

IJB Performance and Audit Committee

November 2023

Agenda Item Number

Subject:

Quarter 2 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 2 2023-24.

Direction Required to Council, Health Board or Both:

No Direction Required

Acronym	Full Version
CFJ	Children, Families and Justice
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 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 2 2023-24.

2.2 Highlights

Performance Improvement

Four measures have shown an improvement in performance in Quarter 2:

- 1 x Green from Red
- 2 x Green from Amber
- 1 x Amber from Red

Green from Red

Service	Measure	Values
CFJ	Support 4 formerly cared for young people to move into independent living each year. (Own Tenancy)	6 from 0

This significant increase from Q1 and above the set target has, in part, been due to the availability of housing stock made available from the Housing service as well as young people being agreeable to the area and type of accommodation available.

This number includes any young people who have been formerly looked after and we are still providing a service to.

Green from Amber

Service	Measure	Values
CFJ	Increase % of requests for assistance remaining within Universal Early Years	48.9% from 42.3%
CFJ	Increase % of children with no developmental concern recorded at the 27–30-month assessment	78.5% from 70.6%

Amber from Red

Service	Measure	Values
CFJ	Number of PRI sessions which have taken place	1 from 0

Financial Position

Improved financial position at the end of Q2,

Quarter	Comments
Q2	£3.986m projected overspend (1.3%)
Q1	£4.576m projected overspend (1.6%)

Performance Declined

Two measures declined in performance in Quarter 2:

- 1 x Amber from Green
- 1 x Red from Green

Amber from Green

Service	Measure	Values
CFJ	Support 45 children and young people into kinship care placements each year (accumulative quarterly value)	20 from 12

Red from Green

Service	Measure	Values
CFJ	Number of requests for assistance made by health visitors or family nurse	378 from 475

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.

2.3 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.

2.4 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 September 2023 is as follows:

Quarter				Reported 1 Quarter Behind
Q1	7	1	19	2
Q2	6	2	21	2
Q3				
Q4				

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 Quarter 2 2023-24 report with the strategic service leads.

For more information, please contact Neil McLaughlin at:

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North Ayrshire Health and Social Care Partnership

Performance and Audit Committee Report

Quarter 2 2023 to 2024
(July 2023 – September 2023)

November 2023

Contents

IJB Performance and Audit Committee.....	1
Performance Improvement.....	2
Performance Declined.....	3
Introduction	7
Overview.....	7
Summary of Performance	9
Red – Areas of Focus Summary	10
Children, Families and Justice	17
Health and Community Care.....	20
Mental Health.....	26
System Wide.....	32
Absence Statement.....	32
Recruitment and Retention.....	32
Finance	33
MSG Trajectories	37
Appendix 1	40
Appendix 2 – All Performance Measures.....	42
Appendix 3 – Quarterly Comparison Table	45
Appendix 4 – Workforce Absence.....	48
Appendix 5 – Finance	53
Appendix 6 – Glossary of Acronyms.....	56

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.

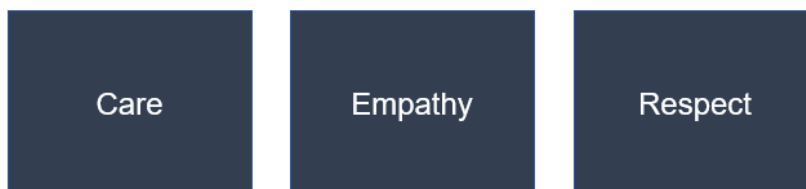
A glossary of acronyms used within this report is contained in Appendix 6.

Overview

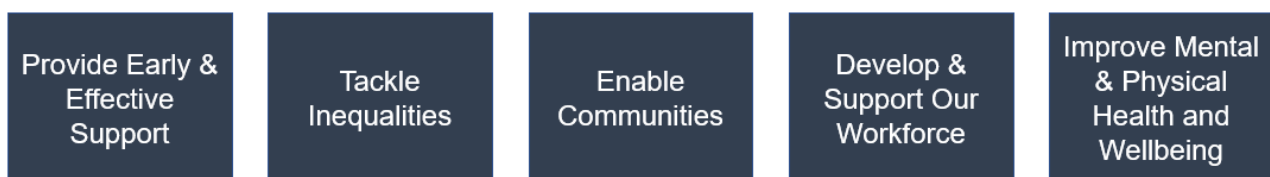
The strategic plan 2022-30 is focused on core impact actions that add tangible service benefits and have subsequent influence on associated areas of challenge and transformation. Throughout the delivery period of this plan, we will continue to monitor progress on core performance directly aligned to 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 6 against the full-year budget of £313.383m there is a projected year-end overspend of £3.986m (1.3%). 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 £2.579m (£0.928m favourable) in social care services and a projected overspend of £1.407m (£1.055m adverse) in health services.

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 2 is 5.97%, 1.97% above the quarterly target of 4.0%.

NAC partnership employees' absence at the end of Quarter 2 is 4.97 days, 1.67 days above the quarterly target of 3.30 days.

Summary of Performance

Position at Quarter 2 2023-24

Strategic Plan Measures

Service	Areas of Focus - Red	Amber	Green
Children, Families, Justice	1	2	8
Health and Community Care	3	0	2
Mental Health	0	0	11

Absence not meeting targets

Area	Absence
NAC	4.97 Days
NHS	5.97%




Financial Position

Area	Current Position
Financial Position	£3.986m projected overspend (1.3%)

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	6	2	21	2
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	Provide Early and Effective Support	Number of requests for assistance made by health visitors or family nurse	450	378	11
Health & Community Care	Provide Early and Effective Support	Reduce the number of people waiting for assessment	150	226	11
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	90	189	12
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	12	22	13
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee - NAC	3.30	4.97	15
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee – NHS	4.0%	5.97%	15

Areas of Focus - In Detail

Description	Number of requests for assistance made by health visitors or family nurse
Responsible Service	Children & Families
Health and Wellbeing Indicator	Positive Life Chances
Strategic Objective	Provide Early and Effective Support

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
450	Red 	475 	378 		

Trend Commentary

378 requests for assistance were made in Quarter 2 by health visitors or family nurses. This is down by 97 from the Quarter 1 figure of 475. The figure of 378 is the lowest number of requests for assistance recorded in the last six quarters.

Quarter 2 is often a slightly quieter time for health visitors and family nurses due to it coinciding with school holidays and more restricted availability of families for visits and assessments. This may explain why fewer Requests for Assistance have been recorded.

Actions to Improve Performance




Continue to monitor numbers in Quarters 3 and 4.

Identification of any barriers to Requests for Assistance for the health visitors and family nurses in North Ayrshire.

Timescale for Improvements

End of Quarter 4 2023-24

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

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
150	Red 	198 	226 		

Trend Commentary

The number of people waiting for assessment in Quarter 2 was 226 which is higher than the Quarter 1 figure of 198. For the sixth consecutive quarter the target of 150 has been exceeded.

The Quarter 1 figure of 198 was the lowest number of people waiting for assessment experienced since this PI was introduced in 2022/23.

There have been significant workforce challenges across the adults locality social work team throughout Quarter 2 and this has negatively impacted on the performance in relation to the number of people awaiting assessment.

Actions to Improve Performance

There are a number of plans in place to support improvement in performance and to address the waits for an assessment. Additional resource had been provided to the locality social work teams and the impact of this resource could be seen in Quarter 1 with the lowest number of people awaiting assessment. Actions to improve performance include:

Support for qualified Social Worker roles as per the new Learning and Development Strategy.




Active recruitment to vacant Locality Social Work positions.

Management and support via Wellbeing at Work Policy and ongoing management and review across the entirety of the workforce to ensure resource is allocated appropriate to risk and demand.

Timescale for Improvements

End of Quarter 4 2023-24

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

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
90	Red 	191 	189 		

Trend Commentary

During Quarter 2, 189 people were on the waiting list for a Care at Home service in the Community, exceeding the target by 99. The number of people waiting has decreased by 2 from 191 in Quarter 1 to 189 in Quarter 2 2022/23. The Quarter 2 value in 2021/22 was 174.

