

North Ayrshire Health and Social Care Partnership

Annual Performance Report

2025 to 2026



Reflections from the Director

Welcome to North Ayrshire Health and Social Care Partnership's Annual Performance Report for 2025 to 2026. This report reflects on a year in which our services, staff and partners have continued to respond to significant and sustained pressures, while remaining focused on improving outcomes for the people and communities of North Ayrshire.

The context in which we are operating remains extremely challenging. Demand for health and social care support continues to grow, with people presenting with increasingly complex needs. At the same time, the Partnership continues to work within a constrained financial environment, alongside wider workforce, demographic and system pressures being experienced across Scotland. In North Ayrshire, these challenges are particularly acute given the impact of poverty, deprivation, poorer healthy life expectancy and the needs of our island, remote and rural communities.

Despite this, the report demonstrates the breadth of progress made across the Partnership during the year. Our services have continued to deliver high-quality care and support across health and community care, mental health and learning disability services, children, families and justice services, and our lead partnership responsibilities across Ayrshire and Arran. The achievements highlighted throughout this report reflect the professionalism, commitment and compassion of our staff and the strength of our relationships with partners across the Council, NHS Ayrshire and Arran, the third and independent sectors, communities, carers and people who use our services.

This has also been a year of important strategic development. The Partnership has continued to deliver against the ambitions of Caring Together, while also preparing for the next phase of our strategic direction. The refreshed Strategic Plan for 2026 to 2030 sets out a renewed focus on empowerment, fair and equal access, sustainability and reducing inequalities. This is supported by our updated Strategic Needs Assessment, ongoing locality planning work, and our continued involvement in the Collaboration for Health Equity in Scotland, which provides an important opportunity to work with national and local partners to address the underlying causes of poor health and unequal outcomes.

Transformation has remained central to our work. During the year, we have continued to modernise services, strengthen governance and improve how we use data, digital tools and evidence to support decision-making. Our transformation programme has focused on service redesign, sustainability and ensuring that people receive the right support, in the right place, at the right time. This includes work to improve hospital discharge pathways, develop community-based models of support, modernise telecare, strengthen early intervention, and support our workforce through new approaches to digital practice and service improvement.

The report also highlights areas where further improvement is required. Delayed discharge, emergency admissions, financial sustainability, workforce pressures and inequalities remain significant challenges. These issues are complex and cannot be addressed by the Partnership alone. They require whole-system working, clear prioritisation and continued collaboration with communities and partners. We will continue to use performance information, lived experience and service intelligence to understand where change is most needed and to ensure that our resources are targeted where they can have the greatest impact.

There is much to be proud of. Positive inspection outcomes across key services, strong examples of early intervention, increased digital readiness, improved support for unpaid carers, continued investment in children and families, and innovative community-led approaches all demonstrate the difference that integrated health and social care can make. These achievements show the value of working together and the importance of keeping people, families and communities at the centre of our planning and delivery.

I want to take this opportunity to thank all staff across North Ayrshire Health and Social Care Partnership for their dedication, resilience and care throughout another demanding year. I also want to thank our partners, unpaid carers, volunteers, community organisations and people with lived experience who continue to support, challenge and shape our work. Your contribution is central to improving health and wellbeing across North Ayrshire.

Looking ahead, we will continue to face difficult choices, but we will do so with a clear commitment to our values, our communities and our shared ambition to support people in North Ayrshire to live safe, healthy and active lives. By working together, focusing on prevention and early intervention, tackling inequalities and transforming services for the future, we can continue to make meaningful progress for the people we serve.



Caroline Cameron

Director, North Ayrshire Health and Social Care Partnership

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Visions, Values and Priorities

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

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

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

In this Annual Performance Report, we look back on the progress made during the reporting year, highlight areas of strong performance, and reflect on areas where improvement continues to be required.

This report aligns with the Partnership’s Caring Together Strategic Commissioning Plan 2022–2030. Following a formal review in December 2024, the Strategic Plan was updated to reflect the significantly changed context in which the Partnership is now operating, including demographic change, increasing demand, financial pressures, and updated evidence on population health and inequalities.

Over the period of this strategic plan, the Health and Social Care Partnership will seek to:

Provide Early & Effective Support

Tackle Inequalities

Enable Communities

Develop & Support Our Workforce

Improve Mental & Physical Health and Wellbeing

We see these priorities as interlinked, and we expect that where we see success against one priority, it’s effect will positively impact against others.

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 treat you with:

Care

Empathy

Respect

Local Priorities

The Strategic Plan sets out the overarching priorities for the Health and Social Care Partnership (HSCP) and how services will be planned and delivered to improve outcomes across North Ayrshire. While these priorities apply at a whole-system level, it is recognised that communities across North Ayrshire experience differing population needs, challenges and inequalities.

To ensure planning is responsive to local circumstances, the HSCP undertakes Locality Planning across six defined geographical areas:

- Arran
- Garnock Valley
- Irvine
- Kilwinning
- North Coast and Cumbrae
- Three Towns

Locality Planning enables the HSCP to understand and respond to variation in population health, wellbeing and access to services at a local level. It supports targeted action on health inequalities, informed by data, lived experience and community engagement.

During the current reporting period, Locality Planning has continued to operate through a structured, evidence-led approach that combines population data, service intelligence and engagement with local communities and equalities groups. This approach supports the development of clear locality priorities aligned to the Strategic Plan and wider Community Planning Partnership priorities.

Locality Plans will provide a clear statement of need, priorities and intended actions for each locality and will support ongoing performance monitoring, accountability and improvement at a local level.

Strategic Plan 2026-2030

Our new Strategic Plan 2026-30 was approved by the Integrated Joint Board in December 2025. The new plan replaces the current priorities and outlines the strategic priorities for anticipating and improving future health and care needs, and Service Delivery Priorities, reflecting the current requirements for delivering services.

As such the new vision going into the next 10 years, is:

“To empower people in North Ayrshire to live safe, healthy and active lives with fair and equal access to sustainable health and care services”.

The newly agreed Strategic Priorities are:

- 1. Supporting the Improvement of Population Health**
- 2. Addressing the Changing Needs of an Ageing Population**
- 3. Tackling the Root Causes of Health and Care Inequality**

These aim to address future service requirements based on demographic changes and local inequalities and aim to better understand and assess how we may influence improved health and wellbeing. Strategies will be aligned to these goals and decision making will consider these priorities and impacts when implementing change

The Service Delivery Priorities are:

- 1. Prevention**
- 2. Community Based Services**
- 3. Life Stages**
- 4. Whole Person Approach**
- 5. Accessibility and Communication**
- 6. Evidence and Performance**

These reflect how services will be designed and delivered to address the health and care needs of the population. All future service planning will be aligned to these principles.

All reporting within services and to the Integrated Joint Board and Performance and Audit Committee will be structured to meet these new priorities from Quarter 1 2026-27.

Structure of this report

We have measured and evaluated our performance in relation to:

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

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

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

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

Provide Early and Effective Support

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.
- 3 Health and social care services contribute to reducing health inequalities.

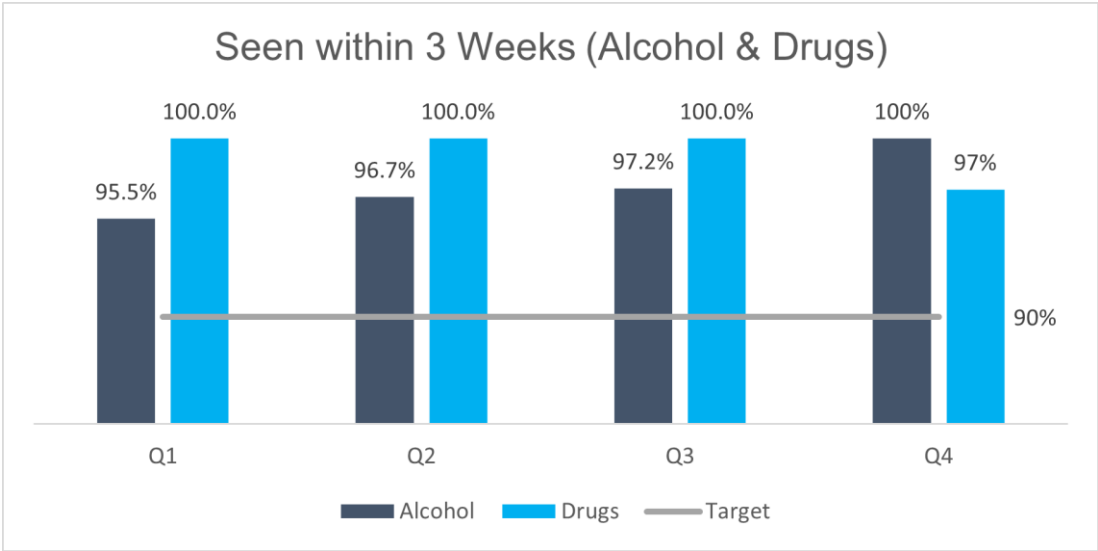
1.1 Due to an increase in the number of adverse events relating to medication administration a review was conducted as part of the **Pan Ayrshire Community Nursing Review (CNR)**. The review focussed on medication prescription charts (Kardex). Findings revealed that staff in the community were using multiple versions of Kardex at one time, including pre-printed sliding scales and COVID-specific templates issued by GP practices.

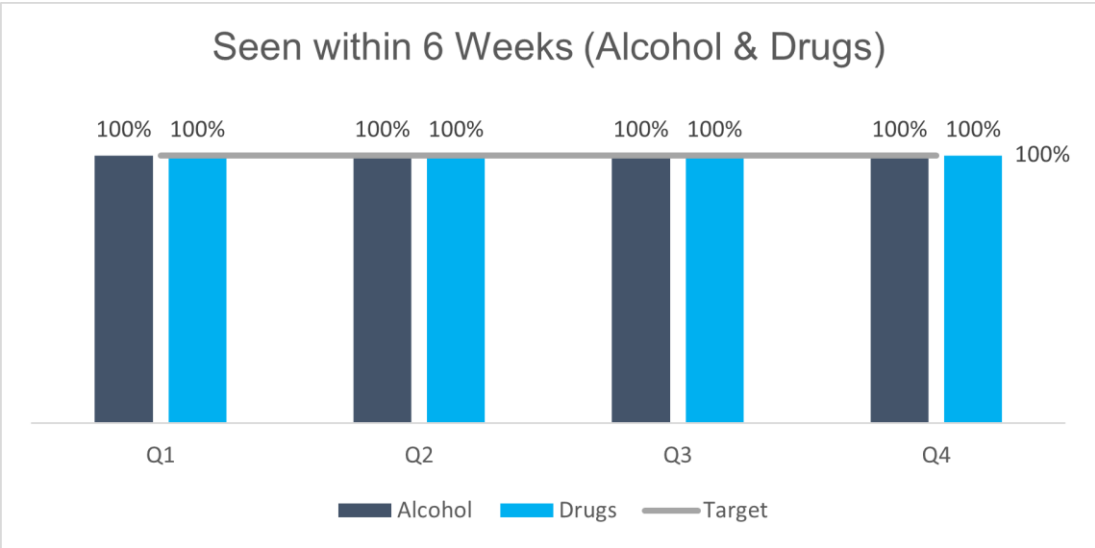
A comparative review of prescribing practices across other health boards showed that institutions such as Hospices and Greater Glasgow and Clyde health board were using a palliative care booklet which more clearly separated PRN, as required, medications from the continuous infusions, helping to reduce administration errors.

In response, a community nursing palliative prescribing Kardex was developed, based on the Greater Glasgow and Clyde model, which aligned with local policies and guidelines. The Safer Medicines Group reviewed the new Kardex and endorsed a test of change in North Ayrshire which has been underway. Initial testing the one community Nurse Independent Prescriber has yielded positive feedback, and next steps are to expand testing across community nursing in Ayrshire.

1.2 The **North Ayrshire Drug and Alcohol 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.

Figures for those seen within 3 weeks for Alcohol were no lower than 95.5% during any quarter, while those seen within 3 weeks for Drugs were no lower than 97% during any quarter in 2025 to 2026. 100% of referrals for Alcohol and Drugs were seen within 6 weeks.





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.

Indicator	2023-2024	2024-2025	2025-2026
Target set by Scottish Government – Priority Settings	3,420	3,420	3,420
Total ABI delivery in Priority Settings (Ayrshire & Arran)	6,398	5,940	5,977

Indicator	2023-2024	2024-2025	2025-2026
Target set by Scottish Government in Wider Settings	855	855	855
Total ABI delivery in Wider Settings (Ayrshire & Arran)	1,216	1,325	1,544

1.3 The implementation of a new telephony system in **Arran War Memorial Hospital** represents a successful example of service modernisation and operational improvement. Following staff training and infrastructure upgrades, the new system went live in August 2025.

Communications were issued to stakeholders to support the transition, and additional monitors were procured to enhance usability. In the first six week from launch, the system handled 1,599 calls, with 43% routed directly to departments, freeing up reception staff to focus more effectively on front door services. The team will now monitor the system and capture any learning that can be shared with the wider Partnership, supporting continuous improvement and future service design.

1.4 The Partnership’s **Care at Home service**, across the Three Towns, North Coast, and Arran localities, was subject to a comprehensive, unannounced [inspection](#) by the Care Inspectorate

in August 2025. This inspection involved engagement with over 180 individuals including service users, family members, staff, and visiting professionals and resulted in a 'Very Good' rating in three out of four categories, with the remaining category rated as 'Good'. Inspectors highlighted the strength of relationships between staff and service users, noting high levels of satisfaction and a culture of respect and responsiveness. People using the service are actively encouraged to provide feedback and even participate in staff recruitment, reflecting a commitment to co-production and continuous improvement.



Management oversight was recognised as a particular strength, with robust quality assurance processes in place. Staff were described as supportive and engaged, contributing to a positive working environment and consistent delivery of person-centred care. While support plans were found to be well-structured and tailored to individual needs, the inspection did note that review documentation requires updating, an area already being addressed. This inspection outcome is a significant endorsement of the service's quality and impact, reflecting the professionalism and dedication of our teams and reinforces our commitment to delivering early, effective, and compassionate support to residents across North Ayrshire.

- 1.5 The **Working Together Occupational Therapy Service**, delivered in partnership with East and South HSCPs, has made a significant impact by embedding short-term, holistic support within GP practices. With 100% positive feedback from service users and an estimated cost avoidance of nearly £600,000, this model exemplifies the value of early intervention in both physical and mental health contexts.
- 1.6 North Ayrshire Health and Social Care Partnership has made significant progress in its transition from **analogue to digital telecare**, ahead of the UK-wide telecoms switchover in 2027. The successful completion of the first digital alarm connection marked a key milestone in this transformation, which now supports around 3,700 dispersed alarm users—92% of whom are already equipped with digital-ready alarms. In recognition of this achievement, the service was awarded the Silver Digital Telecare Implementation Award by the Scottish Government. This reflects the technical capability of the Telecare team and the strength of collaborative working across partners. The move to digital connectivity enhances safety, reliability, and responsiveness for vulnerable individuals across the region, positioning the service well for future advancements.
- 1.7 Our **Family Centred Wellbeing Service (FCWS)** situated in Meadowcroft, Irvine but available to all localities, has continued to strengthen its early intervention offer through the further embedding of the Building on Positive Relationships (BPR) parenting intervention.

The team has benefited from weekly specialist input from SMcG, Educational Psychologist, whose coaching and developmental guidance have supported staff to deepen their confidence and skills in delivering BPR with families experiencing emerging emotional and behavioural challenges.



A key innovation was the introduction of BPR-A, a tailored adaptation of the core programme designed to support parents in understanding and responding to childhood anxiety.

The group explored how certain parental "accommodations"—well-intentioned adjustments intended to ease distress—can inadvertently reinforce anxious behaviours, and how

alternative approaches can promote children's resilience. Parent feedback on BPR-A was highly positive, with participants particularly valuing the visual format of the sessions. The use of video examples and visual strategies helped parents contextualise learning and link theoretical concepts to everyday experiences with their children.

Building on this successful use of visual tools, two of our FCWS practitioners, BM and NG, have led the development of a new 'Understanding Anxiety' video resource, co-produced with children and young people who access the service. With creative support from SMcG, the team set out to design a resource that is relevant, relatable and grounded in the authentic voices of young people. Six young people have played an active role in shaping the content, contributing through a range of creative activities including drawing, digital illustration, sound recording, graphic tablet design, and clay modelling.

Their artwork and ideas form the foundation of the video's visual storytelling, featuring representations such as the brain and anxiety pathway, the iceberg analogy illustrating visible and hidden aspects of emotional experiences, and a series of personalised coping strategies that young people identified as useful when they feel anxious.

By equipping parents with practical, psychologically informed tools at the earliest point of difficulty, FCWS is helping families to better understand and manage anxiety before issues escalate. The co-produced video further enhances this preventative approach by offering children and young people accessible, relatable ways to understand their own emotional responses and develop confidence in using coping strategies. Together, these developments reinforce FCWS's commitment to early intervention, strengthening family resilience and ensuring that children and young people receive the right support at the right time.

- 1.8** The Partnership's **Care at Home Service**, across the Irvine, Kilwinning, Garnock Valley and Community Alarm Service, was subject to a comprehensive, unannounced [inspection](#) by the Care Inspectorate in September 2025. Key messages highlighted high user satisfaction and respectful, responsive care; active encouragement of feedback and involvement in recruitment (co-production); good support planning with continued focus on timely reviews and strong, compassionate, and person-centred practice across a large and complex service.



At the time of inspection, the service supported 1,023 people, with a further 4,500 individuals receiving support through the Community Alarm Service. Inspectors engaged with 119 staff and managers, undertook home visits, and reviewed a wide range of documentation and processes, providing a robust assessment of service quality.

Feedback from people using the service and their families was overwhelmingly positive. Inspectors observed carers who were highly compassionate, attentive and skilled, often going "above and beyond" to ensure people felt comfortable, respected and valued. Families described staff as "exceptional" and "wonderful," emphasising the dignity and kindness shown in day-to-day interactions.

The inspection identified effective early intervention and strong collaboration with health professionals, with staff responding promptly to emerging health concerns. Workforce development was a particular strength, supported by a structured 12-week induction, mandatory 5-day training for new staff, ongoing specialist training and proactive approaches to staff wellbeing. The formal grading as a result of the inspection is detailed below:

- How well do we support people's wellbeing? 5 (Very Good)
- How good is our staff team? 5 (Very Good)

1.9 As part of the ongoing **Community Nursing Review**, community nursing teams have collaborated with Tissue Viability, Pressure Ulcer Improvement, and Podiatry services to evaluate and enhance the current pressure ulcer risk assessment process. Historically, the Waterlow tool was used; however, it frequently yielded inaccurate scores and proved challenging to apply consistently within community settings due to impractical review timeframes.

In response, a community-adapted version of the hospital-based Pressure Ulcer Daily Risk Assessment (PUDRA) has been developed, now referred to as the Community Pressure Ulcer Risk Assessment (CPURA). This new tool is designed to support robust clinical decision-making by facilitating comprehensive documentation, accurate grading, timely intervention, and appropriate escalation.

The CPURA is currently undergoing pilot testing within North Ayrshire and the evaluation focuses on effectiveness, clarity, user experience of the assessment form and appropriate actions following pressure ulcer identification. Feedback from this pilot will inform future refinements to ensure the CPURA supports safe, consistent, and effective pressure ulcer management in community care settings.

1.10 Our **Children and Families Health Team** offers parents in North Ayrshire to source support for potty and toilet training. Families in need of some advice can speak to their Named Health Visitor or Family Nurse while more information is also available via the [Ayrshire Bairns](#) app.

Over the past century, the average age that children are being potty trained in the UK has risen from between 12 and 18 months to an average of around three or even four years. Where children are not potty trained before starting school, this can have an impact on their health and wellbeing.

Studies have also shown that school staff in the UK are diverting 2.5 hours a day, on average, away from teaching and towards supporting children who are not toilet trained, resulting in pupils losing around a third of learning time each day.

1.11 **Compass** is free online tool offering support to young people with additional support needs – and the adults in their lives – throughout the transition to adulthood.

With separate versions for young people, parents/carers and professionals, this interactive digital platform contains up-to-date information and advice, all in one place, and is accessible whenever you need it.



Compass is tailored to the individual, so it's always relevant and specific, saving time and reducing stress. It helps young people explore what matters to them and allows them to share their thoughts, as well as giving parents and carers an individual transitions timeline and highlighting key actions at each stage.

Additionally, it can guide professionals through the statutory duties that apply to transitions and supports a joined-up approach.

1.12 Break the Silence provides support to people affected by childhood sexual trauma in North and East Ayrshire. The charity has developed a range of online tools designed to support individuals who have experienced childhood sexual abuse, as well as their families, partners, and the professionals who care for them.

Developed with guidance from the charity's client-led advisory group - as well as experts in the field - these resources reflect the real experiences and needs of survivors.

[Support while waiting for therapy](#): Recognising the challenges faced while waiting for therapy, this set of online self-help tools is designed specifically for survivors of childhood sexual abuse. These tools offer a safe, accessible space to begin the healing journey, with resources focused on grounding techniques, managing trauma responses, and building emotional resilience.



[Resources for families and partners](#): Family members and partners play a crucial role in a survivor's healing process. A dedicated self-help tool is now available to support those closest to the survivor. This resource helps build understanding of the impact of sexual trauma, offers guidance on providing informed and compassionate support, and highlights the importance of self-care for loved ones.

[Training for Perinatal and Postnatal Care Providers](#) – Supporting Survivors: Pregnancy, Birth, and Beyond: In collaboration with partners, Break the Silence has developed an online training module for professionals supporting individuals through pregnancy, birth and beyond. This training equips practitioners with the knowledge and confidence to provide trauma-informed care to survivors of childhood sexual abuse. Participants will gain a deeper understanding of the lasting effects of trauma, how to navigate sensitive situations, and how to promote safety and healing in their practice.

It is hoped that these tools will increase awareness, reduce isolation, and help create a more compassionate network of support for survivors and those around them.

National Indicators

Indicator	NAHSCP	Scotland
Adults able to look after their health very well or quite well	89%	91%
Adults supported at home who agreed that they are supported to live as independently as possible	72%	74%
Adults supported at home who agreed that they had a say in how their help, care or support was provided	56%	64%
Rate of Emergency Hospital Admissions for adults (Per 100,000 population)	14,594	11,470
Rate of emergency bed days for adults	147,915	108,988
Falls rate per 1,000 population aged 65+	20	22

Tackle 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.

- 2.1** Following initial completion of modules and interviews, four **Skills for Life** applicants were identified by the Parent Employment team as suitable candidates for a placement within the Partnership's Care at Home service. A further candidate was placed within the Partnership's Community Equipment Store. Placements commenced in May 2025 within the 3 Towns, Kilwinning and Irvine localities. Candidates completed a full-service induction (5 days) and were allocated Care at Home Assistant buddies to support their placement, whilst also receiving ongoing support from Senior Carers and Care at Home Managers for each locality.

