

IJB Performance and Audit Committee

March 2024

Agenda Item Number

Subject:

Quarter 3 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 3 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
RTT	Referral To Treatment

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 Updated Quarterly Values

There have been two changes to previously reported values, both related to Psychological Therapies referral to treatment. These values have been updated to include the triage process that was implemented within the Community Paediatrics Psychology (Rainbow House) Team in May 2023. Following a review of this

measure it was identified that the data related to this process had been omitted. Including this new data does not affect total numbers commencing treatment but for some treatment pathways, it affected the date treatment started.

The RAG status for each prior quarter remains unaffected.

Measure	Original Q1 Value	Amended Q1 Value	Q1 RAG Impact
Psychological Therapies – Seen within 18 weeks (RTT)	86.3%	86.2%	Green – No Change

Measure	Original Q2 Value	Amended Q2 Value	Q2 RAG Impact
Psychological Therapies – Seen within 18 weeks (RTT)	89.9%	89.7%	Green – No Change

2.2 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 3 2023-24.

2.3 Highlights

Performance Improvement

Two measures have shown an improvement in performance in Quarter 3:

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

Green from Amber

Service	Measure	Values
CFJ	Support 45 children and young people into kinship care placements each year (accumulative quarterly value – target is 33 for the year)	35 from 20

Amber from Red

Service	Measure	Values
All	Percentage working days lost to sickness absence per employee - NHS (target is 4%)	4.38% from 5.97%

Financial Position

Improved financial position at the end of Q3,

Quarter	Comments
Q3	£3.655m projected overspend (1.2%)
Q2	£3.986m projected overspend (1.3%)
Q1	£4.576m projected overspend (1.6%)

Performance Declined

One measure declined in performance in Quarter 3:

- 1 x Red from Amber

Red from Amber

Service	Measure	Values
CFJ	Number of PRI sessions which have taken place (target is 2 per quarter)	0 from 1

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.

2.4 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.

2.5 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. These two figures will not be included in the summary table below for Quarter 1. 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 December 2023 is as follows:

Quarter				Reported 1 Quarter Behind
Q1	7	1	19	2
Q2	6	2	21	2
Q3	6	1	22	2
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

- 4.1 The IJB Performance and Audit Committee members are asked to review and discuss the content of the Quarter 3 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 3 2023 to 2024
(October 2023 – December 2023)

March 2024

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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.

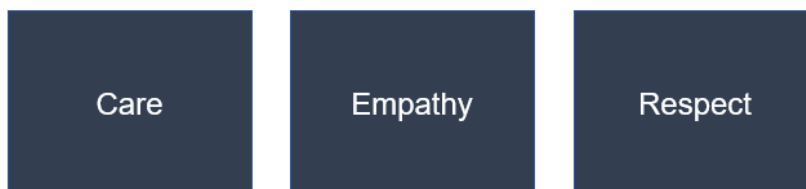
A glossary of acronyms used within this report is contained in Appendix 6.

Overview

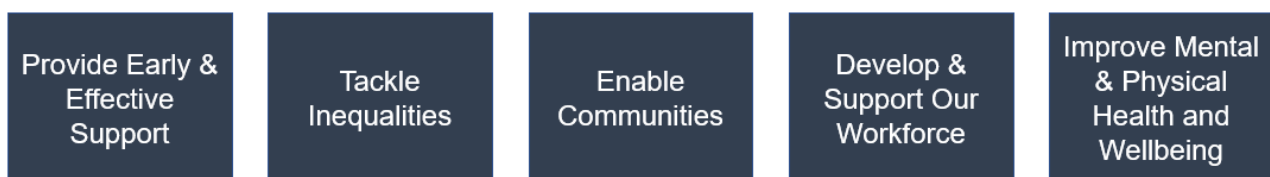
The strategic plan 2022-30 is focused on core impact actions that add tangible service benefits and have subsequent influence on associated areas of challenge and transformation. Throughout the delivery period of this plan, we will continue to monitor progress on core performance directly aligned to 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 9 against the full-year budget of £310.754m there is a projected year-end overspend of £3.655m (1.2%). 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 £2.770m in social care services and a projected overspend of £0.885m 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 3 is 4.38%, 0.38% above the quarterly target of 4.0%.

NAC partnership employees' absence at the end of Quarter 3 is 5.87days, 2.57 days above the quarterly target of 3.30 days.

Summary of Performance

Position at Quarter 3 2023-24

Strategic Plan Measures

Service	Areas of Focus - Red	Amber	Green
Children, Families, Justice	2	0	9
Health and Community Care	3	0	2
Mental Health	0	0	11

Absence not meeting targets

Area	Absence
NAC	5.87 Days
NHS	4.38%




Financial Position

Area	Current Position
Financial Position	£3.655m projected overspend (1.2%)

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	6	1	22	2
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	2	0	11
Children & Families	Provide Early and Effective Support	Number of requests for assistance made by health visitors or family nurse	450	391	11
Health & Community Care	Provide Early and Effective Support	Reduce the number of people waiting for assessment	150	227	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 the Community	90	195	13
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	26	14
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee - NAC	3.30	5.87	15

Areas of Focus - In Detail

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

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

Trend Commentary

The number of PRI sessions for Quarter 3 was 0. This is identical to Quarter 1 2023/24. This is the fourth instance across the previous five quarters where the status of the indicator has been red. The target of 2 has not been met in any quarter since being amended to 2 per quarter at the beginning of 2023/24.

During Quarter 3 there was one referral for a PRI discussion, however, it was not possible to progress due to facilitators lack of availability.

Actions to Improve Performance





Further discussion will take place at the PRI Quarterly Review group and with Senior Managers/Head of Service to support staff availability to facilitate sessions.

Awareness raising has continued to be promoted through CPC Newsletter, Team Meetings and managers have been asked to consider cases as part of supervision with workers.

Timescale for Improvements

End of Quarter 4 2023-24

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 	391 	

Trend Commentary

391 requests for assistance were made in Quarter 3 by health visitors or family nurses. This is an increase of 13 from the Quarter 2 figure of 378. The figure of 391 is the second lowest number of requests for assistance recorded in the past seven quarters, while 378 in Quarter 2 is the lowest.

Quarter 3 has seen a small, 3% increase in Requests For Assistance (RFAs) with 49% staying within the Universal Early Years service. We remain short of a 0.8WTE Health Visiting Support Worker in the Three Towns (maternity leave) so RFAs are lower than what we would expect for that area.





Actions to Improve Performance

We will monitor until the end of this reporting year when we will be back to full complement of staff within the service.

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 	227 	

Trend Commentary

The number of people waiting for assessment in Quarter 3 was 227 which is higher than the Quarter 2 figure of 226. For the seventh consecutive quarter the target of 150 has not been met. The Quarter 1 figure of 198 was the lowest number of people waiting for assessment experienced since this PI was introduced in 2022/23.





Actions to Improve Performance

Challenges are continuing in both recruitment to locality posts and levels of absence. 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 1 2024-25

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 	195 	

Trend Commentary

During Quarter 3, 195 people were on the waiting list for a Care at Home service in the Community, exceeding the target by 105. The number of people waiting has increased by 6 from 189 in Quarter 2 to 195 in Quarter 3 2023/24. The Quarter 3 value in 2022/23 was 243. Of the 195 people waiting, 66 people have been waiting longer than 90 days.

The Care at Home service continues to experience significant demands from our communities and whilst there has been a slight decrease in new community referrals received in Quarter 3 (324 referrals), the service has seen a significant rise in community increase referrals for Quarter 3 (243 increase referrals) as our service user group requires increased care provision to meet their complex care needs.

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, with sickness absence peaking at 17% in December 2023, 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 has continued in Quarters 1,2 and 3.

Actions to Improve Performance

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.

A specific exercise was facilitated late in Quarter 3 via the Partnership's Community Reablement Team who undertook a full review, including a home visit and where appropriate functional assessment, for all of those people on the waiting list. This has been complimented by the introduction in Quarter 4 of an Oversight Group which will review unmet need, support prioritisation of capacity and ensure the safe management of the needs of people whilst awaiting the commencement of Care at Home supports.

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 completed a review of the Community Waiting list utilising a reablement focussed approach.





A four-week pilot to facilitate a review of all new and increased community request using a reablement focussed approach has commenced

The service has introduced a Weekly Oversight Group and the group will review all new referrals added to the Community Waiting list and to monitor all cases at regular 30-day intervals thereafter to ensure all available resources are being considered and used effectively to support service user to remain at home, living as independently as possible for as long as possible.

