

## IJB Performance and Audit Committee

October 2023

### Agenda Item Number

#### Subject:

Quarter 1 2023-24 Performance and Audit Committee Report

#### Purpose:

This report is for awareness and for the Performance and Audit Committee (PAC) to note the Partnership's performance prior to publication.

#### Recommendation:

The Performance and Audit Committee (PAC) should note and discuss the performance exceptions and achievements to the end of Quarter 1 2023-24.

#### Direction Required to Council, Health Board or Both:

No Direction Required

Acronym	Full Version
CFJ	Children, Families and Justice
HCC	Health and Community Care
LD	Learning Disabilities
MH	Mental Health
PRI	Practice Reflective Improvement Dialogue
RAG	Red, Amber and Green

## 1 Executive Summary

- 1.1 This report is to provide for discussion the Health & Social Care Partnership (HSCP) IJB Quarterly Performance Report in delivering the new values and strategic priorities as set out in the 2022-30 Strategic Plan against the National Outcomes.
- 1.2 This report is one of a number of audit and scrutiny arrangements put in place to oversee general performance, financial and budgetary performance, and specific service audit areas.
- 1.3 Over the coming quarters there will some formatting amendments to the report. This is to meet the new web accessibility guidelines for documents, enabling those requiring assistance software to read the content of documents.

## 2 Current Position

### 2.1 Performance Indicator Closed Off

**The maximum number of beds occupied at Ward 7A (LD) at any time during the quarter will not exceed 7**

Following a year of service change and monitoring the data analysis for the ward on activity and pressures where the target was met or surpassed, the number of beds available within Ward 7A was permanently reduced from 10 to 7.

## 2.2 Amended Performance Indicator Targets

As part of annual reflection on performance two Children, Families and Justice Performance Indicators had their targets amended at the request of their service.

Liaising with the Information Systems Team, service management considered the previous target associated with the number of PRI sessions as unrealistic and the new target is considered to be more achievable.

The target relating to Employability mentors has been adjusted due to longstanding issues regarding staffing that has seen the service manage with only one Employability mentor for a sustained period of time due to long term absence.

Measure	Previous Target	Amended Target
Number of PRI sessions which have taken place	3 per quarter	2 per quarter
Employability mentors - No of service users being supported into employment, training, education.	15 per quarter	7 per quarter

## 2.3 Updated Quarterly Values

### Arran – reduce the number of days that people spend in hospital awaiting discharge.

The aggregated data provided by the NHS Business Intelligence team has been queried by the Senior Manager for Arran. Upon review, the aggregate report provided did not take account of a step-down bed that had been introduced. Including this new information, the Business Intelligence team re-ran the data for previous quarters resulting in the number of bed days lost in Quarter 4 2022-23 reduced - this did not have any impact on the RAG status of the Performance Indicator.

Measure	Original Q4 Value	Amended Q4 Value	Q4 RAG Impact
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	225	150	No impact The measure remains Red.

## 2.4 Summary

There are two summary tables at the start of the quarterly report. The first provides a high-level Red/ Amber/ Green position comparing the previous quarters. The second lists exceptions where measures have not met the quarterly or annual target at Quarter 1 2023-24.

## 2.5 Highlights

### Performance Improvement

Four measures have shown an improvement in performance: 3 Green from Red and 1 Green from Amber between Quarter 4 2022-23 and Quarter 1 2023-24. Improvement in the RAG status of the Employability mentors PI is due to a reduced target in Quarter 1 altering the RAG status to Green.

#### Green from Red

Service	Measure	Values
CFJ	Recruit 6 new foster carers each year. (Cumulative)	2 to 5
CFJ	Employability mentors - No of service users being supported into employment, training, education.	*13 to 8
HCC	Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	150 to 33

\*This PI has dropped in value from Quarter 4, but the RAG status has improved from red to green due to a change to the quarterly target of 7 from 15 per quarter (see section 2.2 above for further details).

#### Green from Amber

Service	Measure	Values
CFJ	Support 45 children and young people into kinship care placements each year. (Cumulative)	42 to 12

### Performance Declined

Two measures declined in performance: 1 Amber from Green and 1 Red from Green.

#### Amber from Green

Service	Measure	Values
CFJ	Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health) *This measure is reported 1 quarter in arrears so the figures relate to a decrease in performance from Q3 to Q4 of the previous year.	81.1% to 70.6%

#### Red from Green

Service	Measure	Values
CFJ	Support 4 formerly cared for young people to move into independent living each year. (Cumulative)	5 to 0

Measures missing targets are presented in a specific table as areas of focus with services providing commentary each quarter on the actions to be taken to improve with associated timescales to see this improvement.

## 2.6 Anticipated Outcomes

With the development of a suite of measures aligned to the Strategic Plan 2022-30, services can monitor the progress of service remobilisation and service transformation.

## 2.7 Measuring Impact




This report remains focussed on exceptions where performance has not met its set targets allowing service leads to provide updates on reasoning with planned actions and timescales for improvement. The continual review of measures as a core element of our performance management framework will bring closer together the thread of monitoring and management of local and national performance information.

Regular review of key performance measures will allow members to monitor the progress of the Partnership in implementing and delivering our five Strategic Priorities.

Two measures are reported one quarter in arrears. The applicable RAG status for these measures will be included in the subsequent quarter counts. The two measures are:

- Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)
- Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)

The high-level position at the end of June 2023 is as follows:

Quarter				Reported 1 Quarter Behind
<b>Q1</b>	<b>7</b>	<b>1</b>	<b>19</b>	<b>2</b>
<b>Q2</b>				
<b>Q3</b>				
<b>Q4</b>				

### 3 Implications

Type	Implications
Financial	None
Human Resources	None
Legal	None
Equality/Socio-Economic	A balance of performance indicators is shown for all age ranges and across our five strategic priorities
Risk	None
Community Wealth Building	The report is structured around the HSCP service areas and the strategic priorities.
Key Priorities	None

### 4 Conclusion

The IJB Performance and Audit Committee members are asked to review and discuss the content of the Q1 2023-24 report with the strategic service leads.

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# North Ayrshire Health and Social Care Partnership

## Performance and Audit Committee Report

Quarter 1 2023 to 2024  
(April 2023 – June 2023)

October 2023

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## Introduction

The purpose of this report is to afford a high-level overview of the progress being made by the Health & Social Care Partnership in delivering the strategic priorities as set out in our strategic plan 2022-30.

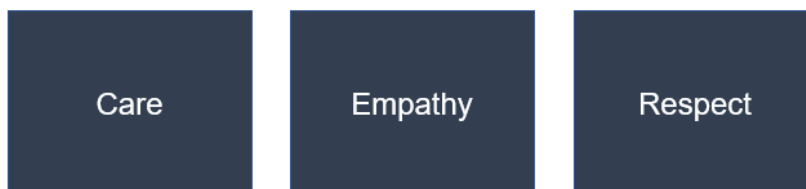
A glossary of acronyms used within this report is contained in Appendix 6.

### Overview

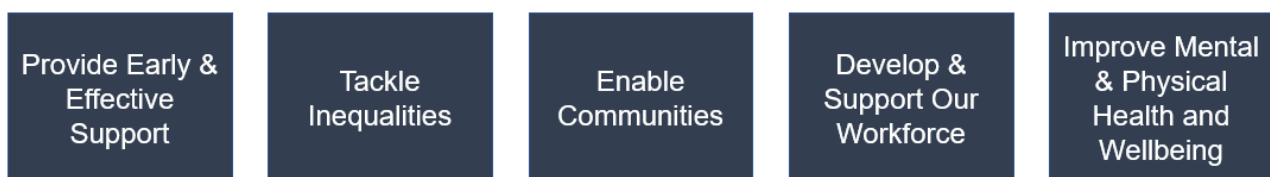
The strategic plan 2022-30 is focused on core impact actions that add tangible service benefits and have subsequent influence on associated areas of challenge and transformation. Throughout the delivery period of this plan, we will continue to monitor progress on core performance directly aligned to strategic objectives.

A full review of strategic actions with directly associated performance measures was undertaken for the 2022-30 plan. The performance measures provided during this period reflect the transformational change being undertaken, as well as the continued demand and impact on core services. The measures are grouped where impact, dependency and causation has been defined between measures and are connected to service improvement.

Through consultation we will continue to measure our performance against the 9 National Health and Wellbeing Outcomes plus the Partnership’s three new strategic values:



And the five new objectives of:



### Financial Summary

At month 3 against the full-year budget of £285.076m there is a projected year-end overspend of £4.576m (1.6%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £3.837m in social care services and a projected overspend of £0.739m in health services.



East and South HSCP do not report at month 3 so the impact of their Lead Partnership services is not included in the projections.

From the core projections, overall, the main areas of pressure are residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.

### **Absence Summary**

NHS partnership employees' absence at the end of Quarter 1 is 6.03%, 2.03% above the quarterly target of 4.0%.