Each Care at Home Manager submits a monthly report to the Parent Employment team, this report tracks each candidates' progress throughout their placement. Within 5 weeks of placement one of the candidates felt confident enough to take the next step and apply for a permanent position within the service and has now been successful in receiving an interview date prior to completion of the programme. All candidates are offered an interview at end of the six-month programme.

- 2.2** The **Learning Disability Service**, in partnership with the Scottish Commission for people with Learning Disabilities, Scottish Care, and Glasgow School of Art, have successfully delivered the first phase of the Digital Inclusion project they had been collaborating on. This phase has resulted in the development of a variety of resources designed to support activity both at the individual and organisational level regarding digital inclusion. The resources, and the process behind them, were the subject of an exhibition at the Harbour Arts Centre during August. The remaining months of 2025 involved implementation and where necessary refining of the resources, enabled by the continuing presence on a part-time basis of the Care Connector.

The Care Connector post is one with considerable potential to enhance the work of the Learning Disability Service, and the HSCP more broadly, in the promotion and implementation of care technology, and the role it can play in enhancing the independence of individuals. Opportunities are being explored in collaboration with partners to identify funding routes to allow for the maintenance of the post in North Ayrshire.

- 2.3** A group of service users from **Trindlemoss Day Opportunities** in Irvine has been working hard to achieve the Gold 'Wild Challenge Award'.

Dale Gilfillan, Sophie Burns, Russel Lee, David Charles and Grace Gallagher have been busy completing tasks in the 'Experience Nature' and 'Help Nature' categories, including building bat and bird boxes, wildlife detecting, creating a pond and mini-beast homes, taking part in a plant safari, and much more.

The RSPB's Wild Challenge is designed to encourage people to explore the great outdoors, discover local wildlife, appreciate nature and actively care for it.

The group also previously achieved Bronze and Silver awards.



- 2.4** Through the **Improving the Cancer Journey (ICJ)** partnership, targeted welfare rights support has delivered over £760,000 in financial gains for people affected by cancer between January and August 2025. This support has included substantial awards through Scottish Adult Disability Payment, Attendance Allowance, and other benefits, helping to ease the financial burden associated with illness and care needs.

In addition to financial relief, the service has provided practical assistance such as Blue Badges, fuel vouchers, and Macmillan Grants, ensuring that individuals receive holistic support during some of the most challenging periods of their lives.

For example, one client supported under Special Rules successfully secured enhanced disability payments, a Macmillan Grant, and updated Universal Credit entitlements. Another individual received over £423 per month following a successful Work Capability Assessment, alongside increased mobility support and a £200 Macmillan Grant. These interventions exemplify the tangible impact of the ICJ partnership in addressing health-related inequalities and improving quality of life.

- 2.5** **North Stevenston Community Association** is dedicated to addressing issues within its local community, with a focus on tackling social isolation, debt, poverty, food insecurity and mental health inequalities, as well as suicide prevention.

It aims to meet the needs of local groups and create opportunities for individuals to connect and build trusted relationships through initiatives at Hayocks Community Hall, including the Tap End community larder, the Hayocks Community Café, Money Matters sessions and support groups.

The association also organises and fundraises for a range of free or subsidised community events for both children and adults, as well as regular activities such as a Youth Café and Youth Group, Over 50s Group, Toddlers Group, a knitting and crochet group.

- 2.6** Support for dads received a boost after the expansion of a successful venture between North Ayrshire Health and Social Care Partnership and Scottish charity **Dads Rock**.

The Dads Support Service, led by Dads Worker RW, has been instrumental in empowering fathers and strengthening families throughout the Three Towns area.

Thanks to funding secured through the Scottish Government's Whole Family Wellbeing Fund, the service has recently welcomed an additional Dads Worker, JS, with support now being rolled out to dads in Irvine and Kilwinning.



The service works with dads from a wide range of backgrounds who have been referred by their health visitor, family nurse, midwife or perinatal wellbeing team, providing one-to-one support that impacts on the whole family and improves outcomes for children, whether that be parenting advice, confidence building or support with general wellbeing.

In its first year, the service connected with over 60 families in the Three Towns area, with over 180 personalised support sessions, 36 group sessions and five family events taking place.

This partnership between NAHSCP and Dads Rock, which was the first of its type in Scotland, has earned recognition at local and national levels, with strong relationships forged with services including health visiting, early years support and social work.

2.7 The **Community Brokerage Network** provides free information and advice on Self Directed Support (SDS) for everyone in Ayrshire, regardless of their circumstances, age, and level of ability.

A Community Broker is someone who helps people find their way through the social care system, with detailed local knowledge and strong connections that can help individuals access the services, community opportunities and resources that fit their unique needs and preferences.

The service is fully funded by the Scottish Government and is free of charge to use. No formal assessment or social care budget is required in order to access the service, which is open to:



- Those who are unsure if they qualify for social care and don't know where to start.
- Those who have been told they don't qualify for formal support and need help to explore other options.
- Those waiting for a needs assessment after contacting social work.
- Those who are struggling to get the right support with an allocated care package.
- Those who need help reassessing their support due to changing needs.
- Unpaid carers looking for support for themselves or a loved one.

2.8 North Ayrshire IJB agreed a new set of **equality outcomes** for NAHSCP for 2025 to 2029, which can be found on our [website](#). Equality outcomes are required to be developed by public sector bodies at least every four years.

The Equality Act 2010 identifies a set of protected characteristics for which people cannot be discriminated against. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Public sector bodies have a duty to eliminate discrimination, advance equality of opportunity, and promote understanding between those with protected characteristics and those without.

Engagement was carried out in North Ayrshire with groups of people with shared characteristics, with national and local data and information helping to inform the new set of equality outcomes.

Over the next four years, NAHSCP will aim to achieve the following:

- Improved access to community mental health support and information.
- Increased participation in leisure and healthy activity.

- Improved access to support for those in a caring role.
- Improved information and communication.

2.9 A fun day for North Ayrshire's **Ukrainian families** was held at Eglinton Country Park.

The venue provided a welcoming space for the families we support to take part in various adventures, both indoors and outdoors. The turnout was very good and included families attending this type of community event for the first time, allowing them to meet and socialise with other Ukrainians living in North Ayrshire.

Indoors, the families enjoyed board games, a Ukrainian-themed picture quiz, arts and crafts, and activities including archery, bowling, hoopla and more - kindly facilitated by the Active Schools team.



Outside, they took part in football and a treasure hunt, with the Family Wellbeing Team looking after a small campfire where everyone had a chance to roast marshmallows and make s'mores. One of the highlights of the day was a visit from our Police Liaison Officer - who allowed the children and adults to sit in the police car, try on the uniform, put the siren on and take photos.

The feedback from the day was very positive, with one participant saying: "Thank you for such a wonderful day - this is the first event we have attended with the Ukrainian community, and it felt very special to bond with people."

This was a great day that we hope created one more bridge for integration for displaced people, who - during the ongoing war in their country - are as ever in need of a sense of safety, stability and home.

2.10 A thought-provoking play highlighting the risks involved in illegal substance use toured North Ayrshire secondary schools in October.

S3 pupils watched a presentation of Mark Wheeler's 'I Love You Mum, I Promise I Won't Die' as part of Tie It Up Theatre's autumn schools tour. The play was developed in conjunction with drug education charity the DSM Foundation, which was set up in January 2014.

The performance was followed by a drug education workshop, which shared key facts that will help pupils make informed decisions, as well as offering important strategies to help them put their decisions into practice in a pressured situation. Teachers also received a resource pack to assist them in further exploring the issues and themes from the play with pupils.



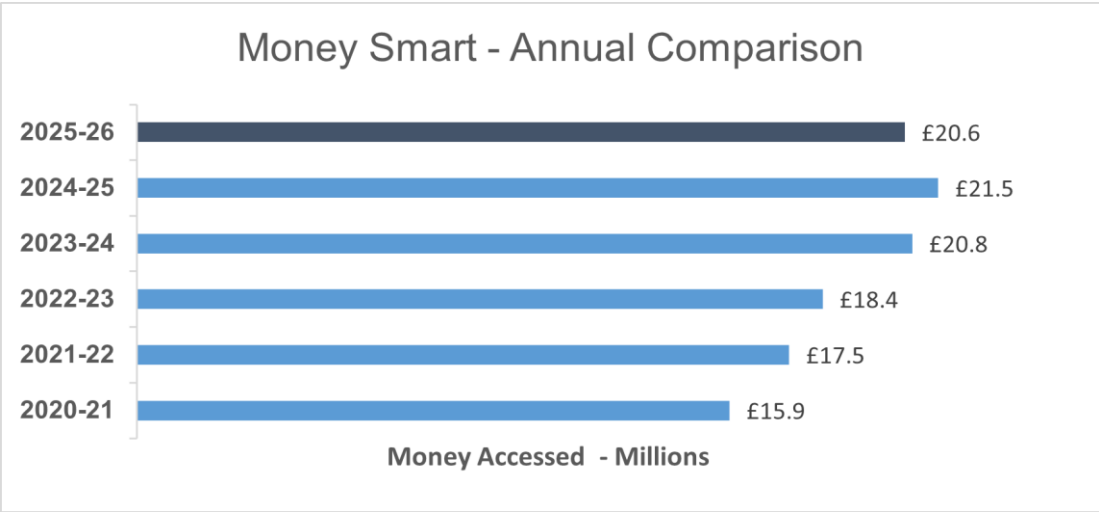
Feedback about the event was extremely positive, with one pupil commenting: “The play makes you think about what you are doing and proves that you don’t know what you might be taking.”

2.11 Money Smart was established May 2025 incorporating the former Money Matters and Welfare Reform Advice teams. Based within Housing services, Criminal Justice, Children & Families, Macmillan, Foodbanks, 9 GP surgeries and Education. The service provides a range of support including delivery of specialist welfare rights advice, such as benefit checks, new benefit applications, mandatory reconsiderations, and appeals representation. As well as debt advice services, including budgeting support, financial capability guidance, and negotiation with creditors.

Our 2025 ambitions to deliver services through an Advice Line and a single point of contact are now fully embedded. Client-centred outcomes surveys are routinely issued at case closure, strengthening our understanding of impact and ensuring continual service improvement.

The team have achieved an incredible £20 million in financial gains for residents of North Ayrshire in 2025 to 26. Through supporting 7,560 clients by increasing household income through successful benefit claims and backdated awards, achieving an average £4,623 gain per client. The service continues to have a positive impact on individuals by reducing unmanaged or problem debt through structured repayment plans and debt solutions. In year 2025 to 2026 the total household debt reduction was £568,202.15. By relieving financial concerns this helps to improve mental health and wellbeing and prevent crisis situations like homelessness and fuel poverty and increases financial resilience and confidence in North Ayrshire residents.

Money Smart is critical to North Ayrshire’s preventative approach, delivering significant financial gains for residents while reducing inequalities and demand on public services. Continued focus will ensure the service is able to meet increasing demand to maintain high-quality, specialist advice provision and continue to deliver strong outcomes for individuals and families as well as the wider community.



* Figures for 2025 to 2026 relate to the new Money Smart team. All previous years relate to the Money Matters team only.

National Indicators

Indicators	NAHSCP	Scotland
Carers who feel supported to continue in their caring role	27%	32%
Adults who are supported at home who agreed they felt safe	74%	75%
Premature mortality rate (Under 75s age-standardised death rates for all causes per 100,000 population)	532 (2024)	426 (2024)

Enable 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.

- 3.1 Anam Cara Dementia Respite Unit** supports people living in North Ayrshire by providing short stay care in a residential, homely environment. Staff deliver personalised care addressing emotional, physical, and daily living needs and offer activities tailored to each guest.

The unit accommodates 8 planned respite beds and 1 emergency respite bed and is accessed by service users throughout North Ayrshire. In Quarter 1 of 2025 to 2026, over 600 nights of respite were provided to North Ayrshire residents.

Respite care benefits carers by protecting their health, relationships and resilience, ensuring their loved one with dementia is safe whilst also having a positive enriching experience.



The value of this is described by family members in the comments below:

“Thank you so much for the incredible work you do. Knowing my dad was safe and happy this last week has meant the world”

“From the bottom of my heart, thank you for the truly extraordinary care you give with such compassion and kindness”

“Thank you so much for all the care you give to Dad, I’m so grateful words can’t say enough”

- 3.2** During 2025 to 2026, 210 **compliments** were received by the Health and Social Care Partnership relating to the services provided and the professionalism demonstrated by partnership staff.

Compliments

“As a relative of a service user, I would like to highlight how impressed I am with the willingness & compassion every person has shown , when they have arrived to help , as everyone is aware these people only arrive when asked, so their helpfulness might go unnoticed!”

“I just want to say how wonderful the district nurses are in North Ayrshire (particularly the nurses who work in West Kilbride) - they have cared for me after my recent accident. I can't thank them enough for the service they provided, showing their knowledge, attention to detail and exceptional kindness to me.”

“After speaking to my GP I was unable to receive a diagnosis through NHS service. I was directed to private services and an appointment was made with the Community Links Practitioner in Barns Practice. She has been with me from the start making appointments, filling out paperwork and navigating the system which has been quite distressing for me. She has been so supportive and bent over backwards to help me, nothing has been a bother to her and I wouldn't have been able to do this on my own so I am forever grateful. It brings comfort to me knowing I have someone in my doctor surgery who will listen to me and help if she can. She is a star.”

"My Aunt had a care package in place for past few years, and she recently became palliative and passed away. The carers she had were nothing short of amazing. The bond they had with her was so evident, and we know she thought the world of her girls. Their support to her and to us in her last week was invaluable and we can't thank them enough for all the love and support shown to her and us."

"I am writing this email, with a heart full of appreciation, for the outstanding support we received from [name], during a very stressful time. [name], was absolutely amazing. She was both professional and caring, yet understanding. Had it not been for [name], I'm not sure how I'd have coped with the situation I was in. I brought my husband back home from a carehome, where I truly felt they were not meeting his, physical, or emotional needs. We had a meeting with the management and [name]. I tried my best for it to work, but sadly, it didn't succeed. At no point, did [name] make me feel like a pain, or an overprotective wife."

"We're writing to let you know how grateful we are for the team of carers that our mum has. They take wonderful care of our mum, often going above and beyond basic care duties. They show a genuine affection in every interaction. We see this in the small things like combing my mum's hair so gently to get it just how she likes it, to always being very aware of any change in our mum's health so these can be addressed early.

Just today, our mum took a 'funny turn' and the paramedics had to be called. [name] and [name] were so calm in dealing with the situation, even taking time to make sure I was ok! We all too often hear when things go wrong. However, we wanted to let you know that the team that are in place for our mum are truly outstanding. Knowing our mum is so well cared for is a great relief to the whole family, that makes such a difference."

- 3.3** A total of **223** complaints were received during the year and were across all service areas, with **45** complaints being upheld.

Complaint Topic	Number
Service provision/delivery	128
Staff behaviour (including alleged or perceived)	40
Other	12
Quality of care	12
Communication	9
Community OT	6
Blue Badge	5
Continuity of staff	3
Service Access	3
Missed/late appointment	2
Waiting times	2
System issues	1

- 3.4 Gowanlea Day Service** in Kilbirnie received a full upgrade and refurbishment of its internal environment. Gowanlea is a community-based service that supports older adults to maintain independence, stay physically active, and enhance their health and wellbeing through social interaction. The much-needed improvements included new flooring, updated furniture, and refreshed décor throughout. This service plays a vital role in promoting the health and wellbeing of older adults in the Garnock Valley locality and provides essential support to carers.



- 3.5** On Arran, **Montrose House** continues to play a vital role in fostering community connections and promoting wellbeing through innovative local partnerships. One such initiative is the collaboration with EcoSavvy Community, a local organisation dedicated to environmental sustainability and zero waste living. Their café, now hosted at Montrose House on selected dates, offers homemade soup, locally grown bread, home baking, and refreshments, alongside a zero-waste shop section. Supported by the Council, the café also provides subsidised tinned goods to help address food affordability. This partnership not only supports sustainable living but also strengthens community ties by making healthy, seasonal produce more accessible.

Intergenerational work has also flourished at Montrose House, with Brodick Primary pupils spending six months engaging with residents through activities such as baking, painting, and gardening. The feedback from both children and residents has been overwhelmingly positive, highlighting the mutual benefits of shared experiences across generations. Building on this success, plans are now being developed to collaborate with Arran High School to refresh work placement opportunities. This will support the skills group and promote closer working between sectors on the island, whilst reinforcing pathways into health and social care careers for young people.

- 3.6 Cycling Without Age** Scotland is a charity aimed at getting people who are less able to pedal themselves out on a biking-type experience. The charity's specially adapted 'trishaws' are piloted by trained volunteers, with the seat on the trishaw enabling anyone with limited access to outdoor activity or reduced mobility to enjoy the wind in their hair again.

In North Ayrshire, the charity operates free of charge rides on Cumbrae, offering participants the chance to see the island in the open air at a cycling pace – perfect for someone who perhaps used to cycle but now can't, or who wants to join the family on a bike ride. It can also offer free rides in a wheelchair transporter for those unable to transfer easily from their wheelchair onto the trishaw.



The service is available all year round and is open to the elderly and those with mobility restrictions or in a wheelchair, whether they live on the island or are just visiting.

- 3.7 Arran Community and Voluntary Service ([Arran CVS](#))** hosted its third 'Free for All' community event in April, celebrating local services, community groups and public engagement through a vibrant and inclusive gathering. The event provided a showcase of free taster sessions, support services and activities available across Arran.

This year's event, which was opened by Depute Provost John Sweeney, held special significance, as it marked the 60th anniversary of Arran CVS.

The celebration offered residents the opportunity to connect with a wide range of community groups, explore volunteering opportunities and learn more about the services available locally, with activities on the day including sports sessions, yoga/massage tasters and drumming workshops. Health and wellbeing was a major focus, with various health information stands, general health checks and displays from local emergency services. There were also arts and crafts activities, face painting and entertainment for children.



Amongst others, the Arran Library bus, Community Council, North Ayrshire Active Schools, Heather Lodge, the National Trust and KA Leisure were all in attendance, providing lots of help throughout the day. Attendees also enjoyed musical entertainment from the Arran Allsorts Children's Choir, the Arran Pipe Band, Taiko drummers, and the Arran Brass Band.

A free buffet and refreshments were available to all, with a community food-sharing area - stocked with donations from local groups and organisations - further demonstrating the spirit of cooperation and mutual support.

Approximately 300 community members attended, making the day a huge success in raising the profile of volunteering, gathering public feedback, and highlighting the vital contributions of community groups to the wellbeing of Arran's residents.

- 3.8 To celebrate **Scottish Breastfeeding Week** - as well as the first anniversary of Largs Breastfeeding Support Group - an event was held in the creche room at Brooksby Medical Centre in Largs on Monday 9 June.** Staff members, mums and expectant mums were all welcome to go along and join in. This weekly group provides support to mums in a welcoming environment, with 60 per cent of the women attending the group saying that they would have stopped breastfeeding without the additional support offered by the group.

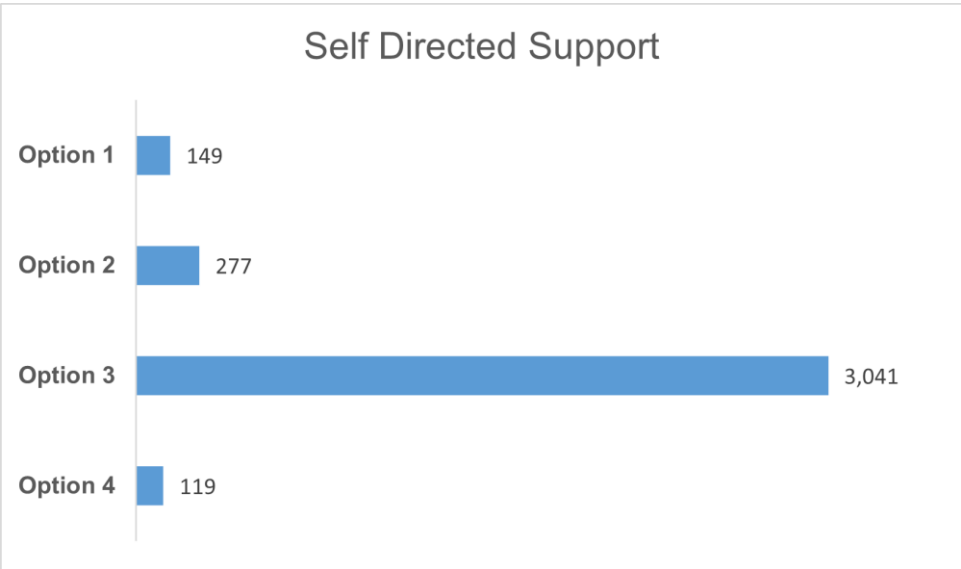
This year also marks the 20th anniversary of the [Breastfeeding etc. \(Scotland Act\)](#). This made it an offence to prevent a person in charge of a child from feeding milk to that child in public or private premises, enabling mums to feel safe and empowered, as well as giving them the confidence to feed their baby out with the home and challenge anyone who tries to prevent this.

Support groups such as the Largs Breastfeeding Support Group help maintain increases in breastfeeding rates experienced in North Ayrshire in recent years.

3.9 Self-Directed Support (SDS): Awaiting Updated Data For the reporting year 2025 to 2026, the following information indicates how people have arranged and directed their support in North Ayrshire.

Self-Directed Support offers four options. These are:

- Option 1 – Direct Payment.
- Option 2 – Individual Service Fund.
- Option 3 – Council Arranged Services.
- Option 4 – a mix of the above options.



This continues to demonstrate that traditional support options are offered and accessed most with 84.8% of people receiving Option 3, where little choice and control is exercised and support is chosen, arranged and directed by the Health and Social Care Partnership.

3.10 On Wednesday 11 June, over 50 carers from all across North Ayrshire attended Carers Gateway North Ayrshire’s annual conference to celebrate Carers Week 2025.

The theme this year was ‘Equality in Caring’, with Provost Anthea Dickson referencing this and the valuable work that unpaid carers provide.

The newly formed Champions Board, a forum that brings carers and professionals together to design services for carers, announced the launch of the Carers Community Fund. This is available for groups, charities and communities to apply for up to £2,000 for activities, events or projects that benefit unpaid Carers across North Ayrshire.



Carers also heard from Carers Trust Scotland, Ayrshire Independent Living Network, Social Security Scotland, Home Energy Scotland and North Ayrshire Health and Social Care Partnership about the work that they are doing to support unpaid carers.

National Indicators

Indicators	NAHSCP	Scotland
Adults receiving any care or support who rated it as excellent or good	70%	72%
People with positive experience of the care provided by their GP practice	63%	71%
Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections	88%	83%

Develop and Support Our Workforce

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.

- 4.1** Ward 1, **Woodland View** is a large 30 bedded adult rehabilitation and enablement ward, with single ensuite rooms. Alongside the ward nursing staff there is a dedicated Multi-Disciplinary Team, which includes Occupational Therapists and Physiotherapists, who support patients through many health conditions to become more independent to carry out daily activities. The ward had been experiencing a number of falls, including falls with harm. An audit found that all the appropriate paperwork, including risk assessments and behaviour charts, were being utilised to prevent falls.