The Care at Home service continues to experience significant demands from our communities with an increase from 386 community referrals received in Quarter 1 to 407 community referrals received in Quarter 2 of 2023/24. As with hospital referrals our community referrals continue to demonstrate an increase in complexity of care packages being requested.

Community Care services continue to experience ongoing and sustained challenges in delivering frontline Care at Home Services. There remains ongoing workforce challenges related to sickness absence rates and vacancies within the service.

The in-house Care at Home service has continued to grow capacity however the reduction in Framework Care at Home provision detailed in Quarter 1 has continued into Quarter 2

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.

The service has commenced a review of the Community Waiting list utilising a reablement focussed approach. In doing so the service aims to deliver an assessment of outcomes for each service user on the community waiting list, identifying strengths, actions and interventions to encourage independence and decrease care package reliance.

Timescale for Improvements

End of Quarter 4 2023-24

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

Target	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
12	Red 	21 	22 		

Trend Commentary

During Quarter 2, 22 people were on the waiting list for a Care at Home service in Hospital, exceeding the target by 10. The number of people waiting has increased by 1 from 21 in Quarter 1 to 22 in Quarter 2 of 2023/24. The Quarter 2 value in 2021/22 was 11 which was the last and only time this PI met its target.

The service has continued to face significant demands from both acute and community hospitals with a further increase in more complex / larger packages of care being requested.

The in-house Care at Home service has continued to grow capacity however the reduction in external Care at Home provision detailed in Quarter 1 has continued into Quarter 2.

The in-house Care at Home service has also faced significant workforce challenges with high levels of staff absence in both front-line staff and supervisory staff.

Our extensive recruitment programme continues

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.

A Winter Preparedness and Delayed Discharge Improvement Plan has been established with a key focus on supporting Care at Home Capacity. This group will meet fortnightly to review delays, capacity and monitor/track identified targets.

An intensive programme of recruitment to the inhouse Care at Home workforce, ongoing engagement with job centres and new skills for life programme schedule 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. Newly established working group focused on Call Monitoring system to assist with identifying capacity.




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

Description	Average working days lost to sickness absence per employee – NAC
Responsible Service	System Wide
Health and Wellbeing Indicator	Engaged Workforce
Strategic Objective	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 	4.97 		

Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has increased by 0.85 days this quarter from 4.12 days to 4.97 days in Quarter 2.

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 3 2023-24

Description	Average working days lost to sickness absence per employee – NHS
Responsible Service	System Wide
Health and Wellbeing Indicator	Engaged Workforce
Strategic Objective	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% 	5.97% 		

Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has decreased by 0.06% this quarter from 6.03% to 5.97% in Quarter 2.

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 3 2023-24

Children, Families and Justice

Enable Communities

North Ayrshire continues to welcome New Scots into our local communities. Our Refugee Support Team, alongside multi agency partners continue in their endeavours to help all integrate into their local communities, making everyone feel safe and included.

Over the summer we hosted a couple of events to support our families from Syria and Ukraine to become more familiar with their local community and local attractions, in order to support their health and wellbeing.

Please click on the link to see more detail in relation to these events.

[New Scots Summer Fun](#)

Develop and Support our Workforce

In this quarter, our Children and Adolescent Specialist Support team (CASST) were able to create a modern apprentice opportunity thanks to CORRA foundation funding, It was agreed that the team would benefit hugely from recruiting someone with lived experience of substance use in order to support the team in their endeavours to deliver positive interventions to children and young people who are either involved directly in substance use themselves or live within a household where there is problematic substance use.

Our modern apprentice has only been in post for a short period of time; however, they have been able to capitalise on their previous adversities and utilise them in a positive way to assist our young people who are currently being supported by the CASST team.

In fact, during the recruitment process for the Modern Apprentice, a number of candidates showed wonderful potential, and our Learning and Development team are currently engaged with them in order to help them seek other opportunities within the HSCP and wider Council.

Provide Early and Effective Support

The Scottish Government's 2021-22 Programme for Government committed to invest £500 million of Whole Family Wellbeing Funding (WFWF) across Scotland, over the lifetime of the Parliament to help family support services to make transformational changes to reduce the need for crisis intervention and to shift investment towards prevention and early intervention. We are now in year two of the four-year programme. In September, further proposals linked to this funding were agreed or previously agreed initiatives began operating.

Some of the approved initiatives include:

- A Dads' Support Worker. The recruitment of a Dads' Support Worker within the integrated Universal Early Years' team will allow an expansion of the offer of early help for children under the age of 5 and their families, which has been recognised

by the Scottish Government as an example of good practice. The post will be responsible for developing and delivering specific programmes for Dads, including practical parenting workshops; working in partnership with Dads Rock and learning from the established programmes and approaches they have developed. The post will aim to test how, from an early years' perspective, we can better engage with dads and other male caregivers to encourage a more active parenting role.

- A Community Charge Nurse for Care Experienced Young People, based in our Throughcare / Aftercare Team. This post will allow for care experienced young people to be seen by a specialist mental health nurse without delay and on an early intervention basis.

The WFWF can also be used to scale up existing services which fit within the ethos of the funding criteria and the writer can advise that following consideration, agreement was reached to:

- Expand our Family Centred Wellbeing Service which currently offers early and effective support to families aged 5-12 years of age, on a broad range of topics surrounding parenting, budgeting, school-based issues etc, to a multi-disciplinary service which will build on existing services offered to include providing pre and post assessment family support to children, young people, (aged 5-18 years of age) and their families where there are Neurodevelopmental disorders. The team which will consist of Support Workers, Speech and Language resource and Occupational Therapy resource, will work closely with the Neurodevelopmental Empowerment and Strategy Team (NEST), and will align to existing models of requests for assistance within children's services. They team will also work closely with colleagues from other services such as Education, Employability and other services within the HSCP.
- Expand our Early Years service with an additional 3 Social Workers, which will allow our Early Years Team to expand and allow us to focus on both early intervention and improve mental & physical health and wellbeing.

Improve Mental & Physical Health and Wellbeing

During the summer holidays, a fun day took place for families involved in our Family Centred Wellbeing Service with a focus on promoting health and wellbeing. The event saw partnership working with Active Schools co-ordinators who helped to facilitate various physical activities such as archery, tennis and football for the children and their families. The aim was to involve young people and their families in a range of activities that they could continue to access within their local areas after the fun day concluded.

Despite the rain, everyone made the effort to come along, and a great time was had by all. In total, there was 40 children and adults who attended.

Tackle inequalities

Our Justice Services host a service user involvement project – Making a Difference (MAD). The group look at different ways to engage with people who are involved with the

justice system. Often those who are involved in this system can be isolated and ostracised. A bimonthly newsletter is produced as a way of getting news out to everyone and helping people to remain in contact with one another. Our Making A Difference group have recently piloted a remote walking challenge, whereby service users walk in their own time to reach a collective goal. This was to encourage healthy activity and has also enabled us to include Registered Sex Offenders within the challenge as this service user group are often not permitted to participate in other activities offered due to the risks posed / restrictions placed upon them

Case Study: Feedback from our Women’s Service within Justice Services

Related Strategic Objective(s): Tackle inequalities and Improve Mental & Physical Health and Wellbeing

“Having recently completed my order, I can say my experience working with the women’s team been a valuable one. I moved to Scotland from England to start afresh following the death of my mother and my Community Order was transferred with me. I had managed to come off drugs, but my mental health was not in a good place as I struggled to come to terms with my loss.

I remember one night specifically in December 2022, I had strong feelings to end my life, longing to be with my mum. I took a lot of painkillers, after which I reached out to my social worker. She remained on the phone talking to me while trying to access emergency services, however, my GP could not do anything as it was after hours and ambulance services were up to a 3 hour wait.

My worker came and got me at my home, transported me to the hospital and remained with me until I was assessed by a medical professional. This, for me, was a turning point. I felt valued as a person and my being here mattered to someone. I had no-one else who I could have turned to that night. From here, I was able to get the help and support to move forward with my life and have never looked back. I experienced probation services in England before but never have I felt such vested interest and level of connection from staff, I believe this is the difference with the women’s service.”