NAC partnership employees' absence at the end of Quarter 1 is 4.12 days, 0.82 days above the quarterly target of 3.30 days.

## Summary of Performance

### Position at Quarter 1 2023-24

#### Strategic Plan Measures

Service	Areas of Focus - Red	Amber	Green
Children, Families, Justice	2	1	6
Health and Community Care	3	0	2
Mental Health	0	0	11

#### Absence not meeting targets

Area	Absence
NAC	4.12 Days
NHS	6.03%




#### Financial Position

Area	Current Position
Financial Position	£4.576m projected overspend (1.6%)

#### 2 measures are reported in arrears:

- Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)
- Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)

#### Quarterly Comparison

Quarter				Reported 1 Quarter Behind
Q1	7	1	19	2
Q2				
Q3				
Q4				



Thresholds: - **Red:** 10+%; **Amber:** >5% and <10%; **Green:** <5%

## Red – Areas of Focus Summary

Service	Strategic Objective	Indicator Description	Target	Value	Go to page
Children & Families	Develop and Support our Workforce	Number of PRI sessions which have taken place	<b>2</b>	<b>0</b>	<b>12</b>
Children & Families	Tackle Inequalities	Support 4 formerly cared for young people to move into independent living each year	<b>1</b>	<b>0</b>	<b>13</b>
Health & Community Care	Provide Early and Effective Support	Reduce the number of people waiting for assessment	<b>150</b>	<b>198</b>	<b>14</b>
Health & Community Care	Provide Early and Effective Support	Reduce the number of people on the waiting list for a Care at Home service in the Community	<b>90</b>	<b>191</b>	<b>14</b>
Health & Community Care	Provide Early and Effective Support	Reduce the number of people on the waiting list for a Care at Home service in Hospital	<b>12</b>	<b>21</b>	<b>16</b>
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee - NAC	<b>3.30</b>	<b>4.12</b>	<b>17</b>
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee – NHS	<b>4.0%</b>	<b>6.03%</b>	<b>18</b>

## Areas of Focus - In Detail

<b>Description</b>	Number of Practice Reflective Improvement (PRI) sessions which have taken place
<b>Responsible Service</b>	Children & Families
<b>Health and Wellbeing Indicator</b>	Quality of Life
<b>Strategic Objective</b>	Develop and Support our Workforce

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
2	Red 	0 			

### Trend Commentary

The number of PRI sessions for Quarter 1 was 0. This is identical to quarters 3 and 4 in 2022/23. This is the third consecutive quarter where the status of the indicator has been red. The target of 3 has not been met in any quarter since the inception of the Strategic Plan for 2022/30. The target for 2023/24 has been amended to 2 per quarter.

### Actions to Improve Performance



As part of the interim lead officer introducing herself to teams, she has been discussing PRIs to help raise the profile of the PRI sessions. During recent PRI review meeting, agency reps agreed to highlight the sessions in their respective services and consider referrals during supervision with their staff. It was agreed to trail removing the referral window to allow referrals to be made as and when identified. It is hoped that this will encourage more referrals being made. This was due to feedback from staff suggesting that potential referrals are forgotten about by time referral window is opened.

We are also developing a 'you said, we did' to feedback to staff around the actions taken from PRI sessions. It is hoped that this will encourage staff participation as the links between the sessions and practice will be clearer.

### Timescale for Improvements

End of Quarter 2 2023-24

<b>Description</b>	Support 4 formerly cared for young people to move into independent living each year
<b>Responsible Service</b>	Children & Families
<b>Health and Wellbeing Indicator</b>	Quality of Life
<b>Strategic Objective</b>	Tackle Inequalities

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
1	Red 	0 			

**Trend Commentary**

Last year 5 formerly cared for young people were supported to move into independent living by the end of Quarter 4 2022/23. In Quarter 1, no young people were supported into independent living.

**Actions to Improve Performance**

The numbers of young people moving on to independence will continue to be variable due to a number of factors.

Housing – there is a reduced number of tenancies available due to increases in the numbers of Asylums Seekers moving into North Ayrshire and also the need to provide accommodation for Ukrainians, for example.

Also, young people may stipulate that they wish to be housed in a particular area, which may not be readily available.

Continuing Care – all young people, in care, have the right to remain within their current placement, until the age of 21 years, which many are opting to do.



Also, many young people are not fully equipped to move onto independence from 16 years of age and require further additional support to make this transition.

As a result, discussions are underway in terms of consideration of a supported care facility, which would enable young people to move on to semi-independent accommodation, where they could develop the required skills, but still continue to receive support until they were equipped to move into their own tenancy.

**Timescale for Improvements**

End of Quarter 2 2023-24

<b>Description</b>	Reduce the number of people waiting for assessment
<b>Responsible Service</b>	Health & Community Care
<b>Health and Wellbeing Indicator</b>	Quality of Life
<b>Strategic Objective</b>	Provide Early and Effective Support

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
150	Red 	198 			

### Trend Commentary

The number of people waiting for assessment in Quarter 1 was 198 which is lower than the Quarter 4 2022/23 figure of 226. For the fifth consecutive quarter the target of 150 has been exceeded. The Quarter 1 figure of 198 is the lowest number of people waiting for assessment experienced since this PI was introduced in 2022/23.



### Actions to Improve Performance

Despite an increasing demand for assessment there has continued to be a trend of improvement and whilst this is not on a par with the targets it is hoped that continued improvement will see an approach toward the 150 target. Overtime is no longer approved due to budgetary constraints.

### Timescale for Improvements

End of Quarter 2 2023-24

<b>Description</b>	Reduce the numbers of people on the waiting list for a Care at Home service in the Community
<b>Responsible Service</b>	Health & Community Care
<b>Health and Wellbeing Indicator</b>	Quality of Life
<b>Strategic Objective</b>	Provide Early and Effective Support

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
90	Red 	191 			

### Trend Commentary

During Quarter 1, 191 people were on the waiting list for a Care at Home service in the Community, exceeding the target by 101. The number of people waiting has increased by 17 from 174 in Quarter 4 to 191 in Quarter 1 of 2023/24.

The Care at Home service continues to experience significant demands from our communities with an increase from 346 community referrals received in Quarter 4 to 386 community referrals received in Quarter 1 of 2023/24.

Community Care services continue to experience ongoing and sustained challenges in delivering frontline Care at Home Services. Covid related absences are significantly lower than previous levels however these continue to impact on frontline staff on a weekly basis. There also remains ongoing workforce challenges related to sickness absence rates and vacancies within the service.

The in-house Care at Home service has continued to steadily grow capacity, however, there has remained no growth across external Care at Home providers with the largest framework Care at Home provider giving notice to exit contract in Quarter 1 resulting in a significant reduction in their capacity to undertake new service request provision. During this time the recruitment programme focussed on recruiting towards filling anticipated transfer vacancies to ensure safe continued delivery of service for people transferring to the in-house Care at Home service, however this unfortunately had an impact in the progress of recruitment to existing service vacancies.

The Care at home service continues to prioritise any available capacity to support hospital discharges and for those with the most critical needs in our community. However, the level of demand to support hospital discharge continues to utilise a significant proportion of Care at Home capacity and has an impact on the services opportunity to support those in our communities.

### **Actions to Improve Performance**

Wellbeing action plans around sickness absence levels within the Care at Home workforce to ensure the impact of high absence levels is being robustly managed and supporting staff to maintain attendance/return to work.

Robust recruitment plans are in place to enhance the inhouse Care at Home workforce to bolster existing service delivery and support additional capacity for unmet need.

Ongoing engagement with remaining care providers in North Ayrshire, including regular contract management meetings, to continue to review the position around Care at Home capacity and support for unmet need.



Regular review of the Call Monitoring information system to maximise efficiency in service delivery.

Community reablement staff supporting with review of the community waiting list to ensure maximum efficiency of service delivery.

### **Timescale for Improvements**

End of Quarter 4 2023-24

<b>Description</b>	Reduce the numbers of people on the waiting list for a Care at Home service in Hospital
<b>Responsible Service</b>	Health & Community Care
<b>Health and Wellbeing Indicator</b>	Quality of Life
<b>Strategic Objective</b>	Provide Early and Effective Support

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
12	Red 	21 			

### Trend Commentary

During Quarter 1, 21 people were on the waiting list for a Care at Home service in Hospital, exceeding the target by 9. The number of people waiting has decreased by 3 from 24 in Quarter 4 to 21 in Quarter 1 of 2023/24.

Workforce challenges related to sickness absence rates and vacancies within the frontline Care at Home service continue to significantly impact on frontline service delivery.

The in-house Care at Home service has continued to steadily grow capacity, however, there has remained no growth across external Care at Home providers with the largest framework Care at Home provider giving notice to exit contract in Quarter 1 resulting in a significant reduction in their capacity to undertake new service request provision. During this time the recruitment programme focussed on recruiting towards filling anticipated transfer vacancies to ensure safe continued delivery of service for people transferring to the in-house Care at Home service, however this unfortunately had an impact in the progress of recruitment to existing service vacancies.

