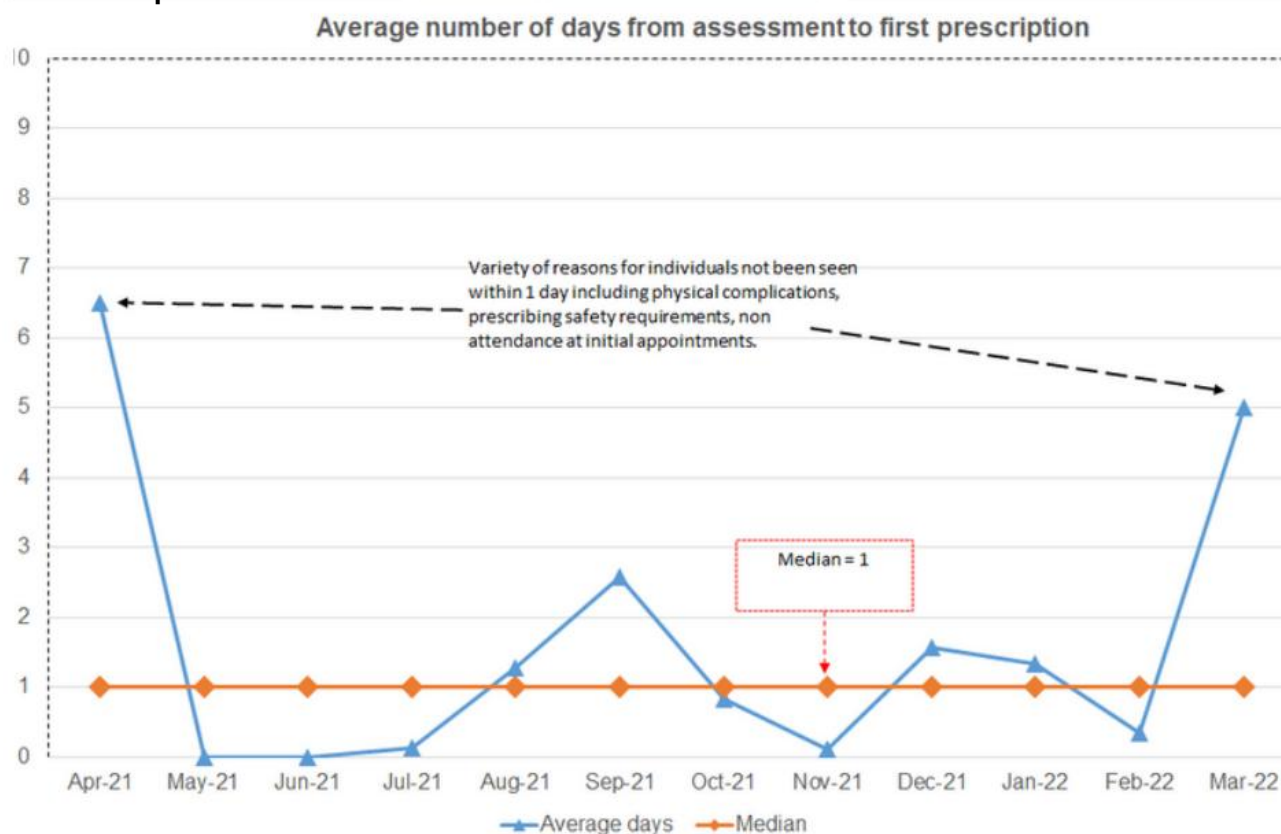
Cycle 3: Refine project charter to facilitate full model
(in progress and now upscaling towards full model)

Cycle 4: Expand service to 5 days per week across all of North Ayrshire.

Effects of change:

- Improvement in the waiting time from point of referral to commencement of appropriate Opiate Substitution Therapy medication - average time from assessment to prescribed medication reduced from 21 days to 1 day (from pilot period to current date).
- Improvement in satisfaction and experience of clients.
- All individuals received a mental health assessment and support as required.
- All individuals were offered Blood Borne Virus (BBV) testing, Harm Reduction interventions, physical health assessment and referred on for further support where required.
- All individuals had the opportunity to access Recovery Development Worker's with lived experience to provide person centred recovery support.
- All individuals had the opportunity of family involvement.
- All individuals were offered housing, advocacy support and were referred for social care support where appropriate.
- There were no unplanned discharges within the reporting period.

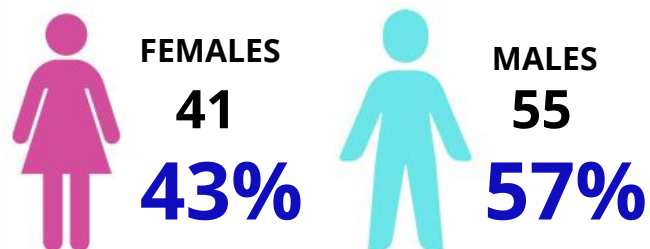
Measurement of improvement



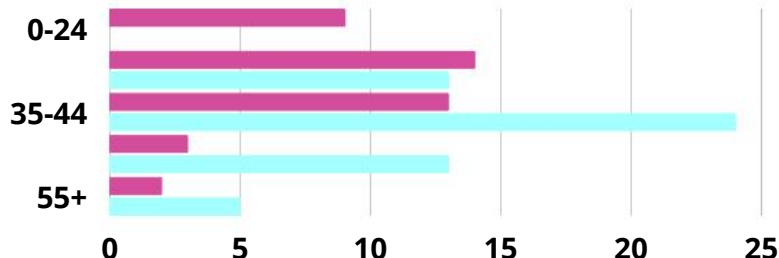
IMPLEMENTING MEDICATION ASSISTED TREATMENT (MAT)

NORTH AYRSHIRE DRUG AND ALCOHOL RECOVERY SERVICE (NADARS)
Annual summary: 1st April 2021 - 31st March 2022

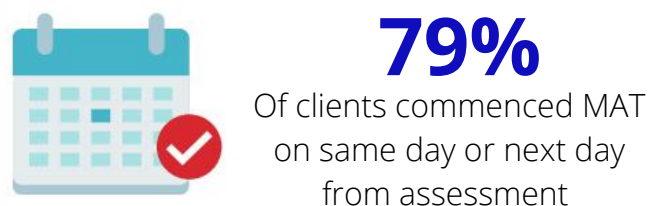
REFERRALS BY GENDER



REFERRALS BY GENDER AND AGE GROUP



COMMENCED MAT SAME DAY/NEXT DAY (where clinically appropriate and safe)



96 clients chose this pathway of support. Following assessment 80 agreed to commence.

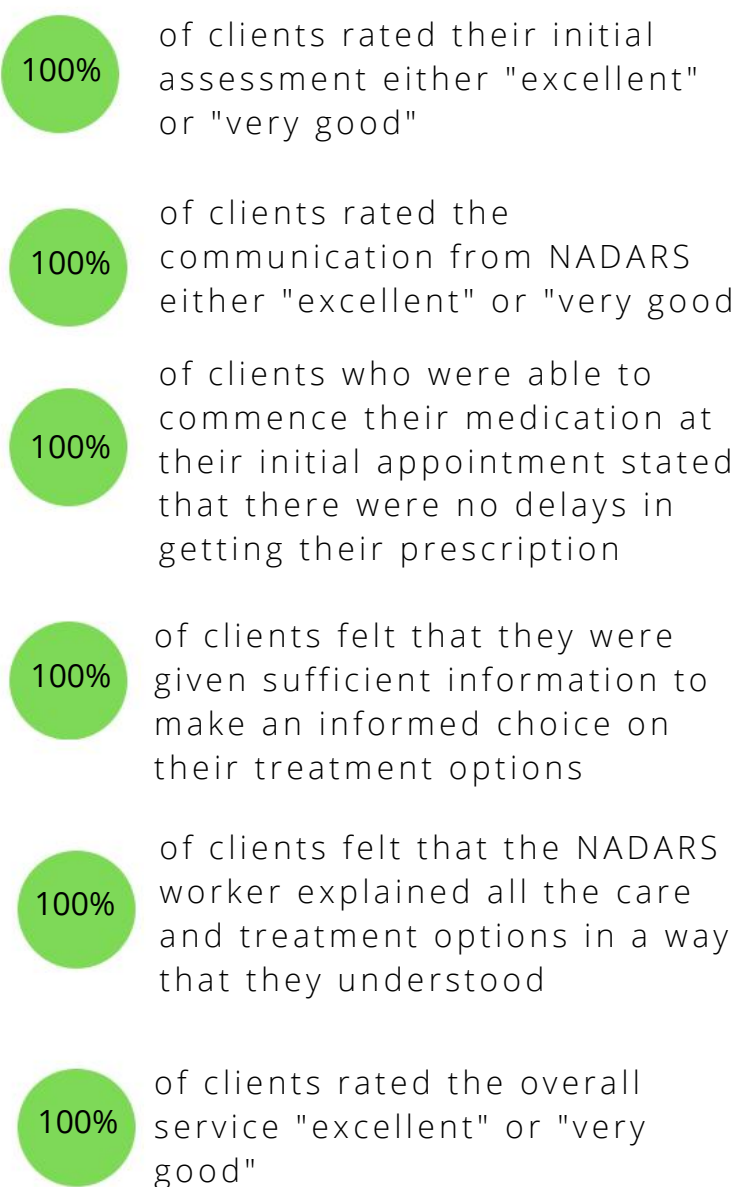
Reasons for not commencing the pathway were:

- client changed their mind
- client went to prison
- not ready to commence MAT but continued to receive support from the wider service.

OPIOID SUBSTITUTION MEDICATIONS PRESCRIBED FOLLOWING ASSESSMENT



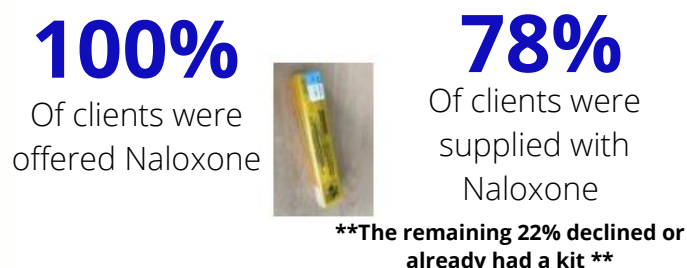
CLIENT EXPERIENCE



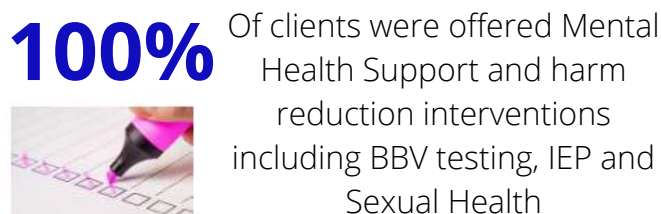
INDIVIDUALS IDENTIFIED AS HIGHER RISK *



NALOXONE AND OVERDOSE AWARENESS



INTERVENTIONS OFFERED AT POINT OF MAT DELIVERY



CASE STUDIES

Case study 1

A 38 year old female was referred to NADARS in October and assessed via the MAT pathway. The client wished to be commenced on OST to allow her to gain stability from illicit heroin use. The client was commenced on Espranor. Since being commenced on OST, the client has had two significant lapses, however, with support from her key worker, has been able to identify triggers and worked on functional alternatives to drug use, to enable stability and reduce the risk of further lapses in the future. The client has now been abstinent from all illicit substances since December 2021. She has been able to recognise the marked improvement in her mental health since becoming abstinent and is using this as motivation to continue. The client is now attending many different community recovery groups and is linked in with the Recovery Development Workers for extra support. In the long term, the client is hopeful that by maintaining stability, this will allow her to have more contact with her child.

Case study 2

Service information

Client referred into NADARS 27/05/2021. Assessed on 31/05/2021 and ORT prescription was commenced on 01/06/2021. Client was seen at least weekly and had regular telephone support in between face to face appointments. Client was offered interventions from NADARS Health Addiction Nurses for specialist input and BBV testing. Client was transferred from MAT Clinic into regular locality for allocation of new keyworker.

Client Feedback

It was really fast getting put onto a prescription at first which was so much better than having to wait for weeks. I got lots of support with my workers and appointments. It made things easier to reduce my heroin use. I did well for first few weeks but started injecting again and taking other drugs around 2 months into treatment. I was linked in with the peers and this helped by going to meetings and having regular keyworker support. I have now been stable on my prescription for a long time and I feel in control of my recovery. My worker is supportive and my dispensing has been reduced and this helps me with my mobility. I am in a new relationship now and my partner is supportive of my recovery. I no longer attend the group meetings but I have rebuilt my relationships with my family and I want to continue to remain stable and look at reductions to my prescribed medication in the next few weeks.

Case study 3

23 year old female referred by NADARS social care addictions worker on 28/09/21 and appointment accepted via NADARS MAT (Medication Assisted Treatment) clinic on 30/09/21, for rapid access to OST (Opiate Substitution Therapy). Client reported history of alcohol and illicit substance use including; heroin, benzodiazepines, cocaine and pregabalin. Previously admitted to ward 5, Woodland View for inpatient detox in April 2021; however, had taken early self-discharge. Not previously engaged with OST. Client's goal to regain abstinence from all substances and alcohol. Wishing to achieve this via OST, preference for espranor, and engaging with support.

Client was assessed by the staff nurse and consultant psychiatrist as planned on 30/09/21. Reported to have been snorting heroin sporadically over the last year and in recent months had increased to once or twice week. However, over the last few weeks this had increased further to around 2 bags daily and change of route to smoking. Also reported use of illicitly diverted prescription grade espranor, being used nasally. Further reported significant but unspecified amounts of street tablet use, as well as crack cocaine use. Current supports in place via criminal justice, SHINE, Housing First and Money Matters. Significant offending behaviour and complex mental health issues.

Client was commenced on a 5 day methadone prescription (30ml daily supervised) with plan for transition to espranor medication. Client then opted to remain on methadone prescription rather than transferring to espranor. Client engaged with MAT clinic appointments for a 6 week period prior to her care being transferred to a key worker within the wider team. Client is now abstinent from illicit substances and engaging with supports.

