



NORTH AYRSHIRE
Health and Social Care
Partnership

Integration Joint Board

Supplementary Agenda

for the consideration of the **Integration Joint Board** on **Thursday, 01 May 2025** at **10:00** to consider the undernoted business.

Business

7 Enhanced Mental Health Outcomes Framework Budget

Submit report by Thelma Bowers, Head of Service (Mental Health) on the future priorities for the Enhanced Mental Health Outcomes Framework budget and service changes in alignment with Scottish Government strategic priorities (copy enclosed).

Integration Joint Board 1st May 2025

Subject :	Enhanced Mental Health Outcomes Framework Budget
Purpose :	To update for awareness and approval of the future priorities for the Enhanced Mental Health Outcomes Framework budget and service changes in alignment with Scottish Government strategic priorities.
Recommendation :	It is recommended that the Integration Joint Board supports the recommendations of the short life working group in order to bring the Enhanced Mental Health Outcomes Framework into budget alignment in its reduced financial envelope.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
WTE	Whole Time Equivalent
CAMHS	Child and Adolescent Mental Health Services
RTT	Referral to Treatment
CUAIT	CAMHS Urgent Assessment and Intensive Treatment

1.	EXECUTIVE SUMMARY
1.1	The Scottish Government has consolidated five historically separate Mental Health budgets into one Enhanced Mental Health Outcomes Framework Bundle in an effort to create efficiencies in spending, with increased flexibility given to Integration Joint Boards and Health Boards, to deliver on the Key priorities outlined. This new funding framework also includes financial allocations for School Nursing and Learning Disability Health Checks that have not previously been included within the scope of core Mental Health Service consideration.
1.2	This new bundle comes with a decrease in funding from the sum of all parts and hence, decisions need to be made on service delivery and priorities, the overall Scottish Government funding for NHS AA on a Pan Ayrshire basis has reduced by

£538k in-year during 2024/25 from a total baseline funding allocation of £9.3m, a reduction of 5.8% overall. Two Pan Ayrshire short-life working groups were established in 2024/25 to review the Action 15 allocation and a separate working group to review the other remaining consolidated allocations to consider how to make the necessary reductions. A summary of the recommended savings identified as an outcome of these workstreams are noted below:

Action 15

In 2017 and as part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings of:

- Primary Care
- Emergency Departments
- Prisons
- Police Custody

A review of the Action 15 budget and projects across a variety of settings and purposes was undertaken with a Pan Ayrshire options appraisal process, put together with a panel of clinical leads, to identify efficiencies and savings to meet the identified budget shortfall.

The short-life working group is proposing to implement the following savings:

1. Speech and Language Therapy Post in forensic services (part-time) = £31,479
2. RISE Team budget reduction of £100k (in addition to a Band 3 post already given up) = £100,000
3. Police Custody MH Nurses = £74,352

TOTAL £205,831

Due to additional funding being allocated to the Action 15 budget on a recurring basis, it was possible to increase the saving above to **£302,728**. Overall, approximately 4.5-5.5 WTE posts will be discontinued in this savings, with only 1.0 WTE of those being currently in post. This keeps Ayrshire & Arran above the 59.28 minimum workforce threshold from the Scottish Government.

Mental Health Innovation fund

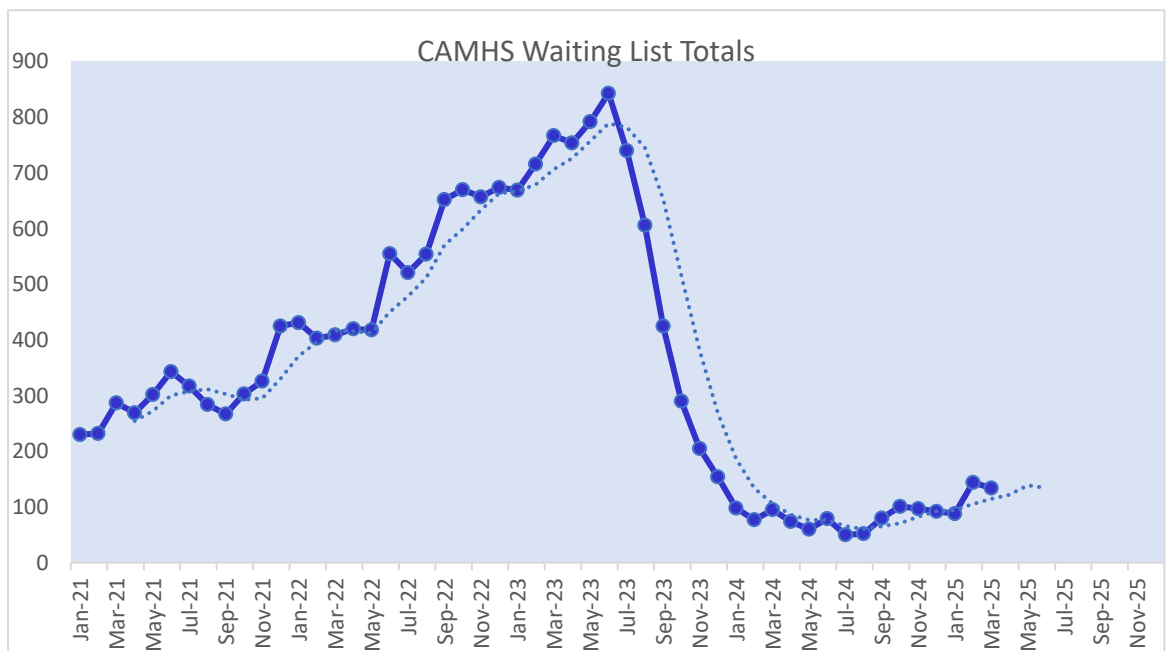
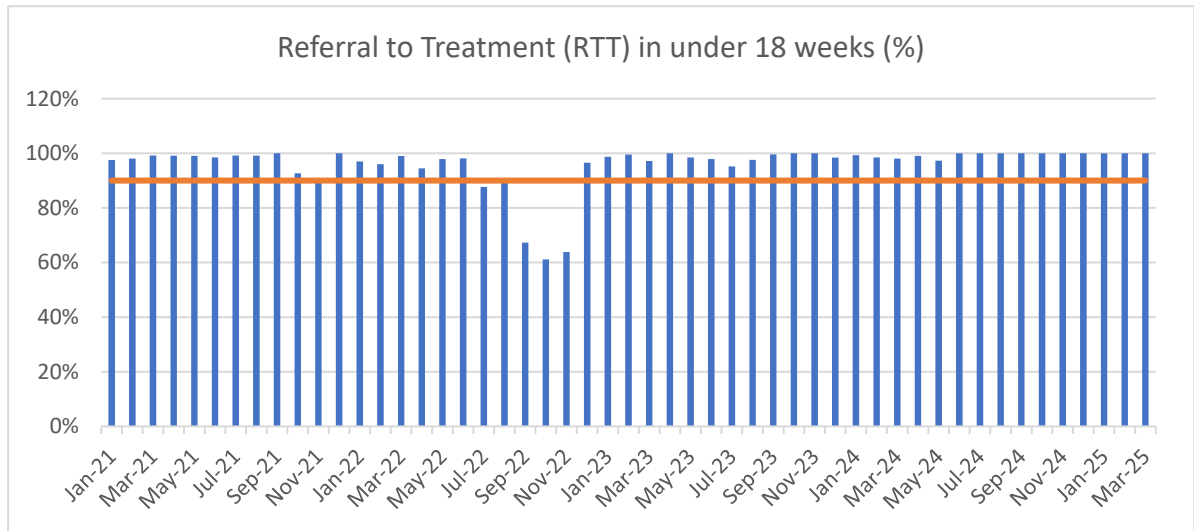
This is a historic innovation allocation first introduced in 2016, to improve access to mental health crisis support for children and adults, which resulted in the development of a police triage pathway for adults and very early-stage development of CAMHS unscheduled care. The purpose of this allocation was later superseded by Action 15 allocation, with greater flexibility given to how it could be utilised. In Ayrshire and Arran this budget continues to be used to develop short term projects in alignment with the purpose of improving access to mental health services. The working group considered that a reduction in these short term projects would provide an opportunity to release savings or efficiencies with minimal long-term impacts.

