

**East Ayrshire Health & Social Care Partnership
Integration Joint Board
30 August 2023 at 2pm
Council Chambers, Council HQ, Kilmarnock**

Present:

- *Dr Sukhomoy Das, NHS Non-Executive Director (Chair)
- Mr Craig McArthur, Chief Officer
- Ms Marion MacAulay, Chief Social Work Officer
- *Ms Sheila Cowan, NHS Non-Executive Director
- Mr Alex McPhee, Interim Chief Financial Officer
- *Mr Neil McAleese, NHS Non-Executive Director
- Ms Irene Clark, Stakeholder Representative
- Dr Alexia Pellowe, Clinical Director
- Ms Kathleen Winter, Public Health
- *Councillor Clare Maitland, East Ayrshire Council
- *Councillor Kevin McGregor, East Ayrshire Council
- *Councillor Neil Watts, East Ayrshire Council
- Mr John Munro, CVO Representative
- *Councillor Maureen McKay, East Ayrshire Council
- Ms Dalene Steele, Associate Nurse Director
- Ms Allina Das, RCN Representative
- *Councillor Douglas Reid, East Ayrshire Council
- Ms Arlene Bunton, Scottish Care
- Ms Lianne McNally, AHP Senior Manager

*indicating a voting member

In Attendance:

- Ms Vicki Campbell, Head of Primary & Urgent Care
- Mr Erik Sutherland, Head of Locality Health & Care
- Mr Jim Murdoch, Senior Manager Planning, Performance & Wellbeing
- Ms Claire Straiton, Service Manager Dental
- Ms Jo Gibson, Head of Wellbeing & Recovery
- Ms Catherine Adair, Governance & Communications Manager
- Mr Steve Chipchase, Stores Manager
- Mr Craig Milligan, Stores
- Ms Myra Drummond, Stores
- Ms Clare McCamon, Senior Manager
- Mr Peter Ommer, Director of Dentistry
- Mr Neil Kerr, ADP Independent Chair
- Aileen Anderson, Committee Secretary (Minutes)

| Agenda | Discussion | Action |
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| 1. | <p><u>Welcome & Apologies</u></p> <p>Dr Sukhomoy Das welcomed everyone to the meeting and noted apologies from Amanda McInnes, Jennifer Wilson, Mahanth Manuel, and Councillor Elaine Cowan.</p> | |
| 2. | <p><u>Good News Story: ELMS Implementation</u></p> <p>Mr Steve Chipchase delivered a presentation on the Equipment Loan Management System implementation which had been rolled out at CES.</p> <p>The presentation highlighted the East Ayrshire has had the equipment store for over 20 years providing Social Work and AHP equipment; and minor adaptations for East Ayrshire residents.</p> <p>The new system allows for online ordering of equipment and have removed unnecessary administration within the service allowing for increased visibility of workload and successfully removed paperwork and duplication.</p> <p>East Ayrshire store is the first in Ayrshire to offer online ordering of equipment and allows stock levels to be viewed by referrers when ordering; the system also provides updates when equipment is out for delivery.</p> <p>Extensive training has been undertaken by the project team and Stores staff to ensure resilience and user guides have been created for referral staff across the Partnership; training will also be delivered to referring staff on use of the system.</p> <p>Dr Das welcomed the work and sought assurance around system failure and the impact on services. It was noted that there had been a brief failure of the system where staff reverted back to the paper forms; LiquidLogic can also be used in the event of a long-term failure of the system.</p> | |
| 3. | <p><u>Declaration of Interest</u></p> <p>There were no declarations of interest.</p> | |
| 4. | <p><u>Minute of the Meeting held on 21 June 2023</u></p> <p>The minutes of the previous meeting were agreed as an accurate record of discussions.</p> | |
| 5. | <p><u>Matters Arising</u></p> <p>There were no matters arising.</p> | |
| 6. | <p><u>Governance Report</u></p> | |