It was recognised that patients were trying to mobilise as if they were still at home, getting up unassisted for bathroom or personal care needs. Despite being introduced to the nurse call system some patients did not understand how to use the nurse call or know when they should use it. Staff had completed falls prevention training and were able to prevent many falls by being vigilant with safety walk rounds and quick to respond to patient needs.

Led by Senior Charge Nurse SH, the ward staff worked alongside Quality Improvement colleagues to develop a laminated poster which was placed on the bathroom door in every bedroom across from where the patient's seat was arranged. The poster states "Call, don't fall" with a picture of the nurse call pendent, matching colour of the actual pendant used by patients in the ward. Due to the fall improvement work the number of falls has continued to decrease, from 7 in April to only 2 in July. A falls improvement board was placed in the ward area to celebrate the improvement work.



- 4.2** In September 2025, six staff members from North Ayrshire Justice fieldwork teams and the Pan Ayrshire Partnership Delivery Team attended the **National Organisation for the Treatment of Abuse (NOTA)** Scotland Annual Conference at the Stirling Management Centre.

This flagship event brought together practitioners, academics, and policy makers from across Scotland to share research, practice developments, and innovative approaches to managing harmful sexual behaviour and supporting victims.

This year's theme centred on adult support and services, offering an engaging mix of keynote presentations exploring the neurobiological basis of sexual offending and evidence-based treatment approaches, alongside interactive workshops designed to deepen understanding of risk assessment and intervention strategies. Expert panel discussions on leadership and multi-agency collaboration in managing sexual harm also featured heavily on the day.

Our teams gained valuable insights into the role of trauma and neurobiology in harmful sexual behaviour, alongside best practice in risk management and rehabilitation. Our staff were able to take practical learning from the workshops that took place, allowing them to apply advanced intervention strategies in real life cases upon their return to work. The training event also served as a key facilitator in terms of strengthening partnership working across services to enhance public protection.

Our workforce advises that attendance at the NOTA Scotland Annual conference has enhanced their professional confidence, promoted innovative thinking and reinforced collaborative approaches essential for public protection.

4.3 Douglas Grant Rehabilitation Ward is a specialist neurological rehabilitation unit providing care for individuals with a broad spectrum of neurological conditions. Historically, the ward primarily supported patients with long-term conditions such as Multiple Sclerosis. However, in recent years, the patient profile has evolved significantly following the integration of a Major Trauma Unit. This has led to an increase in referrals for individuals requiring rehabilitation following acute neurological events, including traumatic brain injuries.

In response to this shift, the Senior Charge Nurse and Deputy Charge Nurses introduced a structured programme of professional development in 2024. This included a series of study days held at the hospital's training centre, designed to enhance the knowledge and skills of the nursing team. The programme consisted of two identical sessions delivered one month apart, ensuring all staff could participate without compromising safe staffing levels on the ward.



The initiative was met with overwhelmingly positive feedback from staff, who reported increased confidence and competence in managing complex neurological cases. Importantly, this education programme has been recognised as having a direct and positive impact on the quality of care delivered to patients, supporting safer, more informed clinical decision-making and improved patient outcomes.

Building on this success, the Deputy Charge Nurses under the leadership of Senior Charge Nurse SC, committed to making the study days an annual event each autumn. Staff were actively involved in shaping the content of future sessions by identifying their own learning needs. For the 2025 programme, feedback highlighted a strong interest in further education around head trauma. In response, the team curated a focused agenda that included expert contributions from Psychology and Allied Health Professional teams, as well as guest speakers from Queen Elizabeth University Hospital and the charity Headway.

This collaborative and responsive approach to staff development continues to foster a culture of learning and excellence within the ward, ensuring the team remains equipped to meet the evolving needs of their patient population.

4.4 As part of the long-term work being undertaken within the **Assessment Hub**, a training framework is being produced to create development pathways for all staff grades working within the clinical environment.

To ensure the provision of training across services, unscheduled care have created a training lead post, allowing experienced clinical staff to focus on continued development of and training in BRITE risk management and formulation training.

- Multidisciplinary team: PMHS includes a psychiatrist, mental health nurses, CBT Nurse.
- Therapist, and a psychologist, fostering collaborative practice.

- Training and development: Staff are equipped to deliver evidence-based, person-centred care, and participate in MDT meetings, including at the Mother and Baby Unit.

The service provides training and awareness sessions for professionals across health, social care, and third-sector organisations. The service has adapted an e-learning module on infant mental health accessible health and non-health colleagues. This builds capacity and confidence in identifying and responding to infant mental health needs. Quarterly IMH steering groups ensure partners influence service development and can identify how the team can best support them.

In order to support staff wellbeing, improved attendance, and engagement with service development activity, additional support has been sought for the nursing staff group via the Senior Nurse to deliver reflective practice sessions.

- 4.5** Nine **Health Care Support Workers** successfully completed their studies via Ayrshire College becoming Band 4 Assistant Practitioners and a graduation event was held in August 2025 to celebrate this with certificates presented by the Associate Nurse Director (Mental Health). This was an excellent example of learn as you earn with staff who had already undertaken Scotvec Level III studies being supported to further develop their knowledge/skills and gain a promoted post by being released a day a week to undertake these studies.

- 4.6** A free, **digital mental health and wellbeing resource** is available to all staff. The [National Wellbeing Hub](#) provides access to high quality, evidence-informed online mental health and wellbeing resources to support everyone working in health and social care in Scotland.



On the hub you can find a range of resources including free apps, articles, videos, tip sheets, podcasts and e-modules, designed to promote self-care and enhance individual and team wellbeing, as well as signposting to a number of regional and national services available to support staff members.

- 4.7** In October 2025, North Ayrshire Council introduced a new mandatory **Prevent Awareness training** module through iLearn, reinforcing our commitment to ensuring that all staff understand their responsibilities under the Prevent duty.

The module provides a clear introduction to the statutory framework, outlines the key forms of extremism and terrorism currently presenting the greatest threat to the UK, and supports staff to develop confidence in recognising the indicators of radicalisation and pathways into appropriate safeguarding processes. Roseanne Burns, Senior Manager in Justice Services was instrumental in the development and roll out of this Module.

Engagement with the new training has been strong. By the end of December 2025, over 600 staff members, council wide had successfully completed the module, reflecting a high level of organisational commitment to strengthening our collective safeguarding responsibilities. This uptake also demonstrates the value of clear messaging, coordinated communication across services, and the accessibility of the online learning platform.



Interest in North Ayrshire's module has grown across the region. Several West of Scotland local authorities have expressed a desire to emulate our training approach, recognising the clarity, accessibility and quality of the iLearn module and how it contributes to developing the workforce.

This positions North Ayrshire as a sector leader in Prevent learning design and delivery, contributing positively to shared regional practice and supporting the wider objective of ensuring consistent standards in safeguarding across local authority areas.

- 4.8** Congratulations to **Care at Home Assistant** Marita Higgins, who reached the final in the Care and Compassion category at NHS A&A's Ayrshire Achieves Awards 2025. Ayrshire Achieves is about recognising exceptional staff and volunteers who provide health and care services in Ayrshire and Arran. Awards are open to all members of staff employed by NHS Ayrshire & Arran or one of the three Health and Social Care Partnerships, as well as volunteers.

[Nominees - Care and Compassion Category](#)

- 4.9** The Care at Home service and the Ayrshire Hospice undertook a **Palliative and End of Life Care Project** which concluded in late 2025. The joint initiative included shared learning opportunities, with placements in the Ayrshire Hospice and bespoke training for a group of care staff receiving highly positive feedback. Staff described the work as both professionally valuable and personally meaningful, gaining increased confidence, greater insight into holistic care, and a strengthened sense of purpose. Families highlighted dignity, kindness, and empathy as defining features of the support they received. The project shows strong alignment with strategic objectives by improving early intervention, enhancing staff capability, and supporting wellbeing at a particularly vulnerable stage of life.
- 4.10** Congratulations to **Dads Worker** Ryan Warren, who was shortlisted for the 'Unsung Hero – Reader's Choice Award' category at this year's Scotland's Health Awards.

The awards, hosted by The Scotsman in partnership with NHS Scotland and the Scottish Government, offer an opportunity to recognise and celebrate the extraordinary individuals and teams who go above and beyond to deliver compassionate, high-quality health and social care across Scotland.

Ryan, who works for charity Dads Rock and sits within our Children and Families Health team, was nominated for his work in providing support to dads in North Ayrshire, helping them to be the best dads they can be and supporting them to give their children the best possible start in life.



National Indicators

Indicators	NAHSCP	Scotland
Readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	103	104
Percentage of adults with intensive needs receiving Care at Home (all levels of CAH)	77%	65%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	1,738	873

Improve Mental and Physical 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.

- 5.1 A new specialist facility at West Road** for Neuro CAMHS (N-CAMHS) and Community Eating Disorder Service (CEDS) opened this year with the first patients seen in April 2025. The Official Opening was 22 May 2025 with the Leader of the Council and the Provost carrying out these duties.

The facility will result in an improved environment to carry out physical examinations and improve the wellbeing for patients and staff in the facility. Previously physical examinations were being carried out in environments which were much less suitable. The newly refurbished facility will enable a much safer and hygienic environment which the workforce has been involved in designing.



Open seven days per week, specialist CAMHS Neuro, ADHD, play Therapy and other Clinical Interventions will be delivered from this re-fitted facility. Hosting flexible working space for staff with five clinic rooms and two large meeting rooms, it is envisaged that the facility will become a centre of excellence in the care and treatment of child and adolescent mental ill-health and eating disorders.

- 5.2 The launch of the Improving the Cancer Journey (ICJ) service** across Ayrshire & Arran represents a major step forward in supporting individuals affected by cancer. Delivered in partnership with NHS Ayrshire & Arran and Macmillan Cancer Support, the service provides personalised, non-clinical support addressing emotional, financial, and practical needs. This initiative reflects our commitment to holistic, compassionate care and has already begun to make a meaningful difference in people's lives.

Support is available to anyone 16 years and over, living in Ayrshire and Arran that has been affected by cancer and everyone who accesses the service will be offered a Holistic Needs Assessment (HNA). As of September 2025, the service had set up 832 assessments across Ayrshire, with 37% of these for North Ayrshire residents.

- 5.3 The Partnership's Dementia Support Service** received formal recognition in an [inspection report](#) from the Care Inspectorate in July 2025 with upgraded ratings to 'Very Good' across all key areas, marking a significant milestone in our commitment to delivering high-quality, person-centred care. Previously rated as 'Good', the service has now achieved a 'Very Good' rating across all key areas—an outcome that reflects the dedication, professionalism, and compassion of staff. Inspectors commended the respectful and skilled relationships between staff and service users, noting that families consistently shared positive feedback about the difference the service has made to their loved ones' lives.

The inspection also recognised the strength of quality assurance systems, which include regular wellbeing calls, audits, supervisions and reflective practice. These mechanisms have fostered a culture of continuous improvement and accountability. Staffing arrangements were highlighted as a particular strength, with flexible rota management, daily handovers, and regular team meetings contributing to a stable and supportive working environment. Care planning was praised for being detailed, personalised, and outcome-focused, ensuring that individual preferences and



goals are central to the support provided. This outcome is not only a formal endorsement of the service's quality but also a reflection of the values that underpin the Partnership's approach to dementia care. It demonstrates an unwavering commitment to improving the mental and physical wellbeing of individuals and families across North Ayrshire.

- 5.4 Peace of Mind** is an innovative programme aimed at reducing social exclusion and isolation as a result of a disability, impairment or long-term health condition, with a particular emphasis on people who do not receive statutory services but still need support.

With a focus on providing our users with fun experiences and building new friendships whether that's attending a local football match, going to the gym, visiting different places or developing new skills, we offer it all.



The Peace of Mind programme aims to cultivate communities and nurture natural networks. This means that we seek to support and assist disabled people, people with long-term illness or other life limiting health conditions to think about what they would like to do and how this would make them happier and better connected with their local community. Then we go about helping you to make it happen.

- 5.5 Mental Health Unscheduled Care** has moved under the inpatient management structure. This move brings exciting opportunities for reviewing points of interaction between inpatient and community care to ensure patients are receiving the most appropriate care to meet their needs.

The team behind the Unscheduled Care Assessment Hub have been recognised for their positive impact, being named among the finalists at this year's Royal College of Nursing (RCN) Scotland Nurse of the Year Awards in the Mental Health category. The service provides 24-hour access to mental health assessment and interventions and can accommodate up to five patients within a therapeutic environment for up to 72 hours.

Since being established in 2024, the service has successfully:

- Reduced the number of unscheduled admissions to acute adult inpatient mental health beds.
- Brought community and inpatient services closer together to help create a smoother patient journey.
- Reduced the waiting time for planned adult acute admissions.
- Reduced the number of initial assessments being carried out in acute wards – releasing resource for treatment.

In addition, Unscheduled care staff have been invited to present at a Mental Health Distress Collaboration event being held in the Royal Society of Edinburgh – this follows a Quality Assurance Survey within Police Scotland which saw Ayrshire and Arran score highest in usage and staff satisfaction in relation to community triage.

5.6 Case Study: Community Link Worker Service

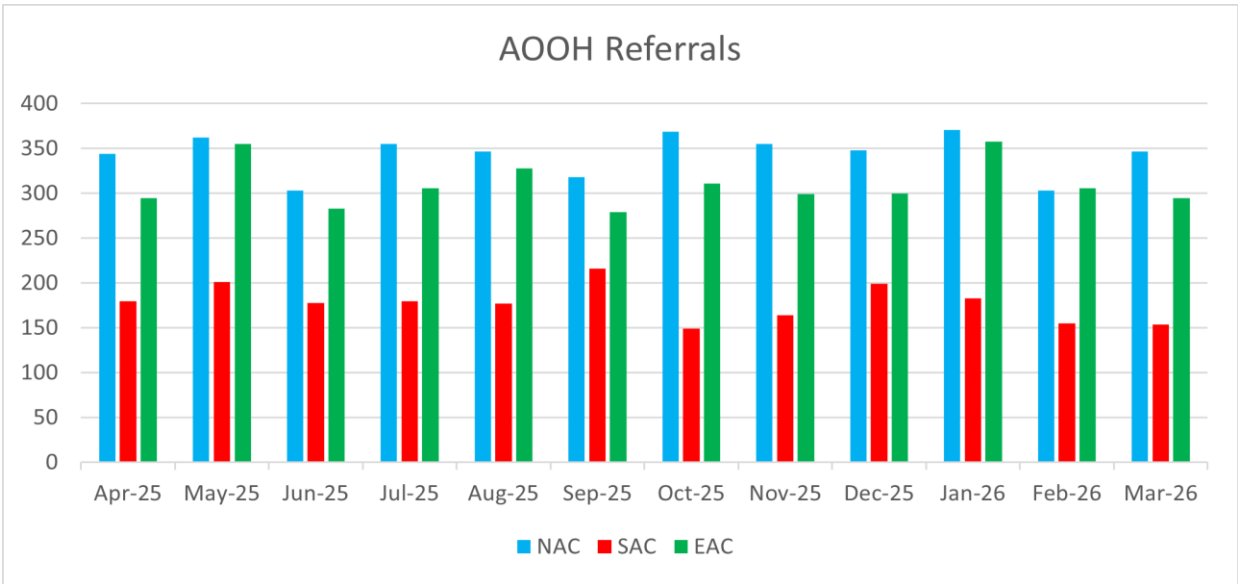
The following case highlights the importance of person-centred care, showing that with understanding and empathy we deliver practical solutions that uphold dignity and promote wellbeing.

One individual, a neurodiverse adult experiencing significant mental health challenges, was facing multiple barriers including homelessness, unemployment, and poor physical health. At the time of contact, they were sleeping rough and had limited access to basic necessities, including food and hygiene. Their appearance reflected the hardship they were enduring, and they openly shared struggles with self-care.

A deeply important source of comfort and stability for this person was their pet dog, whom they described as their “safety blanket.” The emotional bond was so strong that they expressed thoughts of suicide if separated from their companion. Unfortunately, this created a barrier to accessing temporary accommodation and support services, as many facilities were unable to accommodate pets.

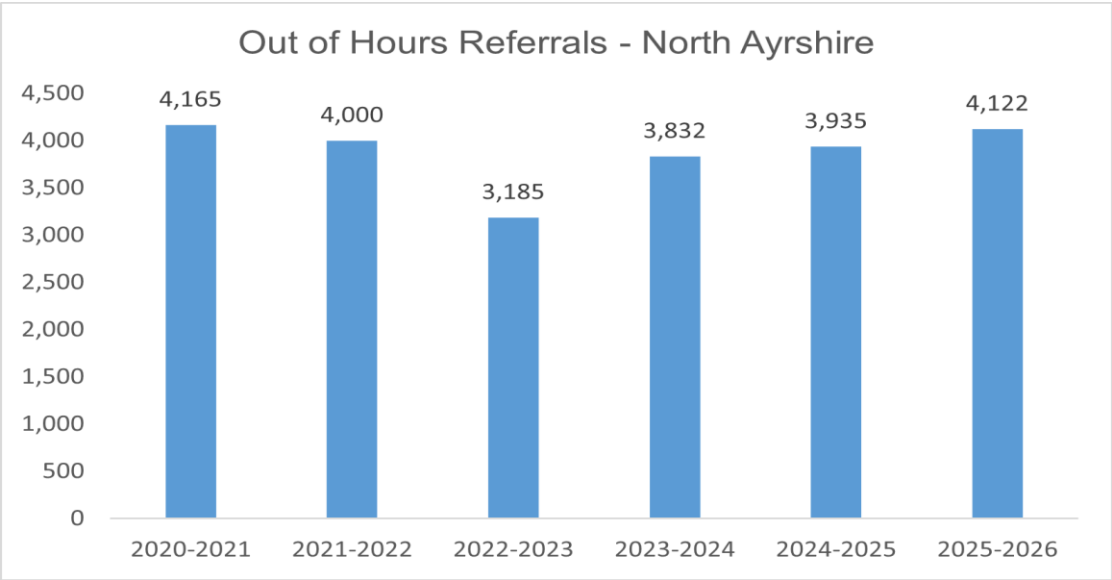
Despite these challenges, our community link workers responded with compassion and creativity. They arranged emergency food support through the local foodbank and liaised with Housing Services to advocate for a more flexible approach. Permission was secured for the individual to attend a housing appointment with their dog, ensuring their emotional needs were respected whilst giving them access to support around accommodation. A referral to social work was also made to explore longer-term support options.

5.7 The **Ayrshire Out of Hours Social Work Service** has been operational for 14 years. During 2025 to 2026, despite some challenges relating to staff absences and an average of 18% staff vacancies, the service continued to provide uninterrupted cover. During this period, the team managed a total of 9,973 referrals, this included an increase of 518 referrals compared to 2024 to 2025. Referrals to North Ayrshire were 4,122 or 41.3% of all referrals across Ayrshire.



Of the 4,122 referrals to North Ayrshire, 742 were requests for Child Protection Register checks. Of these 706 were from the Police, with 24 from Social Work and 10 from Health.

There were 1,466 referrals in relation to Child Concerns/Child Welfare and 578 in relation to Adult Concern/Welfare. There were 94 referrals in relation to Child Protection and 34 referrals in relation to Adult Protection. There were 261 referrals relating to young people missing from home, 87 relating to Care at Home, 140 in relation to Mental Health and 54 in relation to financial destitution.



Referrals to North Ayrshire have been consistently around 4,000 in five of the past six years with a dip in numbers experienced in 2022 to 2023.

5.8 Finding Your Feet is Scotland’s only charity dedicated exclusively to amputees. It provides a comprehensive wellbeing program for amputees in North Ayrshire, focusing on social support, mental resilience and physical health, with many staff and volunteers being amputees themselves.

The charity collaborates with hospitals, physiotherapists and community organisations to ensure amputees receive the best possible support, and services are available to both new and long-term amputees, ensuring ongoing support at every stage of their journey. It can also provide transport assistance to ensure accessibility - particularly for amputees facing mobility challenges or financial barriers.

Fortnightly Amputee sessions are held in Irvine, offering a friendly and supportive space for amputees to meet others in the community facing similar experiences.

In addition, weekly indoor bowls sessions are held at the Galleon in Kilmarnock on Fridays from 12.30pm to 2.30pm.



5.9 As part of the North Operational Improvement Plan utilising NHS Renewal Funding, North Ayrshire HSCP secured ring fenced funding from the Ayrshire and Arran allocation for enhanced **Mental Health Officer (MHO) capacity**.

Hospital based MHO capacity was increased immediately on confirmation of ring-fenced funding to expand critical MHO capacity within the hospital team. In addition to the recruitment of posts to expand the North HSCP's dedicated hospital-based MHO support for discharge planning, other improvement activity has included the implementation of guardianship activity trackers, anticipatory care planning protocols and enhanced collaboration with legal and advocacy services to streamline processes.

The impact has been immediate and measurable, with reduced waits for hospital MHO allocation and a reduction in Adults with Incapacity (AWI) delays by 48% throughout Quarter 3.

- 5.10** Staff and service users of the **Dirrans Centre** took part in a sponsored walk for the Ayrshire Hospice on Friday 18 July, raising over £850 for the charity through their Just Giving page and cash donations.

The centre runs twice-weekly Health Walks for service users undergoing periods of rehabilitation, with a walk of 1km to 3km on Tuesdays, and a longer walk of 4km to 5km on Fridays. These not only help to improve physical and mental wellbeing but also offer an important opportunity for social connection.



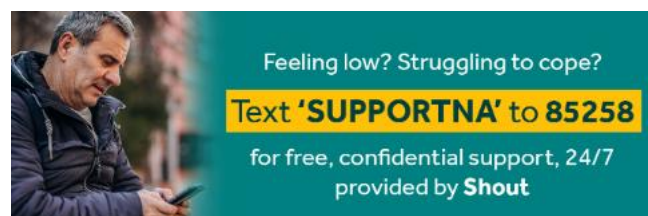
The group members expressed an interest in doing a sponsored walk again this year for the Ayrshire Hospice, with the charity being close to the hearts of many. A total of 17 service users took part in the event, joined by volunteers and rehab staff.

- 5.11** A new way to access mental health support via text message launched as part of **Suicide Prevention Month**. In partnership with Education, North Ayrshire Health and Social Care Partnership and Shout, residents will be able to access in-the-moment mental health support by texting 'SUPPORTNA' to 85258.

This text-based service offers tailored support to people of all ages in North Ayrshire whenever they need it.

