

## IJB Performance and Audit Committee

June 2024

### Agenda Item Number

#### Subject:

Quarter 4 2023 to 2024 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 4 2023 to 2024.

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

No Direction Required

Acronym	Full Version
CFJ	Children, Families and Justice
MH	Mental Health
RAG	Red, Amber and Green
RFA	Request for Assistance
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 to 2030 Strategic Plan against the National Outcomes.
- 1.2 This report is one of a number of audit and scrutiny arrangements put in place to oversee general performance, financial and budgetary performance, and specific service audit areas.
- 1.3 Over the coming quarters there will some formatting amendments to the report. This is to meet the new web accessibility guidelines for documents, enabling those requiring assistance software to read the content of documents.

## 2. Current Position

### 2.1 Summary

There are two summary tables at the start of the quarterly report. The first provides a high-level Red/ Amber/ Green position comparing the previous quarters. The

second lists exceptions where measures have not met the quarterly or annual target at Quarter 4 2023 to 2024.

## 2.2 Highlights

### Performance Improvement

One measures has shown an improvement in performance in Quarter 4:

- 1 x Green from Red

#### Green from Red

Service	Measure	Values
CFJ	Number of requests for assistance made by health visitors or family nurse (target is 450 per quarter)	533 from 391

- The Whole Family Wellbeing Fund has seen the addition of a Dads Support Worker to the team as well as an expansion to the Early Years Social Worker team of three new staff. This increase in capacity, especially the inclusion of a brand-new service, will have positively impacted on numbers of requests for assistance being submitted.

### Performance Declined

Five measures declined in performance in Quarter 4:

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

#### Amber from Green

Service	Measure	Values
CFJ	Employability mentors - No of service users being supported into employment, training, education. (target is 7 per quarter)	6 from 11

- Throughout the last year capacity has been reduced by half due to sickness (1 mentor)
- Referrals into service have been slightly lower than normal which is in line with a reduction in numbers in the overall service.
- A number of service users have come to an end of their support and have been closed, whilst many new service users are complex cases requiring a great deal of support (including one to one support).

Service	Measure	Values
CFJ	Support 45 children and young people into kinship care placements each year. (accumulative quarterly value – target is 45 for the year)	41 from 35

- The Partnership is committed to ensuring that, if any children & young people have to be accommodated away from home, that wherever possible, they should be placed within kinship care, to ensure that they remain within their extended families, in the community.
- Work continues to be undertaken to prevent children and young people requiring to be taken into care in the first place.
- By reducing the number of children being taken into care, the target figure of 45 new kinship placements per year can be reduced.

Service	Measure	Values
MH	Psychological Therapies – Seen within 18 weeks (RTT) (target is 90%)	83.6% from 88.1%

- The change is due to the allocation of long wait patients or breached patients from the waiting list. Although there is a negative impact on RTT compliance it can have a positive impact by reducing the maximum waiting time.

### Red from Green

Service	Measure	Values
MH	Reduce the average length of stay in hospital for people aged 65 and over (MH) (target is 131 per quarter)	151 from 79

- Average length of stay for patients discharged during Quarter 4 increased significantly compared to the previous three quarters. This is a direct result of a delayed discharge for one patient. The delay was further impeded by the guardianship process and the final selection of a care home.

### Red from Amber

Service	Measure	Values
All	Percentage working days lost to sickness absence per employee - NHS (target is 4%)	6.77% from 4.38%

### Financial Position

The financial position at the end of Q4.

Quarter	Comments
<b>Q4</b>	<b>£5.464m overspend</b>
Q3	£3.655m projected overspend
Q2	£3.986m projected overspend
Q1	£4.576m projected overspend

### 2.3 Anticipated Outcomes

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

### 2.4 Measuring Impact




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

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

Two measures are reported one quarter in arrears. 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 March 2024 is as follows:

Quarter	 Red	 Amber	 Green	Reported 1 Quarter Behind
<b>Q1</b>	<b>7</b>	<b>1</b>	<b>19</b>	<b>2</b>
<b>Q2</b>	<b>6</b>	<b>2</b>	<b>21</b>	<b>2</b>
<b>Q3</b>	<b>6</b>	<b>1</b>	<b>22</b>	<b>2</b>
<b>Q4</b>	<b>7</b>	<b>3</b>	<b>19</b>	<b>2</b>

### 3 Implications

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

### 4 Conclusion

- 4.1 The IJB Performance and Audit Committee members are asked to review and discuss the content of the Quarter 4 2023 to 2024 report with the strategic service leads.

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# North Ayrshire Health and Social Care Partnership

## Performance and Audit Committee Report Quarter 4 2023 to 2024 (January 2024 – March 2024)

June 2024



## Contents

Introduction .....	8
Overview .....	8
Summary of Performance .....	9
Red – Areas of Focus Summary .....	<b>Error! Bookmark not defined.</b>
Children, Families and Justice .....	19
Health and Community Care.....	24
Mental Health.....	31
System Wide.....	37
Absence Statement.....	37
Recruitment and Retention.....	37
Finance .....	39
MSG Trajectories .....	43
Appendix 1 .....	46
Appendix 2 – All Performance Measures.....	48
Appendix 3 – Quarterly Comparison Table .....	51
Appendix 4 – Workforce Absence.....	54
Appendix 5 – Finance .....	59
Appendix 6 – Glossary of Acronyms .....	60

## Introduction

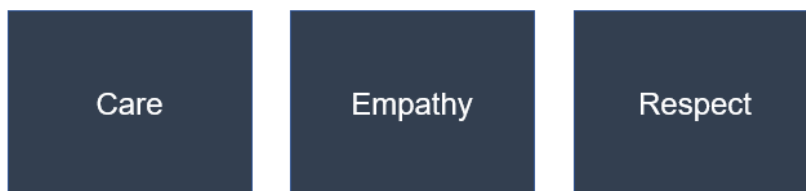
The purpose of this report is to afford a high-level overview of the progress being made by the Health & Social Care Partnership in delivering the strategic priorities as set out in our strategic plan 2022 to 2030.

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

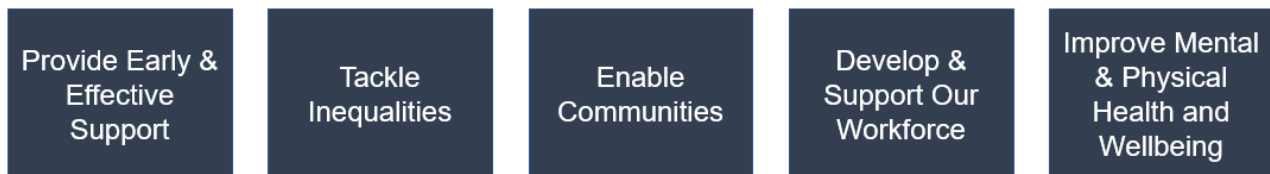
## Overview

The strategic plan 2022 to 2030 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.

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

The overall financial performance against budget for the financial period 2023 to 2024 (after adjusting for new earmarked reserves) was an overall overspend of £5.464 million. This consisted of £4.634 million of overspend in social care services and £0.830 million overspend in health services.

## Absence Summary

NHS partnership employees’ absence at the end of Quarter 4 is 6.77%, 2.77% above the quarterly target of 4.0%.

NAC partnership employees’ absence at the end of Quarter 4 is 4.99 days, 1.69 days above the quarterly target of 3.30 days.



## Summary of Performance

### Position at Quarter 4 2023 to 2024

#### Strategic Plan Measures

Service	Areas of Focus - Red	Amber	Green
Children, Families, Justice	1	2	8
Health and Community Care	3	0	2
Mental Health	1	1	9

#### Absence not meeting targets

Area	Absence
NAC	4.99 Days (red)
NHS	6.77% (red)




#### Financial Position

Area	Current Position
Financial Position	£5.464m projected overspend

#### 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	 Red	 Amber	 Green	Reported 1 Quarter Behind
Q1	7	1	19	2
Q2	6	2	21	2
Q3	6	1	22	2
Q4	7	3	19	2






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

## Red – Areas of Focus Summary

Service	Strategic Objective	Indicator Description	Target	Value	Go to page
Children & Families	Develop and Support our Workforce	Number of PRI sessions which have taken place	<b>2</b>	<b>0</b>	<b>11</b>
Health & Community Care	Provide Early and Effective Support	Reduce the number of people waiting for assessment	<b>150</b>	<b>251</b>	<b>11</b>
Health & Community Care	Provide Early and Effective Support	Reduce the number of people on the waiting list for a Care at Home service in the Community	<b>90</b>	<b>166</b>	<b>12</b>
Health & Community Care	Provide Early and Effective Support	Reduce the number of people on the waiting list for a Care at Home service in Hospital	<b>12</b>	<b>17</b>	<b>14</b>
Mental Health	Provide Early and Effective Support	Reduce the average length of stay in hospital for people aged 65 and over (MH)	<b>131</b>	<b>151</b>	<b>15</b>
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee - NAC	<b>3.30</b>	<b>4.99</b>	<b>16</b>
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee – NHS	<b>4.0%</b>	<b>6.77%</b>	<b>16</b>

## Areas of Focus - In Detail

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

Target	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
2	Red 	0 	1 	0 	0 

### Trend Commentary

The number of PRI sessions for Quarter 4 was 0. This is the fifth instance across the previous six 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 to 2024.

Two referrals were received for PRI, during the last quarter however one was unable to be taken forward due to mediation/relationship work being required prior to being able to be progressed. It has now been arranged to take place next quarter. The other PRI has been organised and will be evident in next quarters stats.

### Actions to Improve Performance

The quarterly review group continues to look at ways to improve workforce engagement with PRIs. Referral timescale window has been removed so referrals can be made at any time.

PRI remains a standing item on the CPC newsletter, which is sent out across the committee, HSPC and included in News in Brief.






Senior managers continue to be asked to promote PRI with team managers and services and have been asked to consider cases as part of supervision with workers.

PRIs also to be considered as alternative to learning reviews.

### Timescale for Improvements

End of Quarter 1 2024 to 2025

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

Target	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
150	Red 	198 	226 	227 	251 

**Trend Commentary**

The number of people waiting for assessment in Quarter 4 was 251 which is highest number waiting for an assessment this year. For the eighth 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 remain 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.

Initial discussions have taken place with a specialist recruitment agency in terms of trying to address the problematic recruitment issues for qualified Social Worker staff.

**Timescale for Improvements**

End of Quarter 2 2024 to 2025

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

Target	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
90	Red 	191 	189 	195 	166 

## Trend Commentary

During Quarter 4, 166 people were on the waiting list for a Care at Home service in the Community, exceeding the target by 76. The number of people waiting has decreased by 29 from 195 in Quarter 3 to 166 in Quarter 4 2023 to 2024. The Quarter 4 value is the lowest number of people waiting this year.

