Annual Delivery Plan

April 2022 - March 2023

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran

Name	Job Title or Role	Signature	Date

Authored by:

Gillian Arnold Head of Planning & Information

Completion of the following signature blocks signifies the approver has read, understands, and agrees with the content of this document.

		Version
Approval	Scottish Government	1.06
	Corporate Management Team	1.06
	NHS Ayrshire & Arran Board Meeting	
	East Ayrshire Integration Joint Board	
	North Ayrshire Integration Joint Board	
	South Ayrshire Integration Joint Board	

Table of Contents

1.0 Introduction

The Annual Delivery Plan (ADP) has been prepared collaboratively with our partners, to provide Scottish Government with confirmation that we have plans in place to demonstrate how our health and care system will stabilise and improve as we recover from the Covid-19 pandemic. It will focus on a set of priorities for 2022/23 to enable our system and workforce to recover from the incredible pressure experienced over the past two years, whilst we start to take forward improvement work that will strengthen our services for any future Covid-19 waves and the demands of winter.

Building on the previous two year's Remobilisation Plans, the ADP sets out our key priorities for 2022/23 as we seek to build back stronger as part of medium to longer term recovery and stabilisation.

This plan sits alongside our 10 year strategic ambition, Caring for Ayrshire, which is our whole system health and care redesign and reform ambition. The Caring for Ayrshire vision will deliver care as close to home as possible, supported by a network of community services with safe, effective and timely access to high quality specialist services for those whose needs cannot be met in the community. Partnership working with local communities, third sector, voluntary and independent organisations will be essential in delivering the right care, in the right place, at the right time for people in Ayrshire and Arran.

NHS Ayrshire and Arran Realistic Medicine priorities aim to embed Realistic Medicine and it's principles in to the redesign of Caring for Ayrshire. We want it to become second nature within Ayrshire and Arran to support people using healthcare services, and their families, to feel empowered to discuss their treatment. That is why the promotion of shared decision making is high on NHS Ayrshire and Arran Realistic Medicine Team's agenda. We strive to facilitate a move away from the "clinician knows best" culture and encourage the professional and the patient to have more meaningful discussions about the treatment options available as well as their risks and benefits. This move requires a strong Realistic Medicine Network. We have established and are continuing to grow our network of Realistic Medicine champions to help us spread the message and to gain feedback from them also. We will continue to develop our local Realistic Medicine Network by encouraging Champions to join us from each department and by embedding education around Realistic Medicine into training junior clinical staff when they join the board.

This plan closely aligns with the NHS Recovery Plan 2021/26 and offers opportunities with regard to the proposed National Care Service to ensure right care in the right place at the right time by the right person.

Detailed actions for the recovery and stabilisation of our services are included in Delivery Plan Appendix 2 and align with our four agreed Organisational Priorities for 2022/23:

- **Right Sizing the Bed Footprint**
  To deliver safe, effective and quality care within agreed funded footprint

- **Right Sizing the Workforce**
  Aligned to the right sizing of the acute bed footprint

- **Electronic Patient Record (EPR) and Records Management**
  Digital Services activities contributing to the EPR and Records Management Programme

- **Distributed Working and Estate Rationalisation**
  Right-sizing the estate through rationalisation of non-acute support accommodation in line with new Distributed Working Policy

2.0 Workforce

The deliverables set out in the Annual Delivery plan mirror those that are included within the NHS Ayrshire and Arran Workforce Plan. This plan, when taken in conjunction with the three Health & Social Care Partnership Workforce Plans, provides a composite health and social care economy view for Ayrshire. This narrative sets an overview of what is articulated within the NHS Ayrshire and Arran workforce plan.

NHS Ayrshire and Arran has a pre-existing People Strategy which directly informs our Workforce Plan and is thematically built around four pillars – Attract, Retain, Develop, Support. These local pillars effectively encompass the thematic content and intent of the five pillars detailed within the National Health & Social Care Workforce Strategy and reflect the direct read across between our People Strategy and Workforce Plan.

2.1 Recruitment and Retention of Our Health and Social Care Workforce

A key workforce issue relates to the supply and capacity of our registrant workforce. As set out in our Workforce Plan the Board has a corporate risk relating to this issue and our actions thematically aligned to our four pillars all materially contribute to ongoing efforts to mitigate and control the level of risk associated with this. Fundamentally, in common with other Boards we have a perfect storm of wicked problems – latent and emerging vacancies with associated national supply limitations; increased demand for clinical registrants from all health providers both regionally and at wider Scottish, UK and indeed international contexts; having additional beds on our Acute sites in excess of baseline bed complement due to demand and flow requirements; and the residual ongoing impact of both Covid-19 and Non-Covid sickness absence materially impacting upon workforce capacity.

