NORTH AYRSHIRE
Health and Social Care Partnership

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 30th 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:
	Prevention and Early Intervention
	• 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. Individuals seen within 3 weeks for Drug and Alcohol treatment – 90% target; 99%(drug), 97%(alcohol) Individuals seen within 6 weeks for Drug and Alcohol treatment – 100% target; 100%(drug), 100%(alcohol)

	Tackling Inequalities
	• 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
	Engaging Communities
	• 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
	Bringing Services Together
	• 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.

	• 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>
	• 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	• 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''* • 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

	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. • 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 DTTO figures reflect the assurance courts in Ayrshire have in this service and the positive outcomes achieved.
	<u>Mental Health Lead Partnership</u>
2.10	• 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 30th November deadline.
3.2	Anticipated Outcomes
	Informing the people of North Ayrshire and wider stakeholders on the progress of health and social care integration, specifically relating to: • 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	Measuring Impact
	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	Financial None.
4.2	Human Resources None
4.3	Legal None
4.4	Equality/Socio-Economic None.
4.5	Risk None
4.6	Community Wealth Building None
4.7	Key Priorities 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

NORTH AYRSHIRE
Health and Social Care Partnership

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

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

Arran

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

Irvine

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

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

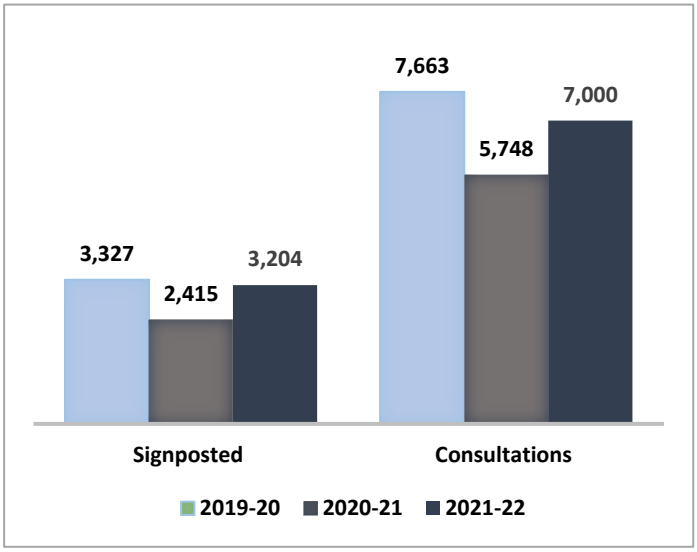
The Community Link Worker Service linked with people more than 7,000 times, linking to 5,200 supports, services and resources

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

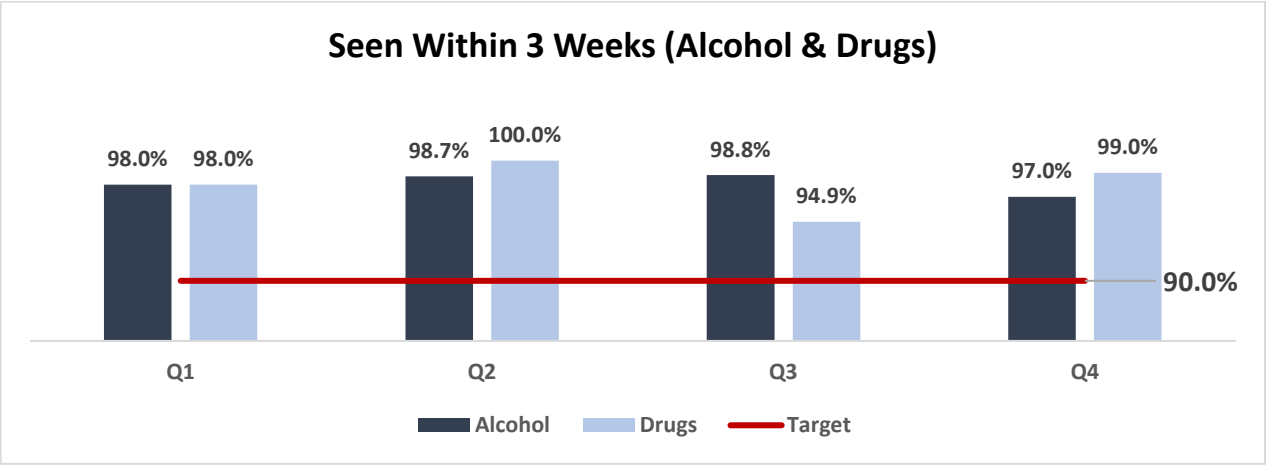
We supported the programme through provision of local premises for use as vaccination centres. At the height of the programme, we provided 18 premises across North Ayrshire for use, ensuring vaccinations centres were locally available.

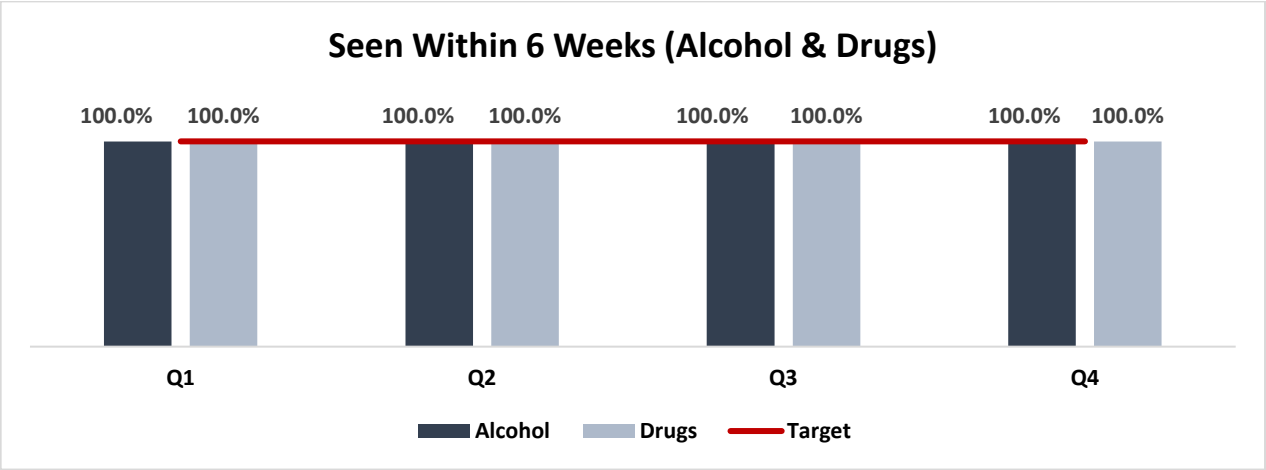
1.2 In 2021-22, 3,204 people were signposted to the **Community Link Worker** service, 33% higher than the previous year, with the COVID-19 pandemic impacting the last year's figures. In addition, unfortunately 2 of our GP Surgeries had technical or operational issues, so the overall performance is likely 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.



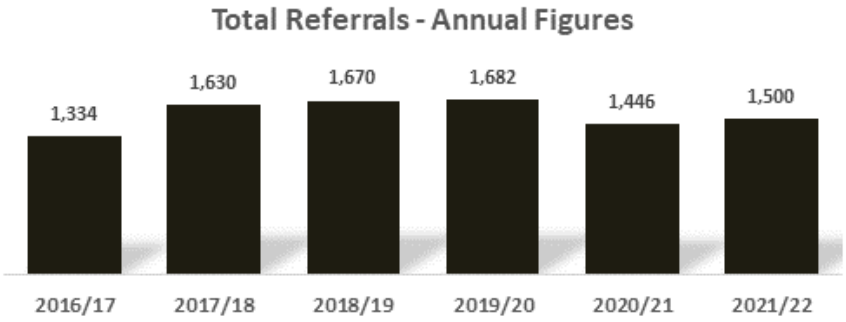


The team continues to identify new ways of working to provide a more agile and streamlined service and further improve performance. This work has been evidenced by the delivery of early intervention services in the delivery of Alcohol Brief Interventions (ABI) in both priority (Primary Care, A&E and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