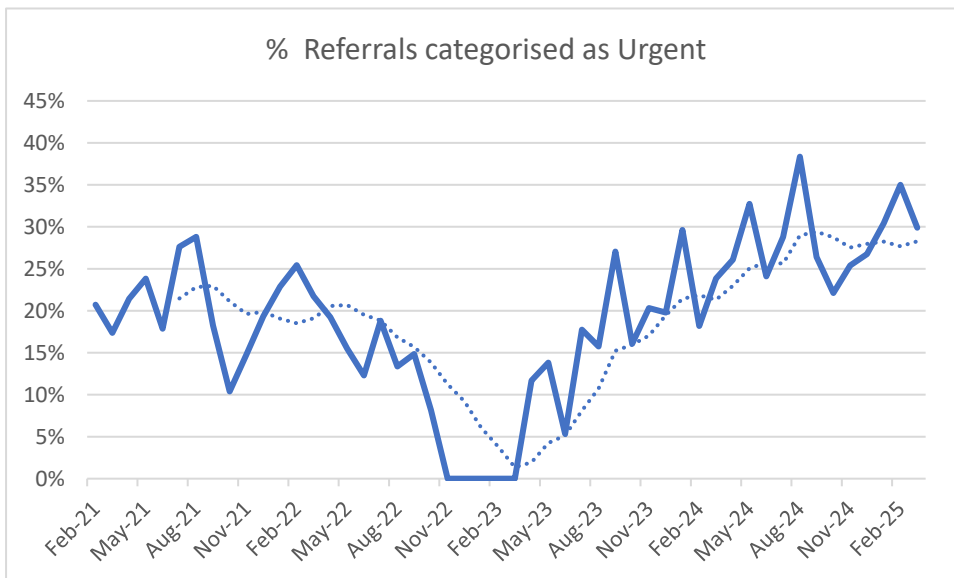
	<p>A total of £145,733 is currently being saved from reductions to this budget leaving a total of £165,322 remaining in this allocation. All remaining posts are continuing on a temporary nature while an exploration of permanent funding can be carried out.</p> <p>Learning Disability Health Checks</p> <p>In May 2022 the Scottish Government issued the new specification for the delivery of an annual health check for people with a learning disability. This new specification is an enhanced health check from what was previously being delivered by GP Practices. Based on the fixed term contracts, current overperformance in comparison to other boards, the higher minimum cost of running this programme within Mental Health Services, and the risks associated with the loss of this service versus others considered in this bundle, it is the recommendation that this service is paused with immediate effect. Options to pick this work up in future years where finances and priorities deem it viable again, will be explored during this period of inactivity. This would bring a savings of £146,346 to the bundle.</p> <p>If supportive of all recommendations of the short-life working group, this would bring the Enhanced Mental Health Outcomes Framework monies into financial alignment with the investment from the Scottish Government and deliver a budgeted underspend of £314,842. This underspend position will mitigate critical budget pressures within the mental health enhanced framework delivery targets and priorities to improve access to essential and core mental health provision. The areas which remain a high risk are essential services such as Community Eating Disorders Service, critical waiting times management within NCAMHS and adult mental health services for neurodevelopment assessments and substitute prescribing amongst others.</p> <p>There will be some additional costs incurred in 2025/26 as it will take time to work through the organisational change process. These one-off costs will be met from non-recurring funding carried forward from 2024/25. It is anticipated that around £1.1m of ring-fenced funding will remain in earmarked reserves for this purpose moving into 2025/26.</p> <p>This paper outlines the process taken by the working group and recommendations to achieve this saving to achieve budget alignment with minimal impact to health outcomes.</p> <p>The robust process of evaluation alongside strong financial governance over the available funds has led to a positive outcome which protects core Mental Health Services, is in alignment with the national priorities and performance expectations, minimises the impact on the workforce and moves into 2025/26 with flexibility to address other critical service pressures and developments for Mental Health Services.</p>
2.	BACKGROUND
2.1	<p>Mental Health Services in Ayrshire and Arran have continued to work in alignment with the local Ayrshire Mental Health Strategic Priorities aligned to the national Mental Health and Wellbeing Strategy and delivery plans. The Scottish Government established a £120 million Mental Health Recovery and Renewal Fund in 2022. This was made up</p>