Against this challenging operating backdrop, as a system, we recognise the need to stabilise and reset post pandemic in order to provide a strong foundation on which to base our strategic service reform agenda articulated by Caring for Ayrshire. In the context of our workforce this, as a basic principle, means we need to right size our workforce in year and forward plan in terms of sustained delivery, and encompasses:

- Reducing our reliance on high cost supplemental staffing solutions in medical and nursing job families;
- Transitioning staff aligned with unfunded beds into funded roles as we right size our bed complement;
- Recommencing our routine application of nursing and midwifery workforce and workload planning tools; and
- Supporting our staff health and wellbeing to improve our unplanned absence rates, and encouraging wider access and uptake of wellbeing services that have successfully been deployed during the pandemic.

Successful delivery of these stabilising actions are essential as we seek to progress wider innovation in terms of longer term workforce supply and capacity, namely using international recruitment as a lever, development of complementary clinical roles – including Medical Associate Professions (MAPs) roles but also our advanced practice roles, consideration of skill mix e.g. Band 4 nursing roles, and implementing our Employability Strategy which will directly support those from disadvantaged backgrounds and far from the workplace and strengthen our role as an Anchor Institution and contribute to community wealth building.

All of these actions materially contribute to ensuring the 'best care every time' which ergo can only be achieved by ensuring the quality of our staff experience is high and we are able to attract and retain staff.

2.2 Staff Wellbeing

We are committed to valuing, supporting and retaining our current workforce, as such we are embedding our current Staff Wellbeing Programme through this next stabilising stage and into the winter period, encouraging staff to take time to rest and recover and to access the local and national resources that are available.

We have made capital investment in creating three Staff Wellbeing Hubs, at our Acute sites and on the Ayrshire Central Hospital Site, and these were delivered over the summer / early autumn. During 2022/23 we will commence work in developing a Health & Social Care Wellbeing programme and this will be underpinned by a staff wellbeing needs assessment. We have organisationally communicated the importance of all staff utilising their annual leave entitlement for rest and recuperation at regular intervals throughout the year.

3.0 Recovery and Protection of Planned Care

Planned care recovery is being approached through a process of Protect, Stabilise and Recover. The Covid-19 pandemic has resulted not only in significant backlogs of patients awaiting assessment and treatment, but also a number of practical constraints which are restricting our ability to return to pre-pandemic levels. All services are now re-mobilised and are working towards the targets set out in the National Clinical Prioritisation Framework.

On 6 July, the Cabinet Secretary announced a set of ambitious targets aimed at addressing the long waiting times that have arisen during the pandemic. The targets are to eliminate:

- two year waits for outpatients in most specialities by the end of August 2022;
- 18 month waits for outpatients in most specialities by the end of December 2022;
- one year waits for outpatients in most specialities by the end of March 2023;
- two year waits for inpatient/day cases in most specialities by September 2022;
- 18 month waits for inpatient/day cases in most specialities by September 2023; and
- one year for inpatient/day cases in most specialities by September 2024

We are working closely with the new National Elective Coordination Unit (NECU) and Centre for Sustainable Delivery (CfSD) developing a targeted action plan which will look to deliver the new targets, including opportunities for insourcing, outsourcing and accelerating planned improvements. Insourcing is in place for Neurology, Dermatology, Respiratory Medicine and Ophthalmology, and is being explored for gastroenterology and ENT/Audiology. Outsourcing is currently being explored for ENT.

In addition, to reduce backlogs of care specifically longest waiting patients the NHS will work together through the provision of mutual aid, and that will mean some patients will be offered appointments out with their local health board area to provide treatment more quickly – for example the Golden Jubilee University National Hospital or at National Treatment Centres as they become operational over the next year.

3.1 Funding

The Scottish Government have recently provided clarity regarding the financial allocation process, to support NHS Board plans to deliver planned care and specifically reduce the number of long waiting patients. NHS Ayrshire and Arran have submitted plans setting out the impact on long waiting patients by specialty and the overall cost and await confirmation of funding allocation. It is expected that activity will increase as new initiatives are embedded. However, it should be noted that this will fund many existing initiatives which have repeatedly been funded non-recurringly and are already incorporated into existing activity.

