IJB Performance and Audit Committee
February 2025
Agenda Item Number

Subject:

Quarter 3 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 3 2024 to 2025.

Direction Required to Council, Health Board or Both:

No Direction Required

Acronym	Full Version
CFJ	Children, Families and Justice
HCC	Health and Community Care
MAT	Medication Assisted Treatment
NAC	North Ayrshire Council
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 **Performance Indicators Placed in Holding Position**

The following indicators have been removed in Quarter 3:

Increase % of children with no developmental concern recorded at the 13–15-month assessment.

Due to an examination of data providing differing values between local and national data, it has been decided to remove this indicator rather than offer values conflicting with those published nationally. Further analysis will take place regarding local data and a new indicator and target will be provided beginning Quarter 1 2025/2026.

Increase % of children with no developmental concern recorded at the 27–30-month assessment.

Due to an examination of data providing differing values between local and national data, it has been decided to remove this indicator rather than offer values conflicting with those published nationally. Further analysis will take place regarding local data and a new indicator and target will be provided beginning Quarter 1 2025/2026.

Increase the number of individuals receiving Medication Assisted Treatment (MAT) that are in therapy.

Reporting on this PI is currently paused as we await the National Drugs Policy Division to set a new target for 2024/25. No additional information has been provided thus far.

2.2 **Summary**

There are two summary tables at the start of the quarterly report. The first provides a high-level Red/ Amber/ Green position comparing the previous quarters. The second lists exceptions where measures have not met the quarterly or annual target at Quarter 3 2024 to 2025.

2.3 **Highlights**

Performance Improvement

Three measures has shown an improvement in performance in Quarter 3:

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

Green from Red

Service	Measure	Values
CFJ	Support 45 children and young people into kinship care placements each year (target is 33 in Quarter 3)	32 from 18

- Although we have a kinship target, figures can vary and fluctuate over each month. However, we are pleased to note, that when children and young people have been unable to remain at home, within their birth families, the increase in

figures highlight that they have been able to remain, in the community, with family relatives.

Service	Measure	Values
All	Average working days lost to sickness absence per employee - NAC (target is 3.32 days per quarter)	3.36 from 3.77

Green from Amber

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

- Target has been met for this quarter with 2 PRI sessions undertaken.

Performance Declined

Two measures declined in performance in Quarter 3:

- 2 x Red from Green

Red from Green

Service	Measure	Values
CFJ	Recruit 6 new foster carers each year. (target is 4 in Quarter 3)	2 from 2

- We are continuing to actively recruit for foster carers across all our various fostering schemes. We currently have more interest in our Short Break and Respite schemes. This is a national issue which affects the whole of the UK. All local authorities and Independent Agencies are attempting to consider alternatives ways of attracting people to become foster carers.

Service	Measure	Values
HCC	Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days) (target is 90)	164 from 66

- The increase in bed days over this period was the result of legal processes being followed such as guardianship that did not allow for transfer of patients to long term care until these were completed. This unfortunately resulted in the extended delays highlighted.

Financial Position

The financial position at the end of Quarter 3.

Quarter	Comments
Q3	**£5.824 million projected overspend**
Q2	£5.611 million projected overspend
Q1	£4.576 million projected overspend

2.4 **Anticipated Outcomes**

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

2.5 **Measuring Impact**

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

One measure is reported one quarter in arrears. This figure will not be included in the summary table below for Quarter 1. The applicable RAG status for this measure will be included in the subsequent quarter counts. The measure is:

- Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.) – reporting period changed to marry up with published national data

Two Children and Families measures have been placed in holding positions until local information reviewed against those in national publications. These will not be included in the summary table.

- 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)

One Mental Health measure placed in a holding position until national guidance and target received. This will not be included in the summary table.

- Increase the number of individuals receiving Medication Assisted Treatment (MAT) that are in therapy.

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

Quarter	Red	Amber	Green	Reported 1 Quarter Behind
Q1	6	1	19	3
Q2	6	1	22	3
Q3	6	0	20	1
Q4				

3   Implications

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

4   Conclusion

4.1   The IJB Performance and Audit Committee members are asked to review and discuss the content of the Quarter 3 2024 to 2025 report with the strategic service leads.

