

IJB Performance and Audit Committee

November 2024

Agenda Item Number

Subject:

Quarter 2 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 2 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
PRI	Practice Reflective Improvement Dialogue
RAG	Red, Amber and Green

1. Executive Summary

- 1.1 This report is to provide for discussion the Health & Social Care Partnership (HSCP) IJB Quarterly Performance Report in delivering the new values and strategic priorities as set out in the 2022 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 Summary

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

second lists exceptions where measures have not met the quarterly or annual target at Quarter 2 2024 to 2025.

2.2 Highlights

Performance Improvement

Two measures has shown an improvement in performance in Quarter 2:

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

Green from Red

Service	Measure	Values
CFJ	Recruit 6 new foster carers each year (target is 2 in Quarter 2)	2 from 0

- The service continues to experience challenges in recruitment, as experienced nationally, although this quarter did see two new foster carers being approved. Further work is being undertaken in our Brighter Pathways transformation activity, involving the development of a new digital recruitment strategy, which we hope will positively impact on future foster care recruitment.

Green from Amber

Service	Measure	Values
CFJ	Increase % of children with no developmental concern recorded at the 27–30-month assessment (target is 78% per quarter)	77.3% from 72.4%

- At this point, it is difficult to explain why this change has been observed as, whilst there have been discussions about how we address this, there have been no concrete actions implemented. As such, we would be keen to monitor over the next few quarters to see if this change is sustained.

Performance Declined

Two measures declined in performance in Quarter 2:

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

Amber from Green

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

- Quarter 2 covered the summer period when a lot of people take leave, therefore, we would expect to get less referrals. We have received three for Quarter 3 so far and are aware that the rate of referrals can change.

Red from Amber

Service	Measure	Values
CFJ	Support 45 children and young people into kinship care placements each year (target is 22 in Quarter 2)	18 from 10

- The availability of kinship carers is fluid by its very nature and children and young people can only be cared for in this environment if it is an available option for them. The service can give assurance that all potential kinship carers are considered at the time when a child requires alternative care.

Financial Position

The financial position at the end of Quarter 2.

Quarter	Comments
Q2	£5.611 million projected overspend
Q1	£4.576 million projected overspend

2.3 Anticipated Outcomes

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

2.4 Measuring Impact




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

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 September 2024 is as follows:

Quarter	 Red	 Amber	 Green	Reported 1 Quarter Behind
Q1	6	1	19	3
Q2	6	1	22	3
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 2 2024 to 2025 report with the strategic service leads.

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North Ayrshire Health and Social Care Partnership

Performance and Audit Committee Report Quarter 2 2024 to 2025 (July 2024 – September 2024)

November 2024



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Introduction

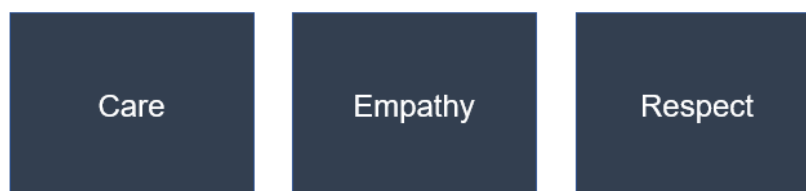
The purpose of this report is to afford a high-level overview of the progress being made by the Health & Social Care Partnership in delivering the strategic priorities as set out in our strategic plan 2022 to 2030.

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

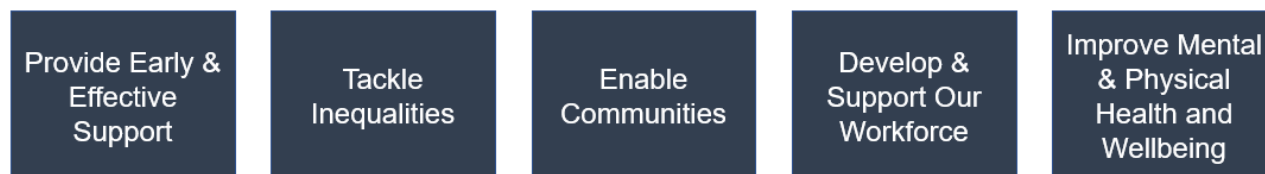
Overview

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

The projected outturn is a year-end overspend of £5.611m (1.7%) for 2024 to 2025, reduced to £2.905m 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:

	TOTAL	Split	
		Health/ NHS AA	Social Care/NAC
Projected Overspend at month six	£5.611m	£0.812m	£4.799m
Less Financial Recovery Plan Projections	£2.706m	£0.369m	£2.337m
Residual Risk	£2.905m	£0.443m	£2.462m

From the core projections, overall, the main areas of pressure are: care at home, residential placements for children, physical and learning disability care packages,

supplementary staff in wards, staff costs in Montrose House and Unplanned Activities (UnPACs) within the lead partnership for mental health.

Absence Summary

NHS partnership employees' absence at the end of Quarter 2 is 6.15%, 1.49% above the quarterly target of 4.66%.

NAC partnership employees' absence at the end of Quarter 2 is 3.77 days, 0.45 days above the quarterly target of 3.32 days.

Summary of Performance

Position at Quarter 2 2024 to 2025

Strategic Plan Measures

Service	Areas of Focus - Red	Amber	Green
Children, Families, Justice	1	1	9
Health and Community Care	3	0	2
Mental Health	0	0	11

Absence not meeting targets

Area	Absence
NAC	3.77 Days (red)
NHS	6.15% (red)




Financial Position

Area	Current Position
Financial Position	£5.611 million projected overspend (1.7%)

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	6	1	22	3
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	Tackle Inequalities	Support 45 children and young people into kinship care placements each year.	22	18	11
Health & Community Care	Provide Early and Effective Support	Reduce the number of people waiting for assessment	150	217	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	149	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	27	13
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee - NAC	3.32	3.77	15
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee – NHS	4.66%	6.15%	15

Areas of Focus - In Detail

Description	Responsible Service	Health and Wellbeing Indicator	Strategic Objective
Support 45 children and young people into kinship care placements each year.	Children & Families	Positive Life Chances	Tackle Inequalities

Target	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
22 (Cumulative)	Red 	10 	18 		

Trend Commentary

The number of children and young people supported into kinship care placements increased during Quarter 2 from 10 to 18. Due to the cumulative nature of the PI, the target increased from 11 to 22 in Quarter 2.




Actions to Improve Performance

The availability of kinship carers is fluid by its very nature and children and young people can only be cared for in this environment, if it is an available option for them. The service can give assurance that all potential kinship carers are considered at the time when a child requires alternative care.

Timescale for Improvements

End of Quarter 3 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 	217 		

Trend Commentary

The number of people waiting for assessment in Quarter 2 was 217 which is the second lowest number waiting for an assessment since Quarter 1 2022/23. For the tenth consecutive quarter, the target of 150 has not been met.

Actions to Improve Performance




Demand continues to remain high for assessment however, absence across the locality teams shows an improved position.

Senior Manager along with Head of Service is exploring whether assessments can be carried out in a different way to streamline process.

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 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 	149 		

Trend Commentary

During Quarter 2, 149 people were on the waiting list for a Care at Home service in the Community, exceeding the target by 59. The number of people waiting has decreased by 9 from 158 in Quarter 1 2024 to 2025 to 149 in Quarter 2 2024 to 2025. The Quarter 2 value is the lowest number of people waiting since Quarter 1 2022 to 2023.

Actions to Improve Performance

The Delays in accessing Care at Home supports are largely due to overall capacity to deliver services. The in-house Care at Home service has been undertaking a programme of recruitment over the last three years to grow and enhance the service capacity, in line with service demand, to strive to meet the needs of those in our community.

The service had continued to grow capacity at the start of Quarter 2 and this decreased the number of permanent vacancies within its establishment. However, as part of the financial recovery plan submitted to IJB in September 2024 there is a requirement for a reduction in current year overspend with a further move to delivering services within

budget thereafter. A savings target was identified for the Care At Home service to deliver in 2024/25. As a result, a recruitment freeze was implemented and a review of existing vacancies is ongoing. This will result in an increase in vacancies and overall reduction in service capacity.

The service continues to utilise its large staffing compliment in the most efficient and effective manner to meet the ever-increasing demand for services. Furthermore, a review of processes for the utilisation of staff on casual contracts continues to ensure processes are efficient, and recruitment to casual posts will continue to ensure service contingency.