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 	26 	

Trend Commentary

During Quarter 3, 26 people were on the waiting list for a Care at Home service in Hospital, exceeding the target by 14. The number of people waiting has increased by 4 from 22 in Quarter 2 to 26 in Quarter 3 of 2023/24. The Quarter 3 value in 2022/23 was also 26.

There was no one waiting at the end of Quarter 3 that has been waiting since the end of Quarter 2, with the longest wait for a Care at Home package being 43 days for someone in a Community hospital, and 31 days for someone in an acute hospital. More than 50% of those waiting had been delayed for less than 14 days.

The Care at Home service has continued to face significant demands from both acute and community hospitals with a further increase in more complex 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 has continued for Quarters 1,2 and 3.

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, with sickness absence peaking at 17% in December 2023.

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.

Our Winter Preparedness and Delayed Discharge Improvement Plan has been established with a key focus on supporting Care at Home Capacity. This group meets fortnightly and reports and reviews data and actions to ensure all available resources are being used effectively and identified targets are being met.

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 	5.87 	

Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has increased by 0.9 days this quarter from 4.97 days to 5.87 days in Quarter 3.

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 3 2023-24.

Timescale for Improvements

Quarter 4 2023-24

Children, Families and Justice

Enable Communities

North Ayrshire has committed to #KeepThe Promise which provides a benchmark for corporate parents, carers, practitioners, managers, our care experienced community and importantly decision makers in fulfilling the goal to meet the collective and individual needs of all our care experienced children and young people.

On the 13th of December 2023, we held our second Annual Promise conference within Saltcoats Town Hall, where we brought together a range of services who are responsible for supporting our care experienced community of children and young people. On the day, we had over 40 care experienced young people in attendance, all of whom helped services to consider what we are already doing well, what we could be doing better and what we haven't even considered yet.

The day was a great success – with conversations focusing on 4 main areas:

- Working together
- Supporting potential
- Brothers and Sisters
- Moving on

The event generated much feedback and suggestion regarding how we can strengthen our responses to our population of care experienced children and young people and what work is still required so we can ensure we are keeping the Promise by 2030.

Develop and Support our Workforce

Currently within Children, Families and Justice Services, there is considerable change and reflection ongoing with regards to how we transform the services we deliver, to ensure we maximise outcomes for services users, whilst working within a very challenging financial climate.

We have had several of our managers within the Health and Social Care Partnership successfully complete our Systems Leadership course this quarter.

The course has been designed to introduce social work and social care professionals to system leadership. The training combines theoretical learning, practical application, and collaborative experiences to equip participants with the tools and strategies needed to work and progress in complex human systems. Programme objectives include creating whole system awareness within the organisation, the creation of a peer learning environment, connecting system leadership ideas and practices, offering a range of practical tools and mental models to work with complex systems and to finally provide space for personal reflections and for facilitated support to help progress personal and group change objectives.

Within my service, we have had several staff from both Justice Services and Children and Families successfully complete the course. There is a rolling programme in respect of this course, which will serve not only to strengthen our leaders within the organisation but also the direction which they offer to the wider workforce and the outcomes which they strive to achieve for service users.

Provide Early and Effective Support

Previous updates have been provided in relation to the Whole Family Wellbeing Fund and how this funding from Scottish Government is being used across Local Authority, third and independent sector to support the whole system transformational change required to reduce the need for crisis intervention and to shift investment towards prevention and early intervention.

Within the local authority, funding has been used to scale up an existing transformational service known as the Family Centred Well Being Service (FCWS), which previously operated in only the Irvine and Three Towns localities. It is an early intervention service which seeks to build parenting capacity, increase resilience and coping mechanisms (in parents and children), and provides practical support to link families with community resources, which will empower them to meet their specific needs independently.

It was initially targeted at children of primary school age (5-12 years), the scaling up has allowed the service to be extended to families who have children of secondary school age. The geographical reach of the service has now also been widened to include all localities within North Ayrshire.

In addition, as a result of the implementation of the CAMHS Neurodevelopmental Specification and changes in referral criteria – that is, neurodiverse children not being offered an assessment from CAMHS unless there is an accompanying mental health need/disorder/risk – the FCWS has now been identified as a resource, along with others, that can contribute to supporting families where unmet needs are apparent as a result of neurodiversity.

Funding allowed for the advertisement of a further 7 posts to support communities at the earliest opportunity – these posts amassed a significant amount of interest, with an overwhelming 86 applications being submitted. I am pleased to advise that the recruitment process concluded in December 2023 and preferred candidates for all vacant post were identified.

Improve Mental & Physical Health and Wellbeing

In October 2023, we received the written findings of a recent Care Inspectorate unannounced inspection of one of our residential Children's Houses, Abbeycroft, within the town of Kilwinning.

The service was inspected in relation to the following key area:

- How well do we support children and young people's rights and wellbeing.

The service received a scoring of 5 (in evaluating quality, a six-point scale is used where 1 is unsatisfactory and 6 is excellent).

The inspection feedback contained information such as “young people within Abbeycroft were supported to be kept safe, young people had the opportunity to undertake activities that were age and stage appropriate. Staff worked alongside young people to try and help them understand risks they were involved in and how to support them to ensure their safety and wellbeing.”

Feedback also intimated that “the management team were committed to ensuring that trauma informed practice continued to develop within the service, excellent resources were developed to help analyse staff’s understanding of trauma.....This led to staff being highly skilled and having a good understanding of the young people they support.”

Furthermore, evidence was also found “to support that the young people were supported with their physical and mental health and that here was good knowledge within the staff team around mental health and that staff have undertaken training to enhance their knowledge in this area.”

As a service, we are proud that the Care Inspectorate have noted the work undertaken by our residential staff to deliver high quality care to our children and young people.

Tackle Inequalities

The HSCP has recognised the value of employees with lived experience in areas such as drug and alcohol recovery. In November 2023, we held our first peer mentor meeting for our recovery development workers within the organisation.

The partnership recognises the impact that individuals with lived experiences bring to our workforce when we are trying to make a difference and reach individuals who are impacted by addiction.

Whilst our recovery development workers have had a positive impact on those who require support with alcohol and drug use, we also recognise that we have created a sense of hope, direction and achievement for individuals who previously were very much removed from the labour market due to their history with addiction. We have recovery development workers within our Justice Services and Service Access teams.

The following is an extract from a recovery development worker currently employed within Justice Services.

“Just a wee email to say thank you for your patience with me, my jobs amazing and the privileged nature of the roles not lost on me. It has been a life changing thing for me. I’m grateful for the people around me and the good guidance.

In all fairness I do absolutely love my job and my role here at New Street, it has been a total game changer for me. Having a really supportive team around me and good management is the biggest thing I think that has seen me settle and slot into the team as well as I have.

It's a real privilege to work in the place that helped me so much to change my life, I hope to do the same for the people who I come into contact within the role. The fact I've got an amazing management who trust me, encourage me, and value my input makes it all the better."

Recovery Development Worker, Justice Services.

Case Study: Unpaid Work Team – Justice Services

Related Strategic Objective(s): Tackle Inequalities

The Koestler Awards for arts in criminal justice started in 1962. Koestler Arts is a well-known prison art charity that encourages people in the justice system to change their lives by participating in the arts. Each year, over 3,500 people in custody and in the community share their creative work by taking part. The Koestler Awards provide feedback and encouragement to entrants of all abilities in visual art, design, writing and music.

Helping those involved in the justice system to develop their artistic traits helps service users to lead more positive lives, by motivating them to excel in other areas of their lives which may have been unnoticed in the past.

A group of six clients of North Ayrshire's Unpaid Work team within Justice Services have received recognition certificates from the Koestler Awards for their original artworks, with one participant also receiving a Highly Commended certificate for this unique wooden birdhouse.

Lots of talent within our Justice Service which can now be enjoyed far and wide.



Health and Community Care

Whilst Health and Community Care Services continue to experience significant challenges related to workforce, recruitment and an increasingly complex demand for services, our health and social care staff continue to provide high quality interventions to the people of North Ayrshire.

A number of pilots, innovations and service reviews are underway, with the goal of continually improving our service delivery. This includes the development of locality-based employee wellbeing sessions and events to support our employees.