Demand from both acute and community hospitals for supports has remained high, including increasing complexity of referrals and intensive support packages. However, the Partnership continues to support significant numbers of hospital discharges from a number of settings on a weekly basis.

### Actions to Improve Performance

Wellbeing action plans around sickness absence levels within the Care at Home workforce to ensure the impact of high absence levels is being robustly managed and supporting staff to maintain attendance/return to work.

An intensive programme of recruitment to the inhouse Care at Home workforce to bolster existing service delivery and support additional capacity for unmet need.

Ongoing engagement with remaining care providers in North Ayrshire, including regular contract management meetings, to continue to review the position around Care at Home capacity and support for unmet need.

Regular review of the Call Monitoring information system to maximise efficiency in service delivery.

Hospital based team to support robust processes for assessment and prioritising care capacity with increased focus on early discharge to assess where appropriate.





Increased focus on reablement pathways to improve outcomes for service users, increasing independence and creating capacity for new referrals.

### Timescale for Improvements

The end of Quarter 4 2023-24

<b>Description</b>	Average working days lost to sickness absence per employee – NAC
<b>Responsible Service</b>	System Wide
<b>Health and Wellbeing Indicator</b>	Engaged Workforce
<b>Strategic Objective</b>	Develop and Support our Workforce

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
3.30 p/q	Red 	4.12 			

### Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has increased by 0.09 days this quarter from 4.03 days to 4.12 days in Quarter 1.

### Actions to Improve Performance

Supporting Attendance Policy to ensure absence is managed within a supportive culture.

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.



Close links remain with Occupational Health Services in relation to sickness absence, physiotherapy, counselling access.

Absence and absence action plan will continue to be managed from Quarter 2 2023-24.

### Timescale for Improvements

Quarter 2 2023-24

<b>Description</b>	Average working days lost to sickness absence per employee – NHS
<b>Responsible Service</b>	System Wide
<b>Health and Wellbeing Indicator</b>	Engaged Workforce
<b>Strategic Objective</b>	Develop and Support our Workforce

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
4.0% p/q	Red 	6.03% 			

### Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has increased by 0.07% this quarter from 5.96% to 6.03% in Quarter 1.

### Actions to Improve Performance

Supporting Attendance Policy to ensure absence is managed within a supportive culture.

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.

Close links remain with Occupational Health Services in relation to sickness absence, physiotherapy, counselling access.

Absence and absence action plan will continue to be managed from Quarter 2 2023-24.

### Timescale for Improvements

Quarter 2 2023-24

## Children, Families and Justice

### **Provide Early and Effective Support and Improve Mental and Physical Health and Wellbeing**

In April, we received our formal UNICEF Baby Friendly Gold award accreditation, recognising the commitment across health visiting and family nursing teams to infant feeding. This makes NHS Ayrshire & Arran only the third Health Board to receive this accolade so we are incredibly proud to have achieved this.

Both the Service Manager, and Community Infant Feeding Support Nurse were instrumental in leading on the accreditation which included a submission of evidence, a staff survey on values and attitudes and interviews with parents/carers (the latter two conducted independently by UNICEF). They went above and beyond in their commitment to this and the Partnership are grateful for their efforts in this regard.

### **Provide Early and Effective Support and Improve Mental and Physical Health and Wellbeing**

In early April, we also opened applications for our bespoke Mental Health & Well Being fund. This fund allows applications for support for up to £500 per child, young person or carer/parent. This may be for a specific one off spend or a more regular payment of support over a longer period of time. The fund is designed to specifically target issues of mental and emotional distress and wellbeing rather than mental illness. It supports an approach based on prevention and early intervention. This fund is to assist Children and Families staff to work in partnership with a child/young person and their family to coproduce a support package that will provide positive solutions to support and improve their mental health and wellbeing needs.

Support and services should be provided to children and young people who will benefit from additional help to promote, manage, and improve their mental health and wellbeing and to help them develop coping strategies and resilience. This support may be required for a variety of reasons and may be of a holistic nature, some issues though not exhaustive that may be as follows associated with distress; anxiety, attachment distress, bereavement support, depression (mild to moderate), emotional and behavioural difficulties associated with neurodevelopmental disorders, gender identity, repetitive/perseverative behaviours, self-harm, self- injury, substance misuse, trauma.

Supports can also relate to Positive Mental Health and Wellbeing and may include issues such as: body image and self-esteem, building resilience and coping strategies (emotional regulation), healthy and positive relationships, healthy digital interaction, parenting support for children and young people of all ages.

### **Develop and Support and Workforce**

In 2021, the Scottish Government introduced new Child Protection Guidance with an implementation date of September 2023. There is ongoing work on a Pan Ayrshire basis to

develop a shared approach to implementation where possible, alongside a local North Ayrshire Child Protection Implementation group which has been created to take forward local actions. In order to help the workforce understand the changes arising and the principles behind, it was agreed that a series of briefing notes would be devised in order to keep the workforce up to date.

The group have ensured that the briefing notes will be distributed to our workforce and utilised as a tool for team and workplace discussions about the changes arising. Furthermore, bespoke agency briefings will be produced once operational changes are finalised.

## Develop and Support our Workforce and Enable Communities

At our celebration of care event, otherwise known as the Partnership Awards, which were held on the 20<sup>th</sup> of June this year, we celebrated the contribution of our staff, both individually and collectively alongside the crucial role that our volunteers and partner agencies also play.

From a Children, Families and Justice perspective, there were many nominations and winners. Winners included Lisa Kerr (Individual trailblazer award) and Geraldine Cairns (Partnership Champion award), both from our Justice Service Teams. In terms of Team Awards our Refugee and Resettlement Team were chosen as Partnership Champions and our Breastfeeding Network's Peer Supporters were crowned Volunteer Champions. The peer supporters are volunteers who have completed recognised training and receive ongoing supervision and training to maintain their registration with the Breastfeeding Network. They are mums who have received support that impacted on them in such a way that led them to find time in their busy lives to make support available to other mums and families in their local communities.



## Health and Community Care

Health and Community Care Services have continued to experience significant challenges throughout Quarter 1 of 2023/2024. Workforce absence remains higher than absence targets, resulting in continued impact upon the teams who support frontline care delivery.

The impact on the workforce of both absence and vacancies, alongside ongoing increased demands on community-based supports and services, has contributed to the number of people waiting for care provision. There is ongoing recognition that staff working within the Community Care teams continue to make every effort to ensure the delivery of high standards of care and that capacity to deliver this is maximised where possible.

### Provide Early and Effective Support

Winter Pressures funding received by the Partnership in late 2021 has been used to support interim care arrangements, multi-disciplinary teams, care at home capacity and social care staff's hourly pay increases. Whilst a number of areas are seeing performance that is not yet achieving the required targets, there remains positive outcomes and improvements across key areas.

In the Community Care adult social work teams, the number of people waiting for a social care assessment has reduced from 226 people at the end of Quarter 4 2022/2023 to 198 people at the end of Quarter 1 2023/2024, with the number of people awaiting a social care review also reducing from 319 to 306 over this same period. The hospital based social work assessment team have continued to work with colleagues across acute and community settings to promote an effective use of a planned date of discharge which enables a multi-agency approach to a safe and achievable date of discharge. This has been supported by the Partnership's focus on discharge to assess models of care which despite significant challenges in the independent care home sector, has supported 15 people to be discharged into interim care beds to enable a future care needs assessment to take place in a community setting.

External Care at Home providers continue to consolidate their positions with no growth in care provision across any of the external care providers across Quarter 1. One of the Partnership's care at home framework providers gave notice of their intention to cease delivery of care in North Ayrshire and care and support services for around 130 people transfer to the Partnership's inhouse Care at Home service at the beginning of Quarter 1 2023/2024.

The In-house Care at Home service continues to strive to meet the demands placed on it from both hospital and community settings, with an average of 36 care packages confirmed on a weekly basis to support discharge from hospital throughout Quarter 1. The Care at Home reablement team also facilitated 140 home visits for initial reablement assessments to people in North Ayrshire in Quarter 1.

## **Enable Communities**

Alzheimer's Scotland commenced a new agreement for the delivery of day services from its Ardrossan service and, with an increase in staffing and the introduction of transport to the service; is able to operate at full capacity offering day services provision across 7 days per week. This compliments the development of a revised model of Older People's day services which has commenced plans in Quarter 1 to fully recruit to deliver an enhanced outreach model of day opportunities. This also includes a day services pilot which is underway on the island of Arran, offering an outreach day service in the more remote villages. The pilot is due to be evaluated in September 2023, with a view to introducing a more person-centred approach in conjunction with the island's dementia support service.