May require further input once confirmation of funding received.

3.2 Planned Care Recovery

NHS Ayrshire and Arran are working through the updated National Clinical Prioritisation Framework to guide clinical prioritisation, with the revised guidance being fully implemented by 31 August 2022. This guidance supports a change in prioritisation to include how long a patient has already waited as one of the factors influencing the relative priority for each patient. We will initiate this process firstly in those services where this re-prioritisation can be absorbed with least impact on other clinically urgent pathways, whilst we continue to pursue other options to create additional routine

capacity in other more challenged specialties. We will also use information on the volume of long waiting patients in each specialty to inform decisions on the allocation of operating theatre capacity.

As we make progress towards tackling long waits, a number of service changes designed to support and protect service provision through the pandemic have already been implemented. These include the reconfiguration of trauma and elective orthopaedics onto separate hospital sites, relocation of day case chemotherapy and outpatient breast cancer clinics services to a non-acute site and focussing of Covid-19 critical care on one site. In addition, we increased the use of Digital technologies, including the use of NHS NearMe, video calls and telephone consultations to allow appointments to continue to be provided during the pandemic. The learning from this change in working practice, in particular, telephone consultations, has been accepted as good practice across many specialties and will continue to be embedded to provide an alternative to 'face to face' consultations, where appropriate.

Other potential service changes to some of our surgical specialties which would further separate emergency and elective care, are being considered. However further understanding of capacity and impact is required and we are working on a series of recovery modelling scenarios with our colleagues at Cap Gemini to develop a resource modelling tool. We anticipate that this resourcing tool, when used in conjunction with the Regional Planned Care Modelling Tool, will allow us to better plan the allocation of beds, operating theatres and other resources. It should be noted that although this work continues to progress, the Cap Gemini tool still requires some work before it will be ready to deliver this. Meanwhile, there will be a close focus on utilisation of capacity and redesign opportunities in order to maximise activity.

Working alongside the NECU to support and plan further remobilisation, whilst refocusing our current activity to urgent and long waits:

NHSScotland Approach to Delivery	NHS Ayrshire and Arran Actions
Working across boundaries - regionally and nationally	We are working actively with other Health Boards and NECU to access mutual aid, in particular around Neurology, General Surgery and Urology. Further options are being explored for Trauma and Orthopaedics and Gastroenterology
Maximising theatres sessions and evening and weekends	We are focussing significant attention on maximising theatre utilisation, and have demonstrated good improvement in this regard since June 2022. We are seeking additional capacity by opening evening and weekend sessions where possible, although this is limited by staff availability.
Adopting robust waiting list validation	We are undertaking robust waiting list validation for both outpatients and inpatients/daycases and have put in place some additional administrative resource to support this. As a minimum we are following a 2-stage validation process, and where clinical capacity allows we are adopting 3-stage clinical validation of waiting lists.
Accelerating high impact changes such as ACRT and PIR	ACRT and PIR are implemented in some specialties, and further roll out as part of our Bringing it Together programme continues to be a priority. We are monitoring this in

	conjunction with CfSD colleagues using a HEAT map approach
Accelerating roll out of national initiatives such as the NECU	We are working closely with NECU to maximise opportunities to benefit from national approaches, including clinical validation support
Increasing activity to pre-Covid levels by March 2023	We monitor activity against pre-Covid levels on a continual basis, and are progressively implementing initiatives to increase this. As at July 2022 the current re-mobilisation rates are : Outpatients : 74% Inpatients and Daycases : 68% Endoscopy : 68% We are exploring further opportunities to work to achieving pre-Covid levels by March 2023, including the potential acquisition of mobile theatre units (staffed)

3.3 Outpatients

Outpatient activity has remobilised to 74% as at July 2022 of pre Covid activity levels. The table below details expected remobilisation by end of March 2023.

	Access Plan Target 22/23	**July Activity as % pre-Covid-19**
Outpatients	93%	74%

Sustained high referral rates in some areas still pose some challenges to reducing overall waiting lists. Workforce capacity is a significant contributing factor with a high level of vacancies existing as referred to in the 3 year Workforce Plan. Additional actions across most specialities which will contribute further improvement in 2022/23 include:

- Outpatient redesign through the Bringing it Together programme and implementation of High Impact Changes such as ACRT;
- The reinstatement of an outpatient clinic suite which had been re-purposed during the earlier pandemic waves; and
- Expansion of 3-Stage waiting list validation

3.4 Inpatients and Daycases

Inpatient and Daycase activity has remobilised to 68% as at July 2022 of pre Covid activity. The table below details expected remobilisation by end of March 2023.