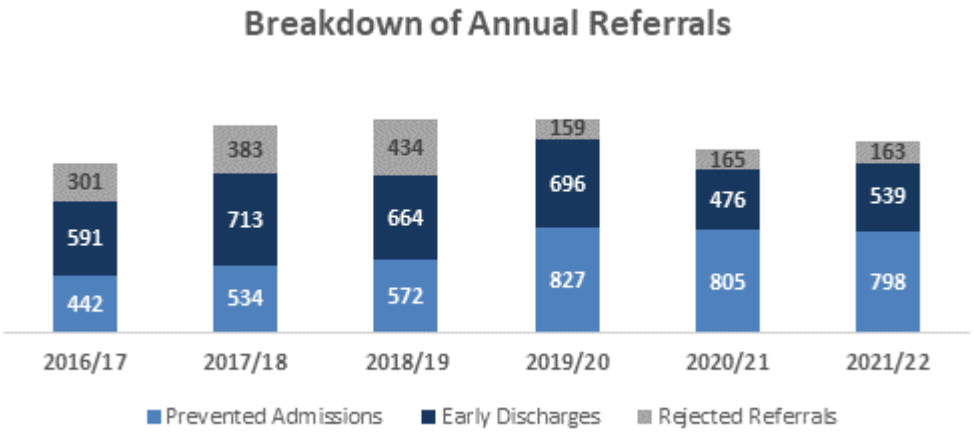
	2020-21	2021-22
Target set by Scottish Government – Priority Settings	**3,420**	**3,420**
Total ABI delivery in Priority Settings (Ayrshire & Arran)	**5,920**	**5,776**

	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

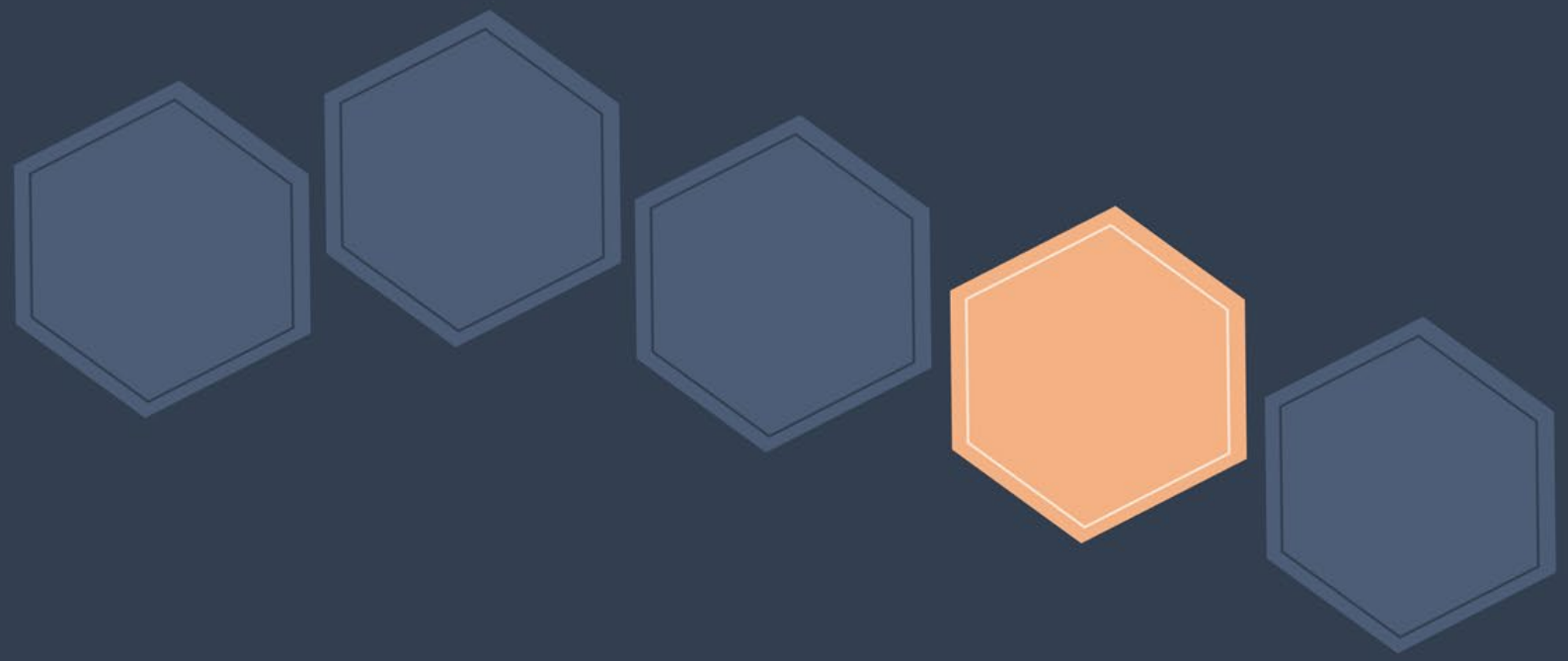
National Outcomes

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

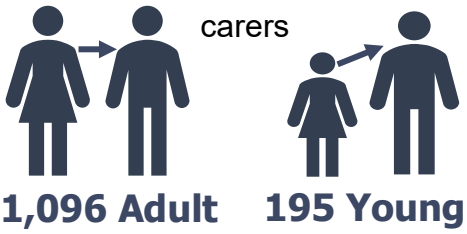
1,291 Carers registered with our care provider - Unity

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.



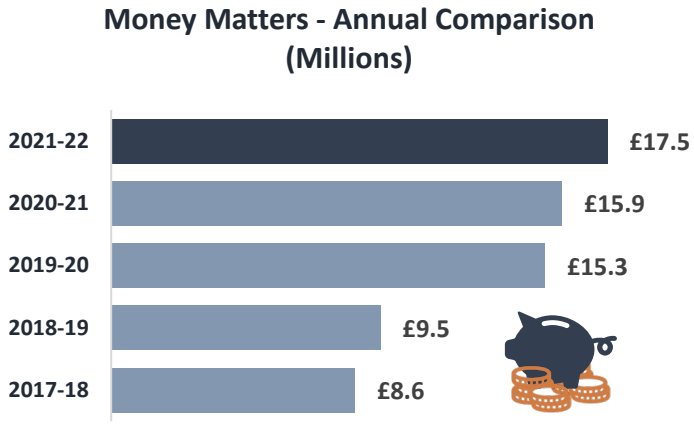
New Directions were published in July 2021, under section 5(1A) of the Social Work (Scotland) Act 1968 (Directions to local authorities to issue offers under sections 6 and 12 of the Carers (Scotland) Act 2016). The regulations prescribed timescales for the offer and preparation of an Adult Carer Support 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.