 For more information, please contact Neil McLaughlin at:

PlanningandPerformance@north-ayrshire.gov.uk

North Ayrshire
Health and Social Care Partnership

Performance and Audit Committee Report
Quarter 3 2024 to 2025
(October 2024 – December 2024)
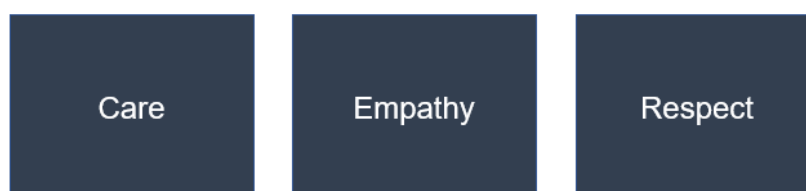

February 2025

Contents

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.

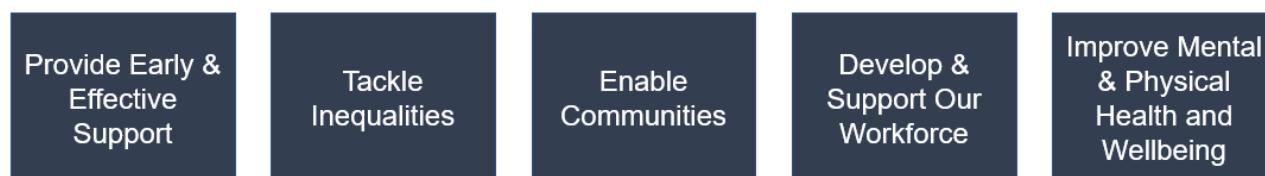A glossary of acronyms used within this report is contained in Appendix 6.

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:

Care	Empathy	Respect

And the five new objectives of:

Provide Early & Effective Support	Tackle Inequalities	Enable Communities	Develop & Support Our Workforce	Improve Mental & Physical Health and Wellbeing

Financial Summary

The projected outturn is a year-end overspend of £5.824m (1.8%) for 2024-2025, reduced to £4.415 million through identified financial recovery actions. There is an increasing risk to achieving financial balance during 2024-2025, 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 @ mth9	5.824	1.539	4.285
Less Financial Recovery Plan Projections	(1.409)	(0.230)	(1.179)
Residual Risk	4.415	1.309	3.106

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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 3 is 6.91%, 2.25% above the quarterly target of 4.66%.

NAC partnership employees' absence at the end of Quarter 3 is 3.36 days, 0.04 days above the quarterly target of 3.32 days.

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Summary of Performance

Position at Quarter 3 2024 to 2025

Strategic Plan Measures

Service	Areas of Focus - Red	Amber	Green
Children, Families, Justice	1	0	8
Health and Community Care	4	0	1
Mental Health	0	0	10

Absence not meeting targets

Area	Absence
NAC	3.36 Days (green)
NHS	6.91% (red)

Financial Position

Area	Current Position
Financial Position	£5.824 million projected overspend (1.8%)

1 measure is reported in arrears:

- 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	6	0	20	1
Q4				

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

Red – Areas of Focus Summary

Service	Strategic Objective	Indicator Description	Target	Value	Go to page
Children & Families	Enable Communities	Recruit 6 new foster carers each year	4 (Cumulative)	2	14
Health & Community Care	Provide Early and Effective Support	Reduce the number of people waiting for assessment	150	209	15
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	148	15
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	29	17
Health & Community Care	Improve Mental & Physical Health and Wellbeing	Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	164	19
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee – NHS	4.66%	6.91%	20

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Areas of Focus - In Detail

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

Target	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
4 (Cumulative)	Red 🛑	0 🛑	2 ✅	2 🛑	

Trend Commentary

No foster carers were recruited during Quarter 3. This is the second instance of this PI being red during 2024/25. All quarters during 2023/24 were green. The annual target for this PI is six while the cumulative target in Quarter 3 is four.