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| | <p>Mr Craig McArthur presented the report to provide an update on the arrangements for the Chair of the Audit and Performance Committee and a proposal for the IJB representative on the Community Planning Partnership Board.</p> <p>The report sought approval to reappoint the Chair of the Audit and Performance Committee for a further two year period; and to approve the nomination of an IJB Representative on the CPP Board.</p> <p>The Terms of Reference for the Audit and Performance Committee state that the Chair of the Committee would be a voting member nominated by the Board, noting that the Chair of the Board cannot also Chair the Audit and Performance Committee. The Chair serves a term of two year.</p> <p>The report on 24 March 2021 noted that Ms Sheila Cowan had been appointed as a new Non-Executive on the NHS Board from 01 April 2021 and confirmed that Ms Cowan was their nomination to the Board, replacing Ms Lisa Tennant.</p> <p>The report proposed that Ms Cowan assume the role of Chair of the Audit and Performance Committee from August 2021 and this recommendation was approved.</p> <p>The two year term has now expired and it was proposed that Ms Cowan be reappointed for a further two year term as Chair of the Audit and Performance Committee.</p> <p>The Community Planning Partnership (CPP) Board comprises representation at elected member/ non-executive Board level from core partner organisations as well as community and voluntary sector representation. Meetings are also attended by Chief Officers representing the core partner organisations. The Board sets the strategic direction for Community Planning in East Ayrshire and ensures effective performance through robust scrutiny, partnership working and leadership.</p> <p>The Community Planning Update presented to the CPP Board on 22 September 2022, noted that the previous IJB Representative on the CPP Board, had moved on from their role at CVO East Ayrshire Ltd. Ms Lisa Cairns had been appointed as the Health and Wellbeing Partnership Manager at CVO East Ayrshire Ltd and was appointed as the Interim IJB Representative to the CPP Board.</p> <p>Mr John Munro has since replaced Ms Cairns as the Health and Wellbeing Partnership Manager at CVO East Ayrshire Ltd and it is proposed that Mr Munro be nominated as the IJB Representative on the CPP Board.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none">i. Note and comment on the report;ii. Approve the reappointment of the Chair of the Audit and Performance Committee for a further two year period; and | |
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| | <p>iii. Approve the proposal for the nomination of the Integration Joint Board representative on the Community Planning Partnership Board.</p> | |
| <p>7.</p> | <p><u>Annual Performance Report 2022/23</u></p> <p>Mr Jim Murdoch presented the Annual Performance Report for the Health and Social Care Partnership for 2022/23.</p> <p>The Annual Performance Report provided an opportunity to reflect on the last year and to celebrate the work and achievements of our services, workforce and partners. It was also a platform which allowed the Partnership to acknowledge the main challenges that they face and will likely experience in the future.</p> <p>The Report demonstrated how the Partnership have performed in relation to strategic priorities and the national outcomes for health, wellbeing, children and young people and justice in 2022/23. It also outlined key developments and achievements during the year, evaluated the Partnership's financial performance and set out ambitions going forward into 2023/24.</p> <p>Progress was measured through tracking actions, work plans and key indicators. The Report set out a range of important measures of progress and highlighted some of the main areas that services have been working on and the impact achieved for residents.</p> <p>Performance measures are sourced from the Core Suite of Integration Indicators and are cross-referenced to Service Improvement Plan measures, the Partnership Scorecard, the Community Plan and Local Outcomes Improvement Plan measures comprised within the Wellbeing Delivery Plan. The measures issued by the Ministerial Strategic Group for Health and Community Care in 2016/17 under the banner 'measuring performance under integration' have been incorporated into the Performance Framework and are referenced throughout the body of the Report.</p> <p>2023 was a challenging year, with all but one of the core MSG indicators showing a decline in performance when compared to the previous year. During calendar year 2022, the rate of unscheduled admissions decreased by 4.8%, however unscheduled care occupied bed days increased by 6.0%. Compliance with the four-hour emergency department standard declined significantly by 10.9 percentage points during 2022/23 and the proportion of last 6 months of life spent in community setting decreased by 1.2 percentage points in calendar year 2022. The rate of delayed discharge bed days increased notably by 55.1% in 2022/23, however this still represented an area of sustained strength due to being considerably lower than the national rate and other comparable area rates.</p> <p>East Ayrshire achieved improved performance across the majority of 'Data' indicators within the CSII when comparing the latest period of reported data to the previous period. Most notably, there had been an improvement in emergency readmissions to hospital within 28 days of discharge, which</p> | |

decreased by 10.7%, alongside the emergency admission rate which decreased by 7.5% and the premature mortality rate which decreased by 7.4%.

The most notable challenge presented as the 66.4% increase in delayed discharges for older people. Additionally, the proportion of last six months of life spent at home or in a community setting decreased by 1.2 percentage points. Once more, the increase in delayed discharges for older people does not reflect that the local 2022/23 rate is well below the national average and that of most comparable areas.

It was noted that the HACE Survey was distributed to GP Practice populations across Scotland. Local and national feedback suggested that the national adaptation of General Practitioner service delivery to minimise the risk of COVID-19 infection to staff and patients along with a significant increase in demand for GP Services during the pandemic, had a negative impact on patients' overall service experience. This changing perception, along with similar restrictions on other health and care services throughout the pandemic, may have influenced responses to questions across the HACE Survey. It was noted that there were a significantly lower number of East Ayrshire responses to the HACE Survey in 2021/22 compared to the previous 2019/20 reporting period, which could mean that the most recent findings are less representative of the wider East Ayrshire population than in previous years.

The Partnership's Strategic Plan 2021-2030 outlined the commitment to delivering transformational change to ensure services were responsive to local needs and contribute towards improving outcomes for people. To achieve ambitions, the Partnership set out short, medium and long-term objectives aligned to the six core strategic commissioning intentions: Starting Well and Living Well; Caring for East Ayrshire; People at the Heart of What We Do; Caring for Our Workforce; Safe and Protected; and Digital Connections.

The Partnership fully considered the findings and proposals from the Independent Review of Adult Social Care in Scotland, which was reflected within the strategic framework and policy context of the Strategic Plan 2021-30. We have assessed our local position and East Ayrshire continue to be well placed regarding many of the recommendations set out. The Partnership also actively participated in the National Care Service for Scotland Consultation and will continue dialogue with local partners and the Scottish Government as the situation progresses.