Of the 166 people waiting, 54 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 community referrals received for a new Care at Home service in Quarter 4, the service has seen a further significant rise in community referrals received requesting increases in existing Care at Home services for Quarter 4.

Community Care services continue to experience ongoing and sustained challenges in delivering frontline Care at Home Services. There remain ongoing workforce challenges related to sickness absence rates and although sickness absence levels have reduced slightly in Quarter 4, weekly average sickness level reported at 15.73%. There continues to be ongoing vacancies within the service although these have again reduced in Quarter 4.

## Actions to Improve Performance

The service has required to prioritise recruitment resources to fill vacancies incurred during the planned transfer of Private Provider work to the in-house service due to the end of Private Provider Framework contracts. The timeline for this work required to be escalated for one of the Providers, with the service transferring work at very short notice.

The in-house Care at Home service has continued to grow capacity however the reduction in Framework Care at Home provision has continued throughout the year, with one of the providers placed under moratorium in Quarter 4, further decreasing capacity.

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. The service has commenced a review of this information to determine clear pathways for community referrals and management of delays.

In preparation for the transfer of Private provider work, reviews will be undertaken for all service users to ensure accurate level of need. Initial reviews have resulted in decreases being identified, as well as some increases also required. The service also aims to consolidate in-house and private provision work to make best use of resources.

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. Additional resources are being provided by HR colleagues to ensure timely support and management of absence.

The service has facilitated a visit by Optima Healthcare to promote better understanding of the various services, roles and challenges it faces.

The Community Waiting List continues to be reviewed on a daily basis by Care at Home Managers, weekly by Team Managers and a further audit is completed on a weekly basis by Senior Managers.

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

The service has revamped exit questionnaire (Stay/Exit Questionnaire). This task is now being completed by Team Managers to provide increase oversight and gather information and intelligence regarding resignation to support the retention of staff and maintain maximum capacity within or service






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

The service also reviews daily hospital admissions spreadsheet and weekly cancellations spreadsheet to ensure all available capacity is being utilised effectively.

### Timescale for Improvements

End of Quarter 4 2023 to 2024

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

Target	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
12	Red 	21 	22 	26 	17 

### Trend Commentary

During Quarter 4, 17 people were on the waiting list for a Care at Home service in Hospital, exceeding the target by 5. The number of people waiting has decreased by 9

from 26 in Quarter 3 to 17 in Quarter 4 of 2023 to 2024. The Quarter 4 value is the lowest number of people waiting this year.

There was no one waiting at the end of Quarter 4 that has been waiting since the end of Quarter 3. 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.

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; sickness absence levels have reduced slightly in Quarter 4 with weekly average sickness level reported at 15.73%. There continues to be ongoing vacancies within the service although these have again reduced in Quarter 4.

### **Actions to Improve Performance**

The in-house Care at Home service has continued to grow capacity however the reduction in external Care at Home provision has continued throughout Quarters 1 – 4 with one of the providers placed under moratorium in Quarter 4, further decreasing capacity.

The service's extensive recruitment programme continues. The service has required to prioritise recruitment resources to fill vacancies incurred during the planned transfer of Private Provider work to our in-house service due to the end of Private Provider Framework contracts. The timeline for this work required to be escalated for one of the Providers, with the service transferring work at very short notice.

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. Additional resources are being provided by HR colleagues to ensure timely support and management of absence.

The service has facilitated a visit by Optima Healthcare to promote better understanding of the various services, roles and challenges it faces.

The service has a Winter Preparedness and Delayed Discharge Improvement Plan 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 has commenced to bolster existing service delivery and support additional capacity 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.

The service also reviews daily hospital admissions spreadsheet and weekly cancellations spreadsheet to ensure all available capacity is being utilised effectively.






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 3 2024 to 2025

Description	Responsible Service	Health and Wellbeing Indicator	Strategic Objective
Reduce the average length of stay in hospital for people aged 65 and over (MH)	Mental Health	Healthier	Provide Early and Effective Support

Target	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
131	Red 	84 	87 	79 	151 

### Trend Commentary

The average length of stay in hospital for people aged 65 and over (MH) has increased during Quarter 4 to 151, an increase of 72 from Quarter 3. Performance in Quarter 4 did not meet the target of 131 for the first time since Quarter 2 2022/23.

### Actions to Improve Performance






Average length of stay (LOS) for patients discharged during Quarter 4 2023 to 2024 (Jan - March) increased significantly compared to the previous three quarters. This is a direct result of a delayed discharge. The delay was further impeded by the guardianship process and the final selection of a care home.

### Timescale for Improvements

Quarter 1 2024 to 2025

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



Target	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
3.30 p/q	Red 	4.12 	4.97 	5.87 	4.99 

### Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has decreased by 0.88 days this quarter from 5.87 days to 4.99 days in Quarter 4.

### 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 4 2023 to 2024.

### Timescale for Improvements

Quarter 1 2024 to 2025

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

Target	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
4.0% p/q	Red 	6.03% 	5.97% 	4.38% 	6.77% 

### Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has increased by 2.39% this quarter from 4.38% to 6.77 % in Quarter 4.

## **Actions to Improve Performance**

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

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.

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

Absence and absence action plan will continue to be managed from Quarter 2 2023 to 2024.

## **Timescale for Improvements**

Quarter 1 2024 to 2025

## Children, Families and Justice

### Enable Communities

A gap in service provision was recognised in terms of engagement with Dads in local communities. There is a very traditional and historical gender bias within children and families' health services which sees a focus on mother and child. As such an application was made through the Whole Family Wellbeing Fund, via Dads Rock, for funding to allow for the creation of a post that would be responsible for developing and delivering specific programmes for dads, including practical parenting workshops.

The service is still in its infancy however to date there have been 15 Requests for Assistance (RFA) from health visitors, family nurses, social work, and the Safeguarding Midwifery team, which has led to one-to-one support at a time and place that has suited the dads involved. The differing needs require a different level of support with some needing weekly or bi-weekly connections and others needing multiple connections a week. In addition to these referrals, a further 21 dads have been supported through the group work, as well as dads that have connected on a short term, informal basis for various reasons including, not falling within the current geographical scope. With the current remit for service delivery restricted to the Three Towns area of Stevenson, Saltcoats and Ardrossan there are nearby areas and services who have learned of this work and desired to connect dads. For these services and individuals, support and advice has been offered but not one-to-one support.

The first group 'Three Towns Baby Group for Dads' has hosted 12 sessions with dads participating every week with their children. A Baby Sensory session was held on March 13th whereby dads were supported to understand more about their baby's development and communication with more sessions scheduled in the next reporting period. The reduction in isolation for fathers in this group has been significant with many echoing the sentiment of 'not having anything else to go to where there are other dads'. The group is inclusive of single, working and separated dads and normalises infant interaction and sharing of personal needs and challenges. Furthermore, Dads Rock has created and moderates a North Ayrshire WhatsApp group for dads to connect with one another in a peer support model. Furthermore, the Dads connected with this service have access to trips and outings both within their locality as well as Glasgow and Edinburgh. Local outings seek to highlight local opportunities of low to zero cost that families can engage in whilst those further afield supports families to access bigger experiences at a reduced cost.

### Develop and Support our Workforce

Sheila Hagney, Safe and Together Lead Officer and Cheryl Dickson, CPC Lead officer have been offering bite size training sessions on the Safe and Together model and these have been very well received by frontline practitioners, managers and senior officers.

These have been available to Social Services, Health, Education, and North Ayrshire Women's Aid, to provide reflective spaces and build on practitioner's domestic abuse knowledge and skills. The objective of the programme is to bring together agencies to change the narrative in service responses to domestic abuse, by shifting accountability for the domestic abuse on the non-offending parent to the adult causing harm, which will increase the understanding of risk to create more effective and meaningful responses to families experiencing domestic abuse.

The framework of the sessions incorporates GIRFEC, Trauma-informed Practice, and the Promise, while bridging Signs of Safety with Safe & Together to demonstrate the complementary nature of the models. Although domestic abuse is a gendered issue and the sessions are entitled as such, the sessions support practitioners to identify victims and perpetrators in reverse gender situations, same sex and gender diverse situations.

The 2-hour sessions and the content has been widely influenced by practitioner and service user feedback, particularly from the Child Protection Team and through the undertaking of Lived Experience exercises. Other influences include wider learning from wider Ayrshire practitioners and services as well as Pan Ayrshire processes such as the MARAC. The current programme has been broken down into the following:

- Applying the Safe & Together Model (fully incorporating Signs of Safety)
- Working with Men who are domestically abusive.
- Disentangling Women from Domestic Abuse
- “I don’t want to re-traumatise the child” – Working with children who experience domestic abuse.
- Dual Contexts – Working with Young People who experience domestic abuse in the families and relationships.

Practitioner interest has far outweighed available places on the sessions, and therefore the programme will be delivered again but developed further from attendee feedback which is gathered at the end of the session, and facilitator reflections. Feedback includes:

- What was your main learning from this session?” – “Reflection on women’s experiences from their perspective. Working with partners.” – “Thinking about reframing how I think about situations and what questions I ask.”
- What other themes would you like bitesize sessions on?” – “Applying the model with case studies may be helpful”.
- Using sliding scales of 1-5, all attendees reported feeling more confident on the subject matter at the end of the session.
- Was there anything missing you think we should include? - “sessions should be longer”.
- Other feedback/comments – “Very informative, interactive and delivered well” – “First time I have been to such a mixed session with more social workers than health visitors and very interesting to hear from the social workers perspective”.

### **Provide Early and Effective Support**

The Family Centred Wellbeing Service (FCWS) is a whole family support service that is equipped to meet the needs of families in a multitude of ways. The service has had a significant uplift in staffing over the reporting quarter, increasing from a team of four to fourteen Family Wellbeing Support Workers, with plans in place to employ a dedicated

Speech and Language Therapist and Occupational Therapist (both 0.6 / three-day positions) alongside a dedicated Educational Psychologist. The service is North Ayrshire wide and accepts referrals from all primary and secondary schools in North Ayrshire, as well as the Service Access team (first response social work service). The age range for support is 5-18 years.

There has been a partnership approach between Education and the Health & Social Care Partnership particularly in terms of providing early intervention to address poor school attendance, the service also promotes healthy social and emotional development, intervenes when there are indicators of family breakdown, provides practical support to facilitate access to mental health and wellbeing resources, and empowers parents/carers to meet their family's needs independently.