The service continues to complete Stay/Exit Interviews as part of the recruitment strategy. These are closely linked to our regular establishment framework meetings, which will be utilised to prioritise vacancies and budget spend.

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. Unfortunately, a change in Occupational Health provider has resulted in a delay in appointments and reports.

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 the Call Monitoring system to assist with identifying capacity and monitoring compliance.

Increased focus on reablement pathways to improve outcomes for service users, increasing independence and creating capacity for new referrals. A test of change was completed in the Irvine locality to facilitate early reablement intervention where possible. Plans are ongoing to implement this change across all localities.

A reablement focussed review of low-level care packages is also currently being completed to ensure signposting and use of technology and community resources where applicable. It is anticipated this may create additional capacity for new referrals to meet the ever-increasing demand for services from our acute sites and communities.




The unmet need group is now chaired by a Senior manager and continues to meet weekly to discuss and determine clear pathways for community referrals. Attendance at this group has been extended to wider HSCP teams. This group ensures management of risk, improved communication with service users and considers options around alternative supports/equipment/technology where applicable.

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.

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 	27 		

Trend Commentary

During Quarter 2, 27 people were on the waiting list for a Care at Home service in Hospital, exceeding the target by 15. The number of people waiting has decreased by 3 from 30 in Quarter 1 2024/25 to 27 in Quarter 2 of 2024/25. The Quarter 2 value is the second highest number of people waiting since the inception of this PI in Quarter 1 2022/23.

Actions to Improve Performance

The Delays in accessing Care at Home supports on discharge from hospital are largely due to overall capacity to deliver services. The in-house Care at Home service has been undertaking a programme of recruitment over the last three years to grow and enhance the service capacity, in line with service demand, to strive to meet the needs of those in our community.

The service had continued to grow capacity at the start of Quarter 2 and this decreased the number of permanent vacancies within its establishment. However, as part of the financial recovery plan submitted to IJB in September 2024 there is a requirement for a reduction in current year overspend with a further move to delivering services within budget thereafter. A savings target was identified for the Care At Home service to deliver in 2024/25. As a result, a recruitment freeze was implemented and a review of existing vacancies is ongoing. This will result in an increase in vacancies and overall reduction in service capacity.

The service continues to utilise its large staffing compliment in the most efficient and effective manner to meet the ever-increasing demand for services. Furthermore, a review of processes for the utilisation of staff on casual contracts continues to ensure processes are efficient, and recruitment to casual posts will continue to ensure service contingency.

The service continues to complete Stay/Exit Interviews as part of the recruitment strategy. These are closely linked to our regular establishment framework meetings, which will be utilised to prioritise vacancies and budget spend.

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. Unfortunately, a change in Occupational Health provider has resulted in a delay in appointments and reports.

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 the 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. Senior Managers receive 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.

Hospital based team support robust processes for assessment and prioritising care capacity with increased focus on early discharge to assess where appropriate. Hospital team prioritise attendance at any planned critical firebreak meetings held in our Acute sites.

Increased focus on reablement pathways to improve outcomes for service users, increasing independence and creating capacity for new referrals. A test of change was completed in the Irvine locality to facilitate early reablement intervention where possible. Plans are ongoing to implement this change across all localities.




A reablement focussed review of low-level care packages is also currently being completed to ensure signposting and use of technology and community resources where applicable. It is anticipated this may create additional capacity for new referrals.

Timescale for Improvements

End of Quarter 4 2024 to 2025

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

Description	Responsible Service	Health and Wellbeing Indicator	Strategic Objective
per employee – NAC			

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 	3.77 		

Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has decreased by 0.06 days this quarter from 3.83 days to 3.77 days in Quarter 2.

Actions to Improve Performance

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

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.

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

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

Timescale for Improvements

Quarter 3 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%	6.15%		

Target	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
	●	●	●		

Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has decreased by 0.39% this quarter from 6.54% to 6.15% in Quarter 2.

Actions to Improve Performance

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

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.

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

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

Timescale for Improvements

Quarter 3 2024 to 2025

Children, Families and Justice

Enable Communities

In August this year, agreement was reached which saw the renewal of the HSCP's contract with The Notre Dame Centre, Glasgow, to provide intensive, therapeutic counselling support to children (and their families) who have experienced sexual abuse or other forms of complex trauma.

The support comprises of a 6-week assessment process followed by up to three blocks of 10-week intensive support tailored to the individual needs of the child. Various therapeutic approaches are available to the children including Talking Therapies, Play Therapy, Art Therapy and Eye Movement Desensitisation and Reprocessing (EMDR) for example. The most appropriate approach is identified through the initial assessment period.

The sessions are designed to create opportunities for children and their wider families to reflect on issues which are impacting on the child's life and to facilitate change and allow for recovery.

Develop and Support our Workforce

The Children and Families Health Team have supported two members of staff to undertake the Postgraduate Certificate in Child Protection at the University of Stirling. In line with previous Scottish Government investment criteria, we have also supported one school nurse to undertake the Specialist Community Public Health Nurse (SCPHN) course at Robert Gordon University.

The Children and Families Health Team are also in the process of concluding roll out of Trauma Skilled training to all staff within the service following two staff being trained as trainers earlier in the year.

Within the HSCP, we also have a very strong reputation for providing high quality student placements to help create a positive learning experience for the social workers of tomorrow. This aligns with our commitment to grow our own workforce as referenced in our learning and development strategy "Be the best you can be."

Recently, a student who finished their placement within the HSCP offered the following feedback.

"I have just finished my first placement, which was based in Justice Services. The knowledge and skills I have developed during my time here has been invaluable. To see the value base and work ethic of each and every member of the team and the commitment they have to achieving the best outcomes with the people who use the Service has been such a positive experience and one I will take with me throughout my social work career. The demand on the service is exceptional and I know this can place workers and management under significant pressure but as I fed back to the management team at the end of placement, I hope that they do not lose sight of the invaluable work that they do and the difference they make. Going forward I hope Justice Services continue to take on students as I feel the experience there is unique and I am beyond grateful to have been lucky enough for this to have been part of my student journey."

As you have read, placements provide fantastic opportunities for students to develop their knowledge and skills and get a solid grounding in relation to how social work interventions can support people through particularly challenging and distressing times in their lives.

Provide Early and Effective Support

The Children and Families Health Team has re-established working links with early years education, with regular meetings set up between management teams and a plan to consider the following areas over the coming time period:

- Understanding of roles and remits.
- Speech, language and communication needs in under 5s.
- Toileting.
- Developmental concerns.

Both services recognise the important role they have as universal service providers, to provide early and effective support to children under 5 and their families and see opportunities for enhanced joined up working in the future.

Improve Mental & Physical Health and Wellbeing

The seasonal flu programme for children and young people commenced in September with a significant amount of preparatory work done throughout the year. North Ayrshire's uptake rates are lower than we would like and therefore this programme will see the testing of some new approaches, including scheduling full school vaccinations in one day, rather than over several days and reviewing our approach to self-consent for vaccination. Anecdotal evidence suggests both have been successful, however, uptake will be reviewed once figures are released at the beginning of 2025 to see what difference the new approaches have made.

Following a budget realignment, the Children and Families Health Team have been able to recruit a third Perinatal Mental Health Nurse to the Perinatal Wellbeing Team on a permanent basis. This takes the staff to 2.6WTE. They continue to operate as an integrated part of the health visiting teams providing one to one and group support to expectant and new mums experiencing low level mental health difficulties. The team continues to be a valuable asset to the Children and Families Health Team and to North Ayrshire more widely, meeting a need in the community for mental health support of this nature.

Tackle Inequalities

Child poverty in North Ayrshire remains a pressing concern. The Scottish Government (2024) highlights that although there is limited data available to show the scale of this issue, there is evidence of the proportionately higher numbers of families with young children experiencing poverty and approaching or being referred to food banks and baby banks for help.

UNICEF (2023) note that the current cost of living crisis has led to an increasing number of families experiencing financial hardship, with some unable to afford the rising cost of infant formula and/or appropriate foods for their infant. This may particularly affect families with no recourse to public funds, either because they are not eligible or because they struggle to access additional provision via the Healthy Start or Best Start Foods schemes. Babies being fed with infant formula can therefore become increasingly vulnerable during times of financial hardship or food crisis.

The Guide to Responding to and Preventing Infant Food Insecurity in Scotland (Scottish Government 2024) highlights that local areas should aim to have in place responsive support for families with infants under 12 months, in immediate crisis, to enable them to meet their baby's specific nutritional needs.