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

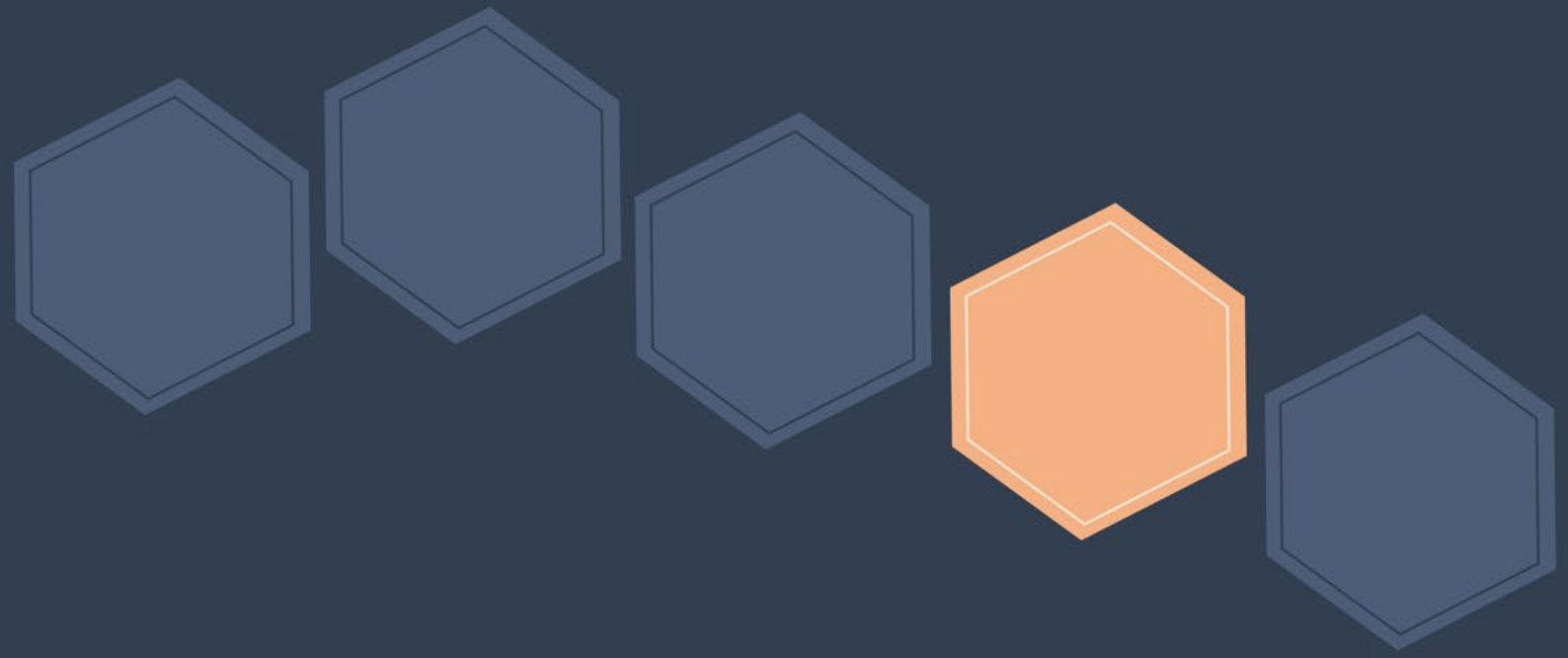
Strategic Priority

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)"

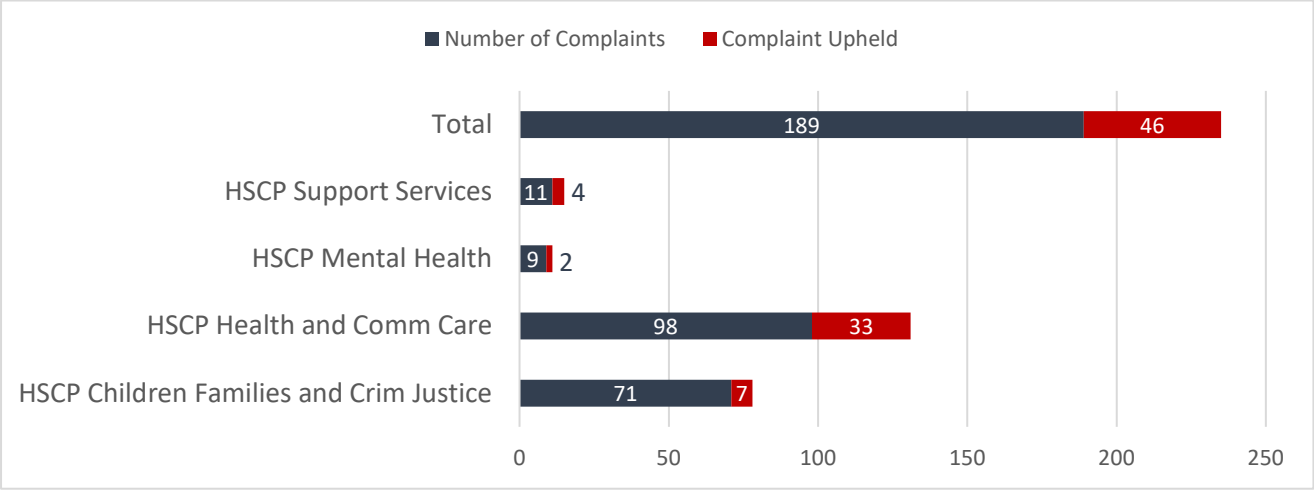
"Comments on evaluation form was complimentary regarding work of worker in Rosemount Team"

"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.

Ayrshire Independent Living Network

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

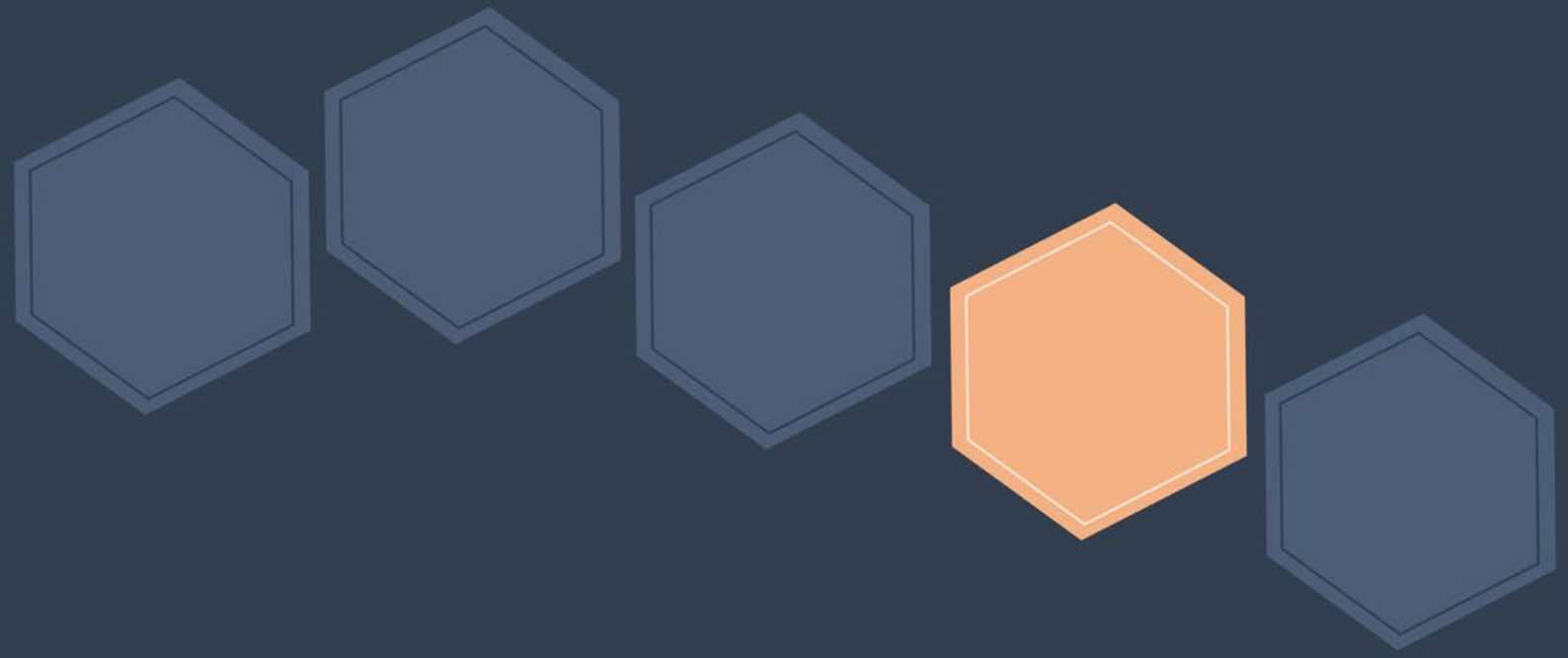
Bringing Services Together

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.