## **Develop and Support our Workforce**

As detailed the Partnership has experienced significant workforce challenges across the Health and Social Care sector, including and probably the most challenging of these being on the island of Arran. There are a number of plans underway to address current vacancies on the island including specific targeted recruitment campaigns for a number of health and social care vacancies. The new health and social care accommodation, Glenartney, also opened its doors in Quarter 1 and has already been a huge benefit in being able to provide high quality accommodation for staff who commute to work on the island.

Efforts to bolster the frontline Care at Home workforce continue with ongoing recruitment and retention plans in place across the service. 25 frontline recruitment events were held in Quarter 1 for Care at Home staff across the localities in local communities supported by staff who work in the service – these events provide an opportunity for people to receive information and support on a career in Care at Home, with practical advice and guidance given on the day for filling in application forms and attending interviews. These events were attended by over 200 people, with 133 people interviewed at the events.

A successful transfer from an external Care at Home provider also took place in Quarter 1, with around 80 staff in various roles from frontline Care at Home Assistants to Care at Home Managers and Business Support staff securing employment within the Partnership.

## **Improve Mental & Physical Health and Wellbeing**

The long-term conditions team are continuing to develop services to ensure people receive the right care at the right time and in the right place. One example of this has been the recent recruitment of a band 6 community hospital transfer coordinator co-located within the Partnership's discharge social team at University Hospital Crosshouse. This new co-ordinator is responsible for the assessment, development, implementation and evaluation of care for people within an acute setting who have been referred to community hospitals for ongoing care and support. Working autonomously in the effective and efficient management of all patients who meet the criteria for transfer to community hospital specialities but working in collaboration with the multi-disciplinary team the post holder plays a pivotal role in supporting multidisciplinary ward staff and Health and Social Care



Partnership colleagues to ensure patients who require ongoing care in an alternative setting are transferred in a safe and timely manner.

**Case Study From:** Your Next Move, Working North Ayrshire and NAHSCP Care at Home pilot scheme

**Related Strategic Objective(s):** Develop and Support Our Workforce/Tackle Inequalities

A pilot scheme was set up by the Council's Your Next Move employability team in partnership with NAHSCP and supported by We Work for Families and Community Enterprise In Scotland (CEIS) Ayrshire.

Throughout the six-month-long pilot project – believed to be the first of its kind in Scotland – a group of five young women, who had either never worked or had not been in employment for a long time, completed a five-week course that covered writing a CV, interview practise and an introduction to the care sector.

The candidates involved in the innovative scheme, which ended earlier this year, then went on to undertake paid, mentored, vocational placements with North Ayrshire Health and Social Care Partnership, before attending interviews to join the Care at Home team.

After success at interview, the group have all now taken up permanent employment within the team, where they have undergone accredited training and are now working shifts for Care at Home that fit in with their childcare needs and other family commitments.

A mother of one from Dalry completed the pilot project and said it has been a “life-changing” experience.

“It has made a big difference to my life. Before, when I was unemployed and on benefits, I was very stressed about money quite a lot. Now I am not worrying about it anywhere near as much. This scheme is based around my needs, so I work during my wee girls’ nursery hours which has really helped with my confidence because before I felt really isolated being in the house.”

All candidates have continued to thrive in their new roles and have become valued members of their teams.

A mother of three from Irvine completed the project and reflected on her experience since joining the Irvine Care at Home Team saying:

“I have really enjoyed the opportunity I was given as part of the scheme; It really has changed not only my life but also my children’s lives for the better. As a single parent it has given me better financial stability which allows me to enjoy more quality time doing things with my children. I was given all the training and induction to the service that I required, and I felt fully supported throughout the training period, the support I have received since gaining my permanent position from my team mates and care at home manager has been amazing, they are always there to help me when needed. I have gained valuable

experience that I am still building on by undertaking further training opportunities offered to me. I felt welcomed into the team and I now class my colleagues as friends.”

Marlene Fleming, Care at Home Manager for The Three Towns, said the pilot has worked brilliantly for everyone involved – the trainees, the service and most importantly those we support in our community.

She explained: “Their confidence has been boosted, they are excited to go to work and they go to work with a smile on their face. This has been extremely valuable to the service, supporting the care at home workforce and giving these women much needed experience and skills to help with their future careers. The pilot went extremely well and has really supported the Care at Home team.”

North Ayrshire Council’s top priorities include tackling child poverty and supporting residents through the Cost-of-living Crisis. The three key drivers of child poverty are income from employment, income from social security and the cost of living.

Councillor Tony Gurney, Cabinet Member for Economy and Climate Change, said: “It is fantastic to see how successful this pilot scheme has been, and I would like to congratulate everyone involved, and wish the candidates well for the future.”





# Mental Health

## Alcohol & Drug Services

All local and national targets and standards being met. Recruitment to vacant nursing and social worker posts within the North Ayrshire Drug & Alcohol Recovery Service are being progressed. A review of the national Medication Assisted Treatment (MAT) benchmarking report and localised information will be conducted to enable identification of further improvement actions. Actions relating to MAT Standard 7 (primary care) being progressed including the offer of a MAT related Local Enhanced Service to interested GPs and for local pharmacies to pilot Buvidal support clinics.

## CAMHS

CAMHS National Specification has been fully implemented by the service as of the 1<sup>st</sup> of August 2023, the impact of this change is not expected to be realised until November 2023. The current RTT is 98% with a waiting time of 16/17 weeks, and action has been undertaken to maintain and improve on targets over the next two months.

Implementation of National Neurodevelopmental Standards is underway with a Multi-Agency Focus.

## Inpatient Services

- Mental health services have a Newly Qualified Nurses development programme supported by Senior Nurses from Mental Health. This has been nominated for a national award and supports the strategic objective of developing and supporting our workforce.
- Older People's Mental Health Inpatient Service has secured funding to release a band 6 to facilitate discharge from hospital and support people awaiting admission. The Crisis Intervention Service does not routinely support people over the age of 65 and this service relates to all the strategic objectives in some way.
- The Peer Support Volunteer Development Programme commenced in early 2022. Four individuals with lived mental health experience participated in the programme to help them develop skills and knowledge to enable them to offer support to others within Acorn. Over the course of the year, they participated in Scottish Mental Health First Aid and Safe Talk Training along with weekly training sessions facilitated by Acorn staff. During this time, they also completed two SQA Awards facilitated by Ayrshire College. They are now registered as NHS Volunteers and are now offering a weekly peer led drop in and support for new patients attending Acorn. Within the next 12 months the group will be offered regular individual and group supervision. They intend to participate in Peer2Peer Training Programme, facilitated by Acorn staff, alongside the SQA Award in Volunteering, facilitated by Ayrshire College. As their confidence grows their supportive role will develop within

Acorn. The goal is to be able to develop the role of the peer worker into a paid position and support all of the strategic objectives.

- Adult acute inpatient wards continue to implement SPSP work streams improving patient experience and reducing risk. Currently focusing on group work, early feedback from patient group has been positive.

## Community Mental Health

- **Enable Communities** - Partnership working with the TSI: Scottish Government Communities Mental Health Fund - as part of the Scottish Government's Recovery and Renewal Fund, an evaluation of year 1 funding has been undertaken Nationally. The North Ayrshire Third Sector Interface led the local fund initiative, with NAHSCP supporting the planning, process design, communication and implementation along with others.
- **Develop and support our Workforce** - Supported by the Senior Nurses for Mental Health, work has been undertaken across Ayrshire on the role of the community mental health nurse considering recruitment, training, planning and support of our newly qualified and experienced registered mental health nurses.

Working in Collaboration with The Institute for Research and Innovation in Social Services (Iriss) we have also been exploring the role of the community social worker, considering current roles and future opportunities for growth and development.

- **Provide Early and Effective Support** - ['Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032'](#) – in follow up to the pan Ayrshire launch event in December 2022, a working group has been established in quarter 1 to formulate a local North Ayrshire Event; anticipated to take place in October 2023.

The Suspected Death by Suicide Review Group has continued to meet over the quarter, to provide support and learning from any unfortunate deaths over the period.

- **Improve Mental & Physical Health and Wellbeing** - Mental Health and Wellbeing in Primary Care – strategic thinking continues to take place regarding the development of a mental health and wellbeing in primary care service in line with Scottish Government national strategy.

Collaborative engagement work between primary and secondary care has been undertaken during quarter 1.

The overarching pan Ayrshire working group has continued to meet, now forming a writing group, to provide proposed strategic plans for 2024-2026.

- **Tackle Inequalities** - North Ayrshire Adult community mental health services continue as active partners with North Ayrshire Alcohol and Drug Services, developing and implementing their co-existing mental health and alcohol & drug pathways for screening, intervention, and joint working. A key group of managers

and stakeholders continue to take this work forward, ensuring application to practice and identifying any further opportunities for learning and improvement.