Provide Early and Effective Support

The Partnership's Care at Home Team continue to offer exceptional support to the people of North Ayrshire. The Care at Home service has registrations split over two areas on a locality basis. The Irvine, Kilwinning, Garnock Valley and Community Alarm localities were recently inspected by the Care Inspectorate, receiving very positive feedback and the following gradings which are an indicator of the quality and standard of care being provided:

Key Question 1 – How well do we support people's wellbeing?

1. – People Experience compassion, dignity and respect – 5 (Very Good)
2. – People get the most out of life – 5 (Very Good)
3. – People's health and wellbeing benefits from their care and support - 5 (Very Good)

Key Question 2 – How good is our leadership?

2.2 – Quality assurance and improvement is led well – 5 (Very Good)

Key Question 3 – How good is our staff team?

3.2 – Staff have the right knowledge, competence and development to care for and support people – 4 (Good)

Key Question 5 – How well is our care planned?

5.1 – Assessment and personal planning reflects people's outcomes and wishes – 4 (Good)

The Inspector also provided positive feedback that staff demonstrated "passion and commitment to providing the best care possible" noting service users and their families spoke "warmly and gratefully for the services they received and the difference [it] made to their lives". The inspector also recognised the good partnership working between the team and District Nurses, GP's, the Hospice, and many others – all with the goal of supporting and meeting the needs of our service users. The inspection found that staff spoke of their pride in being part of the service, of job satisfaction and of making a difference to service

users' daily lives, recognising the guidance, training, and development they received to help them do so.

A pilot inspection to test a new way of confirming that better performing, low risk services are continuing to provide good quality care and support took place during an unannounced inspection of the Partnership's Dementia Support Service on 21 and 22 November 2023. This inspection did not include an updated grading however did confirm that previous good evaluation has been maintained with recognition given to ongoing developments within the service.

Key messages from the inspection included:

- People who used the service were safe and protected from harm.
- The service had good governance and quality assurance processes in place.
- The service was well led and managed.
- The impact that the service has on families was clear and comments included;
 - I think it's brilliant, he looks forward to his visits." "The staff are all lovely, he was wary at first but now he looks forward to it."
 - "Very happy with the service, the staff member is lovely, very patient and tries to engage him."
 - "The support gives me time out as I trust the staff, they've built a good relationship with him."
 - "It's a brilliant, brilliant service, it's like having friends to the house."

The Care at Home service completed a recent initiative involving the Care at Home Reablement Team who undertook a review of the waiting list, for people in the community who were awaiting a Care at Home service, utilising a reablement focussed approach. In doing so the service aimed 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. This review was successful and will be further expanded in Quarter 4 with a 4-week initiative around accessing Care at Home supports.

The Community Wards continue to embark on a number of initiatives to improve the experience of their patients. The efforts of the Ward 2 team (Ayrshire Central Hospital) has been so successful their work has secured a 'Greatix Award' – a network which celebrates excellence. The award recognises that having identified that the number of acquired pressure ulcers was well above the normal, interventions were put in place, which over a period of only 6 months not only reversed the trend, but reduced incidents to below previous levels. The team has now also appointed 'Pressure Ulcer Champions' to continue this excellent work.

Meanwhile, staff in Ward 1 continue to develop their staffing model to a rehabilitation-based approach, focussing on further enhancing the skills of the nursing team across

multi-disciplinary areas. The team also have a Health Care Support Worker who works directly with the ward Physiotherapists and Occupational Therapists to deliver therapy to patients during the weekend. Staff are encouraged to work with the Multi-disciplinary Team and to expand their role. The goal of the model is to improve the patient experience and ensure people can be discharged as early as possible back into their homes in their communities.

Enable Communities

Our commitment to empowering our communities continues, with consultation and engagement continuing to underpin our service interventions. Service-users are being encouraged to feedback and inform our approach to service-delivery. Work has been ongoing across Day Services, Carers Services and our 'No Wrong Door' approach. All these initiatives are, and will continue to be, informed by the feedback from our stakeholders.

Develop and Support our Workforce

The Emergency Department at Arran War Memorial Hospital treats around 2,500 patients each year, ranging from people who are acutely unwell and who need immediate helicopter-transfer to the mainland; those who can transfer via the ferry; those who require admission to the inpatient facility; and those who require to be seen and treated on the same day. The complexity of patients presenting to the hospital is increasing and given that the hospital's nursing team work across all departments, the level of nursing skill required is also increasing. To support staff and ensure high quality health and care continues to be delivered, a new Nurse Practitioner role was developed along with a training and competency framework. The goal was to develop a more advanced level of nursing, where staff can see, treat, and discharge patients (within their scope of competency). Glasgow Caledonian University has supported Nurse Practitioners via a post-graduate certificate in 'Advanced Practice' moulded around remote and rural island practices. Staff are currently on this course and are supported by their GP and Advanced Nurse Practitioner colleagues.

The Service Delivery team are also supporting five students to undertake the 'National Progression Award' in Health and Social Care, by providing placements in Day Services. A further place in this service was provided to a Modern Apprentice.

Improve Mental & Physical Health and Wellbeing

Our commitment to high quality services is underpinned by our excellent workforce. We understand the importance of ensuring our team of dedicated staff are supported and provided with mechanisms that support their health and wellbeing.

Recently our Community Nursing staff were provided with 'well-being' experiences, with staff from the Irvine, Kilwinning, Garnock Valley, Ballot Road and Bourtreehill teams all being given the opportunity to benefit from the HSPC Primary & Social Care Grants Scheme. Staff commented that this was "a fantastic team reward for the effort they put in during COVID19...team morale got a real lift from it."

Case Study: Mind and Be Active

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

Working alongside KA Leisure, the 'Mind and Be Active' initiative aims to improve the mental health and wellbeing of local people, by providing support to increase levels of physical activity. The model builds on the understanding that physical activity can enhance wellbeing, by increasing mental alertness, energy, positive mood and self-esteem - whilst reducing stress and anxiety. People can self-refer or a referral may be via a health professional. People who use the service receive support and encouragement from specially trained members of staff, who guide them to a more active lifestyle. Feedback from service users has been very positive:

"Just to say when I was feeling very low and in a very dark place and on medication, I had phoned the [mental health] nurse who then referred me to The Active Lifestyle team at Vikingar to participate in their referral exercise classes. So, I went along and was made to feel really welcome and met lots of people. It was hard at first but eventually I recovered and managed to come off my medication. It was the social aspect and the exercise "It saved me "and I am still going to this day. I am living my best life too!!"

"I am grateful for someone taking a chance on me and believing there was something worth saving".

Case Study: Douglas Grant Rehabilitation Centre

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

The team of nursing specialists and Allied Health Professionals staff at the Douglas Grant Rehab Centre, Ayrshire Central Hospital, oversee the assessment and treatment of all patients diagnosed with MS on a pan-Ayrshire basis and work with around 1,200 patients to help them manage their condition.

Whilst feedback from service users around interactions with the Douglas Grant team is positive ([My story - 3](#)), the team are dedicated to ensuring the best possible service and outcomes for their patients. To this end, they have carried out a review of pathways for service users, aiming to establish whether the current service model is 'right', if there are delivery gaps, any opportunities to streamline service delivery, maximise efficiency, and ensure best use of resources.

Two key issues were identified 1) record keeping and the multiple systems in use and 2) bottlenecks that resulted from insufficient resources which resulted in longer than desirable waiting times for patients. The team identified and are implementing an action plan to steer service improvements, which, when complete will address these challenges and provide checks and balances to ensure that all patients achieve the best outcomes for their condition.

Health and Community Care - Progress Against Council Plan Actions

Action	Priority	% Complete	RAG Status
Grow Care At Home Capacity	Aspiring Communities	70%	Amber

There has been steady growth in permanent recruitment to the Care at Home service 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 throughout 2023, with the planned introduction of a new recruitment strategy for 2024. There are details of some of the activity which has already taken place and planned future activity below:

- Advertising Via MyJobScotland.
- Confirmation of attendance at scheduled Job Fayres.
- Regular face to face interviews.
- IT solutions including QR codes added to leaflets where applicants can scan mobile device to complete/ submit application form.
- Twice weekly recruitment events in localities which facilitate on the day interview. These events will initially be scheduled and advertised for the period January – June 2024.
- CIS Care Academy ongoing and supporting candidates to interview/appointment (joint initiative with employability team).
- Modern Apprentices scheme, which resulted in permanent contracts for former apprentices. The service hopes to be able to commence new MA's in the coming year.
- Long Term Unemployment/Skills for Life Project/ Parental Employment Programme (joint initiative with employability team). Adverts for 20 posts have been arranged and interviews scheduled for January 2024.
- Long Term Unemployment Scheme for young mothers, candidates supported to complete training and placement on the front line. On completion of the programme permanent contracts were awarded to all 5 candidates.
- Focussed recruitment events for Arran from August to November including leaflet drops and prompting accommodation generated significant interest in vacant Arran posts. Arran vacancies will continue to be promoted at all mainland recruitment events for the foreseeable future.
- Mass Leaflet Drops continue pre recruitment events throughout North Ayrshire
- Royal Mail Leaflet Drops too place prior to events
- West FM advertising has recently been reviewed and updated to reflect new hourly rate following recent paygrade increase for care at home staff
- Ongoing social media advertising.
- Supporting initiative with Ayrshire College 'Career in Care.'
- Promoting permanency of roles available.
- Internal procedures reviewed to ensure optimal efficiency in time from interview to start date incorporating mandatory induction and on job shadowing.

