

IJB Performance and Audit Committee

August 2024

Agenda Item Number

Subject:

Quarter 1 2024 to 2025 Performance and Audit Committee Report

Purpose:

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

Recommendation:

The Performance and Audit Committee (PAC) should note and discuss the performance exceptions and achievements to the end of Quarter 1 2024 to 2025.

Direction Required to Council, Health Board or Both:

No Direction Required

Acronym	Full Version
ABI	Alcohol Brief Interventions
CFJ	Children, Families and Justice
MH	Mental Health
PRI	Practice Reflective Improvement Dialogue
RAG	Red, Amber and Green
RTT	Referral To Treatment

1. Executive Summary

- 1.1 This report is to provide for discussion the Health and 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 Additional formatting amendments to the report are likely as we continue to work with the Council on web accessibility document content. This is to meet the changing web accessibility guidelines for documents, enabling those requiring assistance software to read the content of documents.

2. Current Position

2.1 Performance Indicator Reporting Amendment

Due to changes in reporting schedule of ABI data by Public Health Scotland the following PI will now be reported one quarter in arrears.

Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)

2.2 Amended Performance Indicator Target

As part of annual reflection on performance the target for the performance indicator below has been amended for 2024 to 2025. The new target of 4.66% is a local target committed to with the Scottish Government and replaces the NHS Scotland standard for absence of 4.0%.

Measure	Previous Target	Amended Target
Percentage working days lost to sickness absence per employee - NHS	4.0% p/q	4.66% p/q

2.3 Summary

There are two summary tables at the start of the quarterly report. The first provides a high-level Red/ Amber/ Green position comparing the previous quarters. The second lists exceptions where measures have not met the quarterly or annual target at Quarter 1 2024 to 2025.

2.4 Highlights

Performance Improvement

Four measures has shown an improvement in performance in Quarter 1:

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

Green from Red

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

- PRIs are usually dependent on referrals but a recent change has been to take forward cases from Learning Reviews where they haven't met the criteria to progress to a formal learning review. One of the cases in Q1 is as described above. This means that we are not purely relying on agencies referring.

Service	Measure	Values
MH	Reduce the average length of stay in hospital for people aged 65 and over (target is 131 per quarter)	67 from 151

- The Quarter 4 figure of 151 last year was an outlier with the length of stay being impacted by a complex delayed discharge. In 2023-24, the performance of Quarters 1-3 was successfully under target with values under 100.

Green from Amber

Service	Measure	Values
CFJ	Employability mentors - No of service users being supported into employment, training, education (target is 7 per quarter)	8 from 6

- We now have a new employability mentor in post. Progress may be initially slow until fully trained and running with a full case load, however, there is an expectation performance will slowly improve to pre-covid levels.

Service	Measure	Values
MH	Psychological Therapies – Seen within 18 weeks (RTT) (target is 90% per quarter)	85.9% from 83.6%

- 11 out of 15 Teams delivering Psychological Therapies remain compliant i.e. 90%+. HMP Kilmarnock has a new Psychologist, so capacity has increased.
- Adult Community Mental Health has improved performance. March 2024 compliance was 33% compared to June 2024 where compliance improved to 77%. In addition, the maximum wait has decreased from 47 weeks (March 2024) to 24 weeks (June 2024).

Performance Declined

Two measures declined in performance in Quarter 1:

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

Amber from Green

Service	Measure	Values
CFJ	Increase % of children with no developmental concern recorded at the 27–30-month assessment (target is 78% per quarter)	72.4% from 76.8%

- Analysis of the data in relation to developmental concerns at the 27-month review highlights that the Irvine locality area is showing a significantly higher percentage of developmental concerns identified than other localities. This indicates increased need in the Irvine locality, and a need for more capacity within the health visiting service in Irvine. Capacity within this team will be slightly increased from 26th August 2024.

Red from Green

Service	Measure	Values
CFJ	Recruit 6 new foster carers each year (target is 1 in Quarter 1)	0 from 1

- No new foster carers were added in Q1 as recruitment continues to be a challenge nationally and impacted upon by the cost-of-living situation, the current demography and the competition from independent/third sector providers. Further information is provided for this PI in the red commentary section below.

Financial Position

The financial position at the end of Quarter 1.

Quarter	Comments
Q1	£4.576m projected overspend

2.5 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.

2.6 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.

Three measures are reported one quarter in arrears. These three 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 three 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)

- Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)

The high-level position at the end of June 2024 is as follows:

Quarter	 Red	 Amber	 Green	Reported 1 Quarter Behind
Q1	6	1	19	3
Q2				
Q3				
Q4				

3 Implications

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

4 Conclusion

- 4.1 The IJB Performance and Audit Committee members are asked to review and discuss the content of the Quarter 1 2024 to 2025 report with the strategic service leads.

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Performance and Audit Committee Report Quarter 1 2024 to 2025 (April 2024 to June 2024)

August 2024



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Introduction

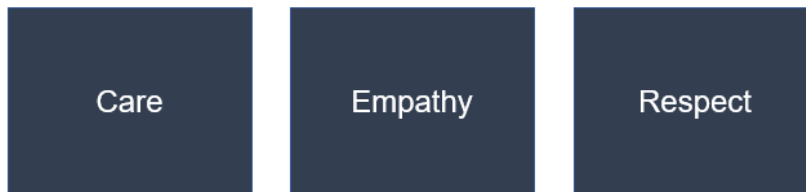
The purpose of this report is to afford a high-level overview of the progress being made by the Health & Social Care Partnership in delivering the strategic priorities as set out in our strategic plan 2022 to 2030.

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

At month 3 against the full-year budget of £320.076m, the projected outturn is a year-end overspend of £6.555m (2.0%), reduced to £3.143m through already identified financial recovery actions.

Absence Summary

NHS partnership employees' absence at the end of Quarter 1 is 6.54%, 1.88% above the quarterly target of 4.66%.

NAC partnership employees' absence at the end of Quarter 1 is 3.83 days, 0.51 days above the quarterly target of 3.32 days.

Summary of Performance

Position at Quarter 1 2024 to 2025

Strategic Plan Measures

Service	Areas of Focus - Red	Amber	Green
Children, Families, Justice	1	1	7
Health and Community Care	3	0	2
Mental Health	0	0	10

Absence not meeting targets

Area	Absence
NAC	3.83 Days (red)
NHS	6.54% (red)




Financial Position

Area	Current Position
Financial Position	£6.555 million projected overspend (2.0%)

3 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)
- Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)

Quarterly Comparison

Quarter	 Red	 Amber	 Green	Reported 1 Quarter Behind
Q1	6	1	19	3
Q2				
Q3				
Q4				



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

Red – Areas of Focus Summary

Service	Strategic Objective	Indicator Description	Target	Value	Go to page
Children & Families	Enable Communities	Recruit 6 new foster carers each year	1	0	11
Health & Community Care	Provide Early and Effective Support	Reduce the number of people waiting for assessment	150	240	11
Health & Community Care	Provide Early and Effective Support	Reduce the number of people on the waiting list for a Care at Home service in the Community	90	158	12
Health & Community Care	Provide Early and Effective Support	Reduce the number of people on the waiting list for a Care at Home service in Hospital	12	30	14
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee - NAC	3.32	3.83	15
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee – NHS	4.66%	6.54%	16

Areas of Focus - In Detail

Description	Responsible Service	Health and Wellbeing Indicator	Strategic Objective
Recruit 6 new foster carers each year	Children & Families	Positive Life Chances	Enable Communities

Target	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
1 (Cumulative)	Red 	0 			

Trend Commentary

No foster carers were recruited during Quarter 1. This is the first instance of this PI being red since Quarter 4 of 2022/23. All quarters during 2023/24 were green. The annual target for this PI is six while the target in Quarter 1 is one.

Recruitment continues to be a challenge nationally and impacted upon by the cost-of-living situation, the current demography and the competition from independent/third sector providers.

In Quarter 1, we have had five Fostering enquiries – three couples who have been given a home visit - three couples who have attended our Fostering Preparatory Groups.

Actions to Improve Performance

We continue to actively recruit for foster carers across all our various fostering schemes.

We continue to recruit those who are in full time employment, by enabling them to undertake Fostering Short Breaks for us, so that they can foster over weekend/holidays.

North Ayrshire Council has become a Fostering Friendly Employer, supporting those who foster, and are employed by the Council.



We targeted every household in North Ayrshire, by sending out fostering information, with every Community Charge Letter.

We continue to advertise on Social Media, on an ongoing basis. (Instagram, Facebook and X formally known as Twitter)

Timescale for Improvements

End of Quarter 2 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 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
150	Red 	240 			

Trend Commentary

The number of people waiting for assessment in Quarter 1 was 240 which is the second highest number waiting for an assessment since Quarter 3 2022/23. For the ninth consecutive quarter the target of 150 has not been met.



Actions to Improve Performance

Given the financial position across services, the option of using a recruitment agency to aid recruitment has been dropped. Demand continues to increase and needs to be fulfilled within existing resource levels.

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 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
90	Red 	158 			

Trend Commentary

During Quarter 1, 158 people were on the waiting list for a Care at Home service in the Community, exceeding the target by 68. The number of people waiting has decreased by 8 from 166 in Quarter 4 2023/24 to 158 in Quarter 1 2024/25. The Quarter 1 value is the second lowest number of people waiting since Quarter 1 2022/23.