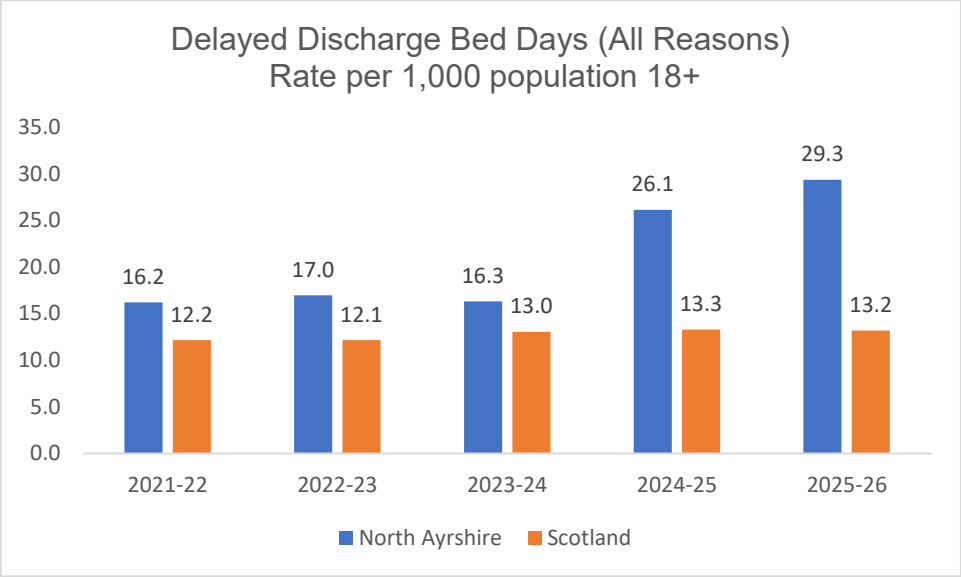
The service can provide confidential support with:

- Anxiety and stress.
- Depression and sadness.
- Suicidal thoughts and self-harm.
- Panic attacks.
- Loneliness and isolation.
- Bullying and abuse.



Shout volunteers are on hand to help 24 hours a day, seven days a week, when things get tough or if you are feeling overwhelmed or need support.

5.12 Delayed Discharge rates per 1,000 population have continued to increase in North Ayrshire with the rate for 2025 to 2026 being 29.3 per 1,000 population compared to 13.2 per 1,000 population across Scotland.



Across January to March 2026, North Ayrshire HSCP progressed the implementation of a new acute based Discharge to Assess social work team, fully staffed and implemented by February 2026. The establishment of this dedicated team strengthens the Partnership’s contribution to Discharge without Delay (DwD) by embedding earlier, proportionate decision making and reinforcing a “home first” approach within discharge pathways. Supporting people to leave hospital as soon as it is clinically and functionally appropriate and return home at the earliest safe opportunity. This aligns with the national DwD focus on improving the patient journey through early and effective planning and stronger, more seamless links between acute services, hospital-based social care and community teams.

National Indicators

Indicators	NAHSCP	Scotland
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	67%	72%
Proportion of last 6 months of life spent at home or in community setting	88%	89%

MSG Indicators

Indicators	Value
Emergency admissions to acute hospitals*	18,232
Emergency admissions to acute hospitals (Rate per 1,000)	136.0
Admissions from emergency department	8,545
Admissions from emergency department (Rate per 1,000)	63.8
Percentage of people at emergency department who go onto ward stay (conversion rate)	24.2%
Unscheduled 'hospital bed days' in acute hospital*	140,530
Unscheduled 'hospital bed days' in acute hospital (Rate per 1,000)	1,048.7
Unscheduled 'hospital bed days' in long stay mental health hospital*	24,760
Unscheduled 'hospital bed days' in long stay mental health hospital (Rate per 1,000)	184.8
Unscheduled 'hospital bed days' in geriatric long stay*	7,349
Unscheduled 'hospital bed days' in geriatric long stay (Rate per 1,000)	66.8
Emergency department attendances	35,323
Emergency department attendances (Rate per 1,000)	263.6
Percentage of people seen within 4hrs at emergency department	64.8%

MSG Indicators – Delayed Discharges

Indicators	Value
Delayed discharges bed days (all reasons)	36,882
Delayed discharges bed days (all reasons) (rate per 1,000)	335.1
Delayed discharges bed days (code 9)	8,787
Delayed discharges bed days (code 9) (rate per 1,000)	79.8
Delayed discharges H&SC Reasons	27,951
Delayed discharges H&SC Reasons Rates	254.0

* Calendar year 2025 used as a proxy for financial year 2025 to 2026 due to data completeness, following advice from Public Health Scotland.

National Health and Wellbeing Indicators

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

The information below represents the most up-to-date information with further updates accessible from – [Public Health Scotland](#)

This information along with other HSCP information can be found via – the [Audit Scotland - Integrated Authority Tool](#)

Health and Social Care Experience Indicators	2017-2019	2019-2020	2021-2022	2023-2024	2025-2026	Scottish Average %	Rank against Family Group
Adults able to look after their health very well or quite well	91%	92%	89%	89%	89%	91%	5
Adults supported at home who agreed that they are supported to live as independently as possible	84%	84%	81%	67%	72%	74%	6
Adults supported at home who agreed that they had a say in how their help, care, or support was provided	70%	75%	73%	51%	56%	64%	7
Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	76%	64%	55%	64%	65%	4
Adults receiving any care or support who rated it as excellent or good	78%	77%	76%	68%	70%	72%	5
People with positive experience of the care provided by their GP practice	80%	73%	61%	60%	63%	71%	6
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	79%	78%	68%	67%	72%	6

Health and Social Care Experience Indicators	2017-2019	2019-2020	2021-2022	2023-2024	2025-2026	Scottish Average %	Rank against Family Group
Carers who feel supported to continue in their caring role	39%	31%	31%	32%	27%	32%	8
Adults supported at home who agreed they felt safe	80%	85%	83%	67%	74%	75%	5

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.

Survey fieldwork was carried out between October and December in the financial year presented and respondents were asked about their experiences over the previous 12 months. Please note results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 and 2025/26 are not comparable to previous years due to changes in survey wording. Also results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology.

Indicators based on administrative data	2021-2022*	2022-2023*	2023-2024*	2024-2025*	2025-2026*	Scottish Average	Rank against Family Group
Premature mortality rate. (Under 75s age-standardised death rates for all causes per 100,000 population).	568	527	507	509	532	426	6
Rate of Emergency Hospital Admissions for adults (per 100,000 population)	14,269	13,449	14,009	15,142	14,594	11,470	6
Rate of emergency bed days for adults.	155,206	151,553	142,222	155,896	147,915	108,988	7
Readmissions to hospital within 28 days of discharge.	113	100	101	106	103	104	5
Proportion of last 6 months of life spent at home or in community setting.	89%	88%	88%	88%	88%	89%	6
Falls rate per 1,000 population aged 65+	20	20	22	23	20	22	1
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	79%	78%	83%	87%	88%	83%	2
Percentage of adults with intensive needs receiving Care at Home. (All levels of CAH)	77%	77%	78%	77%	77%	65%	1
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	805	1,038	1,087	1,266	1,738	873	7

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

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

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

Children's Outcomes

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

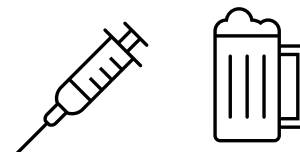
Outcome 2: Our young people are successful learners, confident individuals, effective contributors, and responsible citizens.

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

- 1.1** To support children and young people affected by parental substance use, JC, Senior Manager within our Children and Families service successfully applied to the Alcohol and Drug Partnership (ADP) for funding to launch a social prescription initiative across all Children and Families localities. The service was awarded £10,000, which was equitably distributed amongst all locality teams.

This funding enables access to social prescriptions for children and young people who have experienced the trauma and disruption associated with parental drug or alcohol use. These experiences often limit opportunities for leisure, personal development, and quality family time.

Social prescriptions offer vital reparative benefits, including enhanced confidence and self-esteem, reduced stigma and shame, the promotion of prosocial lifestyle choices, and the discovery of individual strengths and talents. They also help strengthen social connections and improve physical and mental health through regular activity.



Collectively, these short and medium-term benefits contribute to long-term aspirations of reducing trauma, tackling inequalities, and improving life outcomes and future opportunities for affected children and young people.

- 1.2** Our **Children and Adolescent Specialist Support Team (CASST)** Modern Apprenticeship (MA) scheme has proven to be a significant success. One young person successfully completed their placement and has since secured permanent employment within North Ayrshire Council's care sector. The second apprentice is on track to complete their programme and is aspiring to pursue further education in nursing.

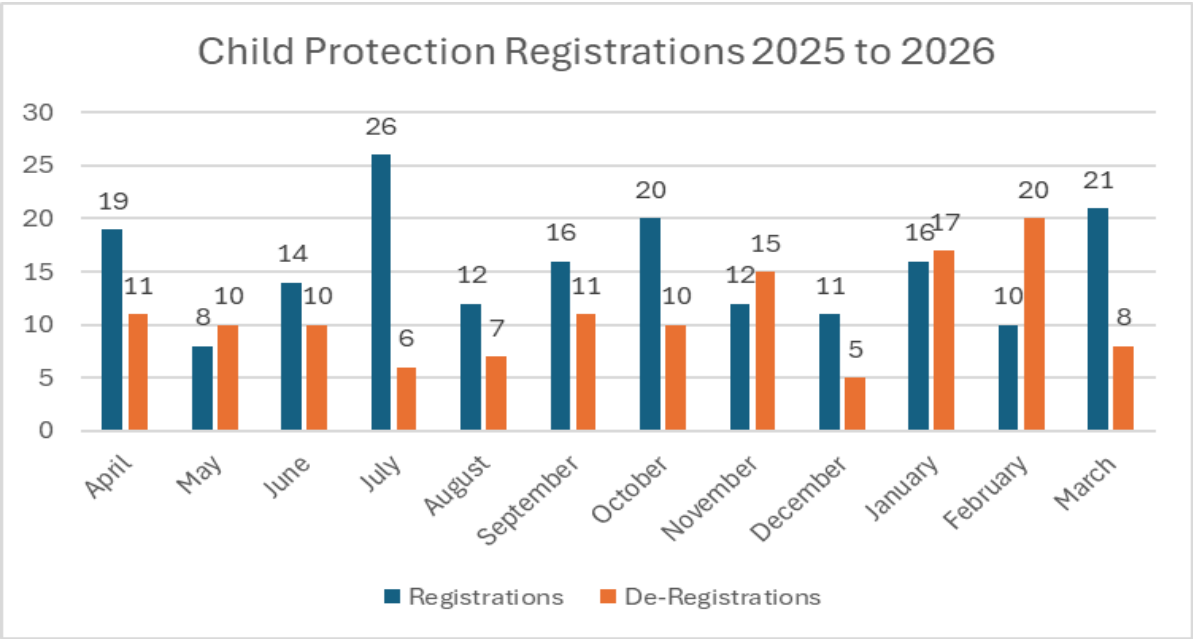
Building on this success, we intend to submit a further funding application to CORRA to continue the MA scheme moving forward.

What makes this initiative particularly impactful is its focus on addressing inequalities experienced by young people affected by parental substance use. A key eligibility criterion for the scheme is that apprentices must have grown up in households impacted by a parent or carer's drug or alcohol use. Both MAs within the team are care-experienced from within North Ayrshire—one through kinship care and the other through foster care.

This initiative not only supports individual development and employment opportunities but also contributes to breaking intergenerational cycles of adversity. By turning lived experience into resilience and purpose, the scheme empowers young people to build sustainable

futures, while strengthening community wellbeing and reducing the long-term impact of substance-related harm.

1.3 In 2025 to 2026 there were 185 **Child Protection registrations** and 130 De-registrations. The greatest number of registrations were found in July, when there were 26 registrations within the month. The lowest number of registrations occurred in May, when there were 8 registrations within the month. The median number of registrations per month across the year was 15.



1.4 Within the HSCP, we have sadly experienced adoption breakdowns that have had a profound impact, leaving families devastated and staff feeling disheartened. These experiences have underscored the critical importance of proactive, ongoing support to prevent crisis and sustain successful placements.

In response, our **Families for Children (FFC) Team** has introduced Post-Approval Training, designed to empower adopters beyond their initial approval at Adoption Panels in North Ayrshire.

Feedback from adoptive families highlighted a strong willingness to engage in further learning, and the FFC team has responded with practical, home-based sessions delivered by experienced practitioners. The aim is to build resilience within families and reduce the risk of adoption disruptions, which can leave a legacy of trauma and poor wellbeing.

The training consists of:

- Theraplay – Two sessions to strengthen attachment and emotional connection, reducing anxiety and promoting emotional security for both children and parents.
- Life Story Work – A session to support identity and understanding, helping children process their experiences and build resilience.

- Crisis Intervention and De-escalation Techniques – Practical strategies to manage challenging situations confidently, reducing stress and preventing escalation that can impact family wellbeing.
- Social Media Awareness – Guidance to help families navigate online safety and digital boundaries, reducing risks that can cause emotional distress.

Adoption is a lifelong journey, and families often encounter unique challenges that require support at different times. By introducing this enhanced training approach, we recognise that accessing the right help at the right time can prevent crisis and adoption breakdown, strengthen family relationships, and promote stability for children. Our Post-Adoption Support Team is committed to supporting adoptive families every step of the way.

This proactive approach reduces stress, builds resilience, and improves mental health by creating a sense of security and belonging for both children and parents. Physical wellbeing is supported through calmer home environments, improved routines, and reduced conflict, which contribute to healthier family dynamics.

Ultimately, this initiative empowers families, sustains successful placements, and ensures children grow up loved, safe, and respected which fully aligns with The Promise.

1.5 P7 and S1 pupils from across North Ayrshire schools attended a **young person's engagement event** held by North Ayrshire Child Protection Committee at Greenwood Academy in May.

Around 100 young people, along with staff from their schools, came along to the event, which was organised by the CPC's Public Information and Engagement Group.



The aim was for the CPC to learn more about what young people know with regards to accessing support on a range of child protection issues, find out where there are gaps in knowledge or sources of information, and discuss with young people the best ways to share this information with them – and in what format – so they have all of the resources they need to keep them safe and well. Information gathered on the day will help the CPC to shape how child protection messaging is best delivered to young people in the future to ensure their needs are met.

1.6 The **North Ayrshire Children's Services Plan Performance Update Report 2024 to 2025** outlines the work that has taken place to date around the priorities outlined in the North Ayrshire Children's Services Plan, which runs from 2023 to 2026.

This three-year plan set out how the Children's Services Strategic Partnership will safeguard, support and promote the wellbeing of all children in North Ayrshire, with a focus on the following key areas:

- The rights of children and young people are promoted and protected.
- Ensuring early intervention to improve what happens next.

- Making things fairer.
- Promoting good mental health and wellbeing.
- Inspiring children and young people to be active.

Some key highlights include that 97% of North Ayrshire education establishments are now engaged in UNICEF’s Rights Respecting Schools accreditation process, which supports schools to embed the UN Convention on the Rights of the Child into their practice to improve wellbeing and help all children and young people to realise their potential. This number is significantly higher than the Scottish average of 78%.

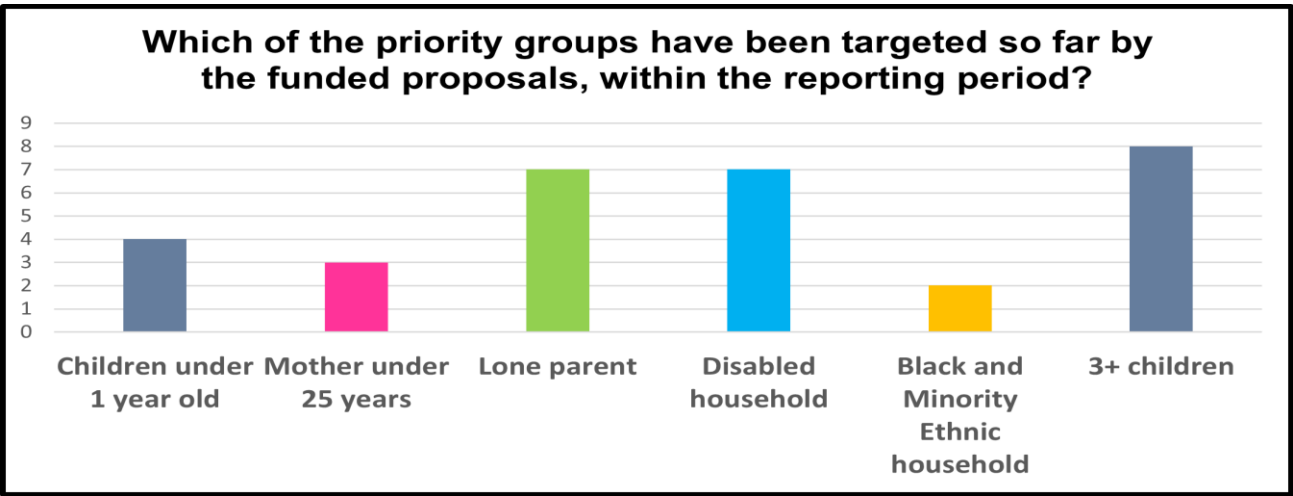
North Ayrshire secondary schools are also championing equality as they work to maintain their LGBT Youth Scotland Charter of Education status, ensuring that LGBTQ+ pupils, staff and parents can be safe, supported and included.

Extra-curricular provision has been delivered across all primary, secondary and ASN establishments. Over 9,200 young people have attended a variety of sport and physical activity sessions led by Active Schools, which focus on getting ‘More Kids, More Active, More Often’.

In the past year, the Young Carers Fund has been accessed by 115 children and young people, boosting physical and mental wellbeing, reducing social isolation and improving attainment. Each school has now nominated a Young Carers Champion, and an information pack was launched to give education staff an overall understanding of the duties and approach in North Ayrshire to identifying, working with, and supporting young carers.

Welfare Rights Officers in schools have continued to provide support to families, with financial gains for those using the service in the 2024 to 2025 school year reaching £818,000 - and over £1.8 million in total since the project began.

1.7 The **Whole Family Wellbeing Fund (WFWF)** aims to transform the way family support is delivered by ensuring families can access seamless and holistic support that is wrapped around their individual needs. In the reporting period of 2024 to 2025 a total of 831 children and young people across North Ayrshire accessed WFWF funded services or programmes.



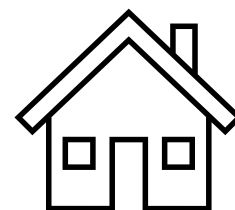
In terms of the geographical spread of the WFWF proposals, the majority are operating in the Three Towns locality and on a North Ayrshire wide basis. Although Arran does not have any specific services delivered on the island, Arran is covered by the North Ayrshire wide services.

By the end of the five years funding, it is envisioned that:

- Parents/carers are more able to access employability and other support to improve their finances.
- Services are more accessible – children, young people and their families know where to go and receive help when needed.
- Better collective awareness of available support among children, young people, and their families.
- Reduced ‘missing middle’ between universal and statutory services.
- Collaborative, multi-agency approach to the funding, commissioning, and delivery of family support.
- Cross-sectoral commitment to collaboration and innovation which empowers and supports the workforce to provide family-centred holistic support.

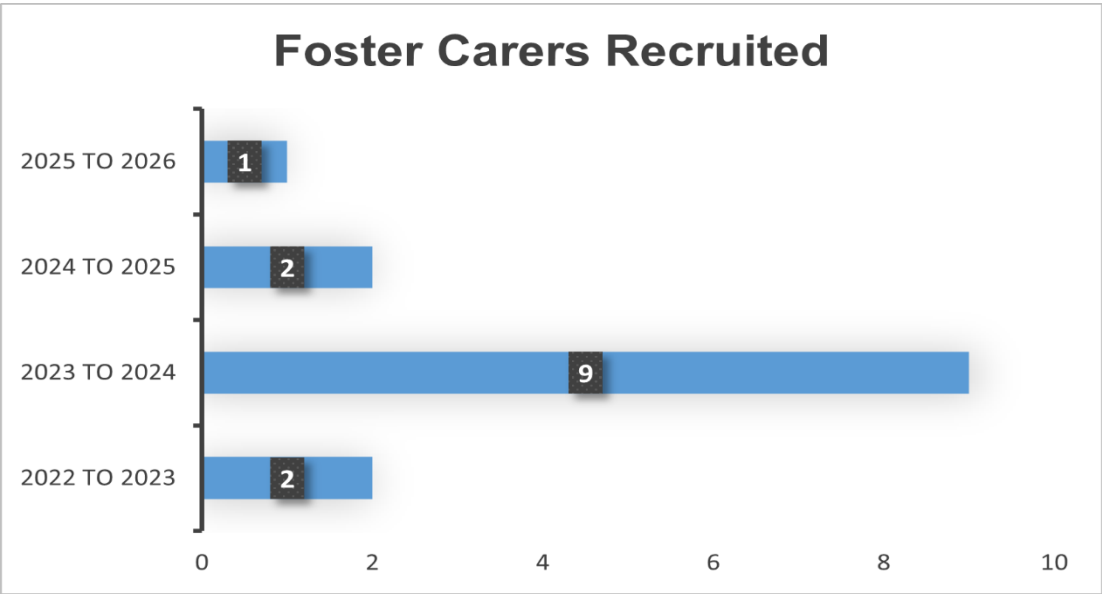
- 1.8** Plans for new **supported living accommodation** for care experienced young people were approved by members of North Ayrshire Integration Joint Board (IJB) on Thursday 13 November. The IJB supported these proposals, alongside receiving an update on a range of work and actions being taken forward following a system-wide programme with all Corporate Parents in North Ayrshire to improve outcomes for care experienced young people - the Brighter Pathways programme. The programme focusses on a rights-based approach to create a sustainable, responsive, and nurturing care system for our children and young people.

Through engagement with care-experienced young people, NAHSCP identified a gap in provision for those who do not require full residential care but still need additional support - or are ready to step down from residential care as they move into adulthood. The go-ahead has been given to develop supported living accommodation that will open in Spring 2026, which as well as equipping young people with the skills, confidence and stability they need for a successful future, will also free up capacity in its Children's Houses.



Located in Irvine, the accommodation will offer a safe and supportive environment for young people aged 16 to 21 years, bridging the gap between residential care and independent living. The service will provide individual ensuite rooms, shared living spaces, and 24/7 dedicated staff support, with practical help around issues such as budgeting, cooking, and tenancy management. Proactive in-reach support will also be available from a range of services and agencies, including housing, employability, and Money Smart.

1.9 Foster Care Fortnight took place in May with a dedicated social media campaign on the NAHSCP Facebook channel highlighting some of the myths and facts around foster caring and signposting the public to our [dedicated foster care website](#).



Figures above reflect a decline in foster care provision due to a national shortage of carers, often resulting in children being accommodated in expensive external placements, away from their schools, friends and support networks. Currently, it is especially difficult to recruit full time foster carers and given the high cost of living, most families require to have two parents/carers, at work. In addition, the complexity of the young people is also a factor.

An enhanced package of support for foster carers was approved by members of North Ayrshire Integration Joint Board (IJB) on Thursday 13 November. A new Fostering Scheme has been approved, offering greater support for those providing foster care for NAHSCP, with the aim of boosting the recruitment of new carers and retaining current carers. This was developed after engaging and consulting with approved foster carers, whose feedback was invaluable.

As well as an increased weekly payment, the new scheme will also see the introduction of a retainer payment, providing financial stability for carers who may be without a placement until a suitable match is made; a loyalty payment for new foster carers who join NAHSCP and remain with the organisation, and an additional payment for those who care for children with enhanced needs.