	<p>of separate programmes and workstreams to deliver targeted actions to ensure a whole system response to the presenting challenges of rising demand, including key developments in promotion of wellbeing, early intervention approaches, meeting increasing demand and assertive waiting list management and reduction of waiting times.</p> <p>During this period of allocation there was non-recurring investment in waiting list management for CAMHS and Community Eating Disorders, Psychological Therapies Cosette services, Buvidal prescribing, wellbeing in Primary care, and Infrastructure. These funding streams have now ceased with programmes of work completed or paused such as the Primary Care and Wellbeing developments, pending future Scottish Government Mental Health and Wellbeing Strategic Delivery Plan timescales and intentions.</p> <p>There have historically been separate funding allocations for Action 15 of the 2017-2027 Mental Health Strategy, Mental Health Innovation, Veteran’s Mental Health, the Mental Health Outcomes Framework and more recently Perinatal Mental Health.</p> <p>In 2024 the Scottish Government combined five funding streams - set out below – to enable Boards and IJB’s greater flexibility to meet the ongoing and changing needs of their local populations. The total amount of funding available in 2024-25 across all funding streams is £120 million. The funding streams which make up this Enhanced Framework are as follows</p> <ul style="list-style-type: none"> • Mental Health Outcomes Framework; (including MH Innovation, CAMHS/PT, Eating Disorders, improving access and waiting times targets). • Perinatal and Infant Mental Health Programme. • School Nursing Service. • Health Checks for people with Learning Disabilities. • Action 15.
2.2	<p>New programmes contained within the Enhanced Framework</p> <p>The Health Checks for people with Learning Disabilities is a separate Primary Care non-Mental Health allocation established in 2023 to deliver an annual health check within Primary Care for adults with Learning disabilities. In Ayrshire and Arran this programme has been led by North Ayrshire HSCP as lead for Mental Health to present.</p> <p>The School Nursing allocation was established in 2018 as a Scottish Government Programme for investing in “recruiting an additional 250 school nurses by 2022”. The School Nurse role in Scotland was transformed to ensure a focus on areas which are most likely to impact on a child’s health and wellbeing in later life. This includes a focus on emotional health and wellbeing. The funding is intended to support Boards to maintain existing numbers of additional School Nurses. South Ayrshire HSCP is the lead Partnership for this programme of work in Ayrshire and Arran.</p>

	<p>There is an expectation that broad objectives set out by the Scottish Government are met. Details of the objectives and expected outcomes can be found in Appendix 1 but are broadly:</p> <ol style="list-style-type: none"> 1. Access to Psychological Therapies and implementing the national specification 2. Access to CAMHS and implementing the national CAMHS specification and the national neurodevelopmental specification. 3. Improving mental health services for children and adults with eating disorders. 4. Delivering improved and innovative approaches to mental health and psychological services, underpinned by nationally agreed standards and specifications for service delivery. 5. A diverse, skilled, supported and sustainable workforce across all sectors. 6. This funds specialist Community Perinatal Mental Health Teams, Maternity & Neonatal Psychological Interventions services and Infant Mental Health Services across all Boards in Scotland. 7. Retaining additional School Nurses across Scotland to support the delivery of the transformed School Nurse role as set out in Paper 4 of the Transforming Roles series. 8. Annual Health Checks for People with Learning Disabilities <p>The new Enhanced Framework assumes a level of efficiency which the Scottish Government has noted reflects the extremely challenging financial context set out by the Cabinet Secretary for Finance in July 2024. The intention is to enable local leadership to act within this challenging context, providing a consolidated source of funding that can be used flexibly against local Mental Health priorities to deliver the designated outcomes.</p> <p>This means that an efficiency assumption has been included within the allocation compared with 2023-24 funding levels therefore reducing the overall envelope of funding.</p> <p>In Ayrshire and Arran this will mean a requirement to reprioritise of delivery programmes in alignment with the budget reduction overall.</p>
2.3	<p>Rising Demand and System Pressures</p> <p>Across all areas of the Mental Health Service, teams are delivering at capacity levels. There is a particular pressure around the sustainable delivery of the Community Eating Disorders Service which does not have sufficient funding to deliver on core service pathways in alignment with the national specification.</p>
2.3.1	<p>CAMHS</p> <p>Child and Adolescent Mental Health Services (CAMHS) has been meeting targets including the Referral to Treatment (RTT) target of 90% started treatment within 18 weeks since the implementation of the National CAMHS Specification in 2021. This change to service criteria has allowed the service to see the most in need in a timely manner between 2-4 weeks whilst the Neurodevelopmental CAMHS team continues</p>

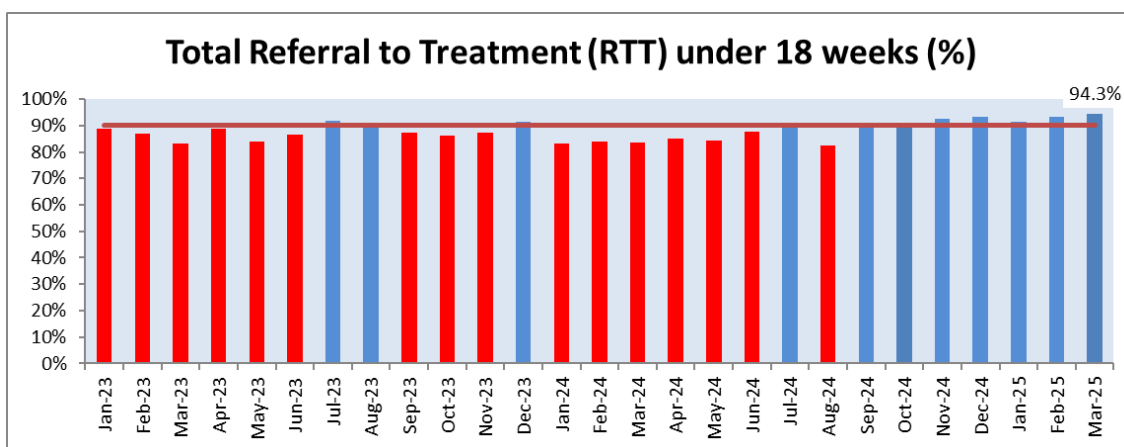
to undertake diagnostic assessment for those waiting for neurodevelopmental assessment. The service acknowledges that it is a significant achievement in reaching and maintaining the RTT, however, there are still excessively long waiting lists for young people on the N-CAMHS waiting list for a Neurodevelopment assessment. The high numbers of young people waiting on the N-CAMHS list (and the length of time they are required to wait) is having an impact on the wider CAMHS team in terms of duty and urgent assessments through our CUAIT (CAMHS Urgent Assessment and Intensive Treatment) team. This cohort of young people are resulting in more than 75% of the urgent referrals. A Pathway has been developed to look at how young people presenting to CUAIT or duty regularly that are on the N-CAMHS list can be risk management and assessment progressed timeously.