Health and Community Care

Health and Community Care Services have continued to experience significant challenges throughout Quarter 2 of 2023/2024. Workforce absence remains higher than absence targets, resulting in continued impact upon the teams who support frontline care delivery. A working group has been arranged with the Council's Occupational Health provider to ensure all supports available are being explored to support employees while absent and facilitate return to work as quickly as possible.

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 however 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

Despite the challenges detailed and waiting lists for some supports, the Partnership's Service Delivery team continues to work alongside partners to use all resources effectively and efficiently to meet the needs of our communities. In Quarter 2 over 400 packages of care were confirmed to support people to be discharged from hospital, this is an average of 37 care packages on a weekly basis. In July 2023 an average of 1,936 people received Care at Home supports on a weekly basis, this figure was 1,964 in August and 1,963 in September.

The Reablement Care at Home service has commenced, in Quarter 2, a review of the waiting list for people in the community who are awaiting a Care at Home service, utilising a reablement focussed approach. In doing so the service aims to deliver an assessment of outcomes for each service user identifying strengths, actions and interventions to encourage independence, reduce reliance on formal care services and improve overall individual outcomes.

The Community Link Worker service continues to offer support to people on a wide range of issues that can affect people's health and well-being, such as money worries, unemployment, social isolation, bereavement, alcohol and drug use, managing stress and living a healthier lifestyle. The service can also support people to manage low mood and anxiety and assist people to access the resources they need to keep them well.

There are 10.2 Community Link Workers, with 1.5 whole time equivalent vacancies based in North Ayrshire, with every GP surgery offering appointments with our team. 10 patient appointments are offered per session and all GP practice across north Ayrshire offer the service. In Quarter two the Community Link Worker Service offered 2,587 appointments and the Community Link Workers made 1,604 contacts.

Enable Communities

Day Service provision on Arran has been undergoing a test of change with a pilot outreach day service model being provided from May 2023 to August 2023. The outreach pilot has been supporting day services sessions in more remote village areas where traditionally it has been challenging for people from these locations to access day care supports. The type of outreach support has included both one to one supports and group activities.

Following the completion of phase one of the pilot, phase two will commence in December 2023 with an expansion of opportunities for attendance to other villages and inclusion of residents of Montrose House and people who are receiving intermediate care. Phase 2 will also look to utilise the Stronach Day service building, and an evaluation of the community-based approach will be undertaken early in 2024.

Develop and Support our Workforce

Efforts to bolster the frontline Care at Home workforce continue with ongoing recruitment and retention plans in place across the service. 34 frontline recruitment events were held in Quarter 2 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 118 people interviewed at the events on the day. Furthermore, there has been a specific focus on recruitment to posts on the island of Arran which have proven to be extremely challenging to recruit to. There has been some success in recruiting to a few posts on the island and plans to consider future recruitment opportunities are being considered.

The Social Work Traineeship role for Health and Community Care was successfully filled in August by an existing Health and Community Care employee. The Traineeship role provides a fantastic opportunity for ongoing learning and development within the Social Work workforce.

Improve Mental & Physical Health and Wellbeing

The long-term conditions team are continuing to develop and enhance 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 proposal of a pilot within Ward 2 in Woodland View. Following a series of Whole System Events at University Hospital Crosshouse it was recognised that the pathway to access care and support within Ward 2 could be improved. As such a proposal was developed to commence direct referral to Ward 2 from North Ayrshire GP's via a joint assessment with the North Ayrshire Community District Nursing Service. It is anticipated that this will reduce unplanned unscheduled care presentations of people with unstable end of life symptoms and those affected by complex conditions. Engagement has been ongoing with key partners including the Community District Nursing Team, GP's, Ward 2 Staff, the Ayrshire Hospice and others to enable this work and make it a success.

Montrose House Care Home received an unannounced inspection on 14 September 2023 which was a follow up to the initial inspection which took place in June 2023.

Key messages from the inspection included:

- The service had made improvements since the last inspection and managers were aware of the continued areas for development
- Medication recording had improved
- The staff team had been working on improving recording in relation to personal plans and health and wellbeing

- The service had made good links with local health professionals which was supporting ongoing developments

Links to each Inspection report can be found below, clicking the link will download the report in pdf format.

[Montrose House Inspection June 2023](#)

[Montrose House Inspection September 2023](#)

The service is continuing to implement a robust improvement plan and is working alongside wider Health and Social Care Partnership colleagues to build on the improvements made since the last inspection.

Case Study: Arran Emergency Department

Related Strategic Objective(s): Provide Early and Effective Support

Arran Emergency Department

Arran Emergency department sees and treats approximately 2,500 patients per annum. During the busy Spring and Summer season the population of Arran increases from the 5,000 resident population to over 25,000. This seasonal variation impacts significantly on attendances at the Emergency Department (ED).

In Spring 2019 a refurbishment at Arran War Memorial Hospital to create a two bedded Emergency department from Ward 1 was carried out.

You can see from the before and after photographs the transformation of this department.



Before the refurbishment there was one small room covering minor injuries to Full Resuscitation in a building over 100 years old. No flexibility in the space and a difficult area to work in safely. Nursing staff also not only working within ED but were also covering in patient areas and out-patients. As the activity in ED increased as well as the complexity and frailty of patients presenting at the hospital, the space was not fit for purpose and staffing all areas was challenging. The level of nursing skill required was increasing out of hours and the historical GP on call / hospital nursing model needed reviewed.

Re-categorising Ward 1 to a new ED area has given us the maximum space to increase our work area by more than double. This has allowed two bays, a circulating area, staff base and accessible toilet and shower area.

In addition to the new Emergency Department a new Nurse Practitioner role was developed and specific training and a new competency framework has been developed to support people attending the Emergency department.

Our vision for these new ED roles is for a more advanced level with the ability to see, treat and discharge within their scope of competency. With no academic course sitting alongside their learning, there were a number of challenges in achieving upskilling and completing competency documentation. After approaching a couple of universities, the Glasgow Caledonian University faculty staff were very supportive in arranging for the ED nurse practitioners to undertake a post Grad Certificate in advanced practice moulded around remote and rural island practice in the subjects and competencies they needed to cover. They are currently on this course and have the support of their GP and Advanced Nurse Practitioner colleagues locally and on the mainland through this.



The Arran Emergency department covers a wide range of presentations, from acutely unwell who need immediate transfer to the mainland via helimed helicopter, around 175 transfers per year, to less acute who can transfer on the ferry, to those who can require admission to the inpatient facility within Arran war memorial. There are also a significant number who require to be seen and treated on the day.



This transformation of our emergency and unscheduled care service on Arran has been very successful and means we can deliver high quality care on the island for both residents and visitors in a modern and more patient centred space with highly trained nursing staff. We are hopeful that by 2024 we will have completed our recruitment and appointed an Advanced Nurse Practitioner to complete the team.

Health and Community Care - Progress Against Council Plan Actions

Action	Priority	% Complete	RAG Status
Grow Care At Home Capacity	Aspiring Communities	60%	Amber

Winter investment in late 2021 has provided an opportunity for permanent recruitment to the Care at Home workforce to address unmet need in the community in North Ayrshire and grow the inhouse Care at Home service. There has been steady growth since this period however the success of this is dependent on successful recruitment and retention which continues to be a challenge. This has been further impacted by external care

providers ceasing delivery in North Ayrshire and transfers of increased care provision to the inhouse Care at Home service.