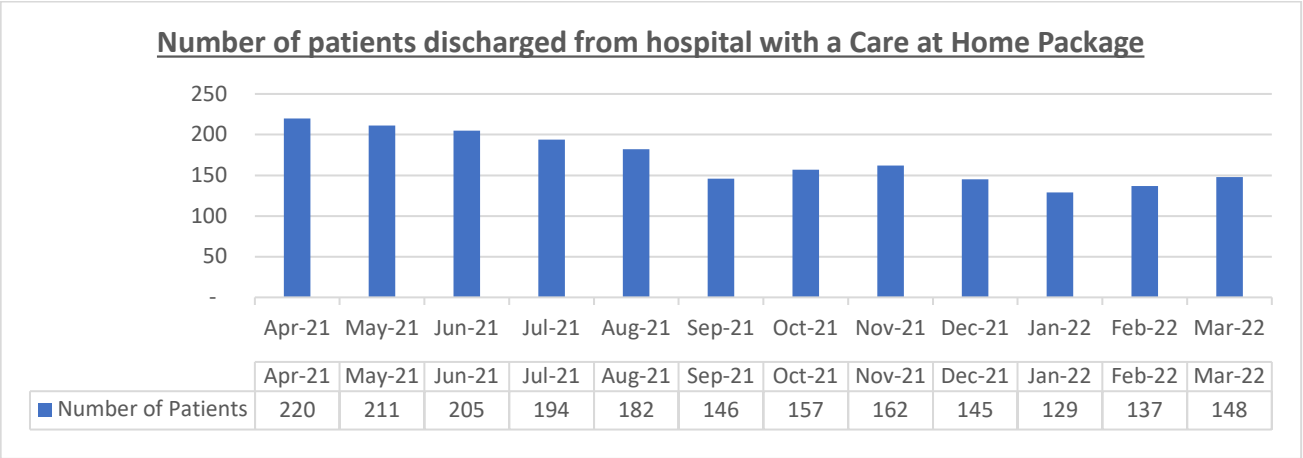
This work is clearly aligned with mental health improvements in primary care and the mental health occupational therapy model, which was piloted in the north coast cluster, with one senior OT staff member successful in supporting people with long COVID-19, mental health conditions and individuals with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



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of Patients	220	211	205	194	182	146	157	162	145	129	137	148

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

	NAHSCP	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

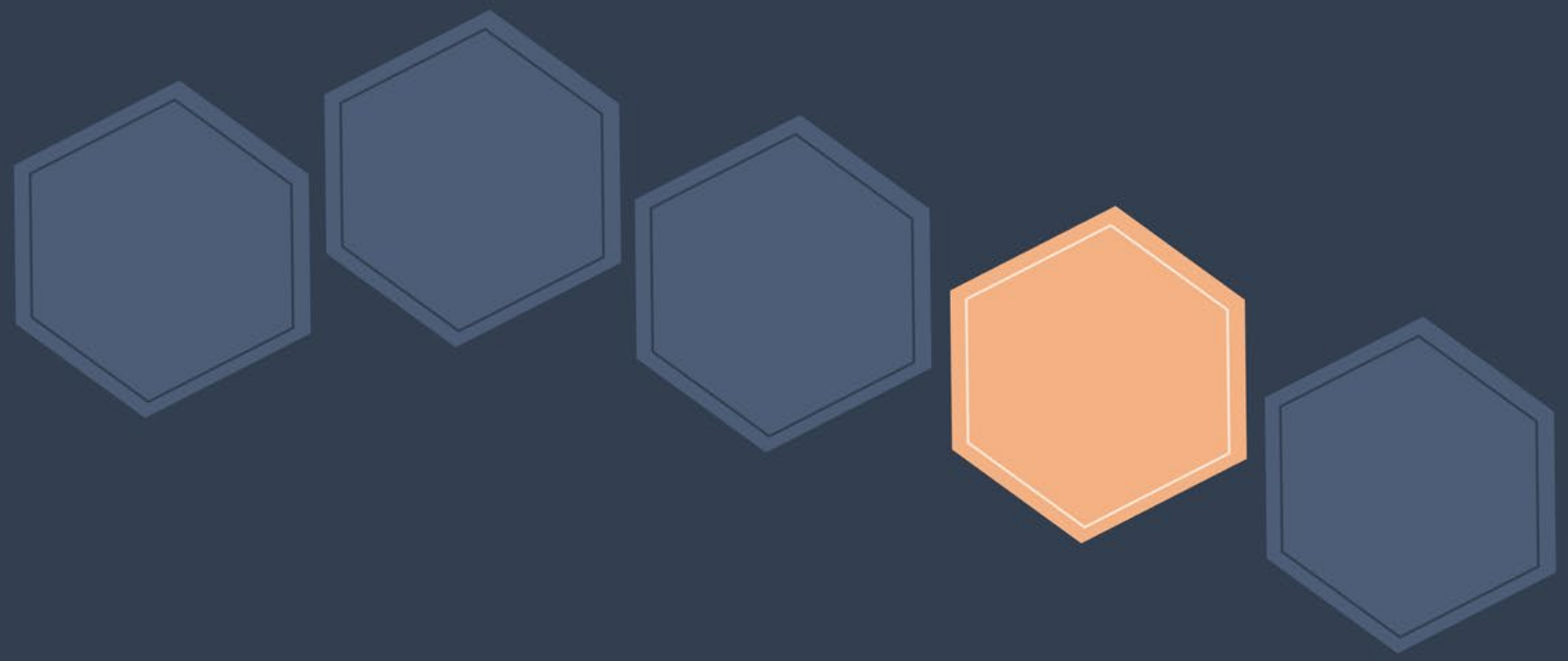
Improving Mental Health and Wellbeing

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.

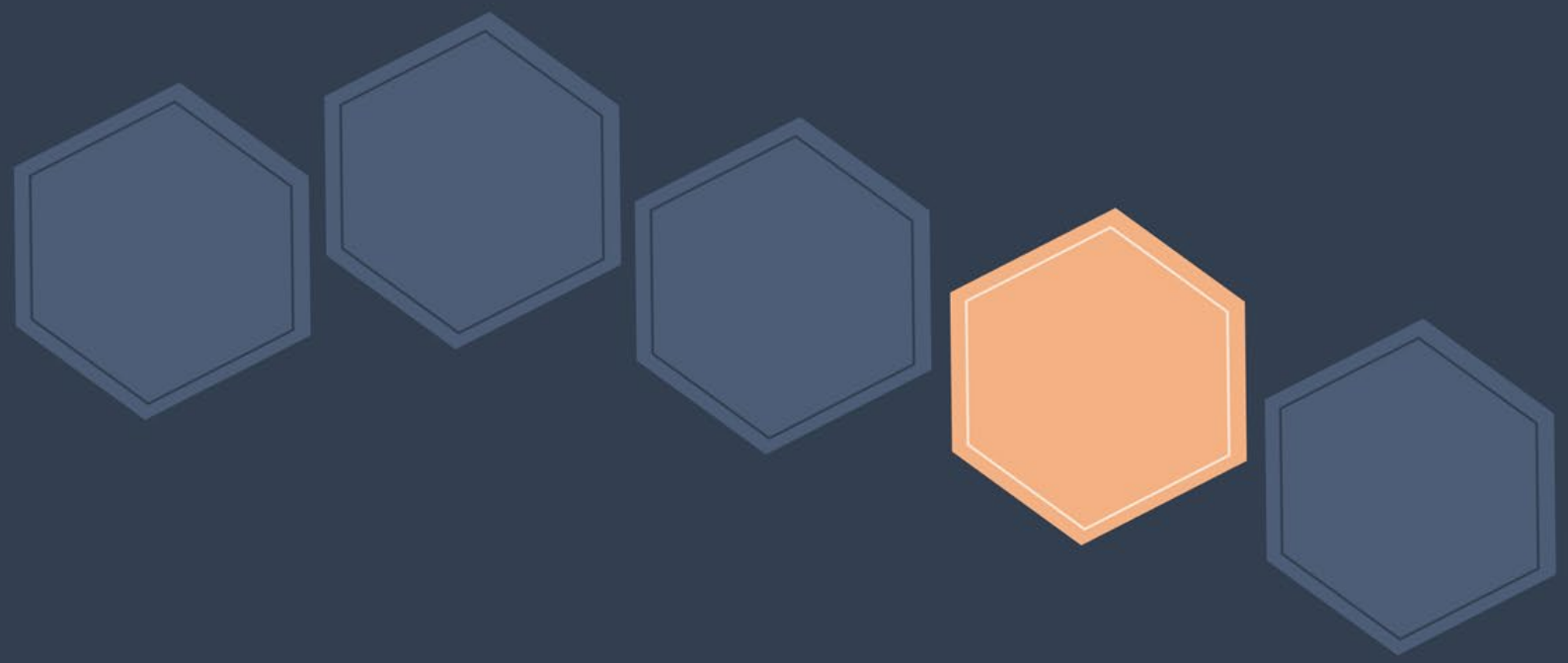
North Ayrshire is partnered in its family group with: East Ayrshire, Dundee, Western Isles, Glasgow, Inverclyde, North Lanarkshire, and West Dunbartonshire.

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 Eglington 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.

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.