	Access Plan Target 22/23	**July Activity as % pre-Covid-19**
Elective Surgery	75%	68%

The challenge to achieving the waiting time targets for Inpatient and Daycase is multi-faceted and relates to workforce capacity with a high level of vacancies existing as referred to in the 3 year Workforce Plan and constraint on access to recovery space. The day surgery recovery area at University Hospital Crosshouse, continues to be re-provisioned for use by Critical Care Service. The use of this space, and other alternative options to address this are under review along with the progression of recruitment to vacancies. Additional actions across most specialities which will contribute further improvement in 2022/23 include:

- Maximise operating theatre productivity - NTIG Theatre utilisation data (April – June 2022) indicates an average overall theatre utilisation of 89.5% for this period which is close to the Scottish average but affords room for further improved utilisation as we work towards a local target of 95%;
- Weekly theatre utilisation meetings are giving further focus and scrutiny through a new Theatre Utilisation and Governance group;
- Maximising Daycase rates as part of the CfSD improvement work and HEAT map monitoring. Daycase rate in June 2022 is reported as 96.7% against a target of 96.4%, demonstrating a high BADS performance during the remobilisation process;
- Review approach to ensuring that surgical procedures planned are in line with the Effective and Quality Interventions Pathways guidance (EQuIP);
- Additional operating theatre sessions run as 'Super-Saturdays' or similar will be targeted at the longest waiting patients;
- Embed a clinical validation step into the current administration validation process; and
- Trial a prehabilitation screening approach for the longest waiting patients and we expect this to complement waiting list validation processes.

3.5 Diagnostic

3.5.1 Endoscopy

To reduce the number of patients waiting for an Endoscopy, a 4th Endoscopy Room at University Hospital Ayr will be created by the end of 2022. In addition, the following developments have been implemented and work continues to further embed them in practice:

- Waiting list validation, focused around the use of qFIT as a risk screening tool with an initial trial of qFIT validation of the longest waiting patients awaiting colonoscopy undertaken in May 2022, and will be scaled up through 2022/23; and
- Colon Capsule Endoscopy (CCE) and Cytosponge continue to be delivered with the aim of 28 and 25 procedures per month respectively. Work is ongoing to further embed these new methods of care with the clinical teams, and it is hoped that a national clinical guideline for Cytosponge will be developed to provide some added governance and assurance to clinical staff.

3.5.2 Medical Imaging

Additional capacity for MRI, CT and Ultrasound is being progressed to reduce the level of patients waiting long periods to access. Improvements include a mobile MRI scanner being located at University Hospital Ayr for 12 months with a 2nd mobile scanner for 3 months currently being sourced and the progression of extended 7 day working for CT and MR scans.

3.6 Cancer

A prehabilitation service for cancer patients is currently in national discussion although cancer patients can access existing rehab services within NHS Ayrshire and Arran.

Early Cancer Diagnostic Centre has now been in place for 12 months and is working well. An additional ANP has been recruited to support with patient care, assist with education and expansion of the service for secondary care referrals.

3.7 National Treatment Centre

NHS Ayrshire and Arran will host one of ten National Treatment Centres (NTC) across Scotland. Within the Ayrshire and Arran National Treatment Centre the focus will be on Orthopaedics. The new Centre will plan to treat 800 patients per year who need hip or knee replacements, 1200 patients who require a Daycase orthopaedic procedure and 700 orthopaedic patients who need minor procedures requiring local anaesthetic. There is capacity in addition to this for local anaesthetic procedures from other specialties. The NTC will be operational by 2025. It is expected that recruitment will be phased over the next 18 months to allow time for training and education.

4.0 Stabilising and Improving Urgent and Unscheduled Care

4.1 Primary Care

As primary care services recover from the Covid-19 pandemic, a framework of measures is underway to support remobilisation and continued safe and effective delivery of services to patients. General Practice is currently facing national workforce and recruitment challenges which is being experienced locally. Going forward local oversight will be monitored through the Practices Sustainability Oversight Group to look at focussed options for any Practice experiencing difficulty from workforce gaps. Specific dedicated support is being provided to those Practices struggling to fill GP posts as well as working with the local GP community to promote the benefits of working within Ayrshire and Arran to attract new recruits. A review of Enhanced Service provision will also support sustainability of General Practice and ascertain how potential changes could improve service delivery models for practices and patients.