We also now utilise Can Digital for all our fostering advertising, via social media, to raise our digital profile and this has resulted in a rise in enquiries.

1.10 On Wednesday 26 November 2025, North Ayrshire’s annual **Joint Champions Board Conference** brought together 59 care experienced young people from nine secondary schools across the authority. The event, held at Saltcoats Town Hall, aimed to unite all

school-based Champions Boards for a full day of connection, learning, creativity, and influence.

The Joint Champions Board Conference 2025 was a powerful demonstration of young people's leadership, creativity, and influence. The day strengthened relationships, amplified youth voice, and generated meaningful insights that will shape North Ayrshire's corporate parenting work in 2026 and beyond.

Four workshops were delivered across the day and all feedback (digital, written, and verbal) was collated into the "What Matters To Us" poster, summarising the six priorities care experienced young people want their corporate parents to understand:

Feeling Safe and Secure

- Trust and Relationships.
- Having a Voice and Being Listened To.
- Friendships and Social Connections.
- Opportunities and Aspirations.
- Understanding and Respect.



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** Collaborative efforts have continued between Justice Services and the Alcohol and Drug Partnership to enhance access to recovery activities and support diversionary recovery projects for individuals subject to Community Payback Orders. This partnership has led to the creation of a **Recovery Development Worker** role within Justice Services, based at the New Street office.

The Recovery Development Worker has been instrumental in embedding a public health approach within community justice, offering tailored support to individuals experiencing addiction. Their work promotes equality, encourages recovery, and empowers service users to take control of their lives and recovery journeys.

Operating in line with core recovery principles—such as personal responsibility, education, self-advocacy, and self-management—the Recovery Development Worker provides opportunities for improved health and wellbeing through both individual and group interventions. They also serve as a positive role model, inspiring hope and demonstrating that recovery is achievable.

Referrals to the Recovery Development Worker have increased, encompassing individuals subject to various court orders and requirements, including Community Payback Orders, Supervision Requirements, Unpaid Work Requirements, and Alcohol and Drug Treatment Requirements.

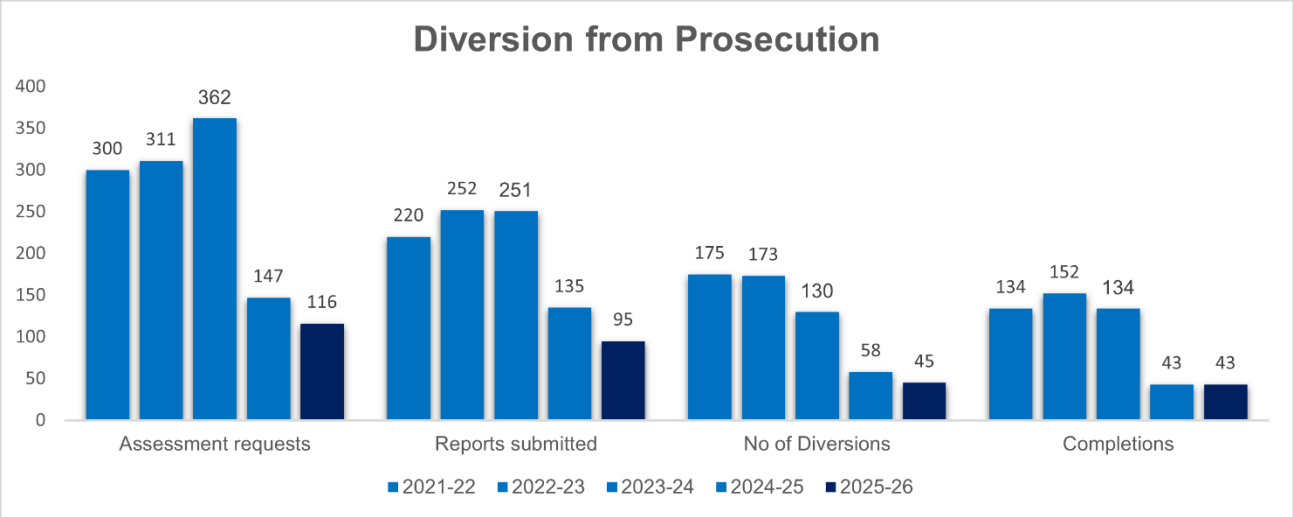
Support provided includes psychosocial interventions aimed at helping service users develop long-term coping strategies. This work covers areas such as alcohol and drug awareness, problem-solving, and consequential thinking.

Additionally, the Recovery Development Worker facilitates access to local recovery groups, including Alcoholics Anonymous, Cocaine Anonymous, the Justice and MINDS Recovery Group, [NADARS](#) Recovery Groups, and [Café Solace](#). They also actively participate in the Community Recovery Forum and the Recovery Workers Forum.

- 2.2** **Diversion from Prosecution (Diversion)** has been available since 1997, within this past year we have experienced a further increase across Ayrshire in assessment referrals from the Procurator Fiscal. Referrals have increased at a significant rate from 2018. Although this disposal is early intervention and low-level offending, the presenting need of service users is extremely high, thus resulting in more staff time being allocated and closer partnership working with other agencies to provide identified services.

The number of assessment reports submitted are relatively lower than the number requested due to limited resources, which has resulted in waiting lists within each local authority area.

In comparison with last year, 2025 to 2026 notes a decrease in the number of Diversion cases imposed. This is due to delays from the time that the offence was committed until the individual is referred to and assessed by the Diversion team. In this time many positive changes could have taken place and individuals are actively seeking and engaging with services to address any issues which they may have, thus reducing their risk of further offending. In these instances, no interventions are required due to positive reasons.



2.3 During the last year, the Rosemount service has run six eight-week blocks of the **Building on Positive Relationships (BPR)** parenting programme across North Ayrshire. This programme supports parents and carers who are finding family life stressful or struggling with their relationship with their children. Many of these families face extra challenges such as neurodevelopmental needs, trauma, or complex social issues.

BPR is based on Non-Violent Resistance (NVR). It helps parents be more present and connected with their children, reduce conflict and stop situations from escalating alongside building trust and positive routines with their children.

Parents who took part said they felt more confident in their parenting role, better able to stay calm and avoid power struggles, and importantly they felt less isolated, thanks to meeting other parents, sharing experiences and making links with other parents from their local community.

They learned practical techniques like self-regulation, de-escalation, and using planned announcements - ways to keep boundaries firm while showing care and commitment. Many families reported improvements, including better school attendance, fewer crises, and a calmer home life.

The programme also focused on self-care and resilience, encouraging parents to look after their own wellbeing and use support networks that they identified throughout the duration of the programme.

By giving families access to this parenting programme, BPR helps prevent crisis, improves outcomes for children and helps to reduce isolation and strengthens community connections - helping parents support each other and share experiences. This approach tackles inequalities by making sure families have the tools and confidence they need to thrive.

2.4 Case Study: MAPPA

Amongst other local authorities in Scotland, our MAPPA team continue to be recognised as an example of best practice. Based at Irvine Police Station, the team not only manage local arrangements but also host MAPPA on behalf of the entire South West Scotland region. This includes North, East, and South Ayrshire, as well as Dumfries and Galloway, ensuring a consistent and collaborative approach to public protection.

Recently, the Fife MAPPA Coordinator and administrative staff visited the team to learn more about our processes, video resources, and innovative MAPPA Dashboard. This dashboard has become a cornerstone of our approach, providing a real-time, data-driven management tool that captures key statistical information with clarity and transparency. It supports evidence-based decision-making, enables live monitoring of cases, and ensures performance data is readily available for strategic oversight and reporting.

The MAPPA Coordinator for North Strathclyde also visited, as did Lanarkshire, reflecting growing interest in our systems and methods. These visits highlighted the strength of our processes and the increasing recognition of how we deliver effective multi-agency risk management.

In addition, the MAPPA team developed a short video resource explaining what MAPPA is and how it operates, designed for internal training purposes. No other MAPPA region in Scotland had produced such a resource, underlining how advanced and forward-thinking our approach is as a South West Scotland entity. This video helps staff understand the framework, processes, and responsibilities, ensuring consistency and confidence in practice.

The dashboard and video resource demonstrate our commitment to continuous improvement and innovation. By making data and training accessible, we have strengthened multi-agency collaboration, improved risk management, and reinforced confidence in public protection.

In July 2025, Community Justice Ayrshire held a training event at Fullerton ConneXions in Irvine on the subject of “What is MAPPA?”. Our MAPPA Strategic Oversight Group Chair opened the event and introduced AW, MAPPA Coordinator, who delivered the input. The event was attended by 77 members of staff from a variety of agencies. Feedback received suggested the input was well received, and this is an event that is likely to be repeated due to high demand.

2.5 Under the Community Justice (Scotland) Act 2016, local authorities are required to report annually to Community Justice Scotland (CJS) on the operation of **Community Payback Orders (CPOs)**.

These statutory reports promote transparency, strengthen accountability, and provide an important measure of how unpaid work and supervision requirements support rehabilitation and contribute to safer communities. They also allow us to highlight the wider community benefits delivered through CPO activity, including improvements to local environments, support for community organisations, and the development of skills and confidence among individuals subject to orders.

CJS collates all local authority returns and produces a national summary report which is then laid before the Scottish Parliament, ensuring clear oversight of how CPOs are being used

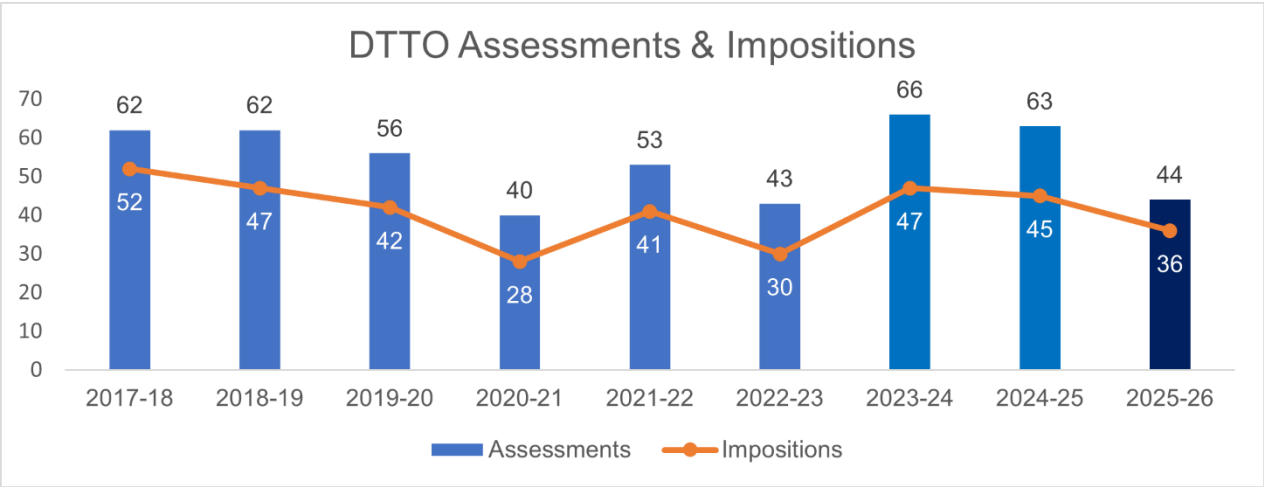
across Scotland. North Ayrshire submitted its 2024 to 2025 CPO annual return at the end of October 2025.

This work directly supports our strategic priority in terms of Enabling Communities, as CPOs provide a meaningful mechanism for individuals to make positive contributions to the places in which they live. Unpaid work projects enhance local facilities, support community groups, and improve shared spaces, CPOs help strengthen community resilience and foster stronger connections between people and their neighbourhoods. At the same time, the support and supervision components of CPOs help people develop new skills, build confidence, and reduce harmful behaviours—benefits that ripple back into communities and contribute to longer-term safety and wellbeing.

2.6 There was a marked decrease in **Drug Treatment and Testing Order (DTTO)** Assessment and Impositions in 2025 to 2026. There had been a slight decline in the previous year 2024 to 2025. There have been some staffing pressures in the past year which are being resolved. With increased staffing, the team will have more capacity to have a presence within fieldwork teams to advocate for more DTTO screenings/referrals.

Of the 44 assessments completed in 2025 to 2026, 36 new DTTO’s were imposed across Ayrshire. This incorporates Orders from both Kilmarnock and Ayr Sheriff Courts. DTTO is an intense Order which involves monthly Court reviews, twice weekly contact for the first month and weekly oral drug screens. There are three distinct roles within the team delivering the service and interventions. The Supervising Officer oversees the Order, monitors compliance and compiles the assessment and review reports. The Additions Worker delivers the therapeutic interventions and is primarily responsible for administering the oral drug screens. There are then Recovery Development Workers who provide practical supports, assistance with welfare needs and also build links and connections within the recovery community to help build the persons own recovery capital.

A Recovery Care Plan is created with each individual. There are ten domains, including substance use, relationships and offending, which are scored from 1 to 10. These plans are updated at three monthly intervals and allows areas for support/intervention to be identified and progress to be monitored.



2.7 A comprehensive review of the **Multi-Agency Risk Assessment Conference (MARAC)** arrangements in North Ayrshire was undertaken by the Senior Manager and Local Authority lead during summer and early autumn 2025, with the final report completed in November

2025. The review examined current practice, governance structures, partner engagement and the overall effectiveness of MARAC in responding to high-risk domestic abuse. The resulting report sets out a series of recommendations aimed at strengthening consistency, improving information-sharing, and ensuring that safety planning is robust, timely and responsive to the complex needs of victims and their families.

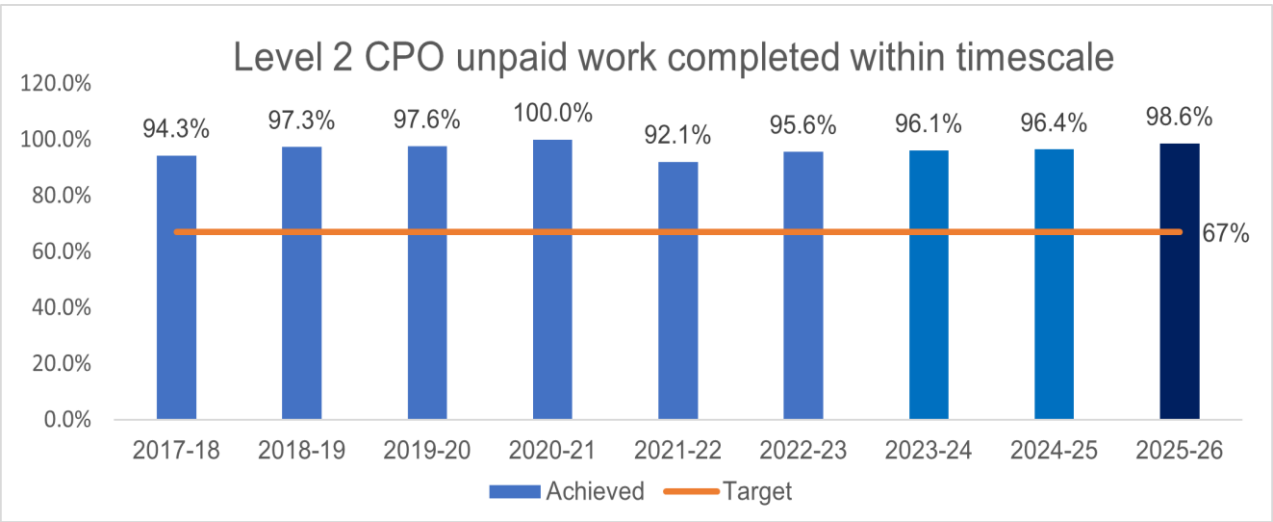
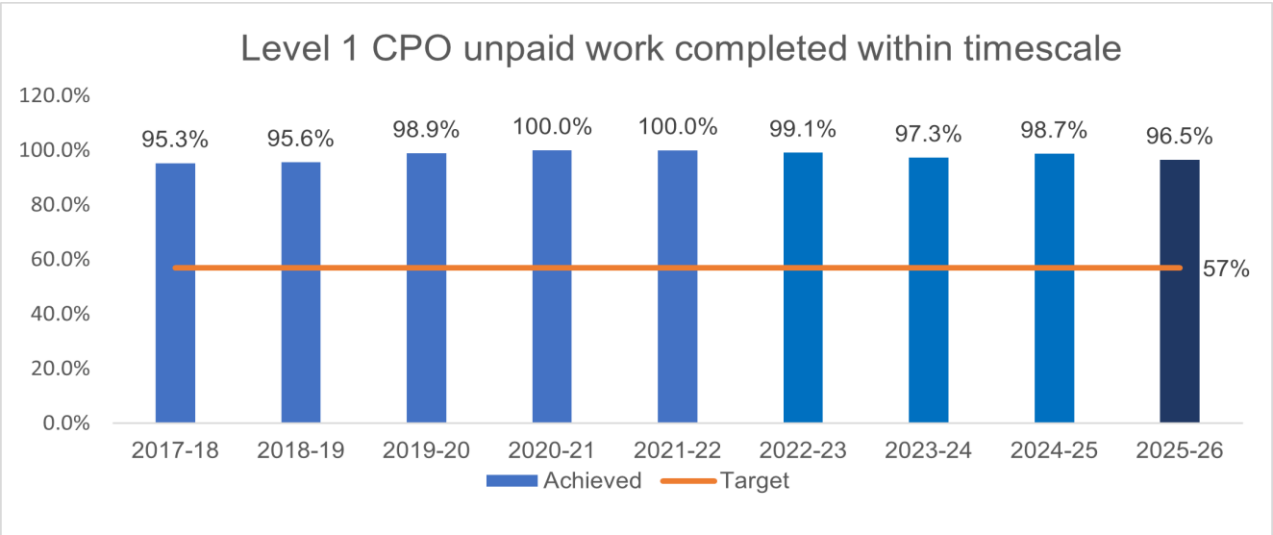
These recommendations have now been shared with both the Violence Against Women Partnership and the MARAC Governance Group for consideration and implementation.

This work directly supports the strategic priority to Improve Mental and Physical Health and Wellbeing, recognising that domestic abuse has profound and enduring impacts on survivors' emotional, psychological and physical health. By enhancing the MARAC process, North Ayrshire is working to ensure that individuals experiencing the highest levels of risk receive coordinated, trauma-informed and holistic support. Strengthening MARAC practice also contributes to earlier identification of harm, clearer pathways to recovery, and improved access to health, wellbeing and specialist services. Ultimately, the review aims to ensure that our multi-agency response promotes safety, reduces re-traumatisation, and supports survivors and their families to rebuild stability and wellbeing.

- 2.8** The latest Government statistics on **Community Payback Orders (CPOs)** 2024 to 2025 show that figures for North Ayrshire were identical (478) to that of the year before and occupied median positioning of the Ayrshires in this regard. The population per 10,000 was the lowest of the Ayrshires at 52.2. In comparison, East Ayrshire had 509 CPOs and was 60.8 per 10,000 population while South Ayrshire had 429 CPOs and was 57.3 per 10,000 population. The Scottish average was 42.2 per 10,000 population. 2025 to 2026 has seen a significant increase in CPOs exceeding 500 impositions.

There has been a reduction in the number of Criminal Justice Social Work Reports (CJSW) since 2020 to 2021 largely thought to be due to the result of COVID-19. 2025 to 2026 sees the highest number of report submissions since this downward turn, albeit not yet at pre-covid numbers. The latest Government statistics on CJSWs for 2024 to 2025 reveal North Ayrshire to have submitted the highest number of reports of the Ayrshires however continue to be the lowest of the Ayrshires at 77.2 per 10,000 population. In comparison, East Ayrshire sits at 79.2 and South Ayrshire sits at 77.6. The Scottish average is 75.9 per 10,000 population.

Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. For thirteen years we have continuously over-achieved against targets for CPO level 1 and level 2. 2025 to 2026 saw 82 out of 85 level 1 CPO's completing within timescales and 136 out of 138 level 2 CPO's completing within timescales. The targets set for unpaid work are pan-Ayrshire targets.



2.9 Case Study: Unpaid Work Income Regeneration Programme

Unpaid Work provides individuals subject to community justice disposals with the opportunity to make meaningful reparation, develop new skills, and contribute positively to their local area. The income generated reflects the commitment, effort, and productivity of those undertaking unpaid work, supported by Officers and Supervisors who ensure that work activities are purposeful, safe, and community-facing.

The Unpaid Work Income Generation Programme continues to demonstrate the positive contribution that unpaid work can make to local communities across North Ayrshire. Between April 2025 and March 2026, income generated through supervised unpaid work activity allowed a total donation of £2,285.46 to be made, split evenly between two local charities: Café Solace and Andy’s Man Shed in Dreghorn. Each organisation received £1,142.73, supporting their ongoing work within the community.

The donations were warmly received by both charities, who highlighted the importance of this funding in supporting local wellbeing and mental health initiatives. Due to the sensitive nature of mental health support within Andy’s Man Shed, the organisation was unable to have a representative participate in a photograph. Café Solace were able to take part in a group photograph, with Supervisor Peter Donohue pictured alongside staff and volunteers, as seen below.

This programme not only delivers tangible financial benefits to third-sector partners but also reinforces the rehabilitative purpose of unpaid work, supporting individuals to build responsibility, confidence, and a stronger connection to their community, while delivering visible social value across North Ayrshire.



Reporting on localities

North Ayrshire is home to approximately 134,010 people, all living in its many towns, villages, and islands. These places are home to many different communities, each with their own characteristics and needs.

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

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



Locality Planning

Locality Planning remains the local mechanism for strategic planning through which local priorities are developed for smaller geographical areas across North Ayrshire. During 2025 to 2026, work to develop HSCP locality plans was paused to allow focus on the development of the refreshed Strategic Plan 2026–2030, and in response to ongoing capacity and resource pressures associated with maintaining the Locality Planning Review Groups.

The Integration Joint Board approved revised Locality Planning Arrangements which align HSCP locality planning with existing Community Planning Partnership (CPP) Locality Partnership structures. This revised approach is intended to streamline governance, reduce duplication, and strengthen joint ownership of place-based priorities, while ensuring the HSCP continues to meet its statutory locality planning duties.

Under the revised model:

- HSCP locality planning activity will be integrated within CPP Locality Partnership meetings, removing the need for separate HSCP locality planning forums, with the exception of Arran, where established integrated arrangements will continue.
- HSCP Locality Leads (Heads of Service) will attend two CPP Locality Partnership meetings per year, with written HSCP locality planning updates provided for remaining meetings to support ongoing visibility and accountability without additional meeting attendance.
- Locality Plans will continue to be developed by the Strategic Planning and Equalities Team, drawing on locality data, engagement activity, service input and feedback from CPP Locality Partnerships, with oversight through the Strategic Planning Group.

This revised approach supports a more sustainable locality planning model, strengthens alignment between health and social care priorities and wider community planning outcomes, and maintains statutory locality leadership and assurance within HSCP governance.

Progress 2025 to 2026

During 2025 to 2026, locality planning activity focused on consolidating existing evidence and completing key engagement activity to inform future locality plan development, while preparing for the implementation of the revised Locality Planning Arrangements.