Within the children and families service, we have developed and are currently testing an Infant Food Insecurity Pathway in three areas of North Ayrshire (Ardrossan, Irvine and Kilbirnie). The pathway considers how best to support families experiencing crisis with support for breastfeeding but also, where a family has chosen to formula feed, by providing emergency infant formula via a voucher scheme.

This trial will be evaluated after six months, with a view to further roll out if successful in the piloted areas.

Under the Community Justice (Scotland) Act (2016), local authorities have a statutory duty to report on the operations of Community Payback Orders (CPO) within their area on an annual basis to Community Justice Scotland (CJS). A community-based order gives Courts a range of sentencing options that encourage a reduction in reoffending through both rehabilitation and punishment.

Our annual CPO report was submitted to CJS in September, and proudly highlights the breadth of work and activity undertaken by our services and those involved within.

The report evidenced how we work hard to support individuals reduce the risk of reoffending, how we address underlying needs of those involved in offending, including the likes of poor mental health and substance use, it also showcases the type of work undertaken within local communities and the benefits that are experienced by those communities. As equally important as the benefits which local communities experience, the report also captures feedback from those who have offended and the benefits it has created for them.

Research clearly highlights that those involved in the justice system often experience significant barriers in their life when attempting to reintegrate into society. Many justice service users share experiences of being both marginalised and isolated within their local community. Employment is often considered to be a prerequisite to full membership of society. Approximately 62% of those subject to a CPO in Scotland is unemployed, with many advising they have little in the way of either formal academic qualifications or vocational skills which can assist them in the labour market.

Below is just a sample of some of the feedback that was contained within our annual report to CJS, from those who have been supported by our justice services in North Ayrshire.

“Awesome staff who make you feel comfortable on your first shift. I have learned new skills and gained confidence with woodwork.”

“I enjoyed the workshop; staff were very helpful and made my Community Service experience bearable and even made me feel like a normal human.”

“Learning new skills within the workshop was good for my confidence.”

“I felt good about contributing to society.”

“Unpaid work gave me responsibility and passion. I have also learned new skills which will help with getting a job.”

“I enjoyed meeting others and the work that we were doing was useful to the community.”

“Giving back to the community gave me a sense of achievement.”

“Being treated fairly made me feel valued, I think it has helped me to be more positive and change my behaviour.”

“On the whole, it was better than what I thought it would be and it has taught me a lot.”

Case Study: Kilwinning Crazy Golf

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

North Ayrshire Justice Services Unpaid Work Team are responsible for the delivery of unpaid work across North Ayrshire and operate from their office and workshop facility in Stevenston. The Unpaid Work Team were approached by Councillor Donald Reid, looking for assistance with repairing some of the crazy golf structures at McGavin Park in Kilwinning.

The park consists of a large lawn area and mature trees. It is home to an enhanced play area, outdoor gym, tennis court and crazy golf. The park is also one of the few to have public toilets which open during school holidays (April to October) and by prior arrangement for group visits.

The park is managed by North Ayrshire Council although Kilwinning Community Events Group installed and maintain the sports equipment and much of the play equipment in the park. Part of the group’s work is to develop the community asset for the wider community, and they rely on volunteers to help maintain bedding plants, litter picking, to open, close and clean the toilets, as well as with events at the park.

Councillor Reid, Chair of Kilwinning Community Events said, “the group struggled for years to get the skill base to renovate the crazy golf and it is part of the park’s history so it was important the original aspects of the crazy golf were maintained with a Rotary and round table links to the original project”.

The Unpaid Work Team, led by Supervisor Allan Auld put together a plan to undertake the necessary work, identifying what material would be required, associated costs and

timescales. Allan worked with his team to create new structures for those that could not be repaired.

Kilwinning Community Events Group were able to provide the materials that allowed the Unpaid Work Teams to begin work on mending some of the existing structures and clearing the area for new structures. There were multiple setbacks due to the weather conditions, which meant concrete could not be mixed and set. During the planning stages Unpaid Work Teams learned how to think creatively with a vision. Following this, teams learned how to lay kerb stones, mix concrete, then to pour and level it off, as well as how to add extra fittings such as pipes, holes, or to create curves and hills. Several of the structures also had artificial grass, so the teams learned how to measure, cut and then secure this to the structure.

Tracy Nimmo, Unpaid Work Team Manager said “The benefits projects like these bring to the local community is paramount to reparation and reintegration of our service users completing the works. Service users get a sense of pride completing visible projects in our communities, especially ones that make a difference to the children and families that benefit from them. This crazy golf site has been in disrepair for many a year; to see it restored for families to use in the summer months is at the heart of what we like to see from the Justice Services Unpaid Work Team. A service everyone benefits from equally.”

Cllr Reid said “The community feedback has been extremely positive following the works over the last three years to enhance the parks facilities. The crazy golf restoration is now complete, and we are grateful to Justice Services for the support to re-establish this feature in the park for the benefit of visitors. This was one of those projects that simply would not have happened if it were not for the support of the service. The group was keen to see the works as planned complete for the 140th anniversary of the park’s gifting to the community”.



Health and Community Care

Provide Early and Effective Support

The Dirrans Centre has been participating in a collaboration with the Ayrshire Hospice Living Well Service since June 2024. This collaboration was created to support the development of a Living Well Service within North Ayrshire. North Ayrshire residents looking to access the service previously required to travel to one of the three bases within East and South Ayrshire which presented some difficulties for North Ayrshire residents due to transport difficulties.

The Dirrans Centre offered the use of the lounge and multi-purpose space to the Living Well Service with a view to working towards a collaborative approach to supporting individuals with long term, life limiting conditions within North Ayrshire. The Living Well Service in North Ayrshire runs every Tuesday afternoon and has a focus on promoting healthy living and enhancing quality of life.

Improve Mental and Physical Health and Wellbeing

The Dirrans Centre and the Ayrshire Hospice recognised an opportunity for service users to participate in collaborative group activities to explore further access to community resources and promote wellbeing. From September through to November 2024 the Dirrans Centre is hosting an 8-week programme facilitated by Lyndsay Twilly, Green Space. The structured sessions provided within the programme are designed to build on gardening interests and develop horticulture skills, whilst offering opportunities for participation in group activities and socialisation. The benefits of gardening on physical and mental health are widely documented and this was an exciting opportunity to maximise the mature garden at the Dirrans Centre.

Sessions centred around developing the extensive garden by planting bulbs, arranging bird houses to attract wildlife to the garden and an opportunity for peer support. This also included a citizen science session, wreath making and wildlife education.

The feedback from service users so far has been very positive in enabling use of existing skills in a supportive environment. Individuals have been sharing knowledge and skills to problem solve the development of areas of the Dirrans garden. The skills gained and shared provide an opportunity to encourage individuals to access their own green spaces at home in order to engage in meaningful activity. The project is being evaluated by Green Space with a view to identifying the positive outcomes to enable further developments.



Enable Communities and Tackle Inequalities

The team at Anam Cara continue to offer outstanding care and support to those in their care. The service has recently adapted its bed base to ensure that there is weekly availability and access to emergency respite, to support those with the most critical needs in our community and provide vital support to our valuable carers. One North Ayrshire resident who had a recent break in the centre, is described as a social and outgoing individual whose primary priority was her family. The feedback from her family has been very positive. They were delighted that she remained settled during the respite period, enabling her family to benefit from a break from their caring role, which can be emotionally demanding, and allowing them to confidently book another period of respite. The family gifted the centre a piece of artwork noting their thanks.

Our Care at Home team continued their commitment to involve people who use services and their families in their ongoing recruitment events. A recent event allowed Mr A to attend, meet the team, and discuss concerns he had regarding his mum. Mr A had moved back to the area to help her manage her illness and provided feedback on his appreciation for the team who had recently reassured his anxious mother. Mr A noted they did so compassionately. Mr A participated in the recruitment event, observing an interview, asking a prospective candidate a question, and provided positive feedback on the event, finding it informative and encouraging.

An executive leadership visit to Lady Margaret Hospital on the Isle of Cumbrae took place over the summer. It is recognised that working on an island comes with its challenges; however, the visit was extremely positive. Feedback from the visiting team recognised the dedicated and collaborative island-based team who work to ensure that the community is at the heart of everything they do. The Leadership team commended the service for their commitment to continuous improvement by recognising and tackling challenges head-on. Staff found the visit supportive and were pleased with the recognition of the work they do on the island to support the whole community.