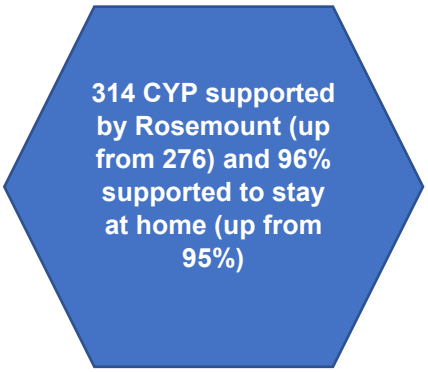
The Health Visitor received text correspondence from mum which ultimately had led to a disclosure of historic coercive control, emotional abuse, sexual abuse and now, most recently, physical abuse by the father of the children. HV and EYSW were able to meet with mum and mum agreed to make contact with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

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

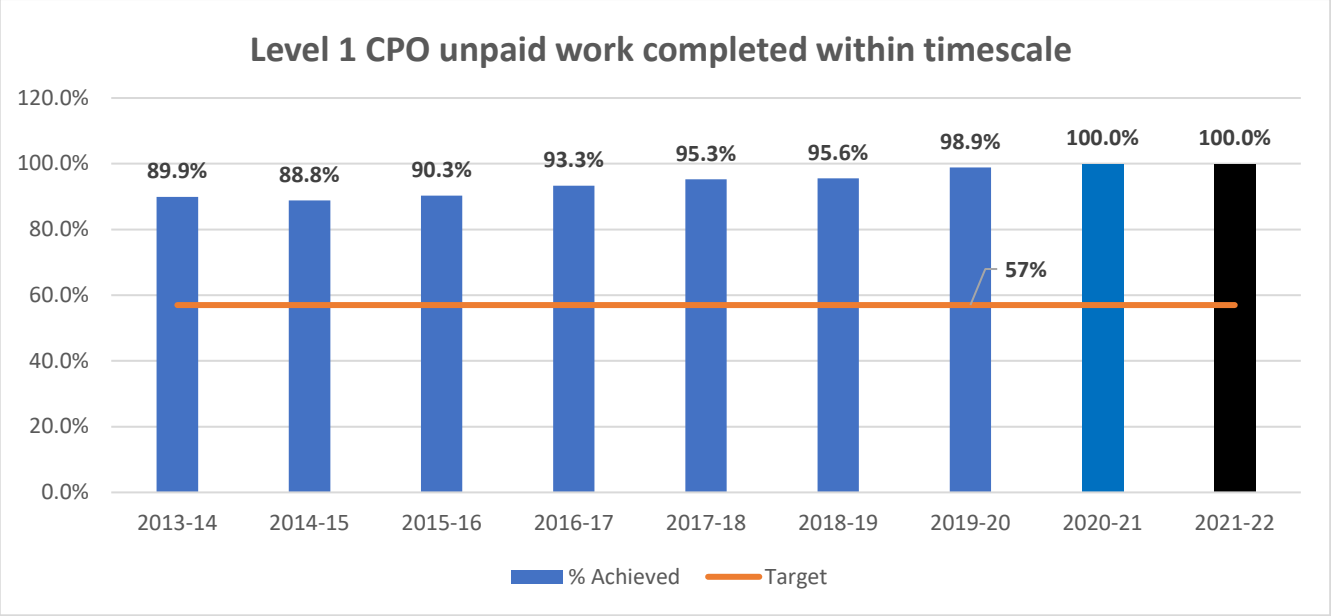
Outcome 2: The Reduction of re-offending

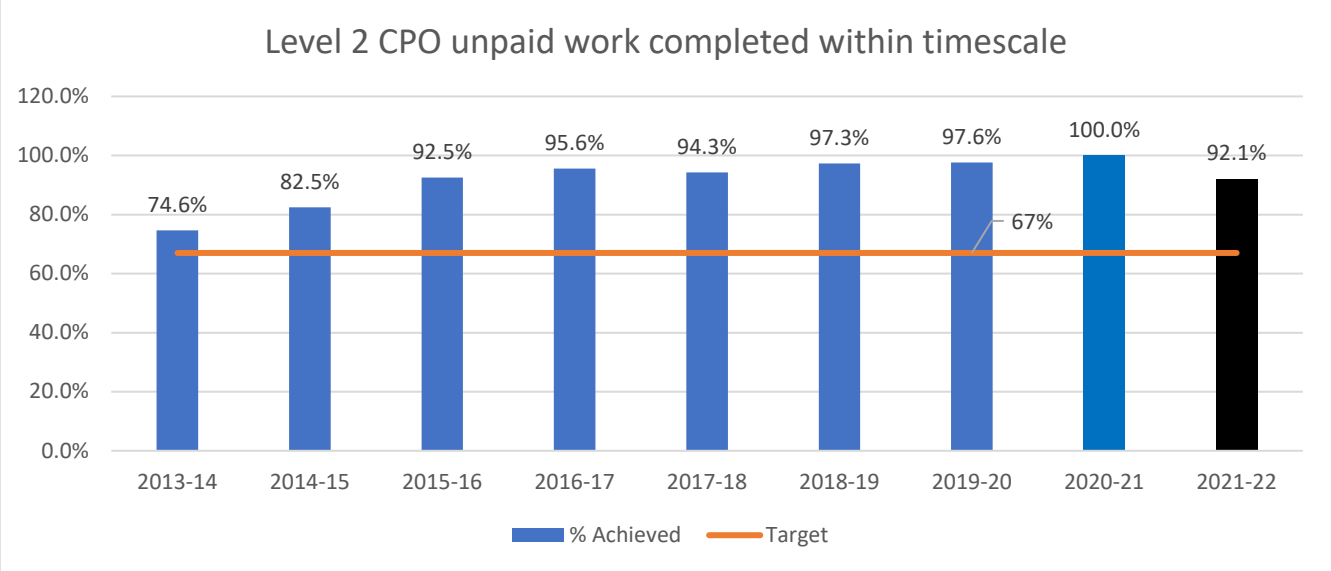
Outcome 3: Social inclusion to support desistance from offending

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.

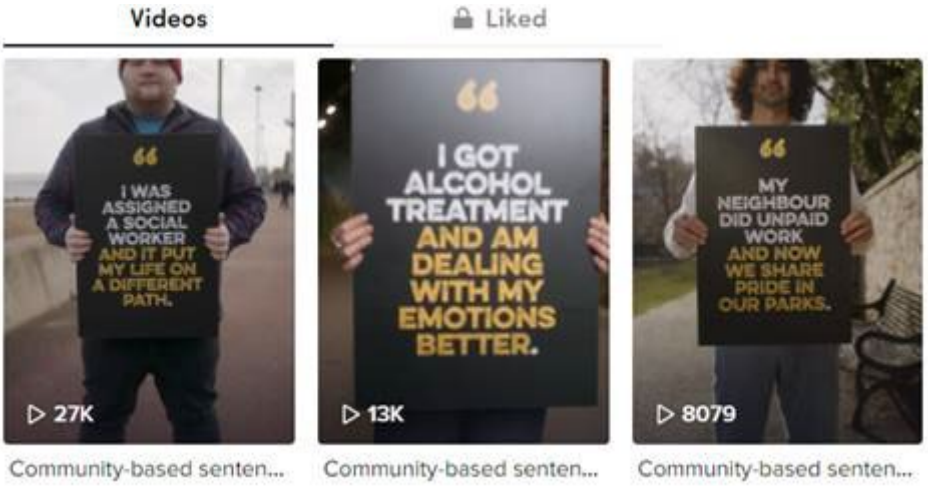
2.2 North Ayrshire's **Justice Social Work Intervention** approach to supporting women in the justice system was singled out as an area of good practice in the national annual report as an excellent example of the ways Justice Services take a person-centred and innovative approach to supporting some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

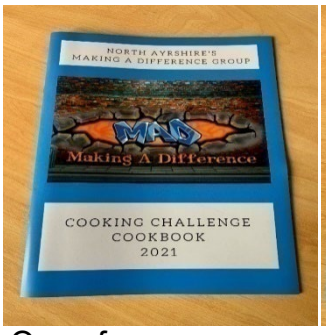
https://www.tiktok.com/@comjusscot

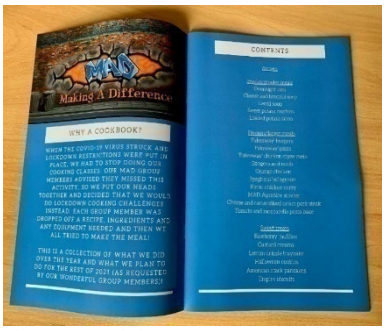
2.4 **Helping Hand** packs continue to be provided for those who are in crisis. These were introduced to provide practical support for those experiencing homelessness and breakdowns in relationships. They have also become a staple of our response in supporting community reintegration for those being 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.