Of the 158 people waiting, 58 people have been waiting longer than 90 days.

There remain ongoing workforce challenges related to sickness absence rates and although sickness absence levels have reduced slightly in Quarter 1, weekly average sickness level was reported at 12.05%. There continues to be ongoing vacancies within the service although these have again reduced in Quarter 1.

Actions to Improve Performance

The in-house Care at Home service has continued to grow capacity, with a robust recruitment policy and processes in place.

An intensive programme of recruitment to the inhouse Care at Home workforce, ongoing engagement with job centres and skills for life programme continues to bolster existing service delivery and support additional capacity for unmet need. This included additional advertising and marketing including STV player adverts, Transport Fleet advertising and Royal Mail target area drops specific to tupe transfer areas. The service participated in Talented Graduates programme with Ayrshire College, Kilwinning in May 2024.

The service refreshed and re-introduced its Stay/Exit Interview process as part of the recruitment strategy. These are closely linked to our regular Establishment Framework meetings. Bank Survey questionnaires were issued in Quarter 1, with a review of Bank processes commenced and regular offer of permanent contracts being made to Bank staff.

The service has commenced recruitment of additional flexible Care at Home posts to provide short term service intervention until cases can transfer to locality teams reducing delays where possible.

Throughout Quarter 1 recruitment focussed on staffing the care packages transferring from Private Providers following end of contract. This transfer increased the demand on our service throughout Quarter 1 to support service users, families and staff during the transfer process, with additional demands on existing Care at Home Managers and Seniors whilst additional posts were recruited to.

As part of this planned transfer the service also took this opportunity to commence any increases for packages transferring to our in-house provision, where possible. All care packages were reviewed to ensure existing care packages were consistent with level of need and rotas were reviewed to optimise most efficient use of capacity and resources.

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.

The unmet need group now meets weekly to discuss and determine clear pathways for community referrals and management of delays. This group also ensures management of risk, improved communication with service users and delivers alternative supports/equipment/technology where applicable.

A further piece of work commenced in late Quarter 1 to undertake a programme of waiting list and community package reviews - targeting lower packages of care to consider alternatives, reablement approaches and need in line with the eligibility criteria for support. This project group met initially in late Quarter 1.

Increased focus on reablement pathways to improve outcomes for service users, increasing independence and creating capacity for new referrals. A test of change commenced in the Irvine locality to facilitate early reablement intervention where possible.

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 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. The service has introduced a daily report which allows team managers to provide a locality-based overview of admissions, estimated discharges, community concerns in line with their establishment of staff.

Regular review and reporting of the Call Monitoring information system to maximise efficiency in service delivery and capacity. A working group continues to focus on Call Monitoring system to assist with identifying capacity and monitoring compliance.

Timescale for Improvements

End of Quarter 4 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 Hospital	Health & Community Care	Quality of Life	Provide Early and Effective Support

Target	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
12	Red 	30 			

Trend Commentary

During Quarter 1, 30 people were on the waiting list for a Care at Home service in Hospital, exceeding the target by 18. The number of people waiting has increased by 13 from 17 in Quarter 4 2023/24 to 30 in Quarter 1 of 2024/25. The Quarter 1 value is the highest number of people waiting since the inception of this PI in Quarter 1 2022/23.

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.

Sickness absence levels have reduced in Quarter 1 with weekly average sickness level reported at 12.05%.

Actions to Improve Performance

The in-house Care at Home service has continued to grow capacity, with a robust recruitment policy and processes in place. However following IJB decision not to renew private provider contracts, all private provision transferred to NAHSCP In-house Care at Home service throughout Quarter 1, continuing into Quarter 2. Recruitment focus for transferring packages was prioritised to ensure the safe transfer of care packages being delivered. This transfer increased the demand throughout the service throughout Quarter 1 to support service users, families and staff throughout the transfer process, with additional demands on existing Care at Home Managers and Seniors whilst additional posts were recruited to.

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.

An intensive programme of recruitment to the in-house Care at Home workforce, ongoing engagement with job centres and skills for life programme continues to bolster existing service delivery and support additional capacity for unmet need. This included additional advertising and marketing including STV player adverts, Transport Fleet advertising and Royal Mail target area drops specific to tupe transfer areas. The service participated in Talented Graduates programme with Ayrshire College, Kilwinning in May 2024.

The service refreshed and re-introduced its Stay/Exit Interview process as part of the recruitment strategy. These are closely linked to our regular Establishment Framework meetings. Bank Survey questionnaires were issued in Quarter 1, with a review of Bank processes commenced and regular offer of permanent contracts being made to Bank staff.

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

Regular review and reporting of the Call Monitoring information system to maximise efficiency in service delivery and capacity. A working group continues to focus on Call Monitoring system to assist with identifying capacity and monitoring compliance.

The service also reviews daily hospital admissions spreadsheet and weekly cancellations spreadsheet to ensure all available capacity is being utilised effectively. The service has introduced a daily report which allows team managers to provide a locality-based overview of admissions, estimated discharges, community concerns in line with their establishment of staff.

The service has commenced recruitment of additional flexible Care at Home posts to prevent hospital admissions and support discharges to provide short term service intervention until cases can transfer to locality teams reducing delays where possible.



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. A test of change commenced in the Irvine locality to facilitate early reablement intervention where possible.

Timescale for Improvements

The end of Quarter 4 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 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
3.32 p/q	Red 	3.83 			

Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has decreased by 1.16 days this quarter from 4.99 days to 3.83 days in Quarter 1.

Actions to Improve Performance

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

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.



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

Absence and absence action plan will continue to be managed from Quarter 4 2023 to 2024.

Timescale for Improvements

Quarter 2 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 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
4.66% p/q	Red 	6.54% 			

Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has decreased by 0.23% this quarter from 6.77% to 6.54% in Quarter 1.

Actions to Improve Performance

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

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.

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

Absence and absence action plan will continue to be managed from Quarter 1 2024 to 2025.

Timescale for Improvements

Quarter 2 2024 to 2025

Children, Families and Justice

Develop and Support our Workforce

The Health and Social Care Partnership are delighted to advise the launch of a formal model of support for workers in the creation of a Staff Vicarious Trauma Service. The Partnership recognises the secondary trauma, stress and burn out, which can occur when working in a complex human environment with many moving parts. The purpose of the venture is to support staff who are working within the live space, exposed to complicated human contexts.

The service will be delivered by Breaking The Silence, who have significant experience and knowledge in this field and beyond, supporting victims of profound and vicarious trauma. Staff will be able to access therapeutic support to work through the vicarious trauma they have been exposed to. This will provide a safe space to process their experiences, gain therapeutic insights/supports and build on their resilience to move forward. Incorporating coping strategies, wellbeing plans with the purpose of helping staff to continue work responsibilities without any detriment to their mental, emotional and physical health and wellbeing, protecting them from, and reducing the risk of vicarious trauma.

The contract will also provide two wider workforce training days each year for approximately 80 staff in total. The aim is to raise awareness of vicarious trauma per se - including learning, development, preventative/promoting self-care responses, sharing experiences and practice-based learning. Overall, the service aims to support staff's wellbeing, offer protection from the exposure of traumatic human experiences, while building staff resilience and minimising disruption to the overall service through improved sickness absence and higher staff retention rates.

Following agreement at the Children's Services Strategic Partnership, a second 0.8WTE Dads Rock worker has been funded by the Whole Family Wellbeing Funding (WFWF) to be employed by Dads Rock. This increase in staffing capacity will have a positive impact on the number of requests for assistance being submitted. A second Dads Support worker will be able to expand support to the Irvine and Kilwinning area.

The job advert for the Dads Support Worker has been published on social media and Good Moves with a closing date being the 30th August. The anticipated start date is 30th September.

Improve Mental & Physical Health and Wellbeing

The Family Centred Wellbeing Service (FCWS) are a team of 14 wellbeing workers who support families with children between the ages of 5-18. We currently support over 170 families in North Ayrshire, with sessions provided within the family's homes, within our offices, community buildings, and schools. We seek to build on existing parenting capacity and provide practical support, advice, and guidance that will enhance family wellbeing and relationships.

The team use the facilities in Meadowcroft to bake/cook with our families, giving them an opportunity to connect, bond and learn life skills that can have a positive impact on their wellbeing and finances. We use the garden to develop play-based skills and to encourage positive mental health and wellbeing.

Over the summer, the team have devised and facilitated a summer programme that has ran twice a week for the full summer for our families. They utilised accessible community resources in every area (for example, Fairlie beach, low green Irvine, Dalry Park, Eglinton Park, Ardeer Beach) and did free activities for our families to help build their confidence and show parents and carers how to access outdoor activities that will have a positive impact on their physical and emotional health. It also encouraged families to access local community resources and build further contacts within the community, reducing the impact of social isolation.

As of now, nine of eleven activities have taken place, with 133 children having attended across the four main localities in North Ayrshire – Irvine, Kilwinning, the Three Towns, and the Garnock Valley/North Coast. The team have collaborated with one another and our partner services to ensure the events were safely facilitated, and many ongoing links have been made with the likes of the Eglinton Park Rangers, who sought the input of the team to inform the development of a play area within the park!