During the most recent reporting period for the service (1<sup>st</sup> October 2023 to 31<sup>st</sup> March 2024), the service had supported 131 families, involving a total of 258 children.

The ethos of the team is to support families at the earliest opportunity and prevent escalation of concern to the point where families require targeted intervention from statutory social work services. In the most recent reporting period, it has been necessary for the FCWS to make one referral onto statutory services for additional support. This is a remarkable statistic and talks to the important role which the service plays in terms of reaching families at an early point in order to prevent crisis.

The FCWS has also formed an alliance with the Neurodevelopmental Empowerment & Strategy Team (NEST) in Ayrshire, which offers resources on various issues that can affect a child with a Neuro Developmental Disorder (NDD). NEST provides face-to-face workshops for parents and carers which are facilitated by Health practitioners, covering topics such as sensory needs, diet, sleep, executive functioning, and so on. The FCWS has actively facilitated parents' attendance at workshops and taken on a role of assisting parents to implement strategies into their day-to-day routines. It was important to strengthen responses in relation to supporting families who experience NDD as 81 out of the 131 families supported by the service were suspected or diagnosed of having an NDD.

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

School nurses are specialist public health nurses who provide support to school aged children. They focus on prevention and early intervention helping children and young people maximise their health and wellbeing and avoid more serious health concerns in later life. The school nurse role concentrates primarily on providing support around 10 priority areas, with emotional health and wellbeing being one of the priority areas.

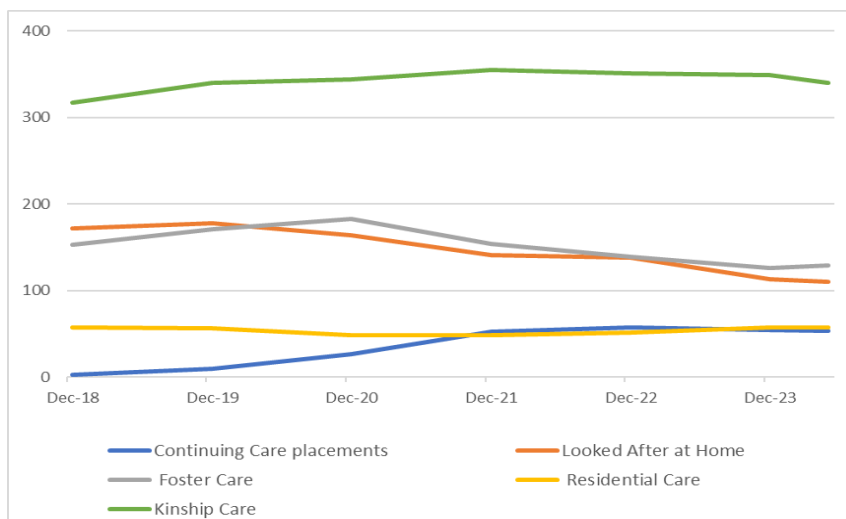
As part of a school nursing review within North Ayrshire, 5 key areas were identified which highlighted the main areas where our young people required support with mental health. These were low level anxiety, low mood, self-harm, bereavement and self-esteem issues.

Currently the school nursing service is in the midst of a training needs analysis for staff to ensure our support to children and young people is maximised and to ensure they have access to the right resources. In addition, work is ongoing with CAMHS to ensure there is a clear pathway for young people who require mental health support which is beyond the remit of school nursing.

## Tackle Inequalities

Looked after children and young people are amongst the most vulnerable in society. There is a substantial body of evidence which supports the suggestion that care experienced children are more likely to face disadvantage in their life as they transition through their childhood into adulthood.

In North Ayrshire, the number of care experienced children and young people has steadily reduced over the last few years but the numbers in residential care have not followed the same trend, and the number of requests for Continuing Care has increased significantly. Positively the number of Kinship placements has increased over the same period. The graphs below illustrate the movement/trends since 2018.



The HSCP have embarked upon a programme of work to address the current challenges associated with our population of care experienced young people which also encompasses the inequalities that our young people face.

In March 2024, we launched the beginning of our transformational activity within the Children and Families service referred to as Brighter Pathways: Remodelling of Children’s Care Options.

A programme board of multi-agency partners has been established to assist in proposing solutions, advice, and guidance across North Ayrshire to work collaboratively to ensure best outcomes for our young people (and to help reduce associated costs).

A variety of workstreams will sit directly under the Programme Board and will have lead responsibility to work in a focussed way to radically reform the care options we have available for our children and young people to ensure that they have the right access to the appropriate resources and supports as they progress into adulthood.

In addition to the work that will be undertaken to improve outcomes for children who are already looked after away from home, we will also have a heavy focus on ensuring that appropriate tailored flexible support is available to children, young people and their families with the sole purpose of keeping children and young people in their local communities and keeping families together where possible.

### Case Study: MAPPA Staff Development Day

## **Related Strategic Objective(s):** Develop and Support our Workforce

Managing the risk posed by serious offenders was the topic of a Multi-Agency Public Protection Arrangements (MAPPA) staff development day held at Dumfries House in Cumnock on Tuesday 19 March 2024.

MAPPA aims to protect the public by providing a framework for local authorities, the police, NHS and prison service to work together to assess and manage the risks posed by sex offenders who are subject to notification requirements under the Sexual Offences Act 2003, as well as mentally disordered restricted patients and other individuals who - by reason of their conviction - are assessed as posing a risk of serious harm to the public.

Partners can employ a range of safeguards such as electronic tagging, curfews, sexual offence prevention orders and other civil orders, with a shared aim of reducing the risk of harm to the wider population. Additionally, a number of agencies are required to co-operate in managing the risks posed by high-risk offenders, including Social Security Scotland, registered social landlords, voluntary organisations and companies providing electronic monitoring of offenders.

Representatives from Southwest Scotland's MAPPA Strategic Oversight Group, including senior officers from NHS Ayrshire & Arran, NHS Dumfries & Galloway, Police Scotland, the Scottish Prison Service and all four local authorities in Ayrshire and Dumfries and Galloway, were invited to come together at the event to discuss current developments affecting the MAPPA arrangements.

Attendees at the event heard from retired Detective Superintendent Gail Johnston, who shared some important learning drawn from a recent Significant Case Review, as well as Emeritus Professor Hazel Kemshall - a prominent expert on MAPPA - about what it takes to be an effective Strategic Oversight Group.





## Health and Community Care

### Provide Early and Effective Support

#### Anam Cara Dementia Respite Service

Our Health and Community Care Teams continue to strive to provide tailored supports delivered in the heart of our communities.

Anam Cara, Dementia Respite Service, has been providing a critical respite service for North Ayrshire service users for several years. Respite is a crucial support for our community of carers and can make a positive difference for people in sustaining their caring role whilst allowing for a break knowing that their loved one is being cared for in a safe and nurturing environment. Respite also provides people who use the service an opportunity to build relationships and have experiences that can support and maintain mental and physical wellbeing.

The Anam Cara building unfortunately temporarily closed its doors in late 2022 after significant damage caused by a flood. The service has been operating in Taigh Mor, Beith, during the period of closure and were graded by the Care Inspectorate at their most recent inspection in 2023 as 'Very Good' in supporting people's wellbeing. Users of the service described being made to feel valued by the team and there was extremely positive feedback from relatives of users about how much they appreciated the short break respite service. The team were delighted to return to the fully refurbished Anam Cara, opening its doors to guests in Quarter 4 of 2023 to 2024.

The service is now fully operational at the refurbished building in Kilbirnie with an ambition to provide a respite service that offers high quality care in a safe, modern and comfortable environment. The service is now able to support respite breaks for up to 9 people a week with one of the first guests to arrive commenting that she felt like she was having a break in a nice hotel!

[Watch our video on the new look for Anam Cara dementia respite centre](#)



#### Adult Support and Protection

The Care Inspectorate (CI) recently undertook an inspection of North Ayrshire Adult Support and Protection (ASP) arrangements in Quarter 3, with feedback and the inspection outcome being provided in Quarter 4 of 2023 to 2024. This encompassed the North Partnership, Police Scotland and NHS Ayrshire and Arran. The inspection included



reviews of individual service user files for people had been subject to ASP arrangements and staff focus groups where the CI posed semi structured questions. Front line staff, middle and senior management were included in separate groups. A survey was also undertaken regarding individual professionals experience of ASP.

The findings of the inspection were extremely positive, describing the Partnership as 'sector leading' in supporting adults at risk of harm and that overall, adult support and protection inquiries were undertaken in line with the code of practice, that they were of a high quality, prompt and competently determined whether to proceed to full investigation.

One area of improvement identified was the provision of independent advocacy which the partnership has a plan to address through refreshed independent advocacy strategy.

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

### **Community Occupational Therapy**

The Community Occupational Therapy service identified an area for improvement around the management of the referral waiting lists, which had accumulated over a number of years, and resultant impact of timescales for access to supports. The main challenges identified were:

- Reduced staffing capacity and resource
- Increased demand for services
- Absence of referral management processes
- Occupational Therapy (OT) management capacity to address challenges within the service

Recent development work undertaken has included increasing staffing capacity across the 3 OT teams by filling vacant posts and securing funding to create new OT and Occupational Therapy Assistant (OTA) posts. An additional Team Manager post was created to support the management and development of the OT Teams. An Adaptations officer post was created to free up OT capacity by taking on post inspection visits, feasibility visits and liaison with contractors to obtain quotes and support service users through grants and adaptations processes.

Whilst this work has been ongoing now for a period of over 2 years, the following improvements in the waiting lists and access to supports have been measured over the most recent 12 months and documented in Quarter 4 of 2023 to 2024:

- A 75% reduction in the total number of individuals awaiting assessment
- A 60% reduction in the maximum wait for assessment
- A 63% reduction in the average wait for assessment

The service is continuing to work towards further reducing the waiting time for assessment to ensure a more timely and efficient OT service is provided to the citizens of North

Ayrshire. The service has set a target of 4 weeks maximum wait for standard referrals and a 1 working day wait for urgent referrals by the end of 2024.

## **Develop and Support our Workforce**

### **Care at Home**

It is recognised that there is a challenge to ensure that the health and care workforce of the future has the capacity to meet both current and future demands. In order to meet these demands, it is crucial that we are creative and innovative in our approach to workforce planning, and that we maximise opportunities to develop and support our workforce.

The Care at Home service has been working alongside the Learning and Development Team to create a bespoke training plan that will span across all Care at Home roles – from frontline Modern Apprentices in the Care at Home Assistant role through to development opportunities in supervisory and leadership roles, with a range of formal learning and development opportunities to support career progression and professional registration including opportunities for SVQ, HNC and Open University Courses.