## **Learning Disabilities**

As of November 2022, and following an extensive data collection and analysis exercise exploring activity and pressures, the number of beds available within Ward 7A was permanently reduced from 10, to 7. As a result of this change, the ward has seen a variety of benefits, including reduced levels of behaviours perceived as challenging, and space to explore new developments, with a view to improving the care environment and client experience. Its ongoing involvement in the Scottish Patient Safety Programme learning collaborative has provided a vehicle for gathering data to reflect this and other changes within the ward, with reductions evident since the change in bed numbers in rates of restraint, and incidents of violence and self-harm.

## **Community Eating Disorders**

Community Eating Disorder Service (CEDS) has appointed a Consultant Psychologist and the referral criteria and treatment pathways are being reviewed and updated in line with evidence-based practice and the Eating Disorder National Review.

## **Psychological Services**

Psychological Services (PS) continues to engage in a strong recruitment drive to fill all vacancies. PS have been successful, in a very competitive workforce context, in utilising our full SG funding allocation for PT, increasing capacity for longest waits and unmet need. The greatest challenges in our workforce remain in CAMHS and parts of our Adult Mental Health Specialties. Difficulties in recruitment and retention and high maternity leave in these clinical areas are leading to longer waiting times. However, this reduction in capacity, and therefore compliance, has been offset by improvements in Referral to Treatment for other Specialties, resulting in our overall compliance remaining high.

## System Wide

### Absence Statement

All services across all directorates have been impacted by COVID either directly or indirectly which is represented in the absence levels during the year to date.

**NAC** – Staff absence is detailed in Appendix 4. Sickness absence from NAC staff in the Partnership is 4.12 days, 0.82 days over the quarterly target of 3.3 working days.

**NHS** – Sickness absence from NHS staff in the Partnership is 6.03%, 2.03% above the target of 4.0%

### Recruitment and Retention

Service	New Starts	Leavers
Children, Families and Justice	10	11
Health and Community Care	77	20
Mental Health	9	2
Finance and Transformation	0	1
Professional Standards	1	2
Business Admin	10	12
<b>TOTAL</b>	<b>107</b>	<b>48</b>

Ongoing Information and Recruitment Events are being held to promote opportunities in Care at Home Services and also on the Isle of Arran.

Due to ongoing concerns nationally with regard to the recruitment and retention of Qualified Social Workers, a twice-yearly data collection from all HSCP's in Scotland commenced in June 2023. Findings are to be published by the Scottish Social Services Council in August / September.

# Finance

## Financial Position at month 3

At month 3 against the full-year budget of £285.076m there is a projected year-end overspend of £4.576m (1.6%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £3.837m in social care services and a projected overspend of £0.739m in health services.

East and South HSCP do not report at month 3 so the impact of their Lead Partnership services is not included in the projections.

From the core projections, overall, the main areas of pressure are residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.

The main areas of variance during quarter 1 are noted below:

**Health and Community Care** - against the full-year budget of £89.901m there is a projected overspend of £0.616m (0.7%) and the main variances are:

- a) Care home placements including respite placements are projected to underspend by £0.171m.
- b) Care at home (in house and purchased) is projected to be £0.637m underspent. The position is made up of an underspend in in-house services of £1.145m which is partly offset by an overspend in purchased services of £0.508m as the budget was reduced to reflect the additional costs of bringing some services in-house after the provider withdrew from the contract.
- c) Integrated Island Services is projected to be £0.163m underspent. This is due to a projected underspend in care at home costs of £0.198m and Montrose House employee costs of £0.435m. These underspends are offset by an overspend for Montrose House staff additional agency costs of £0.355m.
- d) District Nursing is projected to overspend by £0.225m due to an overspend on bank nursing costs and supplies.
- e) Rehab wards are projected to overspend by £0.265m (Redburn ward £0.215m overspent and Douglas Grant £0.050m overspent). The overspend is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.
- f) Wards 1 and 2 are projected to overspend by £0.750m due to increased use of supplementary staffing.

**Mental Health** - Against the full-year budget of £101.049m there is a projected overspend of £1.898m (1.9%) prior to the reallocation of the Lead Partnership overspend to East and South HSCP. The main variances are:

- a) Learning Disabilities Care Packages (including residential and direct payments) - projected underspend of £0.310m in community care packages and projected overspends of £0.497m in direct payments and £0.684m for residential placements.
- b) Community Mental Health services are projected to underspend by £0.203m which is mainly due to an underspend of £0.218m in community packages (including direct payments) and an overspend in residential placements of £0.083m.
- c) The Lead Partnership for Mental Health is projecting to be £1.410m overspent and the main variances are as follows:
  - A projected overspend in Adult Inpatients of £0.600m.
  - The UNPACS (Unplanned Activities) budget is projected to overspend by £1.067m based on current number of placements and enhanced costs remaining until the year end.
  - Learning Disability Services are projected to overspend by £0.426m due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Elderly Inpatients are projected to overspend by £0.240m due to the use of supplementary staffing.

**Children and Justice Services** – against the full-year budget of £39.191m there is a projected overspend of £5.615m (14.3%). Care Experienced Children and Young People is projected to overspend by £5.628m. The main areas within this are noted below:

- a) Children's residential placements are projected to overspend by £5.700m. We started 2023/24 with 32 placements and there are currently 36 placements which are assumed to continue until the end of the year. Within the £5.700m there is £0.250m relating to enhanced costs for two placements.
- b) Looked after and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.361m underspent based on the current number of placements.

**Management and Support** - Management and Support Services are projected to underspend by £1.959m and the main areas of underspend are:

- An over-recovery of payroll turnover of £0.723m for social care services and an over-recovery of payroll turnover of £0.261m for health services as outlined in the table below.
- There is projected slippage on the LD and MH transition funding of £0.380m due to delays in children transitioning into adult services.

## Savings

The savings plan for 2023-24 anticipates that a total of £4.963m of savings will be delivered in-year with only £0.273m of savings rated as red for achievement at month 3.

## Reserves

The 'free' general fund balance of £6.448m is held as a contingency balance, this equates to around 2.3% of the initial approved IJB budget for 2023-24 which is within, but towards the lower end, of the target range of 2%-4%.

	General Fund Reserves		Earmarked Reserves		Total
	Debt to NAC	Free GF	External Funding	HSCP	
	£m	£m	£m	£m	£m
Opening Balance - 1 April 2023	-	6.448	6.997	4.219	<b>17.664</b>
2023-24 Draw Per the Budget Paper	-	-	(1.252)	-	<b>(1.252)</b>
Current Reserve balances	-	6.448	5.745	4.219	<b>16.412</b>

The 2023-24 budget approved the use of £1.252m of previously earmarked reserves to support a balanced budget position for 2023-24. The HSCP reserves also includes an amount of £2.0m which was agreed to support the financial position during 2023-24.

## Financial Recovery Plan

The Integration Scheme requires the preparation of a recovery plan if an overspend position is being projected to plan to bring overall service delivery back into line with the available resource.

As a contingency there is provision of £2m non-recurring funding set aside in the reserves to contribute towards the 2023-24 position. This would reduce the current projected overspend to £2.576m.

A financial recovery plan is being developed to target the main areas of overspend and this will be brought to IJB with the Month 4 financial report.

There is also £6.448m of unallocated funds which would cover the remainder of the projected overspend if it cannot be managed downwards in the coming months. This would be a last resort as this funding is non-recurring and it does not resolve the issues underlying the projected overspend.

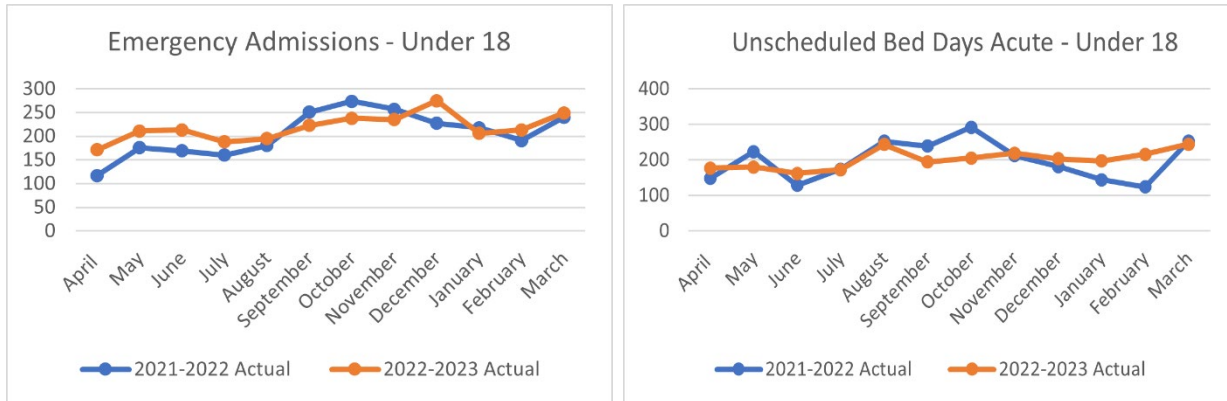
The Budget Monitoring Report–Objective Summary on 30th June 2023 can be viewed in Appendix 5.