Between March and May 2025, targeted engagement was undertaken with children and young people across all six localities in North Ayrshire as part of the Locality Planning biannual engagement cycle. This engagement was designed to ensure that younger people's views and experiences were captured as part of the locality evidence base and to support alignment with the Children's Services Plan and wider strategic planning.

Engagement activity included:

- Facilitated sessions with youth groups across each locality.
- An online survey promoted through a range of internal and external networks; and
- a joint Health and Social Care Conversation Café with the Youth Cabinet.

The purpose of this engagement was to understand the issues that matter most to young people in their local areas, explore where they seek support, identify barriers to accessing health and social care services, and gather suggestions for service improvement. Findings from this work have been collated at locality level and form part of the wider evidence base that will inform the development of HSCP Locality Plans.

Alongside this engagement activity, the Strategic Planning and Equalities Team continued to maintain and consolidate existing locality evidence gathered between April 2023 and April 2025, including data profiles, service mapping and previous engagement findings. This ensured that, despite pauses to formal locality planning structures due to capacity pressures, a comprehensive and up-to-date evidence base has been retained to support future locality planning activity.

In 2026, the Integration Joint Board approved revised Locality Planning Arrangements, aligning HSCP locality planning with Community Planning Partnership Locality Partnership structures. This provides a clear governance framework and implementation approach for the next phase of locality plan development, with delivery scheduled to commence from June 2026.

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



Transformation 2025 to 2026

The North Ayrshire HSCP Transformation Plan 2024 to 2027 continues to be an important programme of change across the Partnership, designed to improve service quality and support long-term sustainability. The plan was approved by the Integration Joint Board in March 2024 and has remained under regular review through the Transformation Board.

During 2025 to 2026, the Health and Social Care Partnership (HSCP) undertook a refresh of its Transformation Plan to strengthen delivery, improve financial sustainability and respond to external audit recommendations. This followed feedback from Audit Scotland and the Council's Best Value Review, which highlighted the need for clearer alignment between transformation activity, financial planning and demonstrable benefits.

A comprehensive internal review was completed to ensure the Transformation Plan is focused, deliverable and aligned with strategic priorities. As a result:

- The programme has been streamlined, reducing the number of projects and removing activity better classified as business as usual.
- Governance arrangements have been refreshed and strengthened, including updated Terms of Reference for the Transformation Board.
- A key development has been the introduction of a formal Benefits Realisation Framework to improve transparency and accountability.
- All projects with approved business cases now include benefits trackers, covering financial (cashable), quantitative and qualitative outcomes.

To date, the Partnership's Transformation Plan has delivered savings of £2.1 million against a profiled target of £2.3 million.

In order to support Services as they look to redesign, reshape or transform how they work, Planning Managers undertook training in Service Design by the Scottish Service Design Academy. The training provided learning on new tools and techniques to support Service Design, which is now an important element of the Partnership's transformation approach.

Children, Families and Justice

During 2025 to 2026, transformation activity within Children, Families and Justice has focused on progressing key service redesign proposals and strengthening the overall approach to delivery and sustainability.

A key achievement has been the development and implementation of **Brighter Pathways**, a strategic approach with a focus on redesigning services to better meet the needs of children, young people and families. This has included development of the strategic proposal and consideration through governance processes to support approval and implementation.

A number of projects were progressed over this period, delivering a wide range of service improvements:

- **Brighter Pathways – Strategic Vision and Programme Development** – a wide-ranging strategic overview of Children's Services which provides a clearer overall framework for redesign activity. The strategic priorities established through the **Brighter Pathways** programme will continue to provide a clear framework for ongoing service improvement and transformation. These priorities underpin a coherent and consistent approach to enhancing outcomes, ensuring that developments remain aligned with agreed objectives and organisational ambitions.
- **Internal Residential Capacity and Placement Oversight** – work was undertaken to strengthen oversight of placements, including the establishment of the Placement Assurance Forum and the progression of a supported accommodation service (Boyle Street). Focus was on improving planning, reducing pressure on internal capacity, and supporting more stable transitions.
- **Fostering and Care Capacity** – review of foster carer recruitment, including identifying more targeted approaches linked to demand. This supports the wider aim of increasing family-based care and reducing reliance on residential placements. A new platform has been introduced to increase engagement with potential foster carers, while raising the online profile of fostering overall. A new fostering scheme was also introduced to encourage new foster carer applications and help retention of current foster carers.
- **Intensive Support Review** – the first phase of this work was completed, whereby the rationale for reviewing intensive support services was developed. This work recognised the increasing complexity of need and the requirement for more coordinated approaches across the system.
- **Moving On / Throughcare and Housing Transitions** – the introduction of the Moving On Forum, bringing together Children's Services, Housing and Throughcare to support earlier planning and more coordinated transitions for young people moving into adulthood.
- **Justice / Court Review Work** - Kilmarnock Sheriff Court review, including analysis of resource requirements and development of recommendations, with formal project closure. This resulted in a reduction of costs and a realignment of responsibility in a pan Ayrshire context.

Looking ahead, these strategic aims will also play a central role in shaping future service design. This includes supporting the development of responsive, person-centred models of care that are sustainable, evidence-informed, and adaptable to changing population needs. Continued focus will be placed on integrating learning from current delivery, engaging stakeholders, and leveraging innovation to design services that improve accessibility, efficiency, and overall quality.

Health and Community Care

During 2025 to 2026, transformation work has delivered a wide range of improvements across Health and Community Care, with a focus on performance, access and sustainability.

A number of projects were completed, delivering tangible improvements in service performance and access:

- **Aids and Adaptations Review** reduced waiting times and simplified processes, with stronger joint working and more consistent decision making.
- **Arran Single Point of Contact** improved public access and reduced pressure on front door services through a consistent telephony model.
- **Care Packages (Complex Care Service Review)** reviewed the model for delivering complex care, supporting more sustainable and cost-effective provision while maintaining quality and continuity of support.
- **Community Rehabilitation Review** defined a more integrated model to improve pathway clarity and service effectiveness, with longer-term recommendations identified.
- **Delayed Discharge and Winter Planning** established a single improvement plan and embedded performance monitoring, strengthening system resilience and oversight.
- **Discharge Performance Planning** increased assessment capacity, improved tracking and strengthened governance arrangements.
- **eICT Service Review** clarified roles, standardised pathways and supported a more sustainable, integrated rehabilitation model.
- **Podiatry Service Review** delivered a significant reduction in waiting times and improved access through clearer triage and referral processes.

Alongside this, a substantial programme of work is underway to redesign services, manage increasing demand and improve sustainability. This work is expected to deliver the following benefits:

- **Analogue to Digital Telecare Switchover** is delivering a transition to a fully digital service, ensuring safe and reliable alarm provision while establishing a more resilient platform for future technology-enabled care.
- **Care Package Reviews** are streamlining Care at Home rotas, assessing levels of provision and introducing more consistent, better planned services to maximise available resources.
- **Community Wards programme** is developing options to ensure beds are used for their intended rehabilitation purpose, improve patient flow and support delivery within available resources.
- **Dementia Support and Respite** is redesigning pathways to improve access, integration and support for people and carers.

- **Fleet Transformation** is considering options to ensure the fleet remains efficient, sustainable and better aligned to frontline service delivery.
- **Montrose House Transformation** is reviewing the allocation process, reintroducing outreach provision and reviewing use of the building to ensure capacity is used effectively and services are aligned to need.
- **Palliative and End of Life Care Strategy** is establishing a pan-Ayrshire, whole-system model, bringing partners together to deliver more consistent, coordinated and person-centred care, supporting earlier planning and greater individual choice.
- **Post Diagnostic Support review** is developing a more consistent and sustainable service model, better integrated with wider mental health pathways.
- **Speech and Language Service Review** is redesigning pathways and service delivery to reduce waiting times, improve access and ensure resources are used more effectively in response to increasing demand and complexity.
- **TEC First (Castlevue Hub)** is introducing a technology-enabled care model to support people to remain safely at home, improve staff efficiency and reduce reliance on traditional care provision, with the hub acting as a central space to demonstrate solutions, support learning and enable wider adoption of technology.
- **Telecare Transformation** is reviewing the service to better manage demand, improve response and support more effective use of technology.

Across the programme, there has been a consistent emphasis on strengthening data, governance and performance monitoring to support robust, evidence-based decision making. This is enabling Health and Community Care services to respond to rising demand and ongoing resource pressures, while supporting new ways of working and innovation to deliver sustainable services aligned to national and local priorities.

Mental Health and Learning Disabilities

Learning Disabilities

Assessment and Treatment Services, Pan Ayrshire

A Programme Board was set up to oversee a review of current provision of Inpatient Assessment and Treatment for Learning Disabilities. For a number of years, the Service has experienced significant challenges associated primarily with staffing and delayed discharges. These factors affect the Service's ability to consistently ensure the provision of effective assessment, implementation of therapeutic interventions and delivery of appropriate care.

The review explored a number of alternative delivery options and feasibility of implementing such options in the current financial climate as well as taking account of workforce availability in both NHS and Third sector services.

An Options Appraisal process was subsequently initiated, with a view to identifying a preferred route for future development. This involved extensive engagement with staff, clients and families who were later invited to take part in the scoring exercise. This part of the programme is now concluded with a view to initiating a new programme of work to take the recommendations forward.

Other pieces of work concluding this year include;

- The HSCP worked with Local Authority Housing colleagues to find solutions for people with **complex care needs**. Members of the Learning Disability Service have been involved in work related to the national programme for implementation of the recommendations of the Coming Home Report. The work related to the assessment and treatment services in particular, has contributed to national learning in this area.
- **Trindlemoss House**, staffing model changing from primarily a medical focused delivery to a social care model. Some aspects of the training etc are still to be completed. The new service model has received very positive reviews from the Care Inspectorate following a recent visit and has been delivering positive outcomes for the residents.
- The first phase of work has been concluded in bringing together two teams to provide an **all-age disability service**. This includes bringing the Children with Disabilities service under the management of the learning disabilities service and the addition of a senior practitioner role to support team managers and provide development opportunities for staff.
- The next phase of this work will focus on eligibility and assessment of need. This work will utilise new tools, such as Magic Notes, to bring efficiencies in the assessment process and provide consistency across the teams.

Mental Health

Over the period from April 2025 to the end of March 2026, Mental Health services continued to improve access, strengthen community-based support, make better use of resources and build more sustainable ways of delivering care. The main outcomes from this work have been a stronger response for people in crisis, clearer options for future service redesign, improved digital infrastructure and reporting, and progress in aligning local services with national expectations.

- A more appropriate response for people experiencing mental health crisis has been established through the **Adult Mental Health Assessment Hub at Woodland View**, a short-stay assessment service for adults who may otherwise have been admitted directly to an inpatient ward. During the year the Hub became operational at full capacity, and early evidence indicated that around 75% of people admitted were supported back to the community without onward admission to inpatient psychiatry. This has improved patient flow and helped reduce pressure on hospital services.
- Access to treatment and the consistency of care for people affected by alcohol and drug use has continued to improve through implementation of the **Medication Assisted Treatment (MAT) Standards**. During the year this included further work to embed the standards within local service delivery, strengthen referral pathways and improve performance monitoring, helping to support a more timely and person-centred response across Mental Health and related services.
- Work on the **Early Intervention in Psychosis service** is laying the groundwork for earlier specialist support for people experiencing a first episode of psychosis, with the intended outcome of quicker access to assessment and treatment and improved long-term outcomes. With short-term funding provided by the Scottish Government, the service launched in September 2025.
- Recording and reporting arrangements have improved through the programme of **digital transformation in Mental Health**, which is replacing older systems and improving how information is stored, shared and used. During the year this included implementing TrakCare across additional services, closing legacy databases and progressing a wider digital strategy. The result has been more consistent recording and a stronger basis for service planning, performance monitoring and decision making.
- Savings were delivered through the **Adult Community Wellbeing project**, which reviewed how lower-level wellbeing and recovery support could be provided in future for adults with mental health needs. During the year the project achieved savings through the reduction of some commissioned services and a vacancy that was never filled. It also set out a possible future model for how wellbeing, peer support and recovery services could be organised on a more integrated and sustainable basis should resources allow.
- A stronger evidence base for future redesign has been developed through the **Adult Community Mental Health Service review**, which is examining how community mental health services are organised and delivered. Although the main review was paused for part of the year while decisions were taken on wellbeing services, preparatory work continued. This included engagement with staff and service users, further data analysis and work on the development of a performance dashboard to provide better oversight of activity, demand and outcomes and to support future service planning.

- Clearer options for the future of the **Community Eating Disorders Service (CEDS)** have been developed through work on a business case setting out how a safe and effective local service could be sustained for people living with an eating disorder in North Ayrshire. The business case outlines a range of options and the level of investment required under each, providing a basis for future decision making on how best to deliver this support.
- Clearer options for a future neurodevelopmental service for children and young people have been developed through completion of work on a business case, setting out how a diagnostic and support service could be delivered more safely and effectively. The work included development and appraisal of options covering pathways and referrals, service model, workforce, digital solutions and the level of investment required, providing a basis for future decision making across Ayrshire.
- Administrative time has been reduced and the quality of recording improved through the **Magic Notes trial in social work**, which tested digital note-writing technology to support staff in recording assessments and casework. The trial involved Mental Health and Learning Disabilities teams and began in March 2026, with the final evaluation completed shortly afterwards. The pilot and evaluation showed benefits including faster completion of write-ups, improved consistency of recording, better quality interactions with service users and a positive impact on practitioner wellbeing. The final evaluation supported wider rollout across social work services as a practical way to improve capacity, quality and workforce sustainability.

Taken together, this work shows a service area that is actively redesigning how support is delivered, managing difficult financial choices while still progressing innovation, and building stronger community, digital and performance foundations for the future.

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 urgent care services. Primary care refers to the four independent contractors who provide the first point of contact for the Ayrshire and Arran population. These contractors are General Practitioners (GPs), Community Pharmacists, Optometrists, and General Dental Practitioners.

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.

Mental Health Services

- 1.1** The **Emergency Services Mental Health Pathway (ESMHP)** continues to receive positive feedback from all partners related to service access, response and outcome with continued evidence of reduction in avoidable mental health presentations to the area Emergency Departments and significantly reducing the time from referral to contact with specialty.

During the first year of full operation, the Assessment Hub has reduced incidence of unscheduled or crisis admissions to the three acute inpatient psychiatric wards. Currently, 76% of patients admitted to the Assessment Hub are supported back to the community without the requirement for acute ward admission.

Pre-conception advice: Women at high risk of severe mental illness are supported even before pregnancy.

- **Rapid response:** Initial routine assessments are conducted within 15 working days whilst urgent assessments can be provided within 24-48 hours, care plans are tailored to individual needs.
- **Continuity of care:** Support is maintained throughout pregnancy, postnatal period, and during any hospital admissions to MBU and Woodland View.

Mini Minds Matter intervenes during pregnancy and up to the third birthday, focusing on early relationships and emotional wellbeing. The team offers professionals consultations and advice lines to ensure timely support and maximum impact from a small team.

The pan-Ayrshire Early Intervention Psychosis Service launched on 1st September 2025 and is now at full staffing complement. This new service has been developed to provide timely, specialist assessment and intervention for individuals aged 16-35 who are experiencing a first episode of psychosis, offering support for up to two years. Delivered as a test of change and supported by Healthcare Improvement Scotland, the service aims to improve outcomes by promoting early recognition, recovery-focused care and evidence-based practice in line with national clinical guidelines. The service takes a multidisciplinary approach, with a strong emphasis on joint working and collaborative formulation to ensure care is tailored to each individual needs.

Psychology input is an integral part of the service, offering specialist assessment, formulation and therapy. In addition, low-intensity psychosocial support is provided to help individuals develop coping strategies, build resilience and work toward their recovery goals. A key feature of the service is its assertive outreach approach, providing tailored support not only to individuals, but also to their families. By intervening early, the service seeks to reduce relapse, prevent hospital admissions, and help people remain connected with relationships, education and employment during a crucial stage in life.

Ongoing review of the service provided by North Ayrshire Mental Health Practitioners (MHP), incorporating relevant stakeholder feedback, has supported the restructure of the daily template utilised by MHP staff. This in turn has promoted the sustainability of the service and significantly improved sickness absence rates have been observed since the implementation of the new template. Revised data collection relating to the activity of this service will inform further development, support early identification of mental health problems and referral or signposting to most appropriate treatment where appropriate.

- 1.2** The Pan-Ayrshire **Early Intervention Psychosis Service** was launched on 1st September 2025 and is now operating at full staffing capacity, comprising one Consultant Clinical Psychologist, one Team Leader and two Keyworkers. The service has been developed to provide timely, specialist assessment and intervention for individuals aged 14-35 years experiencing a first episode of psychosis, with support offered for up to two years.

Delivered as a test of change and supported by Healthcare Improvement Scotland, the service aims to improve outcomes through the early recognition of psychosis, recovery-focused care and evidence-based practice in line with national clinical guidelines. The service adopts a multidisciplinary approach, with a strong emphasis on joint working and collaborative formulation to ensure care is tailored to individual needs. A key feature of the service is its assertive outreach model, which provides tailored support not only for individuals but also to their families.

Psychology input is an integral component of the service, providing specialist assessment, formulation and therapeutic interventions. In addition, low intensity psychological interventions are offered to assist individuals in developing coping strategies, building resilience and progressing towards their personal recovery goals. All staff members are now trained in delivering Psychosocial Interventions for Psychosis and are undergoing training in Behavioural Family Therapy.

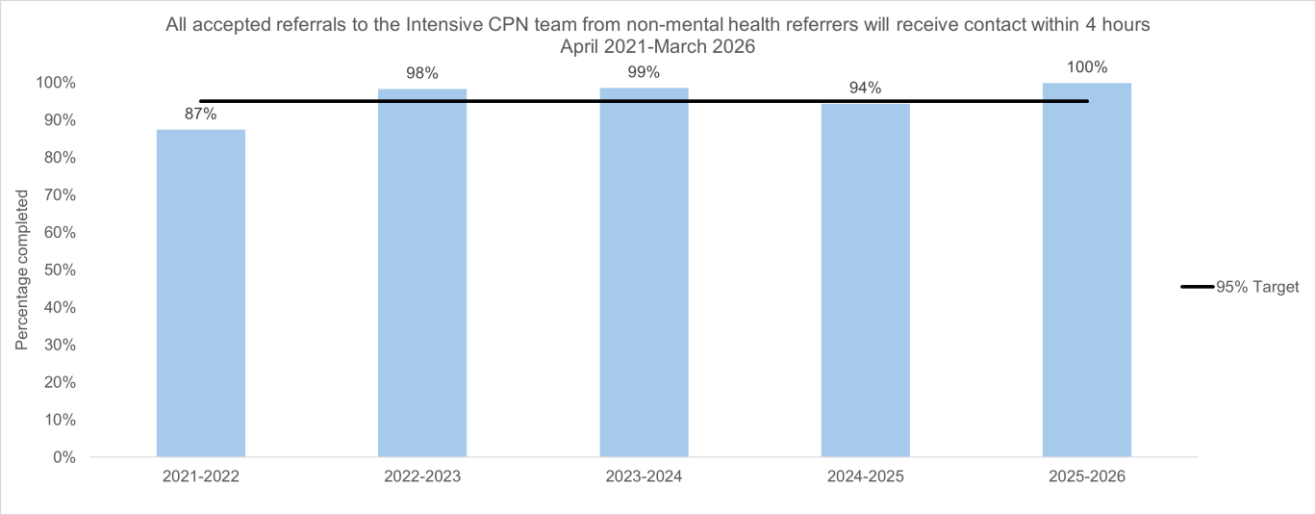
- 1.3** Throughout 2025, the **North Ayrshire Learning Disability Service** participated in a Scottish Government funded project, led by the Scottish Commission for People with Learning Disabilities in partnership with Scottish Care. The work was focused around exploring new approaches to enhancing digital inclusion for people with learning disabilities, but with a view to generating resources/learning which could also benefit others. A broad range of stakeholders were involved in shaping the work, including Third Sector representatives.

Key to the delivery of the work was a new role termed a Care Connector, one of a family of tech-related roles developed by Scottish Care in partnership with the Glasgow School of Art (GSA). The early work of the Care Connector, in mapping existing digital inclusion activity across North Ayrshire, informed subsequent activity by a group of interns from the School of Innovation and Technology at GSA, supported by a Design Consultant from Opencast. Together, this design team collaborated with the Care Connector, people with learning disabilities, and others, in the development of a suite of resources.

Central to this was the development of a game ('Let's Link'), which could be used to structure conversations with people with learning disabilities around digital and tech use. Accompanying this were 3 resources aimed at the level of organisations, describing an overarching framework for digital inclusion, international case studies, and a best practice guide. All of these resources were promoted via a launch event and exhibition held at the Harbour Arts Centre, as well as being showcased at Scottish Care's Care Home conference (November 2025) and Digifest (December 2025). Learning regarding the early implementation of the Let's Link game continues to be gathered from North Ayrshire and elsewhere, with a view to informing further iteration.



1.4 In 2025 to 2026, 100% of all accepted referrals to the **Intensive Community Psychiatric Nurse** team from non-mental health refers received contact with 4 hours. This is an increase of 13% from figures in 2021 to 2022 and an increase of 6% on figures for the previous year. The target of 95% has been met in three of the previous five years. There were 1,749 referrals in 2025 to 2026 and all received contact within 4 hours.



1.5 Launched in 2025, our [Adult Mental Health Services Engagement and Participation Framework](#) sets out how we will build and maintain vital connections. This will help to create opportunities for people to influence decisions, share their experiences, and be active partners in the ongoing development of mental health services across Ayrshire.

North Ayrshire Health and Social Care Partnership has lead responsibility for mental health services across Ayrshire. We are committed to working in partnership with people who have lived experience of mental health challenges, and those who support them, to improve the services we provide.

Engagement means building meaningful relationships with service users, families, carers and supporters. By listening and learning together, we aim to shape services that reflect the real needs and strengths of our communities.

Within adult mental health services, we take a human rights-based approach to engagement, respecting each person’s dignity, voice and choices.