Work continues to implement the new GMS Contract 2018 via the Primary Care Improvement Plans. Scoping is ongoing to provide an urgent care service within General Practice and consideration being given to how this could align to the Redesign of Urgent Care (RUC) programme. The Community Treatment and Care service is embedding well with most GP practices having access to the service. Further roll-out of staff is ongoing though accommodation continues to prove challenging as additional MDT roles are incorporated into General Practice. Various models are being considered for further implementation of the Primary Care Improvement Programme, including the use of community monitoring and investigation hubs to enable transfer of care into a community setting which would increase accessibility for patients. Focussed work is ongoing with all practices and the pharmacy team to achieve full task transfer for Level 1 Pharmacotherapy Service by end of 2022/23, although there are risks to achieving this in every practice. The position of this will be more understood in October 2022. Pharmacotherapy has recruited a significant proportion of their workforce from community pharmacy and acute services with recruitment now becoming more of a challenge. Various innovative actions are being progressed through the Workforce Plan to maximise skill mix.

Various digital programmes are ongoing across primary care to enhance patient pathways and increase access to services. Further roll-out of E-Consult across General Practice is being encouraged as well as community pharmacy and optometry having access to the digital clinical portal to support decision making. Community Optometry is working closely with Acute to increase shared care which will support additional eye conditions being screened or managed by Community Optometrists and thus reduce waiting times for treatment or the need for urgent referrals.

Since the easing of infection control measures, General Dental Practitioners have increased activity to an average of 90% of pre-pandemic levels facilitating more patients to receive routine care. There is still a significant backlog for dental practices to work through as they re-introduce routine care. Dental practices are facing challenges to fill Dentist vacancies therefore ongoing national workforce initiatives will be essential in recovering the dental sector further. An increase in Dental Body Corporates could also create additional challenges with recruitment and retention of dentists within General Dental Practices which can impact on the availability of routine NHS dental care. Additional recruitment is underway within the Public Dental Service to increase provision of emergency dental services and care to non-registered patients whilst General Dental Practices continue to recover.

Further recruitment will sustain our 7 day delivery of the Covid-19 Therapeutic service. This provides assessment and treatment for a specific cohort of patients deemed as very high risk of progression to severe disease and/or death if they develop Covid-19 symptoms and test positive for the virus.

4.2 Redesign of Urgent Care

Phase 2 of the Redesign of Urgent Care programme will further enhance the pathways implemented during Phase 1. The Flow Navigation Centre (FNC) will continue to be developed as a single point of access for many services across the whole system. One of the most successful introductions to date is the joint working with Scottish Ambulance Service (SAS) to support patients by a GP within the FNC or be supported to alternative pathways. NHS Ayrshire and Arran were also a pathfinder for a mental health pathway. The first phase has been to implement a direct pathway via the FNC for Emergency Services (Police Scotland and SAS) with direct access to specialist practitioners within the Emergency Mental Health Teams, avoiding unnecessary attendance at Emergency Departments, and provision of interventions from the right services as quickly as possible for these patients.

Scoping and analysis of demand will define all available pathways across the system to ensure patients can access the most appropriate urgent care pathway suited to their condition. A MSK urgent care pathway is being scoped which would optimise self and community care and allow direct referral. A communication strategy will be developed to engage with the general public and inform of available health services and professionals accessible for urgent care. This will support signposting patients to access appropriate care to prevent conditions worsening or as an alternative to presenting at Emergency Departments. This pathway is also linked to the Primary Care Improvement Plans within general practice for MSK. Additionally there is a Community Pharmacy pathfinder in development based on access via the FNC, into and out of Emergency Departments. This will ensure that patients accessing Pharmacy First, who should be attending Minor Injury Unit or Emergency Department will do so via the FNC and be provided with an appropriate appointment, and will also support redirection pathways out of Emergency Department back into Community Pharmacy.