## MSG Trajectories

MSG information is provided by the Information Services Division of the NHS and is subject to monthly change due to the data completeness and validation process undertaken by the SOURCE team.

### Under 18



The information below represents the last 3 months of available data.

#### Emergency Admissions - Acute

January 2023 – 206

February 2023 – 213

March 2023 – 249

#### Unscheduled Bed Days - Acute

January 2023 – 197

February 2023 – 216

March 2023 – 244

#### A&E Attendances

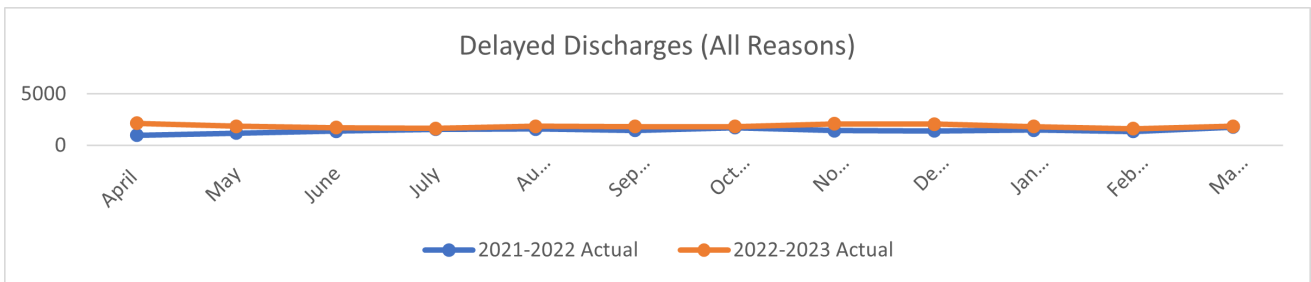
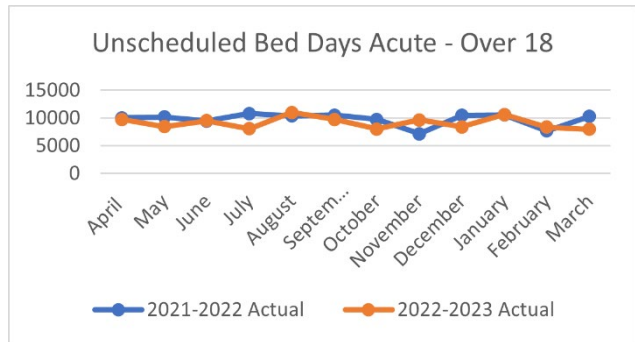
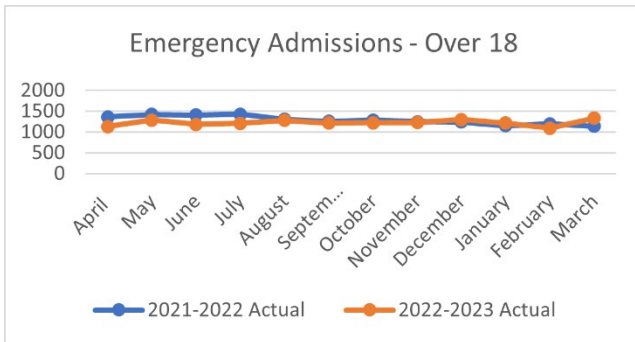
January 2023 – 510

February 2023 – 563

March 2023 – 660



## Over 18



The information below represents the last 3 months of available data.

### Emergency Admissions - Acute

January 2023 – 1,219

February 2023 – 1,093

March 2023 – 1,332

### Unscheduled Hospital Days Acute

January 2023 – 10,625

February 2023 – 8,367

March 2023 – 7,978

### A&E Attendances

January 2023 – 1,812

February 2023 – 1,682

March 2023 – 1,954

**Delayed Discharge (All Reasons)**

January 2023 – 1,828

February 2023 – 1,610

March 2023 – 1,852

**Delayed Discharge bed Days –H&SC**

January 2023 – 985

February 2023 – 848

March 2023 – 918

# Appendix 1




## MSG Trajectories with Rates

Note – These reports are released for management purposes only and contain previously unpublished data. Please treat the material and any indication of the results as restricted until general release.




Performance Indicator	October-22	November-22	December-22	January-23	February-23	March-23	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,461	1,465	1,576	1,425	1,306	1,581	March
Emergency Admissions to Acute Hospitals Rate per 1000	10.6	10.7	11.4	10.6	9.7	11.8	March
Number of Admissions from Emergency Dept.	722	706	814	682	628	697	March
Admissions from Emergency Dept. Rate per 1000	5.4	5.3	6.1	5.1	4.7	5.2	March
Emergency Dept. conversion rate %	25%	27.3%	30.5%	29.4%	28%	26.7%	March
Number of unscheduled hospital bed days in Acute	8,258	9,879	8,618	10,822	8,538	8,222	March
Unscheduled Hospital Bed days in acute rate per 1000	89.9	82.6	86.2	80.6	64	61.4	March
Number of Emergency Dept. Attendances	2,892	2,587	2,668	2,322	2,245	2,614	March
Emergency Dept. attendances Rate per 1000	21.5	19.3	19.9	17.3	16.7	19.5	March




























Performance Indicator	October-22	November-22	December-22	January-23	February-23	March-23	Performance Data Last Updated
Number of Delayed Discharges bed days (all reasons)	1,819	2,090	2,072	1,828	1,610	1,852	March
Number of Delayed Discharges bed days (all reasons) rate per 1000	16.6	19.1	18.9	16.7	14.7	16.9	March
Number of Delayed Discharges bed days (code 9)	790	854	984	802	729	893	March
Number of Delayed Discharges bed days (Code 9) rate per 1000	7.2	7.8	9.0	7.3	6.7	8.2	March



































## Appendix 2 – All Performance Measures

























**Thresholds: Red** – 10+%; **Amber** - >=5% and <10%; **Green** - <5%   

This relates to the value compared to a measure's target - Where the thresholds above do not allow an amber status (i.e., the target is a whole number less than 20) the threshold will be as close to possible to allow an amber status (where the target is missed by 1)




















**Measure Progress Indicator:** Improvement  Remains Level  Reduction   
 (Relates to progress of each measure compared to its previous relatable value)

Measure	Target 2023-24	Current Status	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
Number of service users referred to employability service	9	Green 	13 	31  ↑			
Employability mentors - No of service users being supported into employment, training, education.	7 (New Target)	Green 	13 	7  ↓			
Number of PRI sessions which have taken place	2 (New Target)	Red 	0 	0  ↔			
% of completed interventions with positive impact (e.g. DUST, CHAT)	50%	Green 	53.3% 	70.6%  ↑			
Support 4 formerly cared for young people to move into independent living each year.	1 (Cumulative)	Red 	5 	0  ↓			
Support 45 children and young people into kinship care placements each year.	11 (Cumulative)	Green 	42 	12  ↑			
Recruit 6 new foster carers each year.	1 (Cumulative)	Green 	2 	5  ↑			
No. of requests for assistance made by health visitors or family nurse	450	Green 	452 	475  ↑			
Increase % of requests for assistance remaining within Universal Early Years	47%	Amber 	43.4% 	42.3%  ↓			


















Measure	Target 2023-24	Current Status	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	85%	Green 	83.9% 	Information reported in arrears due to data validation timescales			
Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)	78%	Amber 	70.6% 	Information reported in arrears due to data validation timescales			
Reduce the number of people waiting for assessment	150	Red 	226 	↑ 198 			
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	Red 	174 	↓ 191 			
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	Red 	24 	↑ 21 			
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	Green 	150 	↑ 33 			
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	Green 	98.2% 	↑ 98.9% 			
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Alcohol)	90%	Green 	96% 	↔ 96% 			
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Drug)	90%	Green 	96% 	↔ 96% 			
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	Green 	37 	↑ 40 			
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	Green 	145 	↓ 144 			
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,069 p/q	Green 	1,768 	↓ 1,280 			

Measure	Target 2023-24	Current Status	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
CAMHS – Seen within 18 weeks (RTT)	90%	Green 	98.5% 	98.6% ↑ 			
Psychological Therapies – Seen within 18 weeks (RTT)	90%	Green 	86.4% 	86.3% ↓ 			
Reduce out of hours admissions for people aged 65 and over (MH)	8 p/q	Green 	5 	5 ↔ 			
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	Green 	122 	84 ↑ 			
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	Green 	0 	0 ↔ 			
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	90%	Green 	97.9% 	97.9% ↔ 			
Average working days lost to sickness absence per employee - NAC	3.30 p/q	Red 	4.03 	4.12 ↓ 			
Percentage working days lost to sickness absence per employee - NHS	4.0% p/q	Red 	5.96% 	6.03% ↓ 			