The team works in partnership with KA leisure and their young leaders supported our children and families to learn sports skills. The young leaders benefited as it was an opportunity for them to engage with families and practice their coaching skills. We took kites to the local beach and learned how to fly them, we did chalk art with the families on the rocks, we paddled in the water and most of all, we spent time with each other – being present and connecting with one another, away from modern day distractions of devices.

NAC catering services provided us with packed lunches and Asda, Tesco and Domino's Pizza provided snacks at our events, free of charge. The team ensured that there were no barriers for any of our families to attend.

The sessions and the feedback received from our families can be seen on our social media pages on Twitter and [Facebook](#).

The team have a good social media presence (800 followers across both platforms) and they utilise that to share and promote upcoming events, local groups and activities, to promote social inclusion and wellbeing activities.

The team have worked hard to establish and harvest positive relationships between the partnership and community resources – KA leisure, Street Scene, Eglinton Country Rangers, Community Learning & Development, and the Multiply Project, to name just a few. The connections the team have made brings additional benefits for the families we support, for instance, workers from our Three Towns team met with the owner of a local kids play centre and agreed a promotional deal where families can utilise this resource for a heavily reduced price of £5, down from £15 per child. This gives them access to a movie, popcorn and a drink, as well as the play area. The team recognise that having fun as a family is precious and they are keen to remove any barriers possible to ensure this can be accessible to everyone.

Lastly, the team have developed a group that meets weekly with the Three Towns Growers, which has allowed our families to attend and learn how to grow and sustain food. Some of this produce also goes to the local Foodbanks and it has been a great way to build a sense of community spirit and capacity.

Feedback from staff on the Summer Programme:

“It was so endearing to see families interact with each other, and parents playing with their children, especially as when I visit the home, they are generally all in separate rooms.”

“Our summer programme has been facilitated in a nurturing, safe, and inclusive environment. It involved all families being active and getting exercise, while socialising with other families, sharing experiences and advice. All the children showed resilience and interacted well, forming new relationships. This helped to build confidence and social skills through meeting other families whilst taking part in team building activities, which encouraged positive play.”

“FCWS staff were fully committed in providing the best possible experiences for all families whilst utilising resources we already had and those that were kindly donated. We worked with internal and external agencies to provide a range of activities and experience for families, whilst utilising our own individual skills and strengths. This has been a great success and staff and families have formed stronger relationships, encouraging them to speak openly and ask for support.”

“It was lovely to spend time outdoors with families, encouraging them to try new things. Some long-lasting friendships have been developed between the families attending, who otherwise probably wouldn't have met. It was great to see parents relaxing and knowing there was no judgement, their children could express their feelings and play without fear of behavioural/emotional outbursts or dysregulation.”

Improve Mental & Physical Health and Wellbeing

The Justice Drug Treatment and Testing Order Team recently worked in partnership with ‘Minds of Recovery’ to deliver a four-week wellbeing programme in North Ayrshire. This intervention focussed upon Models of Recovery, Stages of change and coping strategies. The evaluation highlighted those who participated felt less anxious following the intervention with improvements to mental health due to being able to speak freely about their situation and four of five stated that they would continue to attend Recovery groups throughout North Ayrshire.

Participants described recovery as:

Being happier, having improved confidence, managing a balanced life and enjoying improved relationships.

Participant Testimonials:

- "I've enjoyed being out of the house and learning new coping mechanisms with people with the same issues as me, and I'm thinking about attending more groups."
- "Learned how to manage negative thoughts and situations."
- "Gained interaction, knowledge, and confidence in speaking more."

After attending Mentoring Individuals for New Destinations & Support (MINDS) participants gained insight into different Recovery Strategies, coping mechanisms, and self-development. Three participants have now engaged with groups/ support networks out with the class with a further two contemplating attending other support systems.

These insights and testimonials highlight the positive impact of the MINDS Recovery Group, demonstrating significant improvements in mental health, anxiety levels, and overall well-being of the participants.

Develop and Support our Workforce

The Multi Agency Public Protection Arrangements (MAPPA) are a set of statutory arrangements that allow for the assessment and management of the risk posed by people convicted of certain sexual and violent offences. In Scotland, arrangements were established by Sections 10 and 11 of the Management of offender's etc. Scotland act 2005 and became operational in 2007. MAPPA brings together the Police, Local Authority Social Work Justice Services, the NHS and Prison Service. In addition, some other agencies are under a duty to co-operate with the Responsible Authority in respect to the arrangements. These include, local authority housing, the Reporter to the children's panel, certain registered social landlords and electronic monitoring providers.

The creation of an effective Risk Management Plan is the key factor in the MAPPA process. To support staff in this critical task, on 19 and 20 June 2024, subject matter experts from the Risk Management Authority Scotland, provided training on the best ways to approach this task. The training was attended by over fifty members of staff from both the Police and Justice Services.

As a result of the training there has been an immediate improvement in the quality of the important foundation documents produced by Justice social workers with positive feedback received "Your Risk Management Plan was first class, comprehensively detailing the risk factors and the plans in place to mitigate risk and throughout the MAPPA meeting, your role in working with Mr A and the therapeutic relationship you have with him was highlighted by every other service" .

Enable Communities

Refugee Festival Scotland is an annual celebration of the contribution refugee communities make to life in Scotland. As part of the Refugee Festival Week in June 2024, service users involved with our Refugee and Resettlement Team were invited by the Salvation Army in Kilbirnie to prepare a Syrian buffet for an event to celebrate different cultures. A Syrian meal for 35 elderly residents was prepared and included traditional Syrian foods as well as traditional Scottish cuisine. The feedback was fantastic, and everyone enjoyed sampling different delicacies. This event created an opportunity for people from different backgrounds to get to know each other and find out what they have in common thus enabling and building bridges across our communities.

Case Study: Justice Services Employability Mentors

Related Strategic Objective(s): Tackle Inequalities

Employment can contribute significantly towards desistance and the development of a pro-social lifestyle for service users involved in the Justice system. People released from prison without a job are twice as likely to re-offend as those released with employment opportunities lined up.

People with convictions may also face stigma and inequality associated with declaring a criminal record, or an unwillingness by some employers to provide those with criminal convictions with job opportunities. The Employability Mentors located within our Unpaid Work team assist service users involved with the Justice system to obtain skills that will enable them to gain employment and training opportunities to support reintegration into the community.

The impact of the work of our Employability Mentors is reflected in J's story.

J's Story

This is the story of J, who overcame significant personal and professional challenges to rebuild his life. J's journey from a tumultuous background to a promising future is a testament to resilience, support, and determination. Following a court order that mandated 18 months of social work supervision and 180 hours of unpaid work, his life took a difficult turn. This period marked the beginning of numerous challenges, including poor physical and mental health, which necessitated additional support from various departments, including addiction services.

Employment History

J had a career in His Majesty's Armed Forces but was discharged due to physical and mental health issues. During this time, he picked up charges before transitioning to roles in security and as a bus driver. However, J's health issues impacted on his ability to sustain employment. J was referred by his Community Payback Officer (CPO) to the Employability Mentor service to help him reassess and explore his employability options.

The Employability Mentor Service is a dedicated one-to-one service for individuals who are involved with Justice Service to identify further education, training, volunteering and employment. By tackling the additional barriers service users face, by being involved with the Justice Service, the employability mentors are able to realistically provide support to reach long lasting positive destinations.

The CPO Employability Mentor Service offers people information, advice and guidance on disclosure related issues. This includes helping people understand their rights when disclosing an offence, how restrictions can affect their job hunting or how to reskill into a new career.

The Challenge

Due to his offence, J was forced to reskill and seek new employment opportunities. His physical and mental health further complicated his ability to find and maintain stable employment. Despite these setbacks, J was determined to improve his situation and with

the support of the Employability Mentor sought a new career path, enrolling in courses through the Open University and other training programs.

Financial Assistance

Addressing financial barriers was crucial. Assistance with fuel costs, support from Money Matters and access to food banks provided J with stability and a foundation to start anew.

Health and Wellbeing

Continuous support from health services helped improve J's physical and mental health, enabling him to focus on his future.

Achievements and Progress

While pursuing his studies and with ongoing intervention from the Employability Mentor J actively searched for employment and secured a part-time job as a bus driver. This role not only provided financial stability but also boosted his confidence and well-being. With his health improving and life stabilizing, J is now on a more promising path. As his situation improves, J is more motivated and has started studying IT.

Conclusion

J's story is a powerful example of how targeted support and personal determination can overcome even the most daunting challenges. J's progress in both his job and health highlights the importance of comprehensive joined up support systems in facilitating successful rehabilitation and career transitions.

It also evidence that access to employment with a criminal history is still possible.

Health and Community Care

Provide Early and Effective Support

The Partnership's Executive Team with the NHSAA Chief Executive and NHSAA Board members visited the staff and teams on Arran to receive an annual face to face update on progress. They toured the Emergency Department of Arran War Memorial Hospital and met with some of our new Emergency Department Nurse Practitioners. The Team heard about plans to develop the Single Point of Contact on Arran and had a demonstration of the Netcall telephone system in the GP practice. This telephone system allows digital triage of patient requests so they are automatically connected to the right service, at the right time. The IT Infrastructure work to enable the roll out of Netcall across the hospital is currently underway and is anticipated to be completed by the end of August. The members also heard about the excellent national primary care survey results for Arran, which showed higher levels of patient satisfaction than other areas of Scotland.