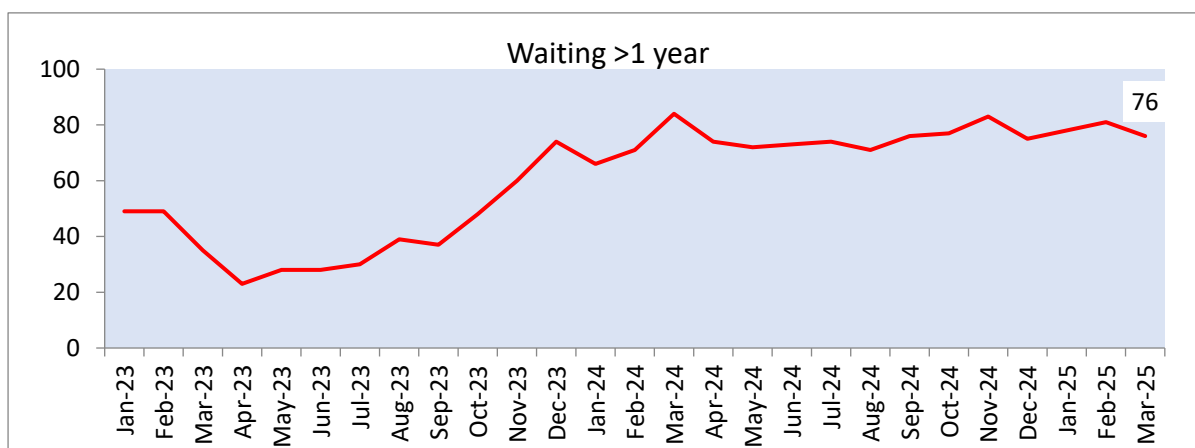
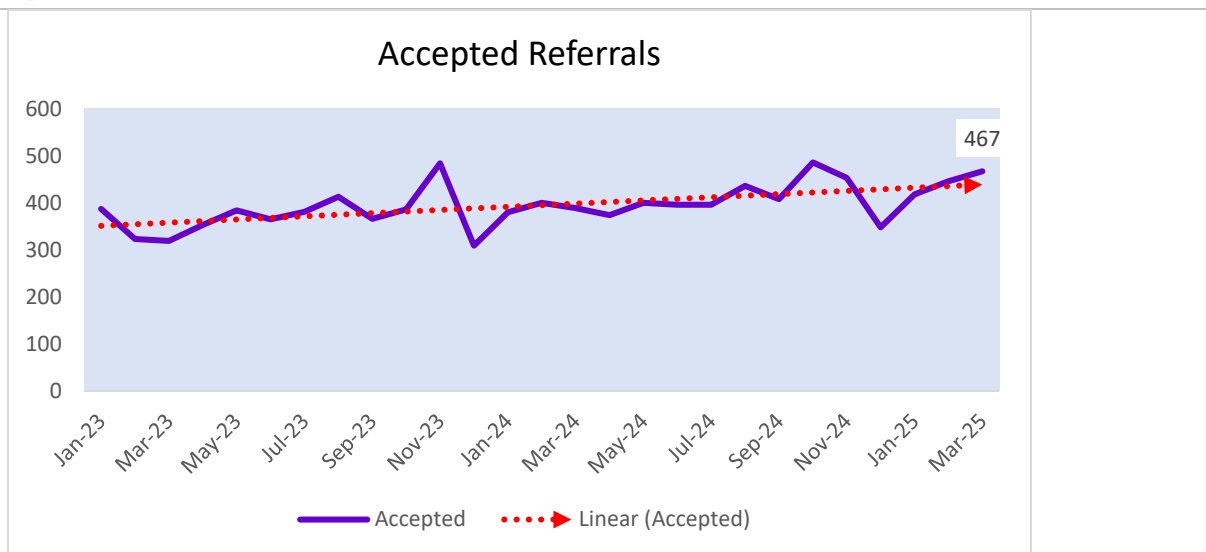




2.3.2 Psychological Therapies

Psychological Therapies overall is meeting its Referral to Treatment (RTT) target and has shown improvements over the past six months. Despite this exemplary performance overall, there are significant pressures in the areas of Adult Community Mental Health Teams, CAMHS Psychology and Community Paediatrics who as individual teams are struggling to meet the 90% referral to treatment within 18 weeks target. This is unsurprising when we see that the number of accepted referrals for Psychological Therapies shows an upwards trajectory over the past two years and the number of people waiting plateauing over the last year. This shows a positive but delicate balance in this area.





2.3.3 Action 15

In 2017 and as part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings of:

- Primary Care
- Emergency Departments
- Prisons
- Police Custody

The funding started in 2018/19 and gradually increased over the next four years. A Pan-Ayrshire group was established to evaluate bids for funding from this allocation of money for new services or supplementary posts to existing services within the priority areas. This allocation resulted in the establishment of 12 different services being fully or at least partially funded targeting different groups. Ayrshire and Arran have a minimum workforce number of 59.28 WTE staff required to achieve the goal of 800 additional mental health workers across the country. We have consistently met

this even when vacancies are considered. This historic budget allocation has depreciated in value over time in the absence of budget uplifts and was operating with a budget pressure prior to the recent new bundle allocation.