Staff experience of MAT standards

Feedback was received from a small staff group, who were more specifically involved in the MAT Test of Change.

100%

of staff rated their current knowledge and understanding of the MAT standards as "excellent" or "very good"



of staff felt supported to gain the knowledge, skills and confidence to implement the standards.

100%

Response:

- MAT is a vast improvement with regards to waiting times to be seen and receive prescribed medication.
- I have only received positive feedback from prescriber and client on this new MAT model.

positive feedback was received from clients on the new MAT model



Question: What is required in order for the MAT standards to be rolled out as a sustainable and consistent model?

Response:

- Staff buy in to complete systems and follow processes .
- Systems require to be fit for purpose for data recording.
- Buy in from staff.
- Good communication across the teams.
- Set guidance so all staff are aware of the process.
- Increased monitoring support for all clients

Response:

- Feedback received from other clients across North Ayrshire is that they would be prepared to travel to Caley Court if they could receive same day MAT intervention, however other clients would prefer to be seen in their own locality areas.

Question: Please state any further comments/suggested improvements you would like to make on the delivery of the MAT standards so far?



Next steps - There is currently an implementation plan in place to ensure full MAT delivery is extended across North Ayrshire by the end of the summer.

Table 1: Breakdown of implementation status (RAG score) by Health Board and ADP area for each of the standards 1–5

NHS Board	ADP area	MAT 1 evidence, April 2022	MAT 2 evidence, April 2022	MAT 3 evidence, April 2022	MAT 4 evidence, April 2022	MAT 5 evidence, April 2022
Ayrshire & Arran	East Ayrshire	Amber	Green	Green	Green	Green
Ayrshire & Arran	North Ayrshire	Amber	Green	Green	Green	Green
Ayrshire & Arran	South Ayrshire	Amber	Green	Green	Green	Green
Borders	Borders	Green	Green	Green	Green	Green
Dumfries & Galloway	Dumfries & Galloway	Amber	Amber	Green	Green	Amber
Fife	Fife	Amber	Amber	Amber	Amber	Amber
Forth Valley	Clackmannanshire, Stirling, Falkirk	Red	Amber	Amber	Amber	Amber
Grampian	Aberdeen	Red	Amber	Amber	Green	Green
Grampian	Aberdeenshire	Amber	Amber	Green	Green	Green
Grampian	Moray	Red	Amber	Red	Red	Amber
Greater Glasgow & Clyde	Glasgow	Amber	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	East Dunbartonshire	Red	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	East Renfrewshire	Amber	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	Inverclyde	Red	Red	Amber	Amber	Amber
Greater Glasgow & Clyde	Renfrewshire	Amber	Red	Amber	Green	Amber

NHS Board	ADP area	MAT 1 evidence, April 2022	MAT 2 evidence, April 2022	MAT 3 evidence, April 2022	MAT 4 evidence, April 2022	MAT 5 evidence, April 2022
Greater Glasgow & Clyde	West Dunbartonshire	Red	Amber	Amber	Amber	Amber
Highland	Argyll & Bute	Red	Red	Red	Amber	Amber
Highland	Highland	Red	Amber	Amber	Amber	Amber
Lanarkshire	North Lanarkshire	Red	Amber	Amber	Amber	Red
Lanarkshire	South Lanarkshire	Red	Amber	Amber	Amber	Amber
Lothian	Edinburgh	Amber	Amber	Amber	Amber	Amber
Lothian	Mid & East Lothian	Red	Amber	Amber	Amber	Amber
Lothian	West Lothian	Amber	Amber	Amber	Amber	Amber
Orkney	Orkney	Red	Amber	Amber	Amber	Red
Shetland	Shetland	Red	Amber	Red	Amber	Amber
Tayside	Angus	Red	Amber	Amber	Amber	Amber
Tayside	Dundee	Red	Amber	Amber	Amber	Amber
Tayside	Perth & Kinross	Red	Amber	Amber	Amber	Amber
Western Isles	Western Isles	Red	Amber	Amber	Amber	Amber

MAT STANDARDS IMPLEMENTATION PLAN

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

North Ayrshire

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

Name	Position/Job Title
Thelma Bowers	Head of Service – Mental Health Services, North Ayrshire H&SCP thelmabowers@north-ayrshire.gov.uk

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

- That, by the end of September, Chief Officers and Chief Executives personally signed timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August 2022
- The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience (it will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels)
- Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary
- That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);
- [Should any quarterly report identify the need for intervention, that this is acted on immediately]

This Plan has been signed off on behalf of the delivery partners by:

Name	Position	Delivery Partner	Date signed
Caroline Cameron	North Ayrshire Integration Authority (IA) - Chief Officer	North Ayrshire IA	
Craig Hatton	North Ayrshire Council (NAC) - Chief Executive	NAC	
Claire Burden	NHS Ayrshire & Arran (A&A) - Chief Executive	NHS A&A	
Billy Brotherston	North Ayrshire Alcohol & Drug Partnership (AD) - Chair	North Ayrshire ADP	

Implement further test of change for MAT standards 2, 3 and 8 in justice settings across Ayrshire and Arran and share learning.	
Actions/deliverables to implement standard 2, 3 and 8	Timescales to complete
Conduct a mapping of the MAT standards in Ayrshire and Arran justice settings (that link prison, police custody and the community) to identify current areas of good practice and improvement actions.	31 December 2022 (Martin Egan)
Await the outcome and learning from national developments taking place across HMP Perth and local developments with the East Ayrshire ADP in relation to police custody in order to improve MAT delivery in justice settings across Ayrshire & Arran.	31 December 2022 (Martin Egan)
Implement tests of change across justice settings with a particular focus on MAT standards 2, 3 and 8 and share learning	28 th February 2023 (Martin Egan)
Leads for justice settings engage with their local IM&T and data systems leads and Julie Wales (MAT data lead) to put in place numerical processes to report on MAT delivery in justice settings to MIST	28 th February 2023 (Martin Egan/Julie Wales)
Leads for justice settings engage with the ADP Experiential Leads to put in place processes to report on MAT experience in justice settings to MIST	28 th February 2023 (Martin Egan)

MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.
April 2022 RAG status AMBER (July 2022)		
Actions/deliverables to implement standard 1		Timescales to complete
Scale up the provision of accessible community based MAT delivery across the whole of North Ayrshire and Arran		31 st March 2023 (Lorna Wallace)
Continue to review and update the Standard Operating Procedure (SOP) for MAT (which will describe ‘treatment pathways’).		31 st March 2023 (Care Pathways Group)
To review and finalise the prescribing clinical guidelines into a consistent, coherent and accessible format, reflecting the MAT standards that enable practitioners, including non-medical prescribers, to safely initiate same day prescribing as clinically appropriate		31 st December 2022 (Alex Adam)
Engage with the Experiential Lead to utilise the feedback and experience gained from service user, family and staff interviews to ensure that that people, including their family member or nominated person(s), feel able to provide feedback on care planning and treatment, through informal or formal channels;		31 st December 2022 (Lorna Wallace/Rosemary White)
Engage with Leads of the CarePartner and CareFirst client recording systems to evidence that people are informed of independent advocacy and that their family member or nominated person(s) can be included from the start in care planning		31 st December 2022 (Graham Lindsay/Lorna Wallace)
Promote awareness of MAT and deliver training associated with MAT delivery		31 st December 2022 (Lorna Wallace)
Continue to support access to family and carer support across North Ayrshire & Arran.		31 st December 2022 (Rosemary White)
Continue to improve access to recovery groups and peer support across North Ayrshire & Arran.		31 st December 2022 (Rosemary White)

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.
April 2022 RAG status GREEN (July 2022)		
Actions/deliverables to implement standard 2		Timescales to complete
Scale up the provision of long-acting injectable buprenorphine to all clients receiving MAT who wish this medication		31 st March 2023 (Alex Adam)
Review and finalise the prescribing clinical guidelines that enable practitioners, including non-medical prescribers, to safely initiate same day prescribing as clinically appropriate;		31 st December 2022 (Alex Adam)
The Specialist Pharmacist in Substance Misuse will review the Home Office License to identify any gaps and actions. [Supply arrangements are fit for current needs but continue to be reviewed – with the option to adapt should needs change]		31st December 2022 (Alex Adam)

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.
April 2022 RAG status GREEN (July 2022)		
Actions/deliverables to implement standard 3		Timescales to complete
Finalise Non-Fatal Overdose pathways procedure with the Scottish Ambulance Service (SAS) and partners to ensure all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.		30 th September 2022 (Pan Ayrshire and SAS NFO steering group)

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.
April 2022 RAG status GREEN (July 2022)		They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.
Actions/deliverables to implement standard 4		Timescales to complete
Further develop (where possible) the full range of harm reduction interventions into every MAT related service user contact across the community.		31 st December 2022 (Lorna Wallace)
Expand training and support in identifying and assessing injection related wounds and complications to other NADARS staff members.		31 st December 2022 (Lorna Wallace)

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.
April 2022 RAG status GREEN (July 2022)		Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.
Actions/deliverables to implement standard 5		Timescales to complete
Continue to develop models to retain people in services for as long as they request by continued support of models of care creating further capacity and share the learning nationally		31 st March 2023 (Lorna Wallace)
Expand and enhance the primary care (GP and Pharmacist) element of the current Ayrshire and Arran (A&A) wide Opiate Replacement Therapy (ORT) prescribing and support model (shared with specialist treatment services) in order to meet MAT standard 7		To be fully implemented by 31st March 2024
NADARS staff to conduct assessments, initiation and review whilst working with other community agencies for ongoing recovery support		30 th September 2022 (Lorna Wallace)
Once full MAT staff recruitment is complete, the vision for North Ayrshire is to offer MAT as a minimum of 5 days a week (as per the standards) by November 2022 whilst expanding the availability and accessibility of MAT from the services current 'core hours' of 9am to 5pm Monday to Friday to: ➤ 5 days a week, Monday to Thursday 8.30am to 6pm & Friday 8.30am to 5pm		31st March 2023 (Lorna Wallace)

With regard to pharmacy-based maintenance clinics, a pilot of pharmacy-based MAT clinics within Grampian will provide valuable information regarding the development of this approach in Ayrshire and Arran. There will be ongoing engagement with Community Pharmacy Ayrshire and Arran (local group of CPS) and pharmacy NHS directorate on the subject.	31 st March 2023 (Alex Adam)
During the next internal NADARS service user experience survey, revise the questionnaire to include a specific question - "How can we reduce non-attendance at appointments?" Collate and reflect on the feedback and identify improvement actions	31 st December 2022 (Lorna Wallace/Denise Brown)
The current Pan Ayrshire 'Promoting Engagement in Addiction Services' SOP will be reviewed and updated to reflect the MAT standards.	31 st December 2022 (Care Pathways Group)

MAT Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.
April 2022 RAG status GREEN (at January 2022)		
Actions/deliverables to implement standard 6		Timescales to complete
Undertake Service Based Evaluation Project (SBEP) to measure pan-Ayrshire statutory Addiction Services against Standard 6.3a to inform evaluation / measurement of this criteria and identify any improvement action required.		31 st December 2022 (Laura Mitchell)
Develop a Workforce Development Plan for NADARS which is in line with the NES Transforming Psychological Trauma Knowledge and Skills Framework and LPASS report.		31 st March 2024 (Laura Mitchell)
Roll out training and workshops within NADARS to support psychologically informed service delivery (e.g. supporting bereaved individuals; psychological formulation).		31 st March 2024 (Laura Mitchell)
Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use. Enhance support and training for psychologically informed treatment and trauma-informed care.		31 st March 2024 (Laura Mitchell)
Support NADARS to develop and embed reflective practice sessions within their service.		31 st March 2024 (Laura Mitchell)
Embed trauma awareness training and psychologically informed training as part of NADARS induction processes.		31 st March 2024 (Laura Mitchell)
Support the development of policies and procedures that support the translation of skills acquired through training into practice across NADARS.		31 st March 2024 (Laura Mitchell)

MAT Standard 7	All people have the option of MAT shared with Primary Care.	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.
April 2022 RAG status RED (at January 2022)		
Actions/deliverables to implement standard 7		Timescales to complete
Expand and enhance the primary care (GP and Pharmacist) element of the current Ayrshire and Arran (A&A) wide Opiate Replacement Therapy (ORT) prescribing and support model (shared with specialist treatment services) in order to meet MAT standard 7		To be fully implemented by 31st March 2024
Identify the additional funding required for enhanced Primary Care (GP and Pharmacist) support within the current A&A ORT and enhanced MAT models of delivery and apply for funding via the MIST.		31 st October 2022
Once funding is secured – recruit to additional posts and offer enhanced MAT support		To be fully implemented by 31 st March 2024 (dependant on funding being approved)
Develop a national agreement for the delivery of MAT services through community pharmacy establishing the role of the community pharmacy workforce in patients' shared care wider clinical team – to include expansion of existing arrangements around patient treatment response monitoring, communication and information sharing, naloxone holding and supply and harm-reduction interventions.		To be fully implemented by 31 st March 2024 (dependant on national acceptance)
Implement pharmacy-based MAT clinics with a model of primary care administration of OST via the community pharmacy network. Engagement of independent contractors to be scoped and funding to be identified for intervention.		To be fully implemented by 31 st March 2024 (dependant on funding being approved)

Engage with national thematic groups and reflect on any learning and implement improvement actions, as identified, to enhance and expand our MAT interventions shared with Primary Care	Ongoing
Thereafter, identify other improvement actions over the next 5 years to further enhance delivery of MAT standard 7 by exploring options of supporting training, funding and support to be able to safely deliver MAT interventions across wider primary care settings	Current to 31 st March 2027

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.
April 2022 RAG status GREEN (at January 2022)		
Actions/deliverables to implement standard 8		Timescales to complete
Increase rights based advocacy support to people in treatment by commissioning dedicated advocacy input		30 th September 2022 (Rosemary White)
Bespoke training to be provided to Advocacy Services so that they have a good understanding of problematic drug use and recognised treatments		30 th September 2022 (Rosemary White)
Further discussions with REACH Advocacy to roll out training to NADARS and wider ADP commissioned services so they understand the role of independent rights-based advocacy		30 th September 2022 (Rosemary White)
Ensure that the ‘Advocacy’ elements as detailed with these MAT standards are submitted for consideration and inclusion in the new North Ayrshire H&SCP ‘ Independent Advocacy Strategic Plan’		30 th September 2022 (Peter McArthur)