Develop & Support Our Workforce

As platinum award winners in Investors in People, the Dirrans team were looking for a different challenge so went forward for a new award from Investors in people 'We invest in wellbeing.' The We invest in wellbeing framework looks for a strategy and approach to the health and wellbeing of staff. This should be measurable and understand the impact of this on staff practice. The team considered and improved practice by evaluating staff wellbeing through surveys and feedback. They created a wellbeing policy and strategy to guide wellbeing goals such as reducing sickness absence, improving job satisfaction and job retention. They also developed subgroups that focussed on physical, psychological, social and financial factors that can affect staff and shared this as a team to be more informed about what supports staff can access to help improve wellbeing.

The team reflected that they already felt that they had a strong presence for looking after staff however going through this process it highlighted areas for improvement and how the framework could improve the service. The We invest in Wellbeing framework comprises three indicators, each with three themes. This defines what it takes to reach each level of accreditation – standard, silver, gold, and platinum.

It was intended to start at the first level of 'standard' however when receiving feedback, this had jumped to silver which is an amazing achievement, and the Dirrans Centre were confirmed winners of the silver award in August 2024.

We invest in wellbeing silver award means that you have an established wellbeing strategy or plan and that your people feel positive about your strategy, plans and activities. Developing and supporting our workforce ensures employees are more efficient and effective in their roles, helps retain our skilled and qualified staffing resources, and improves morale and job satisfaction.



Case Study: Home from Hospital Support (British Red Cross)

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

The British Red Cross provide a Home from Hospital support service across mainland Ayrshire, including wellbeing checks, transporting residents home following a hospital stay and offering settlement support on arrival home. Mr C has recently experienced support from the British Red Cross following his wife's admission to hospital. During his wife's stay in hospital, and in discussion with Mr C, the following interventions were agreed and delivered.

- Mr C received check-in calls and advised the team that these have been so important for him, as it made him feel safer whilst alone. His wife, who has now returned home also noted how grateful she was to the service for their care of her husband.
- Mr C also has ongoing access to a volunteer who assisted with shopping. They also unpacked the shopping and provided Mr C with company whilst his wife was in hospital. The service will continue until no longer required.

Mr C noted “Red Cross staff and volunteers are just fabulous, and I felt genuinely supported by them with kindness and I do not know what I would have done without Red Cross and the NHS”.

Health and Community Care - Progress Against Council Plan Actions

Action	Priority	% Complete	RAG Status
Grow Care At Home Capacity	Aspiring Communities	87%	Amber

The growth in permanent recruitment to the Care at Home service continued at the start of Quarter 2 as the service continued to decrease the number of permanent vacancies within its establishment.

Vacancies decreased by 5 from 48 in June 2024 to 43 in July 2024 (despite a significant increase in leavers from the service), and there was a further decrease by 8 to 35 vacancies in August 2024. Unfortunately, this trend ceased in September 2024 when the service reported 49 vacancies.

As part of the Financial Recovery Plan submitted to IJB in September 2024 there is a requirement for a reduction in current spend in-year, with a move to working towards delivering services within budget thereafter. A £1m savings target was identified for our Care at Home service to deliver in 2024/25. A vacancy freeze and review of existing vacancies was required as part of this savings plan and this has led to the increase in vacancies within the service.

The service was required to complete a review of its recruitment strategy and many of the previously identified actions have ceased/been placed on hold for the period of the recruitment freeze and review.

The following actions continued at the end of Quarter 2:

- Recruitment events reduced in August 2024 from weekly to one event per month for North and South. In September weekend events ceased and the service only undertook a weekly recruitment information session. Any applications and notes of interest are currently being saved until the recruitment freeze ends.
- External advertising promoting weekly Wednesday evening sessions have continued as contract is in place for 12 months.
- Modern Apprentices scheme, which resulted in permanent contracts for former apprentices. The service commenced 2 new Modern Apprentices in Quarter 1, these continued throughout Quarter 2.
- 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 included in savings plan or utilised to reduce additional spend incurred by cover.
- QR codes remain available on leaflets where applicants can scan mobile device to complete/ submit application form – applications can still be made via this method and applications are being retained on file should recruitment freeze end.
- Long Term Unemployment/Skills for Life Project/Parental Employment Programme (joint initiative with employability team). These candidates continued within the service throughout Quarter 2.
- Ongoing social media advertising continues for recruitment information events.
- 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. At end of Quarter 2 only 4 temporary front line posts remained.
- 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, thus creating capacity for the manager of the bank to undertake additional staff management and support tasks.

The following mitigating actions are being introduced by the service to minimise the impact of savings on service delivery and maintain capacity:

- Review of current service provision, using a reablement focussed functional assessment approach, with initial focus on low level provision.
- Review of current Service Access Care At Home referral pathway for community referrals.
- Review and revamp of our Reablement Service.
- Increased use of Technology within our services.
- Continued development of weekly Unmet Need group meetings.

Action	Priority	% Complete	RAG Status
Prioritise Integrated Island Services, Including Unscheduled Care	Aspiring Communities	100%	Green

We have now recruited in to all five Emergency Department Nurse Practitioner posts. The only outstanding post is the Team lead. However, this post is going to be subject to a review as there have been no suitable applicants for the role.

In light of the review of this post, this target is met.

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.

Currently 86 'trainees' attending the service with further 12 referrals in process.

Develop and Support our Workforce

22 Newly Qualified Mental Health Nurses via University of the West of Scotland programme have taken up substantive posts within inpatient services, all being supported to undertake Flying Start programme and supported by Senior Nurse via Action Learning set model as well as mentors within their own team.

11 Health Care Assistants have commenced Band 4 Assistant Practitioner course with Ayrshire College to develop a new role to augment the nursing workforce and also develop career pathway. One day a week in person attendance at Kilmarnock College campus.

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.

Tackle Inequalities

Relationships continue to be developed 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.

North Ayrshire Drug and Alcohol Services

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

A refreshed MAT Standard Improvement Plan has been implemented. A Residential Rehabilitation (RR) Thematic Analysis report has been agreed with Healthcare Improvement Scotland (HIS) colleagues as part of development initiatives with a South of Scotland RR Hub collaborative. An accompanying Action Plan is currently being developed.

Psychological Services

Psychological Services can report a LDP 90% RTT standard of 91% in September 2024, which is an improvement from June 2024 (89%). 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 improve access. Recruitment has moved forward for established posts and we are hoping to see the impact of these new appointments in about 6 months.

Unfortunately, the difficult financial situation is starting to impact on recruitment in the near future and replacing posts that are fixed term. It remains to be seen what the impact will be over the coming year, but this will likely lead to a decrease in available workforce and impact on access on particular parts of service that are already vulnerable.

Implementation of the National specification for the Delivery of Psychological Therapies and Interventions (SG Sept 2023) is steadily moving forward and Psychological services will shortly engage with the assessment of overall Psychological therapies and Interventions delivery across NHS A&A and A&A HSCPs, supported by SG processes.

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. Trajectory work is planned for November and December 2024 to ensure that data for the individual services will be available to support service development and improvements.

Learning Disability (LD) Service

Enable Communities

The Learning Disability Service continues to link into the delivery of the Community Mental Health and Wellbeing Fund. North Ayrshire's promotion of the Active, Connected, Included resource (developed by the Scottish Commission for People with Learning Disabilities), and its promoting of accessibility generally within the process, is now reflected in the Government's own guidance regarding the fund. It is also of note that people with learning disabilities are not identified as a priority group within the current Government Guidance.

Develop and support our Workforce

The work of staff within Trindlemoss Day Opportunities was the focus of a recent very positive Care Inspectorate visit. The full report is awaited, but initial feedback noted the sector-leading quality of what was happening within the service. Ward 7A continues to experience significant pressure, with delayed discharge continuing to be a key issue. The Ward staff and management team are currently working with Healthcare Improvement Scotland to explore the impact of this, and related conversations are also taking place with Scottish Government to promote their understanding of the issue. Regular conversations are taking place with the adult LD Social Work Team and Children and Families with Disabilities team, in support of their planned integration. A service manager is now in post

to support this work. The LD Social Work Team is also being supported via the recruitment of a second team manager.