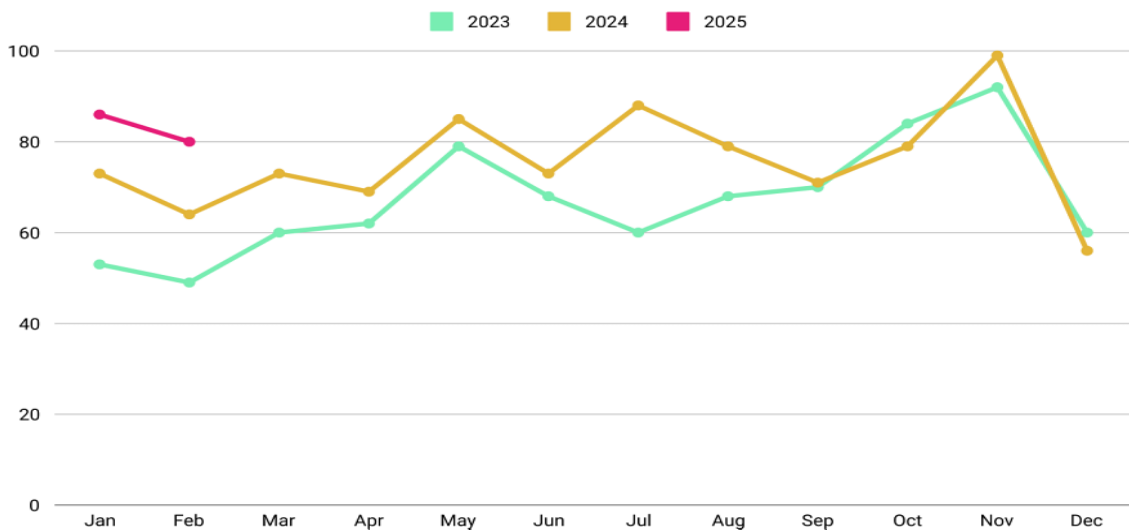
As this fund reaches a wide range of projects and services, there is a mixed picture in terms of demand and performance when considering potential savings. Some highlights have been included below.

Distress Brief Intervention, delivered by Penumbra

Distress Brief Intervention (DBI) is a commissioned service delivered by Penumbra for people presenting in distress in Emergency, Unscheduled Care and Primary Care services with no known mental illness. Ayrshire & Arran DBI operates seven days a week, ensuring that support is available when needed and that all referrals are actioned within 24 hours of receipt. It has been viewed by staff and GPs as a hugely positive addition. Referral numbers have been rising year on year, and this is expected to continue in the foreseeable future.

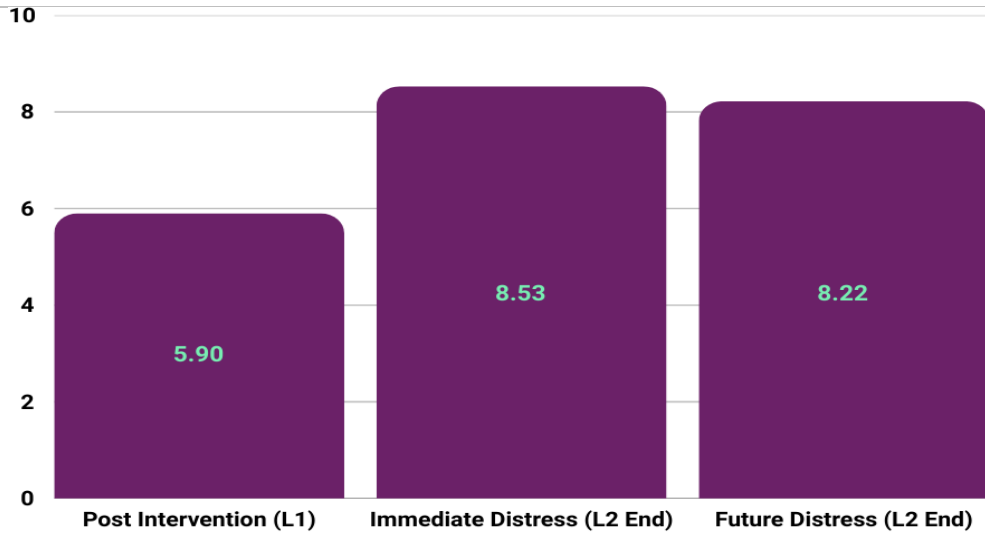
There is no core funding to provide a DBI service.

Monthly Referral Rates for DBI from 2023 to February 2025



In addition, people supported by DBI feel empowered to anticipate, prevent, and manage future incidents of distress through the support they receive. Since June 2024, self-reported perceptions of the supported peoples’ ability to manage their own distress has improved significantly, with median scores rising from 6 at Level 1 to 8 post-Level 2 intervention.

Self-Reported Rating of Perceived Ability to Manage Own Distress Across an Intervention [Since June 24.]



Mental Health Practitioner Service

The Mental Health Practitioner service operates out of Primary Care and operates on a self-referral basis. This team has shown to see a high number of individuals and helps to ensure only the most suitable patients get referred through to secondary Mental Health services with the majority of patients being directed to support outwith formal mental health services. Across the three localities, the Mental Health Practitioner service sees an average of 3,300 people per month, equating to approximately 39,600 per calendar year.

Occupational Therapy in Primary Care

Occupational Therapy in Primary Care has consistently shown an increase in referrals over the past three years since it began. The service allows for short term treatment of individuals with physical and/or mental health difficulties. The service has kept approximately 3,734 patients within their service as opposed to presenting elsewhere with the GP or Mental Health services.

The service reports:

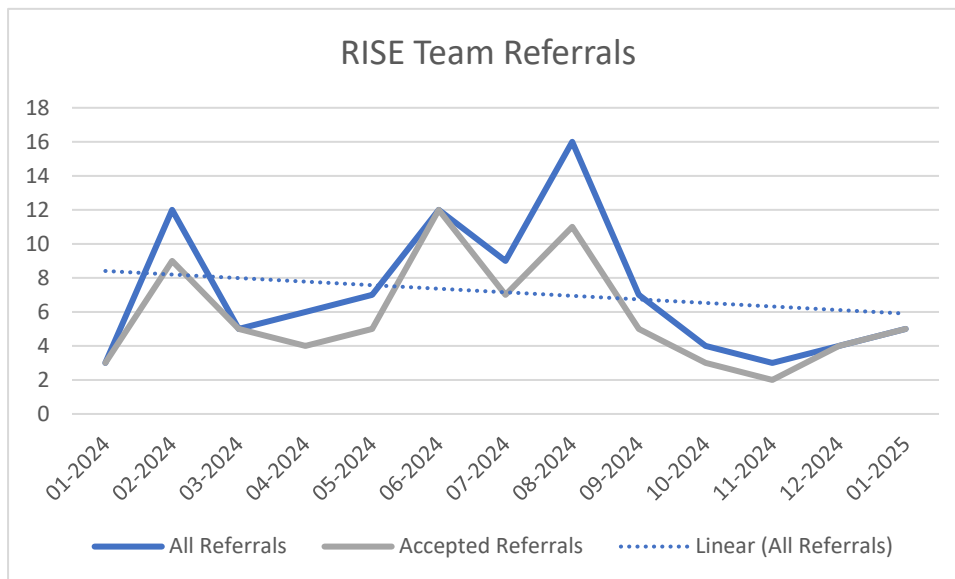
- 83% of individuals referred engage with their recommended treatment
- 91% of individuals completed their period of intervention and do not disengage with the service
- 82% of people who completed an OT intervention has improved level of occupational performance
- 200 fit notes completed