- Our dedicated recruitment team permanently reallocated to Cunninghame House to enable closer working with our Corporate Resourcing Team and enhance our recruitment processes.
- External advertising with Roveert being explored and costed for recruitment events with QR codes on selected NAC vehicle fleets.
- Ongoing work continues with DWP with meetings being arrange for CAH service representatives to meet with DWP customers to discuss service and available vacancies.
- The service has liaised with local companies – Stagecoach, CalMac and KA Leisure to discuss and promote advertising options to ensure a widespread approach to vacancy advertising.
- The process for exit questionnaires has been reviewed and the new process will commence in January 2024 with Team managers delegated responsibility to complete questionnaires and have a greater understanding of locality themes and issues.
- A further review of Bank staff, including a questionnaire to all bank staff, will take place in January 2024 to allow a better understanding of increased requests to join our bank rather than accept contracts.

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

Unfortunately, there were no suitable applicants and the post will be re- advertised along with other vacant posts on Arran. An external recruitment agency is being used to help recruit into a number of hard to fill posts on the island including this post. The recruitment campaign will run from January to March 2024.

Mental Health

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 were greatly received with a significant request for funding awarded. Whilst not all bids could be supported, due to the financial envelope, a significant investment in our communities has been made and we look forward to seeing the benefit of funds received.

Develop and support our Workforce

Working in Collaboration with The Institute for Research and Innovation in Social Services (Iriss) we have been continuing in exploring the role of the community social worker, considering current roles and future opportunities for growth and development. Also, we have been working on several "sprint" projects, 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)

Improve Mental & Physical Health and Wellbeing

Mental Health and Wellbeing in Primary Care – our business cases for years 2, 3 and 4+ years are in the final stages of writing. Thereafter business cases will be presented to the 3 IJBs for approval.

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.

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. Dr Wendy van Riet has started as Director of Psychological service, which means a clear management structure is fully in place. Implementation of the national specification for

Delivery of Psychological Therapies and Interventions (SG, 2023) and the Safe Staffing act will be a focus for the coming months. A new clinical governance structure will be set up to enable this process. Focus on improvement of data quality and reporting is part of this implementation. Recruitment is ongoing which will help maintenance and further improvement of performance.

North Ayrshire Drug and Alcohol Services

All national and local standards and targets around Medication Assisted Treatment (MAT), Opiate Replacement Therapy (ORT), Naloxone, Alcohol Brief Interventions and Waiting Times 'Access to Treatment' continue to be met.

A vision on how MAT Standard 7 (which relates to primary care) can be delivered has been agreed alongside an implementation plan. Securing recurring funding remains a priority and options continue to be explored. An improvement plan has been identified and agreed as to how experiential information can be gathered from service users, families and staff in relation to the overall MAT Standards.

Staff guidance has been updated in relation to how services can support individuals with co-occurring mental health and alcohol and/or drug use. Awareness sessions have been arranged and these will be delivered in Q4.

Service staff have participated in interviews and submissions of documentation in relation to an Audit Scotland review of alcohol and drug services and Alcohol and Drug Partnership (ADP) processes and governance. Services are also involved with Healthcare Improvement Scotland (HIS) in relation to improving access to residential rehabilitation.

CAMHS

Enable Communities

Partnership working with North, South and East Ayrshire in relation to creating pathways for young people who have Neuro concerns without co-occurring mental health conditions and from the 1st of Aug 2023 do not meet the Scottish Governments CAMHS Specification.

Develop and Support our Workforce

Continuing to develop the multi discipline workforce across CAMHS and Community Eating Disorders (CEDs). The continuation and further development of Nurse Prescribers, Pharmacy, Clinical associate in applied psychology (CAAPs), Dietetics and Allied Health Professionals roles within the service and recognition that alternative workforce solutions need to be considered where there are shortages in some disciplines like Psychiatry and Psychology. A Business Case has been developed in relation to the shortage of Psychiatry has been developed and will be presented to the 3 IJB's for approval.

Provide Early and Effective Support

The role out of training to Tier 2 services like Let's Introduce Anxiety Management (LIAM) to which other partners whilst CAMHS staff provide supervision and guidance.

Improve Mental & Physical Health and Wellbeing

Ongoing work with schools and other partners around supporting young people's mental health in the right place is ongoing.

Tackle Inequalities

CAMHS continue to ensure that information, literature and conversations are adapted for the needs of children, young people and families. Feedback about the service is collated via Kidscreen a tool that measures how a child/young person is feeling during different parts of their CAMHS journey, at the beginning, middle and end of their journey through the service. This is done either electronically or completing a paper copy. CAMHS Participation Officer meets regularly with young people and families to ensure that the service is being fair and equitable and CAMHS has used this feedback to help inform the improvements and redesign work. CAMHS Demand, Capacity, Activity and Queue (DCAQ) Benson Winter model captures the reason for referral and deprivation indexing in relation to child poverty and mental ill health.

Learning Disability

The Learning Disability Service continues to adapt around a complex change agenda, and persistent staffing issues in relation to some areas. With regard to Trindlemoss House, recent agreement to rebalance the staffing structure, with the creation of a Band 4 Senior Support Worker post, has given rise to a fresh internal recruitment process to fill these new roles. It is intended that these new roles will make it possible to maintain clear lines of support with only 1 Registered Nurse on shift, as recruitment to Registered Nurse Learning Disabilities (RNLD) posts has been an ongoing issue.

2 staff Nurse posts within Ward 7A remain unfilled, despite having been out to advert on 3 occasions. High use of Bank Staff continues within the ward, as a consequence of the level of patient observations. The situation has been helped to a degree by the ward hosting 7 staff from Foxgrove, however this is obviously of only temporary assistance. Recruitment to Band 3 posts is also ongoing. Despite these challenges, positive work continues. An abstract describing the summer internship for 2 Glasgow School of Art students within Ward 7A has been accepted for presentation at the Global Conference on Person Centred Care.

Staffing issues are also evident across the community team, as the NHS side of the team continues to feel the impact of ongoing maternity leave of 2 Nurses; understaffing of the Occupational Therapy component; and a Speech and Language Therapy post which remains vacant (although interview dates have been set). Currently the Social Work side of the integrated team is advertising for a Social Worker to work within the Intensive

Support Service. However, it is important to note that the need for the creation of a Senior Social Worker/Senior Practitioner post, to support the Team Manager, very much remains evident. The Intensive Support Service nursing team is now fully staffed, and currently working with 7 service users (2 delayed discharges and 5 community clients at risk of placement breakdown).

Trindlemoss Day Opportunities is currently full staffed and continues to progress a wide variety of activity. It is a key partner in a new piece of work funded by Creative Scotland, intended to explore transition experiences using theatre. Other partners linked to this activity include ShowWorks Theatre, Neighbourhood Networks, and Promoting a More Inclusive Society (PAMIS). Neighbourhood Networks continues to be a greatly valued partner of the service, and good progress is being seen with regard to its ongoing piloting of a new transition network. Its other networks in Stevenston and the Garnock Valley are both at capacity and operating a waiting list.

The Learning Disability Service was a key partner in the planning of a successful service experience project for 3rd year students from the Glasgow School of Art. This was part of an ongoing collaboration between NHS Ayrshire and Arran and the Glasgow School of Art, which involves students linking with services to explore the use of design skills in relation to real world issues. The theme for the work was 'Connected Care Transitions', and as well as the Learning Disabilities Service it involved other HSCPs (Perth and Kinross, Glasgow, and East Renfrewshire) and a variety of third sector partners.