4.3 Unscheduled Care

As Covid-19 restrictions have lifted urgent and emergency attendances and admissions have returned to pre pandemic levels. This increase in attendances, combined with high levels of delayed discharges, recruitment gaps in allied health professionals and community-based care professional impacted patient flow. As the bed base increased to accommodate demand, infection control measures and staff absence was added to the complexity of managing patient flow our acute care settings became congested, with occupancy being >96% consistently. The existing Unscheduled Care Programme including Discharge without delay, Interface Care, Virtual Capacity and Redesign of Urgent Care are delivering internal improvements, however more is needed. We have completed a whole system Urgent & Unscheduled Care self-assessment, in response to the SG relaunch of Urgent & Unscheduled Care Collaborative and we have system support to progress with our High Impact Changes, as highlighted through our Self-Assessment.

NHS Ayrshire and Arran will work with the national Urgent & Unscheduled Care teams with an initial focus on the top three High Impact Changes:-

High Impact Change	Virtual Capacity
High Impact Change	Urgent & Emergency Assessment
High Impact change	Community Focused Integrated Care

In addition to this we will be continuing our Discharge without Delay (DwD) programme started through our pre, intra and post hospital groups and amalgamate this with the newly launched collaborative high impact changes.

NHS Ayrshire and Arran are committed to increase Hospital at Home capacity from 6 to 28 virtual beds by January 2023. In addition, we will scope and analyse the demand for our outpatient antibiotic therapy service, which will inform and enable a business case to help reduce in patient bed days and create an alternative to in-patient stays. Further scoping of remote health monitoring, near patient testing and community diagnostics will be undertaken through a directed programme of work with three distinct Delivery Programmes each with their own area of focused work which will tie in with the Urgent & Unscheduled Care Collaborative work high impact changes.

In addition NHS Ayrshire and Arran will hold a programme of focused Full System discharge without delay events throughout the summer months with the ambition of achieving the lowest bed base possible throughout the winter to ensure our remaining areas are as well-resourced as possible. We will run a full system event for three days monthly and in addition hold a 7 day event in September. These events are multi agency and multidisciplinary events with senior sponsorship from across the Health Board and its partners – these events will be held at executive level to support real time problem solving for patients stranded in the acute setting. These events will be additional to the "business as usual" DwD work which will be led by x 2 senior appointed members of staff and a team of DwD "Home First" practitioners.

4.4 Mental Health and Wellbeing

It is the vision to create a Mental Health and Wellbeing service for Primary Care that is consistent across Ayrshire and Arran. Work will continue over the next few years to develop detailed plans. It is our ambition that by March 2026, the service will comprise a multi-disciplinary team composed of Mental Health Practitioners, Community Link Workers and Occupational Therapists. Self-help Workers, Enhanced Psychological Practitioners (EPPs), Administration and other roles will also be under consideration as detailed planning is completed.

At present, the multi-disciplinary team offers a triage and assessment service predominantly for adults (although younger age ranges are available within some areas). At present there is limited scope for treatments. It is the anticipation that as staff levels rise, the age range and treatments offered will expand to all ages and a limited range of short treatments. Online treatment options and group sessions are areas that will be explored alongside more traditional psychological therapies.

There are great benefits to having these roles working directly in GP Practices, however, as the team grows in numbers so too will the space requirements.

The first year of funding (2022/23) for the Mental Health and Wellbeing in Primary Care Service will focus on the recruitment of Mental Health Practitioners whilst taking time to scope subsequent years of funding and actions in greater detail.

The transition and recovery plans for mental health continue to deliver targeted actions to ensure a whole system response to the challenges presented, addressing backlog management as we continue to innovate; adapting our offer, providing new pathways to services, redesigning services and using digital delivery to retain and maximise as much support as possible as services increase face to face activity and group therapy.

Within North, South and East Ayrshire Health and Social Care Partnerships there are specific Drug Related Death (DRD) Prevention Groups with identified Improvement/Action Plans in place to prevent DRD's. Working in partnership with local Alcohol and Drug Partnerships there has been a focus on specific actions to prevent DRD's which include, but is not limited to, the following:

- Implementation of new Medication Assisted Treatment (MAT) standards;
- New responses and pathway of support for individuals following a Non-Fatal Overdose;
- Delivering on a new Substance Use Treatment target;
- Improving the multi-agency pathways of support for individuals with a 'Dual Diagnosis'; and
- Identification of pathways to support individuals to access residential rehabilitation support

4.5 Tackling Health Inequalities

Health inequalities have been compounded by the socio-economic impact of the Covid-19 pandemic and are likely to have a disproportionate impact on people living in areas of multiple deprivation; those who were not in a good position prior to the pandemic and those from ethnic minority groups.