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.
April 2022 RAG status GREEN (at January 2022)		
Actions/deliverables to implement standard 9		Timescales to complete
A steering group will be established to oversee the development and implementation		30 th September 2022
To finalise and agree a Care Pathway across Mental Health and Alcohol and Drug Services and to agree and implement a new Improvement Plan in relation to ‘Co-occurring drug use and Mental Health difficulties’		31 st March 2023

MAT Standard 10	All people receive trauma informed care.	<p>The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.</p> <p>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.</p>
April 2022 RAG status RED (at January 2022)		
Actions/deliverables to implement standard 10		Timescales to complete
Support NADARS to undertake baseline assessments of trauma-informed practice delivery across services, identifying and implementing improvement actions.		31 st March 2024 (Laura Mitchell)
Develop and deliver Tier 1/2 Trauma Informed / Skilled practice level training to relevant NADARS staff (including admin staff and managers).		31 st March 2024 (Laura Mitchell)
Deliver ongoing programme of Tier 3/Trauma Enhanced practice level Safety & Stabilisation training for appropriate NADARS staff.		31 st March 2024 (Laura Mitchell)
Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use. Enhance support and training for psychologically informed treatment and trauma-informed care.		31 st March 2024 (Laura Mitchell)
Support NADARS to develop and embed reflective practice sessions within their organisation.		31 st March 2024 (Laura Mitchell)
Embed trauma awareness training and psychologically informed training as part of NADARS induction processes.		31 st March 2024 (Laura Mitchell)
Support the development of policies and procedures that support the translation of skills acquired through training into practice across NADARS.		31 st March 2024 (Laura Mitchell)
Agree steering group to oversee and take forward the implementation of trauma-informed care across NADARS		31 st March 2024 (Laura Mitchell)

T: 0300 244 4000
E: scottish.ministers@gov.scot

Integration Authority Chief Officers
Territorial Health Board Chief Executives
Local Authority Chief Executives

Copied to:
Chairs of Territorial Health Boards and Integration
Joint Boards
COSLA
SOLACE

23 June 2022

I am writing this letter of direction to all Territorial (Local) Health Boards, Integration Authorities and local authorities, using authority from section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the carrying out of functions conferred by that Act, delegated in pursuance of an integration scheme or to be specifically carried out in conjunction with those, and which require specific responses to achieve implementation of the Medication Assisted Treatment (MAT) standards published on 31 May 2021.

The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services. Although the standards were published on 31 May 2021, these had been well publicised and local areas had contributed to their development through the Drug Deaths Taskforce.

Both the First Minister and I announced that these standards needed to be embedded and implemented by April 2022 and the Scottish Government is providing funding to help local services deliver on embedding, improving and sustaining the MAT standards. We have also established an implementation support team (MIST) including practitioners and people with lived experience, and led by Public Health Scotland to support local areas scale up and implement the standards.

In 2021/22 we provided £6 million for MAT implementation along with £3 million for assertive outreach and £3 million for non-fatal overdose pathways (both of those initiatives contribute to MAT standard 3) as well as £4 million to support local areas for the use of long acting buprenorphine (MAT standard 2). We also provided £500,000 last year (and committed to the same per year for the life of the Mission) for local areas to set up and run local forums or panels to feed in views from people with lived and living experience to MAT implementation as well as to other aspects of service delivery. I have also announced that funding for the remaining years of the National Mission – to April 2026) has been increased from £6 million to £10 million per year.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

Today, Public Health Scotland is publishing a MAT Implementation Benchmarking Report which shows that while progress on implementation has been made in all areas, and MAT standards 1 – 5 have been implemented fully in Borders, the standards had not been implemented fully by April 2022.

In response to this Report and in order to achieve full implementation, Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:

- a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;
- b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;
- c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;
- d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);
- e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;
- f) Should any quarterly report identify the need for intervention, that this is acted on immediately.

Further, I will follow up directly with any additional asks of Health Board or Integration Authority areas where the proportion of drug deaths remains significantly high and where MAT standard 1 is not yet implemented, and for those areas, we will require monthly progress reports rather than quarterly.

Our expectation is that, these oversight arrangements will lead to implementation of the MAT standards in community and justice settings in all local areas, in accordance with the timetable for full implementation being recommended in the PHS Benchmarking Report, at the very latest.

The Scottish Government and the MIST team, in particular, will continue to provide advice and support to all local areas to set up the above arrangements and to achieve the intended goals. Addressing this requires a whole-system approach across Government and across local services.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

The requirements set out in this letter of direction will subsequently be revoked when implementation has been achieved locally, and notice of that will be in a further letter.

I thank you, and those who are charged with delivering support and care in accordance with the MAT standards, for your on-going commitment. Ministers recognise that there are huge efforts being made already to deliver on the standards and to provide the necessary care for some of the most marginalised people in our communities, to save and improve lives. This letter is intended to ensure that the work being done on the ground is backed up more consistently through commitment from senior leaders.



ANGELA CONSTANCE

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

INVESTORS IN PEOPLE™
We invest in people Silver



Integration Joint Board 22 September 2022

Subject :	Recovery & Renewal for Mental Health
Purpose :	To update for awareness and discussion on the Scottish Government Programme of work for Mental Health Recovery & Renewal investment and service development in alignment with Scottish Government strategic priorities.
Recommendation :	The IJB receive an update on the programme of work for Mental Health Recovery and Renewal and endorse and support.

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

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

1.	EXECUTIVE SUMMARY
1.1	<p>Mental health services in Ayrshire and Arran have continued to work in alignment with the local Ayrshire Mental Health Strategic Priorities aligned to the national Mental health strategic priorities (2019 to 2027) and the '<i>Transition and recovery plan for Mental health services</i>' as outlined by the Scottish Government in response to the pandemic. It addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health. In alignment with the plan for recovery the Scottish Government have established a £120 million Mental Health Recovery and Renewal Fund. The total amount of investment to date for Ayrshire and Arran is £18,763,480 with further investment announcements awaited in 2022. The Mental Health renewal investment allocated to Ayrshire and Arran recovery and renewal plans for Mental health continue to deliver targeted actions to ensure a whole system response to the presenting challenges of rising demand with new developments implemented over the last 2 years including key developments in promotion of wellbeing, early intervention approaches, meeting increasing demand and assertive waiting list management and reduction of waiting times.</p>

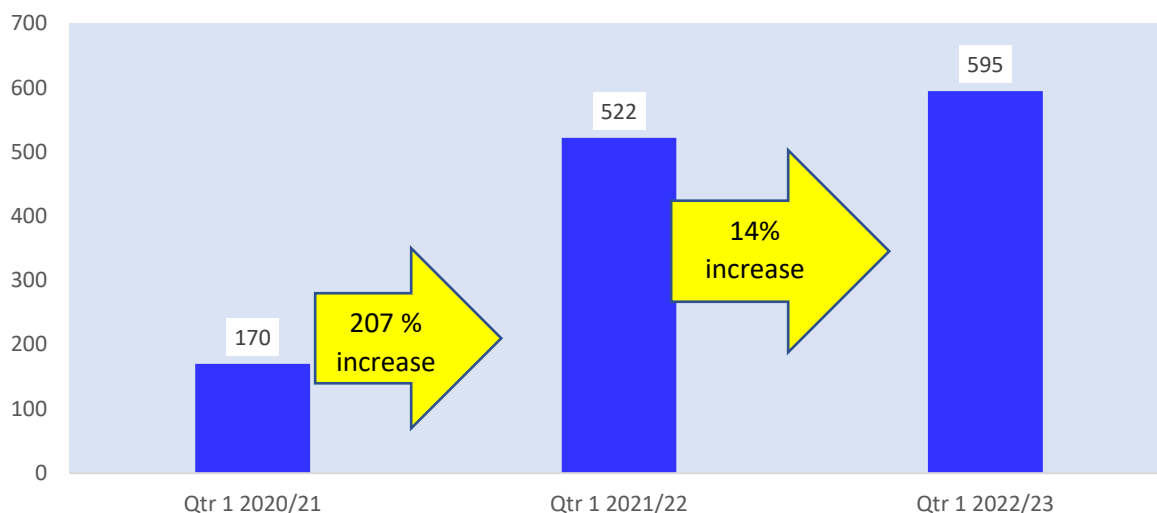
	<p>The total amount of investment to date for Ayrshire and Arran is noted Appendix 1, along with further allocations for Mental Health Services. There remains further investment to be announced this year to distribute the full £120m. The Mental health workforce is expected to increase subject to successful retention of all investment by approximately at least 100 WTE during 2022.</p>
2.	BACKGROUND
2.1	<p>Mental Health mobilisation plans have been developed to continue to focus on renewal, recovery, and improvement of mental health services across Ayrshire and Arran. Including tackling the challenges that the pandemic has presented, and the impact this will continue to have, on the population's mental health in the context of rising demand for mental health care, both as a direct result of the pandemic, the impact on society as a whole as a result of restrictions and the continuing context of social and economic crises.</p>
2.2	<p>The Scottish Government have developed a more detailed programme of work for the Transition and recovery plan for Mental health in the context of the current investments. The Plan outlines 6 key commitments in relation to mental health services. Working with NHS Boards, mental health professionals and service users to:</p> <ol style="list-style-type: none"> 1. Implement a programme of national support to Boards based on key themes emerging from the remobilisation plans. 2. Focus on supporting all NHS Boards to respond effectively to the anticipated increase in demand in the months ahead. 3. Set out care standards across mental health services which align with the needs and expectations of the people of Scotland. 4. Continue work to improve the quality and safety of services. 5. Modernise pathways into mental health services from primary and unscheduled care services; and 6. Continue critical work to address unacceptably long waiting times.
2.3	<p><u>Investment and workforce Implications</u></p> <p>In alignment with the plan for recovery the Scottish Government have established a £120 million Mental Health Recovery and Renewal Fund. The Fund supports the delivery of actions set out in the <u>Mental Health Transition and Recovery Plan</u> to respond to the mental health need arising from the pandemic, and will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out in the Plan. This is a significant investment in these services nationally with the planning assumption that this funding will be provided on a recurring basis.</p>

2.4	<p>The MH renewal investment allocated to Ayrshire and Arran recovery and renewal plans for Mental health continue to deliver targeted actions to ensure a whole system response to the presenting challenges of rising demand with new developments implemented over the last 2 years including key developments in promotion of wellbeing, early intervention approaches, meeting increasing demand and assertive waiting list management and reduction of waiting times. A Pan Ayrshire service leads meeting with the Scottish Government Mental Health division has been established since April 2020 to enable monitoring of pandemic response in relation to Mental health delivery, engagement, learning, support, and oversight of progress against the Mental Health recovery and renewal plan.</p>
2.5	<p>In addition, non-recurring funding of £1.1m for Ayrshire and Arran was announced on 29th March 2022 to improve the mental health estate and infrastructure to support service efficiency, capacity, waiting times response and patient safety and improve the physical environment for both staff and service users.</p> <p>Criteria for access to the funding should support the delivery of at least one of the following areas:</p> <ul style="list-style-type: none"> • Quality & amenity of built environment • Person centred delivery • Service efficiency • Capacity and waiting times improvements • Risk management and patient safety <p>With two or more of the following benefits should be delivered:</p> <ul style="list-style-type: none"> • Fit for purpose spaces which enables the delivery of services in innovative ways which improves models of care in public facing spaces • Ensure spaces and resources make service users feel safe and supported and are co-designed with those with lived experience • Improve accessibility, joint working and access to increase capacity in order to reduce waiting times or increase flow within clinical systems • Support Transformation in the delivery of services in public facing facilities to ensure this enhances access and high-quality care • In outpatient settings, offers access to novel hybrid models of care, both face to face and digital interventions • Improving the safety of service users in appropriately designed facilities • Improved patient pathways and care by co-location of services, work smart principles and increased joint working • Enable staff to have the right equipment, environment and resources in order to offer high Calibre care and feel valued in their roles. <p>Development of plans for this resource aligned to the current estate and infrastructure have been led by North Ayrshire as lead partnership in consultation with East and</p>

	<p>A mental health infrastructure steering group for the programme of work to review and prioritise funding 'bids' has been established in alignment with the infrastructure funding allocation to support service leads to enable interim accommodation solutions to be identified and developed in alignment with the timescales established by the Scottish Government facilities funding programme of recovery whilst all partners continue to work on long term infrastructure ambitions described within the <i>Caring for Ayrshire</i> priorities programme.</p> <p>Key areas of development include:</p> <ul style="list-style-type: none"> • West road refurbishment to enable tailored CAMHS accommodation solutions • Implement proposals for revised use of ward 7B at Woodland view • Extend availability of access to community mental health, learning disabilities and addiction service provision/clinics and group work with appropriate accommodation • Implement and extend scope of Digital solutions
2.6	<p><u>Communities Mental Health & Wellbeing Fund</u></p> <p>The Scottish Government also allocated a Communities Mental Health & Wellbeing Fund established with £15 million allocated nationally to support mental health and wellbeing in communities across Scotland. The award for North Ayrshire totalled £407,213. Total applications in round 1 amounted to £1,169,973, leaving a funding gap of £762,760. North Ayrshire Council contributed an additional £353,134 plus £52,999 underspend from the Children, Young People and Families wellbeing framework underspend, providing a total grant pot of £813,345.</p> <p>The fund was distributed by Third Sector Interfaces (TSI) in communities across Scotland. The fund aims to support adult (age 16+) community-based initiatives to help address the impact of distress and mental ill health caused by social isolation and loneliness, as well as addressing the mental health inequalities made worse by the Covid-19 pandemic.</p>
2.7	<p>The fund aims to take a preventative approach and allow communities to develop their own solutions, including developing stronger partnerships.</p> <p>Grass roots, community groups and third sector organisations will be able to benefit from the funds to deliver activities and programmes to help people to re-connect and revitalise communities, building on examples of good practice which have emerged throughout the pandemic.</p> <p>The Fund seeks to contribute to the four key areas of focus from the <u>Mental Health Transition and Recovery Plan</u>:</p>