There have been a number of actions taken to grow the Care at Home workforce in the previous 12 months and recruitment activity remains an ongoing priority for 2023. There are details of some of the activity below:

- Advertising Via MyJobScotland/ West FM advertising/ Ongoing social media advertising.
- Regular face to face interviews.
- IT solutions including QR codes added to leaflets where applicants can scan mobile device to complete/ submit application form.
- External advertising with Rovert being explored and costed for recruitment events with QR codes on selected NAC vehicle fleets.
- Twice weekly recruitment events in localities which facilitate on the day interview.
- CIS Care Academy ongoing and supporting candidates to interview/ Long Term Unemployment/Skills for Life Project (joint initiative with employability team).
- Modern Apprentices scheme, which has recently resulted in permanent contracts for former apprentices.
- Long Term Unemployment Scheme for young mothers, candidates supported to complete training and placement on the front line. Scheme now complete and permanent contracts in place.
- Focussed recruitment events for Arran from August to November including leaflet drops and prompting accommodation.
- Mass Leaflet Drops continue pre recruitment events throughout North Ayrshire.
- Supporting initiative with Ayrshire College 'Career in Care'.
- Promoting permanency of roles available.
- Parental Employment programme being explored for Quarters 3 and 4.

Action	Priority	% Complete	RAG Status
Prioritise Day Services Model and Support for Carers	Aspiring Communities	100%	Green

This action is now complete and day services is fully remobilised.

IJB approved a plan for remobilisation of Older People's Day Services in August 2021. The Partnership's inhouse Day Services commenced a carefully phased period of re-opening on 06 June 2022 and have now re-opened Day Services in all localities on the mainland. All mainland Day Services have now returned to operating 5 days per week.

The service continues to deliver a mix of building-based day services and outreach provision, with a plan to increase Outreach provision following the recruitment of four Outreach workers by end of December 2023.

- Recruitment to Day Care posts has been successful with all existing vacancies filled.
- Burns Day Service have increased capacity for provision with the opening of Heather Lounge, this facilitates an additional 12 spaces per day.
- Gowanlea Day Service will have increased capacity from 22 to 24 spaces by end of October 2023.
- Monthly meetings will continue with Alzheimer Scotland to ensure capacity is maximised.

Action	Priority	% Complete	RAG Status
Prioritise Integrated Island Services, Including Unscheduled Care	Aspiring Communities	80%	Amber

There has been a slight delay in re-advertising the Emergency Department Team lead post. It will be advertised later in October with a closing date in November.

Mental Health

Alcohol & Drug Services

All local and national targets and standards have been met. All vacant social worker and social care posts have been recruited to. Interview dates are set for GP Practices who have expressed an interest in delivering a GP Local Enhanced Service relating to Medication Assisted Treatment (MAT) prescribing. Ongoing development work with Governance teams for community pharmacy sites identified to pilot Buvidal administration. Pan Ayrshire discussions continue as to whether Ayrshire and Arran GP's are supportive of delivering MAT Standard 7 (primary care MAT prescribing via a 'Shared Care' model with specialist addiction services). Ongoing discussions regarding PCA(M)(2023)04 circular as to whether NHS Ayrshire and Arran are able to allocate a portion of ring-fenced primary care funding to support the delivery of the 'National Mission', prevent Drug Related Deaths & support the implementation of MAT Standard 7.

Psychological Services

Psychological Services have continued to meet Local Delivery Plan (LDP) standards on a consistent basis over the past 12 months as indicated in the aggregate score. Working with HSCP, Government and Local groups, the service has addressed both longest waits and supported those services which have reduced capacity, in terms of action plans and recruitment focus. The next time period will see further developments in capacity for Neuropsychology, Eating Disorders and Early Intervention in Psychosis, whilst continuing to maintain and improve our performance levels, which will occur on the stewardship of a newly appointed Director of Psychological Services due to commence in post in December.

Inpatient Services

- The Newly Qualified Nurses development programme supported by Senior Nurses from Mental Health received a highly commended at the Mental Health Nurses Forum awards, supporting the strategic objective of developing and supporting our workforce. Work in Clonbeith Ward with regards to falls prevention also received a highly commended.
- Continuing implementation of a programme funded for 12 months to facilitate discharge from hospital and support people awaiting admission continues on a pan-Ayrshire basis through the work of one Band 6 Charge Nurse – data continues to be gathered but this has proven very successful.
- Adult acute inpatient wards continue to implement Scottish Patient Safety Programme (SPSP) work streams improving patient experience and reducing risk. Currently focusing on group work, early feedback from patient group has been positive.
- There have been a number of planned visits from the Mental Welfare Commission to inpatient areas including Warrix Avenue and Ward 6 which they visited for the

first time. Feedback has been very positive with comments on high quality environments, evident positive therapeutic relationships between staff/service users and quality person centred care plans/activity programmes being received.

- Work continues to develop an alternative specialist dementia care provision in North Ayrshire to support individuals with higher end care needs in a non-hospital setting working group has been formed to have oversight of this process that includes relative representation of persons currently receiving this type of care with the existing provider.

Community Mental Health

Enable Communities

Partnership working with the Third Sector Interfaces (TSI): Scottish Government Communities Mental Health Fund - as part of the Scottish Government's Recovery and Renewal Fund. Year 3 applications have opened, following a celebratory event of year 1 and 2 funding.

Develop and support our Workforce

Supported by the Senior Nurses for Mental Health, work has been undertaken across Ayrshire on the role of the Mental Health Practitioner, considering recruitment, training, planning and support of our newly recruited and experienced staff.

Working in Collaboration with The Institute for Research and Innovation in Social Services (Iriss) we have continued to explore the role of the community social worker, considering current roles and future opportunities for growth and development. Several 'sprint' projects have been commissioned, to 'improve care and support for people in North Ayrshire. We think that care and support for people in North Ayrshire will be made better if we:

- Improve collaboration between partners so we communicate better, share information and plan together to make best use of our resources. (Sprint 1)
- Understand and address unmet need, in particular referral pathways (Sprint 2)

Provide Early and Effective Support

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 continues to be undertaken during Quarter 2.

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

With the launch of the national [Mental Health and Wellbeing Strategy](#) – a pan Ayrshire implementation group has been formed to consider the impact of delivery and workforce planning both locally and on a Pan Ayrshire basis.

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.

Adult Neurodevelopment Extreme Team

An Adult Mental Health services Neurodevelopment Extreme Team has been commissioned to identify solutions to the increasing demand of neurodevelopmental referrals for diagnostic assessments which far exceed the workforce capacity to manage these. The Extreme Team are currently developing recommendations for the commissioning Chief Officers group to consider.

CYP Neurodevelopment Extreme Team

A whole system Children and Young People (CYP) Extreme Team has been commissioned to identify solutions and service development opportunities to address the demand for Children and young people that do not meet either the Paediatric service or the CAMHS neurodevelopment service access criteria.

A report of recommendations has been submitted to the commissioning Chief Officers group for consideration. In North Ayrshire additional investment has been agreed to enhance existing family Support services and there has been additional investment in the Nurturing Emotional Stability from Trauma (NEST) service provision. A North Ayrshire Neurodevelopment implementation group has been established with a significant programme of workstreams underway and at pace.

Learning Disability Services

The Learning Disability service continues to experience workforce pressures across a number of its elements, in particular Trindlemoss House: within that setting, a number of vacancies are currently unfilled, including 3 Band 5 posts. Recruitment and retention issues are also evident within Ward 7A. While 2 newly qualified nurses will be starting there in November, this will still leave 1.86WTE vacancies, as well as creating a new balance with regard to skills/experience mix which will need accommodated. Further

fragility is introduced by the need to cover maternity leave as well as the forthcoming departure of 2 experienced Support Workers to join Foxgrove.

The Social Work Team has seen significant improvements with regard to staffing levels, which has enhanced its capacity to respond to issues such as overdue reviews. None-the-less, the service is very conscious of the continuing pressure on the team and the fragility which this engenders. Additional investment still remains a necessary consideration there, specifically with regard to the establishment of a senior social worker/senior practitioner post to work alongside the Team Manager and provide support in relation to issues such as supervision. Staffing is also an issue with regard to the establishment of the Intensive Support Service, with recruitment to a Speech and Language Therapy post within the team proving particularly challenging. The service is now almost fully recruited except for this post and a social work vacancy. This reflects broader issues regarding availability of Speech and Language Therapy (SLP) posts pan-Ayrshire, which is known to be presenting significant issues (and risks) across a variety of settings in relation to concerns such as dysphagia and swallowing assessment. A review of the workforce plan is being undertaken to address this.

