NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 31 January 2022**
Title:	**North Ayrshire Health and Social Care Partnership Annual Performance Report 2020-21**
Responsible Director:	**Caroline Cameron, Director NAHSCP**
Report Author:	**Paul Doak, Head of Service (Finance and Transformation)**

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Annual operational plan

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

- Effective
- Person Centred

2. Report summary

2.1 Situation

Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards 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.

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 set out in the guidance.

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.

2.2 Background

The legislated publication date for Annual Performance Reports is 31 July, however an extension to this was granted through the Coronavirus (Scotland) Act 2020, giving IJBs until the end of November to publish their report.

The North Ayrshire 2020-21 report was published during November 2021, following review by the Performance and Audit Committee in September and with retrospective approval by the IJB on 16 December 2021.

2.3 Assessment

The North Ayrshire Health and Social Care Partnership Annual Performance Report demonstrates that 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. The Partnership continues to face financial challenges in delivering and improving services from within the available budget, however during 2020-21 we achieved a financial surplus.

During 2020-21, the Partnership played a crucial role in the local response to the Covid-19 pandemic. 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.

The report includes key highlights against each of our Strategic Priorities:

<u>Prevention and Early Intervention</u>

- The establishment of the PPE Hub and the distribution of over 4 million items of PPE to help keep staff and service users safe
- The high levels of performance by NADARS (North Ayrshire Drug and Alcohol Recovery Service) in supporting service users and meeting local and national targets.
- The commissioned Turning Point ADP service, PEAR (Prevention, Early Intervention and Recovery) has been funded to provide a Naloxone outreach volunteer service with the option to move on to paid sessional work in the service.
- The Community Link Worker Service based in GP practices in North Ayrshire to support people in relation to concerns over mental health and wellbeing, financial issues, or social issues (such as social isolation). There was a total of 2,415 people signposted or referred to the Community Link Worker service in North Ayrshire GP Surgeries from April 2020 to March 2021; 91% of people engaged with the service (2,198) which was a 9% higher engagement rate than the previous year.
- Successfully securing funding from the Scottish Government has allowed the recruitment of a specialist Perinatal Mental Health team to provide support to families and professionals supporting those in the perinatal period.

<u>Tackling Inequalities</u>

- Our Money Matters service supports local people to increase their income through benefit support. In 2020-21 the service generated an impressive £15.9m million (6% increase from 2019-20) of additional income for our residents.

- As part of the Ayrshire Equality Partnership, the partnership delivered the Shared Equality Outcomes plan. We worked closely with partners to implement actions to support and recognise people with a protected characteristic.

Engaging Communities

- The Partnership engaged with local communities through the What Matters to You consultation, asking the question “What matters to you when maintaining your health and wellbeing during the current pandemic?”
- The continuation of work with the Ayrshire Independent Living Network (AILN) in providing self-directed support advice and guidance

Bringing Services Together

- High levels of support from the Intermediate Care Team as an alternative to hospitalisation
- Establishing Health and Wellbeing Hubs across North Ayrshire to support care home and care at home staff during the pandemic
- The North HSCP Community Mental Health Team have moved into the newly refurbished office at the Three Towns Resource Centre. This allowed the partnership to bring all of the key professions together under the one roof. The integrated team includes administrators, psychologists, social workers, nurses and allied health professionals.
- Supported the roll out of the Primary Care Implementation Plan - Primary Care continues to move its model to a multidisciplinary approach based in GP practices with the provision of practice-based pharmacists, MSK physiotherapists and mental health practitioners.
- In Learning Disability Services, the NHS Community Learning Disability Service and the Social Work Learning Disability Team are now co-located, and further work is progressing to further integrate processes.
- The Partnership responded quickly as part of a multi-agency response which was invaluable to support vulnerable people and communities during the pandemic, we redeployed Service Access Social Care and Community Link Worker staff to support the new Community Hubs, which provided food and prescriptions to people self-isolating. As the restrictions continued those teams also provided signposting to financial, housing, social isolation, wellbeing and mental health support, including a direct pathway to Crisis Services.

Improving Mental Health and Wellbeing

- The introduction of a new Dementia post-diagnostic app to provide helpful information to patients and family members impacted by dementia
- Working with KA Leisure to deliver a revised health and wellbeing programme in response to the pandemic
- Following the successful re-location of the Learning Disability Assessment and Treatment Unit from Arrol Park to Woodland View in June 2020, the Mental Welfare Commission carried out a visit and published a positive report for Ward 7a, Woodland View, Irvine.
- Mental Health Action 15 monies funding has been targeted to employ eight mental health practitioners (MHP) in GP practices, enhancing the prison healthcare team and expanding of the role of the Crisis Resolution Team by introducing the Police Pathway 24/7 which gives Police Scotland direct access to CRT.

- In November 2020 mental health Unscheduled Care services were a key partner in the redesign of urgent care service and are continuing to look at providing a 24 hour a day, 7 day a week mental health pathway for those with urgent mental health concerns, away from Emergency Departments.
- The construction phase of the new Respite House and the new ASN School Campus has seen us work together and our state-of-the-art respite facilities for children and adults opened in Summer 2021.
- The Partnership, working with South and East Ayrshire HSCPs, completed a five-year transformation programme of Elderly Mental Health redesign work. This included the transfer of services to Woodland View and improved estate at Ailsa Hospital. This programme builds an earlier programme of work where a range of local community supports were developed for families affected by dementia, and this is now supported by high quality multidisciplinary specialist hospital-based services.

The report uses case studies to demonstrate some of the performance highlights. It 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.

2.3.1 Quality/patient care
No implications for patient care.

2.3.2 Workforce
No staffing/workforce implications.

2.3.3 Financial
No financial implications arising directly from the report.

2.3.4 Risk assessment/management
No risk implications arising directly from the report.

2.3.5 Equality and diversity, including health inequalities
No equality or diversity implications arising directly from the report.

2.3.6 Other impacts
No other impacts to highlight.

2.3.7 Communication, involvement, engagement and consultation
The Board has carried out its duties to involve and engage external stakeholders where appropriate.

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

- North Ayrshire IJB Performance and Audit Committee, 3 September 2021
- North Ayrshire Integration Joint Board, 16 December 2021

2.4 Recommendation

Members are asked to note the North Ayrshire Health and Social Care Partnership Annual Performance Report for 2020-21.

- **Awareness** – For Members' information only.

3. List of appendices

The following appendices are included with this report:

- Appendix No 1 North Ayrshire Health and Social Care Partnership Annual Performance Report 2020-21.

North Ayrshire Health and Social Care Partnership

Annual Performance Report 2020-21

NORTH AYRSHIRE
Health and Social Care Partnership

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

Reflections from the Director

This report focusses on the performance of services, however the context in which we have delivered those has been very different with one of the most challenging years our health and social care services have faced. During the year we have all lived and operated in an environment dominated by the need for national and local measures to manage the impact of the Covid-19 pandemic whilst continuing to deliver essential services for those who need them most. We have very quickly established new services and adapted to restrictions, guidance, and different ways of working.

Our health and social care services have faced extreme pressures over the period, with increasing demand and individuals requiring a different type of support, the virus has had a major impact on individuals, families and communities and we know that we do not yet fully understand the longer-term impact on our services and communities.

The first national measures were put in place on 23 March 2020 which outlined restrictions on non-essential travel, work and social contact and services moved to an emergency response only footing, these restrictions were in place to differing degrees throughout the year with services remaining on an emergency footing throughout. The HSCP and partners have worked together to respond quickly to the pandemic, operating flexibly to respond to quickly changing national and local guidance, our combined efforts have seen significant changes to the way our services are delivered, some of those changes have brought learning and accelerated innovation and service transformation.

During the first lockdown the Partnership assisted in supporting over 5,000 people who were asked to shield. We have continued to utilise PPE and the technologies at our disposal to deliver our services safely. We have continued to face significant pressures and demands in mental health services, hospital discharges and some aspects of our children's services. The pandemic led to people experiencing greater levels of social isolation, loneliness, financial stress and had a negative impact on mental and physical wellbeing. As a response our Service Access Team and Community Link Workers were redeployed to support the new Community Hubs, providing signposting to financial, housing, social isolation, wellbeing, and mental health support, including a direct pathway to Crisis Services.

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 to deliver on our efficiency plan and focus on service redesign. 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 need to adapt to 'the new normal' following the releasing of COVID-19 restrictions. We will direct our resources to support the pandemic response and recovery to improve service performance and outcomes for our communities.

In March 2021 the Integration Joint Board approved a one-year Strategic Bridging Plan to focus on both service improvement and pandemic recovery with a longer-term plan being developed during 2021-22 to allow for a period of reflection and meaningful engagement. The learning from the last year,

as well as the emergence of a changing landscape for health and care services through the recommendations arising from the Independent Review of Adult Social Care and the political commitment to establish a National Care Service in Scotland will influence the future of the Integration Joint Board and Health and Social Care Partnership. The development of a new Strategic Plan (22-30) will seek to build on our partnerships with local communities, providers of services, our dedicated staff groups and people with lived experience and their unpaid carers who use health and care services.

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 service 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, our sixth 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 the final year of our second three-year Strategic Plan. This Strategic Plan allowed us to confirm with the people who use our services and North Ayrshire residents and staff that we should 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

Arran

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

North Coast & Cumbrae

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

Garnock Valley

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

Kilwinning

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

Irvine

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

Structure of this report

We have measured and evaluated our performance in relation to:

- COVID-19 Pandemic Response
- 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.

COVID-19 Pandemic Response

Our experience

The Partnership – and our partner organisations – faced and continue to face considerable challenges due to the COVID-19 pandemic. Near the start of the Pandemic, the Partnership leadership team asked the core question: **'How do we keep our service users, carers, staff and communities safe during this pandemic?**' This question was also asked by all our partners and communities. We are thankful for the kindness, collaboration, flexibility, and speed of the response of our staff, partners, and communities, which ensures that support continues to the most vulnerable in our communities.

Responding to the needs of our Communities

The Partnership, working with North Ayrshire Council Connected Communities team, redeployed Service Access Social Care and Community Link Worker staff to support the new Community Hubs which provided food and prescriptions to people self-isolating. As the restrictions continued those teams also provided signposting to financial, housing, social isolation, wellbeing, and mental health support, including a direct pathway to Crisis Services. The Partnership is in awe of the community response – volunteers, community group, local businesses all played a vital role in supporting people, neighbours, and friends – we continue to salute you!

Responding to the needs of People Shielding

During the first lockdown 5,695 people were asked to shield as a result of underlying health conditions. Working with North Ayrshire Council and its contact centre, the Partnership developed information response sheets for callers to be signposted to Community Hubs, financial, housing, social isolation, wellbeing, and mental health support. Locality Social Work Teams and Allied Health professionals supported shielding people with weekly welfare calls and calls to those most at risk continue.

Mobilising our services

The partnership updated its pandemic response plan, business continuity plans and developed detailed mobilisation plans which highlighted the governance, decision making and escalation points to respond effectively to demand pressures. Our new approaches enable flexible remote working, reduce the need for some buildings, enhance information sharing across partner organisations, and support people in managing their own conditions safely at home. Mobilisation plan information to end March 2022 is detailed in the actions section of this plan and will be subject to constant change and review to ensure an effective response.

Strategic Performance

Strategic Priority

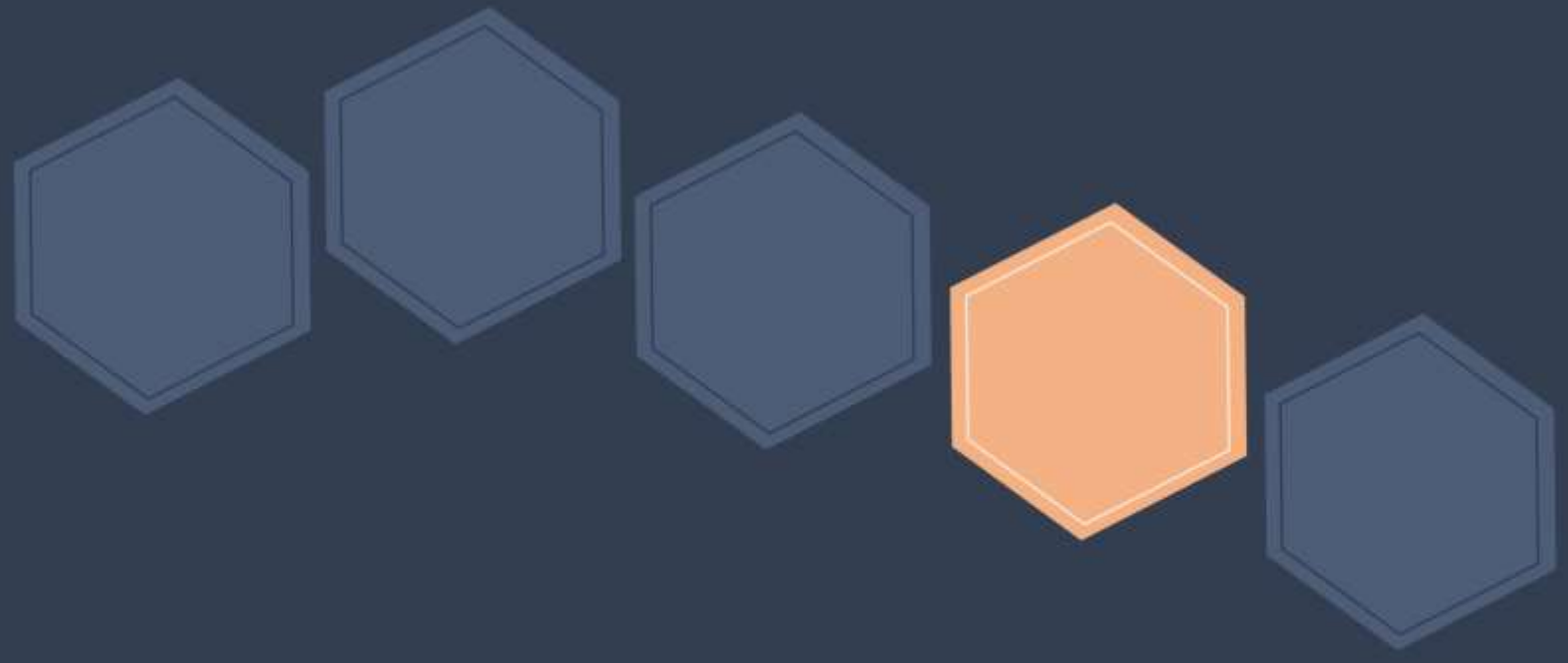
Prevention and early intervention

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



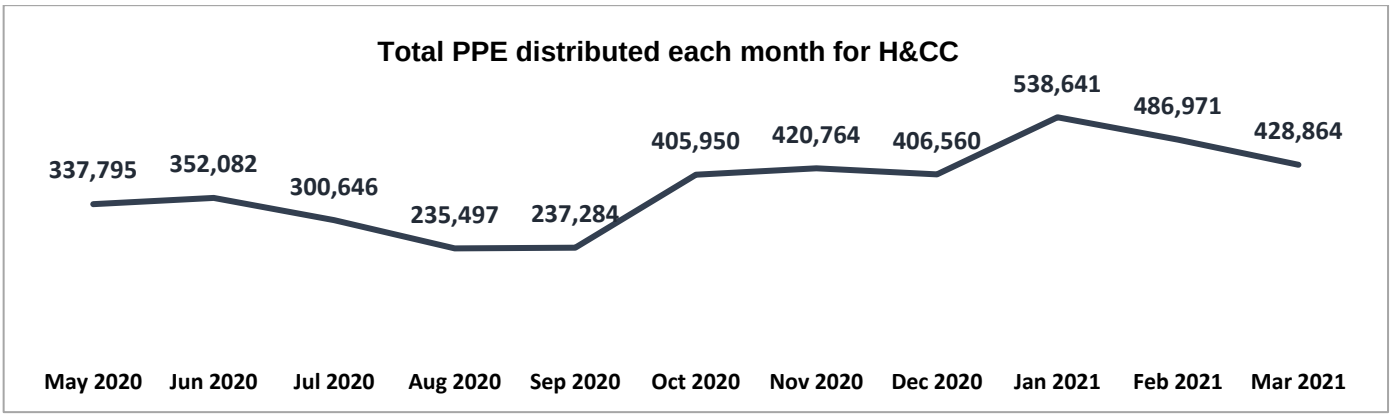
Our Highlights

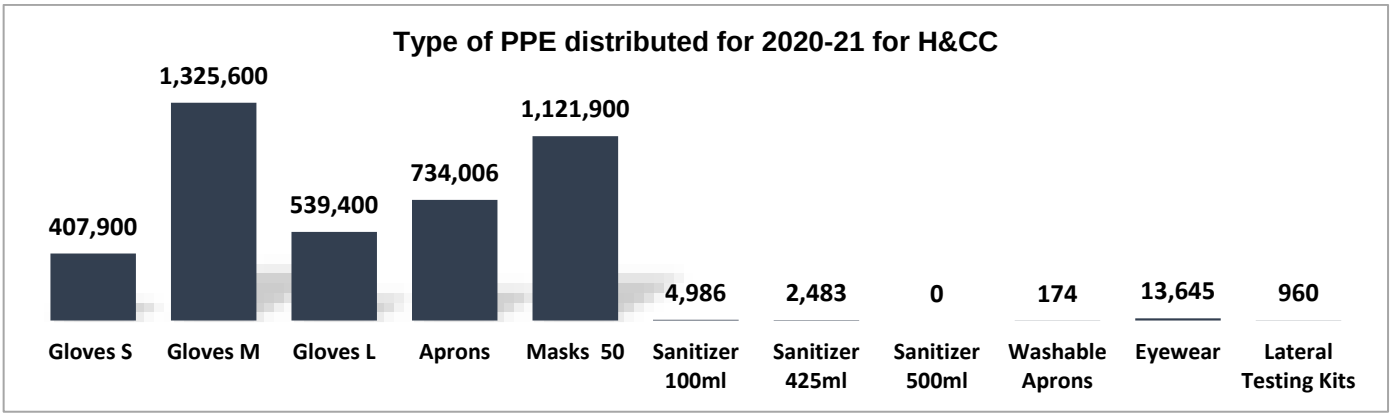
4,151,054 pieces of Personal Protective Equipment distributed to H&CC Services

The Community Link Worker Service linked people with 3,515 groups, services, and organisations

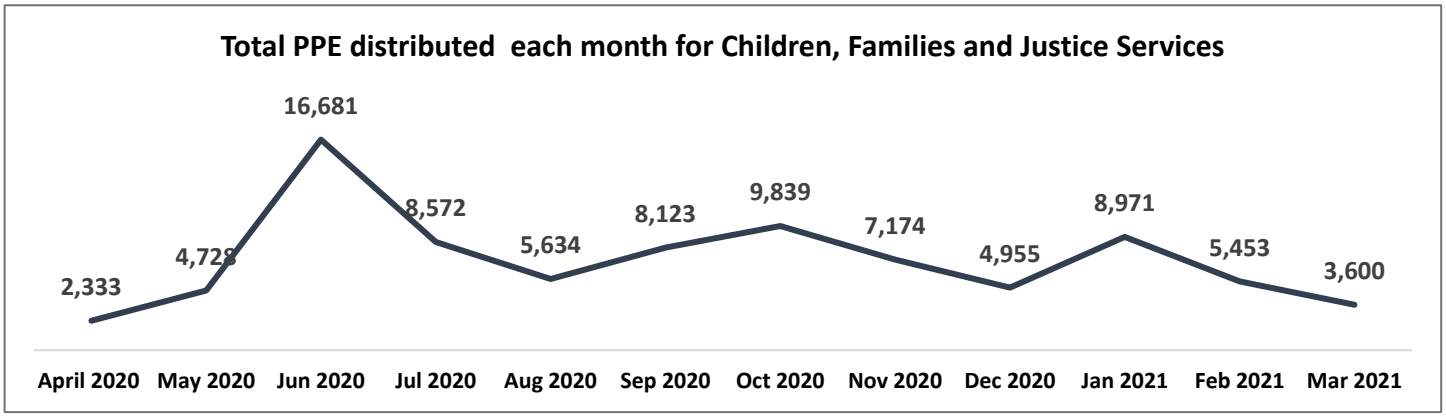
For Children, families, and Justice Services, 86,063 pieces of equipment were distributed

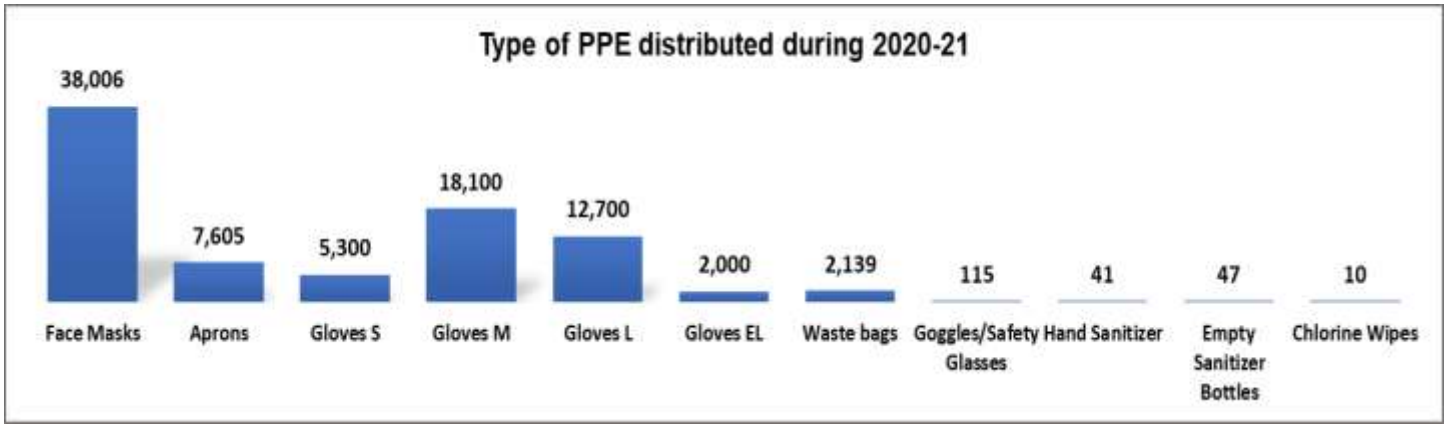
1.1 The COVID-19 pandemic required an immediate logistical response to the continuation of service provision while ensuring the safety of both workers and service users. The distribution of **Personal Protective Equipment (PPE)** ensured a safe response was possible. As of March 31st, 2021, we distributed 4,151,054 pieces of equipment from gloves to masks and hand sanitiser to H&CC Services. Monthly breakdown and types of PPE are shown below.