	<ul style="list-style-type: none"> • Promoting and supporting the conditions for good mental health and wellbeing at population level • Providing accessible signposting to help, advice and support • Providing a rapid and easily accessible response to those in distress • Ensuring safe, effective treatment and care of people living with mental illness <p>The Fund also seeks to contribute to the following national outcomes from the National Performance Framework:</p> <ul style="list-style-type: none"> • We are healthy and active • We will live in communities that are inclusive, empowered, resilient and safe • We tackle poverty by sharing opportunities, wealth and power more equally
2.8	<p>The intended outcome of the Fund is to develop a culture of mental wellbeing and prevention within local communities and across Scotland with improved awareness of how we can all stay well and help ourselves and others.</p> <p>The response to the allocation of Wellbeing funding has been critical to the recovery of local communities with a programme of work which has been led and coordinated by North Ayrshire TSI with to date, almost 10,500 people directly benefitting from support through funded projects including:</p> <ul style="list-style-type: none"> • Ayrshire Cancer Support have developed an early intervention and wellbeing support to North Ayrshire residents aged 16 and upwards affected by cancer • St Peter's Centre Flying Start Toddler group has reopened following the pandemic. They offer classes and experiences that benefit the parents and children under three years who have suffered from social isolation since March 2020, many of whom have had no opportunity to mix with other children. • Cruse Bereavement Care Scotland have set up a support project across North Ayrshire which will provide Early Support sessions for people within the first six months of bereavement, listening and support sessions and a helpline for immediate help and advice. • Touched by Suicide have set up a service to support individuals bereaved by the suicide of a family member or friend. They aim to encourage individuals to reengage with society after covid19, as well as reduce isolation and widen their social circle • Capall Dorcha Theatre Company in collaboration with Seahorse Books and YES, Your Entire Self ran a 6-week "Writing for Wellbeing" course. • YES, Your Entire Self has introduced a range of group within the Largs area, targeting people with mental health challenges. • Mary Davies Trust – Getting There Project was set up to provide the residents of Arran a range of holistic therapies, mostly delivered outdoors, provided by professional therapists, that are designed to support an improvement in mental health and well-being. • CHAP have based a Financial Wellbeing + Inclusion Advisor within the Kilwinning Community Sports Club for 3 days a week and in doing so have seen a significant growth in their referral numbers in this area

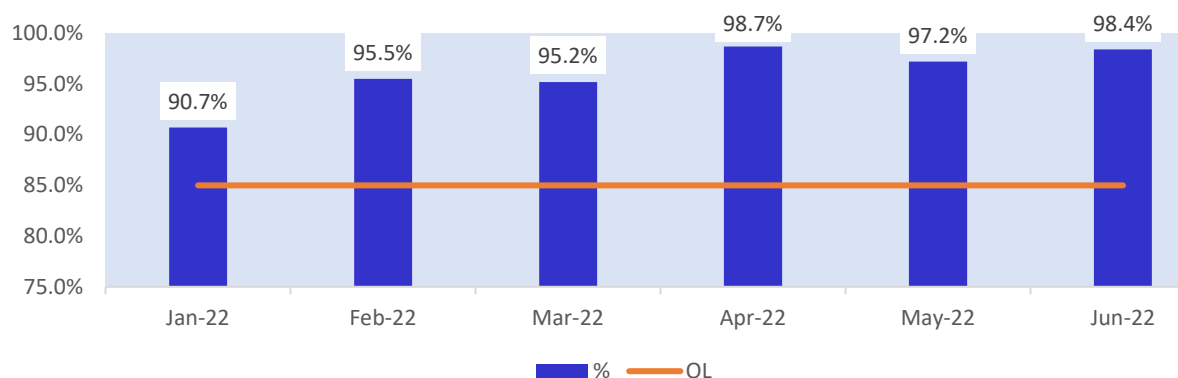
	<ul style="list-style-type: none"> • Kilwinning Community Sports Club / Sliding Doors has started a weekly drop-in session where their mental health professional facilitates an interactive workshop promoting topics around improved understanding of mental health and coping strategies for people to use on their own. • Beith & District Community Council have installed four NHS "Breathing Space" mental health benches on four different sites within the town, providing helpline numbers to support suicide prevention. • Re-emergence of community gardens and men's sheds across the communities of North Ayrshire following the pandemic has brought a much needed informal, local community approach to supporting people who have been isolated and struggling with their mental health. • The KA Leisure Doorstep Programme, that started in response to the COVID-19 pandemic, has now been expanded into a structured North Ayrshire Doorstep Delivery Support Programme which forms an integral part of the wider Health & Wellbeing Service delivered by KA Leisure's Active Lifestyles Team. • Woodland Wakeup have expanded their service to empower vulnerable adults, as well as children and young people, who are struggling with mental health issues, isolation, low confidence and self-esteem and many other health and wellbeing issues, while giving them ownership of the creation of a support network that can continue long after the programme ends.
2.9	<p>Rising demand & Scale of the challenge</p> <p>The level and acuity of demand has intensified as the mental health, social and economic impacts of the pandemic and the cost-of-living crisis continue to unfold.</p> <p>Over the last two years Mental health services have experienced reported increases in severity of clinical presentations and are supporting seriously ill patients who had previously not had contact with mental health services. CAMHS services are consistently reporting that adolescents of younger than usual age are presenting with severe presentations of mental ill health such as psychosis, suicidality, and severe depression. The Scottish CAMHS Eating Disorders Steering Group has reported a 200% increase in eating disorder referrals in the first quarter of 2021 compared to the same period in 2020.</p> <p>Local examples of increased demand include referrals to CAMHS which are continuing to increase</p> <p>Comparison of Qtr. 1 (April – June) Accepted Referrals</p>



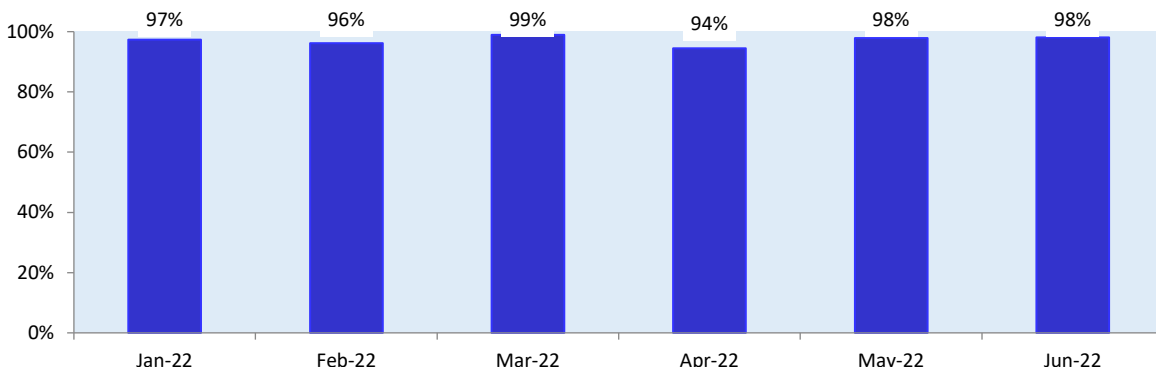
Despite unprecedented increase in demand CAMHS continue to meet 18-week referral to treatment HEAT target. There has been a 55% increase in referrals to eating disorders, 14% increase in crisis response team referrals, 77% increase in police triage pathway, 26% increase in addiction service caseloads, 50% increase in MHO work with inpatient services frequently operating at 100% occupancy with an increase in the number of young people admitted to adult wards.

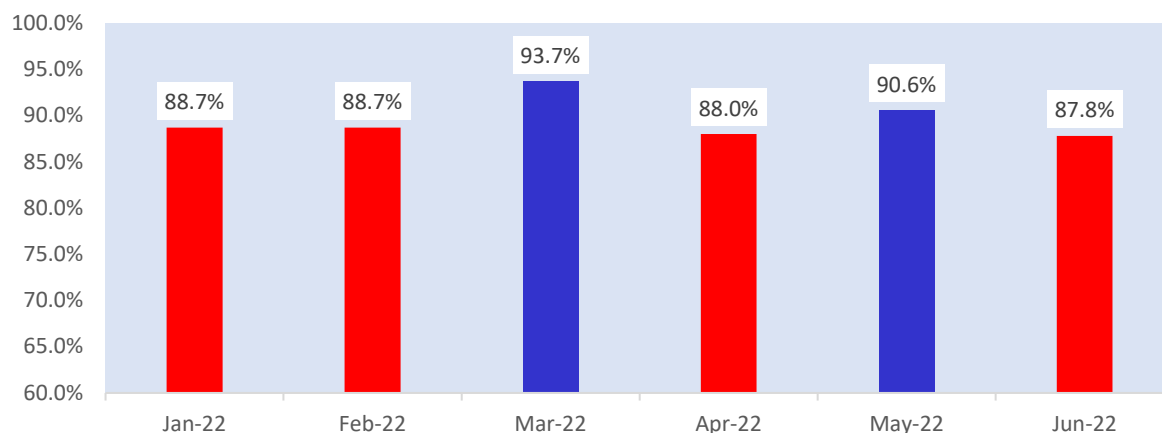
2.10 Acute Mental Health Inpatient Services

Occupancy in our adult and elderly acute wards has been over the 85% optimum level for most of the pandemic and this trend has continued throughout 2022.



2.11 A significant area of challenge for Elderly Mental Health (EMH) inpatient services remains length of occupancy with a high number of delayed discharges due to lengthy Guardianship processes. Notably 60% of EMH Organic assessment beds are occupied by persons subject to delayed discharge, with many of these Guardianship delay related. This in turn can result in EMH patients with functional presentation to board into an Adult Mental Health (AMH) acute bed, also reducing that capacity.

	<p>Detainments under the mental health act have risen by 17%, and notably Emergency Detentions, Short Term Detentions and Compulsory Treatment orders. There has been an exceptional number of staff associated with enhanced observations across all areas reflecting the acuity of those currently in inpatient care.</p>														
2.12	<p>Mental Health Practitioners (MHP)</p> <p>Recent analysis of North Ayrshire MHP activity evidenced approximately 50 contacts per working day. The placement of MHPs within GP Practices has enabled a reduction in inappropriate referrals to secondary services whilst signposting persons to more relevant support. Ayrshire and Arran now have 34.3 wte MHPs in post.</p>														
2.13	<p>Access to CAMHS</p> <p>RTT has been sustained throughout the year but demand on services continues to increase.</p>  <table border="1"> <thead> <tr> <th>Month</th> <th>RTT Compliance (%)</th> </tr> </thead> <tbody> <tr> <td>Jan-22</td> <td>97%</td> </tr> <tr> <td>Feb-22</td> <td>96%</td> </tr> <tr> <td>Mar-22</td> <td>99%</td> </tr> <tr> <td>Apr-22</td> <td>94%</td> </tr> <tr> <td>May-22</td> <td>98%</td> </tr> <tr> <td>Jun-22</td> <td>98%</td> </tr> </tbody> </table>	Month	RTT Compliance (%)	Jan-22	97%	Feb-22	96%	Mar-22	99%	Apr-22	94%	May-22	98%	Jun-22	98%
Month	RTT Compliance (%)														
Jan-22	97%														
Feb-22	96%														
Mar-22	99%														
Apr-22	94%														
May-22	98%														
Jun-22	98%														
2.14	<p>During COVID and the subsequent lockdowns the service maintained clinical care via NHS Attend Anywhere and telephone consultant with face-to-face contacts only where necessary. The service is also returning to face-to-face contacts with 69% of contacts (Jan – Jun 2022) delivered in clinic compared to 51% (Jan – Jun 2021).</p>														
2.15	<p>Access to Psychological Therapies</p> <p>Performance towards the Access to Psychological Therapies RTT has been achieved twice during past six months. However, although some months are under the 90% standard, the compliance rate is very close.</p>														



2.16 **Community Mental Health services (CMHT)**

In alignment with rising demand and acuity of Mental health presentation complexity there has been a significant increase in referrals to the North CMHT over the last two years without significant increase in staffing, in 2021 there were 1,000 more referrals than 5 years ago, with total referrals to the service 2,670.

Workforce capacity continues to be a challenge across all community Mental health services due to increased demand. All services are currently reviewing workforce plans in alignment with Scottish Government Primary care mental health investment. It is important to note however that the Mental Health recovery and renewal plan does not include direct investment for Community Mental health teams other than a welcome investment allocation for increased MHO capacity which has been facilitated through separate investment in Social Work capacity. There are ongoing national and local programmes of work to review models of delivery, workforce plans and core principles and standards for community Mental health services.

There are infrastructure challenges and availability of appropriate estate from which to deliver services with future investment needed to address these in the long term. The infrastructure funding allocation will enable short term risks to be addressed, particularly in improving the clinical environment and also to expand the footprint of accommodation in line with the growing workforce. More sustainable investment in infrastructure is required for long term delivery and this will be taken forward in line with Caring for Ayrshire.

2.17 **The RISE (Resilience in Stressful Events) Team**

The team are aligned to the Forensic Mental Health Team a new service launched in January 2022 to support people involved in the judiciary system has received 55 referrals to date and is providing specialist psychological support for those experiencing emotional dysregulation, suicidal ideation, and stress.