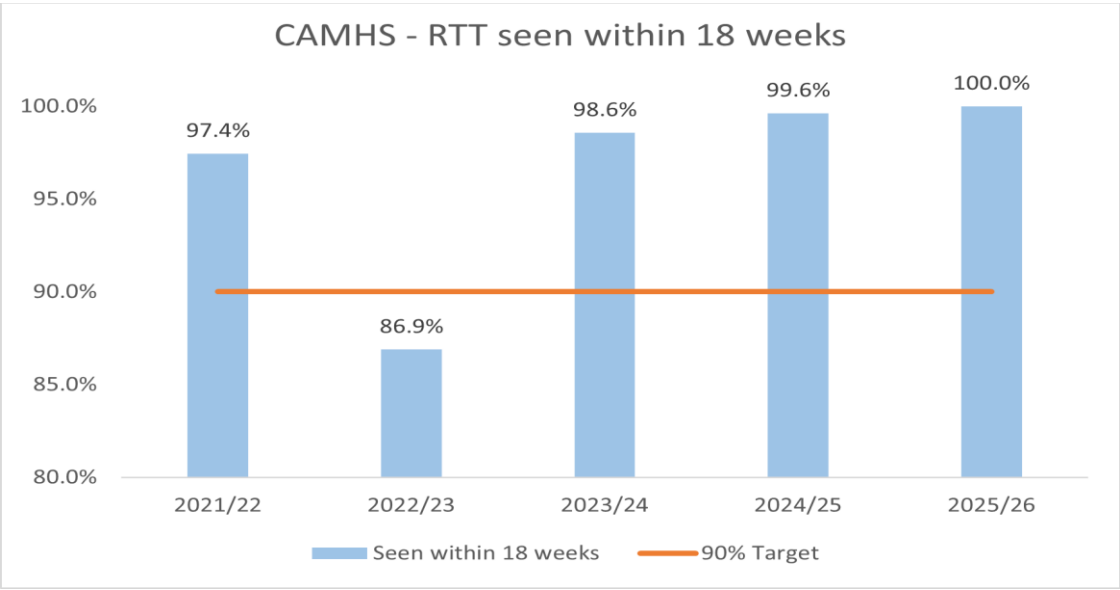
Engagement can take many forms, offering flexible ways for people to share their views, experiences and ideas. Some of the ways we connect with individuals and communities include:

- Surveys and feedback cards – quick ways to share your thoughts.
- 1:1 interviews – personal conversations to hear your story.
- Listening events (Conversation Cafés) – informal spaces to talk and be heard.
- Workshops – collaborative sessions to explore ideas and solutions.
- Lived Experience Forums – regular group discussions, in person or online.

- Communication networks – stay connected through mailing lists and updates.
- Newsletters – sharing news, opportunities, and ways to get involved.
- Mental Health and Wellbeing Connects – public events, market stalls, workshops and guest speakers.
- Lived Experience Panels – topic-specific groups that help shape services.

1.6 CAMHS or Child and Adolescent Mental Health Services, exists to support young people and their families who are finding it hard to cope with everyday life due to difficult feelings, emotional wellbeing, or behavioural problems. CAMHS assess and treat children and young people (usually up to age 18) who are experiencing moderate to severe mental health difficulties.

The CAMHS service has a referral to treatment target of 90% seen within 18 weeks and as can be seen below 100% of young people seen by the service in 2025 to 2026 were seen within the 18-week target. Over 1,000 young people (1,044) were seen within the 18-week target. The service has met its target in four of the previous five years with the only exception being 2022 to 2023.



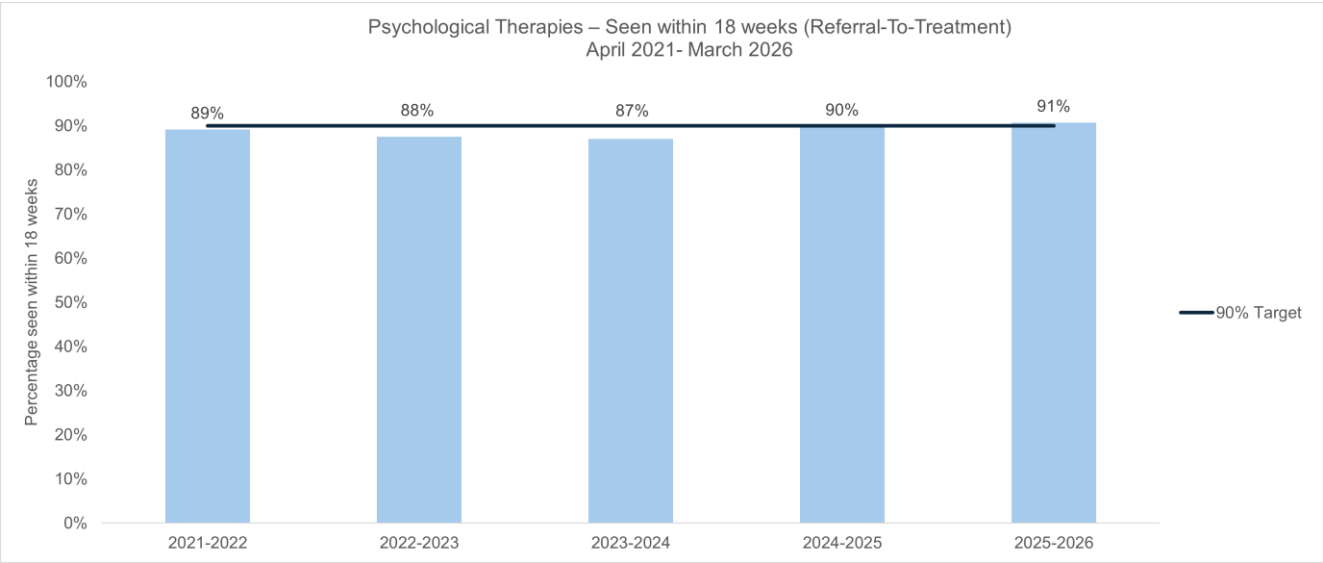
1.7 Congratulations to the nursing team at **Woodland View’s Ward 7A**, who were shortlisted for the Learning Disability Nursing Award at this year’s Royal College of Nursing (RCN) Scotland Nurse of the Year event.

This category aims to recognise those who have succeeded in raising standards of care for their patients and clients and have made an outstanding contribution to the care of service users.

Although unsuccessful at the ceremony, the Ward 7A team were described as demonstrating ‘exceptional flexibility, creativity, and person-centred care’.

1.8 In 2025 to 2026, **Psychological Therapies** referral to treatment, seen within 18 weeks figure was 91%. This is an increase of 4% from figures in 2023 to 2024 and an increase of 1% on

figures for the previous year. The target of 90% has been met in two of the previous five years. There were 4,075 referrals in 2025 to 2026 and 3,696 (91%) were actioned within 4 hours.



1.9 The team behind the NHS Ayrshire & Arran **Mental Health Unscheduled Care Assessment Hub** have been recognised for their positive impact, being named among the finalists at this year’s Royal College of Nursing (RCN) Scotland Nurse of the Year Awards in the Mental Health category.

The nurse-led hub was established in September 2024 following a pilot and is the first of its kind in Scotland. Based at Woodland View in Irvine, it hosts a patient-focused therapeutic space to support the delivery of compassionate care to patients with acute mental illness. The Mental Health Unscheduled Care service provides 24-hour access to mental health assessment and interventions and can accommodate up to five patients within a therapeutic environment for up to 72 hours.

Since being established 18 months ago, the service has successfully:

- Reduced the number of unscheduled admissions to acute adult inpatient mental health beds.
- Brought community and inpatient services closer together to help create a smoother patient journey.
- Reduced the waiting time for planned adult acute admissions, and
- Reduced the number of initial assessments being carried out in acute wards – releasing resource for treatment.



Child Health Services

- 2.1** Our **Children and Families Health Team** (CFHT) is a multi-disciplinary service providing early and preventative support to children and their families—from the ante-natal stage through to the transition into adult services or leaving education.

The team comprises a range of specialist services, each with a distinct remit, function, and target population. These include Health Visiting, School Nursing, Children's Immunisations*, Perinatal Wellbeing Team, Infant Feeding* and Early Years Support Team.

*Some services are delivered across Ayrshire.

The Senior Manager, supported by her service managers, has worked hard to develop a five-year Workforce Plan covering 2025-2030. The plan outlines our vision for the CFHT workforce and how we will continue to deliver high-quality support to children and families, aligned with strategic, operational, and financial priorities. It provides a detailed overview of the current workforce, assesses present and future service demands, and identifies future workforce requirements.

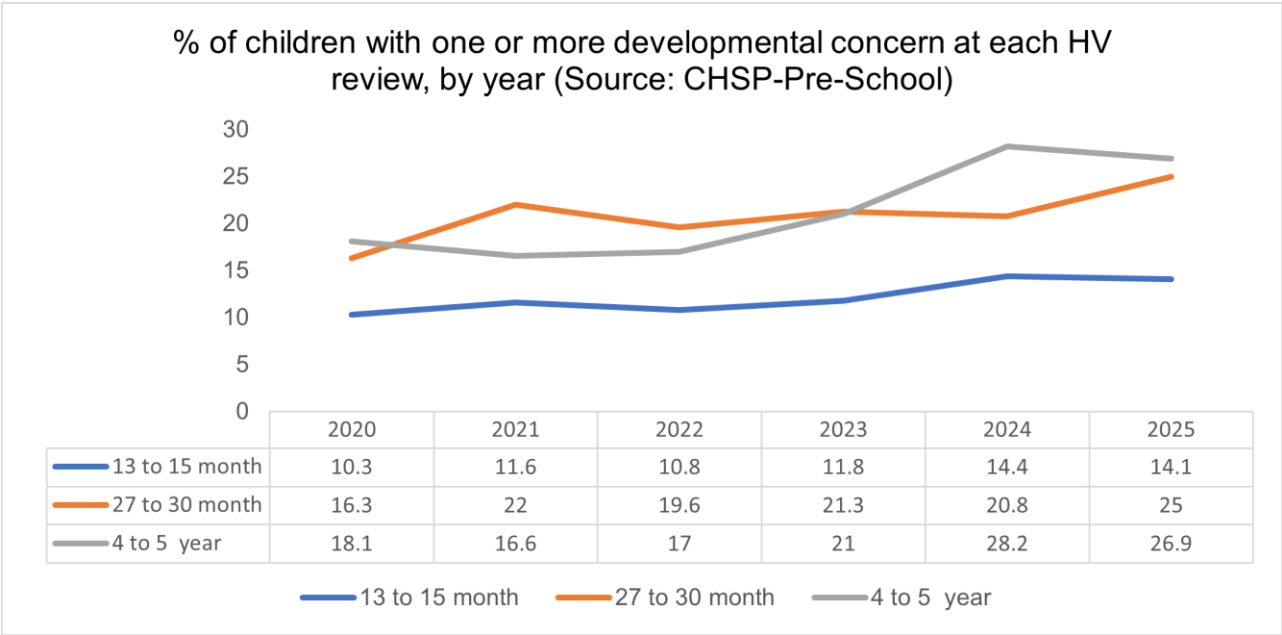
Through this plan the service aims to:

- Recruit individuals who embody the values and behaviours of NHS Ayrshire and Arran.
- Anticipate and plan for future skill requirements.
- Build a resilient, adaptable, and versatile workforce.
- Enhance staff development and upskilling opportunities.
- Implement robust talent management and succession planning.

The plan is aligned with the five pillars of Scotland's National Workforce Strategy for Health and Social Care:

- Plan.
- Attract.
- Train.
- Employ.
- Nurture.

- 2.2** The **Health Visiting** service in North Ayrshire continues to fully implement the national Universal Health Visiting Pathway, with all children under 5 and their families offered a minimum of 11 visits from the ante-natal period through to the child starting school. Developmental assessments are undertaken at 13-15 months; 27-30 months and 4-5 years. Since 2020, the percentage of children with one or more developmental concern at these assessments has increased as shown in the table below:



Over the last ten years, the Children and Families Health Team (CFHT) has continued to enhance its approach to early years through the introduction of different roles to support early and preventative help.

The early years part of CFHT consists of:

- Health Visitors.
- Health Visiting Support Workers.
- Family Nurtures.
- Perinatal Mental Health Nurses.
- Community Infant Feeding Nurse (pan-Ayrshire).
- Community Infant Feeding Support Nurse (North Ayrshire only).

The service has also been working in partnership with national charity Dads Rock and have commissioned, through North Ayrshire’s Whole Family Wellbeing Fund, two dads’ workers to support dads of children under 5 to promote confidence and improved interaction and attachment.

As well as all children under 5 in North Ayrshire being supported by the health visiting team as part of the Universal Health Visiting Pathway (UVHP), during 2025 to 2026, 841 children and families were supported by the various roles described above, evidencing our approach to early help and support where concerns are identified.

The Collaboration for Health Equity in Scotland (CHES) programme – a partnership between North Ayrshire, Public Health Scotland and the Institute of Health Equity (IHE) seeks to look at our approach to early years support with the aim of improving outcomes for children, including data around developmental concerns.

2.3 Breastfeeding remains a priority for Scotland and, correspondingly, for local partners involved in the promotion of breastfeeding within community and hospital settings. The benefits of breastfeeding on the short and long-term health of mothers and babies has been well documented. It promotes optimum nutrition, growth and development for babies, as well as providing comfort and protection from infections. As such, breastfeeding is actively promoted and supported in a wide range of settings across North Ayrshire and Arran.

The health visiting and infant feeding team in North Ayrshire, along with counterparts in South and East continue to work towards maintaining UNICEF Baby Friendly Gold standards following re-accreditation in 2024. This remains a significant and prestigious achievement, with only a small number of areas re-accredited to this standard.

Published data for 2024 to 2025 has shown that despite slight decreases in two of the indicators, improvements from 2022 to 2023 have been maintained in the most recent year from an **NHS Ayrshire and Arran** perspective:

Indicator	2022 to 2023	2023 to 2024	2024 to 2025
% breastfeeding at initiation	54.6%	57.6%	55.9%
% exclusive breastfeeding at first HV contact (10-14 days)	27.4%	30.5%	30.2%
% exclusive breastfeeding at 6–8-week HV assessment	22.8%	25.6%	25.9%

Similarly, the published data for 2024 to 2025 has shown the following changes in breastfeeding indicators from a **North Ayrshire** perspective:

Indicator	2022 to 2023	2023 to 2024	2024 to 2025
% breastfeeding at initiation	53.0%	59.6%	56.0%
% exclusive breastfeeding at first HV contact (10-14 days)	23.2%	30.5%	29.0%
% exclusive breastfeeding at 6–8-week HV assessment	20.3%	25.0%	25.5%

Data has also shown that the number of babies receiving any breastmilk (mixed feeding with breastmilk and infant formula) in **North Ayrshire** has increased:

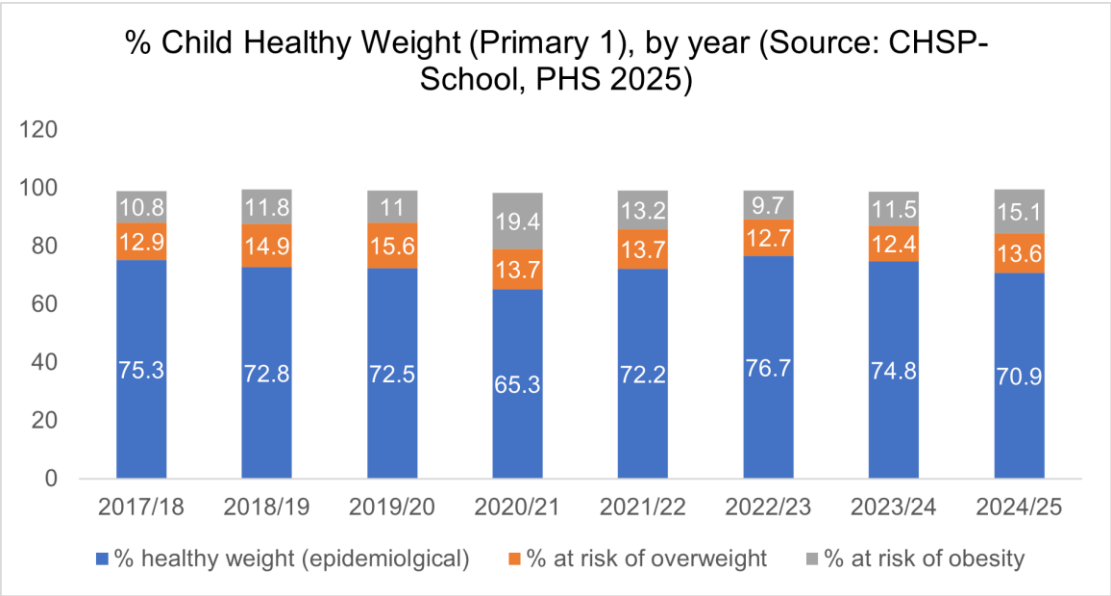
Indicator	2022 to 2023	2023 to 2024	2024 to 2025
% overall breastfeeding at first HV contact (10-14 days)	41.0%	44.9%	46.0%
% overall breastfeeding at 6–8-week HV assessment	31.7%	35.2%	38.7%

In two years, we have seen an increase in overall breastfeeding of 5% at the first health visiting contact and 7% at the 6–8-week health visitor assessment.

2.4 Child healthy weight is a public health priority. Over the last three decades, obesity levels in children and, indeed, the wider population have increased, with inequalities observed across our communities. Maintaining a healthy weight throughout childhood is associated with many health benefits both in the short-term and the medium term.

Child healthy weight is monitored throughout the universal Health Visiting pathway but also when a child moves into Primary 1. The most recent data for 2024 to 2025 was released in December 2025. For North Ayrshire:

- 70.9% of P1 children were of a healthy weight.
- 13.6% of P1 children were at risk of overweight.
- 15.1% of P1 children were at risk of obesity.



2.5 Dads Rock North Ayrshire was showcased on BBC’s The One Show in June 2025, highlighting the charity’s inspiring work in supporting fathers and families across Scotland.

The feature explored how Dads Rock empowers dads to build confidence, strengthen bonds with their children, and access essential support services.

In North Ayrshire, Dads Rock works in partnership with the North Ayrshire Health and Social Care Partnership, with funding from the Scottish Government’s Whole Family Wellbeing Fund. Through this collaboration, a dedicated Dads Rock worker is embedded within the Children and Family Health Team, providing tailored one-to-one support to fathers in communities including Irvine, Kilwinning, Saltcoats, Stevenston, and Ardrossan. The initiative works closely with health visitors, midwives, and social workers to ensure fathers are equipped to give their children the best possible start in life.

The One Show segment celebrated this innovative approach and the wider mission of Dads Rock to promote fatherhood as a positive and supported experience.

The programme featured RW, Dads Rock worker in North Ayrshire, alongside MW, a local Health Visitor, and a North Ayrshire father who shared his personal experience of the support he received.

2.6 In July 2025, our Children’s health team in conjunction with NHS Ayrshire and Arran and colleagues in Education, launched a targeted campaign to help families support their young children with **toilet training**.

This initiative was driven by a growing concern that over the past century, the average age for potty training in the UK has shifted significantly - from around 12–18 months to approximately three to four years. While every child develops at their own pace, delayed toilet training can have implications for health, wellbeing, and school readiness. Later potty training can mean that bladder and bowel conditions go undetected, potentially leading to long-term issues that require specialist treatment. Additionally, not being toilet trained can reduce children's independence, making them feel different from their peers and impacting their social confidence, which may lead to social isolation.

When children start school without being toilet trained, it often places additional strain on educational settings. Studies indicate that school staff in the UK spend an average of 2.5 hours per day assisting children who are not toilet trained. This diverts time away from teaching and results in pupils losing up to one-third of their learning time each day. Beyond the educational impact, this can affect children's confidence, independence, and social development.

To address these challenges, a comprehensive communications strategy was introduced. The campaign aimed to raise awareness among parents about the importance of early toilet training and its impact on learning. It provided clear signposting to support services, encouraging families to speak with their named Health Visitor, consult their GP, or access resources via the Ayrshire Bairns App. In addition, the campaign offered practical guidance and a range of informative links for parents seeking further advice.

This proactive approach reflects a commitment to improving outcomes for children and reducing pressures on schools. By equipping families with knowledge and support, the campaign seeks to foster positive habits early, ensuring children are ready for the transition to school and able to thrive in the classroom.

2.7 North Ayrshire continues to play an active and influential role in the **Collaboration for Health Equity in Scotland (CHES)**, with our Children, Families and Health Team Senior Manager continuing to co-chair the Good Start (Principle 1) Workstream.

This workstream focuses on ensuring that all children—particularly those living in socio-economically disadvantaged circumstances—experience the best start in life, recognising the profound impact early childhood conditions have on long-term outcomes.

In late 2025, the programme delivered a well-attended professional stakeholder workshop centred on identified Irvine communities. The session facilitated detailed asset-mapping, considering the strengths, existing community resources, and informal supports available to families, alongside the persistent challenges faced by households with young children.

Themes emerging from the workshop included inequalities in access to high-quality early years provision, affordability and availability of childcare, transport barriers, and varying levels of confidence among parents in navigating support systems. This local intelligence will directly inform the next phase of the workstream.

The CHES work has also strengthened relationships with Public Health Scotland, particularly through discussions with Dr ES, and with the Scottish Government around the use, interpretation, and implications of developmental concern data. This data provides crucial insight into the early developmental disparities experienced by children in deprived communities and offers opportunities for more targeted intervention and resource allocation.

2.8 Immunisation Uptake in North Ayrshire has been historically lower than in South and East Ayrshire, closely correlated with deprivation levels. With targeted interventions and data capture our aspiration is to continue our upward trajectory for Immunisation Uptake in both HPV, Teenage Booster and Meningococcal ACWY across A&A and in particular North Ayrshire to lessen the gap in uptake across Local Authorities.

All Secondary age pupils are called for Teenage Boosters (Td/IPV – Tetanus, Diphtheria and Polio) and HPV (Human Papillomavirus). All Schools are visited between January and April each year to complete the Td/IPV, Meningococcal ACWY and HPV. There is an additional offer at absentee dates in August- September each year for those who missed the first session.

In Ayrshire and Arran all S1 pupils are eligible for HPV vaccine and are offered this from S1 every year until the course is complete. This is a one dose schedule for most pupils unless Immunocompromised.

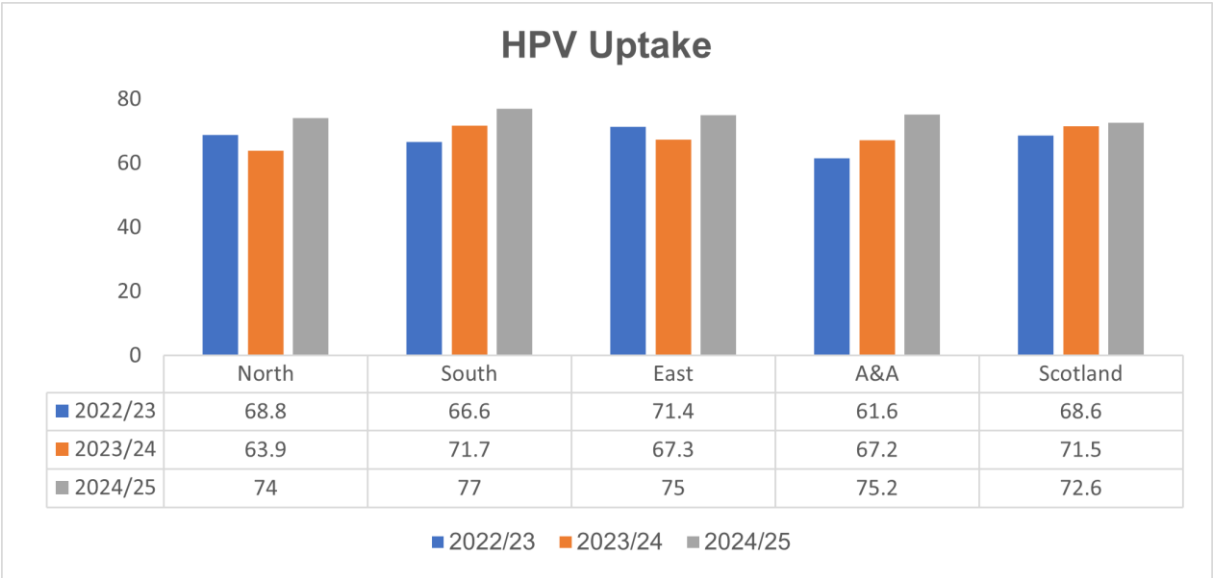
S3 pupils are eligible for Td/IPV and Meningococcal ACWY and are offered this from S3 every year until the course is complete. This is a one dose schedule for both vaccines.