The Board noted the report and agreed the following recommendations:

- i. Approve the content of the draft Annual Performance Report 2022/23;
- ii. Note that the draft Annual Performance Report was approved by Audit and Performance Committee on 01 August 2023; and
- iii. Note that the draft Annual Performance Report was published on the Partnership's 'Our Performance' website on 31 July 2023.

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Audit & Performance Committee Annual Report

Ms Sheila Cowan presented the report for consideration and to provide assurance to the Board that the governance arrangements and internal controls were adequate.

The report provided information in relation to the programme of work undertaken by the Audit and Performance Committee during 2022/23. This included information on health and social care service performance, internal and external audit reports, and activity and progress of the Strategic Commissioning Board. The report also detailed the Committee's assurance to the IJB that governance arrangements and internal controls were adequate for inclusion in the governance statement in the IJB Audited Accounts for 2022/23.

The Committee met on six occasions during 2022/23 in May, August, October and November 2022, and January and March 2023. The Committee received and considered reports on Performance/ Best Value; Finance; Governance; Audit; and Standards.

The Partnership Scorecard includes high level indicators in relation to People, Finance, Employee Development and Service. The areas reported are specifically targeted at measures that require progressive improvement to deliver on positive outcomes for the partnership, the partner bodies and through this people who rely on our services.

The Partnership Scorecard also contains Heads of Service and Senior Manager Comments on their Service Measures to inform Committee members of the improvement action being taken where targets are not being achieved.

During 2022/23 the Committee continued to focus on the level of employee completion of EAC FaceTime/ NHS PDR returns as an area for improvement and to aim for a 95% completion rate. Partnership's scorecards and the Corporate Indicators show that the EAC FaceTime completion rate had decreased to 27% and NHS Ayrshire & Arran's PDR appraisals had increased to 46% and these continue to be an area targeted for approval.

Following a spotlight session on the Primary and Urgent Care Services Improvement Plans, the Committee requested a 'deep dive' to consider activity levels and perceived barriers to access to GP Services. The scope for this review was considered at the August meeting of the Committee, with detailed work now progressing to provide assurance to the Committee.

Work on all planned assignments, as well as outcomes from previous years, has informed the IJB Chief Internal Auditor's Annual Opinion for 2022/23 considered by the Audit and Performance Committee on 01 August 2023 with no significant issues arising.

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| | <p>The IJB Chief Internal Auditors annual opinion continued to be that reasonable assurance can be placed on the IJB overall adequacy and effectiveness of the organisations framework of governance, risk management and control in the year to 31 March 2023.</p> <p>The East Ayrshire Council Internal Audit Plan for 2023/24 included 35 days allocated to undertake work for the IJB, including days to complete work brought forward from prior years, with the NHS Ayrshire & Arran plan including 30 days pan-Ayrshire for IJB related work. The IJB Plan was agreed at the Committee on 30 May 2023 and included eight assignments to be delivered by East Ayrshire Council.</p> <p>Deloitte LLP remained as the external auditors for the Board until September 2022 and, in line with national arrangements, were also the external auditors of the three Ayrshire Councils, NHS Ayrshire and Arran and the two other Ayrshire IJBs.</p> <p>Audit Scotland were appointed as external auditors for the Board, as well as the three Ayrshire Councils, NHS Ayrshire and Arran and the two other Ayrshire IJBs for the period 2022/23 to 2026/27 inclusive.</p> <p>The audited Annual Accounts will be presented to the Board on 11 October 2023, along with the final External Auditors ISA260 Report which will detail the outcome of the audit of the annual accounts.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Note the contents of the Internal Audit Annual Report 2022/23 and the IJB Chief Internal Auditor’s continuing annual opinion of reasonable assurance as laid out in the report; ii. Note the IJB Internal Audit Plan for 2023/24; and iii. Accept the assurance provided by the Audit and Performance Committee as outlined in the report, in respect of the adequacy of the Governance and Internal Controls of the IJB for 2022/23. | |
| 9. | <p><u>Annual Report of the Chief Social Work Officer 2022-23</u></p> <p>Ms Marion MacAulay presented the report reflecting the period 01 April 2022 to 31 March 2023. The report provided an overview of professional activity for social work and social care within East Ayrshire through the delivery of statutory functions and duties held by the Chief Social Work Officer.</p> <p>The Annual Chief Social Work Officer (CSWO) report is presented to East Ayrshire Council each year by the CSWO, with this taking place at the Council on 29 June 2022. The format of the report is set out by the Scottish Government and following presentation at Council it is then sent to Scottish Government.</p> <p>The report set out a summary of social work and social care activity in East Ayrshire for the year 2022-2023 covering governance, accountability and statutory functions of the CSWO; service quality and performance over the</p> | |