3.	PROPOSALS
3.1	<u>Key areas of development & recovery response</u>
	<p><u>Development of Mental Health Governance, Leadership Transformation support.</u></p> <p>The national recovery and renewal plan includes a yet to be defined allocation to increase governance, transformation, and professional leadership support for Mental health services. It has been imperative to develop professional leadership and service improvement to support the programme of recovery and although this fund has not yet been allocated Lead Partnership for Mental health services through the Pan Ayrshire collaboratively agreed Mental Health Resource allocation group have developed a care pathway co-ordinator role (1 WTE) and a multiagency suicide prevention training team (2 WTE) which enable a cohesive approach in delivering training across the system taking into consideration the requirements of local communities for training. In addition to this the Associate Nurse Director for Mental health is currently reviewing professional nurse leadership roles to increase capacity for professional leadership support and governance to reflect the demands of significant service expansion and development within a critically short timeframe.</p> <p><u>CAMHS. & Community Eating Disorder Services</u></p> <p>Funding has been allocated in 2021 for Ayrshire and Arran of £2,393,273 for increase of CAMHS, and psychological therapies (PT) workforce to implement new national specifications and national review recommendations. This funding is also allocated to support clearing waiting times backlogs for CAMHS, and PT. Recruitment is currently underway for additional Psychologists, CAMHS and Eating disorders workforce to meet increasing demand. This includes additional workforce for a newly developed neurodevelopment diagnostic and support service and a new CAMHS Unscheduled care service. External capacity from expert Neurodevelopmental Assessment providers has been agreed and contracts signed to allow patients to be referred for ASD assessment.</p> <p>There are assertive plans in place to respond to the Scottish Government announcement on 18 June 2021 £5 million of funding for financial year 2021/22 to respond to the recommendations from the National Review of Eating Disorder Services with £328,213 confirmed for Ayrshire and Arran. There will be a combined anticipated additional workforce of at least 50% for CAMHS, Neurodevelopment, Unscheduled Care and Eating Disorders workforce, including Administration Staff. In complement to this and enabled by significant service development opportunities CAMHS has also increased clinical leadership and quality improvement workforce. The expected service redesign and focus of CAMHS as per the new National Specification, published by the Government in February 2020, clearly articulates the role for Tier 3 specialist services and the accompanying Neurodevelopmental Specification creates clarity around function and purpose of the service.</p>

The Mental Health and recovery and renewal investment is also aimed to enable the delivery of unscheduled access to children and young people presenting in Mental Health Crisis and Psychological distress, in School, at ED or in the community.

This new service will operate from 7am to 9pm and requires to be based in near proximity to Paediatric in-patient services and ED where a significant number of presentations are referred from. This is not a service, like the Liaison and Crisis Services offered by Adult Mental Health services which can be offered remotely as the clinical need is often associated with risk and distress.

Community Eating Disorder Services have nationally been the focus of significant review and recent recommendations have been published with funding to implement them allocated in September 2021. The current model has seen no real time investment in over 12 years and now expansion of workforce is expected with funding in place. The need for physical health monitoring of this patient population means that only a small amount of the work being offered can be done remotely as observations must be conducted. Managing weight restoration is also a face-to-face operation as is mealtime support. Staff for this service require a larger base for the expanding workforce.

The new Foxgrove National Secure Adolescent Inpatient Service which will become operational in 2023 is a National Services Division for NHS Scotland commission. The facility is designed and will be built to 'Medium Secure' standards and provide assessment, treatment, and care for significantly vulnerable young people subject to restriction and detention. It is therefore critical that this National Service and its Leadership Team have adequate facilities to implement the service in collaboration with other established services on the ACH site.

Regional CAMHS Developments (West of Scotland)

To support child and adolescent mental health and as part of the Mental Health Recovery and Renewal Fund, Boards within the West of Scotland have been given £6.2m collectively to support the development and implementation of regional components of Child and Adolescent Mental Health Services (CAMHS) ensuring there are also clear links to the new national service provision.

Boards are asked to work across the region to establish and improve the consistency of care offered and to do so in a timelier manner.

The West of Scotland (WOS) CAMHS region for the purpose of this work consists of NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Great Glasgow and Clyde and NHS Lanarkshire. The Argyll and Bute area have also expressed an interest to join the West of Scotland Region in developing the proposed programme due to the closeness of the geographical area to the West of Scotland and the interconnection with NHS GGC services. Dr Helen Smith our Ayrshire and Arran CAMHS Clinical Director is the Clinical Lead for West of Scotland CAMHS.

There has been a request to develop a number of services regionally. This includes development of Intensive Psychiatric Care Units (IPCU) and the other areas listed below. There is currently only one regional service in CAMHS in the WOS; this is the adolescent inpatient unit of Skye house. There are no regional community CAMHS services and previous regional work has identified gaps in the liaison services, home intensive treatment teams as well as in supporting the out of hours access to CAMHS. The amount of money assigned to the area of development is below. The figures listed below are for a full year of award.

Area for developmental	Award for the WOS area
Paediatric liaison services	£1.5 million
Home Intensive Treatment teams	£1.5 million
Intensive Psychiatric Care Unit	£1.6 million
Unscheduled Care teams (Out of hours)	£1 million
Forensic CAMHS/Secure Care/ LD CAMHS	£600,000
	Total: £6.2 million

The planning and project management, information analysis and clinical leadership resources have been identified as the requirements to enable the regional development programme to commence. This will provide capacity to develop more consistent pathways and models of care to support children and young people to access the right support and care through a more networked service approach recognising the flow between local and regional services.

Psychological services

In addition to the SG Recovery and Renewal Funds focused on clearing PT waiting time backlogs and increasing access to PT, further local and SG funding for specialist Psychology has been awarded to develop and expand psychological provision to local and national strategic priorities of Staff Wellbeing, patients hospitalised due to COVID-19 (Cossette report) as noted above, Modernising Patient Pathways Pain Programme in Primary Care, Weight Management, Maternity/Neonatal/Perinatal, Trauma Neuro-rehabilitation beds and the development of a Trauma-Informed workforce. Most recently, further SG funding has provided a Clinical Psychology post as part of developments toward the Substance Use Medication Assisted Treatment standards, a dedicated Lead Psychology post to an enhanced multi-disciplinary Care Home Liaison team, and two Clinical Psychology posts to expand the Maternity/Neonatal/Perinatal service provision to include Infant Mental Health.

The local Veteran First Point Service has received support from the three Partnerships for recurring funding; this sustainability provides a stable platform from which A&A can progress implementation of the SGs Action Plan for dedicated holistic veteran service provision. These developments provide new and expanded pan-Ayrshire psychological provision to patients and staff across all clinical sectors of MH, Acute, Primary Care and Third Sector. The total additional Psychology workforce will be around 28 permanent WTE.

Psychological services have been able to work with digital solutions during the pandemic, however, still require rostered access to clinical spaces within service areas of practice and to facilitate therapeutic group work.

Primary Care Mental Health

It is the vision to create a Mental Health and Wellbeing service for Primary Care that is consistent across Ayrshire and Arran. Work will continue over the next few years to develop detailed plans. It is the ambition that by March 2026, the service will be a multi-disciplinary team composed of Mental Health Practitioners, Community Link Workers and Occupational Therapists. Self-help Workers, Enhanced Psychological Practitioners (EPPs), Administration and other roles will also be under consideration as detailed planning is completed.

At present, the multi-disciplinary team offers a triage and assessment service predominantly for adults (although younger age ranges are available within some areas). At present there is limited scope for treatments. It is the anticipation that as staff levels rise, the age range and treatments offered will expand to all ages and a limited range of short treatments. Online treatment options and group sessions are areas that will be explored alongside more traditional psychological therapies.

There are great benefits to having these roles working directly in GP Practices, however, as the team grows in numbers so too will the space requirements.

The first year of funding (2022/23) for the Mental Health and Wellbeing in Primary Care Service is still awaiting allocation and will focus on the recruitment of Mental Health Practitioners whilst taking time to scope subsequent years of funding and actions in greater detail.

Community Mental Health Social Work & MHO Team

A Mental Health Officer test of change has been implemented during 2020/21 that had separated the Mental Health Social Work service into two distinct teams – Mental Health Officer (MHO) Team and a Care Management Team. It demonstrated the inherent benefits of this two-team model approach particularly around the increasing workload across both teams and the significant increase in Mental Health act work.

This test of changed proved invaluable during 2021 in relation to Mental Health Act workload. Funding has now been allocated to ensure the permanency of this model with recruitment underway to substantiate the service moving forward.

Additional Investments

National Mental Health Strategy Action 15

Ayrshire and Arran have received additional £1.08m MH Strategy funding for action

15 during 2021 and have recruited additional occupational therapists based in Primary care settings, additional nurses for Unscheduled care to uplift capacity for elderly mental health and Police Scotland Pathway due to increasing demand and to introduce a new Scottish Ambulance Pathway. In addition, the development of a new Alcohol and Drug service has been established with an MDT model, including peer recovery workers. An allocation for prison, custody, and justice services, has enabled the recruitment of an additional specialty doctor and speech and language therapist with police custody recruiting nurses via available monies. The funding allocated has enabled a total increase in workforce of 35.8 WTE.

Further to this the Community Forensic Team were also successful in gaining Action 15 funding to develop a Court Distress Intervention service (called RISE). This functions as a sub-team operating under the Forensic Team umbrella and monies were granted to allow the recruitment of a total of 9 WTE staff.

Additionally, there has been investment in a Distress Brief intervention service funded with £300,000 of MH strategy action 15 funding. This service launched in 2021 with Penumbra commissioned to provide trained staff to deliver a compassionate response to anyone 16 years and above presenting with distress. Contact is made with the person within 24-hours of referral with the offer of compassionate community-based problem-solving support, wellness, and distress management planning, supported connections and signposting for a period of up to 14 days – connecting people to the supports that help them over time.

PAN-Ayrshire Unscheduled Care Mental Health Services

Following significant Action 15 investment and service redesign Unscheduled Mental Health services have relaunched with Adult Liaison, Elderly Mental Health Liaison, Alcohol and Drug Liaison, Intensive CPN team (previously CRT) and Mental Health ANPs all being delivered under a single remit. This will allow more flexibility across the service as well as enhancing working relationships within the service. New shift patterns have been adopted within Adult Liaison and MHANPs which enables MHANP cover 24/7.

There has been a 10% reduction in mental health presentations to the Emergency Department when comparing Jan-June 2021 to Jan – June 2022 following the opening of the Flow Navigation Centre. In addition, Unscheduled Mental Health Care services has introduced an Ambulance pathway to complement the long-standing and effective Police Pathway.

The new Alcohol and Drug Liaison Team replaces the previous Alcohol Liaison Team as well as the Non-fatal Drug Overdose Pathway. This team was launched on the 1st April and operates 7 days a week 9-5.

National Strategic development Overview 2022

The programme of work for Mental Health recovery and renewal is being delivered against a backdrop of significant strategy development and underpinning Scottish Government investment. A new Mental Health and Wellbeing Strategy is currently being developed with an ambition to ensure that this is evidence based, data and intelligence driven, outcomes focused, underpinned by equality and human rights, and informed by lived experience with a focus on wellbeing and prevention. It is intended that this will enable a clear vision to meet changing Mental Health needs over the coming years considering social factors and inequalities that may impact a person's mental health and wellbeing.

In the Strategy, the approach to supporting the workforce will be laid out building upon the principles and actions set out in the National Workforce Strategy for Health and Social Care.

Following on from the Strategy's publication, a more detailed Workforce Plan will be produced for 2023.

Mental Health services in Ayrshire and Arran are contributing the national workforce benchmarking exercise which is continuing to analyse and compare workforce data for Scotland and across the wider UK. This has focused on inpatient and community mental health service provision with an analysis of provision and activity reported within adult/older mental health and children and young people's mental health services. Key findings during 2021 from this work have demonstrated that there is greater inpatient capacity per capita, strong utilisation of video consultations, impact of Covid-19 seen across adult/older adult and children and young people's mental health services. The mental health workforce analytics for secondary specialist Mental health services have shown that although service models differ between Scotland and the wider UK there are greater workforce numbers reported per driven by good access to inpatient services with a strong nursing skill mix evidenced in contrast to wider UK dataset. There is however considerable variation seen between Health Boards.

North Ayrshire as the Lead HSCP in Ayrshire and Arran will continue to contribute to the national benchmarking work which will be instrumental in further developing workforce plans linked to recovery and renewal. This work will be instrumental in the development of community mental health services where recent caseload analysis exercises have demonstrated a significant workforce gap to meet current service demands.

There are other national programmes of strategic development currently underway and including:

- Mental health Law review
- A new Suicide prevention strategy
- ACE's & Trauma Strategy
- Self-harm Strategy

	<ul style="list-style-type: none"> • MWC Strategic plan development
3.2	<u>Anticipated Outcomes</u>
	<ul style="list-style-type: none"> • Delivery of care standards across mental health services which align with the needs and expectations of the people of Scotland. • Continue to work to improve the quality and safety of services. • Modernise pathways into mental health services from primary and unscheduled care services; and • Continue critical work to address long waiting times and improve access to services.
3.3	<u>Measuring Impact</u>
	<p>National and local programmes of work are underway to improve the data set for Mental health services including delivery against national quality indicators for Mental health and development of local performance dashboards and KPI's in alignment with Mental health strategic priorities and plans.</p> <p>CAMHS has commissioned Benson Wintere, a workforce scenario planning tool to develop a live dashboard of referral activity, caseload, and workforce analysis to enable improved targeting of workforce resources to areas of locality priority.</p> <p>Ayrshire and Arran continue to perform well compared with the rest of Scotland against national targets with CAMHS continuing to meet 18-week referral to treatment HEAT target and psychological therapies very near to meeting this target consistently. The waiting time compliance for access to Psychological Therapies (PT) in April 2022 report was 88.9% against the 90% standard.</p> <p>The new Mental Health & Wellbeing Strategy will be outcomes focused. The draft outcomes have been split into 6 categories: addressing the underlying social factors; individuals; communities; population; services and support; and information, data and evidence.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> <p>The financial allocation is noted in the content of this report. It is important to note that not all national commitments have yet been allocated. The Primary Care investment for year 1 has still to be allocated alongside other intentions which have not been announced to date. These include another phase of funding for psychological services. The SG are undertaking a spending review which may have implications for further funding in 2022/23.</p>