North Ayrshire is currently the site for initial implementation of NHS Ayrshire's response to the Scottish Government's directive around annual health checks for people with learning disabilities. Arriving at a workable response to the stipulations of Government regarding has been challenging, however delivery of the checks commenced in November 2023. To date, 20 checks have been completed, with appointments currently in place for a further 40 individuals into late February.

Mental Health Inpatient and Forensic Services

Enable Communities

Acorn provision based at Ailsa continues and supporting individuals with varying level of mental health needs to access meaningful activity, acquire skills and continuing with their recovery pathway Peer support working goes from strength to strength as was recently recognised in the Ayrshire Volunteers Awards.

Develop and Support our Workforce

Through leadership/facilitation of the Senior Nurse significant support transition programme for newly qualified nurses has continued. Supporting them to consolidate their learning and become more confident autonomous practitioners.

Work is well progressed as to developing a new Band 4 Assistant Practitioner role to augment the nursing workforce and also develop career pathway for experienced Health Care Assistants.

Improve Mental & Physical Health and Wellbeing

This is a core function of the service and despite continuing service demands well in excess of predicted levels consistently high levels of care are delivered as has been recognised by the Mental Welfare Commission during review visits.

Tackle Inequalities

Engagement work under way with Partnership Engagement Officer with regards to how services can better engage with service users and families to inform service delivery and ensure their voices are heard.

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 National Specification has been implemented as of 1st August 2023, referral rate has reduced with the tightening of criteria to only accept Neuro concerns if there is a co-occurring mental health condition.
- RTT compliance 98.4%.
- RTT waiting time in Dec was 11 weeks and is currently 4/5 weeks.
- CAMHS continue to monitor referral trends and match capacity to demand.
- 1/5 of referrals were marked as urgent and the average waiting time for urgent referrals was 1.5 days.
- Neurodevelopmental CAMHS have approximately 2,700 young people waiting for a further assessment with an estimated 3.5 years wait, CAMHS have procured external provider to support the management of this list.
- Tender process for West Road completed and contractor appointed to take forward refurbishment through NAHSCP.

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 completed first draft of business plans for years 2, 3 and 4+. They were due to present this to the overarching mental health and wellbeing in primary care stakeholder group, however this required to be cancelled due to other pressing matters. Therefore, it should now take place in the final quarter. Update from Scottish Government is that no new monies are likely to come in this financial year, and potentially not within the next.

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

Update from Scottish Government is that no new monies are likely to come in this financial year, and potentially not within the next.

A transformational review of mental health and wellbeing within primary care has been commissioned, which will include consideration of the Mental health Practitioner role, as well as wider MDT and commissioned providers. As yet there is no end date for this to be concluded but will likely not be until late 2024/2025.

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 3 we are still awaiting appropriate works to be carried out, managed via our estates departments. However, we have now received the formal notification to proceed, a builder has been commissioned and we are waiting for a start date. In the interim, we are planning on testing out our workforce, policies and procedures with an unofficial soft launch, commencing end of January 2024, to help ensure an appropriate run through and test prior to official opening.

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 5.87 days, 2.57 days over the quarterly target of 3.3 working days.

NHS – Sickness absence from NHS staff in the Partnership is 4.38%, 0.38% above the target of 4.0%.

Recruitment and Retention

Service	New Starts	Leavers
Children, Families and Justice	12	7
Health and Community Care	37	23
Mental Health	4	1
Finance and Transformation	3	1
Professional Standards	0	1
Business Admin	6	3
TOTAL	62	36

Finance

Financial Position at month 9 (December 2023)

At month 9 against the full-year budget of £310.754m there is a projected year-end overspend of £3.655m (1.2%). 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 £2.770m in social care services and a projected overspend of £0.885m 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 are noted below:

Health and Community Care

Against the full-year budget of £92.299m there is a projected overspend of £0.455m (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 £0.488m.
- b) Care at home (in house and purchased) is projected to be £0.418m underspent. The position is made up of an overspend on purchased services of £0.500m and an underspend in in-house services of £0.919m, 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 £0.250m in community care packages, £0.449m underspend in direct payments and £0.458m overspend for residential placements. There is also an under-recovery of income of £0.133m (no movement).
- d) Integrated Island Services is projected to be £0.308m overspent. There is an overspend at Montrose House of £0.241m which relates to employee costs (the net cost of agency staff versus vacancies)
- e) District Nursing is projected to overspend by £0.195m due to an overspend on bank nursing costs and supplies.
- f) Wards 1 and 2 are projected to overspend by £0.925m due to increased use of supplementary staffing.

Mental Health Services

Against the full-year budget of £102.720m there is a projected overspend of £1.352m (1.3%) 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 £0.670m. Projected underspend of £0.109m in community care packages, projected overspend of £0.384m in direct payments and £0.446m for residential placements.
- b) Community Mental Health services are projected to underspend by £0.245m which is mainly due to an underspend of £0.474m in community packages (including direct payments) and an overspend in residential placements of £0.244m.
- c) The Lead Partnership for Mental Health is projecting to be £1.188m overspent:
 - A projected overspend in Adult Inpatients of £0.520m due to overspends in supplementary staff for enhanced observations, staff cover due to sickness (inc covid outbreak) and reduced bed sale income.
 - The UNPACS (Unplanned Activities) budget is projected to overspend by £1.410m based on current number of placements and enhanced costs remaining until the year end.
 - Turnover savings are projected to be £1.254m in excess of the target.

Children and Justice Services

Against the full-year budget of £40.473m there is a projected overspend of £4.915m (12.1%) and the main variances are:

- a) Care Experienced Children and Young People is projected to overspend by £4.928m. The main areas within this are noted below:
 - Children's residential placements are projected to overspend by £5.734m. 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 £5.734m 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 £0.486m underspent; 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 £0.305m. This is based on 9 current placements and 2 further placements which is expected to commence. Direct payments are projected to underspend by £0.240m. Community packages are projected to underspend by £0.119m based on 73 current packages and assumptions around further packages until the year end.

Management and Support Services are projected to underspend by £1.895m 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 £0.306m for health services as outlined in the table below.
- There is projected slippage on the LD and MH transition funding of £0.694m 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 7.

Reserves

The 'free' general fund balance of £5.821m is held as a contingency balance, this equates to around 2.1% 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 Reserve		Earmarked Reserves		Total
	Unearmarked		External Funding	HSCP	
	£m		£m	£m	
Opening Balance - 1 April 2023	6.448		6.997	4.219	17.664
Audit Adjustment	(0.627)		(0.309)	-	(0.936)
Corrected Opening Balance	5.821		6.688	4.219	16.728
2023-24 Draw Per the Budget Paper	-		(1.252)	-	(1.252)
Current Reserve balances	5.821		5.436	4.219	15.476

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 earmarked reserves also includes a further amount of £2.0m which was agreed to support the financial position during 2023-24.

The reserves above now reflect the adjustment of £0.936m which was identified in the external audit of the 2022/23 accounts and reported to the November IJB. This related to a

difference between the total IJB reserves and the balances due to the IJB from partners' audited accounts and has now been reconciled.

Financial Risks

There are a number of ongoing financial risk areas that may impact on the 2023-24 budget during the year, these include:

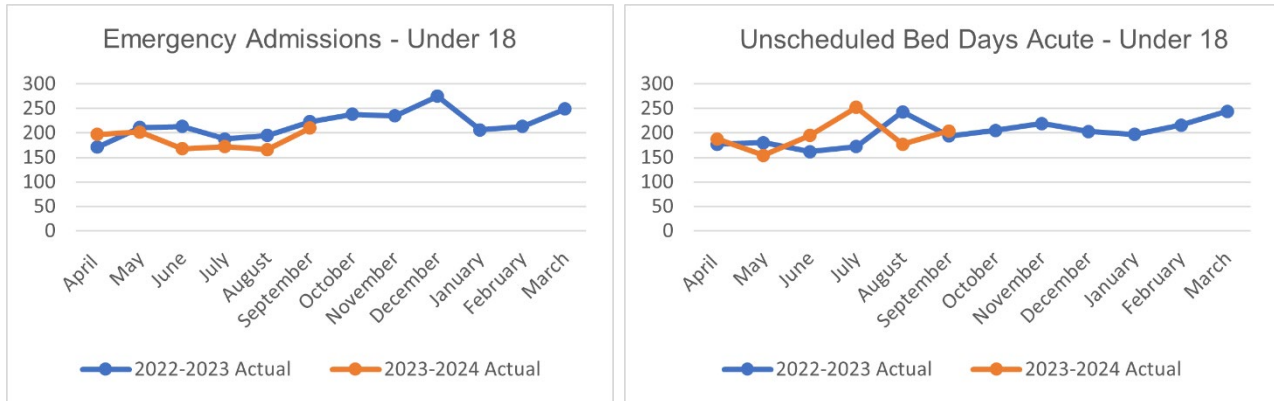
- Current high levels of inflation which impact on costs incurred directly by the Partnership and on our partner providers.
- High risk areas of low volume / high-cost services areas e.g. Children's residential placements, Learning Disability care packages and complex care packages.
- Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this.
- Ongoing implementation costs of Scottish Government policy directives
- Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs.
- The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas.
- The use of supplementary staffing for enhanced observations across a number of service areas.
- The use of high-cost agency staff to support frontline service delivery in areas where there are recruitment challenges.
- Continuing risks associated with provider sustainability.
- The NHS Ayrshire and Arran Health Board financial deficit and the risks around further escalation in the national framework for financial escalation. North Ayrshire IJB have already discussed our position in relation to the request for payment for delayed discharges.