Adult Support and Protection

To enhance our adult support and protection arrangements after a recent North Ayrshire Inspection, an Improvement Plan is in place. This plan describes the strategic response to the Care Inspectorate's recommendations. The Partnership has prioritized improvements in Advocacy services, commissioning a new Advocacy Service, launched in April 2024. The service is subject to ongoing monitoring particularly around the numbers of referrals being made for adults who have been identified as being at risk of harm.

Broader Improvements by NAHSCP

Although not explicitly listed in the improvement plan, the inspection report highlighted additional areas for enhancement which we are actioning in Health and Community Care. These include:

- Refining chronologies
- Advancing the ASP escalation protocol
- Developing ASP training for Team Managers
- Informing adults that they have been referred as an 'adult at risk of harm' and supported to engage as fully as possible in the process
- Documenting reasons when adults do not attend their ASP Case Conference
- Extending invitations to police and health officials to case conferences when beneficial

- Establishing a multi-agency high-risk screening group

We maintain an ongoing collaboration with the Care Inspectorate and convene quarterly meetings to ensure the effectiveness of our improvement initiatives and to jointly monitor the Partnership's progress.

Improve Mental and Physical Health and Wellbeing

Island Services – Montrose House

The Arran team have recently been joined by a new Activity Coordinator, who is based in the islands Care Home, Montrose House. This role has been developed, in recognition of feedback from staff, residents and from formal regulatory inspection. A key function of the role is to develop person centred activities for residents, to enhance daily outcomes and experiences and to support and maintain both physical and mental wellbeing. The Care Inspectorate commended the implementation of this role at our most recent inspection, and noted the boost it has given to the quality of social stimulation and range of activities enjoyed by our residents both inside and outside of the home.

Develop and Support our Workforce

Care at Home

Our Care at Home Teams have developed a Care at Home Improvement Plan which is linked to strategic developments, good practice guidance and feedback from previous Care at Home formal inspections with the aim of ongoing and continuous service improvement.

As part of this, the Care at Home Teams hold a series of Frontline Events across the year for frontline Care at Home staff teams. A recent 'Frontline Event' was aimed at ensuring that our staff are supported in key areas, focussing on:

- 1) Skill enhancement.
- 2) Employee Development.
- 3) Networking.
- 4) Wellbeing.

Our recent event, for front line Care at Home Assistants, invited Clinical Nurse Specialists to present on:

- 'Tissue Viability', an essential aspect of care, particularly in the context of wound healing, pressure ulcer prevention and the signs and symptoms of wounds.
- 'Stoma Care' focussing on areas such as service-user skin protection and hygiene and changing stoma bags.

Learning was further embedded with a series of workshops, feedback sessions and peer interaction.

Staff were asked to record closing thoughts for the day:



Our first annual Care at Home Manager Development Day has also recently taken place. This was introduced as a practical support for new and existing managers to enhance both confidence and skills, focusing on key areas such as:

- 1) Skill enhancement: Managers should continually develop their skills to keep up with best practices.
- 2) Leadership Improvement: Effective leadership is essential for the managers to motivate and guide their team.
- 3) Employee Development: Managers play a key role in the growth of their Care at Home Teams, by improving their mentoring, coaching and feedback skills they can better support the Carers whom they line manage.
- 4) Networking: The development days enable the managers to share experiences and learn from their peers.
- 5) Wellbeing: Investing in the development of managers supports their wellbeing.

The service will continue to support future sessions, engaging in new concepts, continuing to drive success and growth which also supports career progression.

Island Services - Recruitment

Our Arran team continue to face significant recruitment challenges; however, the team have responded proactively with alternative solutions and recently have been working with a recruitment agency to generate increased numbers of applications and interest in our posts. This initiative has led to a significant increase in the numbers of applications received and in the number of new appointments made.

Enable Communities and Tackle Inequalities

Newly Qualified Nurses – Community Nursing

Over the past few years Health and Community Care teams have been able to support Newly Qualified Nurses (NQN's) within our North Ayrshire Community Nursing teams.

Employing NQN's in the community setting brings challenges and rewards to both NQN's and to the Community Nurse teams. Due to recent retirements of experienced nursing

staff, we lost the unique 'knowing' of the District (or Community Staff) Nurse in managing our patients at home or in a homely setting. By engaging NQN's to the role we gain the chance to mould staff into the ethos of nursing at home however they require some intensive clinical supervision and training experiences.

The Community Nursing Teams are supportive of our NQN's and are happy to pass on their experience and knowledge to enable the NQN to transition from Novice to Expert. NQN's bring fresh enthusiasm and a desire to further develop by firstly consolidating their training by completing The Flying Start programme, which has been facilitated through the NQN induction programme. Using the Community Staff Nurse Competency Framework ensures all further training is undertaken to allow NQNs to achieve proficiency in all interventions delivered by the CN teams. This usually takes approx. 18-24 months to complete and is a mixture of theory and experiential learning. Further development by undertaking the Integrated Community Nurse Diploma builds on pre-registration training by furthering aspects of Leadership, Managing Long-term Conditions, and increasing awareness of Palliative Care and Community Practitioner Nurse Prescribing skills. All of these are pivotal in the delivery of the Nursing, Midwifery and Allied Health Professionals strategy in transforming roles to meet the current and future needs of North Ayrshire's health and care system.

Case Study: Dementia Support Service

Related Strategic Objective(s): Early and Effective Support, Enable Communities

The Partnership's Dementia Support Service have provided information regarding a recent interaction they had when supporting a lady in North Ayrshire.

Mrs Y had no family, had recently lost her husband and was experiencing cognitive impairment. She was referred to Dementia Support for social stimulation as she was feeling isolated.

Mrs Y was initially hesitant to accept that support, believing that she "did not need anyone" and noting that she "would not be told what to do". The team took time to explain the service to her, offering continual reassurance that she would remain in control of her situation. She would receive a full explanation of why the suggested support would be beneficial and thereafter would dictate what, and when, support was delivered. She tentatively agreed to a trial.

Our skilled support workers developed a bespoke support plan for Mrs Y. The approach was predicated on engaging Mrs Y in dialogues about her emotions and memories, including the sorrow of losing her husband and the pangs of separation from her extended family due to health constraints. Gradually, Mrs Y's trust in the support system solidified. Now, she actively and joyfully engages with the support services, often indulging in fond recollections of her formative years and cherished childhood anecdotes.

Case Study: Justice Services Employability Mentors

Related Strategic Objective(s): Tackle Inequalities

Connie Riddell, NQN, Garnock Valley and Kilwinning Community Nurse Team

I was assigned to the Garnock Valley District Nurse team as a year 3 student on my management placement. During this placement when the NQN recruitment process commenced one of the Staff Nurses had indicated she was going to retire. I was keen to work in community nursing and made this speciality my first choice on my application form.

During my placement I was able to take on a small, delegated caseload and was able to plan and assess the care for my patients with support from my Practice Supervisor and also from the other staff in the team. This experience gave me confidence in what I would expect as a Staff Nurse if successful at interview.

All students in my cohort were offered interviews and I attended and I was delighted to be informed I was the preferred candidate for the GV post. In the remainder of my placement, I ensured I was exposed to as much of the community staff nurse role and responsibilities as possible. I joined the team in September as a Band 4 Health care Support Worker while my NMC pin was processed which came through early October and I transitioned to a Registered Nurse. Working as a NQN is a daunting experience for any individual, however I have only ever felt fully supported and valued. Ongoing induction and mentorship to the role from both the wider DN team and participating in the NQN induction/education sessions has been beneficial to my journey and it also allows me to discuss the NQN pathway with my peers in other specialities and department. Although I'm a Staff nurse within the team I have access to every part of the wider Health and Social Care partnership team in providing high standard of care for our patients and their families.



Health and Community Care - Progress Against Council Plan Actions

Action	Priority	Percentage 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. 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 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 in-house 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. This action plan has reduced absence levels within the service however this does continue to have seasonal peaks.

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, etc to ensure these are filled at the earliest possible opportunity.

The service continues to work on activities detailed within the 2024 recruitment strategy document. Detailed below are some of the key activities and actions:

- Advertising Via MyJobScotland.
- Confirmation of attendance at scheduled Job Fairs.
- 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 continued throughout Quarter 1 – due to a significant reduction in unfilled vacancies these events will be reduced into Quarter 2.
- CEIS 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 commenced two new Modern Apprentices in Quarter 1.
- 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 commenced this programme in Care at Home on 15 April 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 which includes distribution at weekly PPE collection points.
- A Royal Mail Leaflet Drops continued in Quarter 1 to support the recruitment of vacancies incurred by the transfer of private provision work at end of contract (30 June 2024). These vacancies have now been successfully filled.
- West FM advertising continues to promote recruitment events; this advertising campaign has been reduced due to a reduction in unfilled vacancies within the service.
- Ongoing social media advertising.
- Supporting initiative with Ayrshire College ‘Career in Care’; events arranged for May include “Talented Graduates” within Ayrshire College Kilwinning and “What’s your next move” within Saltcoats Townhall.
- 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 promoting structured weekly Wednesday evening events on Care At Home fleet vehicles with Rover is now in progress and will be reviewed in 12 months.
- Service user engagement at weekly Wednesday evening events, this has included service user focus groups with focus on their views on recruitment, assisting with reviewing interview questions and joining interview panels.
- Ongoing work continues with DWP and local Job Centres with meetings being arranged for Care At Home service representatives to meet with customers to discuss the service and available vacancies.
- 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. A review of these questionnaires has enabled the service to provide locality-based solutions and responses.
- 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. A review of our bank process has also been completed, the service aims to streamline processes to provide availability and confirm booking of bank work, this creating capacity for the manager of the bank to undertake additional staff management and support tasks. Offers of contracted posts are regularly offered to all bank staff.