4.2	<p><u>Human Resources</u></p> <p>There are significant workforce expansion implications associated with recovery and renewal, with increased workforce capacity and new service developments launching both nationally and locally.</p> <p>A national workforce plan is currently being developed and Ayrshire and Arran Mental services are currently developing workforce plans in alignment with SG expectations for recovery and renewal delivery and local strategic plan priorities.</p>
4.3	<p><u>Legal</u></p> <p>None</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>The recovery and renewal plan for Mental health reflects the aim of improving access to services and reducing health and social inequalities to improve mental wellbeing for all.</p>
4.5	<p><u>Risk</u></p> <p>There are risk factors associated with successful delivery of the recovery and renewal plans including:</p> <ul style="list-style-type: none"> • Pace of change and services developments within defined timeframes to successfully access SG funding – access to Transformation and leadership capacity to maintain progress and pace. • There are elements of non-recurring funding (including Infrastructure) for which sustainability plans need to be identified • Timing of financial allocations is often later in the financial year which prohibits effective forward planning and assertive recruitment programmes • Infrastructure challenges – access to suitable estate, digital/IT solutions, and HR capacity • Workforce supply, training, and access to specialist professional disciplines – attraction of national workforce is a necessity to avoid destabilise the current workforce supply within Ayrshire and Arran
4.6	<p><u>Community Wealth Building</u></p> <p>Mental health recovery and renewal plans promote the principles of community wealth building and building community capacity particularly in the area of financial investment in local grass roots community initiatives.</p>
4.7	<p><u>Key Priorities</u></p> <p>Recovery and renewal plans align to both local HSCP strategic plan priorities and the Mental health Ayrshire conversation priorities alongside national strategic policy developments.</p>

5.	CONSULTATION
	<p>The recovery and renewal plans have been developed and updated locally through the following forums:</p> <ul style="list-style-type: none"> • Pan Ayrshire MH strategic programme board • SG engagement sessions • Covid recovery 'Silver' group for Mental health services • MH Governance group • HSCP Health & Care Governance group • Strategic planning groups <p>An engagement officer has been recruited to support the delivery of the CAMHS recovery and renewal plan with further engagement officers to be recruited for adult Mental Health and Learning disabilities services</p>

Caroline Cameron, Director

For further information please contact Thelma Bowers, Head of Service, Mental Health, thelmabowers@north-ayrshire.gov.uk

Appendices

- Table 1 – Investment NHSAA

APPENDIX 1

Mental Health - Recovery and Renewal Fund

Priority Funding Area	21/22 Funding £	21/22 Actual Spend £	Amount carried forward to 22/23 £	Basis
CAMHS - Split as : 1) CAMHS Specification £1,091,463 2) CAMHS age 25 £623,402 3) CAMHS Waiting List £311,701 4) Psyc therapies waiting list £366,707	2,393,273	585,292	1,807,981	Pan Ayrshire
Eating Disorder Service	328,213		328,213	Pan Ayrshire
CAMHS IPCU	121,697	-	121,697	Pan Ayrshire
CAMHS - Intensive Home Treatment	147,512	-	147,512	Pan Ayrshire
CAMHS - LD	51,629	-	51,629	Pan Ayrshire
CAMHS - Out of Hours Unscheduled Care	86,294	-	86,294	Pan Ayrshire
CAMHS - Liaison	129,073	-	129,073	Pan Ayrshire
CAMHS - Neurodevelopmental	225,693	-	225,693	Pan Ayrshire
Psychological Therapies - tranche 2	285,598	-	285,598	Pan Ayrshire
Dementia - Post Diagnostic Support	95,016	-	95,016	North HSCP
Pharmacist and Technician recruitment	69,128	69,128	-	Pan Ayrshire
Wellbeing in Primary Care	40,122	-	40,122	North HSCP
Infrastructure (non recurring)	1,106,337	-	1,106,337	East Ayrshire: 358,467 South Ayrshire: 340,657 North Ayrshire: 407,213

Mental Health – Other Funding Allocations

Funding Area	21/22 Funding	21/22 Actual Spend	Amount carried forward to 22/23	Basis
Cossette	103,320	53,505	49,815	Pan Ayrshire
Perinatal and Infant Mental Health	425,862	191,344	234,518	Pan Ayrshire
Innovation Funding	311,055	283,555	27,500	Pan Ayrshire
Action 15 - original allocation	2,296,044	1,702,218	593,826	Pan Ayrshire
Action 15 - Supplementary allocation	314,242	10,538	303,704	Pan Ayrshire
MHO			68,000	North HSCP

Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 15 August 2022

Title: Whistleblowing Report – Quarter 1, April to 30 June 2022

Responsible Director: Jennifer Wilson, Nurse Director

Report Author: Karen Callaghan, Corporate Governance Coordinator

1. Purpose

This is presented to the Staff Governance Committee 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. Staff Governance Committee (SGC) Members are asked to discuss the report on organisational activity in relation to Whistleblowing concerns raised in 2022-23 Quarter 1 (April – 30 June 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 Staff Governance Committee.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report summarises and builds 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.

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 1 (Q1) a detailed report is not possible therefore a short update on recent whistleblowing activity to support the standards is provided below. The first Annual report for Whistleblowing will be submitted to Staff Governance committee and the NHS Board in August 2022.

- Communications: The first [Whistleblowing Annual Newsletter](#) was produced to mark the anniversary of one year since the Standards were introduced. An annual newsletter will be produced going forward. This included messages from the Executive Lead Nurse Director, our Whistleblowing Champion Sukhomoy Das and the INWO. Jennifer Wilson, Executive Lead Nurse Director also featured in a video talking about The Standards [Whistleblowing - YouTube](#). Both have been shared with staff via the Daily Digest and eNews and emailed to managers for dissemination and discussion with staff. Whistleblowing communications have been and will continue to be refreshed in the coming months. These will remind staff how to raise a WB concerns and include refreshed and updated 7 minute briefings.
- Improvement plans: Table 1 shows status of investigations from concerns raised in 2021-22. 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

- An Internal Audit (IA) into Compliance with Whistleblowing Policies and Procedures - April 2022: Feedback from the IA review was positive with one advisory action noted, this is related to the uptake of Turas Whistleblowing training modules within the organisation. The internal report and recommendations will be monitored via Staff Governance Committee.
- Staff Awareness (Pulse Survey): An all staff survey is being developed. This will help us gauge staff awareness of the Whistleblowing process and will provided information on areas where we need to target. We plan to issue this at the end of the summer.
- Training: The INWO recently reviewed the Whistleblowing training modules and advised that these have been updated with the addition of a module for line managers who do not investigate Whistleblowing concerns. This information was shared with Staff via the Daily Digest and eNews and emailed to managers for dissemination.
- Review of processes: A review of our processes is underway to reflect on year one since the introduction of the Standards, to ensure that any improvements can be

identified and where required changes proposed. The review is considering local arrangements, best practice from other Boards and feedback from INWO via the national Practitioners Forum which is attended by the Corporate Governance/ Whistleblowing Coordinator and Head of Corporate Governance. Any proposals for change will be submitted to Staff Governance committee and Board for support and agreement.

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 on 28 July 2022
- Staff Governance Committee on 8 August 2022

2.4 Recommendation

The Board are asked to discuss the paper for Quarter 1 (April – 30 June 2022).



Whistleblowing Annual Report 2021-2022



Author: Karen Callaghan
Corporate Governance & Whistleblowing Coordinator
Updated 22/07/2022

Contents

Introduction.....	3
1. Implementation	4
2. At a glance	4
3. Whistleblowing handling performance	5
4. Responding to concerns.....	6
5. Concerns outcomes.....	8
6. Primary Care and contracted services.....	8
7. Anonymous Concerns	10
8. Learning, changes or improvements to service or procedures	10
9. Whistleblowing themes, trends and patterns	11
10. Concerns raised by service	11
11. Experience of individuals raising concern/s	12
12. Level of staff perception and awareness and training	12
13. Whistleblowing and Speaking Up.....	14
14. Independent National Whistleblowing Officer	14
15. Our plans for 2022/2023.....	14
16. Conclusion	15
Appendix 1 - Whistleblowing Experience Survey – Feedback	16

Introduction

In NHS Ayrshire & Arran the first year of The National Whistleblowing Standards (the Standards) has been interesting and busy. We continue to learn from each concern that is raised and taken forward to investigation.

Since the go-live date of the Standards on 1 April 2021, an agreed process has been implemented in NHS Ayrshire & Arran (NHSAA) to gather Whistleblowing information raised across all NHS Services to which the Standards apply. Within NHSAA, anyone who provides a service for NHSAA can raise a concern about the delivery of a health service using the same reporting mechanism which is in place for those staff employed by NHSAA. This includes former employees, agency workers (and others on short or insecure contracts such as locums and bank staff), contractors (including third-sector service providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as our colleagues in health and social care partnerships.

Whistleblowing is an ethical and moral thing to do, and NHS Ayrshire & Arran (NHSAA) is supportive of any member of staff who raise concerns through this process. The decision to whistleblow is rarely taken lightly, and we in NHSAA are committed to offering a compassionate and objective whistleblowing service. Whistleblowing is an important form of feedback, and provides the opportunity to receive direct and candid accounts of staff concerns. This in turn offers a key opportunity to learn and strive for improvement. Whistleblowing can also help the organisation in identifying risks and mitigating against any risks identified. We recognise that whilst risks can be to the service users they can also be to the service providers/the organisation itself.

This first annual report provides details of whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHSAA. This will demonstrate our performance in the key performance indicators as required by the INWO and includes key areas of whistleblowing handling, as well as highlighting outcomes and providing more detail on whistleblowing themes. Over time, this approach will illustrate trends and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

Jenny Wilson
Nurse Director
Executive Lead for Whistleblowing

1. Implementation

In order to deliver successful implementation of the Standards across the organisation and our wider groups, our Nurse Director, as Executive Lead, initially formed a Whistleblowing Steering Group (WBSG) to develop an implementation programme. This group included appropriate Directors, the Board's Non-Executive Whistleblowing Champion, the Employee Director and Area Clinical Forum Chair to ensure wide representation. As the work progressed this group developed into the Whistleblowing Oversight Group supported by an Implementation Group to deliver the detailed implementation programme. This implementation group involved sector leads, Nurse Director and Corporate Governance team representatives.

The Implementation plan was successfully delivered with the majority of actions completed by 1 April 2021 and signed off as complete at the end of June 2021. The Implementation Plan included a detailed Communication and Training plan to support the roll out of the Standards across the organisation.

As part of this implementation NHS Ayrshire & Arran developed the current Speak Up model of Confidential Contacts and Speak Up Advocates. This includes a dedicated Speak Up Helpline telephone number and dedicated email contact. Access to the helpline and mailbox is limited to ensure that confidentiality is maintained for those who require assistance or wish to raise a concern.

2. At a glance

- 13** Contacts made via Confidential Contacts, SpeakUp mailbox and phone line
- 5** Contacts for information only
- 8** Concerns Raising Whistleblowing
- 5** Concerns Investigating through the Whistleblowing process
- 3** Concerns not appropriate for the whistleblowing process

3. Whistleblowing handling performance

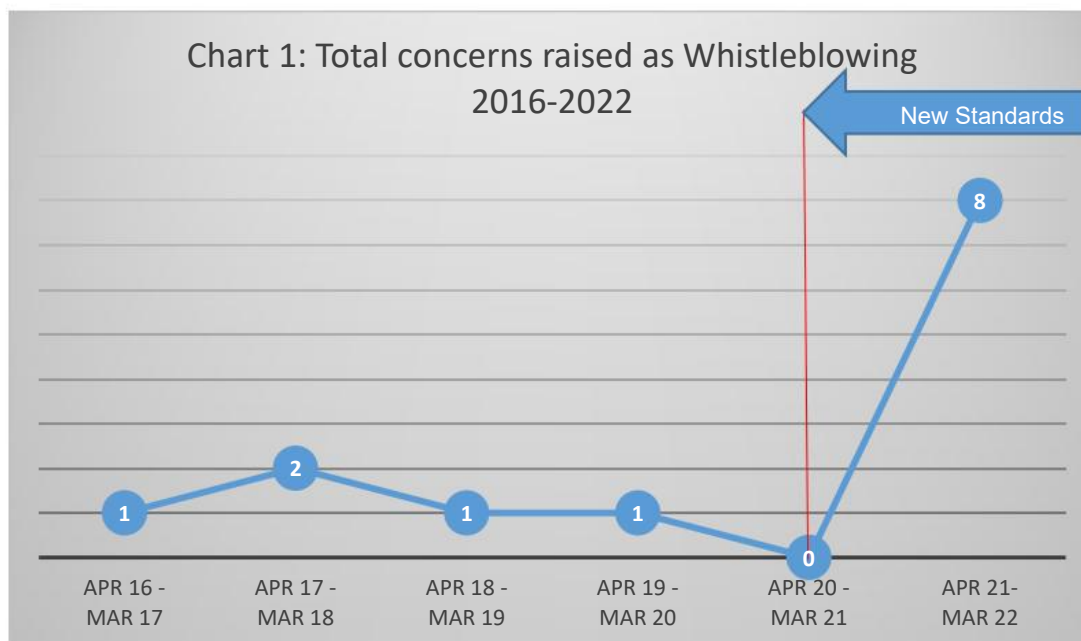


Chart 1 demonstrates the total number of concerns raised since 2016. In the five years prior to the implementation of the standards (April 2016 to March 2021) five concerns were received. This compares to eight raised in the first reporting year of the Standards. This may be reflective of the work which has been undertaken to promote The Standards with staff feeling more confident in both the process of raising concerns and the support provided by the Standards and the INWO.