Improve Mental & Physical Health and Wellbeing

Implementation of the new Annual Health Check specification from Scottish Government is ongoing. A full time LD Nurse is now in a temporary post to enable this work, who continues to be supported by bank staff in the delivery of the checks. The LD Service is linking with Scottish Government with regards to best use of data to evidence impact of the checks, reflecting the service's longstanding activity in relation to Primary Care, and its ongoing collaboration with Public Health Scotland regarding understanding the identified North Ayrshire LD population in comparison to the general population.

Tackle Inequalities

The service has delivered its Creative Scotland funded project, 'What Comes Next' including sharing the project film and involving clients in a panel discussion within the Accessible Book and Storytelling Festival in Edinburgh; and presenting the film as part of the Scottish Mental Health Arts Festival. The service has also been identified as a delivery partner by Scottish Commission for Learning Disability (SCLD) with regard to a Scottish Government funded project looking at Digital Inclusion.

Community Mental Health

Provide Early and Effective Support

The Mental Health Unscheduled Care Service officially launched their new mental health assessment hub on Friday 13th September. This assessment hub, based in Woodland View Hospital provides nurse led assessment for a period of up to 72 hours, allowing intensive input to consider longer term mental health and support needs.

Improve Mental & Physical Health and Wellbeing

Significant work has been undertaken into supporting individuals with a severe and enduring mental health illness to access physical health checks and monitoring within the community. A pilot within the North Ayrshire Community Mental Health Team has demonstrated a fantastic impact in improvement of mental and physical health and wellbeing.

Tackle Inequalities

In partnership with North Ayrshire council, we have a dedicated member of employability staff based within the Adult Community Mental Health Service, supporting individuals to return to education and/ or employment. Something that can be extremely challenging to individuals having experienced mental illness.

CAMHS & CEDS

RTT Compliance 100%.

RTT waiting time 2 weeks.

Neurodevelopmental CAMHS have approximately 2,550 young people waiting for a further assessment and continue to work with external provider to support the management of this list. CAMHS have initiated a process of contacting all of the individuals on the waiting list to update essential information in regard to their presentations.

Building work is almost completed at West Road with a delayed handover date of December 2024.

National Specification for Eating Disorder Services due to be published in November and to support this discussion around therapeutic and staffing model for Community Eating Disorders underway.

Operational groups continue to meet in North, South and East Ayrshire to establish neurodevelopmental services in each of the three Ayrshire's that do not meet the CAMHS specification and a Pan Ayrshire meeting to develop an assessment and diagnostic service for ADHD, Autism, Fetal alcohol spectrum disorder (FASD) and learning disabilities.

Regional discussions ongoing regarding the provision of an FCAMHS (Forensic) Service with proposed plans around model and health board leading on delivery to be agreed imminently.

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 2 weeks.
- Neurodevelopmental CAMHS have approximately 2,600 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-October 2024.
- Operational groups continue to meet 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.
- Regional discussions ongoing regarding the provision of an FCAMHS (Forensic) Service.

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

Ongoing work of two Transformation Teams. No updates to provide at this point.

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

Ongoing work. No updates to provide at this point. Other than further detrimental slip in provision of cover due to staff leaving and reducing hours. Service as is has required to be rationalised, therefore cover arrangements reduced. In light of this RAG status has been amended to Amber and attainment reduced to 80%.

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	100%	Green

Assessment hub officially launched and opened Friday 13th September. Although there remain outstanding snagging works to be completed. Item completed and closed. 100% achieved.

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 3.77 days, 0.45 days over the quarterly target of 3.32 working days.

NHS – Sickness absence from NHS staff in the Partnership is 6.15%, 1.49% above the target of 4.66%.

Difference in Absence Calculations

NAC figures – are based on a calculation of the total number of working days a person is absent

NHS figures – are based on a calculation of hours (working hours lost / total contracted hours) / 100

Absence in Detail

Work is progressing on the mapping exercise of recorded absence for determining the reasons for absence in greater detail across services. This will be included in the Q3 Performance and Audit Committee Report with comparison information back to Q1 2024-25 at a minimum and will look to provide a full comparison year.

Recruitment and Retention

New Starts

Service	Q1	Q2	Q3	Q4	YTD
Children, Families and Justice	11	15			
Health and Community Care	88	61			
Mental Health	1	1			
Finance and Transformation	2	3			
Professional Standards	1	0			
Business Admin	6	10			
TOTAL	109	90			

Leavers

Service	Q1	Q2	Q3	Q4	YTD
Children, Families and Justice	11	10			
Health and Community Care	28	32			
Mental Health	8	1			
Finance and Transformation	4	3			
Professional Standards	0	0			
Business Admin	2	16			
TOTAL	53	62			

Finance

The projected outturn is a year-end overspend of £5.611m (1.7%) for 2024-25, reduced to £2.905m through already identified financial recovery actions. There is an increasing risk to achieving financial balance during 2024-25, 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 6	£5.611 million	£0.812 million	£4.799 million
Financial Recovery Plan Projections	£2.706 million	£0.369 million	£2.337 million
Residual Risk	£2.905 million	£0.443 million	£2.462 million

From the core projections, overall, the main areas of pressure are: care at home, residential placements for children, physical and learning disability care packages, supplementary staff in wards, staff costs in Montrose House and Unplanned Activities (UnPACs) within the lead partnership for mental health.

The 2024/25 financial position is being adversely impacted by several factors outwith the control of the IJB.

- Formal confirmation by The Scottish Government of the 2024/25 funding for the Mental Health Outcome bundle saw a 3.5% reduction from 2023/24 which equates to £0.350m and the service are currently working through the implications of this reduction.
- Children's contract inflation – Scot Excel negotiate rates for several national framework contracts and the rates agreed to date are significantly higher than the 5.94% increase assumed as part of the Scottish Living Wage increase.
- Local Government Pay Award Shortfall – the additional cost of the 2024/25 local government pay award is estimated to be £0.900m. It is unknown at this stage if this will be fully funded and the potential cost is not included in the month 6 projected outturn.

Health and Community Care Services

Against the full-year budget of £89.939m there is a projected overspend of £6.143m (6.8%) (£0.094m adverse movement) and the main variances are:

- Care home placements** - the budgeted number of permanent placements was 765 and at month 6 there were 793 placements. The projected overspend is £1.072m (£0.458m adverse) on permanent placements (including £0.156m in relation to increased National Care Home Contract (NCHC) rates to reflect the recently agreed nursing pay award), £0.208m (£0.208m adverse) on interim placements and respite placements are projected to be online (no change). Income recovered from

charging orders is projected to be £0.703m over recovered (£0.153m favourable movement).

- b) **Care at home (now all in house)** is projected to be £2.672m overspent (£0.582m favourable movement). The position reflects the cost of meeting the significant demand and level of provision for care at home support. The favourable movement is due to the impact of the care at home recovery plan including the holding of vacancies and improved sickness absence rates.
- c) **Physical Disability Services** – projected overspend of £0.790m
- d) **Integrated Island Services** is projected to overspend by £0.539m
- e) **Specialist Rehab wards** – projected overspend of £0.126m
- f) **Wards 1 and 2** – Projected overspend of £0.762m

Mental Health Services

Against the full-year budget of £107.398m there is a projected overspend of £0.968m (0.9%) (favourable movement of £0.101m) prior to the reallocation of the Lead Partnership variance to East and South HSCP. The main variances are:

- Learning Disabilities are projected to overspend by £0.788m (£0.126m favourable movement) across community care packages, direct payments and residential placements.
- Community Mental Health services are projected to underspend by £0.380m (£0.031m favourable) across community care packages, direct payments and residential placements. The main reason for underspend is the availability and capacity of adult community providers to deliver new packages of care.
- The Lead Partnership for Mental Health is projected to be £0.658m overspent.

Children and Justice Services

Against the full-year budget of £43.839m there is a projected overspend of £1.688m (3.85%) (£0.554m adverse movement) pre earmarking and the main variances are:

- a) **Care Experienced Children and Young People** is projected to overspend by £2.051m (£0.682m adverse movement). Children's Services are continuing to work with other services including Education and Housing to address the challenges through the work of the 'Brighter Pathways' Programme Board and associated workstreams. This forms part of the Transformation Plan which was approved at the March IJB.
 - Children with disabilities – there is a net projected overspend of £0.582m (£0.326m adverse movement) across residential placements, direct payments and community packages.
 - Residential respite – placements are overspent by £0.135m (£0.077m adverse movement).