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| | <p>reporting period; resources; workforce; and training, learning and development.</p> <p>The report sought to highlight challenges facing social work and social care as well as the improvements that have taken place in the year, with emphasis on the way in which services had positively impacted on the lives of the people of East Ayrshire.</p> <p>The role of the CSWO is to ensure professional oversight of social work practice and service delivery. This included professional governance, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority or purchased through the third sector or independent sector.</p> <p>The CSWO Annual Report provided an overview of the delivery of social work and social care services in East Ayrshire. It also provided an overview of the specific activities of the CSWO in respect of professional leadership, governance, values and standards and decision making.</p> <p>The report included performance data in relation to key social work and social care indicators, in addition to reflecting on the operational delivery and development of services across: children's services, social work justice services, adult and community care services and social work out of hour's services.</p> <p>The CSWO Annual Report set out a summary of key activity and developments which took place across social work and social care services in East Ayrshire.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Receive the Annual Report of the Chief Social Work Officer 2022-23; ii. Note the submission to Scottish Government; iii. Note that the report was presented to East Ayrshire Council on 29 June 2023; and iv. Recognise the dedication and commitment of those delivering social work and social care services for the people of East Ayrshire. | |
| 10. | <p><u>Health and Care Governance Annual Report</u></p> <p>Dr Alexia Pellowe presented the report to provide assurance to the Board that systems and procedures are in place to monitor health and care governance in line with the Board's statutory duty of quality of care.</p> <p>The report provided an update on the Health and Care Governance activity from June 2022 to June 2023.</p> <p>The Health and Care Governance Group is a standing group of the Board with a purpose to provide assurance to the Board that systems and processes are in place to monitor health and care governance in line with the Board's statutory duty for quality of care.</p> | |

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| | <p>The Group meets bi-monthly with four meetings taking place between June 2022 and June 2023; the scheduled meeting in January 2023 was cancelled due to low attendance.</p> <p>The Terms of Reference were reviewed in August 2022 and through the reporting period a stakeholder representative was appointed as a member of the Group.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> i. Note and comment on the content of the report for the period June 2022 to June 2023. | |
| 11. | <p><u>NHS Ayrshire & Arran Whistleblowing Reports Annual Report 2022-2023 and 2023-24 Quarter 1 – April to 30 June 2023</u></p> <p>Mr Craig McArthur presented the report to provide the Board with an update following the implementation of the National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards).</p> <p>The Standards were introduced on 01 April 2021 and have been implemented successfully across NHS Ayrshire and Arran Health and Social Care Partnerships.</p> <p>The report provided details of whistleblowing concerns raised across NHS Ayrshire and Arran by staff, and those who provide services on behalf of NHS Ayrshire and Arran, for the year 2022/23 and also for the period April 2022 to June 2023.</p> <p>The Whistleblowing Annual Report 2022-23 was presented to the NHS Board on 14 August 2023. This second Annual Report was considered and agreed for submission to the INWO and will be published on the NHS Ayrshire and Arran website.</p> <p>The report summarised and built on the quarterly reports produced by the Board, including performance against the requirements of the Standards, Key Performance Indicators, the issues have been raised and the actions that have been taken or will be taken to improve services as a result of concerns. The report provided a range of information to provide assurance on the implementation and compliance with the Standards.</p> <p>The 2023-24 Quarter 1 report was presented to the NHS Board on 14 August 2023. The report provided information on performance for April – June 2023.</p> <p>The report noted that during Quarter 1 there were no concerns raised as Whistleblowing which were appropriate to be taken forward using the Standards.</p> | |

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| | <p>Dr Sukhomoy Das noted that there were now four confidential contacts for raising whistleblowing concerns with one dedicated to Primary Care.</p> <p>The Board noted the report.</p> | |
| 12. | <p><u>Dental Services Update</u></p> <p>Ms Vicki Campbell presented the report to update on the current position of access to dental services within the East Ayrshire Health and Social Care Partnership.</p> <p>The report provided an update on the provision of dental services including the current position in relation to access to dental services within East Ayrshire Partnership.</p> <p>The report highlighted the ongoing recovery and remobilisation of NHS Dental Services which is at significant risk of stalling, with the potential of a reduction in the availability of NHS dental care.</p> <p>This has been driven by a multitude of factors including availability of staff, reduction in NHS commitment as practices increase their private provision, ongoing certainty about the future contractual model for primary care dentistry and destabilisation of business models for dental practices.</p> <p>NHS General Dental Services (GDS) is typically the first point of contact for NHS dental treatment. People register with a dentist in order to receive the full range of NHS treatment available under GDS.</p> <p>The Public Dental Service (PDS) acts as both a specialised and safety-net service providing care for individuals who are unable to obtain care through the GDS such as those with special care needs or patients living in areas where there were few NHS dentists providing GDS.</p> <p>All dentists required to be registered with the General Dental Council in order to practice in the UK. GDPs are independent businesses that range from small single clinician owned and operated practices to a large multi-Practice, Global Investment Firm owned by Dental Body Corporates.</p> <p>The majority of GDPs choose to carry out a mix of private and NHS dental care, as an Independent Contractor, which they are permitted to do so from the same practice.</p> <p>The PDS was formed in September 2013 by the merger of the Community Dental Service and Salaried Dental Service. This is a clinical service directly run by the Health Board with Health Board employed dental staff. The service provides enhanced care to patients with complex physical, mental, medical and behavioural needs that cannot be appropriately provided in GDPs.</p> | |

The PDS also functions as a safety-net service which ensures emergency access to dentistry for patients who are registered and or not with a practice.