Trindlemoss Day Opportunities continues to make good progress with regard to furthering the diversity of opportunities it can link its customers to, including the opening of its Community Café and Baristamoss, and the Glam Hideaway, all of which provide opportunities for skill development and enjoyment for individuals. Trindlemoss Day Opportunities has also been a contributor to the successful delivery of the *How We See Ourselves* poetry/art animation project, within a project led by Neighbourhood Networks. Following a successful run of the associated exhibition within the Harbour Arts Centre, the animations and interview linked to that work are now viewable on the [NAHSCP's Youtube channel](#). Ward 7A has also successfully completed its collaboration with the Glasgow School of Art around the implementation of an internship within the ward for 2 students, focused around the theme of connected transitions.

CAMHS

- The work of the CAMHS implementation group has now concluded with full implementation of the CAMHS Specification from 1st August 2023.
- CAMHS are working with Trak Care and Business Intelligence to produce accurate reports for Service.
- CAMHS are providing extra assessments to match capacity to the increased demand for assessment prior to the implementation of the National Specification with a projected RTT of 11 weeks by Jan 2024.
- CAMHS are continuing to streamline treatment pathways.
- Vacancies within Psychiatry and Psychology remain a concern and CAMHS are developing a wider skill mix to support areas of deficit, including the use of non-medical prescribers such as Pharmacy and Advanced Clinical Nurse Specialists, high level assessment and diagnosis.

- CAMHS have an ongoing training programme to support the nursing and Allied Health Professionals (AHP) team in the delivery of Psychological Therapies.

Mental Health - Progress Against Council Plan Actions

Action	Priority	% Complete	RAG Status
Prioritisation Of Children And Young People Receiving Support From Child And Adolescent Mental Health Services	Aspiring Communities	50%	Amber

- CAMHS specification implemented on 1st August 2023. Referrals prior to this remained consistently higher in June and July compared to the same months the previous year.
- Waiting time is currently 16 weeks.
- CAMHS are continuing to match capacity to demand and expect a reduction of wait times to 11 weeks by Jan 2024.
- A 3-week delay in start of work for West Road has been identified.
- Extreme Team for implementation for CAMHS specification has continued to meet.
- Operational Groups across Ayrshire being identified to implement National Neurodevelopmental Specification.

Action	Priority	% Complete	RAG Status
Prioritise Community Mental Health Services Supporting People Within Their Communities	Aspiring Communities	80%	Amber

Writing group for business case has continued to meet during Quarter 2. Business case for year 1 continues to remain agreed on a Pan Ayrshire Basis. Business case for years 2, 3 and 4+ in final stages, however, will require review and sign off by each H&SCP and appropriate structures within thereafter.

Action	Priority	% Complete	RAG Status
Place Mental Health Practitioners Into GP Practices To Offer Triage Calls, Urgent And Routine Face To Face Assessments and Directing Patients To The Most Appropriate Support Without Unnecessary Referrals To Mental Health Services	Aspiring Communities	80%	Amber

There continues to be no funding released from Scottish Government to fund identified business case for Mental Health Practitioners. It has been identified that funding is unlikely to be received, therefore, the H&SCP need to consider if there are alternative funding sources to be explored or whether this action is now closed as unmet.

Action	Priority	% Complete	RAG Status
Work Closely With Colleagues In Acute Services And Police Scotland To Address The Levels Of Unscheduled Care In Mental Health	Aspiring Communities	90%	Green

At Quarter 2 we are still awaiting appropriate works to be carried out, managed via our estates departments. From a clinical perspective, staffing and models of care are almost ready for implementation however physical environment is preventing us from progressing. This has been escalated via Head of Service to capital planning groups.

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 4.97 days, 1.67 days over the quarterly target of 3.3 working days.

NHS – Sickness absence from NHS staff in the Partnership is 5.97%, 1.97% above the target of 4.0%.

Recruitment and Retention

Service	New Starts	Leavers
Children, Families and Justice	9	12
Health and Community Care	52	29
Mental Health	4	2
Finance and Transformation	0	1
Professional Standards	0	1
Business Admin	7	8
TOTAL	72	53

Finance

Financial Position at month 6

At month 6 against the full-year budget of £313.383m there is a projected year-end overspend of £3.986m (1.3%). 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 £2.579m (£0.928m favourable) in social care services and a projected overspend of £1.407m (£1.055m adverse) in health services.

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 2 are noted below:

Health and Community Care

Against the full-year budget of £89.944m there is a projected overspend of £0.366m (0.4%) and the main variances are:

- a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.471m (£0.041m favourable movement).
- b) Care at home (in house and purchased) is projected to be £0.409m underspent (£0.346m adverse). The position is made up of an underspend in in-house services of £0.922m (£0.320m adverse) as there are vacant posts, but some of the current capacity is being met by existing staff working additional hours and casual staff.
- c) Physical Disability Care Packages (including residential and direct payments) - projected underspend of £0.217m (£0.048m favourable) in community care packages, £0.392m underspend (£0.026m favourable) in direct payments and £0.440m overspend (£0.125m favourable) for residential placements. There is also an under-recovery of income of £0.133m (no movement).
- d) Integrated Island Services is projected to be £0.267m overspent (£0.131m adverse movement). There is an overspend at Montrose House of £0.195m (adverse movement of £0.038m) which relates to employee costs (the net cost of agency staff versus vacancies)
- e) District Nursing is projected to overspend by £0.236m (£0.011m favourable movement) due to an overspend on bank nursing costs and supplies.
- f) Wards 1 and 2 are projected to overspend by £0.850m (£0.100m adverse movement) due to increased use of supplementary staffing.

Mental Health Services

Against the full-year budget of £105.191m there is a projected overspend of £1.804m (2.2%) prior to the reallocation of the Lead Partnership overspend to East and South HSCP. This also excludes any potential variance on the Mental Health Recovery and Renewal Funding where any underspend will be earmarked at the year-end for use in 2024-25. The main variances are:

- a) Learning Disabilities are projected to overspend by £0.660m (£0.035m favourable). Care Packages (including residential and direct payments) - projected underspend of £0.244m in community care packages (£0.020m adverse), projected overspend of £0.348m in direct payments (£0.144m adverse) and £0.560m for residential placements (£0.019m favourable).
- b) Community Mental Health services are projected to underspend by £0.266m (£0.222m favourable movement) which is mainly due to an underspend of £0.503m in community packages (including direct payments) and an overspend in residential placements of £0.262m.
- c) The Lead Partnership for Mental Health is projecting to be £1.408m overspent (£0.379m adverse movement)
 - A projected overspend in Adult Inpatients of £0.553m (£0.114m favourable movement) due to overspends in supplementary staff for enhanced observations, staff cover due to sickness (including covid outbreak) and reduced bed sale income.
 - The UNPACS (Unplanned Activities) budget is projected to overspend by £1.407m (£0.301m adverse movement) based on current number of placements and enhanced costs remaining until the year end.

Children and Justice Services

Against the full-year budget of £39.535m there is a projected overspend of £5.016m (12.7%) (£0.584m favourable) and the main variances are:

- a) Care Experienced Children and Young People is projected to overspend by £4.740m (£0.568m favourable). The main areas within this are noted below:
 - Children's residential placements are projected to overspend by £5.400m (£0.248m favourable). We started 2023/24 with 32 external placements and there are currently 34 placements (month 4 was 34 placements) which are assumed to continue until the end of the year. Within the £5.400m there is £0.145m relating to enhanced costs for two placements. Children's Services are continuing to work with other services including Education and Housing to address the challenges. A change programme is being developed to respond to the pressures of residential care, further detail of the scope and plan around this work will be presented to a future IJB.
 - Looked After and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.473m underspent (£0.062m favourable); this is based on the

current number of placements and also now reflects additional monies received to support the uplift in rates for fostering and kinship placements (16+year olds).

- b) Children with disabilities – residential placements are projected to overspend by £0.208m (£0.027m favourable). This is based on 8 current placements and 2 further placements which are expected to commence during November. Direct payments are projected to underspend by £0.189m (£0.046m favourable). Community packages are projected to underspend by £0.104m (£0.005m favourable) based on 71 current number of packages and assumptions around further packages until the year end.