These risks will continue to be monitored during the remainder of 2023-24 and any impact reported through the financial monitoring report.

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

July 2023 – 172

August 2023 – 166

September 2023 – 210

Unscheduled Bed Days - Acute

July 2023 – 252

August 2023 – 177

September 2023 – 204

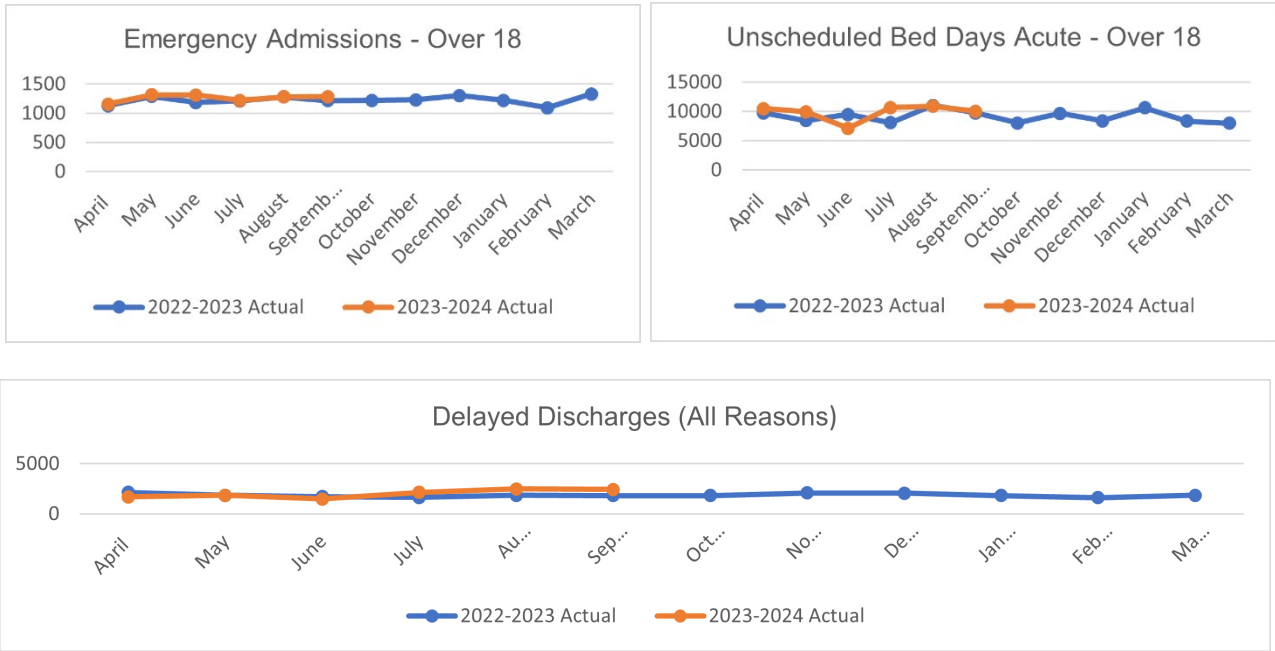
A&E Attendances

July 2023 – 515

August 2023 – 593

September 2023 – 632

Over 18



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

Emergency Admissions - Acute

July 2023 – 1,223

August 2023 – 1,280

September 2023 – 1,286

Unscheduled Hospital Days Acute

July 2023 – 10,687

August 2023 – 10,911

September 2023 – 10,056

A&E Attendances

July 2023 – 2,246

August 2023 – 2,322

September 2023 – 2,188

Delayed Discharge (All Reasons)

July 2023 – 2,143

August 2023 – 2,481

September 2023 – 2,430

Delayed Discharge bed Days –H&SC

July 2023 – 1,401

August 2023 – 1,631

September 2023 – 1,552

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	April-23	May-23	June-23	July-23	August-23	September-23	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,354	1,518	1,480	1,395	1,446	1,496	September
Emergency Admissions to Acute Hospitals Rate per 1000	10.1	11.3	11.0	10.4	10.8	11.1	September
Number of Admissions from Emergency Dept.	712	762	724	724	751	715	September
Admissions from Emergency Dept. Rate per 1000	5.3	5.7	5.4	5.4	5.6	5.3	September
Emergency Dept. conversion rate %	27%	26%	25%	26%	26%	25%	September
Number of unscheduled hospital bed days in Acute	10,686	10,085	7,331	10,939	11,088	10,260	September
Unscheduled Hospital Bed days in acute rate per 1000	79.6	75.1	54.6	81.5	82.6	76.4	September
Number of Emergency Dept. Attendances	2,637	2,983	2,895	2,761	2,915	2,820	September
Emergency Dept. attendances Rate per 1000	19.6	22.2	21.6	20.6	21.7	21.0	September





































Performance Indicator	April-23	May-23	June-23	July-23	August-23	September-23	Performance Data Last Updated
Number of Delayed Discharges bed days (all reasons)	1,694	1,857	1,488	2,143	2,481	2,430	September
Number of Delayed Discharges bed days (all reasons) rate per 1000	15.5	17.0	13.6	19.6	22.7	22.2	September
Number of Delayed Discharges bed days (code 9)	744	788	607	711	850	818	September
Number of Delayed Discharges bed days (Code 9) rate per 1000	6.8	7.2	5.5	6.5	7.8	7.5	September

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 	↑ 14 	
Employability mentors - No of service users being supported into employment, training, education.	7 (New Target)	Green 	7 	↑ 14 	↓ 11 	
Number of PRI sessions which have taken place	2 (New Target)	Amber 	0 	↑ 1 	↓ 0 	
% of completed interventions with positive impact (e.g. DUST, CHAT)	50%	Green 	70.6% 	↑ 88.9% 	↑ 100% 	
Support 4 formerly cared for young people to move into independent living each year.	3 (Cumulative)	Green 	0 	↑ 6 	↑ 9 	
Support 45 children and young people into kinship care placements each year.	33 (Cumulative)	Amber 	12 	↓ 20 	↑ 35 	
Recruit 6 new foster carers each year.	4 (Cumulative)	Green 	5 	↔ 5 	↑ 8 	
No. of requests for assistance made by health visitors or family nurse	450	Red 	475 	↓ 378 	↑ 391 	
Increase % of requests for assistance remaining within Universal Early Years	47%	Green 	42.3% 	↑ 48.9% 	↑ 51.4% 	





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% 	↑ 89.1% 	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% 	↓ 77.0% 	Information reported in arrears due to data validation timescales	
Reduce the number of people waiting for assessment	150	Red 	198 	↓ 226 	↓ 227 	
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	Red 	191 	↑ 189 	↓ 195 	
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	Red 	21 	↓ 22 	↓ 26 	
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	Green 	33 	↑ 0 	↓ 54 	
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	Green 	98.9% 	↑ 99.5% 	↓ 98.5% 	
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Alcohol)	90%	Green 	96% 	↑ 100% 	↓ 96.6% 	
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Drug)	90%	Green 	96% 	↑ 98.7% 	↓ 97.8% 	
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	Green 	40 	↓ 29 	↓ 23 	
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	Green 	144 	↓ 128 	↑ 214 	
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 	↑ 2,150 	