## Appendix 3 – Quarterly Comparison Table

Measure	Target 2023-24	Q1 2022-23	Q1 2023-24
Number of service users referred to employability service	9	33 	↓ 31 
Employability mentors - No of service users being supported into employment, training, education.	7 (New Target)	12 	↓ 8 
Number of PRI sessions which have taken place	2 (New Target)	2 	↓ 0 
% of completed interventions with positive impact (e.g., DUST, CHAT)	50%	75% 	↓ 70.6% 
Support 4 formerly cared for young people to move into independent living each year.	1 (Cumulative)	1 	↓ 0 
Support 45 children and young people into kinship care placements each year.	11 (Cumulative)	14 	↓ 12 
Recruit 6 new foster carers each year.	1 (Cumulative)	0 	↑ 5 
No. of requests for assistance made by health visitors or family nurse	450	449 	↑ 475 
Increase % of requests for assistance remaining within Universal Early Years	47%	42.1% 	↑ 42.3% 
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	85%	81.2% 	Information reported in arrears due to data validation timescales Information reported in arrears due to data



Measure	Target 2023-24	Q1 2022-23	Q1 2023-24
			validation timescales
Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)	<b>78%</b>	<b>77.2%</b> 	Information reported in arrears due to data validation timescales Information reported in arrears due to data
Reduce the number of people waiting for assessment	<b>150</b>	<b>229</b> 	<b>198</b> ↑ 
Reduce the number of people on the waiting list for a Care at Home service in the Community	<b>90</b>	<b>157</b> 	<b>191</b> ↓ 
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	<b>12</b>	<b>19</b> 	<b>21</b> ↓ 
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	<b>90</b>	<b>132</b> 	<b>33</b> ↑ 
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	<b>95%</b>	<b>99.4%</b> 	<b>98.9%</b> ↓ 
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Alcohol)	<b>90%</b>	<b>97%</b> 	<b>96%</b> ↓ 
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Drug)	<b>90%</b>	<b>99%</b> 	<b>96%</b> ↓ 
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	<b>10</b>	<b>16</b> 	<b>40</b> ↑ 

Measure	Target 2023-24	Q1 2022-23	Q1 2023-24
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	299 ✔	↓ 144 ✔
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,069 p/q	1,265 ✔	↑ 1,280 ✔
CAMHS – Seen within 18 weeks (RTT)	90%	96.8% ✔	↑ 98.6% ✔
Psychological Therapies – Seen within 18 weeks (RTT)	90%	88.9% ✔	↓ 86.3% ✔
Reduce out of hours admissions for people aged 65 and over (MH)	8 p/q	5 ✔	↔ 5 ✔
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	134 ✔	↓ 84 ✔
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	1 ✘	↑ 0 ✔
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	90%	100% ✔	↓ 97.9% ✔
Average working days lost to sickness absence per employee - NAC	3.30 p/q	3.79 ✘	↓ 4.12 ✘
Percentage working days lost to sickness absence per employee - NHS	4.0% p/q	4.97% ✘	↓ 6.03% ✘

## Appendix 4 – Workforce Absence

Table 1a NAC 2023-24 Data

Name	April	May	June	Year to Date	Target	Variance
<b>Health &amp; Social Care Partnership (HSCP)</b>	<b>1.29</b>	<b>1.41</b>	<b>1.43</b>	<b>4.12</b>	<b>3.32</b>	<b>0.80</b>
HSCP Business Administration	1.29	1.30	1.12	3.71	2.75	<b>0.96</b>
HSCP Senior Managers	0.00	0.00	0.00	0.00	1.25	<b>-1.25</b>
Financial Inclusion	0.52	0.00	1.32	1.84		
<b>Chief Social Work Officer</b>	<b>0.00</b>	<b>0.35</b>	<b>0.00</b>	<b>0.35</b>	<b>2.00</b>	<b>-1.65</b>
Professional Standards	0.00	0.35	0.00	0.35	2.00	<b>-1.65</b>
<b>Children, Families &amp; Justice (CF)</b>	<b>1.15</b>	<b>1.54</b>	<b>1.57</b>	<b>4.25</b>	<b>3.20</b>	<b>1.05</b>
CF - Garnock Valley, North Coast & Arran	0.90	0.90	0.74	2.54	3.29	<b>-0.75</b>
CF - Irvine, Killwinning & Three Towns	0.77	1.00	1.50	3.28	3.75	<b>-0.47</b>
CF - Justice Services	0.00	0.00	0.00	0.00	3.75	<b>-3.75</b>
CF - Care Experienced Children & Young People	0.89	1.95	1.95	4.78	3.52	<b>1.26</b>
CF - Justice & Intervention Services	1.80	1.70	1.59	5.09	1.25	<b>3.84</b>
CF - Universal Early Years	0.00	0.26	0.00	0.26	2.07	<b>-1.81</b>
<b>Health &amp; Community Care (HCC)</b>	<b>1.53</b>	<b>1.57</b>	<b>1.58</b>	<b>4.69</b>	<b>3.60</b>	<b>1.09</b>
HCC - Arran Services	0.00	0.00	1.04	1.04	2.50	<b>-1.46</b>
HCC - Community Care Services	1.69	1.66	1.69	5.03	3.75	<b>1.28</b>
HCC - Locality Services	0.56	0.87	0.77	2.19	2.55	<b>-0.36</b>
HCC – Long Term Conditions	4.00	3.00	0.00	7.00	1.25	<b>5.75</b>
HCC - Rehab & Reablement	0.51	1.90	1.51	3.92	2.50	<b>1.42</b>
<b>HSCP Finance &amp; Transformation</b>	<b>0.12</b>	<b>0.56</b>	<b>0.47</b>	<b>1.15</b>	<b>2.28</b>	<b>-1.13</b>
Contracts and Commissioning	0.00	0.00	0.00	0.00	2.00	<b>-2.00</b>
HSCP - Finance	0.00	0.23	0.00	0.23	2.00	<b>-1.77</b>
HSCP - Performance	0.20	1.92	2.08	4.20	2.00	<b>2.20</b>

Name	April	May	June	Year to Date	Target	Variance
HSCP – Strategic Planning & Transformation	0.44	0.00	0.00	0.44	3.00	<b>-2.56</b>
<b>Mental Health</b>	<b>0.69</b>	<b>0.74</b>	<b>0.93</b>	<b>2.35</b>	<b>3.75</b>	<b>-1.40</b>
MHS - Addictions	0.00	0.00	1.11	1.11	3.75	<b>-2.64</b>
MHS - Community	0.16	0.26	0.00	0.43	3.75	<b>-3.32</b>
MHS - Learning Disabilities	1.31	1.36	1.37	4.04	3.75	<b>0.29</b>

Table 1b NAC 2022-3 Data

Directorate/Section	April	May	June	Year to Date	Target	Variance
<b>Health &amp; Social Care Partnership (HSCP)</b>	1.11	1.37	1.31	3.79	3.30	0.49
HSCP Business Administration	0.61	0.68	0.67	1.96	2.40	-0.44
HSCP Senior Managers	0.00	0.00	0.00	0.00	1.26	-1.26
<b>Chief Social Work Officer</b>	1.88	1.96	1.61	5.45	1.26	4.19
Professional Standards	1.88	1.96	1.61	5.45	1.26	4.19
<b>Children, Families &amp; Justice (CF)</b>	1.22	1.47	1.53	4.22	3.27	0.95
CF - Garnock Valley, North Coast & Arran	1.20	1.21	1.09	3.50	3.75	-0.25
CF - Irvine, Killwinning & Three Towns	1.88	2.40	2.12	6.40	3.75	1.20
CF - Justice Services	0.00	0.00	0.00	0.00	1.26	-1.26
CF - Care Experienced Children & Young People	1.54	1.60	1.81	4.95	3.75	1.20
CF - Justice & Intervention Services	0.46	0.88	1.19	2.53	2.43	0.10
CF - Universal Early Years	2.67	2.56	0.00	5.23	1.32	3.91
<b>Health &amp; Community Care (HCC)</b>	1.32	1.61	1.47	4.40	3.63	0.77
HCC - Arran Services	0.86	1.99	2.33	5.18	1.26	3.92
HCC - Community Care Services	1.37	1.64	1.55	4.56	3.75	0.81
HCC - Locality Services	0.79	1.25	0.72	2.76	2.55	0.21
HCC - Rehab & Reablement	1.45	1.40	0.79	3.64	3.75	-0.11
<b>HSCP Finance &amp; Transformation</b>	0.65	0.68	0.37	1.70	1.86	-0.16
HSCP - Finance	0.62	0.65	0.06	1.33	2.01	-0.68
HSCP - Performance	0.00	0.00	0.00	0.00	1.26	-1.26
HSCP – Strategic Planning & Transformation	1.00	1.05	1.05	3.10	2.01	1.09
<b>Mental Health</b>	0.58	1.18	1.18	2.94	5.85	-2.91
MHS - Addictions	0.16	1.50	0.51	2.17	4.44	-2.27