Management and Support Services are projected to underspend by £1.756m (£0.557m adverse) 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 £0.417m for health services as outlined in the table below.
- There is projected slippage on the Learning Disability and Mental Health transition funding of £0.553m (£0.085m favourable) due to delays in children transitioning into adult services.
- The adverse movement in the projection for management and support reflects the reallocation of the Band 2 to Band 3 funding which was previously reported here as an underspend. This funding has now been allocated to the relevant service.

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 6.

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 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	17.664
2023-24 Draw Per the Budget Paper	-	-	(1.252)	-	(1.252)
Current Reserve balances	-	6.448	5.745	4.219	16.412

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. Heads of Service have closely reviewed expenditure and have implemented actions which have seen the projected year-end position improve by a net £0.590m since Month 3. The main contributors to this are noted in the table below:

Contributor	TOTAL
Payroll Turnover – Health (non-Lead)	156,000
Anam Cara staffing	108,000
Care Experienced Young People	519,000
Looked After Children	298,000
Transitions funding	145,000
Care Homes	41,000
Physical Disabilities (Community Packages, Direct Payments and Residential)	199,000
Mental Health Care Packages	222,000

These areas of improvement have been partially offset by adverse movements in Care at Home, Integrated Island Services, Wards 1 and 2 at Woodland View and UNPACS.

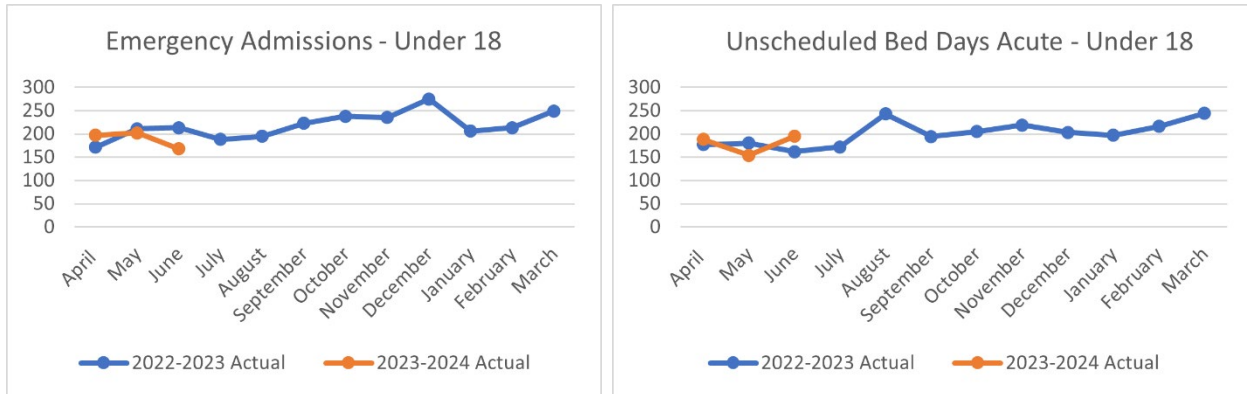
Work is ongoing to further improve the projected position and an updated plan will be included in the Month 7 report which will be brought to the December IJB. As a contingency there is provision of £2m non-recurring funding set aside in the reserves to contribute towards the 2023-24 position. This would reduce the current projected overspend to £1.986m.

The IJB also holds a General Fund reserve balance of £6.448m of unallocated funds, this would underwrite the risk of 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 areas underlying the projected overspend.

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

April 2023 – 197

May 2023 – 202

June 2023 – 168

Unscheduled Bed Days - Acute

April 2023 – 188

May 2023 – 154

June 2023 – 195

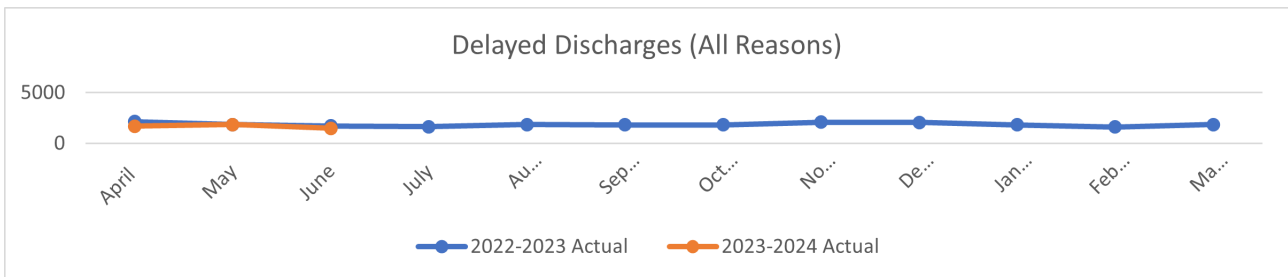
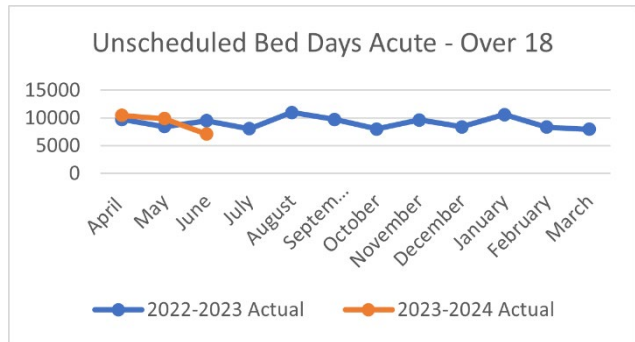
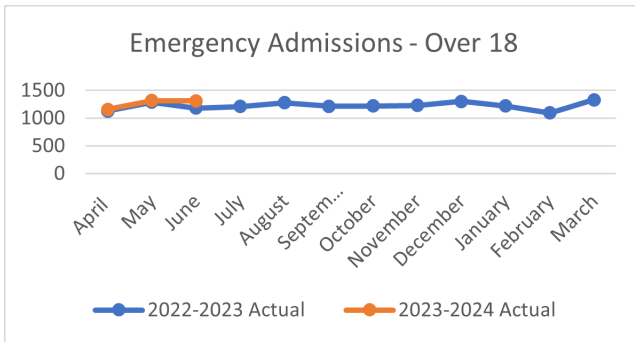
A&E Attendances

April 2023 – 631

May 2023 – 752

June 2023 – 660

Over 18



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

Emergency Admissions - Acute

April 2023 – 1,157

May 2023 – 1,316

June 2023 – 1,312

Unscheduled Hospital Days Acute

April 2023 – 10,489

May 2023 – 9,931

June 2023 – 7,136

A&E Attendances

April 2023 – 2,006

May 2023 – 2,231

June 2023 – 2,235

Delayed Discharge (All Reasons)

April 2023 – 1,694

May 2023 – 1,857

June 2023 – 1,488

Delayed Discharge bed Days –H&SC

April 2023 – 899

May 2023 – 1,041

June 2023 – 867

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	January-23	February-23	March-23	April-23	May-23	June-23	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,425	1,306	1,581	1,354	1,518	1,480	June
Emergency Admissions to Acute Hospitals Rate per 1000	10.6	9.7	11.8	10.1	11.3	11.0	June
Number of Admissions from Emergency Dept.	682	628	697	712	762	724	June
Admissions from Emergency Dept. Rate per 1000	5.1	4.7	5.2	5.3	5.7	5.4	June
Emergency Dept. conversion rate %	29.4%	28%	26.7%	27%	26%	25%	June
Number of unscheduled hospital bed days in Acute	10,822	8,538	8,222	10,686	10,085	7,331	June
Unscheduled Hospital Bed days in acute rate per 1000	80.6	64	61.4	79.6	75.1	54.6	June
Number of Emergency Dept. Attendances	2,322	2,245	2,614	2,637	2,983	2,895	June
Emergency Dept. attendances Rate per 1000	17.3	16.7	19.5	19.6	22.2	21.6	June




