The service continues its programme of contract review to increase the number of permanent contracts offered, reducing the number of temporary contracts within the service.

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

Unfortunately, we had no suitable applicants so as per last update we are now reviewing this role and will not be re-advertising until the Autumn.

Mental Health

Mental Health Inpatient and Forensic Services

Enable Communities

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

Develop and Support our Workforce

24 Newly Qualified Mental Health Nurses via University of the West of Scotland programme have been recruited to substantive posts across inpatients services, all on a substantive basis.

There has been successful engagement with Ayrshire College to develop 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

Trindlemoss House – proposal to change to a social staffing model due to both difficulties in recruiting registered nursing staff and the need for shift from medical model of delivery to social model of delivery to promote improved outcomes in independent living. Proposals are currently being developed.

Ward 7A – still difficulty in recruiting to posts. High level of enhanced observations due to delayed discharges and complex presentations. High use of bank staff and more recently agency staff. Positive work continues and a recent visit by Mental Welfare Commission commended the leadership, interaction and positivity of staff.

Integrated community team – there is a need for support to the team manager within Social Work team to respond to the increasing demands within the service. The Intensive Support Service is now well established and providing input into other parts of the service to support discharge and prevent placement breakdown in the community.

Trindlemoss Day Opportunities – as per previous update.

Annual health checks for people with a learning disability – huge progress has been made since implementation at end of last year. Initial evaluation has been carried out which identified the majority of individuals so far required support related to dental care, vision, hearing, bowel issues, foot care and diet. There have been positive links established with Primary care services.

North Ayrshire Drug and Alcohol Services

MAT Priorities for 2024/25 progress

- Sustained implementation of all 10 MAT standards.
- Following formal submission of experiential data, we will conduct a local analysis to identify themes for further improvement.
- Based on national feedback/approval we will update the North Ayrshire MAT 7 model & explore options to secure additional funding to deliver, in full by next year, a revised North Ayrshire implementation plan.
- Work underway, with all Alcohol and Drug Partnership partners, to scope out requirements and system change to support MAT delivery for individuals using Stimulants and Benzodiazepines.
- Engage with service users, families and staff to evaluate and learn from the recently implemented MAT 9 related multi-agency ‘operational interface protocol’ to better support individuals presenting with co-occurring mental health and alcohol and/or drug use.
- For MAT 6 & 10 a key development/priority is to continue to increase access to psychological interventions and therapies through staff training and ongoing support.

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.

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 Quarter 4. This has been recognised as an exemplar good practice by Health Improvement Scotland (HIS) nationally.

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.

Access to additional local residential rehabilitation - Harper House

The North Ayrshire H&SCP was instrumental in supporting Phoenix Futures, Scotland, to open 'Harper House' in November 2022. It is located in Saltcoats and is a Care Inspectorate registered service, funded by the Scottish Government – it offers specialist support for the 'whole family to recover from the harms of problematic drug and alcohol use'. Their family-focused programme of interventions is 'designed to benefit each member of the family and the family unit as a whole'. Referrals are accepted from across Scotland, with enhanced local access available for residents of North Ayrshire. These pathways continue to be improved with a local oversight group meeting regularly to support the identification and suitability of families. In 2023/24 NADARS supported 7 applications into Harper House with five starting the programme. The two families who were not suitable at that time have had continued involvement from community services as appropriate.

Prevention and Support Team

The team continue to provide a wide range of education and training initiatives which focus on improving awareness, competence and knowledge of those affected by alcohol and drug use, and those working in the field. Due to the COVID-19 pandemic the team introduced virtual training; this continues to be offered as well as face to face training. Prevention & Service Support Team (PSST) currently issue upcoming training courses on a quarterly basis.

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 developed and to be presented to HSCP strategic groups. 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 although local service redesign work still continues to promote service improvement.

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.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS in Ayrshire Referral to Treatment is the best in Scotland sitting at between 3-4 weeks to be seen for initial assessment and the teams are continuing to work on all the waiting lists within the service. The Benson Wintere DCAQ Model has been critical to enable access to accurate live data to help with the waiting lists and redesign. CAMHS are working alongside health, social care, education and NEST (Neurodevelopmental Empowerment & Strategy Team) in the three Ayrshire's to ensure young people who are referred for a Neuro assessment, that do not meet the CAMHS Specification, are sign posted to the relevant services and supports.

The CAMHS Urgent Assessment & Intensive Treatment service operates across seven days which complements our more traditional service model. CAMHS workforce continues to evolve to meet the service need and the employment of Advanced Clinical Nurse Specialists, Pharmacy Prescribers and Nurse prescribers have significantly helped CAMHS over the last year when there have been a shortage of psychiatry staff and medication.

West Road in Irvine will be the new Specialist CAMHS Assessment & Treatment Centre for Ayrshire as well as the operational base for the Community Eating Disorders Services by September 2024. Open seven days per week specialist CAMHS Neuro, ADHD, play Therapy and other Clinical Interventions will be delivered from this re-fitted facility. Hosting flexible working space for staff with five clinic rooms and two large meeting rooms, it is envisaged that the facility will become a centre of excellence in the care and treatment of child and adolescent mental ill-health and eating disorders. CAMHS continue to explore the feasibility of providing in-patient care for children and young people and an all age Eating Disorder service closer to home in Ayrshire.

Psychological Services

Psychological Services remain close to the Local Delivery Plan 90% RTT standard (87.8% in June 2024), 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 (Neuropsychology, Community Paediatrics and CAMHS Psychology) and we are focusing effort upon supporting these services in order to address waiting times. Recruitment to vacancies to psychology posts has become easier because availability of workforce has increased. Unfortunately, the reason for this is a reduction in available funding from the Scottish Government. Recruitment to longstanding vacancies in the service will help improve the RTT over the next year.

Psychological services has a new established clinical governance structure with two new Clinical governance groups which have started in June 2024. The Psychological Therapies and Interventions Clinical Governance Group (CGG) chaired by the Director of Psychological services is supporting the implementation of the National specification for the Delivery of Psychological Therapies and Interventions (Scottish Government Sept 2023).

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.

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	55%	Amber

- RTT Compliance 98%
- RTT waiting time two to three weeks
- Neurodevelopmental CAMHS have approximately 2700 young people waiting for a further assessment and continue to work with external provider to support the management of this list
- Building work is ongoing at West Road with a handover expected mid-September 2024.
- Operational groups have been established in North, South and East Ayrshire to establish neurodevelopmental services in each of the three 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 plan completed. However, no new monies from Scottish Government for Mental Health & Wellbeing in Primary care released, with no potential date for release set.

As part of the H&SCP Transformation plan there are two new streams of work:

- 1) a review of community mental health and wellbeing services.
- 2) a review of secondary care community mental health services.

The purpose of these transformation work streams is to ensure that available resources are targeted to ensure best value.

Both work streams are due to be completed by end of March 2025. Therefore, will provide the basis for this action plan for the next 12 months.

Action	Priority	% Complete	RAG Status
Place Mental Health Practitioners Into GP Practices To Offer Triage Calls, Urgent And Routine Face To Face Assessments and Directing Patients To The Most Appropriate Support Without Unnecessary Referrals To Mental Health Services	Aspiring Communities	90%	Amber

Mental Health Practitioners remain in place in GP surgeries across North Ayrshire. However, due to an issue within Primary Care Improvement Fund budget, some previously filled posts have been unable to be re-recruited to at this time. However, the Mental Health practitioner team have been working closely with primary care colleagues to ensure resource is used to the best value. With a review of the current model of care being completed in this quarter. A new plan of approach is being finalised and will be shared with our wider GP and primary care partners in the coming quarter.

Action	Priority	% Complete	RAG Status
Work Closely With Colleagues In Acute Services And Police Scotland To Address The Levels Of Unscheduled Care In Mental Health	Aspiring Communities	98%	Green

The soft launch of the mental health unscheduled care assessment hub continued until closure on 19 June. Necessary works commenced on 24 June. With a provisional four to six week turnaround time, the hub is hopefully ready to re-open officially from the beginning of August. However, an official date of open, has as yet to be set.

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 3.83 days, 0.51 days over the quarterly target of 3.32 working days.

NHS – Sickness absence from NHS staff in the Partnership is 6.54%, 1.88% above the target of 4.66%.