Over time, a clear route of career progression has developed across the Care at Home service with a number of employees progressing from Care at Home Assistant and Business Support roles into supervisory and managerial positions. One example of this is Care at Home Manager, Sandra Colqhoun. Sandra joined the Care at Home team in 2014 as a Care at Home Assistant, quickly realising how much she enjoyed being part of the Care at Home team and the difference it made to service users' quality of life. As she continued to gain knowledge and experience, her commitment to the service grew. She progressed to a permanent 30-hour contract and then to a Senior Care at Home Assistant post – further expanding her skills along the way. She now holds a Care at Home Manager role and manages a team of 40 staff and recognises the opportunity to progress her career further. Throughout her journey, Sandra has received encouragement and support from her Team Manager and notes that this “certainly has been a big part of [her] motivation to progress further...I am extremely grateful to all who helped me...and I will continue to work hard daily to show them they were right to believe in me”.

### **Community Nursing**

The Community Nursing team continue to strive for excellence with three members of staff receiving a Greatix Award this quarter. Anne Munro received an award for always ensuring the wellbeing of her staff and colleagues whilst displaying kindness, patience and guidance in a non-judgemental manner and both Lynzi McBride and Stacy McGrath who both successfully educated, supervised and signed off staff in relation to specific skills in keeping with the service specifications, displaying a high level of knowledge, skillset, patience and kindness when doing so.

Steven Chalmers, Senior Charge Nurse, in Douglas Grant Rehabilitation Ward recently completed a 3-month course in Multiple Sclerosis Care and Management. The module provides a strong foundation of Multiple Sclerosis knowledge upon which additional specialist learning can develop and covers a host of clinical and professional issues relevant to Health Professionals undertaking a specialist role.

All our upskilling work of our community Nursing workforce has the end goal of ensuring the highest quality care to patients.

**Case Study:** The Dirrans Centre, Kilwinning

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

The Dirrans Centre in Kilwinning provides a rehabilitation service for a range of adults across North Ayrshire including those with a physical disability, brain injury, neurological and long-term condition(s). The Centre provides personalised community based rehabilitative supports which promote independence, self-management and meaningful activity which are all integral to the delivery of the strategic plan. One example of a recent period of support has been that provided to Mr A who is 42-year-old gentleman that lives with his wife in North Ayrshire. Both are of working age and employed full-time in well paid roles, with no underlying health issues.

Mr A was referred to the Dirrans Centre following a dense stroke. Mr A had been in a coma for one week following this stroke. On discharge from acute services Mr A was due to be transferred to Redburn Ward for extensive rehabilitation however there were no available beds at that time and he was therefore discharged home.

Staff from the Dirrans Centre visited Mr A at home and it was highlighted through assessment that Mrs A was attending to all aspects of meal preparation, assisting with personal care and also supporting Mr A emotionally to adjust to the recent life changing event.

Mr A was independent with all transfers however did require assistance to mobilise using a Zimmer frame. Mr A was a high risk of falls. Rehabilitation goals were identified collaboratively with Mr A with priority being focused on improving mobility and strength to become independent with personal care tasks.

Mr A's long-term goal was to return to his work role as an engineer. Over a ten-month period, Mr A engaged in seated exercise groups to build muscle strength and exercise tolerance. Mr A then progressed onto the Dirrans walking group and improved to a level where he was mobilising unaided. The walking group combined with weekly swimming session(s) enabled regular supported exercise to work towards the main goal of Mr A returning to work. The sessions were initially assisted by a rehabilitation worker, however as Mr A progressed, he was able to move on to the service user led groups to further enhance independence.

Mr A benefited from peer support through his rehabilitation journey. Initial goals were achieved within a six-month period and following a period of intervention Mr A was able to return to his previous work role following discharge from the Dirrans Centre.

## Health and Community Care - Progress Against Council Plan Actions

Action	Priority	% Complete	RAG Status
Grow Care At Home Capacity	Aspiring Communities	80%	Amber

The steady growth in permanent recruitment to the Care at Home service continues however the success of this is dependent on successful recruitment and retention which continues to be a challenge. The Care at Home service has continued to decrease the number of permanent vacancies within its service and has a significant number of staff identified as successful applicants awaiting start dates. The service has also worked very hard to increase the number of permanent contracted frontline staff within the service with the number of temporary staff decreasing from 202 to 53 over the past three years. The service will continue this programme of contract review.

The filling of vacancies has been significantly impacted by external care providers ceasing delivery in North Ayrshire and transfers of increased care provision and additional vacancies transferring to the inhouse Care at Home service.

The service has developed a Sickness Absence Action plan which assists with absence prompt targets and earlier intervention, ensuring staff receive timely supports during periods of absence.

The service undertakes regular Establishment review meetings to enable early identification of potential vacancies which may arise due to Ill Health Retirement, retirement, maternity leave, and incapability to ensure these are filled at the earliest possible point.

There have been a number of actions taken to grow the Care at Home workforce throughout 2023 to 2024, with the 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 Modern Apprentices 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 took place in January 2024. 7 successful candidates will commence this programme in Care at Home on 15 April 2024. Further candidates will be appointed to the Stores service under this programme in May 2024.
- Arran vacancies continue to be promoted at all mainland recruitment events with details of available accommodation provided. Regular updates are obtained on the Arran vacancies, including role profiles for applicants to apply online.
- Mass Leaflet Drops continue pre recruitment events throughout North Ayrshire
- A Royal Mail Leaflet Drop has been scheduled to take place in April 2024 focussing on Three Towns, Garnock Valley and Irvine localities in preparation for private provider transfer due for completion in June 2024.
- West FM advertising continues to promote twice weekly recruitment events.
- STV player advertising commenced on 25 March 2024 for a four-week period 2024 focussing on Three Towns, Garnock Valley and Irvine localities in preparation for private provider transfer due for completion in June 2024.
- 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 with a new process commencing in March 2024, in addition to attending interview at recruitment events successful candidates can now be offered a post and initial start date confirmed prior to leaving event.
- Our dedicated recruitment team based in Cunninghame House are committed to support successful candidates with the recruitment process to meet proposed start date (within 6 weeks) of appointment.
- External advertising with Rovers is now in progress and will be reviewed in 12 months.
- Ongoing work continues with DWP and local Job Centres with meetings being arranged for CAH service representatives to meet with customers to discuss the service and available vacancies. A meeting has recently taken place to scope a Care Event and Sector Based Work Academy in the Garnock Valley.

- The service has liaised with local companies. The service is working with CalMac, KA Leisure and local GP surgeries to further discuss and promote advertising options.
- The process for exit questionnaires has been reviewed and a new process has commenced with Team managers delegated responsibility to complete questionnaires and have a greater understanding of locality themes and issues. Next steps will involve the review of this data, with any required actions added to the recruitment strategy. This will also include locality wellbeing events.
- A further review of Bank staff, including a questionnaire sent to all bank staff has been completed to allow a better understanding of increased requests to join our bank rather than accept contracts. This questionnaire remains in progress. Offers of contracted posts are regularly offered to all bank staff.

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

This post has been re-advertised using the recruitment agency and the closing date is 8 April 2024. We are hopeful we will have some suitable candidates. If we do not, we will be reviewing the role to see what changes can be made to the job description to make the role more attractive.

## **Mental Health**

### **Mental Health Inpatient and Forensic Services**

#### **Enable Communities**

Acorn provision based at Ailsa continues, supporting individuals with varying level of mental health needs to access meaningful activity, acquire skills and continuing with their recovery pathway. Also supporting staff with long term conditions to return to work in a 'safe' environment as a phased step to returning to substantive duties. At early stages of exploring opportunity of establishing a Recovery College similar to that in North Ayrshire.

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

Plans progressed to support recruitment of Newly Qualified Mental Health Nurses via University of the West of Scotland programme to posts across services into substantive available posts.

Number of ward teams and Deputy Charge Nurse cohort took opportunity to engage in wellbeing/team building activities through monies secured from North HSCP for such purposes. This was a rare opportunity and was much appreciated by staff.

Work continues to progress 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**

As well as routine physical health checks on admission annual physical health checks are undertaken for persons in longer term wards – recognising the high levels of physical co-morbidity amongst those with severe and enduring mental illness.

Commitment to develop and implement person centred plans of activity continues and has been recognised by the Mental Welfare Commission during review visits.

Continuing work with Paths For All to have staff trained as Walk Leaders and support services users (individually and in groups) to exercise in the fresh air for fitness and wellbeing purposes.

#### **Tackle Inequalities**

Pleased to link with new advocacy provider (Voice Ability) in North Ayrshire to discuss how we can best support their work to support individuals in our care and afford suitable access and support.

#### **Learning Disability (LD) Service**

The various components of the LD Service continue to evidence change. Trindlemoss House has successfully implemented Band 4 posts in the interests of rebalancing the staffing structure and moving towards a more sustainable model. Progress within Trindlemoss House was positively acknowledged within a recent unannounced visit from the Care Inspectorate in March 2024, which resulted in a Good rating in relation to the



service overall, and the specific areas assessed (Leadership and Support for Health and Wellbeing). Delayed Discharge continues to be a significant issue within Ward 7A (the in-patient Assessment and Treatment ward) and is going to be the focus of a planned visit by Scottish Government representatives on the 8<sup>th</sup> of May. Recruitment to posts within the Integrated Community Team remains ongoing.

Progress is evident in relation to the establishment of the Intensive Support Service (ISS). The ISS now has 2 LD Nurses, a Support Worker, and Part-time Occupational Therapist in post, and has supported 9 individuals to date, with one discharged. Clear benefits are being seen for clients from the ISS team's capacity for more intensive and flexible involvement with individuals, including supporting them to link with opportunities in their community. A poster on its work is to be presented at the NHS Scotland Conference (10<sup>th</sup> of June, Glasgow).

Engagement activity to inform a new strategic process for the LD Service has been undertaken by the LD Engagement Officer through a variety of routes in recent months, including an engagement day with clients on the 8<sup>th</sup> of February and a follow-up session facilitated by Outside the Box, and sessions with carers and Provider staff. These have been framed around the question of 'What makes a good life?', and the outputs from them will shape the content of an accessible document on this theme. Accompanying this, the service is working on a background document that will describe the aspects of the service, but also draw on data from other contexts. It is hoped that work with Public Health Scotland colleagues will enable data on the identified adult LD population to be extracted from national datasets and included within this document. In combination, these 2 documents will describe a commitment to engagement, and learning.

As further evidence of the LD service's commitment to enquiry and meaningful co-design, a funding application was prepared with a colleague from the School of technology and Innovation at the Glasgow School of Art, to support their secondment to the service for a period of 3-years. This would be with a view to exploring in depth the potential and application of service design methods within a live service context. Outcome of the funding process is expected in the last quarter of 2024.