Resilience in Stressful Events (RISE) Team

The Resilience in Stressful Events (RISE) Team is a multidisciplinary team under the governance of forensic services for the assessment, treatment and consultation for individuals who are 16 years or older who are known to or have had recent contact with justice services with the aim to support the individual to look at areas of their life that they want to focus on and learn strategies to support self-management and reduce recidivism.

The service currently and historically has held several vacancies and we can see the impacts of that on performance data which shows highlights of:

- 80% of all referrals were accepted
- A total of 88 referrals received throughout 2024, an average 1.7 of referral every 5 working days
- In 2024 there were 193 days of occurred contacts.
- During those 193 days, 389 contacts were made - average of 2 contacts per day
- Only 4 active patients are opened to other services, such as HMP Kilmarnock prison, Addictions North, East and North CMHT



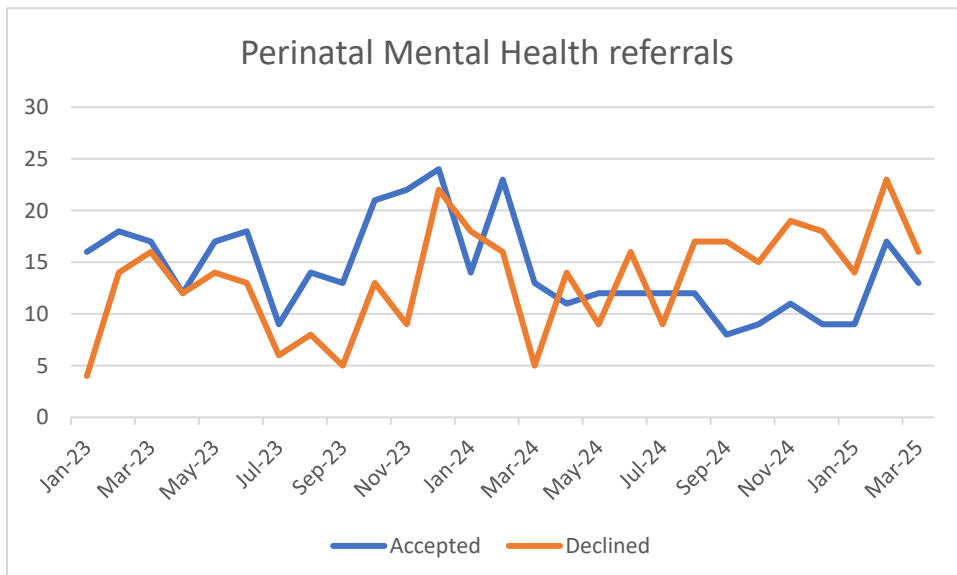
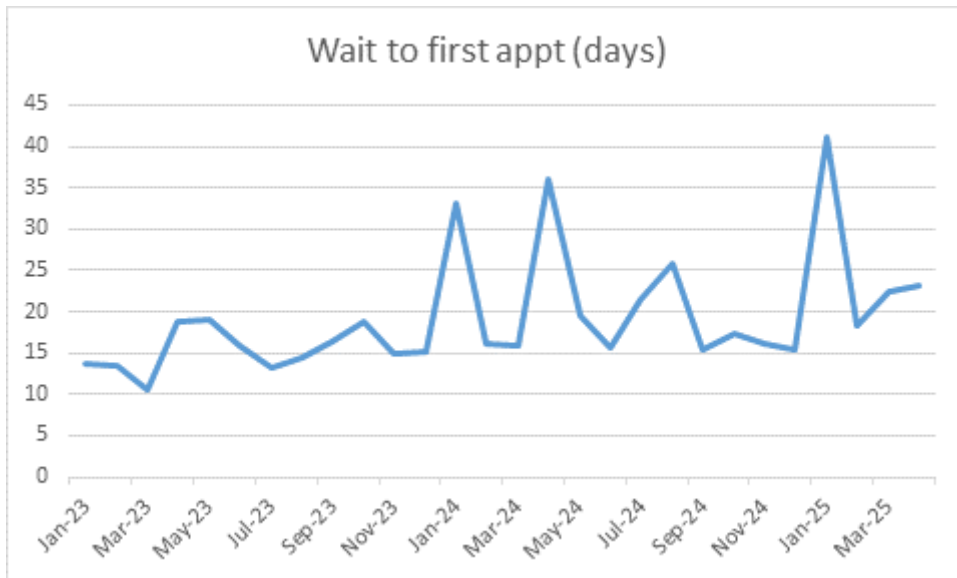
Speech and Language Therapy in Forensic Services

This post was a test of change adding a part time SLT into a new clinical environment and embedding it within the MDT. Unfortunately, this post was extremely difficult to recruit to and at point of the option appraisal process, the post was once again vacant.

The single person nature of this type of post alongside national recruitment challenges across the SLT workforce has contributed to the unsustainability of the post. Further work is required to identify a sustainable model for this work and a future business case will be developed for future funding opportunities in due course.

2.3.4 Perinatal and Infant Mental Health Services

The Perinatal Mental Health team operates on a Pan-Ayrshire basis with a very small staff base of 3.6 WTE team members. Despite the small team, and as the nature of the work demands, service users can be seen in around three weeks from referral. There have been marginal increases to waiting times and referral numbers for this small team over the past 12 months and as such the team will be at risk of requiring more resource if these trends continue.