- b) **C&F Health Team** – is projected to overspend by £0.246m (no movement) 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

Management and Support Services are projected to underspend by £2.787m (£1.494m favourable) and the main areas of underspend are:

- There is projected slippage on the LD and MH transition funding of £0.786m (£0.186m favourable) due to delays in children transitioning into adult services and actual costs being less than estimated.
- The 2024-25 budget included a budgeted deficit on the social care side of £0.437m which is offset by a budgeted surplus of £0.437m on the health side of the budget. The net impact is neutral.
- An over-recovery of payroll turnover of £1.836m (£1.336m favourable) for social care services and an over-recovery of payroll turnover of £0.296m for health services as outlined in the table below.

Savings Progress

The approved 2024-25 budget included £10.290m of savings.

BRAG Status	Position at Budget Approval £m	Position at Month 6 £m
Red	-	0.111
Amber	0.523	0.475
Green	9.767	-
Blue	-	9.704
TOTAL	10.290	10.290

The main area to note is that the red savings have increased since month 4 as the saving in relation to Montrose House looks unlikely to be achieved.

Financial Risks

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

- The recent announcements by Scottish Government in relation to public sector finances and in-year spending reductions will impact on current and future funding, including for 2024-25 pay awards, which have recently been settled for local government and NHS but the funding position is not yet clear.
- Continued growing demand for services.
- Staff recruitment and retention challenges across a number of service areas.

- The provider market and the ongoing ability to source packages of care for service users.
- 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 ongoing review of the Integration Scheme.
- Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this.
- 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 recurring underlying levels of overspend which 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 used 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.
- Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs.
- The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas.
- The use of supplementary staffing for enhanced observations across a number of service areas.
- The use of high-cost agency staff to support frontline service delivery in areas where there are recruitment challenges.
- Agenda for Change Pay Reform programme – including Nursing Band 5-6 re-grade, protected learning time and reduction to the working week. Non-recurring funding has been provided to meet costs associated with this but it is unclear whether this will be sufficient.
- Scot Excel inflationary increases for children's service are significantly higher than assumed.

These risks will continue to be monitored during 2024-25.

Reserves

The IJB reserves position is summarised in the table below.

	General Fund Reserve	Earmarked Reserves		Total £m
	Unearmarked	External Funding	HSCP	
	£m	£m	£m	
Balance – 1 April 2024	0.357	3.379	1.774	5.510
Anticipated Drawdown	(0.357)	(3.379)	(1.202)	(4.938)
Balance – 31 March 2025	-	-	0.572	0.572

The £1.774m HSCP earmarked reserve relates to the Service Redesign and Change Fund; of this total only £0.096m currently remains uncommitted with the balance being committed to investment in an early intervention approach within Children and Families social work and supporting the delivery of the transformation programme across 2024-25 and 2025-26.

Financial Recovery Plan

There has been progress towards some of the targets, and these are already reflected in the current projected outturn of £5.611m overspend. Further work is required to deliver on the balance of these targets as well as the additional targets which have now been identified.

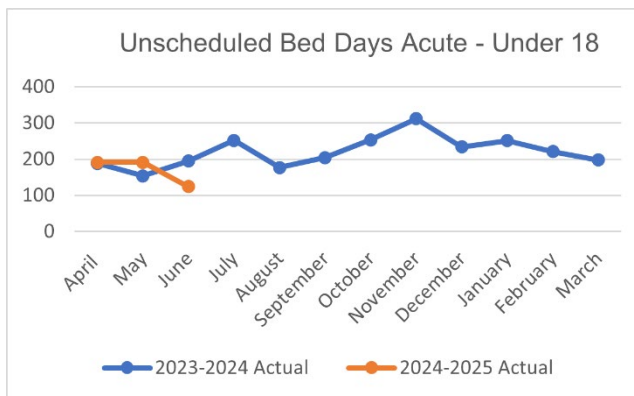
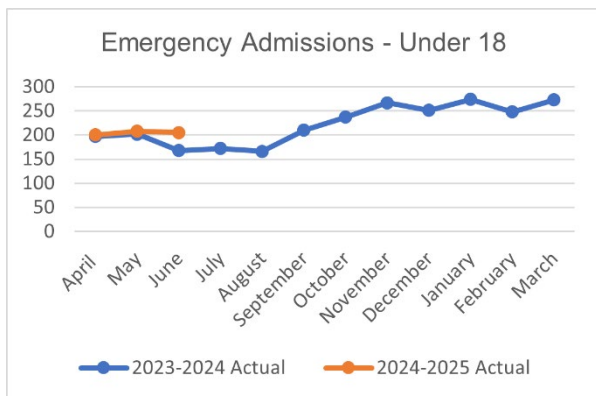
Services will work towards implementing the recovery plan to deliver on these cost reduction targets while carefully managing the level of risk. This will include the preparation of equality impact assessments.

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

- April 2024 - 200
- May 2024 - 208
- June 2024 - 205

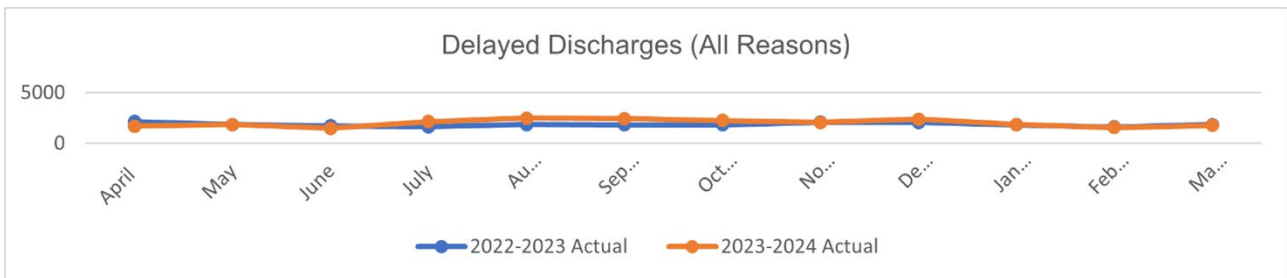
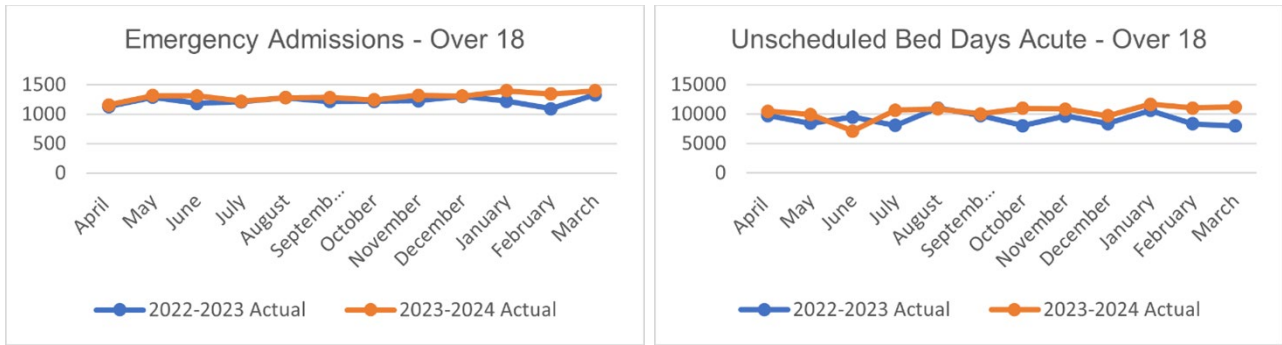
Unscheduled Bed Days - Acute

- April 2024 - 191
- May 2024 - 191
- June 2024 - 124

A&E Attendances

- April 2024 - 567
- May 2024 - 700
- June 2024 - 649

Over 18



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

Emergency Admissions - Acute

- April 2024 – 1,315
- May 2024 – 1,441
- June 2024 – 1,206

Unscheduled Hospital Days Acute

- April 2024 – 10,811
- May 2024 – 10,481
- June 2024 – 7,591

A&E Attendances

- April 2024 – 2,140
- May 2024 – 2,411
- June 2024 – 2,261

Delayed Discharge (All Reasons)