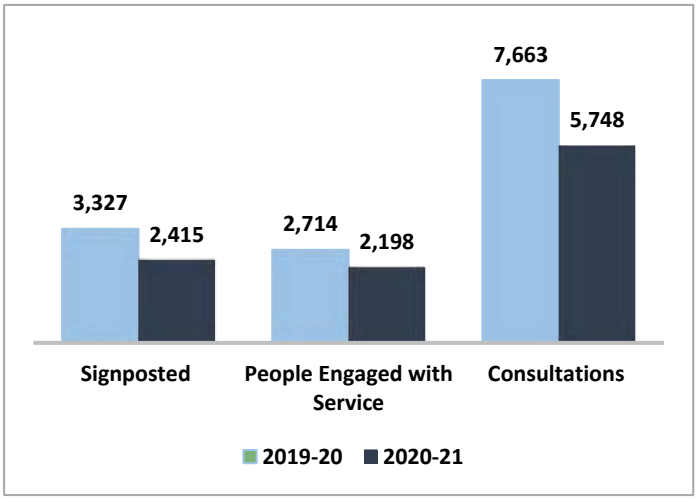


For Children, families, and Justice Services, 86,063 pieces of equipment were distributed. A breakdown of this is shown below.

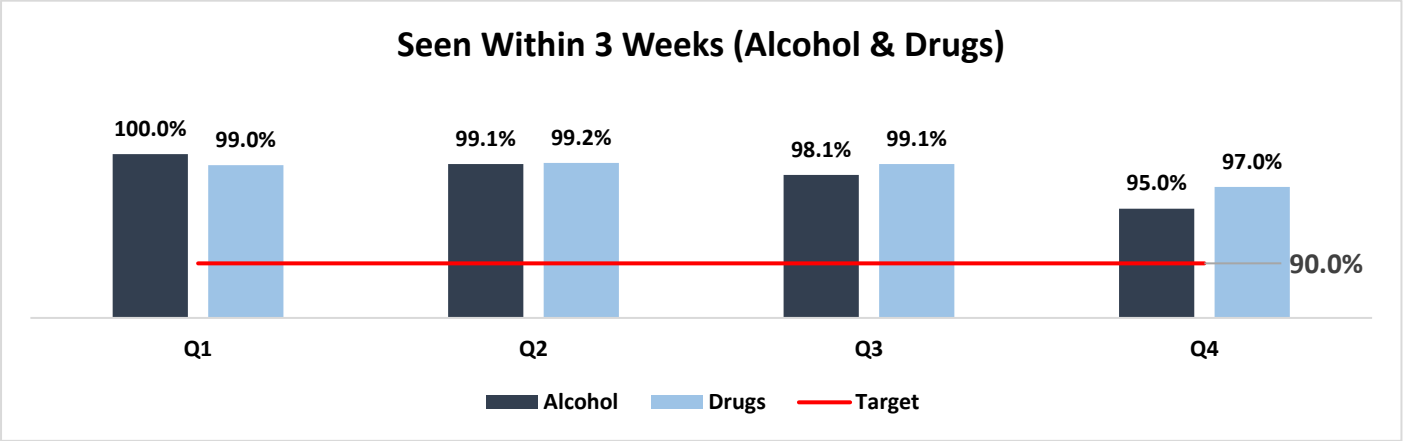


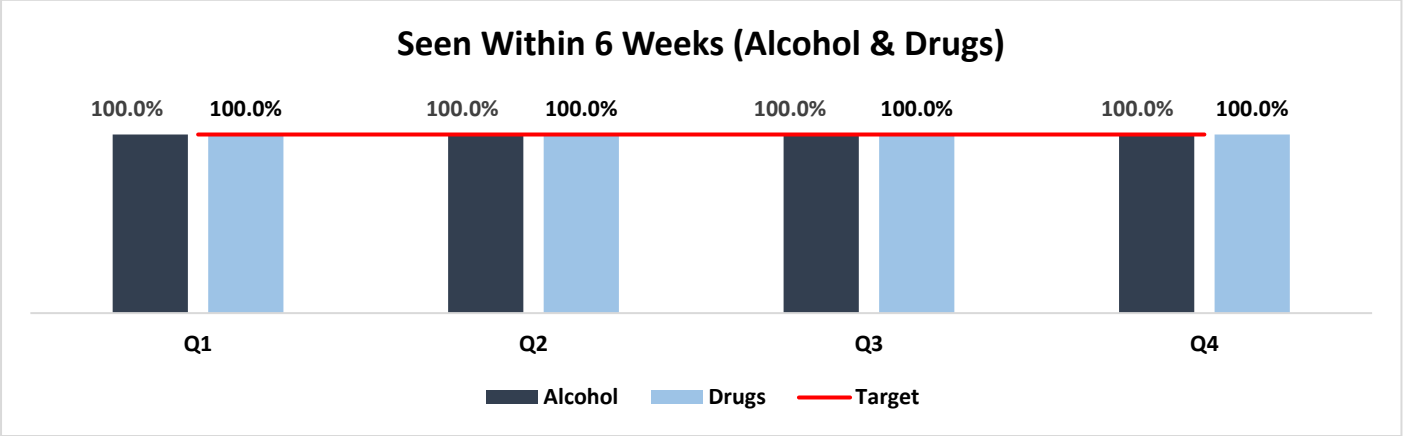


1.2 In April 2020, the **Community Link Worker** service temporarily moved from providing support via GP Surgeries to the Locality Support Hubs setup to support our communities through the first lockdown of the COVID-19 pandemic. As restrictions started to ease at the end of May 2020 the focus returned to provision in our GP Surgeries. There was a total of 2,415 people signposted or referred to the Community Link Worker service in North Ayrshire GP Surgeries from April 2020 to March 2021; 91% of people engaged with the service (2,198) which was a 9% higher engagement rate than the previous year. The number of people attending the service this year was around 19% less than the previous year; this can be accounted for by the change to service provision due to the COVID-19 pandemic. The 2 highest reasons for attending the service continues to be Mental Wellbeing and Finance. Housing overtook Social Isolation as the third highest reason recorded this year. As well as providing holistic support during the 5,748 consultations, an increase of nearly 2% on last year, the service also linked people with 3,515 groups, services, and organisations.



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.

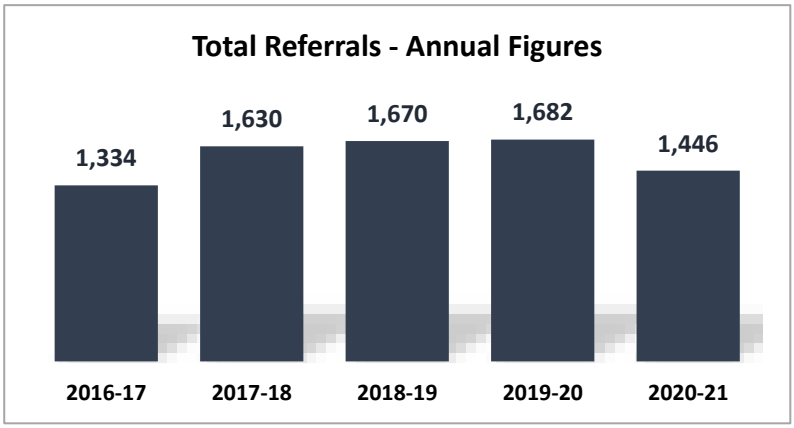
Target set by Scottish Government – Priority Settings	**3,420**
Total ABI delivery in Priority Settings (Ayrshire & Arran)	**5,920**

Target set by Scottish Government in Wider Settings	**856**
Total ABI delivery in Wider Settings (Ayrshire & Arran)	**1,025**

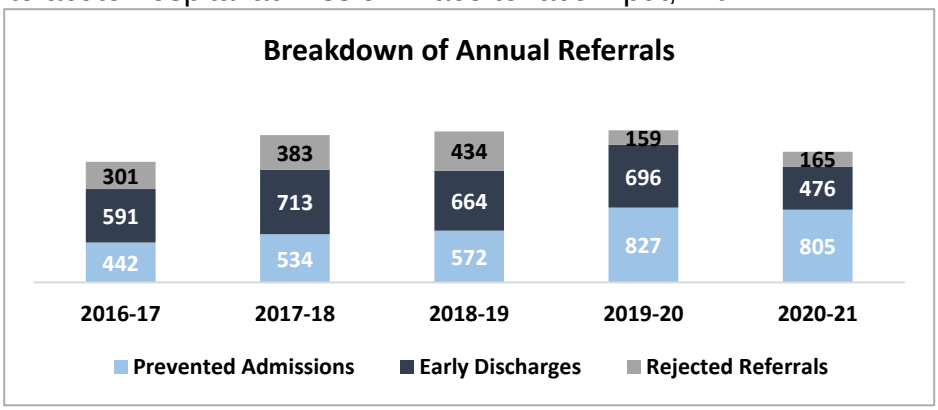
People being supported by NADARS during 2020-21 is evidenced further by:

- 71% of service users reported reduction in alcohol intake
- 61% of service users reported a reduction in non – prescribed drug use
- 55% of service users reported an improvement in physical health
- 56% of service users reported an improvement in physiological health
- 55% of service users reported an improvement in social functioning

1.4 The **Pan – Ayrshire Model for Enhanced Intermediate Care and Rehabilitation (ICT)** is focussed on providing high quality care and support through pro – active early intervention and preventative action to stop older and people with complex needs becoming unwell in the first place or supporting them to manage their 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 The Partnership took part in an inquiry led by the Care Inspectorate into decision making and partnership working for Care at Home and housing support services during the COVID-19 pandemic between March 2020 and August 2020. The focus of this inquiry was on approaches and processes, how well partners worked together and what we can learn from this. The recommendations from this inquiry can be found here: Delivering CAH and HSS during the COVID-19 pandemic

1.6 **The Health & Well-being Service** delivered by KA Leisure received 93 new referrals and undertook 2,336 classes, with a total of 16,520 attendances at supported physical activity sessions in 2020-21. People who received follow up telephone consultations from the Active Lifestyles Team during the pandemic report following benefits:

45% feeling better and more positive after taking part	**41%** provided lifeline social interaction
35% experiencing less pain	**35%** reported improved mobility
26% reported an improvement in their fitness	**50%** felt their overall health had improved

Whereas the Mind and Be Active Service, also delivered by KA Leisure, received 32 new referrals, undertook 131 supported classes, and had 236 attendances at specific Mind and Be

Active supported physical activity sessions in 2020-21. Additionally, doorstep visits for frail and vulnerable produced some positive outcomes. 127 of these visits were undertaken, which included either a doorstep walks or exercise session, for 22 people. After 6 visits, the following was observed:

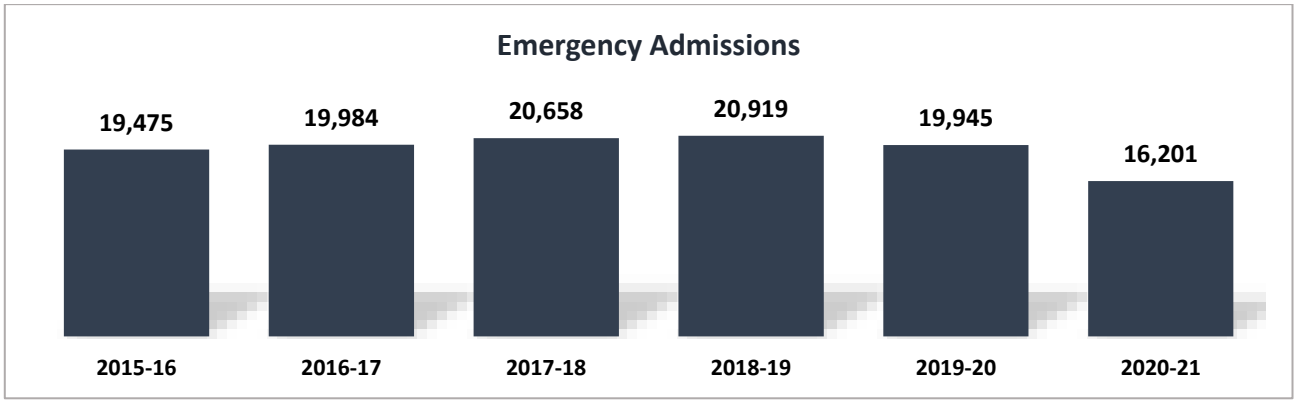
45% reported improvement in mobility	**28%** reported they were finding activities of daily living easier
29% reported improvement in mental health	**21%** felt their overall health had improved

1.7 Following the closure of KA facilities and community venues in North Ayrshire in response to the COVID-19 pandemic, a revised **Health and Wellbeing Programme** was developed to respond to lockdown restrictions and provide participants with support. This programme was continually developed and expanded over the proceeding months.

The revised programme included support, advice, and opportunity for participants to remain active within the Government guidelines and offers practical advice to maintain functional strength and mobility that may be essential for them to remain living independently. It aimed to ensure that there was an adequate provision of support available, as the majority of the programme participations fall within the vulnerable category due to age or long-term health conditions. The revised programme included.

- Telephone Support (Weekly or fortnightly)
- Home activity programmes
- Virtual class delivery – (Facebook closed and live classes, closed Zoom classes and pre-recorded classes)
- Walking – (Virtual walks, walk n' talk, Buddy walks)

1.8 As at March 2021 we saw a reduction in **Emergency Admissions** compared with 2019-20. This is as a result of the impact of the UK pandemic restrictions and individual choice throughout the last year.



1.9 **AIMS Advocacy** has been awarded the Advocacy Quality Performance Mark (QPM) from the National Development Team for Inclusion (NDTi). They are the first Scottish independent advocacy organisation to do so. The QPM is the UK's only independent quality performance

mark for organisations offering independent advocacy; an essential service for people who need support to express their needs and have increased choice and control in their lives.

To gain the QPM, independent advocacy providers have to undergo a rigorous self-assessment process and policy review. This is followed by a structured site visit for NDTi assessors to meet advocates and the people they support. The Advocacy QPM provides reassurance to people using the service that it provides a good standard of advocacy. It also provides the commissioners of the service with a robust benchmark to measure independent advocacy services, ensuring they select the very best providers. Morag McClurg, Service Manager from AIMS Advocacy said:

"We are delighted to have received the QPM. We found the process to be very thorough and it made us look at all aspects of our practice – at what we were getting right and the areas we could further develop."

Quality Performance Mark Manager and Lead for Advocacy and Rights at NDTi said:

"The Advocacy Quality Performance Mark is only awarded to advocacy organisations who can demonstrate that they are providing excellent services to people often experiencing challenging situations in their lives. It indicates that they have the training and policies in place to ensure people's rights are upheld and their preferences are heard and responded to."

Further information can be accessed, and applications can be made via - https://qualityadvocacy.org.uk/

National Indicators

Adults able to look after their health very well or quite well	92%
Adults supported at home who agreed that they are supported to live as independently as possible	84%
Adults supports at home who agreed that they had a say in how their help, care, or support was provided	75%
Rate of Emergency Hospital Admissions for adults (Per 100,000 population)	14,057
Rate of emergency bed days for adults	135,075
Falls rate per 1,000 population aged 65+	18

Strategic Priority

Tackling Inequalities

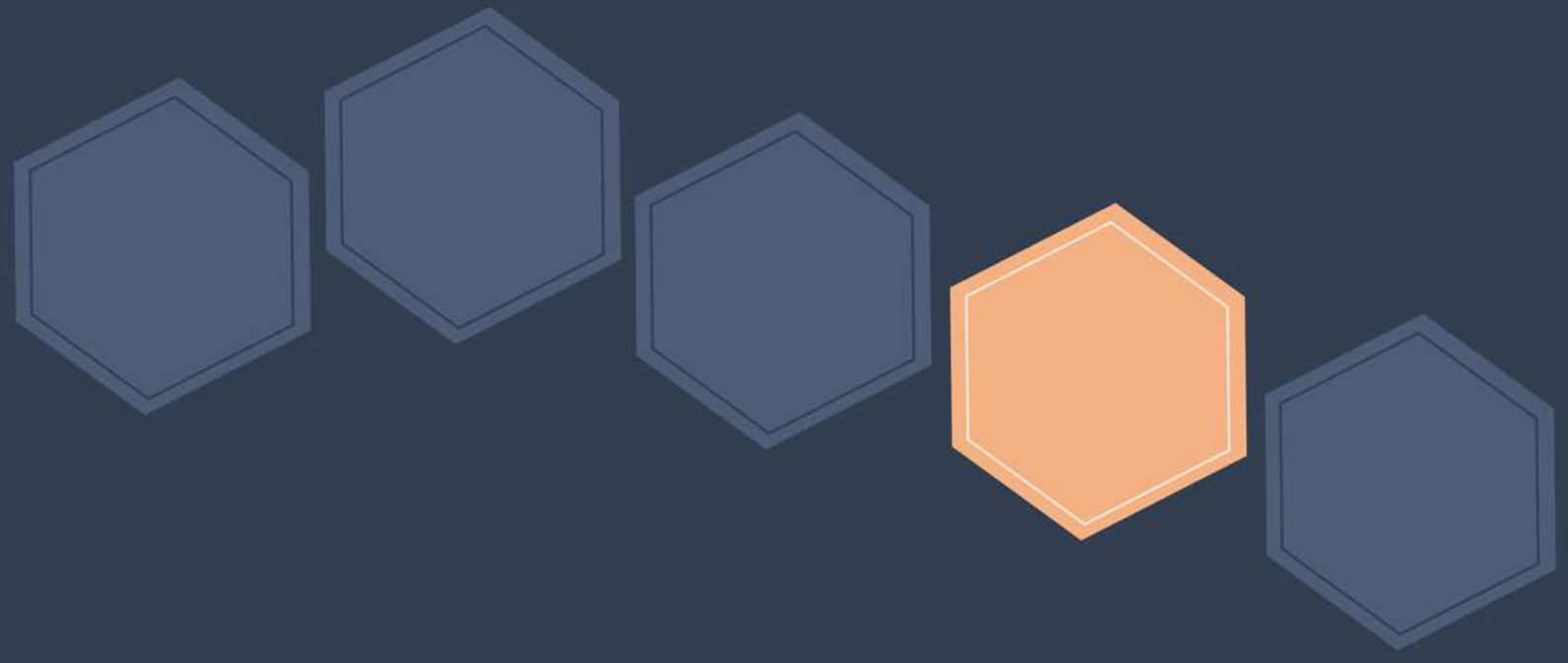
National Outcomes

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

The Dirrans Centre has held onto its Platinum Investor's In People status

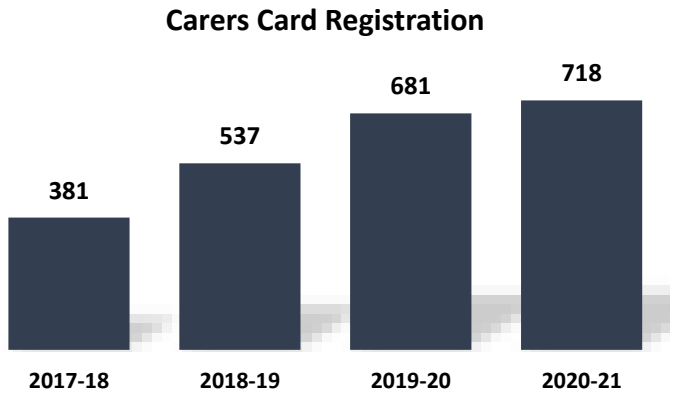
The Money Matters Team has supported the most vulnerable people in our communities accessing entitle benefits in excess of £15M

New Facebook group for anyone living with a sensory impairment in North Ayrshire

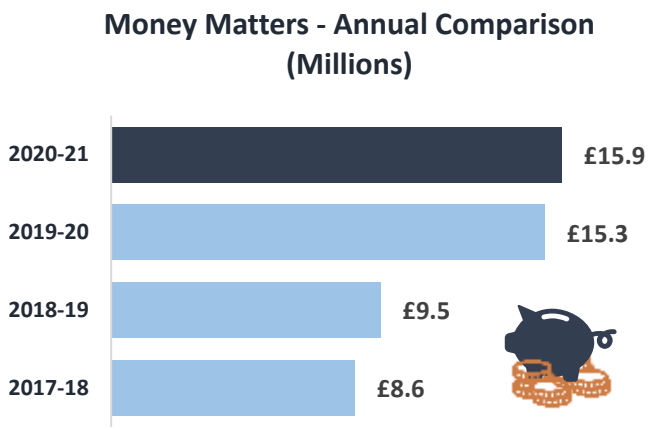
2.1 Our **Dirrans Centre** has once again held onto its Platinum Investor's in People status – beating off competition from nine other entries. The Platinum Award is the highest accolade available through the internationally recognised Investors in People scheme. The Dirrans Centre rehabilitation facility provides personalised community-based supports to build independence, self – management and activity for service users across North Ayrshire.