<b>Directorate/Section</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Year to Date</b>	<b>Target</b>	<b>Variance</b>
MHS - Community	0.66	2.73	2.96	6.35	6.24	0.11
MHS - Learning Disabilities	0.73	0.48	0.83	2.04	6.24	-4.20

Table 2 **NHS 2023–24****NHS Absence Rate between 01/04/2023 and 31/12/2024**

Directorate	Q1	Q2	Q3	Q4
Business Support North	3.37			
Children's Health / Care & Justice Services North	2.57			
Community Health & Care Services North	6.07			
Lead Partnership North	6.79			
<b>Grand Total</b>	<b>6.03</b>			

## Appendix 5 – Finance

### Partnership Budget - Objective Summary

#### 2023/24 Budget

	Council	Council	Council	Health	Health	Health	TOTAL	Budget	Budget
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>COMMUNITY CARE AND HEALTH</b>	<b>70,156</b>	<b>69,498</b>	<b>(658)</b>	<b>19,745</b>	<b>21,019</b>	<b>1,274</b>	<b>89,901</b>	<b>90,517</b>	<b>616</b>
: Locality Services	28,157	28,233	76	6,148	6,378	230	34,305	34,611	306
: Community Care Service Delivery	36,577	35,849	(728)	0	0	0	36,577	35,849	(728)
: Rehabilitation and Reablement	2,206	2,207	1	0	0	0	2,206	2,207	1
: Long Term Conditions	944	1,108	164	10,952	11,817	865	11,896	12,925	1,029
: Community Link Workers	197	188	(9)	0	0	0	197	188	(9)
: Integrated Island Services	2,075	1,913	(162)	2,645	2,824	179	4,720	4,737	17
<b>MENTAL HEALTH SERVICES</b>	<b>29,692</b>	<b>30,180</b>	<b>488</b>	<b>71,357</b>	<b>72,767</b>	<b>1,410</b>	<b>101,049</b>	<b>102,947</b>	<b>1,898</b>
: Learning Disabilities	22,864	23,555	691	542	542	0	23,406	24,097	691
: Community Mental Health	5,942	5,739	(203)	1,623	1,623	0	7,565	7,362	(203)
: Addictions	886	886	0	1,784	1,784	0	2,670	2,670	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	67,408	68,818	1,410	67,408	68,818	1,410
<b>CHILDREN &amp; JUSTICE SERVICES</b>	<b>34,627</b>	<b>40,087</b>	<b>5,460</b>	<b>4,564</b>	<b>4,719</b>	<b>155</b>	<b>39,191</b>	<b>44,806</b>	<b>5,615</b>
: Irvine, Kilwinning and Three Towns	3,184	3,101	(83)	0	0	0	3,184	3,101	(83)



	Council	Council	Council	Health	Health	Health	TOTAL	Budget	Budget
: Garnock Valley, North Coast and Arran	3,188	3,013	(175)	0	0	0	3,188	3,013	(175)
: Intervention Services	1,885	1,801	(84)	440	440	0	2,325	2,241	(84)
: Care Experienced Children & Young people	22,655	28,283	5,628	0	0	0	22,655	28,283	5,628
: Head of Service - Children & Families	1,075	1,380	305	0	0	0	1,075	1,380	305
: Justice Services	2,412	2,279	(133)	0	0	0	2,412	2,279	(133)
: Universal Early Years	228	230	2	3,698	3,853	155	3,926	4,083	157
: Lead Partnership NHS Children's Services	0	0	0	426	426	0	426	426	0
<b>CHIEF SOCIAL WORK OFFICER</b>	1,852	1,473	(379)	0	0	0	1,852	1,473	(379)
<b>PRIMARY CARE</b>	0	0	0	53,406	53,350	(56)	53,406	53,350	(56)
<b>ALLIED HEALTH PROFESSIONALS</b>	0	0	0	10,176	10,176	0	10,176	10,176	0
<b>COVID NHS</b>	0	0	0	0	(275)	(275)	0	(275)	(275)
<b>MANAGEMENT AND SUPPORT COSTS</b>	5,271	4,216	(1,055)	(17,227)	(18,131)	(904)	(11,956)	(13,915)	(1,959)
<b>FINANCIAL INCLUSION</b>	1,457	1,438	(19)	0	0	0	1,457	1,438	(19)
<b>OUTTURN ON A MANAGED BASIS</b>	<b>143,055</b>	<b>146,892</b>	<b>3,837</b>	<b>142,021</b>	<b>143,625</b>	<b>1,604</b>	<b>285,076</b>	<b>290,517</b>	<b>5,441</b>
Return Hosted Over/Underspends East	0	0	0	0	(462)	(462)	0	(462)	(462)
Return Hosted Over/Underspends South	0	0	0	0	(403)	(403)	0	(403)	(403)
<b>OUTTURN ON AN IJB BASIS</b>	<b>143,055</b>	<b>146,892</b>	<b>3,837</b>	<b>142,021</b>	<b>142,760</b>	<b>739</b>	<b>285,076</b>	<b>289,652</b>	<b>4,576</b>

## Appendix 6 – Glossary of Acronyms

Acronym	Description
<b>A&amp;A</b>	NHS Ayrshire & Arran
<b>ABI</b>	Alcohol Brief Intervention
<b>ACH</b>	Ayrshire Central Hospital
<b>ADP</b>	Alcohol Drug Partnership
<b>AMHT</b>	Adult Mental Health Team (North Ayrshire Only)
<b>AWI</b>	Adults With Incapacity
<b>BMI</b>	Body Mass Index
<b>CFJ</b>	Children, Families and Justice
<b>CASST</b>	Child & Adolescent Specialist Substance Team
<b>CAH</b>	Care at Home
<b>CAMHS</b>	Child and Adolescent Mental Health Team
<b>CCS</b>	Community Care Services
<b>CMHS</b>	Community Mental Health Service
<b>CMHT</b>	Community Mental Health Team
<b>CMT</b>	Corporate Management Team (NHS)
<b>COSLA</b>	Convention of Scottish Local Authorities
<b>COVID-19</b>	The naming associated with the global pandemic
<b>CP</b>	Child Protection
<b>CPA</b>	Care Programme Approach
<b>CPC</b>	Child Protection Committees
<b>CPO</b>	Community Payback Order
<b>CRT</b>	Crisis Resolution Team
<b>CUAIT</b>	CAMHS Urgent Assessment & Intensive Treatment
<b>CYP</b>	Children and Young People
<b>DNA</b>	Did Not Attend
<b>DRD</b>	Drug Related Deaths
<b>DwD</b>	Discharge Without Delay
<b>ED</b>	Emergency Department
<b>EM</b>	Employability Mentors
<b>ESMT</b>	Extended Senior Management Team
<b>GP</b>	General Practitioner (Practice)
<b>HCC</b>	Health and Community Care
<b>HIS</b>	Healthcare Improvement Scotland
<b>HR</b>	Human Resources
<b>HSCP</b>	Health & Social Care Partnership
<b>HVSW</b>	Health Visiting Support Worker
<b>ICT</b>	Intermediate Care Team
<b>LD</b>	Learning Disabilities
<b>MAD</b>	Making a Difference Service
<b>MAASH</b>	Multi Agency Assessment and Screening Hub
<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>MDT</b>	Multi-Disciplinary Team

<b>Acronym</b>	<b>Description</b>
<b>MH/ MHS</b>	Mental Health/ Mental Health Service
<b>MHO</b>	Mental Health Officer
<b>MSG</b>	Ministerial Strategy Group for Health and Community Care
<b>NA</b>	North Ayrshire
<b>NAC</b>	North Ayrshire Council
<b>NADARS</b>	North Ayrshire Drug and Alcohol Service
<b>NRAC</b>	National Resource Allocation Formula
<b>ORT</b>	Opiate Replacement Therapy
<b>OT</b>	Occupational Therapy
<b>OTA</b>	Occupational Therapy Assistant
<b>PAC</b>	Performance and Audit Committee
<b>PDD</b>	Planned Date of Discharge
<b>PHS</b>	Public Health Scotland
<b>PPE</b>	Personal Protective Equipment
<b>PI</b>	Performance Indicator
<b>PRI</b>	Practice Reflective Improvement Dialogue
<b>PT</b>	Psychological Therapies
<b>RTT</b>	Referral To Treatment
<b>RFA</b>	Request for Assistance
<b>SCRA</b>	Scottish Children's Reporter Administration
<b>SDS</b>	Self-Directed Support
<b>SG</b>	Scottish Government
<b>SoS</b>	Signs of Safety
<b>SMB</b>	Strategic Management Board
<b>SPSP</b>	Scottish Patient Safety Programme
<b>SW</b>	Social Work
<b>TSI</b>	Third Sector Interfaces
<b>UnPAC</b>	Unplanned Activity
<b>WTE</b>	Whole Time Equivalent