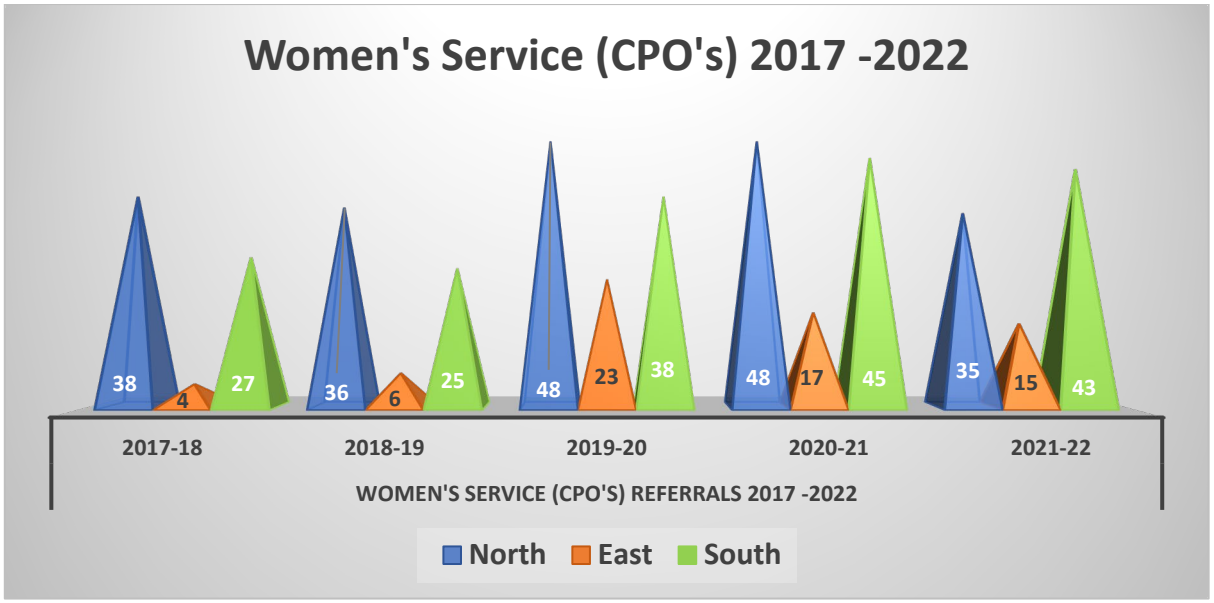
The Caledonian Women's Service offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. Working in partnership with the women, they aim to reduce their vulnerability and work with other services, including education, housing, Police Scotland and the voluntary 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.

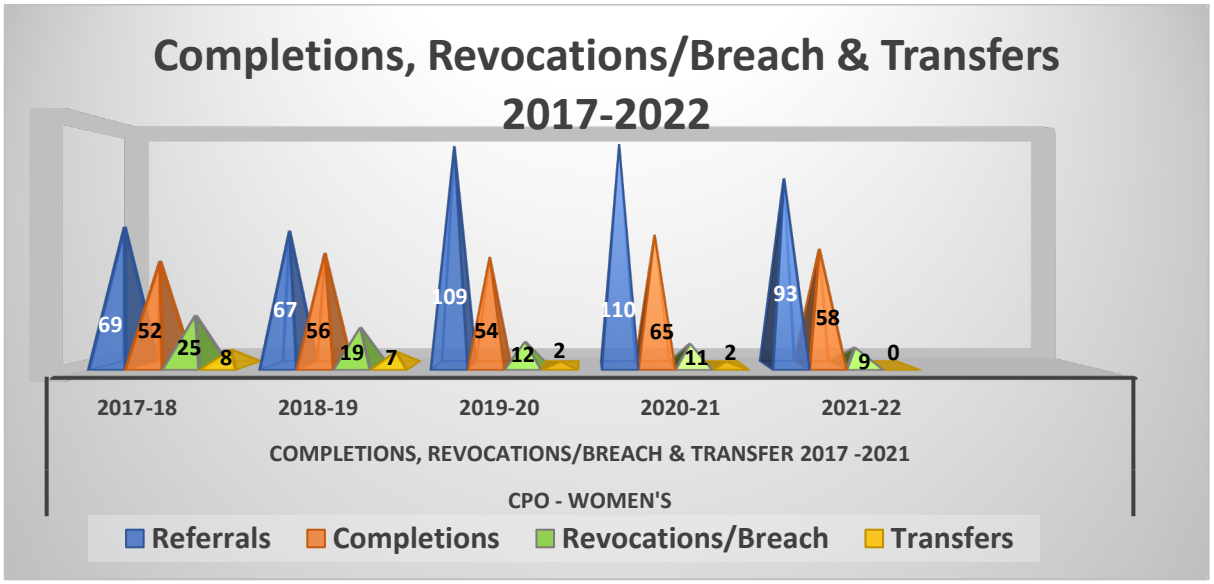
The Caledonian Women's Service seeks to promote community integration as part of women's recovery from domestic abuse and have supported women to access community resources, including support for alcohol issues and introduction to community groups to support in making social connections. The Caledonian Team also have a children's service worker whose primarily 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

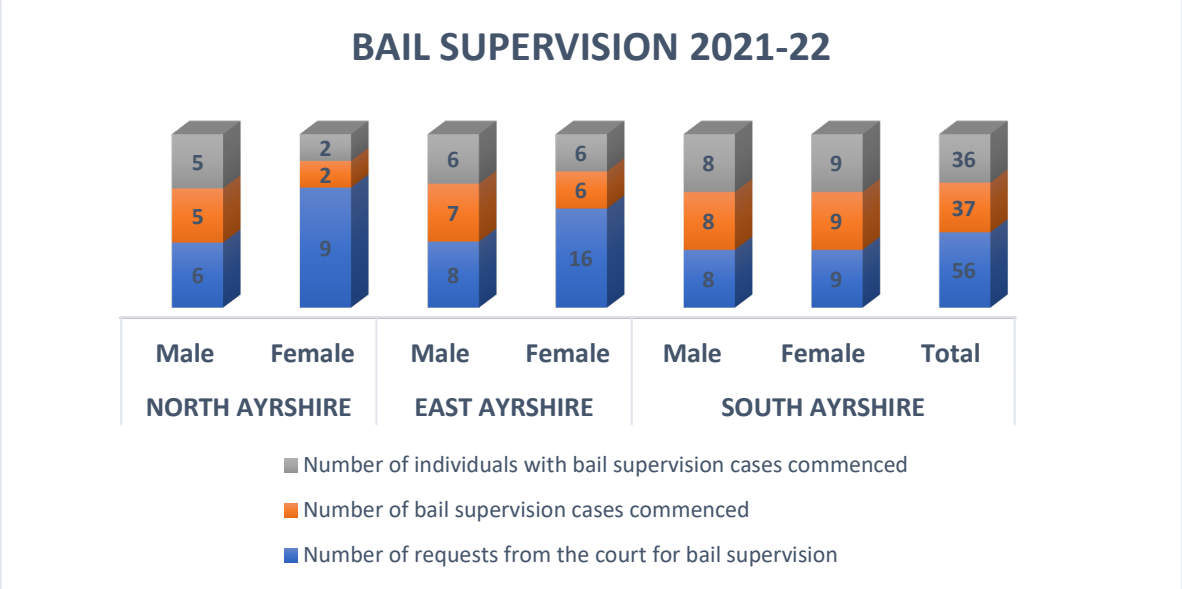
- Complete a risk alert and provide emotional support to women who are remanded
- Making appointments for women who are released from Custody

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 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.