MMR (Measles, Mumps and Rubella) are offered to all Secondary pupils without a complete course of 2 doses of MMR. These pupils will not have had their Primary immunisation of MMR at 12 months and 3 years 4 months.

All Primary and Secondary pupils are offered the Annual Flu Vaccine which is mainly the LAIV (Live attenuated Influenza vaccine) unless clinically not appropriate where the Inactive vaccine would be offered.

HPV Immunisation in 2024 to 2025 showed 75.2% of those in S1 were immunised in Ayrshire and Arran, compared to a Scottish uptake of 72.6%. HPV uptake in Ayrshire & Arran has seen a rise of 8% overall and 10.1% in North Ayrshire.

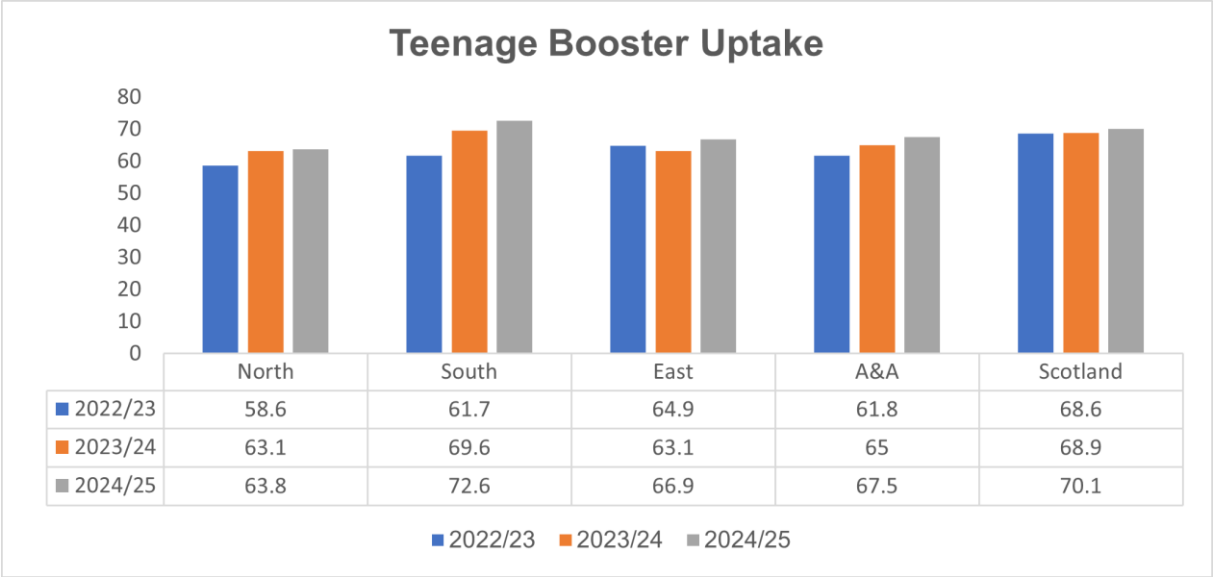
HPV immunisation uptake at S1 by the end of the school year 2022 - 2025, by local authority of residence, NHS Ayrshire and Arran and Scotland



Source: PHS – HPV immunisation 2024 to 2025 - Statistics Scotland – 25 November 2025

In 2024 to 2025, 67.5% of S3 pupils received a Td/IPV booster and MenACWY vaccines. This compares to a national uptake of 70.1% for both programmes. North Ayrshire has seen a rise of 0.7% and Ayrshire & Arran as a whole an increase of 2.5%.

Td/IPV and MenACWY immunisation uptake by S3/S4 by the end of the school year 2022 to 2025, by local authority of residence, NHS Ayrshire and Arran and Scotland.



Source: PHS – Teenage Td/IPV and MenACWY 2024 to 2025 immunisation - Statistics Scotland – 25 November 2025

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 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

Where we commission care and support from independent and 3rd sector Providers services based within the North Ayrshire area, we monitor these services via the Contract Management Framework. The Framework focusses on ensuring a joint approach to evaluating the quality of care and where appropriate provides an approach to supporting Providers to progress improvements. We use a range of methods to monitor performance, including:

- Formal Contract Management meetings on a 6 monthly basis and an Annual Joint Evaluation of Contract to ensure that services are safe, effective and most of all, that they meet people's needs.
- Review of compliments, complaints and feedback from staff, carers and people who use services.
- Information that we collect, before visits, from the provider or from our records.
- Local and national information, for example, Care Inspectorate reports.
- Visits to providers, including observing care and support and looking at records and documents.

The information below represents how those services which are registered with Care Inspectorate and are based in North Ayrshire are currently performing.

Registered Services – Minimum Grades across all themes

Care Service	Subtype	2 Weak	3 Adequate	4 Good	5 Very Good	6 Excellent	Grand Total
Care Home Service	Older People	0	3	6	2	0	11
Care Home Service	Children & Young People	0	1	3	7	0	11
Care Home Service	Alcohol & Drug Misuse	0	0	0	1	0	1
Care Home Service	Learning Disabilities	0	1	2	0	0	3

Care Service	Subtype	2 Weak	3 Adequate	4 Good	5 Very Good	6 Excellent	Grand Total
Care Home Service	Mental Health Problems	0	0	1	0	0	1
Care Home Service	Respite Care & Short Breaks	0	0	0	1	0	1
Child Minding	Not applicable	0	5	5	11	0	21
Day Care of Children	Not applicable	1	2	11	2	0	16
Fostering Service	Not applicable	0	1	0	0	0	1
Housing Support Service	Not applicable	0	1	7	3	0	11
Support Service	Care at Home	0	2	8	5	0	15
Grand Total	Not applicable	1	16	43	32	0	92

Inspection of Local Services

Throughout 2025 to 2026, a total of ten inspections took place by the Care Inspectorate, all ten were unannounced.

- Health & Community Care - 5 inspections.
- Children & Families & Justice Services - 4 inspections.
- Adult Services - 1 inspection.

The Care Inspectorate use a six-point scale to grade inspections:

1	Unsatisfactory	Major weaknesses – urgent remedial action required
2	Weak	Important weaknesses – priority action required
3	Adequate	Strengths just outweigh weaknesses
4	Good	Important strengths, with some areas for improvement
5	Very Good	Major strengths
6	Excellent	Outstanding or sector leading

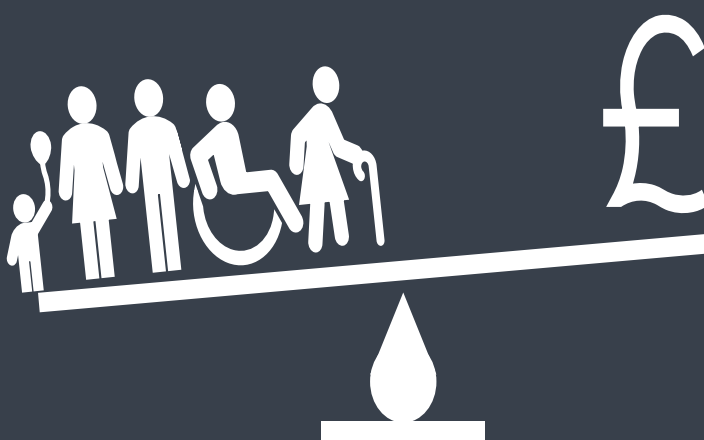
Gradings for inspections can be found below. Inspection reports can be found on the Care Inspectorate website - [Inspection Reports](#).

Inspection Date	Service/Unit	Wellbeing	Leadership	Staffing	Environment	Care & Support
03 - July – 2025	Dementia Support Services	5	5	5	5	5
15 - August – 2025	Three Towns, North Coast & Arran	5	5	5	0	4
26 - August – 2025	Canmore Children's House	4	0	0	0	0
24 - September – 2025	Irvine, Garnock Valley & Community Alarm	5	0	5	0	0
03 - November – 2025	Abbeycroft Children's House	4	0	0	0	0
09 - December – 2025	The Meadows	4	4	0	0	5
09 - January – 2026	Anam Cara	5	0	5	5	5
15 - January – 2026	Achnamara	3	0	0	0	0
17 - March – 2026	Montrose House	4	4	4	4	4
23 - March – 2026	Trindlemoss House	5	5	5	4	5

Financial performance and best value

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

This section summarises the main elements of our financial performance for 2025 to 2026.



Partnership Revenue Expenditure 2025 to 2026

Strong financial planning and management is essential to ensure limited resources are targeted to maximise contribution to our objectives. Delivering services in the same way is not financially sustainable. The refreshed Strategic Plan 2026 to 2030 reflects the significantly changed context in which the Partnership is operating, including increasing financial pressures, demographic change and rising demand for services. The financial plan therefore focuses on prioritisation, service redesign and investment decisions that support the Strategic Plan's vision and priorities while maintaining financial sustainability and delivering best value.

The ability to plan across the totality of resources within the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Medium-term financial planning supports delivery of the Strategic Plan 2026 to 2030 by aligning resources to strategic and service delivery priorities, enabling planned shifts in investment towards prevention, early intervention and community-based support where this improves outcomes and sustainability, and ensuring that the Transformation Plan and other enabling plans are affordable and deliverable within anticipated resources.

This approach is supported by the Medium-Term Financial Outlook (MTFO) and ongoing financial governance arrangements, which help identify emerging pressures and risks early, track delivery of savings and transformation activity, and ensure that investment decisions remain aligned to the Strategic Plan 2026 to 2030.

The IJB set a balanced budget for 2025 to 2026 on 20 March 2025. This did not require any draw on reserves but did include approval of £4.019 million of savings to achieve financial balance.

Financial information forms part of the performance management framework, with regular reporting to the IJB. This includes an integrated approach to financial monitoring, covering progress with savings delivery, key financial risks, recovery actions and any variations or changes to the delegated budget. Significant financial challenges emerged during the year, with the main pressures arising from children's residential placements, supplementary staffing in wards and Unplanned Activities (UnPACs) within the mental health lead partnership.

At month 3, an overspend was projected in the budget monitoring reports. The Integration Scheme requires the preparation of a recovery plan where an overspend is forecast, in order to bring overall service delivery back into line with available resources.

Following finalisation of the 2024 to 2025 outturn position, the IJB agreed initial recovery actions at its June meeting. Further financial recovery actions were then developed and approved by the IJB during 2025 to 2026. These actions were in addition to those approved in 2024 to 2025.

Recovery actions implemented during 2025 to 2026 included:

- **Recruitment delay ("recruitment drag"):** vacancy-scrutiny-approved vacancies were held for four weeks before advertising to create additional payroll turnover, except for clinical or registered service vacancies, or where cover costs would otherwise be incurred.

- **High-cost care package group:** the remit was expanded to include care packages for children with a disability and all UnPACs placement requests.
- **Oversight group for looked after and accommodated children in residential care:** the group meets fortnightly to actively review all placements.
- **SBAR reporting:** senior managers in the main overspend areas were required to prepare SBAR reports for the Partnership Senior Management Team (PSMT), setting out current and planned actions to reduce overspends.
- **One-to-one budget holder meetings:** the Director and Chief Finance Officer introduced a rolling programme of meetings with budget holders to identify opportunities for cost reduction, service change and spend-to-save proposals to support 2026 to 2027 budget development and additional in-year reductions.
- **Care home placements:** a move was made to one admission for every two discharges, as approved by PSMT on 20 November 2025, and care placements at CARG were approved on the basis of risk and need rather than current care setting, except where risk was too great.
- **Care at home:** a recruitment freeze was applied to reduce the overspend position gradually, with an acknowledged impact on wait times and service performance.
- **Approval of care packages:** all care packages out with in-house care at home and older people placements agreed via CARG were considered for approval by the high-cost care package group.
- **Additional actions at month 9:** these included improving sickness absence through the Promoting Attendance Policy, pursuing cross-charge for persons admitted from out of area following failed placements in Ayrshire and Arran, and continuing implementation of the Flexible Intervention Guideline to minimise the duration of 1:1 or higher levels of support.

Since the initial recovery plan was agreed in June 2025, costs have reduced by £3.498 million. Although the full benefit was not reflected in the in-year bottom-line outturn, these actions helped mitigate a further deterioration arising from £1.006 million of additional in-year financial pressures. This represents a net recovery benefit of £2.492 million.

To support greater scrutiny of the financial position and delivery of the financial recovery plan, the IJB agreed in June 2024 to establish a Finance Working Group (FWG), chaired by the IJB Vice Chair. The Director and Heads of Service are members of the group. The FWG meets regularly to provide enhanced oversight of the financial position and transformation programme, as well as detailed budget planning for future financial years.

The table below summarises financial performance for 2024 to 2025 and 2025 to 2026. It presents the budget outturn on a managed basis, including the full allocation for North HSCP lead partnership services, and then adjusts for the net effect of lead partnership allocations across North, South and East Ayrshire and for new earmarked balances.

The table includes the financial performance of services managed by the IJB during the year and therefore excludes the hospital Set Aside Budget of £41.833 million, which was allocated

to the IJB at the end of the period. The set aside budget is included within the financial statements.

2024-25 Budget £000	2024-25 Actual £000	Variance (Fav) / Adv £000	Service	2025-26 Budget £000	2025-26 Actual £000	Variance (Fav) / Adv £000
92,549	98,181	5,632	Health and Community Care	101,333	102,239	906
108,721	107,823	(898)	Mental Health	119,856	119,590	(266)
43,717	44,294	577	Children, Families and Justice	41,437	41,790	353
53,575	53,662	87	Primary Care	52,996	53,035	39
10,748	10,749	1	Allied Health Professionals	11,480	11,480	0
13,970	10,186	(3,784)	Management and Support Costs	13,995	10,814	(3,181)
1,635	1,725	90	Chief Social Work Officer	1,910	1,763	(147)
1,710	1,773	63	Financial Inclusion	1,160	1,221	61
4	4	0	National Commissioned Service	0	0	0
326,629	328,397	1,768	Total expenditure	344,167	341,932	(2,235)
(326,629)	(326,629)	0	Total income	(344,167)	(344,167)	0
0	1,768	1,768	Outturn on a managed basis	0	Blank	Blank
0	(556)	(556)	Lead Partnership Allocations	0	(266)	(266)
0	1,212	1,212	Outturn on an IJB basis	0	(2,501)	(2,501)
0	2,381	2,381	New Earmarking	0	1,805	1,805
0	3,593	3,593	Outturn position prior to additional funding contributions	0	(696)	(696)
3,593	0	(3,593)	Additional funding contributions	0	0	0
3,593	3,593	0	Final outturn position	0	(696)	(696)

The main areas of variance during 2025 to 2026 are noted below:

Health and Community Care – overspend of £0.906 million mainly relates to overspends in care home placements, integrated Island Services, specialist rehabilitation wards and Wards 1 and 2, partly offset by underspends in care at home, Telecare, adaptations, physical disability services and Unscheduled Care.

Mental Health – underspend of £0.266 million which relates to underspends in community mental health, Hospital Based Complex Continuing Care, Enhanced Mental Health Outcome Framework, Action 15 and mental health pharmacy, partly offset by overspends in learning disabilities, Adult Inpatients, UNPACS, Learning Disability Services within the Lead Partnership, elderly inpatients and psychiatry. Vacancy savings across the Lead Partnership also contributed to the favourable position.

Children, Families and Justice – overspend of £0.353 million which is mainly related to overspends in care experienced children and young people, including children’s residential placements, residential respite, employee costs and Section 29 payments. These were partially offset by an underspend in looked after and accommodated children, grant funding in relation to Unaccompanied Asylum-Seeking Children, and the Whole Family Wellbeing Fund which is earmarked for use in 2026 to 2027.

Management and Support Costs – underspend of £3.181 million mainly relates to slippage in transition funding, additional funding received in-year, over-achievement of payroll turnover across social care and health services, and other centrally held budget variances, partly offset by contractual inflation and NHS savings shortfall held centrally.

Overall position

It is essential that the IJB operates within its delegated budget and commissions services from the Council and NHS Ayrshire and Arran on that basis. For 2025 to 2026, the year-end position is an overall underspend of £2.501 million on an IJB basis, reducing to £0.696 million after the creation of new earmarked reserves of £1.805 million. This is a significantly improved position compared with the in-year overspend projections and reflects the impact of recovery actions, strengthened financial controls and non-recurring benefits realised during the year. However, underlying recurring pressures remain across a number of service areas, and without sustained service redesign, delivery of approved savings and ongoing cost control, there remains a risk that future years will again require reliance on one-off measures or support from partner organisations.

Medium Term Financial Outlook

The Medium-Term Financial Outlook (MTFO) is a key part of the strategic planning process. It helps ensure that the IJB’s strategic ambitions are considered alongside the financial resources likely to be available in what remains a very challenging public sector financial context.

The MTFO provides an indication of the IJB’s possible financial position over future years, identifies the key challenges likely to be faced, and helps the IJB understand the medium-term impact of current and future decisions on financial sustainability.

It is also used to identify pressure points and inform the decisions required to ensure the Partnership remains financially sustainable.

There are a range of factors which influence the financial planning of the IJB. These are considered through the MTFO and include the following:

- Demographic changes.
- Local priorities.
- Workforce challenges.
- The UK and Scottish Economy.
- Policy and Legislation.

- Cost and demand pressures.
- Available funding.

As in previous years, a Medium-Term Financial Outlook has been prepared to identify the potential financial position over the period 2026 to 2027 to 2028 to 2029. This was presented to the December 2025 IJB.

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. 73.8% (68.1% in 2024 to 2025) 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 2024 mid-year population statistics (sourced from [National Records of Scotland](#)).

Age Group	Irvine	Kilwinning	Three Towns	Garnock Valley	North Coast	Arran	Total	% of spend allocated
Children aged 0 to 15	31.4%	13.0%	24.5%	14.5%	13.9%	2.6%	100%	12.3%
Adults aged 16 to 64	30.0%	12.1%	24.1%	15.3%	15.5%	3.1%	100%	26.5%
Older People aged 65+	25.6%	10.1%	21.4%	13.6%	24.3%	5.0%	100%	17.0%
Share of total population	29.2%	11.8%	23.5%	14.8%	17.3%	3.5%	100%	17.9%

Allocation Method	%
Total allocated on population basis	73.8%
By Locality	26.2%
Total	100%

This resulted in the following spend per locality -

Expenditure	Irvine £000's	Kilwinning £000's	Three Towns £000's	Garnock Valley £000's	North Coast £000's	Arran £000's	Total £000's
2025-26 Expenditure	104,641	36,527	78,203	49,426	57,438	15,697	341,932
% share of spend	30.6%	10.7%	22.9%	14.4%	16.8%	4.6%	100%
% of total population	29.2%	11.7%	23.5%	14.6%	17.5%	3.5%	100%

Appendix

Local Indicators – 2025 to 2026

These local indicators are those related to our strategic plan outcomes for 2022 to 2030

Performance Indicator	2025 to 2026	Target	Status
Number of service users referred to employability service	109	36	✓
Employability mentors - No of service users being supported into employment, training, education.	68	28	✓
Number of PRI sessions which have taken place	1	8	✗
Support 4 formerly cared for young people to move into independent living each year.	25	4	✓
Support 45 children and young people into kinship care placements each year.	42	45	⚠
Recruit 6 new foster carers each year.	1	6	✗
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	98.1%	95%	✓
Increase the number of Naloxone Kits distributed per annum (387 per year)	846	387	✓
Deliver 4,275 ABIs each year (pan Ayrshire)	7,597	4,275	✓
CAMHS – Seen within 18 weeks (RTT)	100%	90%	✓
Psychological Therapies – Seen within 18 weeks (RTT)	90.7%	90%	✓
Reduce out of hours admissions for people aged 65 and over (MH)	20	32	✓
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	1	0	✗
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	99.9%	90%	✓
People subject to level 1 Community Payback Order (CPO) Unpaid Work completed within three months	96.5%	57%	✓
Individuals subject to level 2 Community Payback Order (CPO) Unpaid Work completed within six months	98.6%	67%	✓

MSG Indicators

Performance Indicator	2022-23	2023-24	2024-25	2025-26	Target	Status
Emergency admissions to acute hospitals	1,562	1,645	1,528	1,619	1,836	✓
Emergency admissions to acute hospitals (rate per 1000)	11.70	12.30	11.40	12.08	13.6	✓
Admissions from emergency department	699	820	732	798	1,173	✓
Admissions from emergency department (rate per 1000)	5.24	6.13	5.46	5.95	8.7	✓
% people at emergency department who go onto ward stay (conversion rate)	26.70%	27.60%	24.50%	25.25%	33	✓
Unscheduled 'hospital bed days' in acute hospital	11,689	13,209	12,487	6,837	12,320	✓
Unscheduled 'hospital bed days' in acute hospital (rate per 1000)	87.56	98.78	93.18	51.02	91	✓
Unscheduled 'hospital bed days' in long stay mental health hospital	2,117	2,191	2,167	2,109	6,782	✓
Unscheduled 'hospital bed days' in long stay mental health hospital (rate per 1000)	15.86	16.38	16.17	15.74	50.1	✓
Unscheduled 'hospital bed days' in geriatric long stay	715	702	670	190	1,772	✓
Unscheduled 'hospital bed days' in geriatric long stay (rate per 1000)	6.55	6.42	6.09	1.73	13	✓
Emergency department attendances	2,620	2,972	2,988	3,160	3,292	✓
Emergency department attendances (rate per 1000)	19.63	22.23	22.30	23.58	24.4	✓
% people seen within 4 hrs at emergency department	65.50%	59.80%	64.19%	66.20%	95%	✗
Delayed Discharges bed days (all reasons)	1,852	1,785	2,876	3,229	1,515	✗
Delayed Discharges bed days (all reasons) (rate per 1000)	16.96	16.30	26.13	29.34	13.9	✗
Delayed Discharges bed days (code 9)	893	548	864	858	770	✗
Delayed Discharges bed days (Code 9) (rate per 1000)	8.18	5.00	7.85	7.80	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.

- [North Ayrshire Health and Social Care Partnership](#)
- [North Ayrshire & Arran - About Us](#)
- [North Ayrshire - Strategies, Plans and Publications](#)
- [North Ayrshire Council - Performance and spending](#)

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

- [East Ayrshire HSCP – Strategic Plan 2024-2027](#)
- [South Ayrshire HSCP – Strategic Plan 2021-2031](#)