Recruitment and Retention

New Starts

Service	Q1	Q2	Q3	Q4	YTD
Children, Families and Justice	11				
Health and Community Care	88				
Mental Health	1				
Finance and Transformation	2				
Professional Standards	1				
Business Admin	6				
TOTAL	109				

Leavers

Service	Q1	Q2	Q3	Q4	YTD
Children, Families and Justice	11				
Health and Community Care	28				
Mental Health	8				

Service	Q1	Q2	Q3	Q4	YTD
Finance and Transformation	4				
Professional Standards	0				
Business Admin	2				
TOTAL	53				

Finance

At month three against the full-year budget of £320.076 million, the projected outturn is a year-end overspend of £6.555 million (2.0%), reduced to £3.143 million through already identified financial recovery actions. There is an increasing risk to achieving financial balance during 2024 to 2025, the projected outturn position is summarised below with the residual risk following already identified financial improvement actions:

Area	TOTAL	Health/NHS AA	Social Care/NAC
Projected Overspend at month three	£6.555 million	£0.586 million	£5.969 million
Financial Recovery Plan Projections	£3.617 million	£0.381 million	£2.826 million
Residual Risk	£2.938 million	£0.205 million	£3.143 million

The main areas of variance are noted below:

Health and Community Care Services

Against the full-year budget of £90.054 million there is a projected overspend of £5.987 million (6.6%) and the main variances are:

- a) Care home placements - the projected overspend is £0.551 million on permanent placements and respite placements are projected to be £0.023 million underspent. Income recovered from charging orders is projected to be £0.550 million over recovered.
- b) Care at home (in house and purchased) is projected to be £3.254 million overspent. The position reflects the cost of meeting the significant demand and level of provision for care at home support.
- c) Physical Disability Services – projected overspend of £0.652 million split as follows: £0.966 million over in residential placements, £0.042 million over in direct payments and £0.356 million under in community care packages.
- d) Integrated Island Services is projected to overspend by £0.686 million. The most significant variance is a projected overspend at Montrose House of £0.582m which relates to the net overspend on agency staff (for example, net of underspend on employee costs).
- e) Specialist Rehab wards – projected overspend of £0.135 million (Redburn ward £0.148 million overspend and Douglas Grant £0.013 million underspend). The overspend is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.
- f) Wards 1 and 2 – Projected overspend of £0.765 million due to use of supplementary staffing.

Mental Health Services

Against the full-year budget of £106.951million there is a projected overspend of £0.591 million (0.6%) prior to the reallocation of the Lead Partnership variance to East and South HSCP. The main variances are:

- a) Learning Disabilities are projected to overspend by £0.596 million across community care packages, direct payments and residential placements.
- b) Community Mental Health services are projected to underspend by £0.400 million which is mainly due to a projected underspend of £0.528 million in community packages and an overspend in residential placements of £0.134 million and direct payments of £0.056 million. The main reason for underspend is the availability and capacity of adult community providers to deliver new packages of care.
- c) The Lead Partnership for Mental Health is projected to be £0.521 million overspent and the main variances are as follows:
 - Adult Inpatients – overspent by £0.384 million due to overspends in supplementary staff.
 - The UNPACS (Unplanned Activities) budget – projected overspend is £0.727 million based on current placements and an allowance for one further placement.
 - MH Pharmacy – is projected to overspend by £0.486 million due to increased demand and cost of medicines.
 - There is a projected over recovery of the vacancy savings target of £0.819 million.

Children and Justice Services

Against the full-year budget of £43.902 million there is an overspend of £1.583 million (3.6%) pre earmarking and the main variances are:

- a) Care Experienced Children and Young People is projected to overspend by £1.721 million. This is based on 35 current external residential placements, a reduction of two since the beginning of the financial year, partially offset by an underspend on fostering, kinship and adoption payments.
- b) Head of Service – is projected to underspend by £0.471 million. This is made up a projected overspend due to the planned saving of £0.233 million in relation to the staff reconfiguration in the children's houses which was not achieved in 2023 to 2024 and this is offset by the grant funding in relation to Unaccompanied Asylum-Seeking Children, which is projected to over-recover by £0.765 million and which covers costs incurred across a number of C&F service areas.
- c) C&F Health Team – is projected to overspend by £0.261 million mainly in relation to the Band 6 to 7 regrade for Health Visitors and the progression of posts up the Band 7 scale.

Management and Support Services are projected to underspend by £1.361 million and the main areas of underspend are:

- There is projected slippage on the LD and MH transition funding of £0.586 million due to delays in children transitioning into adult services and actual costs being less than estimated.
- An over-recovery of payroll turnover of £0.500 million for social care services and an over-recovery of payroll turnover of £0.488 million for health services.

Savings

The agreed 2024 to 2025 budget included £10.290 million of savings. £9.015 million of these are rated blue as already having been delivered, £0.6m are rated green and on track, with £0.675 million of savings related as amber, largely due to the current overspend on care home places. A recovery plan is in place to manage down the overspend and achieve the saving.

Reserves

The IJB reserves position is summarised in the table below. The opening 'free' general fund balance of £0.357 million is held as a contingency balance and does not meet the target range of 2%-4%.

	General Fund Reserve	Earmarked Reserves		Total
	Unearmarked	External Funding	HSCP	
	£m	£m	£m	£m
Balance – 1 April 2024	0.357	3.379	1.774	5.510

Financial Risks

There are a number of financial risk areas that impact or may impact on the financial position.

- The recent announcement by Scottish Government in relation to public sector finances may impact on current and future funding, including for 2024-25 pay awards, which have not yet been settled for local government or NHS.
- Continued growing demand for services.
- Staff recruitment and retention challenges across a number of service areas.
- The expectation that performance will continue to be maintained or improved despite the significant resource challenges, for example the joint mission for delayed discharge improvement.
- Ongoing delivery costs of Scottish Government policy directives, particularly where these are not fully funded or inflation proofed.
- The wider system financial challenges, especially the financial position of NHS Ayrshire and Arran Health Board, their financial deficit and the risks around further escalation in the national framework for financial escalation. North Ayrshire IJB have already discussed our position in relation to the request for payment for delayed discharges last financial year.
- The underlying levels of overspend which are recurring into 2024-25 and may impact on the Partnership's ability to continue to sustain service levels in the future.
- The IJB free general fund reserves are estimated to be fully utilised during this financial year, leading to an increased risk of requiring additional in-year financial contributions from NHS Ayrshire and Arran and North Ayrshire Council to break even.
- High risk areas of low volume / high-cost services areas e.g. Children's residential placements, Learning Disability care packages and complex care packages.

- The use of supplementary staffing for enhanced observations across a number of service areas.
- The use of high-cost agency staff to support frontline service delivery in areas where there are recruitment challenges.
- Agenda for change Pay Reform programme – including Nursing Band 5-6 re-grade, protected learning time and reduction to the working week.

Financial Recovery Plan

Following the finalisation of the 2023 to 2024 outturn position, the IJB agreed some initial recovery actions at the meeting in June.

There has been progress towards some of the targets which were agreed in June, and these are already reflected in the current projected outturn of £6.555 million overspend. Further work is required to deliver on the balance of these targets as well as the additional targets which have now been identified.

It is recognised that there needs to be further savings identified to move towards a breakeven position. Any decisions to implement changes which have significant impact on service delivery and the wider system will be discussed at the Finance Working Group before being brought back to the IJB for further approval as part of the financial recovery plan.

MSG Trajectories

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

Under 18



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

Emergency Admissions - Acute

- January 2024 - 274
- February 2024 - 248
- March 2024 - 273

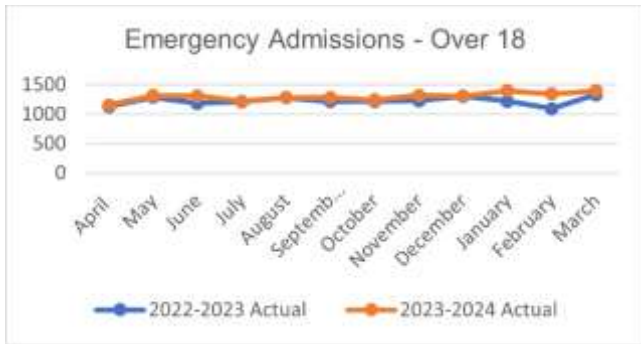
Unscheduled Bed Days - Acute

- January 2024 - 251
- February 2024 - 221
- March 2024 - 198

A&E Attendances

- January 2024 - 558
- February 2024 - 592
- March 2024 - 688

Over 18



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

Emergency Admissions - Acute

- January 2024 – 1,400
- February 2024 – 1,346
- March 2024 – 1,401

Unscheduled Hospital Days Acute

- January 2024 – 11,657
- February 2024 – 11,032
- March 2024 – 11,226

A&E Attendances

- January 2024 – 2,134
- February 2024 – 2,089
- March 2024 – 2,284

Delayed Discharge (All Reasons)

- January 2024 – 1,859
- February 2024 – 1,556
- March 2024 – 1,785

Delayed Discharge bed Days –H&SC

- January 2024 – 1,073
- February 2024 - 911
- March 2024 – 1,155



Appendix 1

MSG Trajectories with Rates

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

Performance Indicator	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,480	1,589	1,559	1,674	1,594	1,674	March
Emergency Admissions to Acute Hospitals Rate per 1000	11.0	11.8	11.6	12.5	11.9	12.5	March
Number of Admissions from Emergency Dept.	740	683	731	719	772	819	March
Admissions from Emergency Dept. Rate per 1000	5.5	5.1	5.4	5.4	5.8	6.1	March
Emergency Dept. conversion rate %	27%	27%	28%	27%	29%	28%	March