The PDS mainly operates from three Hubs in Ayr Hospital, Ayrshire Central Hospital and Northwest Kilmarnock Area Centre. In addition, there are currently clinics in Cumnock, Patna, Lamash, Crosshouse Hospital and HMP Kilmarnock. Although it is based in Primary Care, services overlap with secondary care, public health and the Glasgow University Dental Hospital, by delivering hand-on training for final year dental students.

The PDS provides four (previously six) dental sessions per week within HMP Kilmarnock which is made up dentists and therapist time. The needs of these patients are high and demand for the care is significant.

Currently, HMP Kilmarnock is not fit for purpose in term of ventilation and therefore aerosol generating procedures (AGPs) have not yet been reinstated and only routine or emergency care is being provided. There is an average waiting list time of 22 weeks.

Both the PDS and GDPs face exceptional challenge with increased demand month on month. GDPs were instructed to close throughout the pandemic with the PDS instructed to cease core operational activity and deliver care based on clinical need. Red, Amber and Green clinics were set up to reduce the risk to both the public and to practice staff, and reduce the transmission of COVID.

Practices were advised in line with national guidance to follow the infection, prevention and control guidance. This ensured that Practices complied with the guidance issues and measures that General Practice took to protect patients and staff.

Full dental services were among the last to return to normal because of the infection risks of the AGPs and the requirement to leave time gaps between patients. Many procedures involve AGPs and time is required to fully ventilate consulting and treatment rooms between patients.

Due to the current practice model some GDPs have chosen to reduce their NHS commitment due to a variety of reasons, including difficulty recruiting dental staff, or practitioners within practices opting to work reduced hours as well as associated costs with workforce and supplies.

The Scottish Government have committed to implementing the NHS dental payment reform from 01 November 2023. The relevant part of the new Determination 1 of the Statement of Dental Remuneration as the associated fees was issued to practice on 27 July 2023.

Waiting lists have increased across dental services despite the offer of additional hours, providing mass assessments, offering late night appointments and numerous attempts to recruit additional staff. There has

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| | <p>been a significant amount of work done to improve the anxiety management pathway through acclimatisation and desensitisation appointments.</p> <p>Of the 19 East Ayrshire GDP Practices listed with the Health Board who are committed to providing NHS care, eight of these are accepting new NHS registrations of both adult and children.</p> <p>The dental management team are in frequent contact with practices, particularly those vulnerable practices, and are encouraged to contact the management team should they have any concerns. All NHS committed Practices are also provided both pastoral and governance support from the Dental Practice advisors who are contracted/ employed by the Board.</p> <p>The problems locally are not unique to Ayrshire with nationally reported recruitment, retention and workforce planning issues. There was an ongoing risk that practices could suddenly decide to stop providing NHS care and hand patients back to the Board for dental provision; the updated payment schedule has reduced the risk however this remained on the Primary Care radar.</p> <p>East Ayrshire Dental provision was more stable than North Ayrshire which could be attributed to geography and demographics across the Authority. It was also noted that North Ayrshire was having Inverclyde residents registering with North Ayrshire Practices; and South Ayrshire struggled with recruitment due to the distance from the central belt.</p> <p>The Governance around securing dental provision sits with the IJB and the risk was recorded on the Partnership Risk Register; discussions were ongoing around the possible inclusion on the Strategic Risk Register however this would be dependent on the sectors response to the new payment schedule; the full impact of the new schedule could take up to 12 months to be fully realised.</p> <p>Dental provision within HMP Kilmarnock remained challenging due to the premises; mitigations had been put in place utilising a community building however this was not feasible long term due to reliance on external services to transport the patients; the sessions provided within HMP Kilmarnock were also impacted by the prison regime.</p> <p>Ms Marion MacAulay highlighted that the challenges impacted on the dental services within HMP Kilmarnock were captured in the HMIPS Inspection Report and the Health Needs Assessment which was completed by Justice Healthcare. Discussions are ongoing with SPS around developing a business case to modernise the health facilities within HMP Kilmarnock.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Note the current position of access to dental services across Ayrshire and Arran. | |
| 13. | <u>Unaccompanied Asylum Seeking Children]</u> | |

Ms Marion MacAulay presented the report to update the Board on the position in relation to Unaccompanied Asylum Seeking Children (UASC) and Young People in East Ayrshire. The report provided an overview of support being provided to the current group of young people; provided an update on the National Transfer Scheme (NTS), and national UASC working group developments and outlined the potential financial projections and risks for the Health and Social Care Partnership in supporting the current and future model(s).

In recent years there has been a significant increase in the number of unaccompanied children reaching the UK and claiming asylum. These young people become the responsibility of the Local Authority in which they present. The means of arrival has changed with a reduction in the numbers of young people travelling by lorry and arriving in different parts of the UK.

Increasing numbers of adults and UASC are making the perilous journey across the English Channel in small boats. Consequently, Local Authorities, on the south coast of England are support disproportionate numbers of UASC; this pressure has intensified particularly for Kent where most small boats land. The pressure on these areas has been reported by the UK media, and profiled as an emergency humanitarian crisis, where children and young people are being placed at significant risk.