### **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.

There has been significant progress made in regard to the gathering of experiential feedback to support the MAT Standards and the feedback from service users about the implementation of MAT was overwhelmingly positive. An Improvement plan will be compiled and implemented in the coming months to ensure progress is sustained.

MAT Standards benchmarking report from Medication Assisted Treatment Implementation Support Team (MIST) rag rated standards 1 – 5 as green and standards 6 - 10 provisional green which is the highest rating achievable at this time. MAT standard 7 is an identified risk due to lack of identified sustainable funding in the longer term to ensure that GP shared care is both established and resourced.



A co-occurring mental health and substance use improvement plan has been produced and leads identified to ensure all actions are taken forward and audited. Awareness sessions have been delivered to a wide range of staff across mental health services in Q4.

The service continues to promote service user choice of Opiate Replacement Treatment (ORT).

Regular reports are produced which demonstrates a steady increase in options including Buprenorphine and Buprenorphine preparations as opposed to methadone.

## **Community Mental Health**

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

Working in Collaboration with The Institute for Research and Innovation in Social Services (Iriss) has been drawing to a conclusion. The service provided a paper to PSMT requesting opportunity financially to explore the role of the community social worker, considering potential roles for a test change, but unfortunately were not successful at this time. Further opportunities for growth and development are being explored. Also, we have been working to conclude 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)

### **Provide Early and Effective Support**

The Mental Health Unscheduled Care Service were able to test out their new Mental Health Assessment Hub from February 2024. Whilst awaiting necessary estate works to be completed for their formal launch, the hub opened with a soft launch, to test out, staffing, policies and procedures. The pilot has successfully supported around 30 individuals coming through, providing appropriate time and space for an intensive assessment; reducing unnecessary admissions to hospital, but more importantly ensuring that individuals receive the appropriate care and treatment as early and efficiently as appropriate. The hub will remain operational, albeit at a reduced capacity, until estate works begin. However, a date of commencement has now been provided, with an anticipated completion time of 4 weeks.

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

Mental Health and Wellbeing in Primary Care – our business cases for years 2, 3 and 4+ years have been written and a request to present being asked of the PSMT. However, it has been identified that previously identified Scottish Government funding no longer appears to be available, as such, the business cases are unlikely to progress at this time. Community services however continue to review and redesign workforce and new ways of working where there is opportunity to develop services on a smaller scale until wider investment required is available.

## **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.

## **CAMHS**

### **Enable Communities**

Partnership working continues 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 1<sup>st</sup> 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 CEDS. The continuation and further development of Nurse Prescribers, Pharmacy, CAAP's, Dietetics and Allied Health Profession 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 was 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 LIAM to 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 DCAQ Benson Wintere model captures the reason for referral and deprivation indexing in relation to child poverty and mental ill health.

## Psychological Services

Psychological Services remain close to the LDP 90% RTT standard, but pressures of referrals have impacted upon our ability to meet this threshold. Our overall aggregate score is adversely impacted by three services in particular; we are focusing effort upon supporting these services in order to address waiting times. We now have a clear management structure place (with the employment of our Director of Psychology, Dr Wendy van Riet). This structure increases our capacity to undertake service improvement work. Significant work has been undertaken to ensure that Psychological Services have the structure and procedures in place to facilitate the requirements of the Safe Staffing Act across all Psychological Specialties. The pressure of Reduction in Working Week has, however, taken a substantial amount of administrative capacity; however, the bulk of this work has now been completed. A new Clinical Governance Group, to meet the requirements of the Scottish Government Psychological Interventions and Therapies Specification will commence in June 2024. There remains a substantial focus on improvement of data quality and reporting. Psychological Services is working closely with data analysts and digital systems leads in order to ensure that we have data required for service improvement.

## 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

- RTT Compliance 98%.
- RTT waiting time 3-4 weeks.
- Neurodevelopmental CAMHS have approximately 2,700 young people waiting for a further assessment and continue to work with external provider to support the management of this list.
- Contractor on site for West Road 15th April 2024.
- Operational groups have been established in North, South and East Ayrshire to establish neurodevelopmental services in each of the 3 Ayrshire's that do not meet the CAMHS specification.
- A working group has been initiated for CAMHS LD but still at very early stages.

Action	Priority	% Complete	RAG Status
Prioritise Community Mental Health Services Supporting People Within Their Communities	Aspiring Communities	95%	Amber

Business case submitted to overarching mental health and wellbeing in primary care stakeholder group. Agreed for sign off by group, and that each H&SCP should progress business cases via their own IJBs. Update from Scottish Government is that no new monies are likely to come in this financial year, and potentially not within the next.

Awaiting confirmation of date to present to North.

<b>Action</b>	<b>Priority</b>	<b>% Complete</b>	<b>RAG Status</b>
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	85%	Amber

Transformation group has been established and is due to meet for first time in April 2024. End date likely to remain final quarter of 2024/2025.

<b>Action</b>	<b>Priority</b>	<b>% Complete</b>	<b>RAG Status</b>
Work Closely With Colleagues In Acute Services And Police Scotland To Address The Levels Of Unscheduled Care In Mental Health	Aspiring Communities	95%	Green

At Quarter 4 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.

We planned to undertake a 'soft launch' in Quarter 3 to test out our workforce, policies and procedures. This commenced at the end of January 2024 and following a brief fortnight closure to reflect on learning, has again re-opened until works are started.

## System Wide

### Absence Statement

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

**NAC** – Staff absence is detailed in Appendix 4. Sickness absence from NAC staff in the Partnership is 4.99 days, 1.69 days over the quarterly target of 3.30 working days.

**NHS** – Sickness absence from NHS staff in the Partnership is 6.77%, 2.77% above the target of 4.0%.

### Recruitment and Retention

#### New Starts

Service	Q1	Q2	Q3	Q4	YTD
Children, Families and Justice	11	9	9 (12)	13	42
Health and Community Care	74	55	34 (37)	40	203
Mental Health	10	4	4	3	21
Finance and Transformation	1	0	1 (3)	2	4
Professional Standards	1	0	0	2	3
Business Admin	13	7	6	5	31
<b>TOTAL</b>	<b>110</b>	<b>75</b>	<b>54</b>	<b>65</b>	<b>304</b>

#### Leavers

Service	Q1	Q2	Q3	Q4	YTD
Children, Families and Justice	10	12	5 (7)	14	41
Health and Community Care	21	32	24 (23)	27	104
Mental Health	2	2	1	2	7
Finance and Transformation	1	1	1	2	5
Professional Standards	2	1	1	0	4
Business Admin	12	8	3	3	26
<b>TOTAL</b>	<b>48</b>	<b>56</b>	<b>35</b>	<b>48</b>	<b>187</b>

## Note

- Figures for Quarters 1 – 3 have been amended retrospectively to take account of paperwork being received and processed after the end of each quarter.
- The Q3 figures have also been adjusted due to an error being identified that resulted in a number of starters & leavers from Q4 being included in the Q3 figure – Original Q3 figures have been included in brackets where the figure has changed.

## Finance

### Partnership Revenue Expenditure 2023 to 2024

Strong financial planning and management is paramount to ensure our limited resources are targeted to maximise the contribution to our objectives. Delivery of services in the same way is not financially sustainable. The updated strategic plan approved for 2022 to 30 is underpinned by the need to learn from the pandemic and ensure opportunities are maximised to transform care models and find new solutions to ensure the future sustainability of high-quality health and care services.

In 2023 to 2024 the IJB agreed a one-year balanced budget which included an overall savings requirement of £4.963 million.

The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Medium term financial planning is key to supporting this process and identifying the transformation and planned shift in resources to provide sustainable services to the local community over the medium term.

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This included an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. There were significant financial challenges during the period. The main challenges during the year were residential placements for children, care at home, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.

Work is ongoing to further improve the projected position and minimise the overspends continuing into 2024 to 2025. This work is built on the following general principles:

- No adverse impact on delayed discharges or patient flow during Winter
- Exercising professional judgement around the use of waiting lists where this may have an impact elsewhere in the system
- Reviewing the need for more active management of non-frontline vacant posts
- The non-recurring use of reserves
- Working with East and South on lead partnership projections

As a contingency there was provision of £2 million non-recurring funding set aside in the reserves contribute towards the 2023 to 2024 position and this has been applied.

The overall financial performance against budget for the financial period 2023 to 2024 (after adjusting for new earmarked reserves) was an overall overspend of £5.464 million. This consisted of £4.634 million of overspend in social care services and £0.830 million overspend in health services.

2022 to 2023 Budget £000	2022 to 2023 Actual £000	Variance (Fav) / Adv £000	Service	2023 to 2024 Budget £000	2023 to 2024 Actual £000	Variance (Fav) / Adv £000
85,261	85,286	25	Health and Community Care	91,174	95,625	4,451
96,133	92,731	(3,402)	Mental Health	100,990	98,639	(2,351)
38,076	40,290	2,214	Children, Families and Justice	40,135	43,431	3,296
51,357	51,277	(80)	Primary Care	52,865	52,863	(2)
9,532	9,463	(69)	Allied Health Professionals	10,098	10,098	0
(175)	(6,460)	(6,285)	Management and Support Costs	10,740	9,288	(1,452)
1,194	1,197	3	Change Programme			
2,570	866	(1,704)	Chief Social Work Officer	1,852	1,317	(535)
0	0	0	Financial Inclusion	1,671	1,630	(41)
0	0	0	National Commissioned Service	3	3	0
<b>283,948</b>	<b>274,650</b>	<b>(9,298)</b>	<b>Total Expenditure</b>	<b>309,528</b>	<b>312,894</b>	<b>3,366</b>
<b>(283,948)</b>	<b>(283,948)</b>	<b>0</b>	<b>Total Income</b>	<b>(309,528)</b>	<b>(309,528)</b>	<b>0</b>
<b>0</b>	<b>(9,298)</b>	<b>(9,298)</b>	<b>Outturn On A Managed Basis</b>	<b>0</b>	<b>3,366</b>	<b>3,366</b>
0	1,360	1,360	Lead Partnership Allocations	0	1,117	1,117
<b>0</b>	<b>(7,938)</b>	<b>(7,938)</b>	<b>Outturn On An ljb Basis</b>	<b>0</b>	<b>4,483</b>	<b>4,483</b>
<b>0</b>	<b>4,219</b>	<b>4,219</b>	New Earmarking	<b>0</b>	<b>2,981</b>	<b>2,981</b>
<b>0</b>	<b>0</b>	<b>0</b>	Draw on Reserves	<b>0</b>	<b>(2,000)</b>	<b>(2,000)</b>
<b>0</b>	<b>(3,719)</b>	<b>(3,719)</b>	<b>Final Outturn Position</b>	<b>0</b>	<b>5,464</b>	<b>5,464</b>

The main areas of variance during 2023 to 2024 are noted below:

**Health and Community Care – overspend of £4.451 million** mainly relates to overspends in care at home, agency costs within integrated Island Services, supplementary staffing in rehab wards and district nursing staffing costs offset by underspends in care home placements, reablement services and care packages for people with a physical disability.