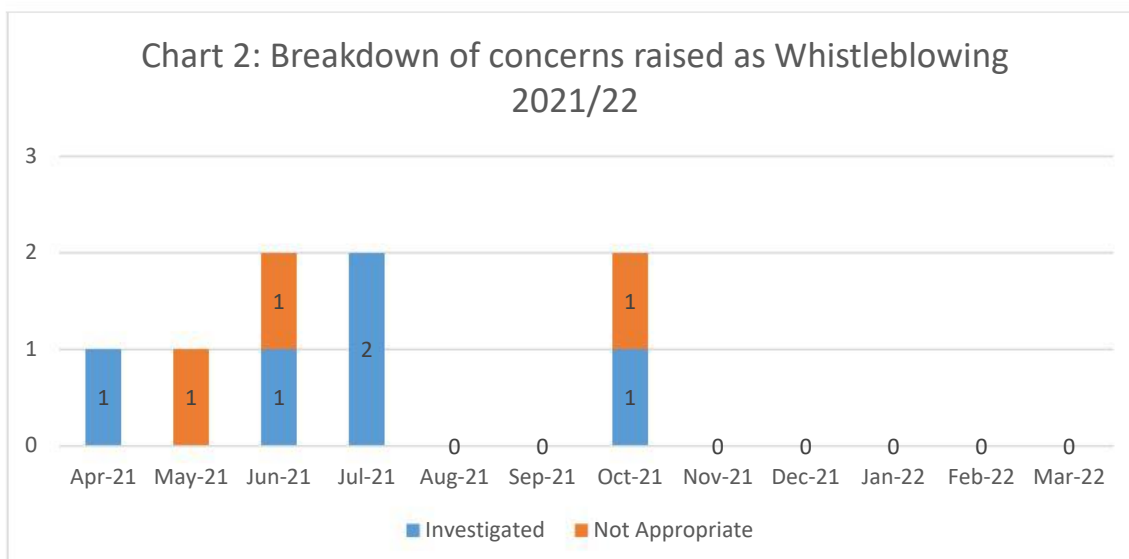
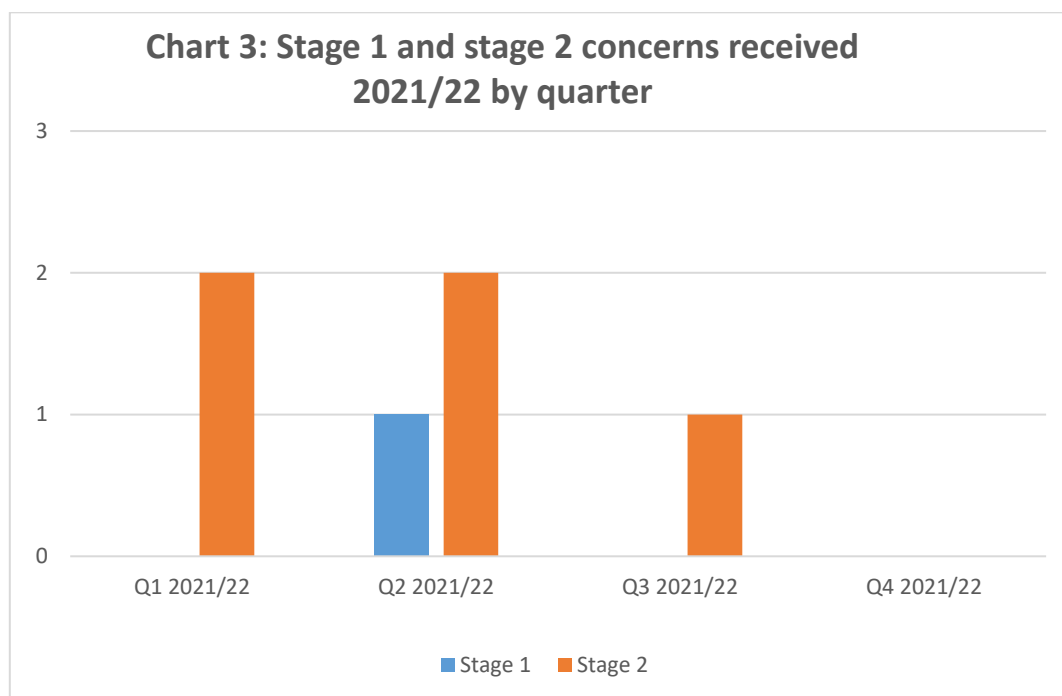


Chart 2 shows the breakdown of concerns received in 2021-22. Of the eight concerns received, three were not appropriate for the whistleblowing process. Feedback was provided to those who raised two of the concerns and they were directed to the most appropriate policy under which to pursue their concerns. These were managed through the Boards Grievance policy. The remaining concern was raised anonymously and this was taken forward through local processes.

The five concerns appropriate for whistleblowing were taken forward and fully investigated at Stage 1 and Stage 2 of the process as shown in **Chart 3**. It is worth noting that the concern initially reviewed at Stage 1 of the process was escalated to Stage 2.



4. Responding to concerns

4.1 Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed

Whistleblowing Handling Performance	
Stage 1 Concerns	
1	Total number of Stage 1 concerns received
100%	Percentage of Stage 1 concerns that were closed
100%	Percentage of Stage 1 concerns closed within the 5 working days target
Stage 2 Concerns	
5	Total number of Stage 2 concerns received
100%	Percentage of Stage 2 concerns that were closed
20%	Percentage of Stage 2 concerns closed within the 20 working days target

The Stage 1 concern was received in Quarter 2. No additional stage 1 concerns were received in quarters 1, 3 and 4. This Stage 1 concern was escalated to a Stage 2.

4.2 Concerns closed at Stage 1 and Stage 2 on target

4.2.1 Stage 1 on target

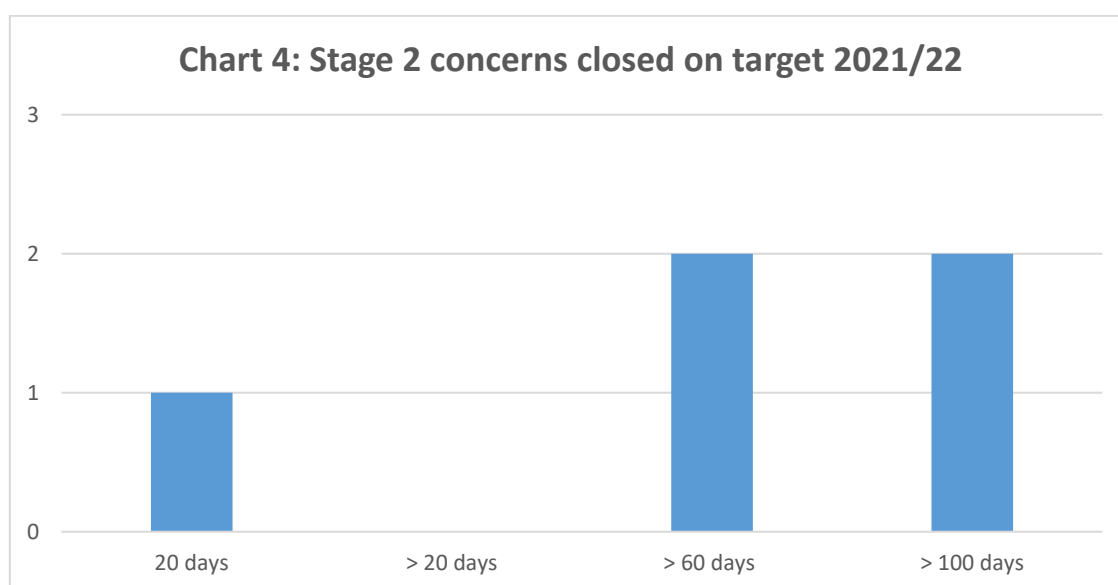
Total concerns received Stage 1	Closed within 5 working days	Total concerns received Stage 2	Closed within 20 working days
1	1	5	1

Table 1

4.2.2 Stage 2 on target

The INWO's expectation is that there will be a thorough investigation of stage 2 concerns, and as a result they recognise that the 20 working day timeline may not always be achieved, especially given the often complex nature of concerns and the requirement for support and confidentiality. The timescale is provided to ensure that organisations take prompt action, and that there is an ongoing focus on investigating and addressing the concern.

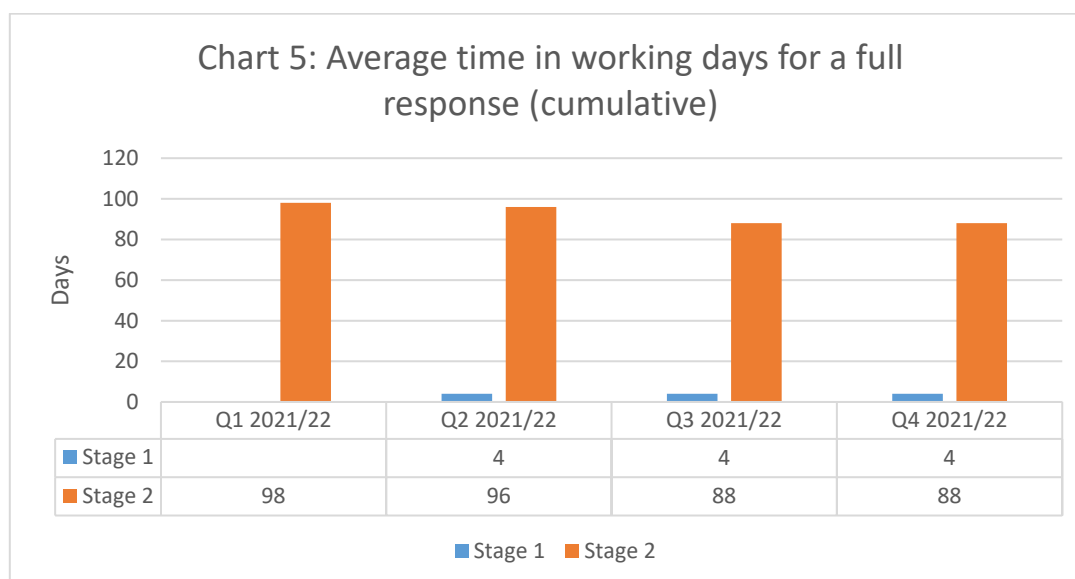
NHS Ayrshire & Arran aims to respond to Stage 2 concerns within 20 working days but will ensure that the time needed for a thorough investigation is given.



In 2021/22 one concern was closed within the 20 working day time line. Four concerns were closed in excess of this timeline with the longest outcome being 128 working days.

4.3 Average response times

Chart 5 provides the average time in working days for a full response to be provided to concerns at each stage of the whistleblowing procedure.



Due to the complexity of the stage 2 concerns received it has taken an average of 88 working days to conclude investigations and for the outcome of the investigation to be communicated to the Whistleblower. The Whistleblower is kept fully informed throughout the whistleblowing investigation, this includes when there is a requirement to extend the time scale.

5. Concerns outcomes

Table 2 details the outcome of the five concerns which have been closed at Stage 1 and Stage 2, all concerns for 2021/22 are closed in full.

Total Number for Concerns received		Not Upheld		Partially Upheld		Fully Upheld	
Stage 1	1 (Stage 2 escalation)	-	-	1	100%	-	-
Stage 2	5	2	40%	2	40%	1	20%

Table 2

6. Primary Care and contracted services

6.1 Primary care contractors

Primary Care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

The Primary Care Team wrote to all practices and community pharmacies advising of the new National Whistleblowing Standards for the NHS in Scotland and the requirements for local policies and information on the reporting process.

Primary care contractors were made aware of how to access NHSAA Speak up Service for guidance through the process.

Primary Care contractors are required to report in line with the same key performance information as NHSAA i.e. quarterly reports on the number of cases, cases closed etc. In instances where no concerns have been raised within wider primary care or other contracted services there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised. Three quarters data has been requested in 2021/22.

There were no concerns recorded during 2021/22.

Q2, Q3 & Q4 returns have been received as outlined in Table 3 below:

Primary Care Contractor (PCC)	Current PCC Cohort	Returns received by Quarter 2021/22			No of concerns received		% PCC who provided response 2021/22	% PCC who failed to respond 2021/22
		Q2	Q3	Q4	Stage 1	Stage 2		
GP Practices	53	52	42	50	0	0	91%	9%
Dental Practices	66	63	64	59	0	0	94%	6%
Optometry Practices	58	30	30	26	0	0	50%	50%
Community Pharmacy	99	26	37	33	0	0	33%	67%

Table 3

6.2 Other Contracted Services

As part of the implementation programme contractors who provide services to NHS Ayrshire & Arran were made aware of the Standards and the requirement to ensure that they have procedures in place. A process for the collection of quarterly and annual returns from contractors was agreed. The work to implement this process of quarterly and annual returns has been impacted by the retirement of the Interim Head of Procurement, which resulted in the work being paused. At this time there is no reporting information available for 2021/22.

With a new Head of Procurement, the procurement team are collating information from local suppliers, who are not contracted through the National Procurement Framework and this information will inform into a Contract Register providing a list of all local contracts and Service Level Agreements (SLAs) that the Board have in place. This will ensure a process for reporting Whistleblowing concerns in accordance with the requirements of The Standards.

NHS National Procurement Services are responsible for those contracts covered by the National Procurement Framework. A National process is in place which supports the requirements of the Standards for reporting and recording.

7. Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principles and investigate the concern in line with the Standards, as far as practicable. NHS Ayrshire & Arran has decided that anonymous concerns will be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that nobody knows who provided the information'. All anonymous concerns will be considered and investigated to the organisation as appropriate.

In 2021/2022 two anonymous concerns were received one in Q1 and one in Q3. The concern received in Q1 was taken forward as Whistleblowing as the individual came forward. This may indicate an increased trust in the process since its initial launch. Where appropriate the outcomes from investigations into anonymous concerns are shared with the service area.

8. Learning, changes or improvements to service or procedures

NHS Ayrshire and Arran is committed to learning and improving from whistleblowing complaints. For each complaint that is upheld or partially upheld a documented improvement plan is put in place to address any learning. The action plan is agreed by the Director responsible for commissioning the investigation under the standards. We recognise that system-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers.

To date recommendations from investigations have resulted in improvement being made to clinical supervisions, communication and digital systems. Learning has come from poor local induction for staff new to areas, patient centred care and record keeping. Plans are in place for areas where training needs have been identified, such as in clinical procedures, staff development and HR policies, to ensure improvement

Of the five Stage 2 concerns recorded, four implementation plans and one learning plan have been put in place. One implementation plan has been completed with all recommended actions closed.

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

Table 4

Those plans that remain current are monitored through Directorate Governance routes with feedback on closure to Whistleblowing Oversight Group.

In general, the concerns received to date have been complex and have been overlaid by cultural, relationship and communication issues.

9. Whistleblowing themes, trends and patterns

Analysis of the concerns raised by key themes is provided below. Where possible comparisons have been made against the Whistleblowing cases received pre-April 2021 with those raised post implementation. This information will aid identification of any improvement priorities, and to progress learning in a targeted manner.