The Immigration Act 2016 introduced the National Transfer Scheme on a voluntary basis. The scheme aims to facilitate a fairer distribution of looked after by each Local Authority across the country by transferring children and young people from areas with a high number of arrivals (e.g. Kent) to areas with fewer UASC. Initially this only applied to England, however legislation contained provision within it to allow extension by the Home Secretary to devolved nations with this extension to Scotland becoming live on 07 February 2018. At that time the NTS Scheme was voluntary.

From November 2021, the scheme became mandated, and all Local Authorities have an obligation to comply by receiving into care the unaccompanied children referred to them via their regional Strategic Migration Partnership. The move from a voluntary to mandated scheme was a UK government decision taken without consultation with Scottish Government and/ or COSLA. Complex arrangements are in place to manage the transfer of children via a national rota with COSLA being a key partner and administrator for Scotland.

The NTS applies a threshold to calculate the numbers of children that each Local Authority requires to settle. Initially this was no Local Authority would be responsible for UASC in excess of 0.07% of their child population. The data for the child population is obtained through the Office for National Statistics (ONS) Population Estimate data series.

On 07 March 2023, the Home Office wrote to inform COSLA, as the Strategic Migration Partnership for Scotland, that there is to be an increase

in the allocated numbers of mandated transfers to Scotland. It was also noted that each Local Authority is now mandated to take 0.1% of their child population (23 children for East Ayrshire), with the data for the child population continuing to be obtained through the ONS Population Estimate data series. Given ongoing pressure in terms of numbers and legal judgements, this is likely to further increase.

If a Local Authority has more than the mandated 0.1% they can opt out of the scheme and a number of Local Authorities have activated this option.

On 04 December 2019 East Ayrshire Council Cabinet approved the recommendation to develop a scheme for the voluntary resettlement of up to 6 asylum seeking children aged 16/17 years through a housing support model.

A tenancy or privately rented accommodation is allocated to the young person with wrap around support provided. Given the young people have no rights to public funds these tenancies, and associated risks are the responsibility of the HSCP. The rent is paid through the funding provided by the Home Office.

This model included approval of the funding model to support the recruitment of a temporary GO UASC Support Worker, recruited in February 2021. The role of the support worker provides emotional and practical support to the young people, both accepted under the NTS and those that spontaneously arrive in East Ayrshire. The remit and responsibilities of the role included working with the young people individually and as a group to build peer support relationships and linking them with education and other community resource's and activities. This post significantly improved the coordinated support offered to UASC young people and the expertise in meeting their needs.

The young people who arrive in East Ayrshire are transported from Kent and are then immediately supported during their arrival by the UASC support worker, allocated social workers and for some of the transfers the Arabic speaking resettlement office in housing. An intensive level of support continues for the first week, with a level of orientation and connection with community sports and amenities.

To date, the support arrangements for the young people have worked well and the UASC support workers has both directly provided and coordinated support and services to young people. They have been linked into ESOL language classes, Education, College/ University, sport groups, health and care, cultural and religious connections, and community activities as well as being supported to manage their tenancy and daily living and leisure activities.

The previously agreed Scottish transfer rota, which enabled planning over a six month period, is no longer applicable. The expectation is to accept, move and allocate accommodation, to a child/ young person within five days

and certainly no longer than ten days. There is a real challenge with identifying appropriate accommodation within this timeframe.

East Ayrshire are currently supporting a total of 14 UASC aged under 18 years. Thus, to meet the allocation of 23, we may expect a further nine children to be allocated. The most recent cycle has been one every two/ three weeks which has been incredibly challenging.

East Ayrshire is also supporting 11 throughcare UACS (over 18) as an aftercare service. In total we are supporting 25 children, young people and young adults who have sought asylum as children. The young people who have come to East Ayrshire are from a variety of countries, such as Vietnam, Yemen, Iraq, Afghanistan, Sudan, Egypt and Iran.

A family care model is being explored by the Corporate Parenting Team where foster carers have been approached in relation to providing a home for our unaccompanied asylum seeking children and young people. The Corporate Parenting Team is also considering advertising specifically for this group of children.

Due to ongoing challenges on the viability and legality of a regional intake unit in Scotland, although it has not been possible to draw any firm conclusions as yet, as there are many unanswered questions from the UK Government as to the legislative basis for such a unit operating in Scotland. Currently there is general agreement that this type of unit would not be welcomed as it is a model of delivery that is outdated and is, for good reason, no longer used in Scotland. The risks and liability for East Ayrshire should be a unit be based here are significant.

The group is considering other potential models of accommodation which could help with capacity and ensure that local authorities are able to provide the placements they are required to provide under the mandated rota.

The number of unaccompanied asylum seeking children and young people arriving via boat crossings over the last few months has increased. This is resulting in increasing pressure and demand for local authority placements.

In terms of financial modelling, it is not possible to predict the age and need of a young person allocated through the NTS, however more young people are aged 16 years and older than not.