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% 	↑ 99.6% 	
Psychological Therapies – Seen within 18 weeks (RTT)	90%	Green 	86.2% 	↑ 89.7% 	↓ 88.1% 	
Reduce out of hours admissions for people aged 65 and over (MH)	8 p/q	Green 	5 	↔ 5 	↑ 4 	
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	Green 	84 	↓ 87 	↑ 79 	
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	Green 	0 	↔ 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% 	↑ 98.8% 	
Average working days lost to sickness absence per employee - NAC	3.30 p/q	Red 	4.12 	↓ 4.97 	↓ 5.87 	
Percentage working days lost to sickness absence per employee - NHS	4.0% p/q	Red 	6.03% 	↑ 5.97% 	↑ 4.38% 	

Appendix 3 – Quarterly Comparison Table

Measure	Target 2023-24	Q3 2022-23	Q3 2023-24
Number of service users referred to employability service	9	26 	↓ 14 
Employability mentors - No of service users being supported into employment, training, education.	7 (New Target)	10 	↑ 11 
Number of PRI sessions which have taken place	2 (New Target)	0 	↔ 0 
% of completed interventions with positive impact (e.g., DUST, CHAT)	50%	91.7% 	↑ 100% 
Support 4 formerly cared for young people to move into independent living each year.	3 (Cumulative)	4 	↑ 9 
Support 45 children and young people into kinship care placements each year.	33 (Cumulative)	31 	↑ 35 
Recruit 6 new foster carers each year.	4 (Cumulative)	1 	↑ 8 
No. of requests for assistance made by health visitors or family nurse	450	396 	↓ 391 
Increase % of requests for assistance remaining within Universal Early Years	47%	49.8% 	↑ 51.4% 
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	85%	85.9% 	↑ 89.1% 
Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)	78%	74.2% 	↑ 77.0% 
Reduce the number of people waiting for assessment	150	247 	↑ 227 
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	243 	↑ 195 

Measure	Target 2023-24	Q3 2022-23	Q3 2023-24
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	26 	26 ↔ 
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	272 	54 ↑ 
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	99.3% 	98.5% ↓ 
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Alcohol)	90%	100% 	96.6% ↓ 
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Drug)	90%	100% 	97.8% ↓ 
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	34 	23 ↓ 
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	169 	214 ↑ 
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,069 p/q	1,630 	2,150 ↑ 
CAMHS – Seen within 18 weeks (RTT)	90%	73.4% 	99.6% ↑ 
Psychological Therapies – Seen within 18 weeks (RTT)	90%	89.5% 	88.1% ↓ 
Reduce out of hours admissions for people aged 65 and over (MH)	8 p/q	3 	4 ↓ 
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	134 	79 ↑ 
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%	98.8% 	98.8% ↔ 

Measure	Target 2023-24	Q3 2022-23	Q3 2023-24
Average working days lost to sickness absence per employee - NAC	3.30 p/q	4.12 	5.87 ↓ 
Percentage working days lost to sickness absence per employee - NHS	4.0% p/q	7.23% 	4.38% ↑ 

Appendix 4 – Workforce Absence

Table 1a NAC 2023-24 Data – April to October

Name	April	May	June	July	August	September	October
Health & Social Care Partnership (HSCP)	1.24	1.38	1.38	1.51	1.82	1.84	1.82
HSCP Business Administration	1.21	1.28	1.20	0.80	0.99	1.04	0.68
HSCP Senior Managers	0.00	0.00	0.00	0.00	0.00	1.00	2.33
Financial Inclusion	0.49	0.00	0.91	0.59	1.05	1.02	2.20
Chief Social Work Officer	0.00	0.33	0.00	0.36	2.08	1.85	1.83
Professional Standards	0.00	0.33	0.00	0.36	2.08	1.85	1.83
Children, Families & Justice (CF)	1.12	1.51	1.63	1.82	2.16	1.61	1.67
CF - Garnock Valley, North Coast & Arran	0.92	0.90	0.73	1.47	1.41	1.26	1.41
CF - Irvine, Killwinning & Three Towns	0.77	0.99	1.66	1.55	1.84	0.98	1.23
CF - Justice Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CF - Care Experienced Children & Young People	0.78	1.89	1.84	2.02	2.53	2.25	2.27
CF - Justice & Intervention Services	1.83	1.72	1.82	2.03	2.38	1.49	1.49
CF - Universal Early Years	0.00	0.23	0.00	0.00	0.00	0.79	0.23
Health & Community Care (HCC)	1.47	1.55	1.48	1.74	2.06	2.32	2.23
HCC - Arran Services	0.00	0.00	1.09	1.09	1.08	0.99	1.14
HCC - Community Care Services	1.61	1.62	1.56	1.83	2.14	2.36	2.27
HCC - Locality Services	0.59	0.93	0.80	1.14	1.91	2.70	2.56
HCC – Long Term Conditions	4.00	3.00	0.00	0.00	0.00	0.00	0.00
HCC - Rehab & Reablement	0.51	1.80	1.51	0.95	0.19	0.24	0.10
HSCP Finance & Transformation	0.11	0.53	0.50	0.43	1.40	1.17	0.57
Contracts and Commissioning	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HSCP - Finance	0.00	0.22	0.08	0.04	1.22	1.77	1.10
HSCP - Performance	0.17	1.92	2.08	2.00	3.82	1.64	0.27
HSCP – Strategic Planning & Transformation	0.40	0.00	0.00	0.00	0.22	0.00	0.00
Mental Health	0.66	0.73	0.95	0.92	0.67	0.46	1.22
MHS - Addictions	0.00	0.00	1.21	0.30	0.14	0.37	1.29
MHS - Community	0.15	0.26	0.00	0.00	0.00	0.00	0.35
MHS - Learning Disabilities	1.28	1.37	1.39	1.83	1.38	0.79	1.71

Table 1a NAC 2023-24 Data – November to March

Name	November	December	January	February	March	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.95	2.10				15.03	9.95	5.08
HSCP Business Administration	1.33	1.40				9.94	8.25	1.69
HSCP Senior Managers	0.00	0.00				3.33	3.75	-0.42
Financial Inclusion	2.47	2.07				10.80	0.00	
Chief Social Work Officer	1.83	1.58				9.86	6.00	3.86
Professional Standards	1.83	1.58				9.86	6.00	3.86
Children, Families & Justice (CF)	1.68	1.57				14.77	9.61	5.16
CF - Garnock Valley, North Coast & Arran	1.88	1.23				11.21	9.87	1.34
CF - Irvine, Killwinning & Three Towns	1.72	2.18				12.92	11.25	1.67
CF - Justice Services	0.00	0.00				0.00	11.25	-11.25
CF - Care Experienced Children & Young People	2.10	1.76				17.45	10.56	6.89
CF - Justice & Intervention Services	1.28	1.25				15.29	3.75	11.54
CF - Universal Early Years	0.00	0.26				1.52	6.21	-4.69
Health & Community Care (HCC)	2.28	2.62				17.74	10.80	6.94
HCC - Arran Services	1.14	1.24				7.77	7.50	0.27
HCC - Community Care Services	2.32	2.73				18.43	11.25	7.18
HCC - Locality Services	2.50	2.23				15.36	7.64	7.72
HCC – Long Term Conditions	0.00	0.00				7.00	3.75	3.25
HCC - Rehab & Reablement	0.32	0.70				6.32	7.50	-1.18
HSCP Finance & Transformation	0.82	0.65				6.17	6.84	-0.67
Contracts and Commissioning	0.70	0.23				0.93	6.00	-5.07
HSCP - Finance	1.56	1.31				7.31	6.00	1.31
HSCP - Performance	0.00	0.00				11.89	6.00	5.89
HSCP – Strategic Planning & Transformation	0.00	0.11				0.73	9.00	-8.27
Mental Health	1.57	1.68				8.84	11.25	-2.41
MHS - Addictions	2.84	3.28				9.44	11.25	-1.81
MHS - Community	0.35	0.99				2.11	11.25	-9.14
MHS - Learning Disabilities	1.55	1.15				12.45	11.25	1.20