2.3.5 Health Checks for Adults with a Learning Disability

To date there have been 1,124 health checks offered and 760 health checks completed across Ayrshire and Arran.

	North	East	South
Health checks offered	552	499	73
Health checks completed	419	292	49
Declined	33	35	11
DNA	44	56	5
Cancelled/postponed	17	29	7
H/v required	48	40	6
Care Home	4	21	5
Moved	2	1	0
No LD	34	12	3
Pending appointment	49	13	13
Total	552	499	73

Within each of the partnership areas the breakdown is:

- North
 - % of people with LD offered health check 77.4%,
 - Completed health checks 62%.
- East
 - % of people with LD offered health check 64.4%,
 - Completed health checks 38%.
- South
 - % of people with LD offered health check 12.3%,
 - Completed health checks 8.2%.

Data published on 18th December 2024 by Scottish Government (Scottish Annual Health Checks Statistics) reports that 1,405 health checks have been offered across Scotland with 1,128 annual health checks completed.

This would suggest that Ayrshire and Arran are responsible for nearly 80% of all health checks offered in Scotland and over 60% of all annual health checks undertaken.

2.3.6 Budget Pressures

It is important to note that within some of these areas a number of budget pressures have been identified. These include the Community Eating Disorders Service (CEDS) where a gap in funding has been identified to deliver a lifespan service in alignment with National Specification Pathways. There are also running costs for the West Road facility, the desire to undertake a test of change for digital solutions such as Braingaze to support children and young people waiting for Neurodevelopmental Assessment, as well as costs associated with the redeployment of staff. The waiting times for neurodevelopment assessments remain high risk with increasing demand on core

	<p>services. The savings achieved from services over and above the target budget will provide support for these high-risk service pressures on the Mental Health budget.</p>
3.	PROPOSALS
3.1	<p>Mental Health Outcomes Framework - Psychological Therapies & CAMHS Budgets</p> <p>The shortfall in budget for these areas was approximately £550k. A series of budget review meetings took place in Psychological Therapies and CAMHS with the Head of Mental Health, Finance, Planning Manager and senior leaders in the two areas. Opportunities for reductions were explored through current vacancies, fixed term posts and service and budget redesign. Two psychology fixed term posts have been transferred to the Psychology budget from the MH Innovation budget discussed below. There is also £300k set aside in the budget for Healios, a third sector support service that was put in place on a trial basis for those waiting to be seen for a neurodevelopmental assessment which has been discontinued and is not planned to restart. This release of funds will assist with the identified areas of budget pressure which also include new approaches to neurodevelopment assessment and support.</p>
	<p>Mental Health Outcomes Framework – Mental Health Innovation Budget</p> <p>The Mental Health Innovation budget was also reviewed within the wider short-life working group. The purpose of this budget is to fund short term projects across Mental Health Services and was considered to be an opportunity to release savings or efficiencies with minimal long-term impacts. A total of £146k is currently being saved from reductions to this budget leaving a total of £165k remaining in this allocation. All remaining posts are continuing on a temporary nature while an exploration of permanent funding can be carried out. Decision on posts within this budget can be found in Appendix 2.</p>
	<p>Action 15</p> <p>In order to review the Action 15 budget and projects across a variety of settings and purposes, a Pan Ayrshire options appraisal process was put together with a panel of clinical leads to identify efficiencies and savings to meet the identified budget shortfall. Some savings were offered up prior to the formal options appraisal and the panel was then asked to consider a priority for a minimum of another £250k. Services were asked to provide funding, performance, and risk information for their service. The panel scored each service then prioritised them based on impact criteria for savings based from a balanced reduction. This was then brought back to the wider Enhanced Mental Health Outcomes Framework Group for consideration against the wider budget priorities.</p>

	<p>The short-life working group is proposing to implement the following savings:</p> <ol style="list-style-type: none"> 1. Speech and Language Therapy Post in forensic services (part-time) = £31,479 2. RISE Team budget reduction of £100k (in addition to a Band 3 post already given up) = £100,000 3. Police Custody MH Nurses = £74,352 <p>TOTAL £205,831</p> <p>There was a final saving being proposed to make up the £250k and that was to come from Occupational Therapy in Primary Care. This final reduction has not been included in the recommended reductions as it was only recommended if absolutely required to meet budget alignment. In order to implement this reduction, it would require each HSCP to ask permanent OT staff working within Primary Care settings to reduce their hours or go into redeployment.</p> <p>Due to additional funding being allocated to the Action 15 budget on a recurring basis it was possible to increase the saving above to £303k. Overall approximately 4.5-5.5 WTE posts will be discontinued in this savings, with only 1.0 WTE of those being currently in post. This keeps Ayrshire & Arran above the 59.28 minimum workforce threshold from the Scottish Government.</p> <p>The full details of the options appraisal process and recommendations can be found in Appendix 3.</p>
	<p>Perinatal and Infant Mental Health Programme</p> <p>With the new bundle, this area has a budget shortfall of £52k. This area was discussed in the short-life working group and agreed that if any reductions were required from this area it would need to cease as a specialist service. In this scenario, the service would need to be absorbed into Community Mental Health Teams in each partnership. As such, the group is not proposing any reductions to this service and will top up the budget to meet the £52k shortfall.</p>
	<p>School Nursing Service</p> <p>With South Ayrshire HSCP being the lead partnership for this service, the overarching 5.48% reduction was placed on this budget and given to South Ayrshire HSCP to manage. This position was accepted by South Ayrshire HSCP and will need to be monitored to ensure delivery.</p>
	<p>Health Checks for People with a Learning Disability</p> <p>In May 2022 the Scottish Government issued the new specification for the delivery of an annual Health Check for people with a Learning Disability. This new specification is an enhanced health check from what was previously being delivered by GP Practices. A steering group chaired by the Associate Nurse Director was put together to deliver this new health check as a Pan-Ayrshire service within resources provided</p>