Actions to Improve Performance

We are continuing to actively recruit for foster carers across all our various fostering schemes. We currently have more interest in our Short Break and Respite schemes, but not in general full time Fostering. This is not particular to North Ayrshire, but a national issue which affects the whole of the UK. As a result, all local authorities and Independent Agencies are attempting to consider alternatives ways of attracting people to become foster carers.

Given that most people today make use of social media, we have investigated options in relation to this and have chosen the company Can Digital to assist us raise our digital profile. This was approved and we have now been utilising this company for all our fostering advertising. Although having just recently commenced with this new approach, we have already noted a rise in enquiries and hopefully these will translate into applications and ultimately new foster carers.

We are also giving consideration to the compilation of a new Fostering Scheme, which also may be more attractive to those who may wish to be potential foster carers and are currently working on this.

Timescale for Improvements

End of Quarter 4 2024 to 2025

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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 🛑	209 🛑	

Trend Commentary

The number of people waiting for assessment in Quarter 3 was 209 which is the second lowest number waiting for an assessment since Quarter 1 2022/23. The indicator has been red every quarter since reporting began at Quarter 1 2022/23.

Actions to Improve Performance

Action to improve performance has been impacted by the need to prioritise assessment for hospital discharge which has meant resource has consistently had to be diverted from locality social work teams.

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 🛑	148 🛑	

Trend Commentary

During Quarter 3, 148 people were on the waiting list for a Care at Home service in the Community, exceeding the target by 58. The number of people waiting has decreased by 1

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from 149 in Quarter 2 2024/25 to 148 in Quarter 3 2024/25. The Quarter 3 value is the lowest number of people waiting since Quarter 1 2022/23.

Actions to Improve Performance

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 2024/2025. 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 number of frontline vacancies within the service has increased from 67 at Quarter 2 to 71 at Quarter 3.

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 faced challenges over the festive period due to corporate holiday closures impacting induction and start dates for new staff.

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. Despite these efforts the service saw an in increase in front line staff absences by 3% from Quarter 2 to Quarter 3. This was the highest level of sickness absence reported in 2024/2025. Additional resources are being provided by HR colleagues to ensure timely support and management of absence. A review of CHRIS absence reporting has been undertaken by the service to ensure accuracy of information and any required follow up.

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. An additional review of double handling cases is being completed in conjunction with our Moving and Handling team colleagues. It is anticipated these reviews 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 continues to be chaired by a Senior manager and meets 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.

The service has seen an increase in community referrals as well as a significant rise in requests for increases to existing community referrals towards the end of Quarter 3 with resources required to be prioritised to support our increasingly frail service users at home.

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 🛑	29 🛑	

Trend Commentary

During Quarter 3, 29 people were on the waiting list for a Care at Home service in Hospital, exceeding the target by 17. The number of people waiting has increased by 2 from 27 in Quarter 2 2024/25 to 29 in Quarter 3 of 2024/25. The Quarter 3 value is the

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second highest number of people waiting since the inception of this PI in Quarter 1 2022/23.

Actions to Improve Performance

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 2024/2025. 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 number of frontline vacancies within the service has increased from 67 at Quarter 2 to 71 at Quarter 3.

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 faced challenges over the festive period due to corporate holiday closures impacting induction and start dates for new staff.

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. Despite these efforts the service saw an in increase in front line staff absences by 3% from Quarter 2 to Quarter 3. This was the highest level of sickness absence reported in 2024/2025. 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 And Long LOS reviews 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. An additional review of double handling cases is being completed in conjunction with our Moving and Handling team colleagues. It is anticipated these reviews may create additional capacity for new referrals to meet the ever-increasing demand for services from our acute sites and communities.

The service has seen an increase in community referrals as well as a significant rise in requests for increases to existing community referrals towards the end of Quarter 3 with resources required to be prioritised to support our increasingly frail service users at home.