Table 1b NAC 2022-3 Data – April to October

Directorate/Section	April	May	June	July	August	September	October
Health & Social Care Partnership (HSCP)	1.11	1.37	1.31	1.52	1.60	1.47	1.38
HSCP Business Administration	0.61	0.68	0.67	1.12	1.26	1.40	1.14
HSCP Senior Managers	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Chief Social Work Officer	1.88	1.96	1.61	0.36	0.35	0.00	0.32
Professional Standards	1.88	1.96	1.61	0.36	0.35	0.00	0.32
Children, Families & Justice (CF)	1.22	1.47	1.53	1.88	1.87	1.69	1.72
CF - Garnock Valley, North Coast & Arran	1.20	1.21	1.09	0.52	0.00	0.64	0.99
CF - Irvine, Killwinning & Three Towns	1.88	2.40	2.12	2.21	2.13	2.18	2.07
CF - Justice Services	0.00	0.00	0.00	1.67	0.00	0.33	0.00
CF - Care Experienced Children & Young People	1.54	1.60	1.81	2.40	2.20	1.86	1.56
CF - Justice & Intervention Services	0.46	0.88	1.19	1.69	2.22	1.78	2.07
CF - Universal Early Years	2.67	2.56	0.00	0.58	0.00	0.00	0.53
Health & Community Care (HCC)	1.32	1.61	1.47	1.56	1.68	1.52	1.32
HCC - Arran Services	0.86	1.99	2.33	1.27	0.00	0.00	0.10
HCC - Community Care Services	1.37	1.64	1.55	1.68	1.78	1.57	1.35
HCC - Locality Services	0.79	1.25	0.72	0.67	0.88	1.23	1.31
HCC - Rehab & Reablement	1.45	1.40	0.79	0.67	1.65	1.38	0.94
HSCP Finance & Transformation	0.65	0.68	0.37	0.53	0.93	0.79	1.20
HSCP - Finance	0.62	0.65	0.06	0.40	0.49	0.40	0.53
HSCP - Performance	0.00	0.00	0.00	0.00	0.27	1.96	1.92
HSCP – Strategic Planning & Transformation	1.00	1.05	1.05	0.96	1.96	1.00	1.92
Mental Health	0.58	1.18	1.18	1.53	1.27	1.16	1.48
MHS - Addictions	0.16	1.50	0.51	1.50	1.56	1.22	1.73
MHS - Community	0.66	2.73	2.96	3.34	1.91	0.85	1.16
MHS - Learning Disabilities	0.73	0.48	0.83	0.86	0.87	1.28	1.54

Table 1b NAC 2022-3 Data – November to March

Directorate/Section	November	December	January	February	March	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.34	1.40				12.50	9.90	2.60
HSCP Business Administration	1.05	1.24				9.17	7.20	1.97
HSCP Senior Managers	0.00	0.00				0.00	3.78	-3.78
Chief Social Work Officer	0.00	6.48				6.48	3.78	2.70
Professional Standards	0.06	6.54				6.54	3.78	2.76
Children, Families & Justice (CF)	1.70	1.33				14.41	9.81	4.60
CF - Garnock Valley, North Coast & Arran	1.16	1.68				8.49	11.25	-2.76
CF - Irvine, Killwinning & Three Towns	1.94	1.13				18.06	11.25	6.81
CF - Justice Services	1.67	0.00				3.67	3.78	-0.11
CF - Care Experienced Children & Young People	1.56	1.16				15.69	11.25	4.44
CF - Justice & Intervention Services	1.91	1.64				13.84	7.29	6.55
CF - Universal Early Years	2.11	0.00				8.45	3.96	4.49
Health & Community Care (HCC)	1.23	1.47				13.18	10.89	2.29
HCC - Arran Services	2.07	3.58				12.20	3.78	8.42
HCC - Community Care Services	1.29	1.50				13.73	11.25	2.48
HCC - Locality Services	0.85	1.06				8.76	7.65	1.11
HCC - Rehab & Reablement	0.16	0.60				9.04	11.25	2.48
HSCP Finance & Transformation	1.87	1.96				8.98	5.58	3.40
HSCP - Finance	1.36	2.12				6.63	6.03	0.60
HSCP - Performance	2.18	1.63				7.96	3.78	4.18
HSCP – Strategic Planning & Transformation	2.86	2.88				14.68	6.03	8.65
Mental Health	1.53	1.32				11.23	17.55	-6.32
MHS - Addictions	0.58	0.00				8.76	13.32	-4.56
MHS - Community	0.68	1.10				15.39	18.72	-3.33
MHS - Learning Disabilities	2.74	2.27				11.60	18.72	-7.12

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	3.82	
Children's Health / Care & Justice Services North	2.57	3.08	3.73	
Community Health & Care Services North	6.07	6.83	4.03	
Lead Partnership North	6.79	6.06	4.84	
Grand Total	6.03	5.97	4.38	

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 7	Movement in projected variance from Period 7
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	72,765	72,011	(754)	19,534	20,743	1,209	92,299	92,754	455	132	323
: Locality Services	28,379	27,627	(752)	5,356	5,557	201	33,735	33,184	(551)	(652)	101
: Community Care Service Delivery	38,523	38,311	(212)	0	0	0	38,523	38,311	(212)	(612)	400
: Rehabilitation and Reablement	2,168	2,180	12	0	0	0	2,168	2,180	12	5	7
: Long Term Conditions	1,003	1,063	60	10,463	11,352	889	11,466	12,415	949	1,090	(141)
: Community Link Workers	195	188	(7)	0	0	0	195	188	(7)	(7)	0
: Integrated Island Services	2,497	2,642	145	3,715	3,834	119	6,212	6,476	264	308	(44)
MENTAL HEALTH SERVICES	30,163	30,679	516	72,557	73,393	836	102,720	104,072	1,352	1,618	(266)
: Learning Disabilities	23,137	23,996	859	471	471	0	23,608	24,467	859	670	189

	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 7	Movement in projected variance from Period 7
: Community Mental Health	6,055	5,712	(343)	1,743	1,743	0	7,798	7,455	(343)	(245)	(98)
: Addictions	971	971	0	1,868	1,868	0	2,839	2,839	0	5	(5)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	68,475	69,311	836	68,475	69,311	836	1,188	(352)
CHILDREN & JUSTICE SERVICES	35,591	40,403	4,812	4,882	4,985	103	40,473	45,388	4,915	5,269	(354)
: Irvine, Kilwinning and Three Towns	3,388	3,269	(119)	0	0	0	3,388	3,269	(119)	(31)	(88)
: Garnock Valley, North Coast and Arran	3,159	3,152	(7)	0	0	0	3,159	3,152	(7)	(65)	58
: Intervention Services	1,933	1,893	(40)	8	8	0	1,941	1,901	(40)	(21)	(19)
: Care Experienced Children & Young people	23,372	28,055	4,683	0	0	0	23,372	28,055	4,683	4,928	(245)
: Head of Service - Children & Families	1,104	1,401	297	0	0	0	1,104	1,401	297	306	(9)
: Justice Services	2,413	2,413	0	0	0	0	2,413	2,413	0	(1)	1
: Universal Early Years	222	220	(2)	4,211	4,314	103	4,433	4,534	101	153	(52)
: Lead Partnership NHS Children's Services	0	0	0	663	663	0	663	663	0	0	0
CHIEF SOCIAL WORK OFFICER	1,858	1,392	(466)	0	0	0	1,858	1,392	(466)	(465)	(1)
PRIMARY CARE	0	0	0	52,998	52,932	(66)	52,998	52,932	(66)	(66)	0
ALLIED HEALTH PROFESSIONALS			0	10,014	10,014	0	10,014	10,014	0	0	0
COVID NHS	0	0	0	0	(275)	(275)	0	(275)	(275)	(274)	(1)

	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 7	Movement in projected variance from Period 7
MANAGEMENT AND SUPPORT COSTS	5,206	3,876	(1,330)	3,716	3,151	(565)	8,922	7,027	(1,895)	(1,703)	(192)
NATIONAL COMMISSIONED SERVICE	0	0	0	3	3	0	3	3	0	0	
FINANCIAL INCLUSION	1,467	1,459	(8)	0	0	0	1,467	1,459	(8)	(2)	(6)
OUTTURN ON A MANAGED BASIS	147,050	149,820	2,770	163,704	164,946	1,242	310,754	314,766	4,012	4,509	(497)
Return Hosted Over/Underspends East	0	0	0	0	(274)	(274)	0	(274)	(274)	(389)	115
Return Hosted Over/Underspends South	0	0	0	0	(239)	(239)	0	(239)	(239)	(340)	101
Receive Hosted Over/Underspends South	0	0	0	0	209	209	0	209	209	133	76
Receive Hosted Over/Underspends East	0	0	0	0	(53)	(53)	0	(53)	(53)	(55)	2
OUTTURN ON AN IJB BASIS	147,050	149,820	2,770	163,704	164,589	885	310,754	314,409	3,655	3,858	(203)

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