2.2 Our **North Ayrshire Sensory Impairment Team** has launched a new Facebook group for anyone living with a sensory impairment in North Ayrshire and the surrounding areas, as well as their friends and family. The group is used to share important updates and information from the team, as well as various charities and organisations working with those living with a sensory impairment. It will also share links to information from the Scottish Government and NHS in British Sign Language and provide a place where people can meet up, have a chat, and share advice.

2.3 The **Carers Team** compiled a COVID-19 Guide to make it easier for carers to find the right information in relation to the pandemic. Additionally, they provided different breaks from caring with Scottish Government funding received by Unity (Our local Carers Centre) – supporting 46 carers with a laptop, meals out, gardening equipment, sports equipment, electronic tablets and exercise equipment. There was also a wellbeing fund which supported 41 carers with fuel and food parcels. Carers Week continued to run 8 – 14th of June 2020 with the aim to Making Caring Visible. Many carers and carer organisations continued to celebrate, provide, and receive support with and from their carer peers during this week. Additionally, 718 people have registered for the Carers Card.



2.4 Our **Money Matters Team** once again supported the most vulnerable people in our communities accessing entitle benefits to the incredible sum of £15,901,265.76, an increase of £595,351.33 from 2019-20. This is a great achievement against a backdrop of austerity/welfare reform cuts and is testimony to everyone's work in the Money Matters Team. Additionally, Money Matters received 3,601 enquires/referrals, with a 76% success rate for appeals which proceeded.



2.5 **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.

In March 2021, Break the Silence were delighted to hold their first virtual conference, with over 120 in attendance from a range of public, private and third sector organisations. The conference, featuring a mix of presentations, talks, interviews and interactive sessions focussed on the different types of trauma; the impact this can have on the sense and body; and on the impact for maternity care. The day also highlighted messages of recovery – of hope and resilience. There was also focus on vicarious trauma and the importance of self – care (Possibly more important now than it has ever been).

Break the Silence were pleased to report that 100% of attendees found the conference educational and informative with 95.6% saying they now have a better understanding of trauma, and 97.8% saying they now have a better understanding of the challenges experienced by survivors.

Feedback:

"I thought this was a really valuable workshop and I have enhanced my understanding of trauma and the challenges experienced by survivors through attending this"

National Indicators

Carers who feel supported to continue in their caring role	32%
Adults supported at home who agreed they felt safe	85%
Premature mortality rate (Under 75s age-standardised death rates for all causes per 100,000 population)	516

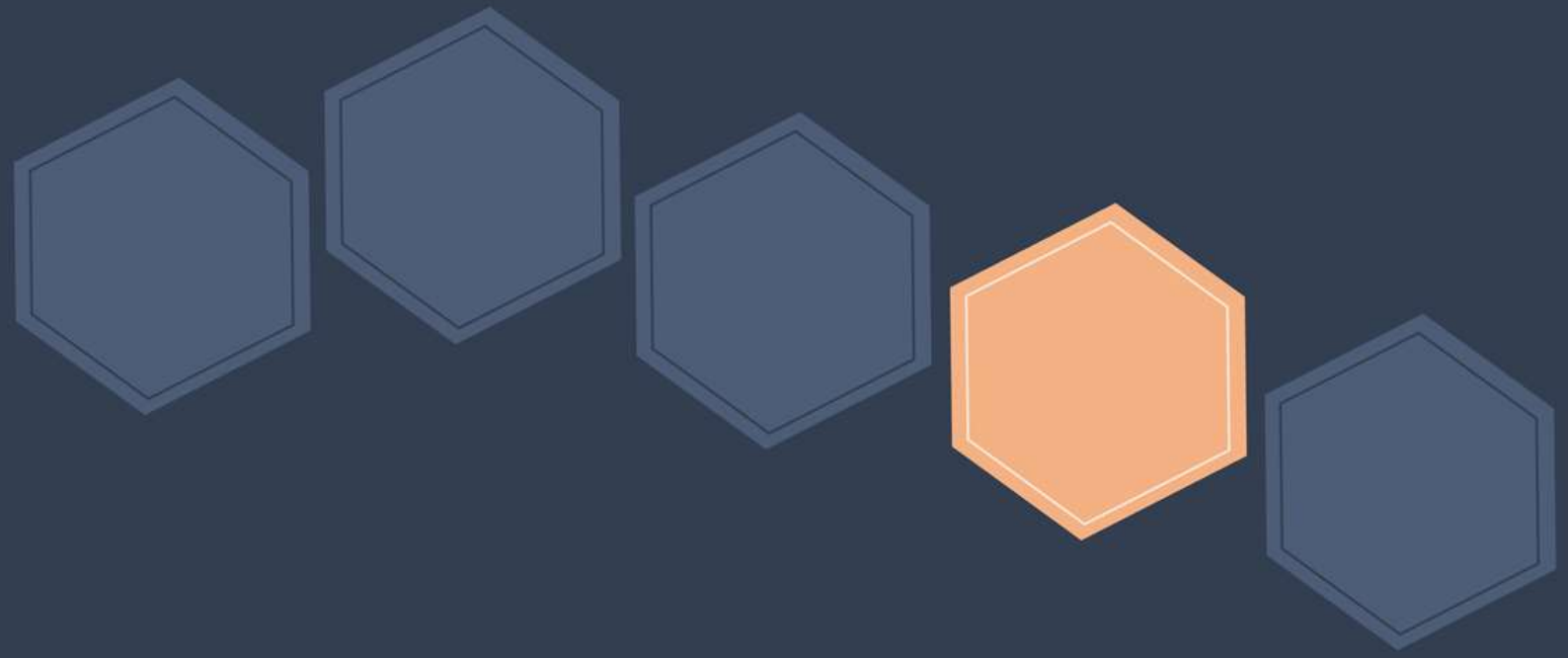
Strategic Priority

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

28 compliments were received by the Health and Social Care Partnership

137 responses were received via the What Matters to You Consultation

210 responses were received during a survey carried out by our North Ayrshire Drug and Alcohol Recovery Service

3.1 During 2020-21, 28 **compliments** were received by the Health and Social Care Partnership relating to the service provided and the professionalism demonstrated by partnership staff.

Compliments

"Heartfelt thanks for Team Manager and team for support and intervention with elderly neighbour and for attending to crisis situation and assisting get appropriate supports in place"

"Thanks given to Service Access OT for help in supporting her dad with regards to OT equipment. She couldn't believe how quick the turn around was and appreciated everything the OT did to help her father"

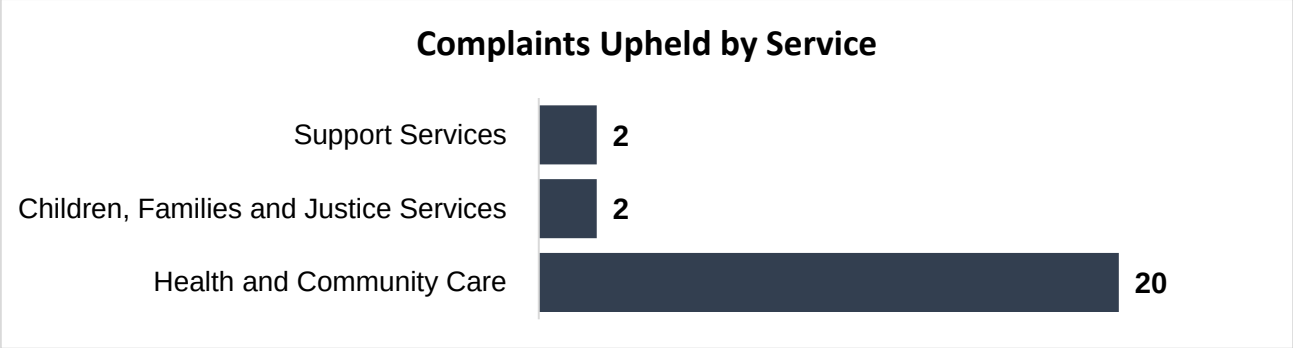
"Customer would like to thank the Beith Care at Home Staff for the excellent care they gave to her late husband. She is very pleased with the care her husband received and said the team couldn't have done a better job"

"Compliment to Senior Officer to thank him for all his help and support to the family"

"Compliment to worker from C&Fs Intervention Services/Service Access for assistance and perseverance in arranging visit"

"Thank you card received in respect to North Coast Art Team"

3.2 A total of 144 **complaints** were received during the year and were across all service areas. With 24 being upheld across all service areas.



Of the 24 upheld complaints, 8 were categorised as relating to a vulnerable person. Complaint categories are listed below:

Complaint Topic	No.
Communication	7
Sensitive Issue	1
Service Provision/Service Delivery	9
Staff behaviour (incl. alleged or perceived)	6
Other	1

3.3 **NADARS** undertook a separate client experience survey during the COVID-19 pandemic and received 210 responses. It found the following:

95% of clients reported that they received regular contact during the COVID-19 pandemic

88% of clients felt supported by workers who encouraged and helped them on their own recovery goals

93% of clients felt listened to

89%of clients felt that they were able to access the right information to manage their own care and support

88% of clients felt encouraged to connect with recovery/community groups that could support their recovery journey

The majority of clients felt supported and had received good communication and engagement from staff during the COVID-19 pandemic. It was noted that the service went above and beyond at times to aid clients on their recovery journey by the delivery of medication, regular telephone support and signposting to other online groups/meetings which was considered beneficial, especially in times of need. This service has reflected on this service user feedback and has implemented a number of improvement actions.

3.4 **Ayrshire Independent Living Network (AILN)** have been providing high quality Self-Directed Support (SDS), advice, and information to the people of Ayrshire for over a decade. In that time the service has grown in the number of people we support and in our staff numbers. Since 2005 the three Ayrshire councils have jointly funded the SDS support & information service. Our payroll service is self-funded, and our development team are funded by the Step in the Right Direction and National Lottery fund.

However, during lockdown AILN went above and beyond to ensure the people who use the service were fully supported. In support of care provision funding for PPE was successfully secured and approximately 75 personal employers benefitted from one week's worth of full PPE (Aprons, gloves, masks, and hand sanitiser) for each of their Personal Assistants (PA's). The clients were beyond grateful as they were unable to source the PPE and they were worried that they would not be able to receive the support needed.

Feedback:

"Thank you I could not have had my PA's coming into my home without PPE and I did not know what to do".

Funding was also secured for Befriending support and our staff worked additional hours to contact AILN clients to ensure they were ok, provide a listening ear and link or signpost them to any additional local support in their area as many of the clients were in the shielding category. They also created a directory of support locally and were able to share this with their clients and other organisations. The Befriending ensured that their clients knew they had their full support in a time of uncertainty.

National Indicators

Adults receiving any care or support who rated it as excellent or good	77%
People with positive experience of the care provided by their GP practice	73%
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	88%

Strategic Priority

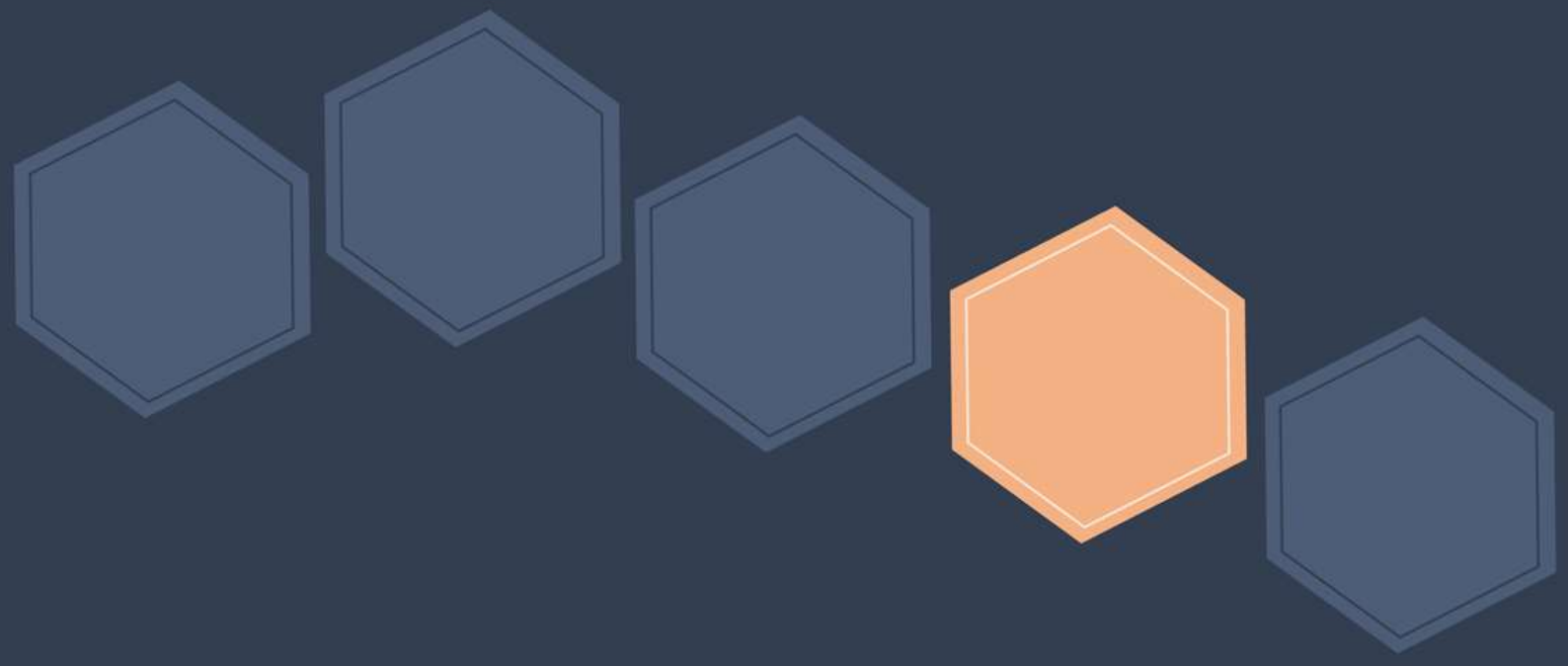
Bringing Services Together

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

9,766 days of ICT service provided as an alternative to hospitalisation

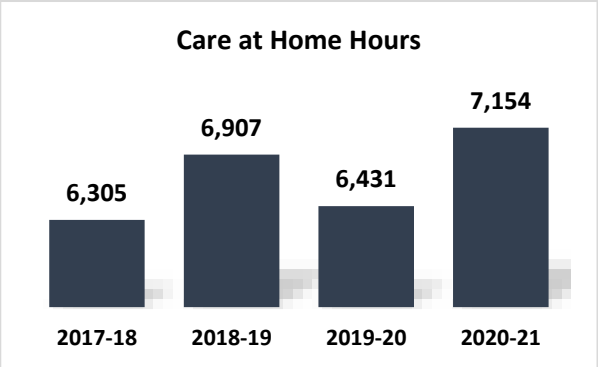
98.9% of ICT service users were seen within 1 day of referral

Five library buildings in North Ayrshire were set up as health and Wellbeing Hubs for care home staff and care at home staff.

4.1 The NHS COVID-19 **Carer** Subgroup worked with primary care to encourage pharmacies to be carer friendly and help carers to self – identify. The group produced a leaflet for bag–drop and administered training to 6 test site pharmacies.

4.2 Our **Intermediate Care Team (ICT)** supports people to regain their independence by supporting them when they are either discharged from hospital, or in their own homes, to prevent admission to hospital. This early intervention and prevention approach provided 9,766 days of ICT service (during 2020-21) as an alternative to hospitalisation, a slight decrease from 2019/20. Additionally, 98.9% of service users were seen within 1 day of referral.

4.3 Compared to 2019-20 we have seen an increase in **Care at Home** hours lost due to the cancellation of hospital discharges with 7,154 hours lost compared to 6,431 from the previous year.



4.4 Five library buildings in North Ayrshire were set up as **Health and Wellbeing Hubs** for care home staff and care at home staff. These hubs provided a bridge between work and home life, a space where staff could take time out to recharge their batteries, talk to colleagues and line managers about the impact of the COVID-19 pandemic on themselves and their service users and access support information on a range of health and wellbeing topics.

Feedback from the carers has been positive and they have enjoyed the light, airy and calm library spaces situated within their own locality. Library staff have been very supportive and empathetic with the carers and have seen many repeat visits – around 560 each week – with new relationships being forged. The use of the public library buildings in this way reflects the safe, non – judgmental third space that these buildings provided communities pre - lockdown.

Comments:

"…safe environment for staff to talk about personal stress…"

"Very relaxing and welcoming space …"

"I think this is a fantastic resource!"

4.5 Working throughout lockdown and COVID-19 restrictions presented challenges for the public, service users, partners and staff of the Partnership. This period also provides learning opportunities. Analysing several sources, (Such as **the Locality Planning Forum, Community Hubs, Third Sector Partners, Justice Service and Service Users**) seven key messages emerged from experiences and on managing during the pandemic and restrictions.

Community strengths were used and developed

- The North Ayrshire community rose to the occasion making good use of its assets
- It also developed or grew its social capital (e.g. volunteer numbers and group connections)

Collaboration and mutual support helped

- Third sector & community groups collaborated well with the CPP and the NAHSCP
- Collaboration between the public and services heightened and helped

Mental Health remains a priority with expected increased need

- The impact on mental health for the public
- For staff is one of the most recurring and poignant messages. Needs are likely to increase

Our strategic priorities remain relevant

- No new strategic priorities were created
- Improving mental health, tackling inequalities (e.g. digital divide) and community engagement are particularly relevant during restrictions

People rapidly flexed to adopt new practice

- Public, staff and volunteers adapted, and adopted digital technology, quickly
- Staff contribute by taking on new tasks or doing their jobs differently

Partners exhibited enabling and flexible leadership

- Community groups demonstrated leadership
- As did services and providers

We are managing the huge financial impact where possible

- NAHSCP has estimated the cost of £7.2m for its mobilisations plans
- NA -active third section, social enterprise and community groups accessed funding of over £1.2m in a collaborative context

4.6 NHS Ayrshire and Arran piloted **alternative rehabilitation delivery** during COVID-19. This included four individual weekly appointments with the cardiac rehabilitation team within Kay Park, Kilmarnock. Appointments were designed to support health behaviour change and provide advice on walking routes. Additionally, themed sessions with opportunities to discuss medication, cardiac signs and symptoms, physical activity, healthy eating, emotional well-being, and vocational concerns. This included multidisciplinary input from: Physiotherapy, Nursing, Occupational therapy, and Weigh to Go. The 6 who took part in the pilot agreed the following:

- Venue suitable private
- Sufficient information on themed topics
- Sessions improved confidence, activity levels and anxiety
- All questions answered

4.7 Our **staff well-being hub** was opened within Ayrshire Central Hospital in Irvine that was available for all staff working in the North Ayrshire Health and Social Care Partnership. It offered:

- A gentle space with comfortable seating and calm atmosphere
- One – to – one conversation
- Wellbeing advice
- Quite space for reflection
- Access to Psychology Services
- Hot and cold drinks and snacks.