Timescale for Improvements

End of Quarter 4 2024 to 2025

Description	Responsible Service	Health and Wellbeing Indicator	Strategic Objective
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	Health & Community Care	Quality of Life	Improve Mental & Physical, Health and Wellbeing

Target	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
90	Red 🛑	20 ✅	66 ✅	164 🛑	

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Trend Commentary

The total number of bed days lost for the quarter was 164 days, an increase of 98 days from Quarter 2, and is over double the number of days lost in Quarters 1 and 2 combined. The target of 90 has been exceeded for the first time since Quarter 4 2022/2023.

The increase in bed days over this period was the result of legal processes being followed such as guardianship that did not allow for transfer of patients to long term care until these were completed. This unfortunately resulted in the extended delays highlighted.

We would be hopeful that bed days will decrease as we complete the legal processes by the next quarter.

Actions to Improve Performance

We will continue to have two intermediate beds that will support this process and have no further actions for improvement.

Timescale for Improvements

Quarter 4 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% 🔴	6.91% 🔴	

Trend Commentary

This performance indicator continues to fail to achieve its target.

The absence figure has increased by 0.76% this quarter from 6.15% to 6.91% in Quarter 3.

Actions to Improve Performance

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

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.

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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 4 2024 to 2025

Children, Families and Justice

Enable Communities

In November 2024, Health Visiting and Family Nurse Partnership services across Ayrshire were successfully reaccredited at Gold level for the UNICEF Baby Friendly award. The UK-wide UNICEF Baby Friendly Initiative enables public services to better support families with infant feeding and developing close and loving relationships so that all babies get the best possible start in life.

This prestigious award has a particular focus on sustainability, providing a framework to ensure that infant feeding care is evidence-based, consistent, and supports staff to deliver a service that provides the best possible care for new families, with a formal revalidation process taking place two years after initial Gold accreditation and every three years thereafter.

This is a significant achievement for health visitors, family nurses and support staff across Ayrshire. Particular thanks to Frances Gunn (Service Manager, Children's Service), Liz Smith and Gillian Dalziel (Community Infant Feeding Nurses) and Alyson Baillie (Community Infant Feeding Support Nurse) for their efforts in preparing the portfolio for submission.

Breastfeeding rates in North Ayrshire

Breastfeeding rates have shown the biggest improvement in 20 years in North Ayrshire. The published data for 2023 to 2024 has shown the following improvements in breastfeeding indicators from an NHS Ayrshire and Arran perspective:

Indicator	2022 to 2023	2023 to 2024
% breastfeeding at initiation	54.6	57.6
% exclusive breastfeeding at first HV contact (10-14 days)	27.4	30.5
% exclusive breastfeeding at 6-8 week HV assessment	22.8	25.6

Similarly, the published data for 2023 to 2024 has shown the following improvements in breastfeeding indicators from a North Ayrshire perspective:

Indicator	2022 to 2023	2023 to 2024	Variance
% breastfeeding at initiation	53.0	59.6	6.6% increase
% exclusive breastfeeding at first HV contact (10-14 days)	23.2	30.5	7.3% increase
% exclusive breastfeeding at 6-8 week HV assessment	20.3	25.6	5.3% increase

This is a real highlight for the year and is testament to the hard work of all staff within Children and Families Health Team, and colleagues within maternity services and the Breastfeeding Network.

Develop and Support our Workforce

Prevent is a strand of the UK Government's Counter-Terrorist Strategy that aims to reduce the threat to the UK by stopping people from becoming terrorists or supporting terrorism. It is about preventative action and is focused on the early stages where a crime has not yet been committed.

Local authorities, Health and Social Care Partnerships, the NHS, colleges/universities, prisons and the Police all have a duty to protect vulnerable individuals and work together to stop them from being exploited and radicalised.

The North Ayrshire Prevent group was created several years ago and continues to meet on a monthly basis with regular attendance from representatives from a range of partner agencies including the Health and Social Care Partnership, Housing, Education, Connected Communities, Legal Services, NHS Ayrshire and Arran, Police Scotland and the Prevent Delivery Unit.

The North Prevent group in conjunction with The Safeguarding and Vulnerabilities Team, the Prevent Delivery Unit and the Ayrshire Counter Terrorism Liaison Officer, continue to share knowledge and develop best practice to support those vulnerable to being exploitation and radicalised.