Since the NTS became mandatory in November 2021, Scottish local authorities have provided a home for over 280 unaccompanied children. Almost a quarter of these children were under the age of 16 years when they arrived in Scotland. The projections for the next 3 years are challenging to predict but it would be prudent to project that our under 16 population may account for between 25-50% of our total UASC allocation.

Based on experience if, 25% of UASC allocations are aged under 16 years then it is anticipated then the additional cost to the IJB may be upwards of

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| | <p>£1,187m. This is modelled on the cost of six external residential care placements at the current average cost of an out with residential children's house, £249,975k, minus the Home Office funding of £52.052.</p> <p>If 50% of UASC allocations (12 children) are under 16 then it is anticipated then the additional costs to the cost to the IJB may be upwards of £2,374m per annum.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Note the changes to the National Transfer Scheme and the significant growth in mandated number of children and young people seeking asylum; ii. Note the amazing work the UASC team have done to welcome and support the children and young people to East Ayrshire; iii. Recognise the growth expertise within services already working with people who have already been supported to settle in East Ayrshire; and iv. Note the financial risks to the Board required to provide care and support to children and young people transferred under the scheme. | |
| 14. | <p><u>Proposal for East Ayrshire Women's Aid Underspend</u></p> <p>Ms Marion MacAulay presented the report to provide an update on an underspend of £43,000, for East Ayrshire Women's Aid (EAWA) for 2022/23 as a result of internal staff vacancies. The report also laid out the proposal for how this underspend could be used to add value provision for vulnerable families experiencing domestic abuse.</p> <p>Women's Aid have been providing services to women, children and young people affected by domestic abuse in East Ayrshire since 1981. Originally two groups, Kilmarnock, and Cumnock and Doon Valley Women's Aid merged to form East Ayrshire Women's Aid (EAWA) in 2004. They are affiliated to Scottish Women's Aid and part of a wider network of around 40 Women's Aid groups in Scotland. EAWA is a registered charity and company limited by guarantee with a Board of Directors.</p> <p>Throughout the time EAWA have been delivering support, they have only once previously experienced an underspend. EAWA received Platinum status from Investors in People in recognition of the levels of investment and value they place on their workforce. This is evident in the low levels of staff turnover within the organisation.</p> <p>There are significant challenges faced by the Third Sector in terms of recruiting staff at present. EAWA lost their Children and Young People support worker in 2022, who moved on for career progression. The service has struggled to find a candidate with the right experience and skills as yet, to fill this post. This has resulted in an underspend of £43,000 for period 2022/23.</p> | |

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| | <p>EAWA has provided support to women, children and young people experiencing domestic abuse since 2004. The service consistently supports 500 women, children and young people on a yearly basis.</p> <p>The service provides one to one counselling, group work, refuge places and therapeutic inputs to support victims to overcome the trauma of domestic abuse. The service also provides a number of added value provisions which are not within their contractual obligations. This includes the delivery of Safe and Together training for statutory and third sector agencies; holding a prominent role within the East Ayrshire Violence Against Women and Girls Partnership; delivering multi-agency training on violence against women and girls; contributing to achieving the priorities of the East Ayrshire Violence Against Women and Girls Strategic Plan, and the Children and Young People Service Plan.</p> <p>The report detailed the proposed use for the underspend allowing the service to purchase potentially life-saving equipment for some of the most vulnerable women and children in East Ayrshire. The risk levels for women referred to MARAC are significant, and it would be greatly reassuring to the families to know that they have this equipment in place.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Consider the proposal for how the underspend could be re-invested to benefit vulnerable families and the Health and Social Care Partnership. | |
| 15. | <p><u>Dementia Strategy for Scotland: Everyone’s Story</u></p> <p>Mr Erik Sutherland presented the report to provide the Board with an overview of the new Dementia Strategy for Scotland – Everyone’s Story.</p> <p>The report provided an overview of the new Dementia Strategy for Scotland – Everyone’s Story. The Strategy, launched on 31 May 2023, is a 10-year vision for change and was developed in collaboration with people with lived experience and wider partners. It is the culmination of eight months of engagement with people across Scotland, focussed on how we improve care and treatment for people living with dementia. The Strategy was presented for information, comment and noting.</p> <p>The strategy set out a positive, shared vision for dementia in Scotland over the next 10 years. It makes clear the importance of a shared vision that is owned by all of us working together to deliver a better experience for people living with dementia, their families and carers. It builds on several years of globally-recognised public policy on dementia in Scotland and commits to ongoing reflection and learning, greater inclusion and delivery.</p> <p>Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their care partners, families and society in general. There is often a lack of awareness and understanding of dementia, resulting in stigmatisation and barrier to diagnosis and care.</p> | |