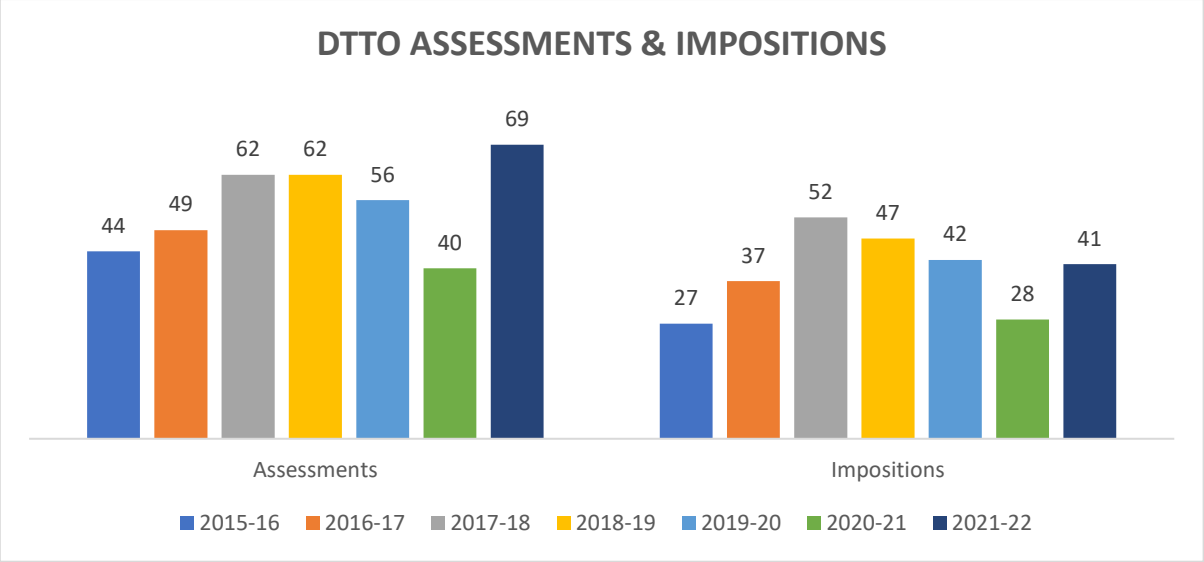


Comments:

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"*

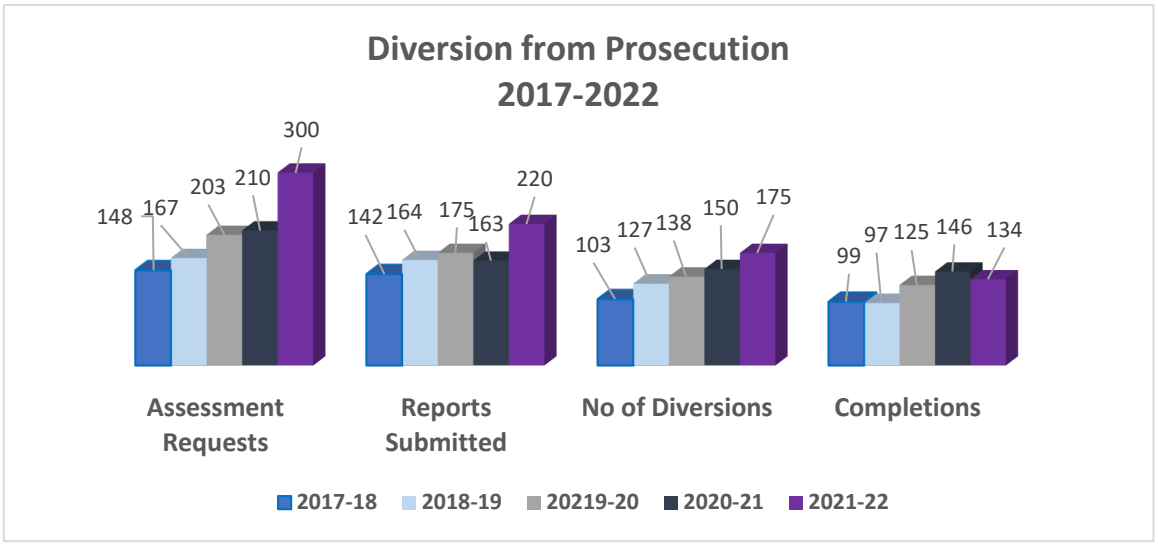
Mr M (North Ayrshire) *"I am very supported and don't like it when my worker is off" "The help has been beneficial to me, and things would have been worse if I hadn't been on it"*

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:

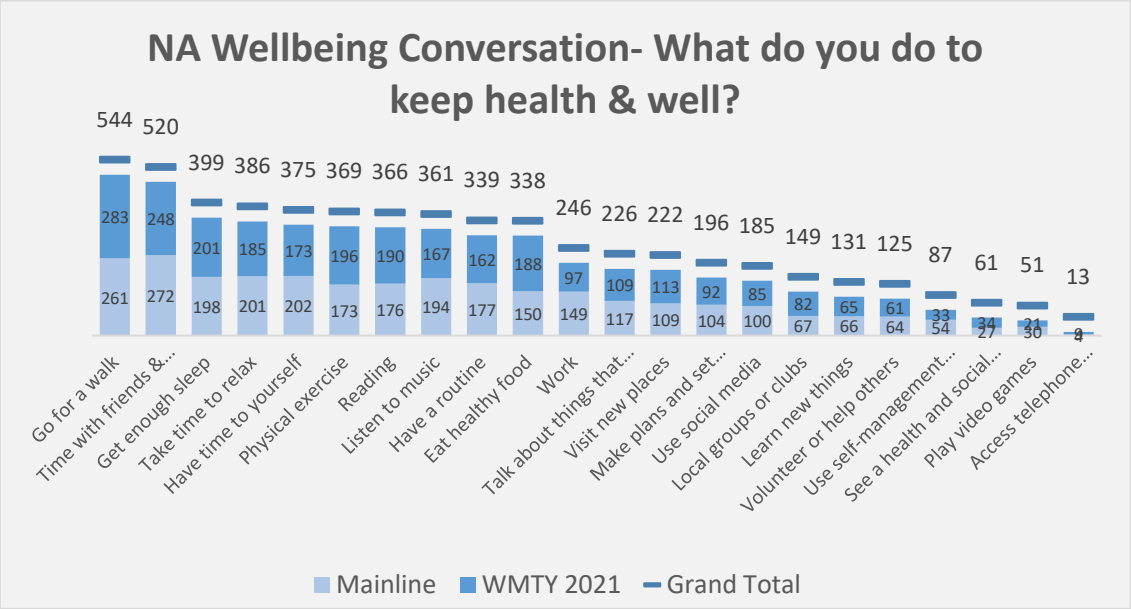
1. ***'What do you do to keep yourself well?'***
2. '***Would you like to be more involved in shaping HSCP services?'***

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.

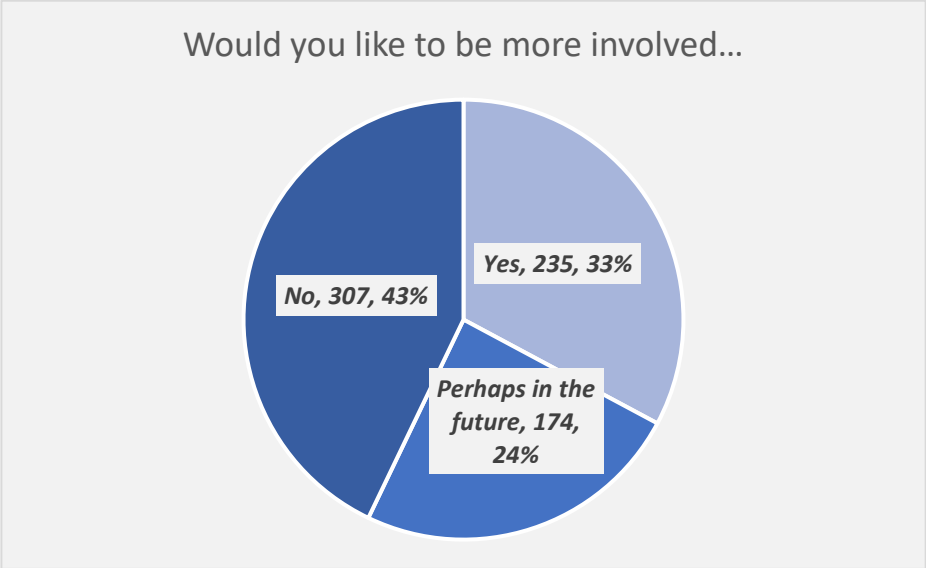
We invited responses from the community using an online survey and work with colleagues across the Partnership and NAC to help promote it.