This hub was staffed with peer supporters with psychology supervision. Social distancing and hygiene measures were in place for the safety of visitors and staff.

4.8 **Arran services** have established a staff wellbeing rest area where staff can go and have quiet time and make use of the recliner chairs has been well received. Access to the Counselling sessions on Arran have been well used and staff have found the chance for 1-2-1s beneficial. The staff helpline and occupational health support have also been invaluable, as well as access to vouchers for Heather Lodge on Arran that provides a range of physical and psychological support.

National Indicators

Readmissions to hospital within 28 days of discharge	114
Percentage of adults with intensive needs receiving Care at Home (all levels of CAH)	73%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	386
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	26%

Strategic Priority

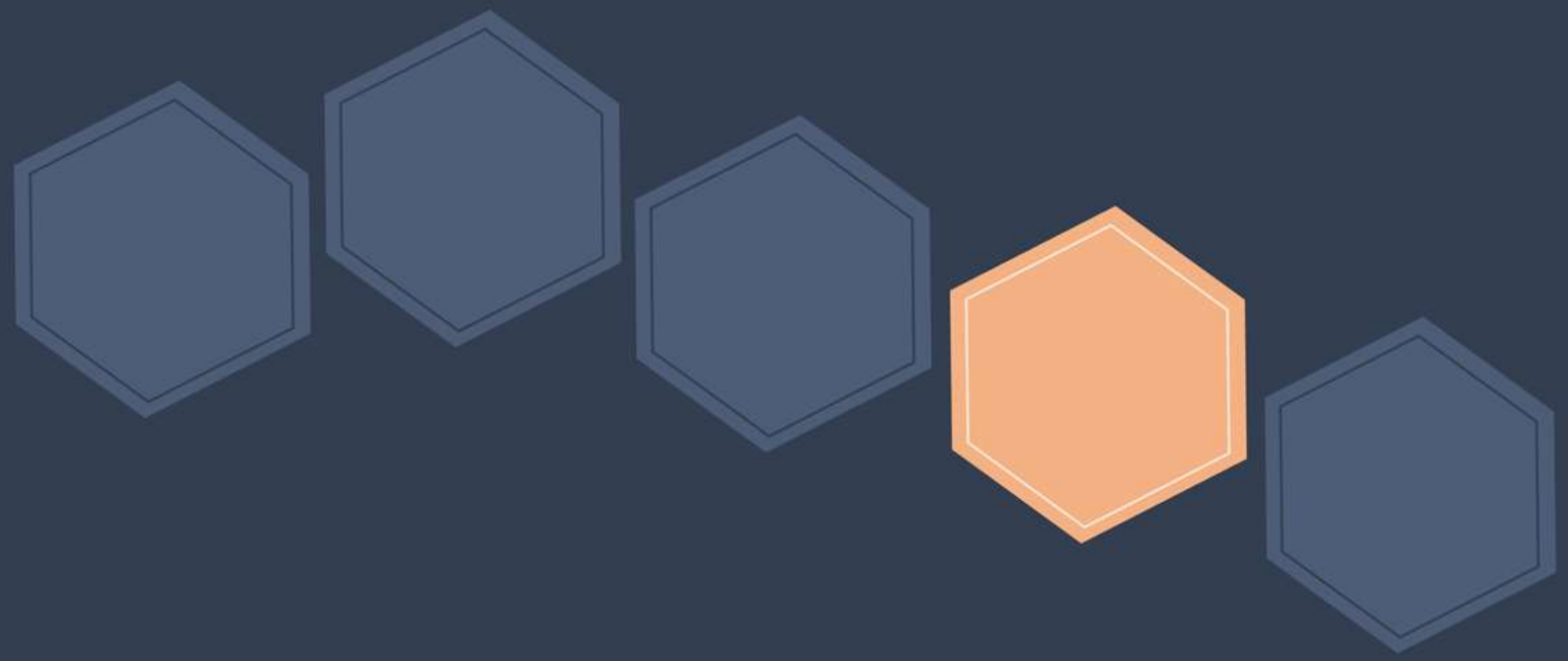
Improving Mental Health and Wellbeing

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

Dementia Post – Diagnostic Support App has been developed

A revised Health and Wellbeing Programme was developed by KA Leisure in response to the COVID-19 pandemic

The Active Lifestyles Team continued to work remotely supporting our Active North Ayrshire (ANA) participants

5.1 NHS Ayrshire and Arran has developed a new **Dementia: Post – Diagnostic Support App** to provide helpful information to patients, family members and friends impacted by a dementia diagnosis. 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. To access the App search for "NHS Ayrshire and Arran" in your Apple or Android mobile telephone App store. Once you have the NHS Ayrshire and Arran App downloaded, you will then be able to search for "Dementia: Post Diagnostic Support".

Case Study:

"Just want to write a wee post to thank MBA (Mind and Be Active) for basically saving my life. Today at nearly 29 years old I celebrated being 23 months sober today! I came to MBA straight out of rehab back in 2017 to get some fitness and boost my mental health. 2017 was the worst year of my life I lost my mum to lung cancer; my world fell apart and my drinking became worse. With encouragement I got help with my drinking and I started gym sessions with WORKER A and haven't looked back since. MBA should get her awards cause if I never came to MBA and didn't meet WORKER A I don't know where I would be!"

"The activities and support throughout lockdown have been great. It's given me the encouragement that I needed to continue with my fitness. I have been walking at least 6km a day and taking part in the cases on the group page when I can. I join in the social chat sessions during my break at work which helps keep me motivated and its lovely to see the team and others from the programme. Today I walked nearly 27km, my eyes are bright and I'm loving life. Anyway, thank you MBA and thank you to my wee hero aka boss lady WORKER A"

5.2 **The Active Lifestyles Team** continued to work remotely supporting our Active North Ayrshire (ANA) participants to remain active or simply to provide some support to those who are struggling during social distancing and self - isolation.

Most of the participants fell within the vulnerable category either due to age or long – term health conditions meaning they were self – isolating within their own homes. For those who live alone or who had already been struggling with their mental health, particularly those within

the Mind and Be Active programme, this was a particularly stressful time, and many found it difficult to cope with feelings of loneliness.

What became most imperative was the value of the phone calls for participants who were experiencing social isolation. Phone calls lasted from 5 to 50 minutes and many participants reported that they were at home alone and the phone call was one of their only point of social contact during the week.

Case Study:

"One participant lost her husband in December 2019 and with no family living nearby she's finding it hard to cope being alone at home. The team spent 40 mins on the phone to her today and she said she was so grateful to speak to us and have a chat. She has been hiding her feelings from her family as with them being so far away, she didn't want them to worry about her not coping. Both she and her husband were due to celebrate their 80th birthdays with family during the lockdown period."

"One class participant reported that she no longer needs to hang onto her partner to walk and believes its due to the daily exercises she has been doing on a regular basis since receiving the home exercise booklet from Active Lifestyle Team. She now walks and does her exercises so is actually doing more than she normally would."

5.3 NHS Ayrshire and Arran and North, South & East Ayrshire Health & Social Care Partnership's and their partners in emergency care, primary care, mental health, Scottish Ambulance Service, Police Scotland, Scottish Fire and Rescue and third sector have been working closely with **the Distress Brief Intervention (DBI)** National Central Team through the DBI Associate Programme to develop connected compassionate support for people presenting in distress in Ayrshire & Arran. Key elements of progress include:

- Governance: The Ayrshire & Arran DBI Implementation Group will oversee the implementation of the DBI programme, linking closely with national DBI Central Team and National Programme Board

- Intervention, support & training: The University of Glasgow's Institute of Health & Wellbeing have developed core DBI training (Level 1) for front – line colleagues, which will be incrementally delivered, starting with the first three GP practices.

- Public Health Scotland: Routine data, collection analysis and reporting is supported via the current DBI Principal Information Analyst on secondment from Public Health Scotland to the DBI Central Team, in – line with information governance requirements.

- DBI Level 2 providers: Penumbra have been commissioned and bring their extensive experience pf DBI to lead and deliver the DBI Programme in Ayrshire & Arran. DBI practitioners have been recruited, received their DBI Level 2 Training developed by University of Glasgow and are now in a position to deliver DBI support.

National Indicators

Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	79%
Proportion of last 6 months of life spent at home or in community setting	89%

MSG Indicators

Emergency admissions to acute hospitals	16,157
Emergency admissions to acute hospitals (Rate per 1,000)	10.0
Admissions from emergency department	10,886
Admissions from emergency department (Rate per 1,000)	6.7
Percentage of people at emergency department who go onto ward stay (conversion rate)	37
Unscheduled 'hospital bed days' in acute hospital	112,871
Unscheduled 'hospital bed days' in acute hospital (Rate per 1,000)	69.8
Unscheduled 'hospital bed days' in long stay mental health hospital	29,787
Unscheduled 'hospital bed days' in long stay mental health hospital (Rate per 1,000)	18.4
Unscheduled 'hospital bed days' in geriatric long stay	5,123
Unscheduled 'hospital bed days' in geriatric long stay (Rate per 1,000)	3.9
Emergency department attendances	29.583
Emergency department attendances (Rate per 1,000)	18.3
Percentage of people seen within 4hrs at emergency department	87.2

MSG Indicators – Delayed Discharges

Delayed discharges bed days (all reasons)	8,394
Delayed discharges bed days (all reasons) (rate per 1,000)	6.4
Delayed discharges bed days (code 9)	2,301
Delayed discharges bed days (code 9) (rate per 1,000)	1.8
Delayed discharges H&SC Reasons	6,093
Delayed discharges H&SC Reasons Rates	4.6

National Health and Wellbeing Indicators

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 organisations service provision.

Due to the COVID-19 pandemic the data completeness and validation for these indicators has been delayed as Public Health Scotland personnel have been re-tasked to other prioritised works. The information below represents the most up-to-date information with further updates accessible from – Public Health Scotland

Health and Social Care Experience Indicators	2015–16	2017–18	2019-20	Scottish Av %	Rank against Family Group
Adults able to look after their health very well or quite well	93%	91%	92%	93%	4
Adults supported at home who agreed that they are supported to live as independently as possible	82%	84%	84%	81%	3
Adults supported at home who agreed that they had a say in how their help, care, or support was provided	77%	70%	75%	75%	5
Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	74%	76%	74%	5
Adults receiving any care or support who rated it as excellent or good	79%	78%	77%	80%	7
People with positive experience of the care provided by their GP practice	84%	80%	73%	79%	6
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	82%	79%	80%	6
Carers who feel supported to continue in their caring role	43%	39%	32%	34%	8
Adults supported at home who agreed they felt safe	79%	80%	85%	83%	4

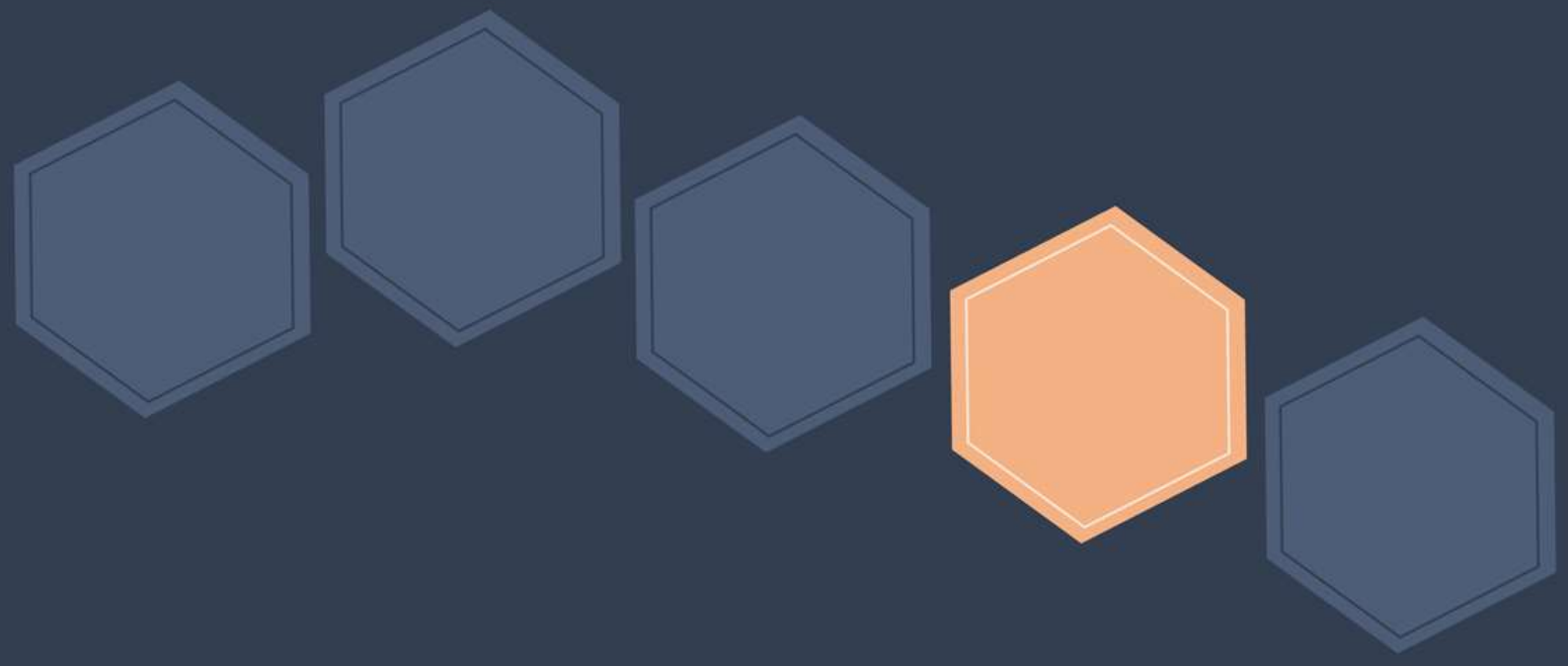
To support service improvement, the Scottish Government has identified local authority / Partnership benchmarking families. These family groups are made up of eight local authorities that share similar social, demographic, and economic characteristics. Comparing our performance information with our family 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	2016–17	2017–18	2018–19	2019-20	Scottish Av % Diff	Rank against Family Group
Premature mortality rate. (Under 75s age-standardised death rates for all causes per 100,000 population).	490		446	516	457	3
Rate of Emergency Hospital Admissions for adults (per 100,000 population)	16,249	16,481	16,513	14,057	11,100	7
Rate of emergency bed days for adults.*	139,750	149,902	142,441	135,075	101,852	8
Readmissions to hospital within 28 days of discharge.	105	106	107	114	114	4
Proportion of last 6 months of life spent at home or in community setting.	87%	87%	88%	89%	90%	7
Falls rate per 1,000 population aged 65+	20	24	22	18	22	8
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	81%	87%	88%	88%	83%	3
Percentage of adults with intensive needs receiving Care at Home. (all levels of CAH)	49%	49%		73%	63%	2
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	624	1,033	1,144	386	488	5
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	26%	29%	30%	26%	21	1

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. From January 2017, The Ministerial Strategic Group for H&CC (MSG) advised that in order to measure the impact of integration they would be monitoring a suite of indicators. These are indicators which the government view as being appropriate to measure progress with integration and for which data is available to enable a comparison across partnership areas and to report on progress at a national level. 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



1. 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 worked closely with education over the summer of 2020 to, in a very short period of time, create **hubs** for both children of key workers and those who were vulnerable. This required careful planning for accommodation, transportation, staffing, food, and resources. These hubs provided environments for children to thrive in, whilst promoting resilience at a time of national anxiety through positive play and inclusion. Please follow the link for some of the memories of summer 2020.

Case Study:

"Child A is 5, and lives with his mum, dad and 4 siblings – who all aged under 5. Mum and Dad are both care experienced, Dad works, he often has to come home from work to support Mum. There is no extended family support nearby"

"He is a lively wee boy, but he struggles with sleep and during lockdown his routine was seriously disrupted. The disruption had a serious, negative affect on Child A and, as a result of his behaviour, neighbours called the Police. Child A is supported by a Social Worker who asked for support from the Childcare Hub. The Childcare Hub provided 4 days a week to prevent family breakdown and to protect Child A's relationship with his siblings. In the hub Child A, would be able to engage in positive play experiences, be nurtured and best of all – supported during a challenging time in his wee life. To do so, we needed to consider staffing. Following the can-do approach – Worker A was identified as a good skill match and was redeployed from another team to help"

"Child A thrived in the Childcare Hub! Sometimes he needed time out with Worker A, after that they would come back in and enjoy time with the others. Child A generally mixed in well with the other children and Worker A took time and helped out others who needed some extra time and care. Child A's time in the hub allowed the rest of the family to heal and repair connections."

1.2 Throughout the pandemic, a number of initiatives have been taken forward by NAHSCP staff to limit the impact of **inequality and poverty**. These included:

- Utilising the Get Connected Fund for a number of children and families to enhance participation in learning and provide ongoing connection with those offering them essential support
- In order to ensure that young people could be digitally connected especially during the pandemic, 265 devices including 54 Chromebooks, 45 laptops and 25 iPads were distributed to children who are looked after, as well as care leavers attending college. These came from a variety of sources, including 67 devices obtained through Connecting Scotland, along with dongle devices to allow free internet access for two years. The devices were supplied by Who Cares? NAHSCP Corporate Parenting Team and Community Development
- Assisting some of our more vulnerable families to make online applications for free school meals boxes
- Children and Families staff provided a range of activities to our children and families throughout the pandemic, including arts and crafts activities, scavenger hunts and booklets with activities that would cost under £1
- Applications to the Cash For Kids Emergency Grant Fund raised £10,500 for our most vulnerable families, providing them with essential items during the lockdown period.
- Donations of bicycles were received and distributed to families, assisting them with mobility and outdoor opportunities to enhance their well – being.
- Donations of children's clothing were collected and distributed to families who required them.

1.3 The **Ghillie Dhu Crew** is a group set up in 2017 for children permanently in foster care in North Ayrshire, to provide an alternative to organisations such as Brownies or Scouts which can sometimes feel challenging to young people with care experience. One of the challenges set by the facilitators and presented by the Chief Ghillie Dhu, was to something to lift spirits in the local community. The children were given a card that they wrote a personal message on and produced Hug Bugs - a small wooden heart with "hug" on it that could be hung up – and together with a poem and a handwritten note, these were distributed to elderly or isolating and shielding people in North Ayrshire. To date 94 Hug Bugs have cheered up local residents, while the children had great fun focusing on the task and talking about what lockdown meant for other people. Some members of the community wrote back to the children.

"Just to let you know I received my card with message – sending you a hug from a little bug – I was quite impressed. When you stay by yourself (Especially during lockdown) you do feel lonely at times but knowing that some or ones are thinking of you makes a big difference. So thank you keep up the good work"

This has helped to engage, entertain, and distract children during lockdown, with them learning, connecting and taking on new challenges. Parents and carers also enjoy spending time of these projects with the children, and they have created a separate online group where they can share achievements, worries and concerns during these unprecedented times.

1.4 A joint funding submission with the **National Portrait Gallery**, North Ayrshire Alcohol & Drug Partnership, North Ayrshire HSCP and North Ayrshire Youth Services was successful in securing £60,000 from the Youth Recovery Fund.

The Youth Recovery Fund has been set up to support the wellbeing of all children and young people impacted by COVID-19 in particular those young people from disadvantaged backgrounds and will enable the youth work sector across Scotland to support education recovery in the context of the COVID-19 crisis. This funding will support an exciting range of art programmes, initiatives and exhibitions in North Ayrshire that will have a choose life message and encourage positive mental health & wellbeing amongst our children & young people.

The National Portrait Galleries have updated their current exhibition, 2020 Stories, Portraits and Visions and it's great to see a range of submissions on display from North Ayrshire HSCP.

- Irvine Locality Team – "A Little Seed" a photograph, poem and story that describes a project that was set up during lockdown to provide children, young people and families with an opportunity to work together to plant and nurture seeds to vegetable produce.
- Family Placement Team's Ghillie Dhu Crew – a photograph and story about "Wee J" which describes losing our fear of the virtual and digital world.
- Justice Services – "Burgers" by Maddie Madleston – A photograph and story which describes the work of the MAD (Making a Difference Group)

1.5 **The Promise** is responsible for driving the work of change demanded by the findings of the Independent Care Review It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can #KeepThePromise it made to care experienced infants, children, young people, adults and their families – that every child grows up loved, safe and respected, able to realise their full potential. The Partnership has progressed initial works in relation to:

- Communications Plan developed
- Stakeholder analysis developed
- Weekly meetings
- Promise Roadshows underway

- Application for £50k funding for co-ordinator role
- Advertisement for two posts (Youth Worker & Engagement/Participation lead)
- Training (Signs of Safety, Safer & Together, Trauma Informed) – we see such approaches as being instrumental to creating cultural shifts in practice focussing on family strengths and engaging the family network in wider safety plans whilst still holding the child's safety and voice at the heart of any plan
- Review of key documentation underway
- Meeting (and follow up) with The Promise national team
- Informal national Promise group meeting monthly – chaired by NAC

1.6 Following an increase in Emergency Department presentations of young people who attempted suicide who were unknown to services and refusal from a number of parents to accept follow up intervention the **Young Person's Suicide Taskforce** group agreed to develop a support pathway.