Performance Indicator	January-23	February-23	March-23	April-23	May-23	June-23	Performance Data Last Updated
Number of Delayed Discharges bed days (all reasons)	1,828	1,610	1,852	1,694	1,857	1,488	June
Number of Delayed Discharges bed days (all reasons) rate per 1000	16.7	14.7	16.9	15.5	17.0	13.6	June
Number of Delayed Discharges bed days (code 9)	802	729	893	744	788	607	June
Number of Delayed Discharges bed days (Code 9) rate per 1000	7.3	6.7	8.2	6.8	7.2	5.5	June

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	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
Number of service users referred to employability service	9	Green 	31 	↓ 13 		
Employability mentors - No of service users being supported into employment, training, education.	7 (New Target)	Green 	7 	↑ 14 		
Number of PRI sessions which have taken place	2 (New Target)	Amber 	0 	↑ 1 		
% of completed interventions with positive impact (e.g. DUST, CHAT)	50%	Green 	70.6% 	↑ 88.9% 		
Support 4 formerly cared for young people to move into independent living each year.	2 (Cumulative)	Green 	0 	↑ 6 		
Support 45 children and young people into kinship care placements each year.	22 (Cumulative)	Amber 	12 	↓ 20 		
Recruit 6 new foster carers each year.	2 (Cumulative)	Green 	5 	↔ 5 		
No. of requests for assistance made by health visitors or family nurse	450	Red 	475 	↓ 378 		
Increase % of requests for assistance remaining within Universal Early Years	47%	Green 	42.3% 	↑ 48.9% 		





Measure	Target 2023-24	Current Status	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 	85.6% 	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%	Green 	78.5% 	Information reported in arrears due to data validation timescales		
Reduce the number of people waiting for assessment	150	Red 	198 	↓ 226 		
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	Red 	191 	↑ 189 		
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	Red 	21 	↓ 22 		
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	Green 	33 	↑ 0 		
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	Green 	98.9% 	↑ 99.5% 		
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Alcohol)	90%	Green 	96% 	↑ 100% 		
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Drug)	90%	Green 	96% 	↑ 98.7% 		
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	Green 	40 	↓ 29 		
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	Green 	144 	↓ 128 		
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,069 p/q	Green 	1,280 	↑ 1,508 		

Measure	Target 2023-24	Current Status	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
CAMHS – Seen within 18 weeks (RTT)	90%	Green 	98.6% 	↓ 97.6% 		
Psychological Therapies – Seen within 18 weeks (RTT)	90%	Green 	86.3% 	↑ 89.9% 		
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 	84 	↓ 87 		
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% 	↑ 98.3% 		
Average working days lost to sickness absence per employee - NAC	3.30 p/q	Red 	4.12 	↓ 4.97 		
Percentage working days lost to sickness absence per employee - NHS	4.0% p/q	Red 	6.03% 	↑ 5.97% 		

Appendix 3 – Quarterly Comparison Table

Measure	Target 2023-24	Q2 2022-23	Q2 2023-24
Number of service users referred to employability service	9	19 	↓ 13 
Employability mentors - No of service users being supported into employment, training, education.	7 (New Target)	8 	↑ 14 
Number of PRI sessions which have taken place	2 (New Target)	2 	↓ 1 
% of completed interventions with positive impact (e.g., DUST, CHAT)	50%	72.7% 	↑ 88.9% 
Support 4 formerly cared for young people to move into independent living each year.	2 (Cumulative)	1 	↑ 6 
Support 45 children and young people into kinship care placements each year.	22 (Cumulative)	18 	↑ 20 
Recruit 6 new foster carers each year.	2 (Cumulative)	0 	↑ 5 
No. of requests for assistance made by health visitors or family nurse	450	436 	↓ 378 
Increase % of requests for assistance remaining within Universal Early Years	47%	38.8% 	↑ 48.9% 
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	85%	81.2% 	↑ 85.6% 
Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)	78%	77.2% 	↑ 78.5% 
Reduce the number of people waiting for assessment	150	224 	↓ 226 
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	174 	↓ 189 

Measure	Target 2023-24	Q2 2022-23	Q2 2023-24
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	11 ✓	↓ 22 ⬮
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	198 ⬮	↑ 0 ✓
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	98.2% ✓	↑ 99.5% ✓
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Alcohol)	90%	98% ✓	↑ 100% ✓
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Drug)	90%	100% ✓	↓ 98.7% ✓
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	42 ✓	↓ 29 ✓
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	233 ✓	↓ 128 ✓
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,069 p/q	1,477 ✓	↑ 1,508 ✓
CAMHS – Seen within 18 weeks (RTT)	90%	80.8% ⬮	↑ 97.6% ✓
Psychological Therapies – Seen within 18 weeks (RTT)	90%	85.2% ⚠	↑ 89.9% ✓
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	149 ⬮	↑ 87 ✓
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	0 ✓	↔ 0 ✓
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	90%	96.7% ✓	↑ 98.3% ✓

Measure	Target 2023-24	Q2 2022-23	Q2 2023-24
Average working days lost to sickness absence per employee - NAC	3.30 p/q	4.59 	4.97 ↓ 
Percentage working days lost to sickness absence per employee - NHS	4.0% p/q	6.02% 	5.97% ↑ 

Appendix 4 – Workforce Absence

Table 1a NAC 2023-24 Data

Name	April	May	June	July	August	September	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.24	1.37	1.39	1.43	1.77	1.77	8.97	6.64	2.33
HSCP Business Administration	1.29	1.30	1.09	0.87	0.98	0.99	6.52	5.50	1.02
HSCP Senior Managers	0.00	0.00	0.00	0.00	0.00	1.00	1.00	2.50	-1.50
Financial Inclusion	0.52	0.00	1.32	0.65	1.08	1.19	4.75		
Chief Social Work Officer	0.00	0.35	0.00	0.33	1.80	1.60	4.08	4.00	0.08
Professional Standards	0.00	0.35	0.00	0.33	1.80	1.60	4.08	4.00	0.08
Children, Families & Justice (CF)	1.10	1.50	1.57	1.74	2.05	1.60	9.57	6.41	3.16
CF - Garnock Valley, North Coast & Arran	0.90	0.90	0.74	1.45	1.44	1.33	6.77	6.58	0.19
CF - Irvine, Killwinning & Three Towns	0.77	0.99	1.53	1.46	1.70	0.97	7.41	7.50	-0.09
CF - Justice Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.50	-7.50
CF - Care Experienced Children & Young People	0.77	1.81	1.78	1.91	2.38	2.26	10.90	7.04	3.86
CF - Justice & Intervention Services	1.80	1.74	1.77	1.94	2.29	1.45	10.99	2.50	8.49
CF - Universal Early Years	0.00	0.26	0.00	0.00	0.00	0.70	0.96	4.14	-3.18
Health & Community Care (HCC)	1.46	1.51	1.52	1.61	2.01	2.20	10.30	7.20	3.10
HCC - Arran Services	0.00	0.00	1.04	0.99	1.03	0.86	3.92	5.00	-1.08
HCC - Community Care Services	1.60	1.59	1.61	1.69	2.09	2.26	10.85	7.50	3.35
HCC - Locality Services	0.56	0.87	0.77	1.09	1.77	2.28	7.33	5.10	2.24
HCC – Long Term Conditions	4.00	3.00	0.00	0.00	0.00	0.00	7.00	2.50	4.50
HCC - Rehab & Reablement	0.51	1.90	1.51	1.03	0.05	0.24	5.24	5.00	0.24
HSCP Finance & Transformation	0.12	0.56	0.51	0.43	1.37	1.17	4.16	4.56	-0.40
Contracts and Commissioning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	-4.00
HSCP - Finance	0.00	0.23	0.09	0.04	1.22	1.77	3.35	4.00	-0.65