**Mental Health – underspend of £2.35 million** which relates to underspends in community mental health, non-employee costs at Trindlemoss and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry). These underspends are predominantly related to the level of vacant posts in these areas. There is also an underspend in the Alcohol and Drugs



Partnership which will be earmarked for use in 2023 to 2024. These underspends are partially offset by an overspend in learning disability services.

**Children, Families and Justice – overspend of £3.296 million** which is mainly related to overspends in services for care experienced children (residential care, respite care and employee costs) and services for children with a disability (residential care, respite care). These were partially offset by an underspend in the Whole Family Wellbeing Fund which will earmarked for use in 2024 to 2025.

**Management and Support Costs – underspend of £1.452 million** mainly relates to underspends in transition funding, an over-recovery of payroll turnover due to the level of vacant posts being higher than assumed when setting the budget and an underspend in multi-disciplinary team (MDT) funding. These underspends are partially offset by an overspend in the apprenticeship levy and the unfunded element of the pay award.

### Medium Term Financial Outlook

A Medium-Term Financial Outlook (MTFO) is a critical part of the strategic planning process. The financial context for public services remains very challenging and so it is vital that the IJB's strategic ambitions are set against the financial resources which are anticipated to be available.

The MTFO provides key information on the possible financial position of the IJB over future years. It identifies the financial challenges which will be faced by the IJB enabling the IJB to see the impact of current and future decisions on its medium-term financial health.

The MTFO will also be used to identify pressure points and inform decisions which are required to ensure the Partnership remains financially sustainable.

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

- Demographic changes
- Local priorities
- Workforce challenges
- The UK and Scottish Economy
- Policy and Legislation
- Cost and demand pressures
- Available funding

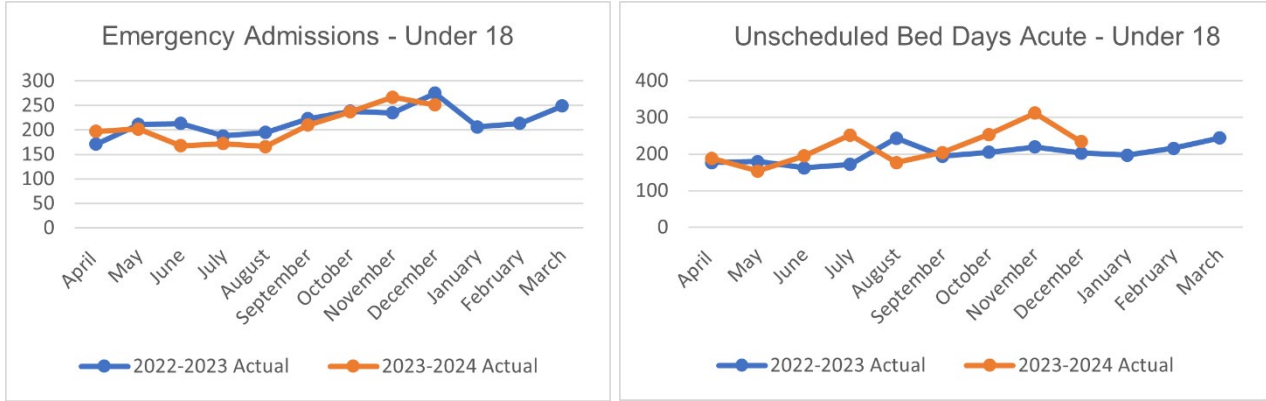
As in previous years, a Medium-Term Financial Outlook has been prepared to identify what the financial position may look like moving into 2025 to 2026 and 2026 to 2027.

This has not been published in full at the present time as the Scottish Government indicated in the Scottish Budget that its Medium-Term Financial Strategy will be updated and published in May 2024. Following this, a full update report will be brought to IJB in September 2024, covering the period 2025 to 2026 to 2027 to 2028.

## 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

- October 2023 – 237
- November 2023 – 267
- December 2023 – 251

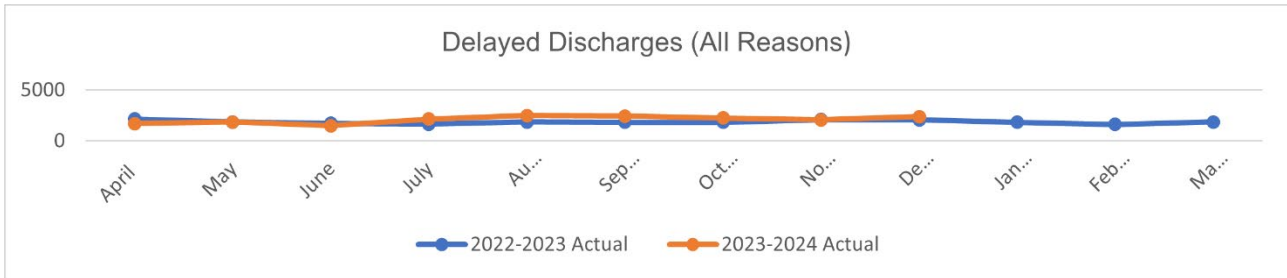
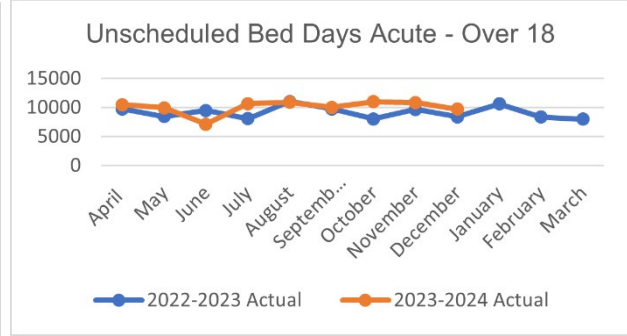
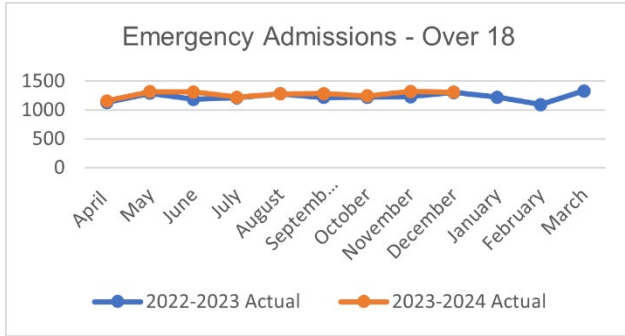
#### Unscheduled Bed Days - Acute

- October 2023 – 253
- November 2023 – 312
- December 2023 – 234

#### A&E Attendances

- October 2023 – 597
- November 2023 – 543
- December 2023 – 496

## Over 18



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

### Emergency Admissions - Acute

- October 2023 – 1,243
- November 2023 – 1,322
- December 2023 – 1,308

### Unscheduled Hospital Days Acute

- October 2023 – 10,997
- November 2023 – 10,860
- December 2023 – 9,726

### A&E Attendances

- October 2023 – 2,169
- November 2023 – 1,980
- December 2023 – 2,126

### **Delayed Discharge (All Reasons)**

- October 2023 – 2,249
- November 2023 – 2,066
- December 2023 – 2,387

### **Delayed Discharge bed Days –H&SC**

- October 2023 – 1,414
- November 2023 – 1,335
- December 2023 – 1,451

## 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	July-23	August-23	September-23	October-23	November-23	December-23	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,395	1,446	1,496	1,480	1,589	1,559	December
Emergency Admissions to Acute Hospitals Rate per 1000	10.4	10.8	11.1	11.0	11.8	11.6	December
Number of Admissions from Emergency Dept.	724	751	715	740	683	731	December
Admissions from Emergency Dept. Rate per 1000	5.4	5.6	5.3	5.5	5.1	5.4	December
Emergency Dept. conversion rate %	26%	26%	25%	27%	27%	28%	December
Number of unscheduled hospital bed days in Acute	10,939	11,088	10,260	11,250	11,172	9,960	December
Unscheduled Hospital Bed days in acute rate per 1000	81.5	82.6	76.4	83.8	83.2	74.2	December
Number of Emergency Dept. Attendances	2,761	2,915	2,820	2,766	2,523	2,622	December
Emergency Dept. attendances Rate per 1000	20.6	21.7	21.0	20.6	18.8	19.5	December
Number of Delayed Discharges bed days (all reasons)	2,143	2,481	2,430	2,249	2,066	2,387	December














































Performance Indicator	July-23	August-23	September-23	October-23	November-23	December-23	Performance Data Last Updated
Number of Delayed Discharges bed days (all reasons) rate per 1000	19.6	22.7	22.2	20.6	18.9	21.8	December
Number of Delayed Discharges bed days (code 9)	711	850	818	833	729	907	December
Number of Delayed Discharges bed days (Code 9) rate per 1000	6.5	7.8	7.5	7.6	6.7	8.3	December

## 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 to 2024	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
Number of service users referred to employability service	9	Green 	31 	↓ 13 	↑ 14 	↑ 21 
Employability mentors - No of service users being supported into employment, training, education.	7 (New Target)	Amber 	7 	↑ 14 	↓ 11 	↓ 6 
Number of PRI sessions which have taken place	2 (New Target)	Red 	0 	↑ 1 	↓ 0 	↔ 0 
% of completed interventions with positive impact (e.g. DUST, CHAT)	50%	Green 	70.6% 	↑ 88.9% 	↑ 100% 	↓ 57.9% 
Support 4 formerly cared for young people to move into independent living each year.	4 (Cumulative)	Green 	0 	↑ 6 	↑ 9 	↑ 14 
Support 45 children and young people into kinship care placements each year.	45 (Cumulative)	Amber 	12 	↓ 20 	↑ 35 	↓ 41 
Recruit 6 new foster carers each year.	6 (Cumulative)	Green 	5 	↔ 5 	↑ 8 	↑ 9 
No. of requests for assistance made by health visitors or family nurse	450	Green 	475 	↓ 378 	↑ 391 	↑ 533 
Increase % of requests for assistance remaining within Universal Early Years	47%	Green 	42.3% 	↑ 48.9% 	↑ 51.4% 	↓ 48.6% 







