In order to support our workforce, develop their understanding and improve practice in this area, a variety of training was accessed throughout quarter 3. This included Extreme Ideologies Training which allowed practitioners to broaden their knowledge and understanding of Extreme Right-Wing ideologies, Islamist ideologies and concerns categorised under Emerging Extremist ideologies. This training was delivered by academic experts in these areas. In addition, a training session was also provided in Trauma, Adversity and Violent (TAVE) extremism, this training session focused in the overlap between trauma, experiences of trauma and involvement in violent extremism.

In addition to these specific courses, awareness sessions continue to be facilitated across North Ayrshire Council, North Ayrshire Health Social Care Partnership, NHS Ayrshire and Arran and the Third Sector by the Counter Terrorism Liaison Officer for Ayrshire.

Richard MacMahon, (Quality Assurance Lead, Prevent Intervention Programmes. Prevent Directorate, Homeland Security) attended our North Monthly Prevent Group and a North PMAP (Prevent Multi Agency Panel) on 14th November 2024 and provided positive feedback on the multi-agency work being taken forward in North Ayrshire to fulfil our mandatory responsibilities and duties in relation to Prevent

Provide Early and Effective Support

The Drug Treatment and Testing Order (DTTO) Team have been working in partnership with Minds of Recovery to deliver a bespoke four-week bite-sized recovery group to service users on a DTTO community sentence. A DTTO is a sentence imposed by the Courts. It focuses on drug treatment as the primary means of reducing offending behaviour. Orders last between six months and three years and combine drug treatment and a testing regime with regular court reviews, in addition to supervision.

Mentoring Individuals for New Destinations and Support (MINDS) recovery group explores the CHIME (Connectedness, Hope and optimism about future, Identity, Meaning in life and Empowerment dimensions) model of recovery, recovery capitals and the language of recovery. It also looks at the six stages of change and coping mechanisms to help change the narrative of addiction and recovery. Service users were mandated to attend once a week for two hours.

The groups are set up as a conversation café, creating a safe space where service users can discuss issues relating to themselves. Roles are created within the group, from setting up the room, making tea and coffee, to helping individuals complete worksheet tasks and tidying up at the end of group sessions. In one of the groups, with the input from one of the DTTO Recovery Development Workers, one individual stepped up to volunteering, which involved connecting with the group by providing input and generating conversation on areas of focus.

Feedback received thus far highlights the positive impact that the recovery group has had on participants. Improvements in mental health, anxiety levels and overall, wellbeing have been reported by participants who feel that the provision of this early support in their journey of recovery has been invaluable.

Feedback from service users indicate the following:

"I have learned that there are different ways to approach recovery, and being around people has improved my confidence."

"Being there and enjoying it made a difference to me."

"Meeting people has made me realise that I can get somewhere in life."

"It has helped me in overcoming anxiety."

"I've enjoyed being out of the house and learning new coping mechanisms with people with the same issues as me, and I'm thinking about attending more groups."

Improve Mental & Physical Health and Wellbeing

In December of last year, the HSCP received notification from Scottish Government that The Delivering Equally Safe Fund would provide a further 12 month's funding to allow us to continue to develop our approach to providing crucial support to survivors of violence against Woman and their children.

This funding will be used to recruit a lead officer to further progress activities to embed the Safe and Together Model on a pan Ayrshire basis. The Safe and Together Model is an internationally recognised suite of tools and interventions designed to help Social Workers and other key professionals to engage with families experiencing domestic abuse, in a child centred, strengths-based way.

Tackle Inequalities

In recent months, the United Nation's Convention on the Rights of the Child (UNCRC) was fully incorporated into Scots Law - The Children and Young People's Commissioner Scotland.

The UNCRC articles provide for every aspect of a child's life from birth up to the age of 18 years. Guidance around UNCRC is clear that incorporation and adherence to UNCRC is the responsibility of all public sector organisations and services, including those services viewed as "adult services."