Tackling inequalities is a key priority and we believe by helping to reduce the impact of inequalities locally, we can improve the long-term economic, social and health outcomes for the people of Ayrshire and Arran. However, we recognise that addressing local inequalities is not something we can do alone and it will take a collaborative effort. As such, we will continue to work closely with our partners and the people of Ayrshire and Arran to help tackle inequalities together.

5.0 Supporting and Improving Social Care

Whilst we are optimistic that we may be over the worst of the direct impact of the pandemic, its long-term impact is not as well understood. We expect our services to face on-going challenges, including supporting those who have not been able to access, a health and social care professional due to demands and restrictions, and addressing the rise in poor mental wellbeing in our communities. We have learned much from our pandemic experience, such as recognising the strength and resilience within our communities, discovering how truly determined and hard-working our workforce is and finding greater ways to work in collaboration with our partners. One consequence of the Covid-19 restrictions has been the increasing deployment of digital technology; both for providing flexible services to those we support and in enabling HSCP staff to operate in a dynamic way using a range of remote access technologies. We will ensure our future way of working embraces the opportunities that digital platforms provide. Our collective ambition is for strong engagement with service users and carers, driven by quality data and information and committed to continuous service improvement.

Across Ayrshire and Arran we continue to find new and innovative ways to shift the balance of care, ensuring people are supported within the community where possible rather than in a hospital or institutional setting to improve outcomes for people, with a focus on bringing down delayed transfers of care to ensure capacity for those patients that require acute hospital care.

6.0 Sustainability and Value

Cash Releasing Efficiency Savings

The CRES we were able to achieve in 2021/2022 was c£10 million and in 2020/2021 it was about c£11 million.

Below is a table showing planned CRES for 2022/2023:

Service Level Agreements	£2,000,000
Acute prescribing	£1,561,000
Primary Care prescribing	£2,000,000
National services	£350,000
Energy efficiency	£69,000
Corporate	£600,000
Acute	£1,600,000
Total	**£8,180,000**

Corporate schemes for estate rationalisation, reducing energy consumption and clinical waste are being scoped therefore there is a higher degree of risk regarding delivery of these.

Excluding IJBs and New Medicines Fund, 68% of budgets for acute and corporate services are pay for workforce. During 2021/2022, securing enough workforce has been a challenge therefore very little CRES in 2022/2023 is targeted against workforce. This restricts the scope for savings to about 32%, or £254 million of budget, therefore the savings of £8.2 million shown above represent about 3.2% of this restricted scope.

COVID-19 Costs in 2022/23

Scottish Government will not receive any Barnett Consequential funding in 2022/2023 in relation to Covid costs. The projected Covid costs for 2022/2023 require to be reduced as far as possible. The contact tracing staff have fixed term contracts until the end of September 2022 but will be redeployed where possible from May or June.

After three months of 2022/23 Covid related expenditure was around £8.0 million across the health economy and this is likely to grow to c £36 million. A Covid-19 envelope of £16.5 million for non-delegated services has been advised by Scottish Government.

The Health Board is actively engaging with IJBs and Scottish Government in order to minimise Covid-19 costs incurred during the year.

The table below shows the Health Board projected Covid-19 costs for 2022/23.

£000s	2022/23 fund £000
Additional PPE	600
Covid-19 & Flu Vaccination	8,000
Scale up of Public Health Measures	400
Additional Bed Capacity/Change in Usage	5,910
Cleaning	665
Other Additional Staff Costs	8,827
Digital/ IT costs	200
Patient Transport	200
Sub-Total Covid-19 Costs - NHS Board	**24,802**
Additional Beds	545
Additional Staff Costs	3,145
PPE	981
Social Care Provider Sustainability Payments	3,147
Social Care Support Fund Claims	410
Children and Family Services	2,340
Additonal FHS Contractor Costs	75
Primary Care	68
Loss of Income	571
Other	31
Total Covid-19 Costs- HSCP	**11,313**
Total planned spend in 2022/23	**36,115**
Availabe Reserves	**36,332**
Reserves c/f to 2023/24	**217**

The above estimated costs exclude Test and Protect, Point of Care Testing, Laboratory Capacity, and Contact Tracing. These are expected to be funded separately by Scottish Government.