- April 2024 – 1,647
- May 2024 – 1,702
- June 2024 – 1,763

Delayed Discharge bed Days –H&SC

- April 2024 – 1,013
- May 2024 – 1,008
- June 2024 – 1,107

Appendix 1




MSG Trajectories with Rates

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




Performance Indicator	January-24	February-24	March-24	April-24	May-24	June-24	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,674	1,594	1,674	1,515	1,649	1,411	June
Emergency Admissions to Acute Hospitals Rate per 1000	12.5	11.9	12.5	11.3	12.3	10.5	June
Number of Admissions from Emergency Dept.	719	772	819	687	764	742	June
Admissions from Emergency Dept. Rate per 1000	5.4	5.8	6.1	5.1	5.7	5.5	June
Emergency Dept. conversion rate %	27%	29%	28%	25%	25%	25%	June
Number of unscheduled hospital bed days in Acute	11,908	11,253	11,424	11,007	10,673	7,714	June
Unscheduled Hospital Bed days in acute rate per 1000	88.7	83.8	85.1	82	79.5	57.5	June
Number of Emergency Dept. Attendances	2,692	2,681	2,972	2,707	3,111	2,910	June
Emergency Dept. attendances Rate per 1000	20.1	20	22.1	20.2	23.2	21.7	June

























Performance Indicator	January-24	February-24	March-24	April-24	May-24	June-24	Performance Data Last Updated
Number of Delayed Discharges bed days (all reasons)	1,859	1,556	1,785	1,647	1,702	1,763	June
Number of Delayed Discharges bed days (all reasons) rate per 1000	17	14.2	16.3	15.1	15.6	16.1	June
Number of Delayed Discharges bed days (code 9)	755	627	548	590	665	656	June
Number of Delayed Discharges bed days (Code 9) rate per 1000	6.9	5.7	5	5.4	6.1	6	June























Appendix 2 – All Performance Measures

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













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

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

Measure	Target 2024 to 2025	Current Status	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 	27 	↓ 23 		
Employability mentors - No of service users being supported into employment, training, education.	7	Green 	8 	↔ 8 		
Number of PRI sessions which have taken place	2	Green 	2 	↓ 1 		
% of completed interventions with positive impact (e.g., DUST, CHAT)	50%	Green 	82.4% 	↓ 75.0% 		
Support 4 formerly cared for young people to move into independent living each year. (Own Tenancy)	2 (Cumulative)	Green 	6 	↑ 11 		
Support 45 children and young people into kinship care placements each year.	22 (Cumulative)	Amber 	10 	↓ 18 		
Recruit 6 new foster carers each year.	2 (Cumulative)	Red 	0 	↑ 2 		
No. of requests for assistance made by health visitors or family nurse	450	Green 	441 	↑ 457 		




















Measure	Target 2024 to 2025	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
Increase % of requests for assistance remaining within Universal Early Years	47%	Green 	50.6% 	47.9% ↓ 		
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	85%	Green 	83.2% 	Information reported in arrears due to data validation timescales		
Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)	78%	Amber 	77.3% 	Information reported in arrears due to data validation timescales		
Reduce the number of people waiting for assessment	150	Red 	240 	217 ↑ 		
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	Red 	158 	149 ↑ 		
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	Red 	30 	27 ↑ 		
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	Green 	20 	66 ↓ 		
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	Green 	98.4% 	99.0% ↑ 		

Measure	Target 2024 to 2025	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Alcohol)	90%	Green ✓	100% ✓	← 100% ✓		
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Drug)	90%	Green ✓	99.0% ✓	↑ 100% ✓		
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	Green ✓	14 ✓	← 14 ✓		
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	Green ✓	210 ✓	↓ 162 ✓		
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,069 p/q	Green ✓	1,800 ✓	Information reported in arrears due to data validation timescales		
CAMHS – Seen within 18 weeks (RTT)	90%	Green ✓	98.7% ✓	↑ 100% ✓		
Psychological Therapies – Seen within 18 weeks (RTT)	90%	Green ✓	85.9% ✓	↑ 88.2% ✓		
Reduce out of hours admissions for people aged 65 and over (MH)	8 p/q	Green ✓	5 ✓	↑ 3 ✓		
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	Green ✓	67 ✓	↓ 116 ✓		

Measure	Target 2024 to 2025	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	Green 	0 	0 ← 		
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	90%	Green 	96.5% 	95.6% ↓ 		
Average working days lost to sickness absence per employee - NAC	3.32 p/q	Red 	3.83 	3.77 ↑ 		
Percentage working days lost to sickness absence per employee - NHS	4.66% p/q (New Target)	Red 	6.54% 	6.15% ↑ 		

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	13 ✓	23 ↑ ✓
Employability mentors - No of service users being supported into employment, training, education.	7	14 ✓	8 ↓ ✓
Number of PRI sessions which have taken place	2	1 ▲	1 ↔ ▲
% of completed interventions with positive impact (e.g., DUST, CHAT)	50%	88.9% ✓	75.0% ↓ ✓
Support 4 formerly cared for young people to move into independent living each year. (Own Tenancy)	2 (Cumulative)	6 ✓	11 ↑ ✓
Support 45 children and young people into kinship care placements each year.	22 (Cumulative)	20 ▲	18 ↓ ●
Recruit 6 new foster carers each year.	2 (Cumulative)	5 ✓	2 ↓ ✓
No. of requests for assistance made by health visitors or family nurse	450	378 ●	457 ↑ ✓
Increase % of requests for assistance remaining within Universal Early Years	47%	48.9% ✓	47.9% ↓ ✓
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	85%	89.1% ✓	Information reported in arrears due to data validation timescales

Measure	Target 2024 to 2025	Q1 2023 to 2024	Q1 2024 to 2025
Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)	78%	77.0% 	Information reported in arrears due to data validation timescales
Reduce the number of people waiting for assessment	150	226 	↑ 217 
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	189 	↑ 149 
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	22 	↓ 27 
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	0 	↓ 66 
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	99.5% 	↓ 99.0% 
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Alcohol)	90%	100% 	↔ 100% 
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Drug)	90%	98.7% 	↑ 100% 
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	29 	↓ 14 
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97p/q	128 	↑ 162 

Measure	Target 2024 to 2025	Q1 2023 to 2024	Q1 2024 to 2025
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1069 p/q	1,508 ✓	Information reported in arrears due to data validation timescales
CAMHS – Seen within 18 weeks (RTT)	90%	97.6% ✓	↑ 100% ✓
Psychological Therapies – Seen within 18 weeks (RTT)	90%	89.7% ✓	↓ 88.2% ✓
Reduce out of hours admissions for people aged 65 and over (MH)	8p/q	5 ✓	↑ 3 ✓
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	87 ✓	↓ 116 ✓
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	0 ✓	↔ 0 ✓
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	90%	98.3% ✓	↓ 95.6% ✓
Average working days lost to sickness absence per employee - NAC	3.32	4.97 ⬮	↑ 3.77 ⬮
Percentage working days lost to sickness absence per employee - NHS	4.66% (New Target)	5.97% ⬮	↓ 6.15% ⬮

Appendix 4 – Workforce Absence

Table 1a NAC 2024 to 2025 Data

Name	April	May	June	July	August	September	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.36	1.25	1.18	1.41	1.20	1.16	7.55	6.64	0.91
HSCP Business Administration	1.06	1.19	1.11	1.16	1.02	0.93	6.47	5.50	0.97
HSCP Senior Managers	0.00	0.00	0.00	0.44	0.00	0.00	0.44	2.50	-2.06
Financial Inclusion	1.67	1.33	1.61	1.24	1.28	1.04	8.18	0.00	8.18
Chief Social Work Officer	1.63	3.00	1.76	2.24	1.71	1.18	11.51	4.00	7.51
Professional Standards	1.63	3.00	1.76	2.24	1.71	1.18	11.51	4.00	7.51
Children, Families & Justice (CF)	1.54	1.39	1.15	1.51	1.40	1.53	8.52	6.41	2.11
CF - Garnock Valley, North Coast & Arran	1.43	2.31	1.26	1.55	1.54	2.33	10.41	6.58	3.83
CF - Irvine, Killwinning & Three Towns	2.29	1.28	0.60	1.01	1.10	1.42	7.69	7.50	0.19
CF - Justice Services	1.00	0.00	0.00	2.67	0.00	0.00	3.67	7.50	-3.83
CF - Care Experienced Children & Young People	1.16	1.21	1.28	1.41	1.31	1.31	7.68	7.04	0.64
CF - Justice & Intervention Services	1.53	1.18	1.21	1.77	1.67	1.60	8.97	2.50	6.47
CF - Universal Early Years	1.97	3.55	3.57	4.11	1.40	0.00	14.60	4.14	10.46
Health & Community Care (HCC)	1.40	1.24	1.18	1.40	1.20	1.10	7.52	7.20	0.32
HCC - Arran Services	0.12	0.00	0.67	0.16	1.04	0.27	2.25	5.00	-2.75
HCC - Community Care Services	1.47	1.30	1.19	1.42	1.25	1.17	7.79	7.50	0.29
HCC - Locality Services	1.05	0.93	1.22	1.62	0.98	0.66	6.46	5.10	1.37
HCC – Long Term Conditions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.50	-2.50
HCC - Rehab & Reablement	0.82	0.43	0.79	0.20	0.15	0.49	2.87	5.00	-2.13
HSCP Finance & Transformation	0.76	0.66	0.83	0.47	0.41	0.65	3.77	4.56	-0.79
Contracts and Commissioning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	-4.00
HSCP - Finance	0.58	0.33	0.15	0.39	0.26	0.86	2.56	4.00	-1.44
HSCP - Performance	0.20	0.00	1.90	0.00	0.00	0.00	2.10	4.00	-1.90
HSCP – Strategic Planning & Transformation	2.40	2.71	2.08	1.56	1.56	1.42	11.74	6.00	5.74
Mental Health	1.13	1.00	1.48	2.09	1.10	1.15	7.96	7.50	0.46
MHS - Addictions	2.38	1.46	2.00	1.75	0.80	1.00	9.39	7.50	1.89