The Pathway is intended for young people up to the age of 18 years who are not known to any other Social Work Services who have made a significant attempt at taking their own life i.e. non – fatal overdose, act of self – harm significant enough to require treatment and intervention, or a deliberate act of a suicidal nature. As the first responders to all concerns about the welfare of children and adults the Service Access/MAASH Team are well placed and equipped with all the necessary skills to ensure follow up support is actioned (unless the young person is open to another Social Services team) – be it by them or another trusted agency. The Pathway has been devised as part of an early intervention and preventative approach to ensure a clear and robust follow up route which has been influenced by the following factors:

- Death by suicide of young people over the past decade has been in decline however the last 2 years have shown a slight increase
- Anticipation of the impact of COVID-19 and lockdown on young people's emotional wellbeing and mental health
- Young People who have attempted suicide are entitled to follow up support and opportunities to talk/address/ share how they feel
- Young people may be reluctant to engage with services after an attempted suicide for a number of reasons (Fear, shame, embarrassment).
- Families/parent or guardians of young people may be unwilling to engage with services for a variety of reasons (fear, shame, anger, belief the attempt is not "serious").
- Families/Carers/Guardians are not always best placed to provide the only follow up support as they are too closely affected, upset, vulnerable themselves. They may even be a cause for the young person's distress.

Outcomes from the introduction of this pathway include the following:

- A whole system and partnership approach to prevent escalation to more statutory services
- Provide interventions that draw on expertise and engagement from key agencies
- Improved mental health and wellbeing, increased resilience with young people feeling safe and supported

- Increased access to follow up services for young people who might otherwise fail to be identified
- Reduction in repeat Emergency Department presentations
- An opportunity for young people to engage with someone out with the family unit

1.7 When the country first went into lockdown, our **Service Access** team did not receive the anticipated increase in referrals and discovered community hubs were overwhelmed with referrals. This presented an opportunity to encourage collaboration and connection across services in response to the pandemic. Within 5 days the Service Access team realigned their service to attach a staff member to each Hub. From here, through shared vision, values and commitment, the team could build on existing relationships and deliver a scaffolding of help and support that was ready and responsive. Meaning they were able to identify and reach the most vulnerable and in need.

Case Study:

"Service User A is a pensioner, living alone, and has no extended family. She is independent but is shielding due to the pandemic. Service User A is feeling vulnerable, she received a phone call from a stranger offering to collect her pension – Service User A is worried about financial exploitation and that the elderly and vulnerable are being targeted."

"Community Link Worker responds to Service User A's telephone call to the community hub; a home visit is agreed as further assessment is required. Service User A presented as physically frail with obvious mobility issues, there was very little food in the house and Service User A has a limited income. Service User A is normally very independent however as a result of shielding is feeling isolated and lonely."

"Food parcels were provided by the community hubs. Assessment from Service Access Occupational Therapy Assistant led to adaptations made to Service User A's home e.g. grab rails and security lighting. Referrals were made to Intermediate Care Team for falls and mobility assessment, and to Service Access Money Matters worker for financial assessment leading to Service User A's income being maximised successfully – Service User A now receives benefits she was entitled to and her weekly income has almost doubled. Service User A is referred by the Locality Officer to a local church who have regular contact with her."

"The support from the hub has been a lifeline. It has made me feel safer and less alone during a very difficult time."

1.8 **The Service Access** and **MAASH** team recently utilised an opportunity which was offered around the winter fund grant to support some of our struggling families in North Ayrshire, particularly given the trauma of the current pandemic. An idea to create little bags of hope was developed and agreements reached to access some funding to prepare these.

The '**Bags of Hope**' are individually created gifts for the families in order to provide them with some hope and allow them to see that their experiences are recognised, and that help is out there for them. The 'Bags of Hope' contain vouchers for local supermarkets and mobile

phones, as well as support guidance and other information that offer invaluable support at a very worrying time.

"Maybe what they can have at this time is some HOPE and something to hold on to."

The teams are being creative with the individual packs. They are looking at including small gardening kits, as well as baking kits and other crafts in addition to vouchers for local cafes and supermarkets and building an individual pack around the needs of each family. One staff member has just shared that the family she supported had the mother crying with relief because of the support offered. In addition, and as a biproduct of this project, this has also had a positive impact on the staff group as they are able to offer some tangible help to the families and see the positive responses and immediate changes made.

1.9 It was recognised that at the pre-contemplative stage for change that some people were reluctant to seek help to address their alcohol and drug issues. In response to this and in recognition of the added value of lived experience and peer support, the NADARS has employed additional **Recovery Development Workers** (RDW'S) to provide lived experience support to enhance recovery choices at the earlier opportunity. 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.

Case Study:

Presenting Issues: A young female aged 17 who has had family issues. SA worker referred her to the Mental Health Worker within the GP Surgery. (A) has struggled with low self esteem and appears to have been using alcohol / at times substances as a means of coping. She lives at home with her mum and her boyfriend is mainly there also. (A) had also agreed to a visit from the Recovery Workers.

Engagement: (A) engaged during initial joint visit with SA and RDW, agreeing to continued short term engagement. She was supported with referral to Money Matters Team and now in receipt of Universal Credit, alleviating poverty and stress. She has been able to reflect on underlying reasons for alcohol consumption and has refrained from consuming alcohol or taking drugs since intervention commenced. This has improved her physical and mental health and her family relationships.

1.10 The *"can do attitude"* demonstrated by our **Health Visitors** in supporting the learning of the pre-registration nursing students who are just completing their placement has been excellent. Verbal student feedback highlights the inclusivity that Health Visitor teams have provided together with supporting the learning and teaching during these unprecedented times. Health Visitors have been truly inspirational in delivering an altered model of supporting student learning alongside the changes to service delivery because of COVID-19.

Health Visitors and school nurses continued to support children and families throughout the pandemic despite significant changes to working practices and restrictions to the types and numbers of visits undertaken. Requests for assistance from other services were predominantly restricted to other early years support services within the integrated Universal Early Years' team. Despite the pandemic, requests were only slightly lower than in previous years.

1.11 **We Work for Families (WWfF)** is an employability programme delivered in partnership with the Lennox Partnership, Economy and Communities and NA HSCP Universal Early Years. The programme supports North Ayrshire parents and carers with children under the age of 5 to seek out training, education, and employment opportunities in order to improve outcomes for them and their families. They work with individuals to overcome any barriers they may have to their own development, including supporting with confidence and self-esteem issues and childcare difficulties. In 2020-21, WWfF extended provision to include families on low incomes, and not just those not in employment. 110 individuals were referred onto the programme between April 2020 and March 2021. It continues to be a valuable part of early years' provision in North Ayrshire.

Please find below an account of the valuable work our Health Visitors and partners have taken forward and the supports offered to families. The support offered by 'We Work for Families' has been crucial to the change in circumstances for this family:

Case Study:

"Hope you are well. I thought I would just send you a little email to let you know that I got a job today! Thanks to you referring me to We Work For Families Tracey sent me to a virtual jobs fair for health care. I applied for a few jobs on it and got an interview. Today I got a letter saying I had got the job!

I now work for Abbeyfield Care Home in Irvine as a support worker/ care assistant and it's a 16 hour a week contract.

For months I'd been applying to jobs and had never heard anything back and now within a week of being registered with them I now have a job. We Work For Families are paying for my disclosure and a new uniform aswell, I'm over the moon.

I will be working either Thursday, Friday, Saturday or Sunday when [partner's name] is off or his mum can have [child's name] for me. The shifts will either be 7.45am till 3.15pm or 2.15pm till 9.45pm which suits me perfect. I'm thrilled to be getting back to work and doing something for myself again.

Thanks [HV Name], for everything you've done for me over the years. You really are the best and I don't even think you realise what a difference you've done for my life. You've done more for me and looked out for me more than any of my family have ever done. I amazing wee woman and I'll always be thankful. If it wasn't for you fighting and getting me all that help in the beginning I don't think I would even be here... look at me now.

The boys are back at school and nursery, [child's name] is slowly getting used to the family again and going to people. [Partner's name]'s work is busier than ever. I now have a job! Everything is great. I'm so grateful for everything you've done for us, really. Thank you."

1.12 Despite all of the restrictions in place, our **young people** have continued to flourish. An example of this is shown in the case study below.

Case Study:

"We have had some fantastic news over the last few months about a young person who lives in one of our children's houses. Despite all the restrictions and problems that the COVID-19 virus has caused our young person achieved seven straight A's in her Nat 5's this year. She has worked incredibly hard and all her efforts have certainly paid off. She is on track to leave school in June 2021 and to go straight into University to fulfil her dream of becoming a Primary School Teacher. To support her as she makes this transition the HSCP have agreed to fund university Halls for her first year at university. In addition to this her bedroom at the children's house will also remain in place for her because this has been her home for a number of years and she needs a safe and familiar place to return to during the holidays. Needless to say our young person is delighted with this support as are we because she is such an inspiration and positive role model for other young people living in our children's houses."

1.13 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 years 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.

1.14 At the start of the pandemic, **UEY** and early years' education managers worked together to establish early years' hubs and day-care placements for our most vulnerable under 5s. These were established in April 2020 and ran until the nurseries returned in August 2020. Children were identified by health visitors with support from social work and education colleagues. 166 children were placed within 8 early years childcare hubs and 133 in day-care placements throughout the time period. This was a huge success and made a significant difference to the families supported and the children who attended.

1.15 The **school nursing resource** has been increased by 5 WTE since August 2020. This means that there will be improved access for children and young people to a school nurse within the respective cluster. School nurses and the locality staff nurses supporting them, have all been completed LIAM training (Let's Introduce Anxiety Management). LIAM is a staged intervention intended to develop skills in the delivery of a CBT-informed approach for the treatment of mild to moderate anxiety symptoms in children and young people.

1.16 In March 2021, the process for sharing **police concerns** with health visitors and Family Nurses was revised in partnership with Police Scotland and Service Access/ MAASH team managers. This service improvement was undertaken to ensure health visiting staff were kept informed of police activity where this involved or was witnessed by a child on their caseload, allowing the HV to offer appropriate support to the family. Between April 2020 and March 2021, 312 police concern reports and 51 out of hours reports were shared with health visiting staff in North Ayrshire.

1.17 We are delighted to announce that the **Children and Adolescent Specialised Substance Team (CASST)** is now established and will be based within Meadowcroft. The CASST team are made up of 4 young person's drug and alcohol workers who will support young people between the ages of 5-21 who are impacted by parental substance use or their own substance use. This service will be delivered North Ayrshire wide. We are excited to be bringing this innovative new team to North Ayrshire and look forward to being a valuable addition to the NAHSCP

1.18 **North Ayrshire Child Protection Committee** ratified the first Child Sexual Abuse Strategy in Scotland. It is our belief that an overarching strategy that addresses all forms of child sexual abuse is needed if we are to adequately challenge, and ultimately prevent, these behaviours in all their forms. The vision is as follows:

> *"There is an increased awareness understanding and acceptability of talking about and facing the reality of child sexual abuse – in our homes our communities our workplaces and our institutions. Children and young people in North Ayrshire are safe from sexual abuse and sexual harm and well supported if they have previously experienced sexual abuse. Everyone in North Ayrshire knows they have a role to play in keeping children and young people safe and understands and is prepared to take appropriate action to support and/or protect a child or young person."*

1.19 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 (Scottish Government, 2020) 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 2020-21, Rosemount supported 276 young people and their parents/carers. This figure is down from 324 from the previous financial year, however, it is recognised that COVID-19 will have impacted on our numbers, while the team had two staff members who relocated to new roles, taking their respective caseloads with them.

Of those 276 cases (95%), of young people were maintained with their families – an increase from the 94% the previous financial year. This increase comes despite it being identified at the point of referral that 88% of cases had significant difficulties in relation to family dynamics, whilst deficits in parenting capacity had been identified for 92% of referrals. The team offer 7-day support and covered 34 out of 52 (65%) weekends during the year. 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.

1.20 Over the last year, collaboration has continued between Education and the Health and Social Care Partnership around the **Foundation Apprenticeship**. We had 13 pupils (including 2 from South Ayrshire Council and 1 from East Ayrshire Council) and 13 finished. 10 achieved the full FA which is a SCQF level 6 award. The other 3 achieved partial awards. This is down to the excellent work undertaken by our Learning & Development Team.

1.21 During this past year, we had planned to deliver a number of innovative programmes including: a **Peer Mentoring Scheme**; looked after and kinship care groups operating in all secondary schools and to grow the membership of our Champions Board. This work has been paused at the present time however we will restart when it is safe to do so and in conjunction with the national route map out of the pandemic.

Our Champions Board have designed, published, and launched a Care Experienced Mental Health Toolkit called 'Care4Yourself' for all Care experienced young people and staff. Over 80 of these have been distributed. They have also created a 'What is Care Experience' animated video to raise awareness to all corporate parents, launching a Stigma Policy and being at the heart and centre of consultations and policy changes.

We are Care Experienced new video on raising awareness of being Care Experienced and use of language has just been finalised. Our very own Champions Board created and designed it. Link to the video: https://www.youtube.com/watch?v=WVPNF4CjsYE

1.22 During the second period of lockdown **Children and Families Localities teams** worked in partnership with families to offer one of spends to promote any care experienced child or young person's attainment. This was a one off spend of up to £250 where the child and family could identify an area of interest or passion for the child or young person to promote their attainment in some way. This allowed for creative thinking and flexibility and a range of opportunities were identified for children young people and their families. This ranged from a National Trust subscription promoting the child's interest in history alongside family activity offering the whole family an opportunity to spend time supporting this interest. Equally we have had young people being included in equine opportunities and other sporting opportunities. In turn these opportunities have often benefitted the young person's overall health and wellbeing.

1.23 Our purpose-built respite facility for children and young people with additional support needs, called Roslin House, was completed. Each bedroom is equipped with homely furnishings, with rooms opening out into a landscaped garden with a water feature, BBQ, music feature and 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.

2.Justice Outcomes

Outcome 1: Community Safety and Public Protection

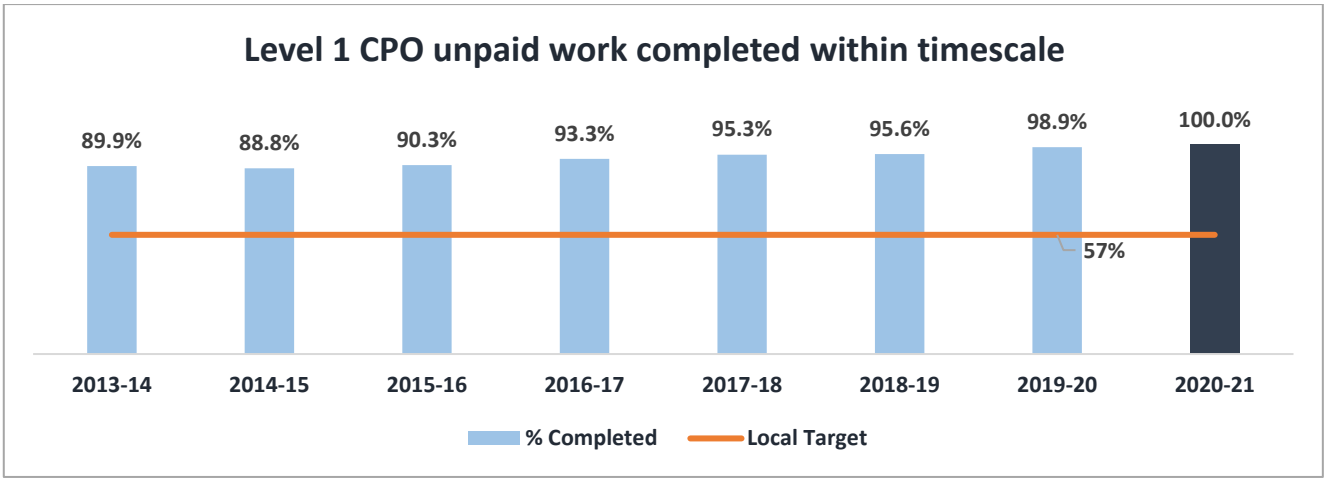
Outcome 2: The Reduction of re-offending

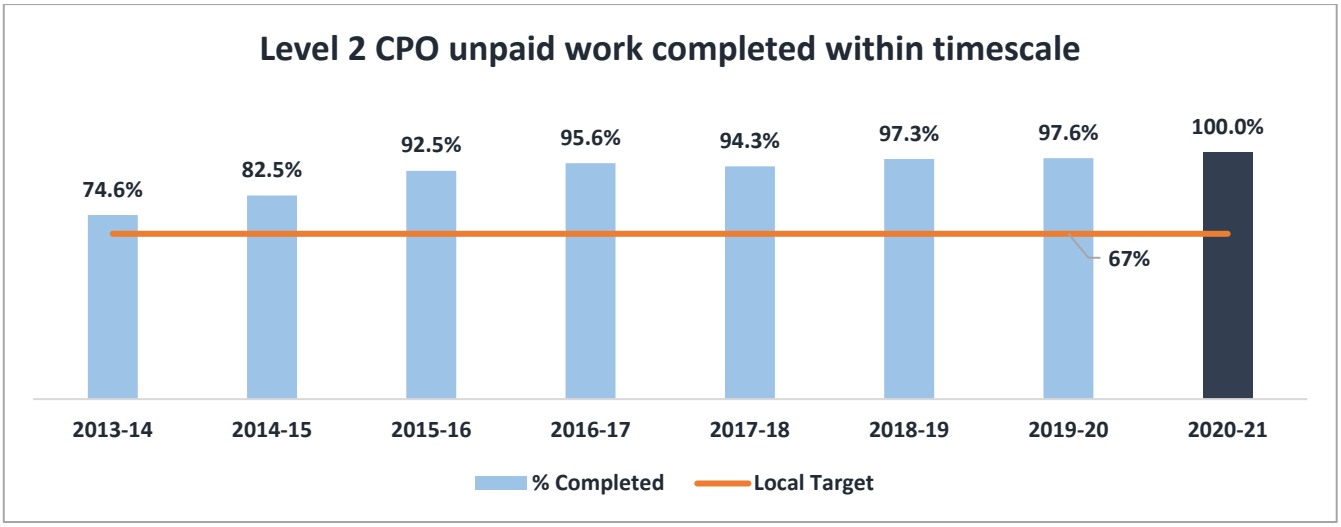
Outcome 3: Social inclusion to support desistance from offending

2.1 The targets set for unpaid work are pan-Ayrshire targets. The latest Government statistics on **Community Payback Orders (CPO)** (2019-20) show that North Ayrshire has the highest of the Ayrshires and in fact the third highest number of CPO's imposed per 10,000 population in Scotland at 63.5 per 10,000 population. In comparison, East Ayrshire sit at 59.4 and South Ayrshire sit at 61.5. The Scottish average is 43.3 per 10,000 population.

There has been a steady decline in the number of Criminal Justice Social Work Reports (CJSW) since 2015-16, until 2019-20 where there was an indication of a slight upward turn. This said numbers are again on the decline in 2020-21, however largely thought to be due to the result of COVID-19. The latest Government statistics on CJSWs for 2019-20 reveal North Ayrshire to be the lowest of the Ayrshires at 82.7 per 10,000 population. In comparison, East Ayrshire sit at 108.7 and South Ayrshire sit at 88.8. The Scottish average is 73.7 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 varied greatly from 2019-20 due to COVID-19. For example, 2019 saw 92 out of 93 completed within timescale, whereas 2020-21 saw 21 out of 21. This is similar to the Level 2 CPO's which saw 161 out of 165 in 2019-20, whereas 2020-21 saw 24 out of 24 completed within timescale.





We currently have 189 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.
- **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.
- **Employability** - Working with all justice service users to provide support in working towards employment; a significant factor in reducing re-offending.

Reintegration into communities remains the ethos of Community Payback Orders, and with that aim in mind we continue to have Employability Mentors based within the Community Payback, Unpaid Work Team. Since coming into post, the mentors have been successful in supporting 31 service users into full time employment, 7 in the last year throughout the pandemic. Training opportunities has reduced during the last year due to Government restrictions on the types of courses that are generally sourced however training resumed in limited capacity during March 2021.