Measure	Target 2023 to 2024	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	<b>85%</b>	<b>Green</b> 	<b>85.6%</b> 	<b>89.1%</b> ↑ 	<b>87.5%</b> ↓ 	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)	<b>78%</b>	<b>Green</b> 	<b>78.5%</b> 	<b>77.0%</b> ↓ 	<b>76.8%</b> ↓ 	Information reported in arrears due to data validation timescales
Reduce the number of people waiting for assessment	<b>150</b>	<b>Red</b> 	<b>198</b> 	<b>226</b> ↓ 	<b>227</b> ↓ 	<b>251</b> ↓ 
Reduce the number of people on the waiting list for a Care at Home service in the Community	<b>90</b>	<b>Red</b> 	<b>191</b> 	<b>189</b> ↑ 	<b>195</b> ↓ 	<b>166</b> ↑ 
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	<b>12</b>	<b>Red</b> 	<b>21</b> 	<b>22</b> ↓ 	<b>26</b> ↓ 	<b>17</b> ↑ 
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	<b>90</b>	<b>Green</b> 	<b>33</b> 	<b>0</b> ↑ 	<b>54</b> ↓ 	<b>83</b> ↓ 
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	<b>95%</b>	<b>Green</b> 	<b>98.9%</b> 	<b>99.5%</b> ↑ 	<b>98.5%</b> ↓ 	<b>99.3%</b> ↑ 
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Alcohol)	<b>90%</b>	<b>Green</b> 	<b>96%</b> 	<b>100%</b> ↑ 	<b>96.6%</b> ↓ 	<b>100%</b> ↑ 
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Drug)	<b>90%</b>	<b>Green</b> 	<b>96%</b> 	<b>98.7%</b> ↑ 	<b>97.8%</b> ↓ 	<b>100%</b> ↑ 

Measure	Target 2023 to 2024	Current Status	Q1 2023 to 2024	Q2 2023 to 2024	Q3 2023 to 2024	Q4 2023 to 2024
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	Green ✓	40 ✓	↓ 29 ✓	↓ 23 ✓	↑ 26 ✓
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	Green ✓	144 ✓	↓ 128 ✓	↑ 214 ✓	↓ 193 ✓
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 ✓	↑ 2,559 ✓
CAMHS – Seen within 18 weeks (RTT)	90%	Green ✓	98.6% ✓	↓ 97.6% ✓	↑ 99.6% ✓	↓ 98.7% ✓
Psychological Therapies – Seen within 18 weeks (RTT)	90%	Amber ⚠	86.2% ✓	↑ 89.7% ✓	↓ 88.1% ✓	↓ 83.6% ⚠
Reduce out of hours admissions for people aged 65 and over (MH)	8 p/q	Green ✓	5 ✓	↔ 5 ✓	↑ 4 ✓	↓ 5 ✓
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	Red ⊘	84 ✓	↓ 87 ✓	↑ 79 ✓	↓ 151 ⊘
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	Green ✓	0 ✓	↔ 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% ✓	↑ 99.3% ✓
Average working days lost to sickness absence per employee - NAC	3.30 p/q	Red ⊘	4.12 ⊘	↓ 4.97 ⊘	↓ 5.87 ⊘	↑ 4.99 ⊘
Percentage working days lost to sickness absence per employee - NHS	4.0% p/q	Red ⊘	6.03% ⊘	↑ 5.97% ⊘	↑ 4.38% ⚠	↓ 6.77% ⊘

### Appendix 3 – Quarterly Comparison Table

Measure	Target 2023 to 2024	Q4 2022-23	Q4 2023 to 2024
Number of service users referred to employability service	9	13 	↑ 21 
Employability mentors - No of service users being supported into employment, training, education.	7 (New Target)	13 	↓ 6 
Number of PRI sessions which have taken place	2 (New Target)	0 	↔ 0 
% of completed interventions with positive impact (e.g., DUST, CHAT)	50%	53.3% 	↑ 57.9% 
Support 4 formerly cared for young people to move into independent living each year.	4 (Cumulative)	5 	↑ 14 
Support 45 children and young people into kinship care placements each year.	45 (Cumulative)	42 	↓ 41 
Recruit 6 new foster carers each year.	6 (Cumulative)	2 	↑ 9 
No. of requests for assistance made by health visitors or family nurse	450	452 	↑ 533 
Increase % of requests for assistance remaining within Universal Early Years	47%	43.4% 	↑ 48.6% 
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	85%	85.0% 	↑ 87.5% 
Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)	78%	81.1% 	↓ 76.8% 

Measure	Target 2023 to 2024	Q4 2022-23	Q4 2023 to 2024
Reduce the number of people waiting for an assessment	150	226 	↓ 251 
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	174 	↑ 166 
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	24 	↑ 17 
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	150 	↑ 83 
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	98.2% 	↑ 99.3% 
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Alcohol)	90%	96% 	↑ 100% 
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Drug)	90%	96% 	↑ 100% 
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	37 	↓ 26 
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	145 	↑ 193 
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,069 p/q	1,768 	↑ 2,559 
CAMHS – Seen within 18 weeks (RTT)	90%	98.5% 	↑ 98.7% 
Psychological Therapies – Seen within 18 weeks (RTT)	90%	86.4% 	↓ 83.6% 

Measure	Target 2023 to 2024	Q4 2022-23	Q4 2023 to 2024
Reduce out of hours admissions for people aged 65 and over (MH)	<b>8</b> p/q	<b>5</b> 	<b>5</b> ← 
Reduce the average length of stay in hospital for people aged 65 and over (MH)	<b>131</b>	<b>122</b> 	<b>151</b> ↓ 
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	<b>0</b>	<b>0</b> 	<b>0</b> ← 
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	<b>90%</b>	<b>97.9%</b> 	<b>99.3%</b> ↑ 
Average working days lost to sickness absence per employee - NAC	<b>3.30</b> p/q	<b>4.03</b> 	<b>4.99</b> ↓ 
Percentage working days lost to sickness absence per employee - NHS	<b>4.0%</b> p/q	<b>5.96%</b> 	<b>6.77%</b> ↓ 

## Appendix 4 – Workforce Absence

Table 1a NAC 2023 to 2024 Data – April to October

Name	April	May	June	July	August	September	October
<b>Health &amp; Social Care Partnership (HSCP)</b>	<b>0.96</b>	<b>1.15</b>	<b>1.21</b>	<b>1.25</b>	<b>1.59</b>	<b>1.51</b>	<b>1.53</b>
HSCP Business Administration	1.13	1.18	1.20	0.80	0.99	1.02	0.68
HSCP Senior Managers	0.00	0.00	0.00	0.00	0.00	0.90	2.33
Financial Inclusion	0.42	0.00	0.91	0.59	1.05	0.96	2.20
<b>Chief Social Work Officer</b>	<b>0.00</b>	<b>0.33</b>	<b>0.00</b>	<b>0.36</b>	<b>2.08</b>	<b>1.77</b>	<b>1.83</b>
Professional Standards	0.00	0.33	0.00	0.36	2.08	1.77	1.83
<b>Children, Families &amp; Justice (CF)</b>	<b>1.05</b>	<b>1.42</b>	<b>1.63</b>	<b>1.82</b>	<b>2.21</b>	<b>1.60</b>	<b>1.66</b>
CF - Garnock Valley, North Coast & Arran	0.90	0.83	0.73	1.47	1.41	1.24	1.41
CF - Irvine, Killwinning & Three Towns	0.71	0.91	1.66	1.55	1.84	0.85	0.88
CF - Justice Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CF - Care Experienced Children & Young People	0.77	1.82	1.84	2.02	2.53	2.21	2.27
CF - Justice & Intervention Services	1.68	1.60	1.82	2.03	2.54	1.59	1.68
CF - Universal Early Years	0.00	0.23	0.00	0.00	0.00	0.79	0.23
<b>Health &amp; Community Care (HCC)</b>	<b>1.03</b>	<b>1.20</b>	<b>1.15</b>	<b>1.27</b>	<b>1.62</b>	<b>1.74</b>	<b>1.71</b>
HCC - Arran Services	0.00	0.00	1.09	1.09	1.08	0.99	1.14
HCC - Community Care Services	1.10	1.23	1.18	1.29	1.63	1.70	1.67
HCC - Locality Services	0.52	0.86	0.80	1.14	1.91	2.58	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	1.71	1.51	0.95	0.19	0.24	0.10
<b>HSCP Finance &amp; Transformation</b>	<b>0.11</b>	<b>0.49</b>	<b>0.50</b>	<b>0.43</b>	<b>1.40</b>	<b>1.11</b>	<b>0.57</b>
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	1.69	1.10
HSCP - Performance	0.17	1.75	2.08	2.00	3.82	1.55	0.27
HSCP – Strategic Planning & Transformation	0.40	0.00	0.00	0.00	0.22	0.00	0.00
<b>Mental Health</b>	<b>0.60</b>	<b>0.68</b>	<b>0.95</b>	<b>0.92</b>	<b>0.67</b>	<b>0.42</b>	<b>1.22</b>
MHS - Addictions	0.00	0.00	1.21	0.30	0.14	0.30	1.29
MHS - Community	0.15	0.26	0.00	0.00	0.00	0.00	0.35
MHS - Learning Disabilities	1.15	1.27	1.39	1.83	1.38	0.74	1.71