Name	April	May	June	July	August	September	Year to Date	Target	Variance
HSCP - Performance	0.20	1.92	2.08	2.00	3.82	1.64	11.65	4.00	7.65
HSCP – Strategic Planning & Transformation	0.44	0.00	0.00	0.00	0.20	0.00	0.64	6.00	-5.36
Mental Health	0.69	0.74	0.93	0.89	0.70	0.45	4.38	7.50	-3.12
MHS - Addictions	0.00	0.00	1.11	0.29	0.14	0.18	1.72	7.50	-5.78
MHS - Community	0.16	0.26	0.00	0.00	0.00	0.21	0.64	7.50	-6.86
MHS - Learning Disabilities	1.31	1.36	1.37	1.73	1.43	0.73	7.94	7.50	0.44

Table 1b NAC 2022-3 Data

Directorate/Section	April	May	June	July	August	September	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.11	1.37	1.31	1.52	1.60	1.47	8.38	6.60	1.78
HSCP Business Administration	0.61	0.68	0.67	1.12	1.26	1.40	5.74	4.80	0.94
HSCP Senior Managers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.52	-2.52
Chief Social Work Officer	1.88	1.96	1.61	0.36	0.35	0.00	6.16	2.52	3.64
Professional Standards	1.88	1.96	1.61	0.36	0.35	0.00	6.16	2.52	3.64
Children, Families & Justice (CF)	1.22	1.47	1.53	1.88	1.87	1.69	9.66	6.54	3.12
CF - Garnock Valley, North Coast & Arran	1.20	1.21	1.09	0.52	0.00	0.64	4.66	7.50	-2.84
CF - Irvine, Killwinning & Three Towns	1.88	2.40	2.12	2.21	2.13	2.18	12.92	7.50	5.42
CF - Justice Services	0.00	0.00	0.00	1.67	0.00	0.33	2.00	2.52	-0.52
CF - Care Experienced Children & Young People	1.54	1.60	1.81	2.40	2.20	1.86	11.41	7.50	3.91
CF - Justice & Intervention Services	0.46	0.88	1.19	1.69	2.22	1.78	8.22	4.86	3.36
CF - Universal Early Years	2.67	2.56	0.00	0.58	0.00	0.00	5.81	2.64	3.17
Health & Community Care (HCC)	1.32	1.61	1.47	1.56	1.68	1.52	9.16	7.26	1.90
HCC - Arran Services	0.86	1.99	2.33	1.27	0.00	0.00	6.45	2.52	3.93
HCC - Community Care Services	1.37	1.64	1.55	1.68	1.78	1.57	9.59	7.50	2.09
HCC - Locality Services	0.79	1.25	0.72	0.67	0.88	1.23	5.54	5.10	0.44
HCC - Rehab & Reablement	1.45	1.40	0.79	0.67	1.65	1.38	7.34	7.50	-0.16
HSCP Finance & Transformation	0.65	0.68	0.37	0.53	0.93	0.79	3.95	3.72	0.23
HSCP - Finance	0.62	0.65	0.06	0.40	0.49	0.40	2.62	4.02	-1.40
HSCP - Performance	0.00	0.00	0.00	0.00	0.27	1.96	2.23	2.52	-0.29
HSCP – Strategic Planning & Transformation	1.00	1.05	1.05	0.96	1.96	1.00	7.02	4.02	3.00
Mental Health	0.58	1.18	1.18	1.53	1.27	1.16	6.90	11.70	-4.80
MHS - Addictions	0.16	1.50	0.51	1.50	1.56	1.22	6.45	8.88	-2.43

Directorate/Section	April	May	June	July	August	September	Year to Date	Target	Variance
MHS - Community	0.66	2.73	2.96	3.34	1.91	0.85	12.45	12.48	-0.03
MHS - Learning Disabilities	0.73	0.48	0.83	0.86	0.87	1.28	5.05	12.48	-7.43

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	3.11		
Children's Health / Care & Justice Services North	2.57	3.08		
Community Health & Care Services North	6.07	6.83		
Lead Partnership North	6.79	6.06		
Grand Total	6.03	5.97		

Appendix 5 – Finance

Partnership Budget - Objective Summary

2023/24 Budget

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 4	Movement in projected variance from Period 4
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	70,521	69,517	(1,004)	19,423	20,793	1,370	89,944	90,310	366	240	126
: Locality Services	28,218	27,753	(465)	5,341	5,577	236	33,559	33,330	(229)	38	(267)
: Community Care Service Delivery	36,633	35,940	(693)	0	0	0	36,633	35,940	(693)	(779)	86
: Rehabilitation and Reablement	2,143	2,145	2	0	0	0	2,143	2,145	2	(2)	4
: Long Term Conditions	944	1,003	59	10,392	11,360	968	11,336	12,363	1,027	856	171
: Community Link Workers	185	177	(8)	0	0	0	185	177	(8)	(9)	1
: Integrated Island Services	2,398	2,499	101	3,690	3,856	166	6,088	6,355	267	136	131
MENTAL HEALTH SERVICES	29,844	30,240	396	75,347	76,755	1,408	105,191	106,995	1,804	1,556	248
: Learning Disabilities	22,975	23,635	660	490	490	0	23,465	24,125	660	695	(35)

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 4	Movement in projected variance from Period 4
: Community Mental Health	5,985	5,719	(266)	1,771	1,771	0	7,756	7,490	(266)	(44)	(222)
: Addictions	884	886	2	1,821	1,821	0	2,705	2,707	2	(124)	126
: Lead Partnership Mental Health NHS Area Wide	0	0	0	71,265	72,673	1,408	71,265	72,673	1,408	1,029	379
CHILDREN & JUSTICE SERVICES	34,774	39,654	4,880	4,761	4,897	136	39,535	44,551	5,016	5,600	(584)
: Irvine, Kilwinning and Three Towns	3,082	3,085	3	0	0	0	3,082	3,085	3	(165)	168
: Garnock Valley, North Coast and Arran	3,095	3,022	(73)	0	0	0	3,095	3,022	(73)	(67)	(6)
: Intervention Services	1,838	1,750	(88)	423	423	0	2,261	2,173	(88)	16	(104)
: Care Experienced Children & Young people	23,056	27,796	4,740	0	0	0	23,056	27,796	4,740	5,308	(568)
: Head of Service - Children & Families	1,071	1,371	300	0	0	0	1,071	1,371	300	403	(103)
: Justice Services	2,412	2,412	0	0	0	0	2,412	2,412	0	(16)	16
: Universal Early Years	220	218	(2)	3,698	3,834	136	3,918	4,052	134	121	13
: Lead Partnership NHS Children's Services	0	0	0	640	640	0	640	640	0	0	0
CHIEF SOCIAL WORK OFFICER	1,859	1,475	(384)	0	0	0	1,859	1,475	(384)	(389)	5
PRIMARY CARE	0	0	0	52,995	52,995	0	52,995	52,995	0	(41)	41
ALLIED HEALTH PROFESSIONALS			0	10,200	10,200	0	10,200	10,200	0	0	0

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 4	Movement in projected variance from Period 4
COVID NHS	0	0	0	0	(274)	(274)	0	(274)	(274)	(274)	0
MANAGEMENT AND SUPPORT COSTS	8,710	7,404	(1,306)	3,611	3,161	(450)	12,321	10,565	(1,756)	(2,313)	557
NATIONAL COMMISSIONED SERVICE	0	0	0	3	3	0	3	3	0	0	0
FINANCIAL INCLUSION	1,335	1,332	(3)	0	0	0	1,335	1,332	(3)	0	(3)
OUTTURN ON A MANAGED BASIS	147,043	149,622	2,579	166,340	168,530	2,190	313,383	318,152	4,769	4,379	390
Return Hosted Over/Underspends East	0	0	0	0	(461)	(461)	0	(461)	(461)	(337)	(124)
Return Hosted Over/Underspends South	0	0	0	0	(403)	(403)	0	(403)	(403)	(294)	(109)
Receive Hosted Over/Underspends South	0	0	0	0	133	133	0	133	133	163	(30)
Receive Hosted Over/Underspends East	0	0	0	0	(52)	(52)	0	(52)	(52)	(52)	0
OUTTURN ON AN IJB BASIS	147,043	149,622	2,579	166,340	167,747	1,407	313,383	317,369	3,986	3,859	127

Appendix 6 – Glossary of Acronyms

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

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