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

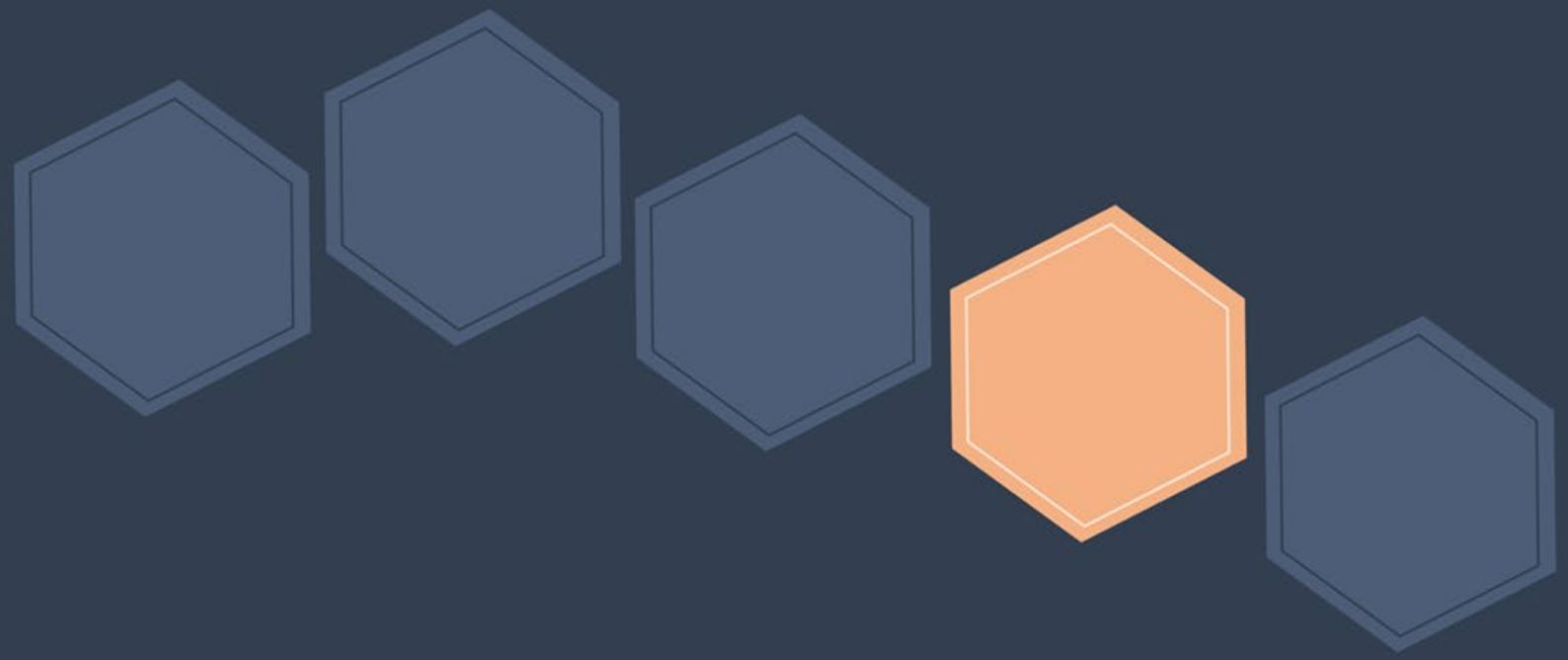
New supported Accommodation complexes have been built in North Ayrshire. Following on from the opening of the first purpose built Supported Accommodation complex in Dalry and a larger site for 22 individuals in Largs, a 10-dwelling site in Kilwinning opened in early 2022 and is run by The Richmond Fellowship. 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.

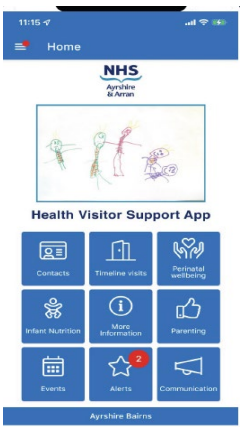
The Children's Immunisation Service provides the Ayrshire school-based immunisation programme, including Human Papilloma virus (HPV), Diphtheria, Tetanus and Polio, Meningitis ACWY and Measles, Mumps and Rubella (MMR). In North Ayrshire, this programme is offered to 7,903 pupils between the cohorts of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

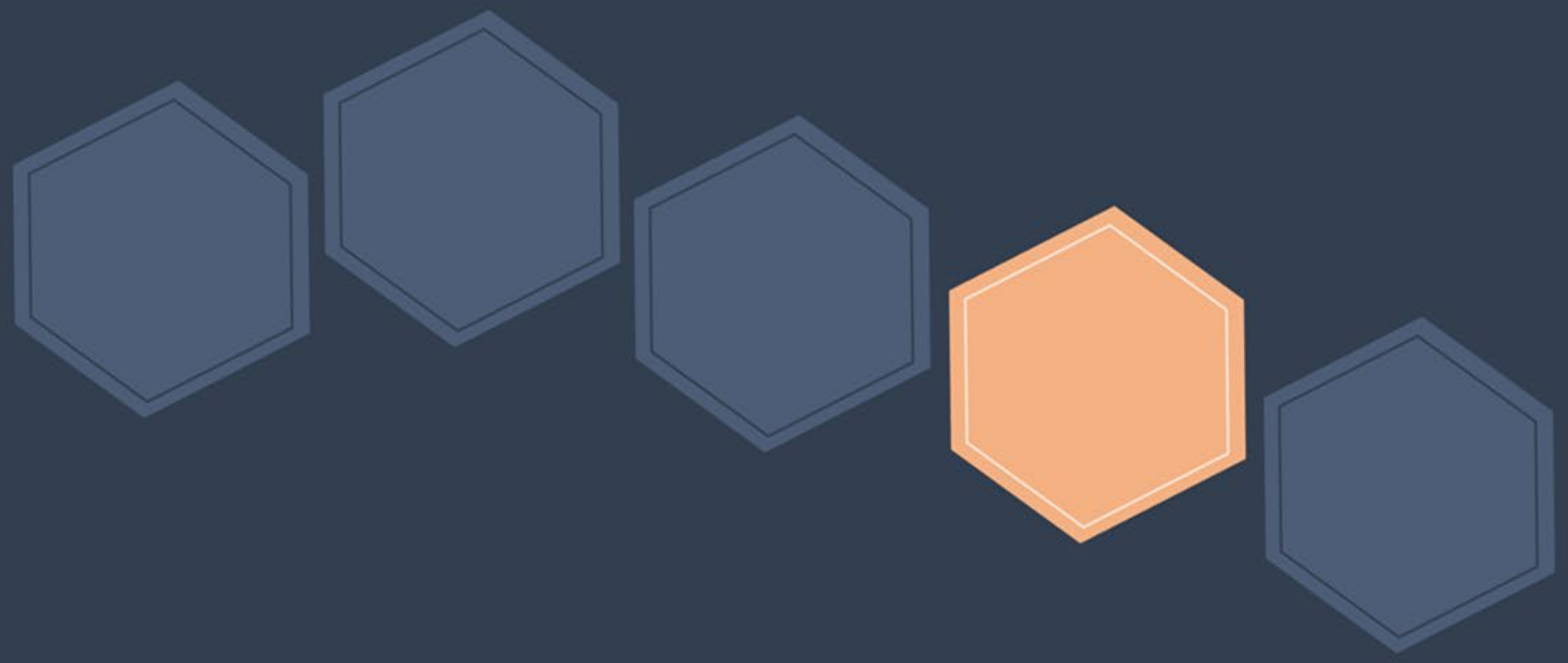
The Partnership has arrangements to consult and involve localities via their Locality Forums. The IJB has established six Locality Planning Forums, reflecting the previously agreed local planning areas. These provide Board Members with the opportunity to be involved in considering the priorities for 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