Table 1a NAC 2023 to 2024 Data – November to March

Name	November	December	January	February	March	Year to Date	Target	Variance
<b>Health &amp; Social Care Partnership (HSCP)</b>	<b>1.68</b>	<b>1.67</b>	<b>1.86</b>	<b>1.67</b>	<b>1.46</b>	<b>17.54</b>	<b>13.27</b>	4.27
HSCP Business Administration	1.30	1.29	1.65	1.57	0.92	<b>13.75</b>	11.00	2.75
HSCP Senior Managers	0.00	0.00	0.33	1.33	0.22	<b>5.12</b>	5.00	0.12
Financial Inclusion	2.47	1.92	1.59	1.22	1.80	<b>15.14</b>	0.00	
<b>Chief Social Work Officer</b>	<b>1.83</b>	<b>1.58</b>	<b>1.62</b>	<b>2.23</b>	<b>1.53</b>	<b>15.17</b>	<b>8.00</b>	7.17
Professional Standards	1.83	1.58	1.62	2.23	1.53	<b>15.17</b>	8.00	7.17
<b>Children, Families &amp; Justice (CF)</b>	<b>1.68</b>	<b>1.43</b>	<b>1.69</b>	<b>1.63</b>	<b>1.62</b>	<b>19.45</b>	<b>12.81</b>	6.64
CF - Garnock Valley, North Coast & Arran	1.86	1.18	1.47	1.18	1.20	<b>14.86</b>	13.16	1.70
CF - Irvine, Killwinning & Three Towns	1.40	1.71	2.53	3.09	3.18	<b>20.31</b>	15.00	5.31
CF - Justice Services	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>	15.00	-15.00
CF - Care Experienced Children & Young People	2.10	1.61	1.43	1.22	1.05	<b>20.85</b>	14.08	6.77
CF - Justice & Intervention Services	1.47	1.28	1.70	1.57	1.66	<b>20.62</b>	5.00	15.62
CF - Universal Early Years	0.00	0.26	0.47	0.00	0.00	<b>1.98</b>	8.28	-6.30
<b>Health &amp; Community Care (HCC)</b>	<b>1.79</b>	<b>1.92</b>	<b>2.11</b>	<b>1.83</b>	<b>1.61</b>	<b>18.97</b>	<b>14.40</b>	4.57
HCC - Arran Services	1.14	1.24	1.33	1.22	0.06	<b>10.38</b>	10.00	0.38
HCC - Community Care Services	1.77	1.95	2.17	1.88	1.67	<b>19.23</b>	15.00	4.23
HCC - Locality Services	2.50	2.07	1.94	1.47	1.10	<b>19.47</b>	10.19	9.28
HCC – Long Term Conditions	0.00	0.00	4.00	0.00	0.00	<b>11.00</b>	5.00	6.00
HCC - Rehab & Reablement	0.32	0.60	1.09	1.93	1.86	<b>11.01</b>	10.00	1.01
<b>HSCP Finance &amp; Transformation</b>	<b>0.82</b>	<b>0.61</b>	<b>0.87</b>	<b>1.47</b>	<b>0.71</b>	<b>9.09</b>	<b>9.12</b>	-0.03
Contracts and Commissioning	0.70	0.23	0.93	2.09	0.28	<b>4.23</b>	8.00	-3.77
HSCP - Finance	1.56	1.22	1.30	0.93	0.62	<b>9.99</b>	8.00	1.99
HSCP - Performance	0.00	0.00	0.64	1.55	0.00	<b>13.82</b>	8.00	5.82
HSCP – Strategic Planning & Transformation	0.00	0.11	0.00	2.20	2.10	<b>5.03</b>	12.00	-6.97
<b>Mental Health</b>	<b>1.59</b>	<b>1.54</b>	<b>1.39</b>	<b>0.79</b>	<b>0.91</b>	<b>11.65</b>	<b>15.00</b>	-3.35
MHS - Addictions	2.84	3.00	2.64	1.26	1.70	<b>14.69</b>	15.00	-0.31
MHS - Community	0.35	1.02	1.03	0.84	0.84	<b>4.86</b>	15.00	-10.14
MHS - Learning Disabilities	1.60	0.98	0.82	0.49	0.47	<b>13.82</b>	15.00	-1.18

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

Directorate/Section	April	May	June	July	August	September	October
<b>Health &amp; Social Care Partnership (HSCP)</b>	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
<b>Chief Social Work Officer</b>	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
<b>Children, Families &amp; Justice (CF)</b>	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
<b>Health &amp; Community Care (HCC)</b>	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
<b>HSCP Finance &amp; Transformation</b>	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
<b>Mental Health</b>	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
<b>Health &amp; Social Care Partnership (HSCP)</b>	1.34	1.40	1.33	1.23	1.47	16.53	13.20	3.33
HSCP Business Administration	1.05	1.24	1.07	0.83	1.31	12.38	9.60	2.78
HSCP Senior Managers	0.00	0.00	0.00	0.00	1.14	1.14	5.04	-3.90
<b>Chief Social Work Officer</b>	0.00	6.48	0.48	0.00	0.00	6.96	5.04	1.92
Professional Standards	0.06	6.54	0.42	0.00	0.00	6.96	5.04	1.92
<b>Children, Families &amp; Justice (CF)</b>	1.70	1.33	1.44	1.66	1.98	19.49	13.08	6.41
CF - Garnock Valley, North Coast & Arran	1.16	1.68	1.52	2.10	1.28	13.39	15.00	-1.61
CF - Irvine, Kilwinning & Three Towns	1.94	1.13	1.08	1.33	1.48	21.95	15.00	6.95
CF - Justice Services	1.67	0.00	0.00	0.00	0.00	3.67	5.04	-1.37
CF - Care Experienced Children & Young People	1.56	1.16	0.96	1.31	1.88	19.84	15.00	4.84
CF - Justice & Intervention Services	1.91	1.64	2.23	2.20	2.79	21.06	9.72	11.34
CF - Universal Early Years	2.11	0.00	0.53	0.00	0.26	9.24	5.28	3.96
<b>Health &amp; Community Care (HCC)</b>	1.23	1.47	1.36	1.22	1.39	17.15	14.52	2.63
HCC - Arran Services	2.07	3.58	3.75	3.14	0.57	19.66	5.04	14.62
HCC - Community Care Services	1.29	1.50	1.42	1.27	1.46	17.88	15.00	2.88
HCC - Locality Services	0.85	1.06	0.87	0.73	1.10	11.46	10.20	1.26
HCC - Rehab & Reablement	0.16	0.60	0.13	0.00	0.34	9.51	15.00	-5.49
<b>HSCP Finance &amp; Transformation</b>	1.87	1.96	1.41	0.52	0.32	11.23	7.44	3.79
HSCP - Finance	1.36	2.12	1.71	0.82	0.65	9.81	8.04	1.77
HSCP - Performance	2.18	1.63	0.81	0.00	0.00	8.77	5.04	3.73
HSCP – Strategic Planning & Transformation	2.86	2.88	1.65	0.62	0.00	16.95	8.04	8.91
<b>Mental Health</b>	1.53	1.32	1.34	1.45	1.48	15.50	23.40	-7.90
MHS - Addictions	0.58	0.00	0.13	0.00	0.27	9.16	17.76	-8.60
MHS - Community	0.68	1.10	1.46	1.65	1.27	19.77	24.96	-5.19
MHS - Learning Disabilities	2.74	2.27	2.01	2.23	2.33	18.17	24.96	-6.79

Table 2 NHS 2023 to 2024

### NHS Absence Rate between 01/04/2023 and 31/03/2024

Directorate	Q1	Q2	Q3	Q4
Business Support North	3.37	3.11	3.82	4.22
Children's Health / Care & Justice Services North	2.57	3.08	3.73	6.40
Community Health & Care Services North	6.07	6.83	4.03	7.42
Lead Partnership North	6.79	6.06	4.84	6.78
<b>Grand Total</b>	<b>6.03</b>	<b>5.97</b>	<b>4.38</b>	<b>6.77</b>

## Appendix 5 – Finance

2022 to 2023 Budget £000	2022 to 2023 Actual £000	Variance (Fav) / Adv £000	Service	2023 to 2024 Budget £000	2023 to 2024 Actual £000	Variance (Fav) / Adv £000
85,261	85,286	25	Health and Community Care	91,174	95,625	4,451
96,133	92,731	(3,402)	Mental Health	100,990	98,639	(2,351)
38,076	40,290	2,214	Children, Families and Justice	40,135	43,431	3,296
51,357	51,277	(80)	Primary Care	52,865	52,863	(2)
9,532	9,463	(69)	Allied Health Professionals	10,098	10,098	0
(175)	(6,460)	(6,285)	Management and Support Costs	10,740	9,288	(1,452)
1,194	1,197	3	Change Programme			
2,570	866	(1,704)	Chief Social Work Officer	1,852	1,317	(535)
0	0	0	Financial Inclusion	1,671	1,630	(41)
0	0	0	National Commissioned Service	3	3	0
<b>283,948</b>	<b>274,650</b>	<b>(9,298)</b>	<b>Total Expenditure</b>	<b>309,528</b>	<b>312,894</b>	<b>3,366</b>
<b>(283,948)</b>	<b>(283,948)</b>	<b>0</b>	<b>Total Income</b>	<b>(309,528)</b>	<b>(309,528)</b>	<b>0</b>
<b>0</b>	<b>(9,298)</b>	<b>(9,298)</b>	<b>Outturn on a Managed Basis</b>	<b>0</b>	<b>3,366</b>	<b>3,366</b>
0	1,360	1,360	Lead Partnership Allocations	0	1,117	1,117
<b>0</b>	<b>(7,938)</b>	<b>(7,938)</b>	<b>Outturn on an IJB Basis</b>	<b>0</b>	<b>4,483</b>	<b>4,483</b>
<b>0</b>	<b>4,219</b>	<b>4,219</b>	New Earmarking	<b>0</b>	<b>2,981</b>	<b>2,981</b>
<b>0</b>	<b>0</b>	<b>0</b>	Draw on Reserves	<b>0</b>	<b>(2,000)</b>	<b>(2,000)</b>
<b>0</b>	<b>(3,719)</b>	<b>(3,719)</b>	<b>Final Outturn Position</b>	<b>0</b>	<b>5,464</b>	<b>5,464</b>

## Appendix 6 – Glossary of Acronyms

Acronym	Description
<b>ABI</b>	Alcohol Brief Intervention
<b>ASP</b>	Adult Support and Protection
<b>CAAP</b>	Clinical Associate in Applied Psychology
<b>CAH</b>	Care at Home
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>CEDS</b>	Community Eating Disorder Service
<b>CFJ</b>	Children, Families and Justice
<b>CI</b>	Care Inspectorate
<b>CPC</b>	Child Protection Committees
<b>DCAQ</b>	Demand Capacity Activity Queue
<b>FCWS</b>	Family Centred Wellbeing Service
<b>GIRFEC</b>	Getting It Right For Every Child
<b>IRISS</b>	Institute for Research and Innovation in Social Services
<b>ISS</b>	Intensive Support Service
<b>LD</b>	Learning Disabilities
<b>LDP</b>	Local Delivery Plan
<b>LIAM</b>	Low Intensity Anxiety Management
<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>MARAC</b>	Multi-Agency Risk Assessment Conferences
<b>MAT</b>	Medication Assisted Treatment
<b>MH/ MHS</b>	Mental Health/ Mental Health Service
<b>MIST</b>	Medication Assisted Treatment Implementation Support Team
<b>NDD</b>	Nero Developmental Disorder
<b>NEST</b>	Neurodevelopmental Empowerment & Strategy Team
<b>ORT</b>	Opiate Replacement Therapy
<b>OT</b>	Occupational Therapy
<b>OTA</b>	Occupational Therapy Assistant
<b>PAC</b>	Performance and Audit Committee
<b>PRI</b>	Practice Reflective Improvement Dialogue
<b>RTT</b>	Referral To Treatment
<b>RFA</b>	Request for Assistance