Performance Indicator	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	Performance Data Last Updated
Number of unscheduled hospital bed days in Acute	11,250	11,172	9,960	11,908	11,253	11,424	March
Unscheduled Hospital Bed days in acute rate per 1000	83.8	83.2	74.2	88.7	83.8	85.1	March
Number of Emergency Dept. Attendances	2,766	2,523	2,622	2,692	2,681	2,972	March
Emergency Dept. attendances Rate per 1000	20.6	18.8	19.5	20.1	20	22.1	March
Number of Delayed Discharges bed days (all reasons)	2,249	2,066	2,387	1,859	1,556	1,785	March
Number of Delayed Discharges bed days (all reasons) rate per 1000	20.6	18.9	21.8	17	14.2	16.3	March



Performance Indicator	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	Performance Data Last Updated
Number of Delayed Discharges bed days (code 9)	833	729	907	755	627	548	March
Number of Delayed Discharges bed days (Code 9) rate per 1000	7.6	6.7	8.3	6.9	5.7	5	March









Appendix 2 – All Performance Measures

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

This relates to the value compared to a measure’s target - Where the thresholds above do not allow an amber status (for example, 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 2024 to 2025	Current Status	Q4 2023 to 2024	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
Number of service users referred to employability service	9	Green 	21 	27 ↑ 			
Employability mentors - Number of service users being supported into employment, training, education.	7	Green 	6 	8 ↑ 			



Measure	Target 2024 to 2025	Current Status	Q4 2023 to 2024	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
Number of PRI sessions which have taken place	2	Green 	0 	2 ↑			
Percentage of completed interventions with positive impact (for example, DUST, CHAT)	50%	Green 	57.9% 	82.4% ↑			
Support four formerly cared for young people to move into independent living each year. (Own Tenancy)	1 (Cumulative)	Green 	14 (5) 	6 ↑			
Support 45 children and young people into kinship care placements each year.	11 (Cumulative)	Amber 	41 (6) 	10 ↑			
Recruit six new foster carers each year.	1 (Cumulative)	Red 	9 (1) 	0 ↓			



Measure	Target 2024 to 2025	Current Status	Q4 2023 to 2024	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
Number of requests for assistance made by health visitors or family nurse	450	Green 	533 	441 ↓			
Increase percentage of requests for assistance remaining within Universal Early Years	47%	Green 	48.6% 	50.6% ↑			
Increase percentage of children with no developmental concern recorded at the 13 to 15 month assessment (Child Health)	85%	Green 	81.2% 	Information reported in arrears due to data validation timescales			
Increase percentage of children with no developmental concern recorded at the 27 to 30 month assessment (Child Health)	78%	Amber 	72.4% 	Information reported in arrears due to data			



Measure	Target 2024 to 2025	Current Status	Q4 2023 to 2024	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
				validation timescales			
Reduce the number of people waiting for assessment	150	Red 	251 	240 ↑			
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	Red 	166 	158 ↑			
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	Red 	17 	30 ↓			
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	Green 	83 	20 ↑			



Measure	Target 2024 to 2025	Current Status	Q4 2023 to 2024	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
People attending the emergency department will be seen within four hours from arrival at hospital (Arran)	95%	Green 	99.3% 	98.4% ↓			
Waiting Times Standard – 90% of people commence treatment within three weeks of referral (Alcohol)	90%	Green 	100% 	100% ↔			
Waiting Times Standard – 90% of people commence treatment within three weeks of referral (Drug)	90%	Green 	100% 	99.0% ↓			
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	Green 	26 	14 ↓			
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	Green 	193 	210 ↑			



Measure	Target 2024 to 2025	Current Status	Q4 2023 to 2024	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,069 p/q	Green 	2,559 	Information reported in arrears due to data validation timescales			
CAMHS – Seen within 18 weeks (RTT)	90%	Green 	98.7% 	98.7% ←			
Psychological Therapies – Seen within 18 weeks (RTT)	90%	Green 	83.6% 	85.9% ↑			
Reduce out of hours admissions for people aged 65 and over (MH)	8 p/q	Green 	5 	5 ←			













Measure	Target 2024 to 2025	Current Status	Q4 2023 to 2024	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	Green 	151 	67 ↑			
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	Green 	0 	0 ↔			
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within four hours	90%	Green 	99.3% 	96.5% ↓			
Average working days lost to sickness absence per employee (North Ayrshire Council)	3.32 p/q	Red 	4.99 	3.83 ↑			
Percentage working days lost to sickness absence per employee (NHS)	4.66% p/q (New Target)	Red 	6.77% 	6.54% ↑			











Appendix 3 – Quarterly Comparison Table

Measure	Target 2024 to 2025	Q1 2023 to 2024		Q1 2024 to 2025
Number of service users referred to employability service	9	31 	↓	27
Employability mentors - No of service users being supported into employment, training, education.	7	7 	↑	8
Number of PRI sessions which have taken place	2	0 	↑	2
Percentage of completed interventions with positive impact (for example, DUST, CHAT)	50%	70.6% 	↑	82.4%













Measure	Target 2024 to 2025	Q1 2023 to 2024	Q1 2024 to 2025
Support four formerly cared for young people to move into independent living each year. (Own Tenancy)	1 (Cumulative)	0 	6 
Support 45 children and young people into kinship care placements each year.	11 (Cumulative)	12 	10 
Recruit six new foster carers each year.	1 (Cumulative)	5 	0 
Number of requests for assistance made by health visitors or family nurse	450	475 	441 
Increase percentage of requests for assistance remaining within Universal Early Years	47%	42.3% 	50.6% 












Measure	Target 2024 to 2025	Q1 2023 to 2024	Q1 2024 to 2025
Increase percentage of children with no developmental concern recorded at the 13 to 15 month assessment (Child Health)	85%	85.6% 	Information reported in arrears due to data validation timescales
Increase percentage of children with no developmental concern recorded at the 27 to 30 month assessment (Child Health)	78%	78.5% 	Information reported in arrears due to data validation timescales
Reduce the number of people waiting for assessment	150	198 	240  ↓
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	191 	158  ↑
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	21 	30  ↓



Measure	Target 2024 to 2025	Q1 2023 to 2024	Q1 2024 to 2025
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	33 	20  ↑
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	98.9% 	98.4%  ↓
Waiting Times Standard – 90% of people commence treatment within three weeks of referral (Alcohol)	90%	96% 	100%  ↑
Waiting Times Standard – 90% of people commence treatment within three weeks of referral (Drug)	90%	96% 	99.0%  ↑
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	40 	14  ↓



Measure	Target 2024 to 2025	Q1 2023 to 2024	Q1 2024 to 2025
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97p/q	144 	210  ↑
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1069 p/q	1,280 	Information reported in arrears due to data validation timescales
CAMHS – Seen within 18 weeks (RTT)	90%	98.6% 	98.7%  ↑
Psychological Therapies – Seen within 18 weeks (RTT)	90%	86.2% 	85.9%  ↓
Reduce out of hours admissions for people aged 65 and over (MH)	8p/q	5 	5  ↔



Measure	Target	Q1		Q1
	2024 to 2025	2023 to 2024		2024 to 2025
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	84 	↑	67
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	0 	↔	0
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	90%	97.9% 	↓	96.5%
Average working days lost to sickness absence per employee (North Ayrshire Council)	3.32	4.12 	↑	3.83
Percentage working days lost to sickness absence per employee (NHS)	4.66% (New Target)	6.03% 	↓	6.54%



Appendix 4 – Workforce Absence

Table 1a NAC 2024 to 2025 Data

Name	April	May	June	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.38	1.26	1.20	3.83	3.32	0.51
HSCP Business Administration	1.06	1.19	1.11	3.36	2.00	1.36
HSCP Senior Managers	0.00	0.00	0.00	0.00	1.25	-1.25
Financial Inclusion	1.67	1.33	1.61	4.61	1.25	-1.25
Chief Social Work Officer	1.63	3.00	1.76	6.39	2.00	4.39
Professional Standards	1.63	3.00	1.76	6.39	2.00	4.39
Children, Families & Justice (CF)	1.53	1.33	1.12	3.98	3.57	0.41
CF - Garnock Valley, North Coast & Arran	1.43	2.31	1.26	5.00	3.29	1.71



Name	April	May	June	Year to Date	Target	Variance
CF - Irvine, Killwinning & Three Towns	2.29	1.28	0.60	4.17	3.75	0.42
CF - Justice Services	1.00	0.00	0.00	1.00	1.25	-0.25
CF - Care Experienced Children & Young People	1.16	1.21	1.37	3.74	3.75	-0.01
CF - Justice & Intervention Services	1.53	1.18	1.21	3.93	3.52	0.41
CF - Universal Early Years	1.58	0.53	0.00	2.11	2.07	0.04
Health & Community Care (HCC)	1.44	1.28	1.23	3.94	3.71	0.23
HCC - Arran Services	0.12	0.00	0.67	0.79	2.50	-1.71
HCC - Community Care Services	1.51	1.35	1.24	4.10	3.75	0.35
HCC - Locality Services	1.05	0.93	1.22	3.21	3.75	-0.54
HCC – Long Term Conditions	0.00	0.00	0.00	0.00	1.25	-1.25