To support our work within the HSCP, it was seen as critical to establish a baseline of understanding and preparedness for implementation across all services. As such, in November of last year, using the Improvement Service's Getting Ready for UNCRC Incorporation Framework document, a benchmarking document was developed with an ask that all services within the HSCP complete to the best of their ability. Joanne Inglis, Senior Manager within our Children's Health team led on this piece of work.

Responses provided related to current practice within each service. Results have been shared with all services. Moving forward each service will use the benchmarking exercise to identify compliance and any areas that require special attention to ensure implementation.

Christmas Support

Across our Children and Families services, various Christmas toy appeals were organised to support our most vulnerable families during what can be one of the most stressful, difficult and expensive times of year for our families, especially given the levels of child poverty in North Ayrshire, which sits at 29%. Our Health Visiting Services alongside our Children and Families Social Work teams worked hard to fundraise and collect donations of toys and clothes that could be gifted within our local communities. Staff were humbled by the generosity of those who contributed but also moved by the appreciation shown from those receiving support.

Health and Community Care

Improve Mental and Physical Health and Wellbeing

Transformative MS Care Pilot

NHS Ayrshire & Arran, in partnership with Coloplast Ltd, has launched a successful pilot service to improve the lives of people with multiple sclerosis (MS). This innovative service focuses on managing neurogenic bladder and bowel dysfunction, a common issue for people living with multiple sclerosis. Key achievements include the introduction of a dedicated bladder and bowel clinical nurse specialist, early detection through patient questionnaires, and significant reductions in urine retention and urinary tract infections. Patients have experienced improved health outcomes, enabling them to engage more fully in work and social activities. This pilot sets a new standard for MS care, demonstrating the benefits of early intervention and integrated care pathways.

Improved Care Inspectorate Grades at Montrose House Care Home

The latest inspection report for Montrose House Care Home, conducted on 29th October 2024, highlights a number of positive developments and improvements. The service has made substantial progress since the previous inspection, positively impacting residents' experiences and outcomes. The service received a "Good" rating for both supporting residents' wellbeing and for leadership. Effective methods for staffing assessment and planning have been implemented, ensuring safe and sufficient staffing levels. The introduction of robust quality assurance processes has led to continuous service improvement, with key tasks delegated to capable staff members. The employment of an activity coordinator has significantly enriched residents' daily lives, and the home has improved its cleanliness and infection prevention measures.

Enable Communities and Tackle Inequalities

Drone Delivery of Lab Specimens

In a groundbreaking achievement, NHS laboratory specimens were successfully delivered from the island of Arran by drone across the Firth of Clyde. This innovation, part of Project CAELUS, reduced delivery times from several hours to just 30 minutes, significantly speeding up diagnostic processes and treatment decisions. This project demonstrates the commitment to leveraging technology to enhance healthcare delivery, particularly benefiting remote and rural communities. The successful trial marks a significant step forward in addressing logistical challenges faced by remote communities.

Trindlemoss Community Christmas 2024

The festive season at Trindlemoss was filled with joy and community spirit, thanks to the dedicated efforts of our Care at Home team. On Christmas Eve, service users enjoyed a cosy Christmas-movie afternoon complete with hot chocolate and sweet treats. Christmas Day was a heartwarming experience as our team spent the morning with service users, helping them open presents and providing assistance in their homes. A special Christmas lunch was organised in the Club Room at Trindlemoss Day Opportunities, creating lasting memories for everyone involved. The festive spirit continued on Boxing Day with a two-course meal delivered to each service user's home, and on New Year's Day, our teams

prepared and delivered a special steak pie dinner. These efforts ensured that that people felt valued and included throughout the holiday season.

Ward 2 Palliative Care Pilot

Ward 2 has launched an innovative pilot programme to receive direct referrals from North Ayrshire GPs, in collaboration with District Nursing, for patients requiring palliative and complex care. This initiative, which began in July 2024, aimed to reduce the need for acute admissions, providing a more seamless and compassionate care pathway for patients. Since its inception, the ward has successfully integrated community referrals, receiving 20 from community District Nurses/GPs and 6 from Ayrshire Hospice, with 17 patients admitted directly to Ward 2. Efforts are underway to strengthen links with GP practices and District Nurses to proactively discuss potential admissions. Collaboration with Ayrshire Hospice is also ongoing to develop comprehensive education and training programmes for staff, focusing on key aspects of palliative care, particularly pain management.