Name	April	May	June	July	August	September	Year to Date	Target	Variance
MHS - Community	1.08	1.11	1.97	2.79	2.34	2.30	11.59	7.50	4.09
MHS - Learning Disabilities	0.43	0.68	0.92	1.91	0.59	0.60	5.14	7.50	-2.36

Table 1b NAC 2023 to 2024 Data

Name	April	May	June	July	August	September	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.24	1.37	1.39	1.43	1.77	1.77	8.97	6.64	2.33
HSCP Business Administration	1.29	1.30	1.09	0.87	0.98	0.99	6.52	5.50	1.02
HSCP Senior Managers	0.00	0.00	0.00	0.00	0.00	1.00	1.00	2.50	-1.50
Financial Inclusion	0.52	0.00	1.32	0.65	1.08	1.19	4.75		
Chief Social Work Officer	0.00	0.35	0.00	0.33	1.80	1.60	4.08	4.00	0.08
Professional Standards	0.00	0.35	0.00	0.33	1.80	1.60	4.08	4.00	0.08
Children, Families & Justice (CF)	1.10	1.50	1.57	1.74	2.05	1.60	9.57	6.41	3.16
CF - Garnock Valley, North Coast & Arran	0.90	0.90	0.74	1.45	1.44	1.33	6.77	6.58	0.19
CF - Irvine, Killwinning & Three Towns	0.77	0.99	1.53	1.46	1.70	0.97	7.41	7.50	-0.09
CF - Justice Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.50	-7.50
CF - Care Experienced Children & Young People	0.77	1.81	1.78	1.91	2.38	2.26	10.90	7.04	3.86
CF - Justice & Intervention Services	1.80	1.74	1.77	1.94	2.29	1.45	10.99	2.50	8.49
CF - Universal Early Years	0.00	0.26	0.00	0.00	0.00	0.70	0.96	4.14	-3.18
Health & Community Care (HCC)	1.46	1.51	1.52	1.61	2.01	2.20	10.30	7.20	3.10
HCC - Arran Services	0.00	0.00	1.04	0.99	1.03	0.86	3.92	5.00	-1.08
HCC - Community Care Services	1.60	1.59	1.61	1.69	2.09	2.26	10.85	7.50	3.35
HCC - Locality Services	0.56	0.87	0.77	1.09	1.77	2.28	7.33	5.10	2.24
HCC – Long Term Conditions	4.00	3.00	0.00	0.00	0.00	0.00	7.00	2.50	4.50
HCC - Rehab & Reablement	0.51	1.90	1.51	1.03	0.05	0.24	5.24	5.00	0.24
HSCP Finance & Transformation	0.12	0.56	0.51	0.43	1.37	1.17	4.16	4.56	-0.40
Contracts and Commissioning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	-4.00
HSCP - Finance	0.00	0.23	0.09	0.04	1.22	1.77	3.35	4.00	-0.65
HSCP - Performance	0.20	1.92	2.08	2.00	3.82	1.64	11.65	4.00	7.65

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

Table 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	5.18		
Children's Health / Care & Justice Services North	7.17	4.43		
Community Health & Care Services North	5.73	6.11		
Lead Partnership North	7.40	6.59		
Grand Total	6.54	6.15		

Appendix 5 – Finance

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 4	Movement in variance from Period 4
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	71,123	76,174	5,051	18,816	19,908	1,092	89,939	96,082	6,143	6,049	94
: Locality Services	30,440	31,937	1,497	5,366	5,410	44	35,806	37,347	1,541	879	662
: Community Care Service Delivery	36,664	39,469	2,805			0	36,664	39,469	2,805	3,476	(671)
: Rehabilitation and Reablement	2,063	2,390	327			0	2,063	2,390	327	17	310
: Long Term Conditions	917	934	17	9,459	10,373	914	10,376	11,307	931	924	7
: Community Link Workers	338	338	0	0	0	0	338	338	0	0	0
: Integrated Island Services	701	1,106	405	3,991	4,125	134	4,692	5,231	539	753	(214)
MENTAL HEALTH SERVICES	34,206	34,624	418	73,192	73,742	550	107,398	108,366	968	1,069	(101)
: Learning Disabilities	25,694	26,482	788	556	555	(1)	26,250	27,037	787	916	(129)
: Community Mental Health	6,485	6,105	(380)	1,739	1,738	(1)	8,224	7,843	(381)	(411)	30
: Addictions	2,027	2,037	10	1,899	1,899	0	3,926	3,936	10	12	(2)
: HBCCC	0	0	0	353	247	(106)	353	247	(106)	(106)	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	68,645	69,303	658	68,645	69,303	658	658	0

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 4	Movement in variance from Period 4
CHILDREN & JUSTICE SERVICES	38,924	40,366	1,442	4,915	5,161	246	43,839	45,527	1,688	1,134	554
: Irvine, Kilwinning and Three Towns	3,021	3,075	54	0	0	0	3,021	3,075	54	32	22
: Garnock Valley, North Coast and Arran	3,123	3,154	31	0	0	0	3,123	3,154	31	43	(12)
: Intervention Services	1,700	1,704	4	0	0	0	1,700	1,704	4	(1)	5
: Care Experienced Children & Young people	27,131	29,182	2,051	0	0	0	27,131	29,182	2,051	1,369	682
: Head of Service - Children & Families	1,064	389	(675)	0	0	0	1,064	389	(675)	(524)	(151)
: Justice Services	2,472	2,472	0	0	0	0	2,472	2,472	0	0	0
: Universal Early Years	413	390	(23)	4,203	4,449	246	4,616	4,839	223	215	8
: Lead Partnership NHS Children's Services	0	0	0	712	712	0	712	712	0	0	0
CHIEF SOCIAL WORK OFFICER	1,559	1,558	(1)	0	0	0	1,559	1,558	(1)	12	(13)
PRIMARY CARE	0	0	0	53,109	53,109	0	53,109	53,109	0	0	0
ALLIED HEALTH PROFESSIONALS			0	10,306	10,306	0	10,306	10,306	0	0	0
MANAGEMENT AND SUPPORT COSTS	9,608	7,576	(2,032)	4,407	3,652	(755)	14,015	11,228	(2,787)	(1,293)	(1,494)
FINANCIAL INCLUSION	970	891	(79)	0	0	0	970	891	(79)	2	(81)
OUTTURN ON A MANAGED BASIS	156,390	161,189	4,799	164,745	165,878	1,133	321,135	327,067	5,932	6,973	(1,041)

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 4	Movement in variance from Period 4
Return Hosted Over/Underspend East	0	0	0	0	(215)	(215)	0	(215)	(215)	(215)	0
Return Hosted Over/Underspend South	0	0	0	0			0	0	0	0	0
Receive Hosted Over/Underspend South	0	0	0	0	(188)	(188)	0	(188)	(188)	(188)	0
Receive Hosted Over/Underspend South	0	0	0	0	215	215	0	215	215	204	11
Receive Hosted Over/Underspend East	0	0	0	0	(133)	(133)	0	(133)	(133)	(77)	(56)
OUTTURN ON AN IJB BASIS	156,390	161,189	4,799	164,745	165,557	812	321,135	326,746	5,611	6,697	(1,086)

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
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