Name	April	May	June	Year to Date	Target	Variance
HCC - Rehab & Reablement	0.82	0.43	0.79	2.04	2.50	-0.46
HSCP Finance & Transformation	0.76	0.66	0.83	2.25	1.25	1.00
Contracts and Commissioning	0.00	0.00	0.00	0.00	1.25	-1.25
HSCP - Finance	0.58	0.33	0.15	1.06	1.25	-0.19
HSCP - Performance	0.20	0.00	1.90	2.10	1.25	0.85
HSCP – Strategic Planning & Transformation	2.40	2.71	2.08	7.19	1.25	5.94
Mental Health	1.13	1.00	1.41	3.54	3.75	-0.21
MHS - Addictions	2.38	1.46	2.00	5.84	3.75	2.09
MHS - Community	1.08	1.11	1.67	3.86	3.75	0.11
MHS - Learning Disabilities	0.43	0.68	0.92	2.03	3.75	-1.72



Table 1b NAC 2023 to 2024 Data

Name	April	May	June	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.29	1.41	1.43	4.12	3.32	0.80
HSCP Business Administration	1.29	1.30	1.12	3.71	2.75	0.96
HSCP Senior Managers	0.00	0.00	0.00	0.00	1.25	-1.25
Financial Inclusion	0.52	0.00	1.32	1.84		
Chief Social Work Officer	0.00	0.35	0.00	0.35	2.00	-1.65
Professional Standards	0.00	0.35	0.00	0.35	2.00	-1.65
Children, Families & Justice (CF)	1.15	1.54	1.57	4.25	3.20	1.05
CF - Garnock Valley, North Coast & Arran	0.90	0.90	0.74	2.54	3.29	-0.75



Name	April	May	June	Year to Date	Target	Variance
CF - Irvine, Killwinning & Three Towns	0.77	1.00	1.50	3.28	3.75	-0.47
CF - Justice Services	0.00	0.00	0.00	0.00	3.75	-3.75
CF - Care Experienced Children & Young People	0.89	1.95	1.95	4.78	3.52	1.26
CF - Justice & Intervention Services	1.80	1.70	1.59	5.09	1.25	3.84
CF - Universal Early Years	0.00	0.26	0.00	0.26	2.07	-1.81
Health & Community Care (HCC)	1.53	1.57	1.58	4.69	3.60	1.09
HCC - Arran Services	0.00	0.00	1.04	1.04	2.50	-1.46
HCC - Community Care Services	1.69	1.66	1.69	5.03	3.75	1.28
HCC - Locality Services	0.56	0.87	0.77	2.19	2.55	-0.36
HCC – Long Term Conditions	4.00	3.00	0.00	7.00	1.25	5.75



Name	April	May	June	Year to Date	Target	Variance
HCC - Rehab & Reablement	0.51	1.90	1.51	3.92	2.50	1.42
HSCP Finance & Transformation	0.12	0.56	0.47	1.15	2.28	-1.13
Contracts and Commissioning	0.00	0.00	0.00	0.00	2.00	-2.00
HSCP - Finance	0.00	0.23	0.00	0.23	2.00	-1.77
HSCP - Performance	0.20	1.92	2.08	4.20	2.00	2.20
HSCP – Strategic Planning & Transformation	0.44	0.00	0.00	0.44	3.00	-2.56
Mental Health	0.69	0.74	0.93	2.35	3.75	-1.40
MHS - Addictions	0.00	0.00	1.11	1.11	3.75	-2.64
MHS - Community	0.16	0.26	0.00	0.43	3.75	-3.32
MHS - Learning Disabilities	1.31	1.36	1.37	4.04	3.75	0.29



Table 2 NHS 2024 to 2025

NHS Absence Rate between 01/04/2024 and 31/03/2025

Directorate	Q1	Q2	Q3	Q4
Business Support North	5.02			
Children's Health / Care & Justice Services North	7.17			
Community Health & Care Services North	5.73			
Lead Partnership North	7.40			
Grand Total	6.54			



Appendix 5 – Finance

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	71,309	76,220	4,911	18,745	19,821	1,076	90,054	96,041	5,987
: Locality Services	30,401	31,150	749	5,356	5,402	46	35,757	36,552	795
: Community Care Service Delivery	35,946	39,393	3,447	0	0	0	35,946	39,393	3,447
: Rehabilitation and Reablement	2,099	2,134	35	0	0	0	2,099	2,134	35
: Long Term Conditions	987	1,001	14	9,399	10,312	913	10,386	11,313	927



NORTH YORKSHIRE
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	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
: Community Link Workers	358	359	1	0	0	0	358	359	1
: Integrated Island Services	1,518	2,183	665	3,990	4,107	117	5,508	6,290	782
MENTAL HEALTH SERVICES	34,320	34,531	211	72,631	73,011	380	106,951	107,542	591
: Learning Disabilities	25,688	26,284	596	542	542	0	26,230	26,826	596
: Community Mental Health	6,591	6,191	(400)	1,729	1,729	0	8,320	7,920	(400)
: Addictions	2,041	2,056	15	1,908	1,908	0	3,949	3,964	15
: Lead Partnership Mental Health NHS Area Wide	0	0	0	353	212	(141)	353	212	(141)



NORTH AYRSHIRE
Health and Social Care
Partnership

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
CHILDREN & JUSTICE SERVICES	38,986	40,276	1,290	4,916	5,209	293	43,902	45,485	1,583
: Irvine, Kilwinning and Three Towns	3,046	3,071	25	0	0	0	3,046	3,071	25
: Garnock Valley, North Coast and Arran	3,206	3,246	40	0	0	0	3,206	3,246	40
: Intervention Services	1,716	1,723	7	0	0	0	1,716	1,723	7
: Care Experienced Children & Young people	27,049	28,770	1,721	0	0	0	27,049	28,770	1,721
: Head of Service - Children & Families	1,082	611	(471)	0	0	0	1,082	611	(471)
: Justice Services	2,472	2,472	0	0	0	0	2,472	2,472	0



NORTH YORKSHIRE
Health and Social Care
Partnership

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
: Universal Early Years	415	383	(32)	4,200	4,493	293	4,615	4,876	261
: Lead Partnership NHS Children's Services	0	0	0	716	716	0	716	716	0
CHIEF SOCIAL WORK OFFICER	1,561	1,499	(62)	0	0	0	1,561	1,499	(62)
PRIMARY CARE	0	0	0	53,109	53,067	(42)	53,109	53,067	(42)
ALLIED HEALTH PROFESSIONALS	0	0	0	10,329	10,329	0	10,329	10,329	0
MANAGEMENT AND SUPPORT COSTS	9,187	8,819	(368)	4,013	3,020	(993)	13,200	11,839	(1,361)
FINANCIAL INCLUSION	970	957	(13)	0	0	0	970	957	(13)



NORTH YORKSHIRE
Health and Social Care
Partnership

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
OUTTURN ON A MANAGED BASIS	156,333	162,302	5,969	163,743	164,457	714	320,076	326,759	6,683
Return Hosted Over/Underspends East	0	0	0	0	(171)	(171)	0	(171)	(171)
Return Hosted Over/Underspends South	0	0	0	0	(149)	(149)	0	(149)	(149)
Receive Hosted Over/Underspends South	0	0	0	0	204	204	0	204	204
Receive Hosted Over/Underspends East	0	0	0	0	(12)	(12)	0	(12)	(12)



NORTH YORKSHIRE
Health and Social Care
Partnership

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
OUTTURN ON AN IJB BASIS	156,333	162,302	5,969	163,743	164,329	586	320,076	326,631	6,555

Appendix 6 – Glossary of Acronyms

Acronym	Description
ABI	Alcohol Brief Intervention
CAMHS	Child and Adolescent Mental Health Service
CFJ	Children, Families and Justice
CGG	Clinical Governance Group
CPO	Community Payback Order
FCWS	Family Centred Wellbeing Service
HIS	Healthcare Improvement Scotland
HSCP	Health & Social Care Partnership
IJB	Integration Joint Board
IRISS	Institute for Research and Innovation in Social Services
LD	Learning Disabilities
MAPPA	Multi-Agency Public Protection Arrangements
MAT	Medication Assisted Treatment
MH/MHS	Mental Health/ Mental Health Service
MINDS	Mentoring Individuals for New Destinations & Support



Acronym	Description
MIST	Medication Assisted Treatment Implementation Support Team
MSG	Ministerial Strategy Group for Health and Community Care
NAC	North Ayrshire Council
NADARS	North Ayrshire Drug and Alcohol Service
NHS	National Health Service
NHSAA	National Health Service Ayrshire & Arran
NMC	Nursing and Midwifery Council
NQN	Newly Qualified Nurse
ORT	Opiate Replacement Therapy
PAC	Performance and Audit Committee
PRI	Practice Reflective Improvement Dialogue
PSST	Prevention & Service Support Team
RTT	Referral To Treatment
UnPAC	Unplanned Activity
WFWF	Whole Family Wellbeing Fund