Theme* ¹	Pre April 2021* ²	Q1	Q2	Q3	Q4	Annual 2021/22
Patient Care	n/a	1	2	1	0	4
Patient Safety	n/a	1	2	1	0	4
Poor Practice	n/a	1	1	1	0	3
Unsafe working conditions	n/a	0	0	0	0	0
Fraud	n/a	1	0	0	0	1
Changing or falsifying information about performance	n/a	0	0	0	0	0
Breaking legal obligations	2	0	0	0	0	0
Abusing Authority	n/a	0	0	0	0	0
Criminal offence	1	n/a	n/a	n/a	n/a	n/a
Miscarriage of justice	0	n/a	n/a	n/a	n/a	n/a
Health and Safety risk	2	n/a	n/a	n/a	n/a	n/a
Damage to environment	0	n/a	n/a	n/a	n/a	n/a
None of the Categories listed	0	n/a	n/a	n/a	n/a	n/a
Concealment of the above	1	n/a	n/a	n/a	n/a	n/a

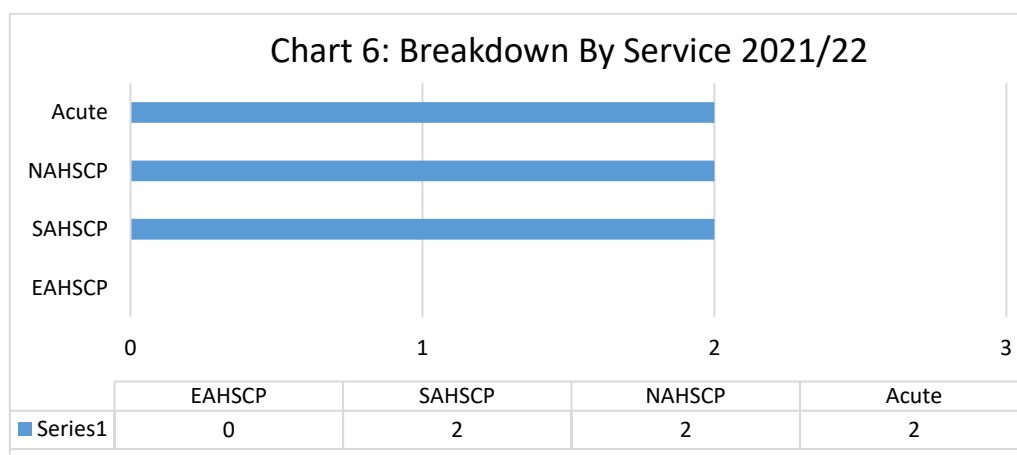
Table 5

*¹ more than one theme may be applicable to a single Whistleblowing concern

*² themes were broadened for reporting post April 2021

10. Concerns raised by Service

Chart 6 shows the breakdown of concerns by service for 2021/22. It is worth noting that one investigation covered concerns raised across two Health & Social Care Partnerships (HSCPs).



11. Experience of individuals raising concern/s

All those who raise concerns are given the opportunity to provide feedback, through an anonymous survey, on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate. The response rate has been 40%. Responses indicate a positive experience in terms of how the investigation was undertaken, being kept up to date throughout the process and the way in which anonymity was maintained throughout. A copy of the Whistleblowing Experience Survey can be found at **Appendix 2**

Example of questions asked and feedback given:

Question	Feedback
What their impression was of staff dealing with the concerns?	'Very helpful and I truly felt I was being taken seriously'
Do you have any suggestions to help improve our whistleblowing process?	'Only to reassure people that it is anonymised and I feel like myself people will open up'

Table 6

A process to gather feedback from all those involved in the whistleblowing process is being developed.

12. Level of staff perception and awareness and training

12.1 Staff perception and awareness

NHS Ayrshire & Arran began raising awareness of the Standards with staff from February 2021. It is difficult to quantify staff perceptions, however prior and since the implementation of the standards, there has been a wide-ranging communication exercise across the organisation. This has included:

- Communications via Daily Digest and weekly e-News promoting raising concerns in NHS Ayrshire & Arran and guidance on how to raise a concern. Communications on the whistleblowing process used a 7-Minute Brief format which received good feedback. These briefings were issued widely across the organisation, via 700+ managers, to be shared with staff, volunteers, contractors, HSCP staff and students, for use in team meetings, noticeboards and shared work spaces. Each briefing provided contact details for the Speak Up mailbox and phone line and Confidential Contacts.
- Posters were used to promote the organisation's process for raising a whistleblowing concern. The posters provided information and questions to consider prior to raising a concern and reminded users of the confidentiality and support which is available. A poster with a QR code was also created to make it easy for users to access the Whistleblowing page on the internet.

- Both internal and external web pages for Whistleblowing were created. Internally on the organisation's [Athena intranet](#) with a one-click access button enabling easy access for users and a Whistleblowing web page on the [NHSAA external website](#). The pages provide a wide range of information on the requirements of The Standards including guidance for users. The external page ensures access for all those who can raise a concern through the Standards.
- For Student Nursing and Midwifery colleagues information on raising concerns was added to their [external student support pages](#).
- For partnership colleagues an overview session on the Standards was provided via the Health and Social Care Providers Forums across our three partnerships. These groups involve colleagues from across the health and social care sector, including team and senior managers.
- The Corporate Induction programme for new staff joining the organisation contains a dedicated section on whistleblowing and raising concerns.
- Within Primary Care we have worked closely with primary care colleagues to raise awareness. Processes are in place with each primary care contractor group.
- To support the standards, guides are available for managers and staff and these have been widely publicised through routes described above.
- The organisations first [Whistleblowing Annual Newsletter](#) was developed and included input from our Nurse Director who is the Whistleblowing Executive Lead and also important comment from our Whistleblowing Champion.

12.2 Training

Training is available through NES Turas Learn for anyone who provides services on behalf of the NHS in Scotland, including students, contractors and volunteers. This provides learning on the National Whistleblowing Standards and the role of the Independent National Whistleblowing Officer (INWO). The modules have been provided by the INWO and are set out in 3 different learning programmes for:

- people who need an overview of the Standards;
- people who are line managers or work in a similar role, who are likely to receive concerns from colleagues in their day-to-day work; and
- senior managers who are involved with not only receiving concerns, but also investigating, responding to, and reporting on whistleblowing concerns to the board.

The training modules have been widely advertised throughout the organisation in 2021-2022 and were supported by a series of one-hour facilitated learning sessions for managers, supervisors and team leaders which took place throughout May and June 2021 via MS Teams. The sessions required managers to have completed the modules in advance and provided an opportunity learn more about what the introduction of the Standards means for managers and their responsibilities under the Standards. Due to demand, further sessions took place during October - December 2021.

To date 24% of staff and 39% of managers have accessed the Turas Learn modules. The organisation is continuing to encourage users to complete the appropriate

modules through regular communications. Line Managers are required to complete the appropriate modules as mandatory learning. This will continue to be developed and communicated through our Organisation and Human Resource Development team including through leadership programmes.

13. Whistleblowing and Speaking Up

The NHS Ayrshire & Arran Speak Up model supports the organisations culture of psychological safety where all staff are encouraged to be confident to bring forward any concerns. The Speak Up model provides access to Confidential Contacts and a cohort of Speak Up Advocates who work alongside the Confidential Contacts to broaden access for those with concerns, ensuring that we can provide access to a contact and support for those raising concerns across the organisation at all levels.

Of the concerns received during the reporting year these have been received via the Confidential Contacts or the SpeakUp mailbox.

14. Independent National Whistleblowing Officer

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At the end of the first year there have been no referrals to the INWO.

15. Our plans for 2022/2023

- It is recognised that processes implemented prior to and during the first year would benefit from review to identify learning from managing the concerns raised. This review is underway to identify any improvements and proposals for change. We will review feedback from users of the process, best practice from colleagues in other boards and also from national forum meetings in which NHS Ayrshire & Arran participates.
- We will develop a pulse survey to help us understand staff awareness and perception in regards to the Standards.
- We will continue to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning.
- We will work with investigators and Directors, to review learning from the process and share as appropriate across the organisation.
- We will continue to engage with our Speak Up Advocates to address any barriers identified by staff about raising concerns.
- We will continue to provide communications on a monthly basis using the mediums of Daily Digest and eNews and our 7-minute briefing format.

16. Conclusion

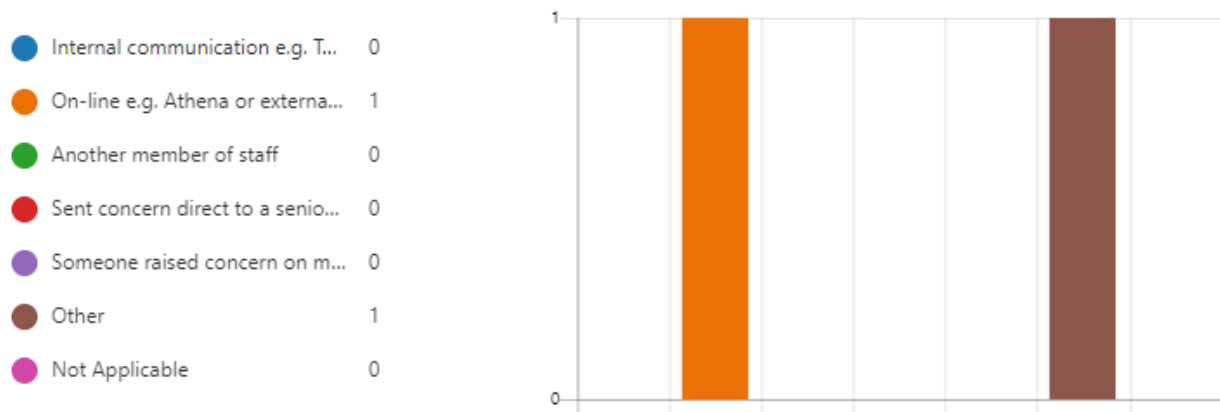
From implementation of the Standards, Year One has shown a rise in the number of Whistleblowing concerns received when compared with those received under the previous policy. It is hoped that continued improvements in process, continued communications and using feedback from colleagues will enable NHSAA to develop its culture so that all those who might have a concern feel able to Speak Up freely without fear of any adverse impact against them. It is recognised, as noted in Our Plans above, that this is a continuous improvement process and the learning gained from the first year will inform improvements as we go forward.

The organisations Whistleblowing Oversight Group (WBOG) will continue to meet to provide oversight of our processes and systems, recognising that this is a learning process and performance reports will continue to be provided to our Staff Governance Committee and Board meetings to provide assurance that the organisation is delivering the requirements of the Standards.

Appendix 1 - Whistleblowing Experience Survey – Feedback

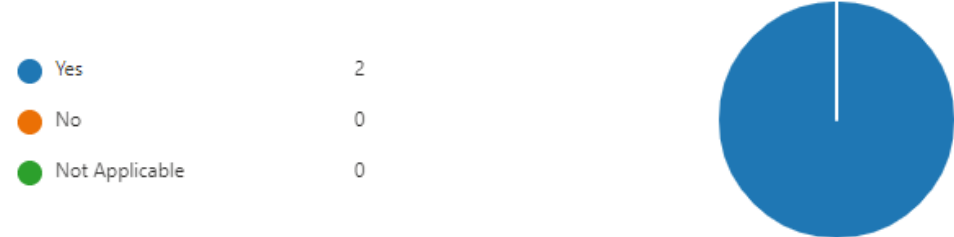
1. How did you find out where to submit your whistleblowing concern to?

[More Details](#)



2. Did you find it easy to find out how to raise your concerns?

[More Details](#)



3. If you answered no to question 2, why not?

[More Details](#)

2
Responses

Latest Responses
"N/A"
"Answered yes"

4. Were you aware of who was dealing with the concerns and who to ask if you had any questions?

[More Details](#)



5. Did you feel listened to during the process?

[More Details](#)

Yes	2
No	0



6. If there was any delay in receiving the response, did someone contact you to let you know this and explain the reasons why?

[More Details](#)

Yes	2
No	0

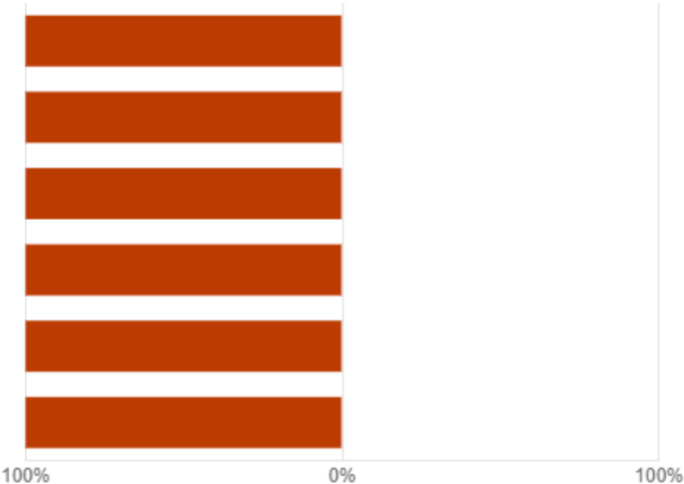


7. On receipt of the written response to the concerns, did you feel that it:

[More Details](#)

Yes No

- Answered all the concerns?
- Was objective and impartial?
- Was clear and explained reasoning well?
- Was empathetic and understanding?
- Offered an apology for where we got things wrong?
- Indicated if we had learned lessons / made improvements as a result of the complaint?



8. What was your impression of the staff that were dealing with the concerns? For example, were they polite, helpful or approachable?

[More Details](#)

2
Responses

Latest Responses

"Very helpful and I truly felt I was being taken seriously "

"Very helpful "

9. Overall, how satisfied were you with:

[More Details](#)

■ Very Satisfied ■ Satisfied ■ Unsatisfied ■ Very unsatisfied

How the concerns were handled?



10. Do you have any suggestions to help us improve our whistleblowing process?

2 Responses

ID ↑	Name	Responses
1	anonymous	No
2	anonymous	Only to reassure people that it is anonymous and I feel like myself people will open up