2.2 Justice Social Work Intervention

Case Study:

"Mr B was released on Licence after spending seven years in custody for multiple drug related offences. He had spent other unsuccessful periods of time in the community before reoffending or being recalled to custody. The allocated Social Worker spent time prior to release building a relationship with him and with his family, who he would be residing with upon release. This meant that, when he was released, he already felt supported and able to discuss when he was struggling with his worker, which reduced issues around reintegration. He felt able to speak openly about his personal high-risk situations in relation to his substance misuse which allowed for a more specific referral to be placed with Turning Point and his worker attended to support him at his first appointment with them. This specific referral allowed for his support to be tailored to help him prepare for those moments."

"Mr B is engaging well and remains abstinent from any substance misuse. He reports to feeling more positive and stable than he has in many years and feels able to look to the future. He is also rebuilding relationships with his mother and father that had deteriorated when he was in custody. Mr B believes this is due to them being able to see that he is doing well and has spoken at length about how he credits the relationship he has built with his Social Worker as the reason why he has managed this positive progress on this occasion."

Case Study:

"Mr J was released on a Supervised Release Order after a period of time in custody. During his custodial sentence he confirmed that he would be returning to reside near his family in England upon release. He was supported by his Social Worker to apply to the local Housing office and appointments were arranged for the day after his release with both his Housing Officer and the Probation Officer who would be supervising Mr J on behalf of North Ayrshire Justice Services. Regular telephone and email conversations were had with all English services involved with him throughout his time there to ensure everyone was kept up to date. Unfortunately, some concerns were raised about Mr J's behaviour towards his partner and accordingly Multi-Agency Public Protection Agreement (MAPPA) procedures were initiated. This meant that his allocated Social Worker was maintaining regular contact with multiple English teams – such as Probation Services, the Police's Public Protection Unit, Forensic Mental Health, Addictions, Housing and PREVENT."

"This case illustrates the level of interaction that will often be carried out by workers when attempting to manage the risk an individual poses to the community. Mr J was eventually returned to custody after breaching his Order but his worker remains involved in the MAPPA meetings for the time being to ensure successful passing over of the case when he is released from custody and returns to England."

2.3 The **'Helping Hand'** packs were introduced to support service users who found themselves in crisis, for any variety of reasons, including homelessness, relationship breakdowns or prison

release. The aim of the packs are to provide some essential items to allow them to resettle safely. The packs comprise of items such as toiletries, sanitary products, hand sanitiser and face masks, household cleaning products, puzzle books and pen, towels, bedding, a digital radio and a mobile phone.

The packs are hand delivered to anyone requiring assistance and have been well received by recipients. We received some feedback saying that a can opener would be a good addition as sometimes, when tinned items are given by the food bank, they don't have a ring pull on them, so this was added into the packs.

The response from service users has been incredible. They have been well received and everyone seems thoroughly grateful, and sometimes overwhelmed, by the thoughtfulness of the packs, which have gone some to way to alleviate stress and anxiety during periods of crisis, isolation, and loneliness.

2.4 North Ayrshire's **Making A Difference (MAD)** service user involvement group, provides a positive platform for our members to become included in the development and delivery of Justice Services. Service users can have their voices heard, continue to learn new skills, increase their confidence and become involved in the on-going development of activities. Participation in the groups or activities are entirely voluntary and service users can essentially decide which part of MAD they would like to become involved in. We have some members who join the football activity every week but do not participate in other aspects and then we have other members who enjoy lots of different parts of the MAD group.

The COVID-19 pandemic presented Justice Services with several barriers to supporting service users throughout lockdown. As a service, we were forced to think 'outside the box' and adapt our approach to lockdown restrictions. These restrictions exacerbated existing issues that service users experienced, such as isolation, mental health problems, substance misuse and accessing services. Accordingly, we created socially distanced activities, like cooking challenges, where members were provided with a bag of individual ingredients and a recipe and would compete online to see who would win the challenge. We also set walking challenges asking our members to take photos when they went out for their daily walk and then the group would vote on whose photos was the best. Our members confirmed these activities helped them feel more connected throughout lockdown and helped to reduce their feelings of isolation.

2.5 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.

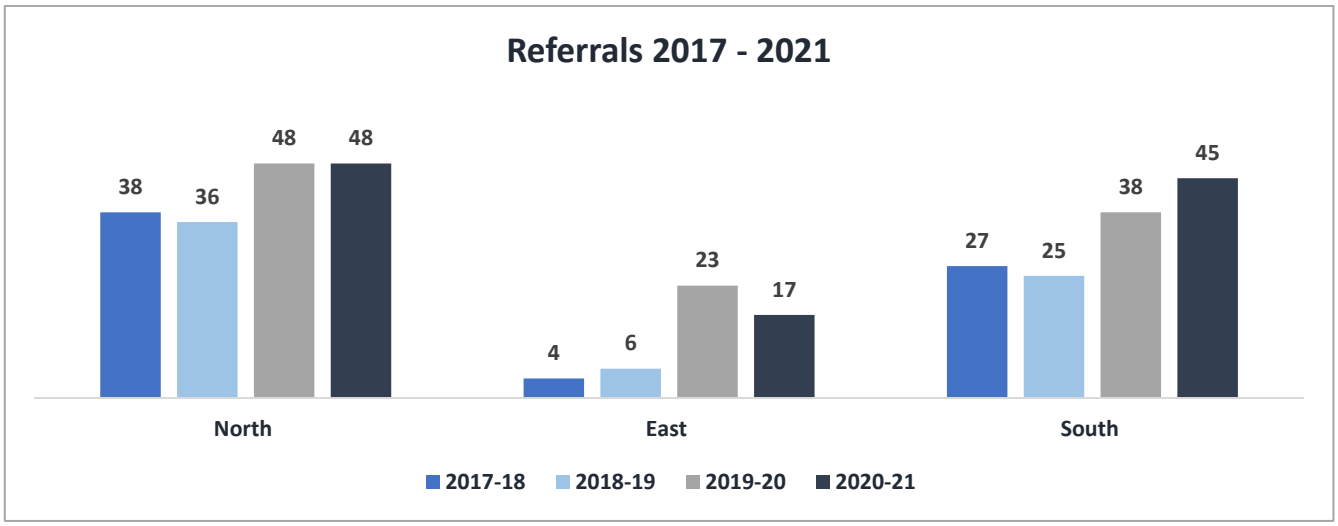
Due to COVID-19 all group work was suspended, initially work continued on the men's programme via telephone and then through individual work with men. This was supported by the introduction of a nationally accredited individual manual for carry out the work on a one-to-one basis. Between April 2020 and April 2021, a total of 39 men completed this programme. 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. Over the next year it is anticipated that the Caledonian groupwork sessions will return

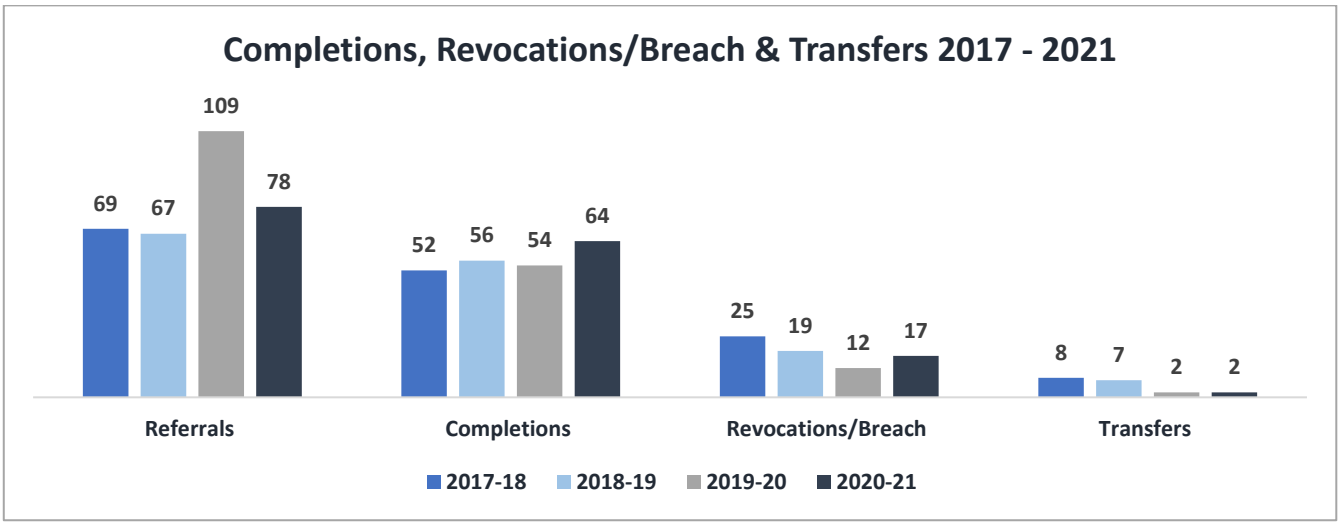
The Caledonian Women's Service offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. Working in partnership with the women, they aim to reduce their vulnerability and work with other services, including education, housing, Police Scotland and the voluntary sector, so that women and their families are better supported. In 2020-21, the team worked with 165 individuals across Ayrshire (an increase of 25 from the previous year). Offering a variety of services and support, from safety planning sessions to longer term interventions and support. The team currently continue to support 42 women across North Ayrshire. The Caledonian Women's Service previously piloted women's well-being groups as a means of reducing isolation but these were suspended due to lockdown. It is hoped however that these might resume once restrictions are lifted. The Caledonian team have also recruited a children's worker whose primarily role will be supporting children who have been exposed to domestic abuse.

2.6 The **Moving Forward Making Changes** 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 strengths 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 on a one-to-one basis, with 39 men completing the programme in 2020-2021. A new service is also currently being 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.

2.7 **Women's Service** staff provide supervision and case management of Community Payback Orders (CPOs) imposed by the court for women who have more complex risk and needs as referred by Justice Services locality teams. This involves, statutory supervision and monitoring 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 principles. In addition, the service incorporates group work programmes for both women and men across all localities, the Court Screening service for women and the Bail Supervision service.





Positive outcomes include a reduction in the number of revocations, a reduction in offending behaviour whilst subject to a CPO, excellent advocacy provided by case mangers regarding

mental health issues and improved pathways to Health Services in North and South Ayrshire due to 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.

There is scope for improvement in terms of outcomes, for example, whilst there have been positive destinations for many women, further work could be done to encourage and support service users to access education/training or employment (either voluntary or paid) prior to the end of the CPO. In addition, significant numbers of women have alcohol and/or drug and mental health issues exacerbated by unresolved trauma, and although staff are Trauma Informed, it would be an aim to have all staff further trained to deliver specific trauma focussed programmes.

To address these aims 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:

"MG has longstanding alcohol and mental health issues. Prior to lockdown she had completed an inpatient detox and had remained abstinent for several months. She had continued to attend to Justice Service Women's Group after completing the course as she found the peer support beneficial, and it reduced her social isolation. She has also started attending recovery groups through Turning Point. However, lockdown had a detrimental impact and she relapsed. Justice Services provided her with a tablet which allowed her to access online groups through Turning Point. She was also provided with mindfulness material to improve her mental wellbeing."

"MG has made significant progress as restrictions have been lifted. She is now involved in community groups and attends recovery meetings regularly. She is also a source of support for others going through similar circumstances."

The initial aim of the Court Screening Service, introduced as a pilot in June 2014, 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 workload is fluid and dependent on how many women appear from the Custody Court, varying from none to 12 women, which is ascertained at 9:00am each working day. 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.

From April 2020 to October 2020 around 118 women appeared from custody. During this period, the Court Screening Service was suspended, as no staff were allowed in the Court building during the COVID-19 pandemic. This 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.

Since the service resumed on 6th October 2020, there were 98 women appearing from the custody Court, with 71 Court Action Notes being completed. The remainder were unable to be completed due to annual leave, refusal to be seen, no access to the cells and virtual Court being utilised.

Case Study:

"Officers at Kilmarnock station advised they had a Ms N in custody and requested a CPN as they were concerned about her mental health. I searched departmental records and liaised with her CPN and Social Worker from the Mental Health Team and obtained background information and agreed a home visit by both staff would be undertaken in the afternoon. The staff member liaised with the Procurator Fiscal who was able to release her without charge as services and a robust management plan was in place."

2.8 The **Bail Supervision service** operates within Ayr and Kilmarnock Sheriff Courts and is available to individuals 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 were held in each locality twice per week, but due to COVID-19 restrictions have been suspended, however we have obtained new premises and hope to restart Bail Supervision clinics in the near future. 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 helping them to access relevant community-based services.

Comments:

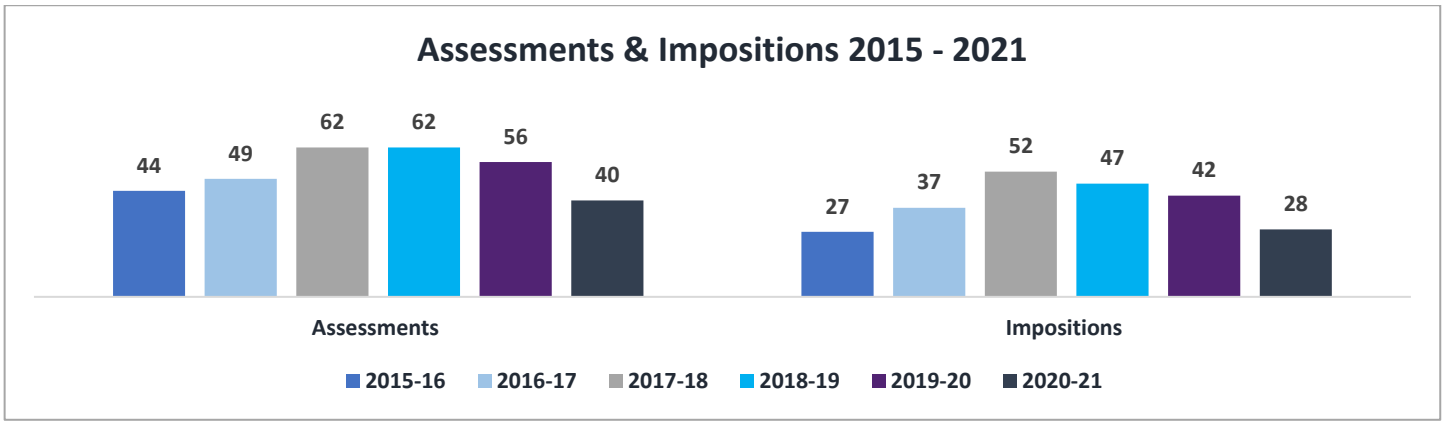
"I don't know how I would have coped without the help of G (Justice Officer) as I felt suicidal many times and she helped me keep going and gave me practical things to do like take a bath go for a walk have a cup of tea speak to family listen to music"

2.9 The **Drug Treatment and Testing Order Team** have secured Corra funding for 2 Recovery Development Workers. These additional members of staff with lived experience will allow the team to develop an active outreach approach to encourage service users to be retained within the service and support them in building resilience for longer-term change.

Drug Treatment and Testing Orders (DTTO) are issued to address the link between drug use and offending behaviour, specifically to reduce or eliminate an offender's dependency or propensity to misuse drugs and achieve positive changes in the scale and frequency of drug related offending.

In the past 5 years, prior to the global COVID-19 pandemic, the number of DTTO assessments requested increased by 41% and the number of DTTOs imposed by 92% at the peak in 2017-18. This reduced in 2019-20 but still represents an overall increase of 52% compared to the previous review period (2014-17). In 2020-21, during the COVID-19 pandemic, we have noted a 28% decrease in assessments requested and a 33% decrease in impositions. This was due to Court activity being affected throughout this period. As Courts are now beginning to resume daily business, assessments and impositions are increasing once again and it is expected that by September 2021 caseloads will increase significantly.

2.10 **Unpaid Work/ Justice Partnership Services** in North Ayrshire are planning the development of an allotment in Irvine, which will be based at Third Avenue. This facility will allow further opportunities for individuals to grow their own produce and maintain a garden.



Case Study:

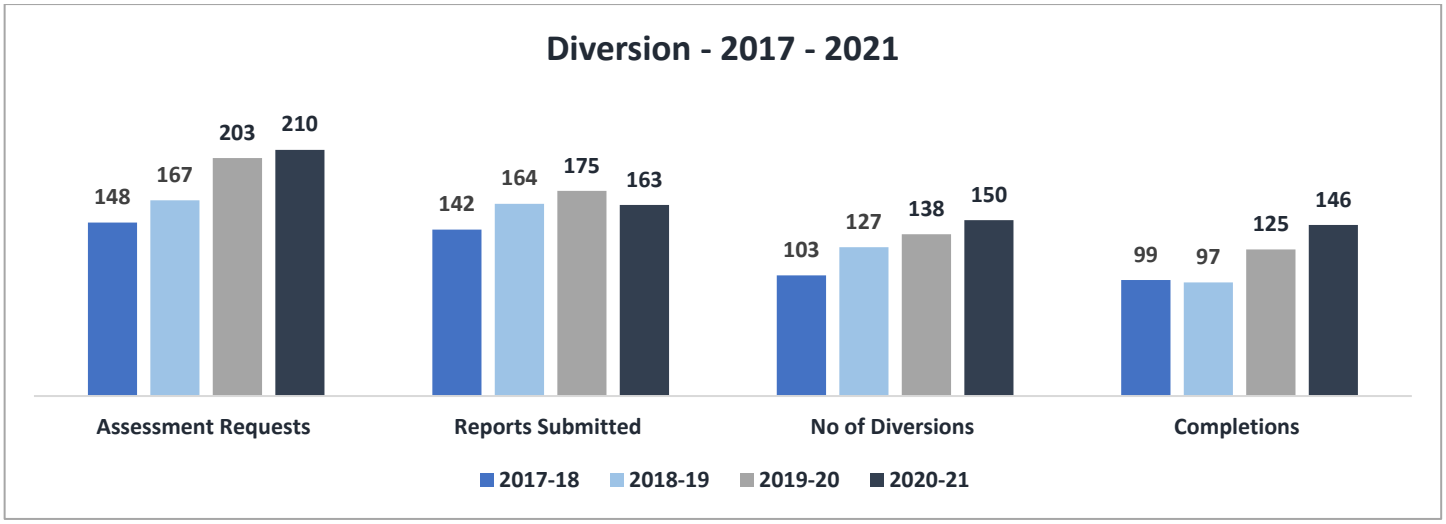
"When the DTTO was imposed at Court Mr H reported worrying levels of poly drug use which had been long-standing. Offending behaviour was a daily occurrence to finance this behaviour with matters calling and outstanding at Courts across the country. Over the years Mr H had received numerous custodial and community sentences with no positive change to future behaviours. By his own admission Mr H was consuming 'anything he could get his hands on' and he had no idea of what 'recovery' looked like. There was no engagement with recovery supports in the community and no reported desire to. Due to his lifestyle family supports were diminished and his son who has additional support needs was in a kinship placement with his mother with limited contact."

"When Mr H began to settle into the Order and therapeutic relationships were established he began to consider and show interest in concepts of recovery. A six week residential placement in Turning Point Scotland supported stability and afforded a further opportunity to meaningfully consider a future free of addiction and offending."

"On his return to the community
Mr H has gone from strength to strength and fully embraced the recovery agenda. He engaged with and tried all available supports to see what suited his needs and uses DTTO staff as a regular sounding board out with mandated contacts. His motivations for change were well thought through and included a better life for himself meaningful involvement in his sons life and to repay his mother for standing by him through the years of his addiction and prison sentences. Mr H has since engaged with the Scottish Drug Forum (SDF) research on recovery and Ayr College Steps to Excellence course. He has also been able to revisit traumatic events from his childhood through engaging with specialist counselling service."

"Mr H's resilience and recovery has been tested on several occasions
none more so when his mother passed away following a short illness. He has vowed to continue his journey with clear aspirations of resuming full time care of his son and becoming a full-time paid Recovery Support Worker. The Courts have recognised notable progress and admonished the majority of matters. Although Mr H is very much in the early stages of his recovery journey the supports provided through DTTO have been pivotal in refocussing his intentions to achieve a life free from drug use and offending."

2.11 **Diversion from Prosecution (Diversion)** has been available since 1997 initially assessed and delivered by Justice Services within each locality. However, referrals from the Procurators Fiscal (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 a rise over the past four years of assessment reports requested, number of Diversions imposed and successful completions. Despite the COVID-19 pandemic, numbers have reached an all-time high in 2020-21, which indicates continued referrals from the Procurator Fiscal for low-level offending behaviour. 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 priority.