	<p>to Mental Health. It is an important programme to the Scottish Government with the Minister for Social Care, Mental Wellbeing and Sport writing to Integration Joint Boards on 29 January 2025 to stress the importance of this work.</p> <p>To date, Ayrshire and Arran have offered 80% of the health checks across Scotland (1,124 out of 1,405). The Associate Nurse Director and Senior Manager, Learning Disabilities, were asked to look at alternatives to completing this programme under a reduced funding envelope. Options for reduction were created and can be found in Appendix 4.</p> <p>A proposal was taken to East Ayrshire HSCP as lead partnership for Primary Care to transfer the clinical resources budget to Primary Care for management and delivery of this project. This would have meant a reduction of approximately 30% of the previous funding as it was felt that management and administration could be taken on within existing Primary Care resources. This proposal was not supported and thus the funding remained within this Enhanced Mental Health Outcomes Framework for consideration of the short-life working group.</p> <p>Based on the fixed term contracts, current overperformance in comparison to other Boards, the higher minimum cost of running this programme within Mental Health Services, and the risks associated with the loss of this service versus others considered in this bundle, it is the recommendation that this service is paused with immediate effect. Options to pick this work up in future years where finances and priorities deem it viable again will be explored during this period. This would bring a saving of £146k to the bundle.</p>
3.2	<p><u>Anticipated Outcomes</u></p>
	<p>The recommended savings enable core mental health services of CAMHS, Psychological Therapies, Perinatal and Infant Mental Health, Community Eating Disorders Service and the majority of initiatives funded through Action 15 such as Mental Health Practitioners and Intensive Community Psychiatrist Nurse Team (ICPNT) to remain funded to deliver their important functions supporting those experiencing mental illness or wellbeing. There will be impacts on some of the smaller services supporting those in forensic, prison and police custody pathways. Funding for innovative tests of change is reduced and will impact the ability to deliver on future trials for service transformation. Finally, there will be a major impact on the successful programme of preventative health checks for those with a learning disability. It is hoped that this cessation will be temporary in nature as we seek alternative funding and delivery options.</p>
3.3	<p><u>Measuring Impact</u></p>
	<p>This reprioritisation of service and workforce solutions will enable financial sustainability within the reduced funding envelope available. The new Enhanced Framework Mental Health Bundle will be monitored throughout the 2025/26 financial year to ensure spending remains within budget. Alternative funding sources will</p>

continue to be explored for some Innovation funded posts and Learning Disability Health Checks so that more funding can be released to prevent the loss or reduction of core mental health services.

4. IMPLICATIONS

4.1 Financial

If supportive of all recommendations of the short-life working group, this would bring the Enhanced Mental Health Outcomes Framework monies into financial alignment with the investment from the Scottish Government and deliver a budgeted underspend of £314,842 to offset budget pressures such as Community Eating Disorders Service among others.

This position will mitigate critical budget pressures within the mental health enhanced framework delivery targets and priorities to improve access to essential and core mental health provision. The areas which remain a high risk are essential services such as Community Eating Disorders Service and critical waiting times management within NCAMHS and adult services for neurodevelopment assessments among others.

There will be some additional costs incurred in 2025/26 as it will take time to work through the organisational change process. These one-off costs will be met from non-recurring funding carried forward from 2024/25.

	24/25 Base Budget	Adjustment to Settlement	Less Funding Reduction	Add in Year budget adjustments	Revised 24/25 Recurring Funding	24/25 Projected Spend pre savings	24/25 Projected Spend post Savings	25/26 Projected Spend (pre pay award)	25/26 (Overspend) / Underspend
Action 15	4,830,100	256,648	- 264,689	44,700	4,866,759	4,752,428	4,546,597	4,546,597	320,162
Infant Perinatal	745,198		- 40,837		704,361	756,831	756,831	756,831	- 52,469
LD Health Checks	146,356		- 8,020	9,901	148,237	146,000	-	-	148,237
	5,721,654	256,648	- 313,547	54,601	5,719,357	5,655,259	5,303,428	5,303,428	415,929
Enhanced MH Outcome (CAMHS and Psych Therapies) exc Innovation Fund	3,256,920	222,768	- 207,733	114,155	3,386,111	3,936,890	3,761,890	3,636,890	- 250,780
Innovation Fund	311,055		- 17,046	21,006	315,015	311,055	165,322	165,322	149,693
	3,567,975	222,768	- 224,778	135,161	3,701,126	4,247,945	3,927,212	3,802,212	- 101,087
GRAND TOTAL	9,289,629	479,416	- 538,325	189,762	9,420,483	9,903,204	9,230,640	9,105,640	314,842

4.2 Human Resources

Human Resources has been represented on the short-life working group and now assisting with the process of actioning any organisational changes. As most reductions are in fixed term posts and vacancies, the impact on human resources is minimal.

4.3	<u>Legal</u> None.
4.4	<u>Equality/Socio-Economic</u> The recommendations will have an impact through the reduction of services for people with a learning disability there will also be a reduced service for those within the Action 15 reduced areas of prisons, forensics and police custody. These impacts are deemed minimal in impact in consideration of the funding reductions and an Equality Impact Assessment has been completed to consider the wider implications to these groups and available in Appendix 5.
4.5	<u>Risk</u> Careful consideration of the risks associated with all options were discussed within the short-life working group as well as within the Action 15 options appraisal. The risks to this portfolio of reductions was seen as the lowest risk options.
4.6	<u>Community Wealth Building</u> None.
4.7	<u>Key Priorities</u> The Enhanced Mental Health Outcomes Framework recommendations aim to provide the best outcomes for the mental and physical health of the residents, a strategic priority for North Ayrshire HSCP. While a reduction in services will not come without impacts, the financial sustainability of the partnership and the protection of core Mental Health Services allows for the best long-term outcomes for all and also enable further mitigation of risk to core areas of service provision.
5.	CONSULTATION
	There has been consultation on a Pan Ayrshire basis with contributions from Senior professional and management leads across Ayrshire and Arran for all services impacted.

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Appendices

- Appendix 1, Enhanced Mental Health Outcomes Framework: 2024-25 Allocations



2024-25 Allocation
Letter - Enhanced Mer

- Appendix 2, Summary of Mental Health Innovation Budget




Mental Health
Innovation Budget Su

- Appendix 3, Action 15 Recommendations




SBAR Action 15
Interim Position.docx

- Appendix 4, SBAR Annual Health Checks for People with a Learning Disability



HSCP SBAR Annual
Health Checks for LD

- Appendix 5, Equality Impact Assessment



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