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| | <p>Some estimates suggest that 1 in 3 people born today will develop dementia. Dementia currently affects an estimated 90,000 people in Scotland, an estimated 3,000 of whom are under the age of 65. However, every person with dementia is unique. Dementia affects people in many different ways, depending on the type of dementia they have as well as personal factors such as their social situation.</p> <p>While clinical research continues globally to produce medicines to slow or modify symptoms of dementia, projected estimates show a 50% increase in the number of people with dementia over 65 over the next 20 years.</p> <p>A key aim of the strategy is to ensure policy makers, support and service providers, communities and society as a whole all have an understanding of dementia, including the importance of prevention and early detection in order to engage and respond confidently and appropriately, creating environments that enable people with dementia to live well.</p> <p>Locally action plans need to be reviewed to establish local services and put parallel structures in place recognising the financial challenges. A number of care homes are involved in discussions and are keen to see post diagnostic support within their facilities.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Note and comment on the new Dementia Strategy for Scotland – Everyone's Story. | |
| 16. | <p><u>Participation and Engagement Strategy</u></p> <p>Mr Jim Murdoch presented the report to seek approval for the Participation and Engagement Strategy covering the period 2023-2026, the Outcome and Action Plan contained within.</p> <p>The Partnership has a statutory responsibility to involve people in developing and delivering services and is expected to demonstrate to our communities how we are engaging with them and the impact of that engagement. The Public Bodies (Joint Working) (Scotland) Act 2014 set out the requirements to have a Participation and Engagement Strategy.</p> <p>Following agreement at the Strategic Planning and Wellbeing Delivery Group on 07 June 2023, consultation and engagement activities ran from 12 June 2023 to 06 August 2023, which formed the final draft.</p> <p>The Strategy contains four draft outcomes; the quality and consistency of our participation and engagement activities are improved through the Partnership workforce having access to training, resources and tailored support; the public, users of our services and carers have a clear picture of the different ways in which they can engage with the Partnership via method that best suits them; the public, users of services and carers are supported to participate through structured or tailored support and are clear on what</p> | |

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| | <p>this involves and that difference it has made; and we will take additional measures to involve groups with protected characteristics and people who are excluded from participating due to disadvantage relating to social or economic factors.</p> <p>Additionally in order to embed the Quality Framework for Community Engagement and Participation self-assessment process, it is proposed that it be used as a way to monitor and evaluate progress towards the outcomes by carrying out a Domain per year in the life of the Strategy.</p> <p>A full Equality Impact Assessment (EQIA) was used as the basis for targeted consultation activities. The completed EQIA will be published as the final version of the Strategy is approved.</p> <p>The Strategy gives specific consideration to involving groups with protected characteristics and people who are excluded from participating due to disadvantage relating to social or economic factors. The need for accessibility and thought given to these communities was highlighted throughout the consultation responses. Working in partnership with these communities and relevant stakeholders and organisations will be key to meaningful engagement.</p> <p>The approved version will have added graphics before publication and in delivering the preferred accessible versions.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Consider and comment on content of the Strategy and approve the final draft for publication; ii. Consider and comment on the four outcomes and the Action Plan based around these; iii. Review the Consultation and Engagement Feedback which has informed the final version; and iv. Review the Literature Review which informed the final version. | |
| 17. | <p><u>NHS Ayrshire & Arran Annual Delivery Plan 2023-24</u></p> <p>Mr Craig McArthur presented the report to share the NHS Ayrshire & Arran Annual Delivery Plan 2023-24 for consideration and approval.</p> <p>All NHS Boards are required to submit to Scottish Government an Annual Delivery Plan 2023-24. The final draft Annual Delivery Plan was submitted for consideration to Scottish Government on 07 July 2023. On 31 July 2023, a letter was received from Scottish Government recommending the plan now be presented to the Board for approval. Scottish Government set out key points of feedback and where requested this feedback will be incorporated within the combined Q1 and Q2 update. This will be actions and submitted to Scottish Government in October 2023. The plan was approved by NHS Ayrshire & Arran Board on 14 August 2023 and now requires to be progressed through internal governance process for formal sign off then publication.</p> | |

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| | <p>The Annual Delivery Plan was prepared collaboratively with partners, to provide Scottish Government with confirmation that plans were in place to demonstrate ongoing improvement and resilience of the health and care system. It set out the recovery drivers for 2023-24 which focused on recovery and renewal whilst concurrently, planning work continued for longer term redesign/ renewal and transformation of services, which sought to delivery sustainable healthcare that also improved population health and reduces health inequities.</p> <p>The plan sits alongside the strategic ambitions, Caring for Ayrshire, which is a whole system health and care redesign and reform ambition, closely aligns with the NHS Recovery Plan 2021-26, and offers opportunities with regard to the proposed National Care Service to ensure right care in the right place at the right time by the right person.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Consider and comment on the Annual Delivery Plan; and ii. Approve the Annual Delivery Plan. | |
| 18. | <p><u>Governance Papers</u> The minutes of the following meetings were shared for information:</p> <ul style="list-style-type: none"> • Audit & Performance Committee – 30 May 2023 • Health & Care Governance Group – 25 April 2023 • Health, Safety & Wellbeing Meeting – 18 May 2023 • Partnership Forum - 18 May 2023 • Risk Management Group – 25 May 2023 • Strategic Planning Group – 26 April 2023 | |
| 19. | <p><u>AOCB</u></p> <p>Nothing to discuss.</p> | |
| 20. | <p><u>Date of Next Meeting</u></p> <p>Development Session – 13 September 2023 at 2pm – Council Chambers / MS Teams</p> <p>Meeting – 11 October 2023 at 2pm – Council Chambers / MS Team</p> | |