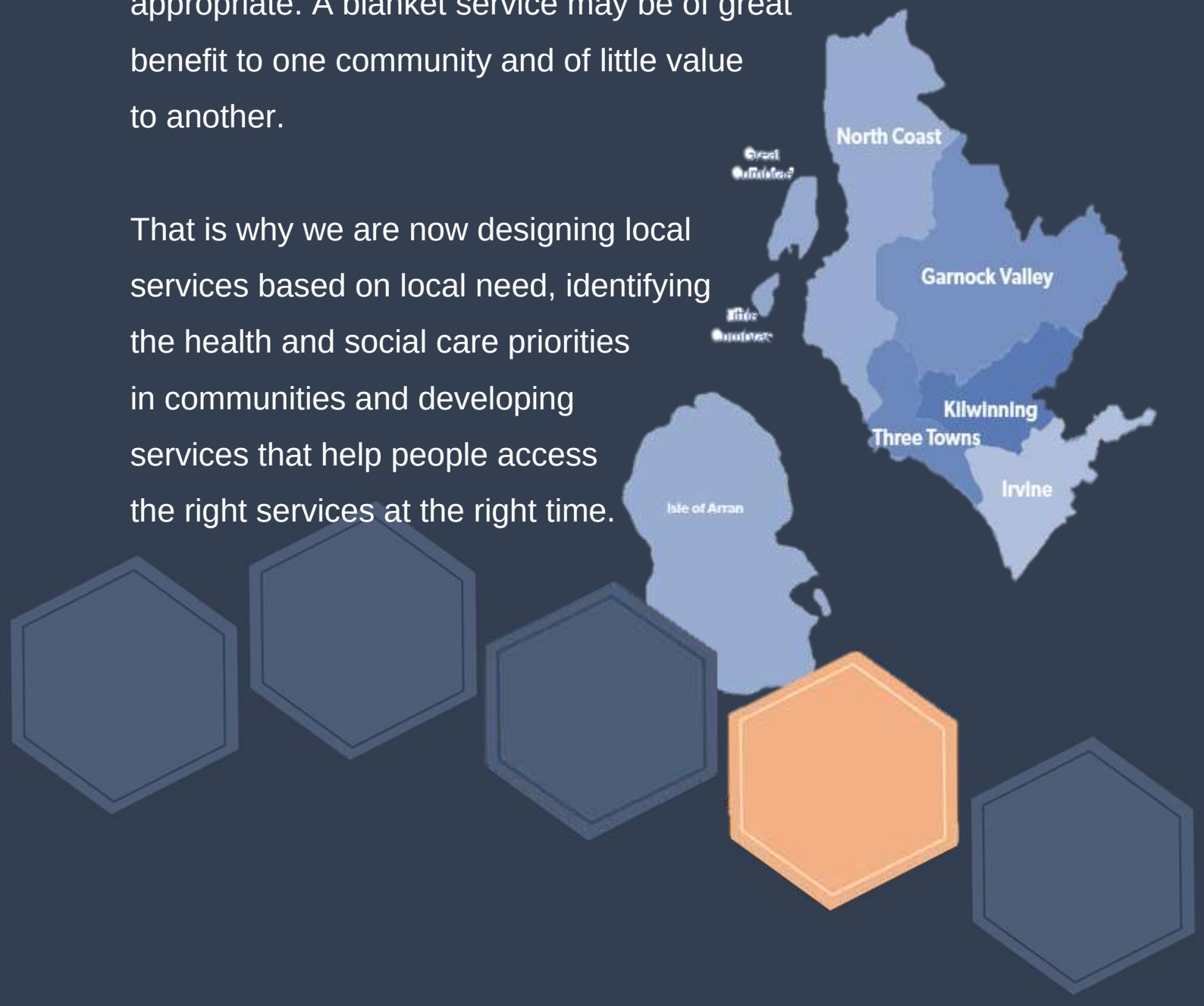
2.12 In order to enhance multi-agency early intervention and preventative responses to addressing domestic abuse and reduce the number of repeat domestic referrals our **Multi Agency Assessment Screening Hub (MAASH)** now follow up on all domestic referrals. Previously only those cases with children 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 analysis 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.

Reporting on localities

North Ayrshire is home to over 135,280 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.



Overview

The six locality planning forums (LPFs) continue in their role as the community's portal to the Partnership. Each LPF continues to be the key conduit between local communities and the Partnership's leadership. Like many other local groups, our LPFs were affected by the COVID-19 pandemic which initially limited their ability to meet and progress wider health and social care priorities. However, despite not meeting formally, many LPF members continued to provide much needed support to local communities through the established Community Hubs. LPFs were re-mobilised virtually in Autumn 2020 and have continued to work to improve the health and wellbeing of local people.

Pandemic Experience

Following re-mobilisation, all LPF members were asked to share their reflections of the pandemic lockdown period. Overall, most members said that during lockdown:

- Participation and cooperation in the community was greater
- Communities demonstrated their effectiveness at problem solving
- Communities should great leadership and initiative
- People cooperated more with people within and out with their own local communities

There was a visible enhancement of multi-agency and Partnership multi-disciplinary team working during the period that allowed for faster responses and resolutions local issues. Members also commented on the improved sense of local community that developed during the crisis. LPFs will seek to learn from the pandemic experience and build on the opportunity of closer working with communities.

Membership and Core Group

Each LPF consists of a core group of three members as well as a wider group of people with health and social care experience. The core group consists of a member of the IJB who chairs the group, a GP who is based in the relevant locality, and an HSCP senior manager. The wider group membership consists of relevant, staff representatives, Community Link Workers, members of third and independent sector organisations and service user and care representatives.

During the 2020-21 service year – and following a period of vacancies in some groups - new appointments meant that all five mainland LPFs consisted of a fully complimented core group. Each core group continues to ensure the membership of each LPF is relevant and appropriate to help best identify the needs and assets and needs and concerns of local communities.

Role in Strategic Planning

Our LPFs have a core role in identifying the strategic direction of the partnership. Through local engagement and conversation with local people, forum members help identify the key support needs for each area. Forum members continue to seek effective ways to engage with local people, consider relevant local statistics and learn from service area leads. Using this

information, each forum identifies key priorities for action, which are then submitted to the Partnership's Strategic Planning Group for further discussion and action.

A key change made throughout the service year was to ensure that input by the Locality Planning Forums is set as the first agenda item at every Strategic Planning Group. This approach demonstrates the Partnerships Commitment to locality-based working and prioritising the needs and voices of our local communities.

New Developments

Following the virtual re-mobilisation of the LPFs a series of development sessions were planned for each locality planning forum, led by the Partnership's Organisational Development Officer. This development would take place over three sessions.

The first session provided the opportunity for forum members to reflect and consider the local character, features, strengths and aspirations of their locality. This gave LPF participants a shared knowledge of the locality's facets and portraying its uniqueness and distinguishing features. It gave the LPF and its members a picture of the context and potential of the locality from a health and social care perspective. The second session will seek to further clarify locality priorities, key governance relationships and underlining how the LPFs can influence local change. A final session, planned for summer 2021, will look to bring all LPFs together and look at how they can share learning and work closer together.

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

Overview

Due to the COVID-19 Pandemic, HSCP services were refocused on supporting COVID-19 delivery and supporting people living in their communities during lockdown. The transformation team moved to support service continuity planning, shielding recording on CareFirst, contact centre support, community hubs, shielding door knocks and mobilisation planning until June 2020. Full support to the programme has now recommenced.

Communities

This year's What Matters to You **(WMTY)** campaign was scaled back considerably as a direct consequence of social distancing measures. We recognised from the outset that we would be unable to gather a wide representation of views and therefore, our aims were different to what they usually would be:

- Keep the idea of a WMTY type conversation in people's minds.
- Gather some initial pre-engagement feedback from people.

In order to do this, we asked the following question – 'What matters to you when maintaining your health and wellbeing during the current pandemic?' We invited responses via a few digital platforms such as Twitter, Facebook, email, text and phone. There was also some limited face to face and telephone opportunities for conversations across our services, locality hubs and within our staff wellbeing hub. The 137 responses were largely received via the staff wellbeing hub, Garnock Valley community hub and HSCP staff members. The following broad themes emerged.

- Family, friends, colleagues, and relationships
- Mental Health
- Exercise, indoor hobbies
- Various methods of coping
- Community Spirit
- Staff and community hubs

Quotes from the Public:

"Seeing the community working together and all the amazing work out there at the moment"

"Exercising when and however possible"

"Reminding myself that this is only temporary"

"Worried about what it is all going to look like"

"Keep staff wellbeing activities going"

"Estranged from loved ones"

Children, Families and Justice Services

- Developed a robust business case and service model for a new National Secure Adolescent Inpatient Service (NSAIS). This will be a 12-bedded unit for children aged 12 to 17 years who have complex difficulties and need a high level of care. It will provide the first secure adolescent inpatient service for young people in Scotland.

- The construction phase of the new Respite House and the new ASN School Campus has seen us work together and our state-of-the-art respite facilities for children and adults opened in summer 2021.

Mental Health and Learning Disabilities

- The North HSCP Community Mental Health Team have moved into the newly refurbished office at the Three Towns Resource Centre. This allowed the partnership to bring all of the key professions together under the one roof. The integrated team includes administrators, psychologists, social workers, nurses and allied health professionals.

- In Learning Disability Services, the NHS Community Learning Disability Service and the Social Work Learning Disability Team are now co-located, and further work is progressing to further integrate processes.

- Successfully securing funding from the Scottish Government has allowed the recruitment of a specialist Perinatal Mental Health team to provide support to families and professionals supporting those in the perinatal period.

- In November 2020 mental health Unscheduled Care services were a key partner in the redesign of urgent care service and are continuing to look at providing a 24 hour a day, 7 day a week mental health pathway for those with urgent mental health concerns, away from Emergency Departments.

- The Partnership working with South & East Ayrshire HSCPs completed a five-year transformation programme of Elderly Mental Health redesign work. This included the transfer of services to Woodland view and improved estate at Ailsa Hospital. This programme builds an earlier programme of work where a range of local community supports were developed for families affected by dementia, and this is now supported by high quality multidisciplinary specialist hospital-based service.

- Mental Health Action 15 monies funding has been targeted to employ eight mental health practitioners (MHP) in GP practices, enhancing the prison healthcare team and expanding of the role of the Crisis Resolution Team by introducing the Police Pathway 24/7 which gives Police Scotland direct access to CRT.

H&CC Services

- Supported the roll out of the Primary Care Implementation Plan - Primary Care continues to move its model to a multidisciplinary approach based in GP practices with the provision of practice-based pharmacists, MSK physiotherapists and mental health practitioners.

Partnership Wide

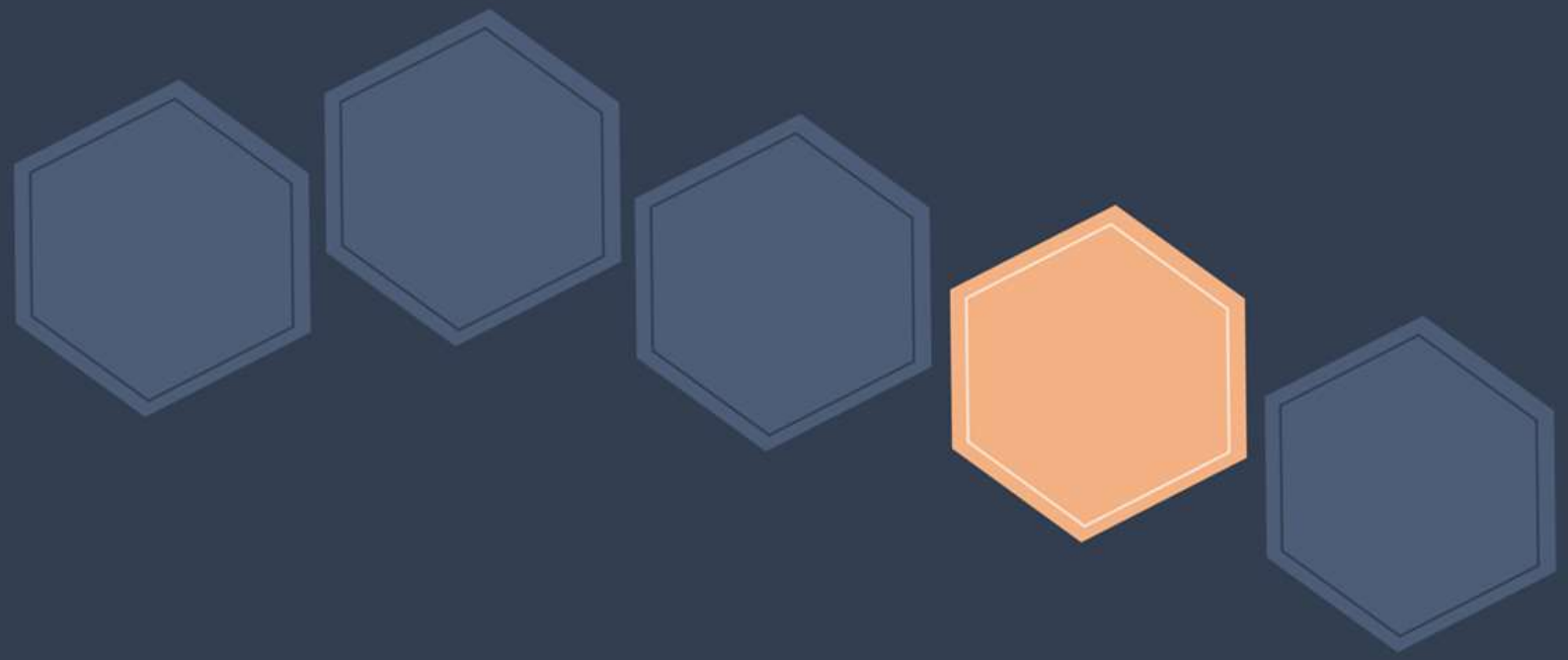
- As part of the Ayrshire Equality Partnership, delivered the Shared Equality Outcomes plan. We worked closely with partners to implement actions to support and recognise people with a protected characteristic.

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 **Ward 5** at Woodland View looked to imbed continuous improvement through client feedback. This was done via "You said, we did" methodology as well as using Case Studies. The questions were based around what clients liked, what they would improve and what is important to them. The Ward 5 response is captured below.

- All rooms have now been equipped with a television. This has also been beneficial during COVID-19 when clients have had to self-isolate
- The hospital has a no smoking policy however this has relaxed slightly to allow individuals to use the courtyard in each ward. The hospital will not fund a smoking shelter. There are specific health and safety reasons for not allowing this, however umbrellas have been provided for use in wet days.
- Staff will provide an orientation to the ward on admission to ensure all individuals are aware of their surroundings and facilities available.
- All staff are reminded to remain helpful, approachable, positive and friendly at all times when working with individuals.
- Although radios are not available, radio channels can be accessed via the TV within all rooms.

Comments:

I wish to convey my sincere thanks for the care received during my recent stay in ward 5 I was treated with humility and respect throughout my time with you and your staff. The detox and rehab programmes were very beneficial, and I will continue to refer to my notes and handouts in the future if and/when required. The medication I received has helped me greatly and I am continuing with it, via my G.P, for the foreseeable future.

Please pass my thanks and gratitude to all of your team in Ward 5 – you are a credit to yourselves and the NHS with the greatest respect I hope our paths don't cross again under the same circumstances. I am confident that this will be the case. Thank you so much. I feel and hope that my time in Ward 5 has save my life

1.2 In response to the national and local commitment to children's mental health, the challenges currently evident and to consolidate and build upon the positive, multi-agency work undertaken in the last five years, SPOG/Ayrshire and Arran have commissioned an '**Extreme Teams'** approach to respond to the mission critical key question: How will we improve Children and Young People's Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level?

The Extreme team group of senior and professional leads has been meeting since August/September 2020 and are currently delivering against key actions related to the programme of work. The scope of this work is also being reviewed in the context of the new funding announced by the Minister for Mental Health from the national £40m for CAMHS of which £2.393m has been allocated for Ayrshire and Arran. This funding will enable a bringing

forward of and acceleration of some programmes of work in 2021/22 than would previously have been made over a two- or three-year period in the absence of committed funding.

1.3 **Mental Health Services** have continued to develop and revise workforce plans in alignment with Transition Renewal and Recovery including development of skills and competencies and leadership development to reflect the current and future expanding workforce. The Minister's announcement of development of Mental Health leadership infrastructure including Nursing and AHP is welcome and in alignment with workforce plans developed in Ayrshire and Arran – including the establishment of professional leadership roles in areas of critical challenge such as CAMHS, Neuro development, staff wellbeing and emerging specialist provision in Forensic services, Perinatal Mental Health, Elderly Mental Health and Unscheduled care.

1.4 Waiting time compliance for **Psychological Therapies** in the March was 91%. This is the first occasion the service has achieved the 90% compliance standard. The service has made consistent progress in compliance through the COVID-19 period through a combination of a period of reduced demand during the COVID-19 period, digital developments and service redesign within the Psychology and wider Mental Health clinical teams. National Public Health Scotland data highlights A&A as being the second highest of the terrestrial Boards in waiting time compliance for the last two published quarters (June – September 2020, October – December 2020). Total numbers of people waiting for Psychological Therapy is reducing and, again, the PHS published data (Oct – Dec 2020) highlight A&A as having the lowest numbers waiting alongside one other Board.

1.5 The Scottish Government issued a letter on 4th February 2021 to the **Alcohol and Drug Partnership (ADP)** Chairs & Integration Authority Chief Officers detailing an additional £5 million funding for this financial year (2020-21) and a further £50 million per annum for the next five years. A significant proportion of this additional funding will go to ADPs. Funding can be used for residential rehabilitation and detoxification and associated aftercare and support. Residential support in Ayrshire and Arran is delivered via Ward 5, Woodland view – available to all residents of Ayrshire and Arran with an element currently funded by the three ADP's in Ayrshire. This is currently being considered on a recurring basis including enhancement with utilisation of this additional funding

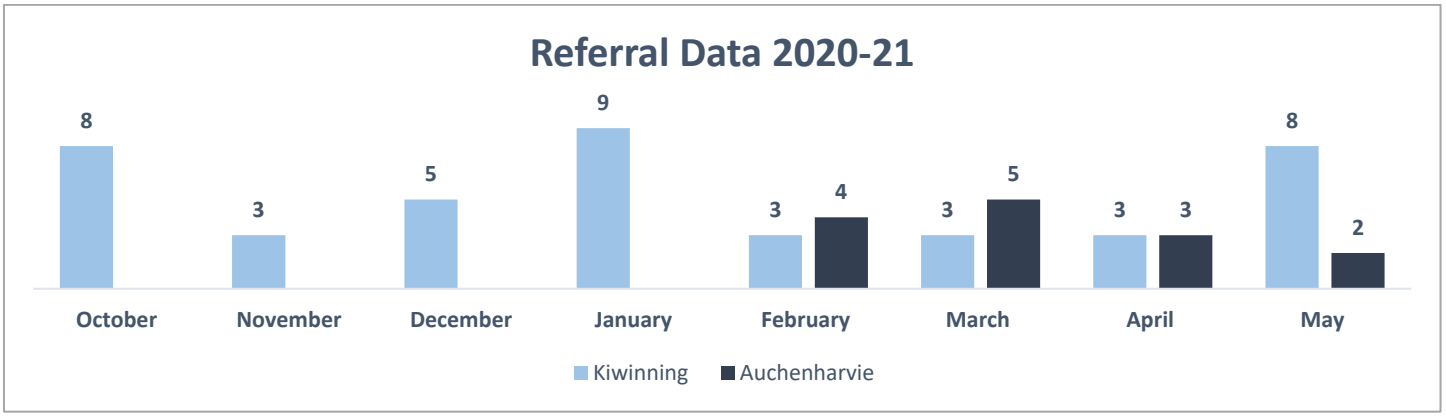
1.6 **The Kilwinning Wellness Model** tested a whole system model of mental health support and recognised that Child and Adolescent Mental Health Services (CAMHS) should work more closely with Community Supports, Services and partners to ensure that there are clear pathways to support where that is more appropriately delivered by these services. A gap to support 'whole family' wellbeing was identified where many children and young people's wellbeing was impacted as a result of family anxiety and disconnection from the community. CAMHS, North Ayrshire Education, NAHSCP and Aberlour were keen to work together to offer a collaborative approach to whole family support and family wellbeing, initially testing this in one locality. Aberlour secured core funding from the National Lottery Community Fund with additional funds from Aberlour, CAMHS and Children and family Services.

On October 1st, 2020, Aberlour Sustain North Ayrshire officially launched the pilot service within Kilwinning, North Ayrshire.

On February 1st, 2021, the service expanded to begin offering support to the Auchenharvie School cluster – following a request from North Ayrshire Council and additional funding through the Scottish Government Children and Young People's Mental Health fund. Funding was provided for 6 months and a shared approach to evaluation was agreed.

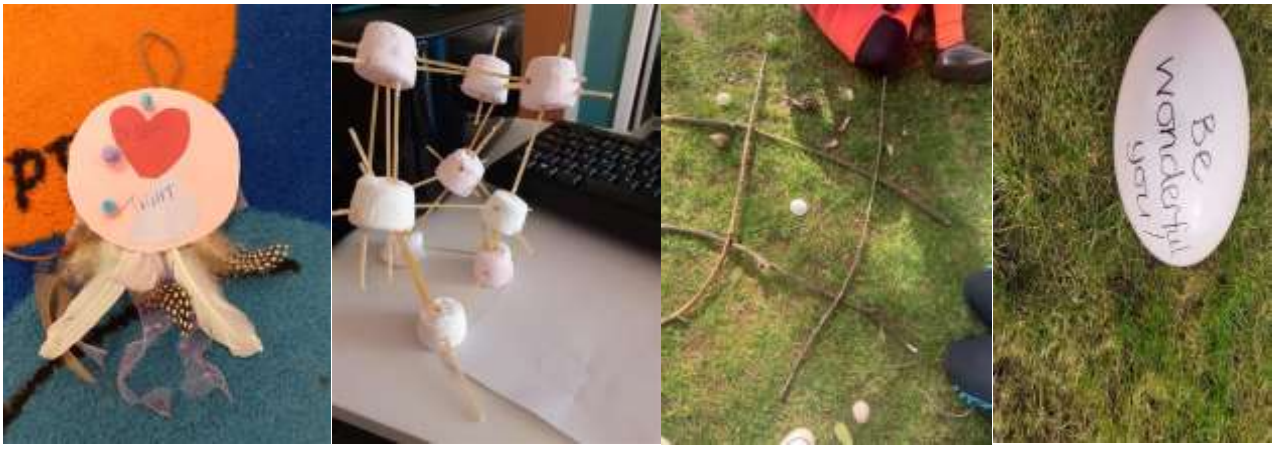
As part of the initial service aims and objectives, it was agreed that Aberlour Sustain North Ayrshire, would support 60 families over two years. Between October – June we have received 51 referrals with a total of 57 children supported.

Whole family support was established immediately, with referrals being received on the day of the service launch and the team began offering immediate support. Ongoing restrictions have presented challenges however families were supported within garden spaces, community parks and other community spaces when it has been safe and appropriate. Carefully following local and national guidance we have also been able to provide a range of face-to-face support. Individual and group video calls have been a great success and have included a wide range of topics and activities, including games and quizzes. Children, young people and families have been keen to contribute to the planning and leadership of groups and activities – both online and face to face.



Aberlour Sustain recognised early on that whole family support was only a small part of supporting families and quickly worked with families to understand the impact that wider networks and systems have on family and community life. Our approach recognised the importance of working through relationships, focusing on strengths, building new capabilities, and supporting families to connect with and contribute to the local community.

We set up weekend outdoor sessions for children and have recently moved to a model that allows parents to volunteer within these, as restrictions have now eased. These sessions have promoted new friendships and community connections during isolating times, mums dads and children have helped plan and deliver activities and they have played an important part in building a sense of belonging and community for families.



Our Facebook community is used daily by parents who have again, began to take the lead and ownership of their group, making best use of this to connect and support one another. We have linked closely with other 3rd sector agencies to ensure that the children we support from P7 – S1 are supported during their transition to secondary school. We are pleased to also be offering 'Worry Workshops' to the schools we currently support 7 Kilwinning and 7 Auchenharvie schools – after the summer holiday period. There workshops are designed to support all ages within primary school to learn age-appropriate coping skills to manage worries.

Comments:

"Oh thanks for all of this, as I said you have been a pillar of support and it is always good to have someone ground you again after all the stress can set you off"

"Mum advised she see's a huge difference in (Child's name) after only a few short weeks. Advised (Child's name) does not usually cope with strangers but has forged a strong link with Aberlour Staff Members already & that (Child's name) really looks forward tot the online sessions"

"We want to say thanks so much for all your support and just offering an ear to help us feel heard"

Family Successes & Achievements

- Mum identified that violence has now stopped, with their child no longer hitting others
- Mum identified that their child can now allow parents to leave without distress after severe separation anxiety
- Mum able to get all children up and into school, mum is feeling proud and supported

2. Child Health Services

2.1 Child Health Service is responsible for the comprehensive immunisation/screening/health review programmes and fail-safe aspects provided to the eligible population across Ayrshire and Arran. The Child Health Service is governed by Scottish Government legislation and protocols.

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. The annual influenza vaccine is offered to 9,778 pupils from Primary 1 to 7. As part of the roll out of the Vaccination Transformation Programme, eight staff nurses were recruited to deliver the routine childhood clinics within North Ayrshire.

The School Immunisation team have worked creatively in partnership with education staff in delivering the flu programme this year. Usual practice is for Primary Care to "mop up" the children who were absent from school when the school immunisation team attended. However, for this year where there has been large absenteeism rates due to COVID-19, we will revisit these schools. This will result in the School Flu Programme running for an additional week but is a good example of partnership working

2.2 Health visitors in the infant feeding service continue to promote, protect and support breastfeeding, referring mums to the community infant feeding nurse for support with more complex issues. Audit shows that the care provided is of a high standard and well received. Work remains ongoing across Ayrshire to increase the number of premises signed up to the Breastfeeding Friendly Scotland scheme.

Breastfeeding remains a public health priority due to the important role it has on the health and development of baby and on longer term health outcomes for both mum and child. As such, it continued to be prioritised throughout 2020-21, with support to breastfeeding mums offered by community midwives, Health Visitors and Family Nurses and also by support workers within the Universal Early Years' service.

Where mums had more complex feeding problems, they were offered support by our Community Infant Feeding Team. Between January and December 2020, 200 mums were supported with more complex feeding issues, almost twice as many than during the same time period in 2019. Following support, 92.1% of mums continued to breastfeed at 6-8 weeks and 75.5% were breastfeeding at 6 months.

2.3 Early in 2021, NHS Ayrshire and Arran, working alongside all three Health Visiting services, commenced the Jumpstart Tots programme. An extension to the long-running Jumpstart child healthy weight programme, Jumpstart Tots will now support families with children 2 years and above to improve their diet and physical activity levels in order to achieve and maintain a healthy weight.

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

Registered Services: Minimum Grades Across All Themes		Current lowest grade in any assessed quality theme						
Care Service	Subtype	1 – Unsatisfactory	2- Weak	3 - Adequate	4-Good	5 – Very Good	6-Excelent	Grand Total
Adoption Service						1		1
Adult Placement Service						2		2
Care Home Service	Older People			5	8	4		17
	Children & Young People			2	3	2	2	9
	Learning Disabilities				2	1		3
	Mental Health Problems			1				1
Fostering Service					2			2
Housing Support Service			1		3	8	2	14
School Care Accommodation Service					2	5		7
Support Service	Care at Home		1		8	12		21
	Other than Care at home				8	1	1	10
Grand Total			2	8	36	36	5	87

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.

https://www.careinspectorate.com/index.php/publications-statistics/93-public/datastore

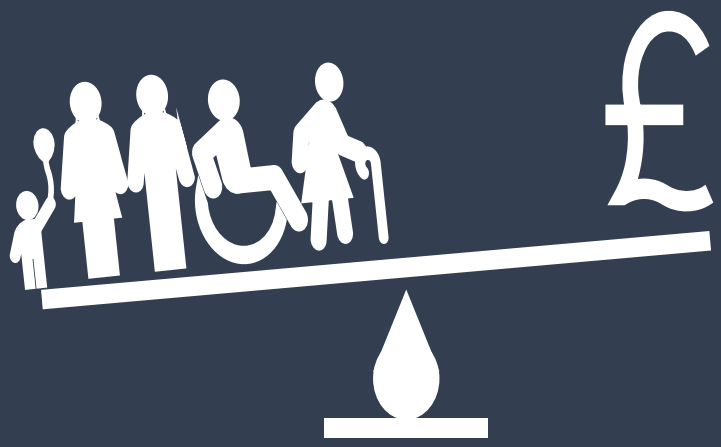
Care services provided by Partnership teams

Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. Therefore, to limit the spread of COVID-19, and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and instead retaining the grades they had last received. Instead, the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic.

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 2020/21.



Partnership Revenue Expenditure 2020/21

The overall financial performance against budget for the financial period 2020-21 (after adjusting for new earmarked reserves) was an overall underspend of £4.151m. This consisted of £2.510m of underspend in social care services and £1.641m 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 £3.807m (£5.293m 2019-20).

2019-20 Budget £000	2019-20 Actual £000	Variance (Fav)/Adv £000		2020-21 Budget £000	2020-21 Actual £000	Variance (Fav)/Adv £000
71,521	72,051	530	Health and Community Care	74,258	72,611	(1,647)
77,490	78,245	755	Mental Health	81,395	79,647	(1,748)
35,392	36,665	1,273	Children, Families & Justice	35,427	35,346	(81)
53,154	53,007	(147)	Primary Care	48,940	48,809	(131)
5,200	5,089	(111)	Allied Health Professionals	5,722	5,722	0
9,456	7,114	(2,342)	Management and Support Costs	25,176	18,901	(6,275)
1,579	1,435	(144)	Change Programme	1,081	1,081	0
253,792	**253,606**	**(186)**	**Total Expenditure**	**271,999**	**262,117**	**(9,882)**
(253,792)	**(253,792)**	**0**	**Total Income**	**(271,999)**	**(271,999)**	**0**
0	**(186)**	**(186)**	**Outturn on a manged basis**	**0**	**(9,882)**	**(9,882)**
0	133	133	Lead Partnership Allocations	0	(437)	(437)
0	(53)	(53)	Outturn on an IJB Basis	0	(10,319)	(10,319)
0	207	207	New Earmarking	0	6,168	6,168
0	154	154		0	(4,151)	(4,151)

The main areas of variance during 2020-21 are noted below:

Health and Community Care – underspend of £1.647m mainly relates to an underspend in care home placements, direct payments within independent living services and Carers Act funding.

Mental Health – underspend of £1.748m which relates to underspends in community mental health and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry). There is also an underspend in the Alcohol and Drugs Partnership which will be earmarked for use in 2021-22. These underspends are partially offset by an overspend in learning disability care packages.

Children, Families and Justice – underspend of £0.081m is mainly related to community packages, direct payments and respite partially offset by an overspend in residential and secure placements.

In general, the underspends in the areas above are partially due to the impact of the pandemic as service levels fluctuated throughout the period as some services stopped whilst others were reduced. This made projecting the spend accurately over the period more difficult.

Management and Support Costs – underspend of £6.275m mainly relates to the additional covid funding which will be earmarked for use in 2021-22. There were also underspends in relation to over recovery of payroll turnover, transition funding and the funding set aside for unscheduled care.

Financial balance has been achieved in 2020-21 and significant progress has been to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2021-22. This will need to be considered alongside the impact of Covid-19 and the need to redesign services taking full cognisance of the financial risks, learning and opportunities which this presents.

There were a number of key financial successes for 2020-21:

- Continued to demonstrate the IJB position being accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures
- Savings totalling £2.4m were delivered in-year, despite the impact of the pandemic
- Continued progress with reducing the financial overspends specifically for care home and children's residential placements which will have a significant impact on the financial plans and sustainability for future years
- The accuracy of projected spend continues to improve
- The ongoing submission of the estimated financial impact of Covid through the LMP process including input into the national benchmarking group, providing adequate assurance overestimates, which resulted in full costs being reimbursed
- A robust process was established to make sustainability payments to social care providers.

Moving into 2021/22, the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope. However, the main risk to the Partnership moving into the new financial period is the uncertainty around the Covid-19 pandemic

The HSCP developed a mobilisation plan during 2020-21 detailing the additional activities to support our response to Covid-19, alongside the estimated financial impact. The plan provided a focal point for the partnership's response to the pandemic, and this set out clearly from the start how we would adapt and mobilise services to either expand or retract, re-prioritise activities and resources and also highlights the areas of greatest risk. The most recent iteration of the plan was submitted to Scottish Government by NHS Ayrshire and Arran in February 2021 and covers the response to the period March 2022.

Key areas of the mobilisation plan submitted to the Scottish Government include:

- Reducing the level of delayed discharges for patients in acute, Mental Health inpatients and community hospitals
- Island resilience with planning supported by a Multi-Disciplinary Team approach including local GPs
- Our community hospital response to managing potentially high bed occupancy levels, alongside staff availability and the flow from acute

- Maintain as far as possible mental health services, with community provision limiting face to face contact and flexibility of resources for in-patient services to ensure no cessation of services
- Resilience and sustainability of current levels of care at home provision, alongside increasing capacity to facilitate hospital discharge and support shielded individuals
- Step Up/Step Down residential provision, establish provision of temporary residential or nursing care provision to both facilitate quicker hospital discharge and also to avoid further hospital admissions from the community, including planning for contingency surge capacity
- Supporting adults with complex needs by ensuring alternative community supports on closure of respite and day services alongside social distancing requirements
- Maintaining existing levels of care in our children's services to protect vulnerable children and adopting new ways of keeping in touch with vulnerable children
- Established "enhanced" locality-based Community Hubs to support vulnerable individuals, including those shielding; and
- Sourcing and establishing reliable supply chains of Personal Protective Equipment (PPE).

Reporting on Localities

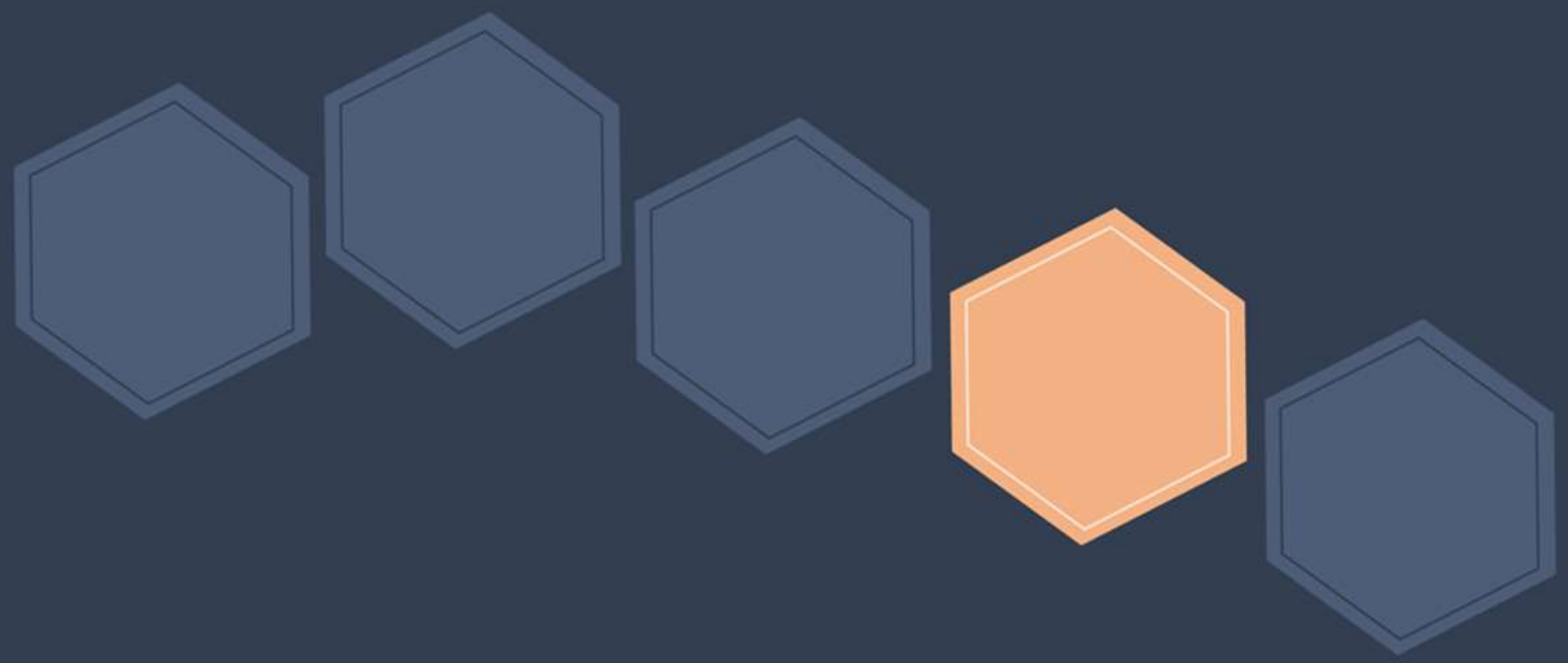
The Partnership has arrangements to consult and involve localities via their Locality Forums. The IJB has established six Locality Planning Forums, reflecting the previously agreed local planning areas. These provide Board Members with the opportunity to be involved in considering the priorities for 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. 64.4% 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 2019 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	30.9%	13.3%	25.5%	14.1%	13.7%	2.5%	**100%**	10.3%
Adults aged 16 – 64	29.8%	12.0%	24.7%	15.2%	15.2%	3.1%	**100%**	25.0%
Older People aged 65+	25.7%	10.2%	21.9%	13.7%	23.7%	4.8%	**100%**	16.2%
Share of total population	29.0%	11.8%	24.2%	14.7%	16.9%	3.4%	**100%**	12.9%
Total allocated on population basis								**64.4%**
By Locality								35.6%
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
2020-21 Expenditure	**77.796**	**28,502**	**62,312**	**39,008**	**42,461**	**12,038**	**262,117**
% share of spend	29.6%	10.9%	23.8%	14.9%	16.2%	4.6%	100%
% of total population	29.2%	11.8%	24.2%	14.7%	16.7%	3.4%	100%

Appendix



Local Indicators

Performance Indicator	2016 -17	2017-18	2018-19	2019-20	2020-21	Target	Status
People subject to level 1 Community Payback Order (CPO) Unpaid Work completed within three months	93.37%	95.33%	95.6%	98.9%	100%	90%	
Individuals subject to level 2 Community Payback Order (CPO) Unpaid Work completed within six months	95.63%	94.27%	97.3%	97.6%	100%	90%	
Number of Learning Disability service users in voluntary placements	71	67	58	57	0 (COVID-19)	43	
Number of bed days saved by ICT, Intermediate Care Team (formerly ICES), providing alternative to acute hospital admission	4,730	5,463	6,563	10,537	9,766	3,060	
People seen within 1 day of referral to ICT	98.5%	95.66%	100%	99.14%	98.9%	90%	
Number of people receiving Care at Home	1,715	2,021	1,793	1,970	2,121	2,167	
Number of secure remands for under 18s	1	0	-	-		5	N/A
Referral to commencing treatment within 3 weeks (Alcohol use))	93.7% (at Q3)	95%	100%	98.6%	94.8%	90%	
Referrals to commencing treatment within 3 weeks (Drug use)	95.0% (at Q3)	98%	100%	100%	97.1%	90%	
Preschool children protected from disease through % uptake of child immunisation programme (Rotavirus)	95.53%	96.10%	91%	91.1%	92.9%	92.2%	
Preschool children protected from disease through % uptake of child immunisation programme (MMR1)	96.21%	96%	95%	93.3%	95.5%	98.2%	
Care at Home capacity lost due to cancelled hospital discharges (shared target with acute hospital services) (number of hours)	7,153	6,305	6,907	6,431	7,154	4,000	
Uptake of Child Flu Programme in schools	75.25%	74.70%	-	-	-	72.1%	N/A

MSG Indicators

Performance Indicator	2017-18	2018-19	2019-20	2020-21	Target	Status
Emergency admissions to acute hospitals	1,763	1,622	1,331	1,461	1,836	
Emergency admissions to acute hospitals (rate per 1000)	13	12	12	10.8	13.6	
Admissions from emergency department	1,131	1,007	814	808	1,173	
Admissions from emergency department (rate per 1000)	8.4	7.5	8.0	6.0	8.7	
% people at emergency department who go onto ward stay (conversion rate)	34	33	32	35	33	
Unscheduled 'hospital bed days' in acute hospital	8,798	9,348	9,031	10,318	12,320	
Unscheduled 'hospital bed days' in acute hospital (rate per 1000)	65	69	81	76.6	91	
Unscheduled 'hospital bed days' in long stay mental health hospital	5,866 (Mar18)	8,128 (Dec18)	7,058 (Mar20)	2,487	6,782	
Unscheduled 'hospital bed days' in long stay mental health hospital (rate per 1000)	43.3	60	52	18.5	50.1	
Unscheduled 'hospital bed days' in geriatric long stay	1,454	943	1,111	110	1,772	
Unscheduled 'hospital bed days' in geriatric long stay (rate per 1000)	10.7	7	10.2	1.0	13	
Emergency department attendances	3,292	3,039	2,527	2,292	3,292	
Emergency department attendances (rate per 1000)	24.3	22.5	24.9	17.0	24.4	
% people seen within 4 hrs at emergency department	88.5	87	87	82.1	95	
Delayed Discharges bed days (all reasons)	1,889	1,916	2,073	1,165	1,515	
Delayed Discharges bed days (all reasons) (rate per 1000)	17.3	17.5	18.5	10.6	13.9	
Delayed Discharges bed days (code 9)	279	196	372	393	770	
Delayed Discharges bed days (Code 9) (rate per 1000)	2.5	1.8	2.1	3.6	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