Provide Early and Effective Support

Dementia Connect Event
North Ayrshire's first ever Dementia Connect event was held last month, bringing together those living with dementia and their carers to learn more about dementia care and the supports available. Around 80 people attended the free event on 13th November at the volunteer rooms in Irvine. Guest speakers included Professor Elaine Hunter, National AHP Consultant for Alzheimer's Scotland, and Susan Holland, NHS Ayrshire and Arran's Nurse Consultant for Dementia. The event featured conversations based on the outcomes of the national strategy, activities highlighting the challenges faced by individuals living with dementia, and a marketplace with representatives from local and national support services. The event was a great success.

Post Diagnostic Support Service
Recognised in Scotland's National Dementia Strategy, post-diagnostic support is crucial for people newly diagnosed with dementia. High-quality support over an extended period helps individuals and their families live well with dementia and prepare for the future. The Scottish Government guarantees a minimum of one year's support for every newly diagnosed person. Our team of CPNs provide timely emotional and practical support, helping individuals understand their illness, manage symptoms, stay connected to their community, and plan for future care. Additional practical help can be accessed via the local social work office.

Develop & Support Our Workforce
A 5-week course was recently offered to Care at Home Managers, covering areas such as HR policies and procedures, financial management, trauma, child protection, adult support and protection, complaint handling, leadership, supervision, transitions, business administration, and evaluation. Attendees rated their knowledge increase from 2.3/5 to 4.3/5, and all those who attended noted they would recommend the course to others. This training is crucial for developing and supporting our health and social care workforce.

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Case Study: Scottish Healthcare Awards 2024

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

Mhairi Coutts and our Multiple Sclerosis service based at Douglas Grant Rehabilitation Centre in Irvine were shortlisted as finalists in the 'Developments in the Management of Multiple Sclerosis' Award in the 2024 Scottish Healthcare Awards.

We are delighted to say that they were announced as winners of the category at the awards ceremony, which was held at the Crowne Plaza in Glasgow in November.

The team was recognised for its work in involving patients in future developments to better meet their needs, as well as its work in developing a suite of outcome measures to identify changes in patients' conditions at an earlier stage, allowing earlier intervention and sustaining function and independence for as long as possible.

The Scottish Healthcare Awards acknowledge and celebrate those working across NHS Scotland and its partners to deliver high quality health and social care services to the people of Scotland.

A huge congratulations go to everyone involved in the care of patients with Multiple Sclerosis in Ayrshire on this wonderful achievement.

Health and Community Care - Progress Against Council Plan Actions

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

Due to the savings plan, care at home capacity will no longer be seeking growth and this action will no longer be appropriate. As such, this action will now be marked as off programme and deactivated.

Mental Health
North Ayrshire Drug and Alcohol Services

All national and local standards and targets around Medication Assisted Treatment (MAT), Opiate Replacement Therapy (ORT), Naloxone and Waiting Times 'Access to Treatment' continue to be met. The Scottish Government have paused all national reporting on 'Alcohol Brief Interventions' following a review by Public Health (Scotland). Whilst we await national direction, we have continued with all local processes and local reporting.

A review of the MAT 7 Implementation Plan has resulted in revised funding projections with a slight reduction in funding being required going forward. This will be discussed at the next local Alcohol & Drug Partnership (ADP) Finance meeting. A Residential Rehabilitation Action Plan has been developed and a meeting has been arranged with Healthcare Improvement Scotland (HIS) colleagues to discuss and agree a finalised plan.

Learning Disability (LD) Service

Enable Communities

The Learning Disability Service, along with other HSCP and Third Sector colleagues, has been linking with colleagues in the Borders and others around the possibility of exploring the implementation of Local Area Coordination (LAC). These conversations link to an evaluation of LAC by Napier University in 2024, which highlighted immense benefits to individuals and communities from the roles, as a result of their pro-active focus on building capacity, resilience, and inclusiveness (in line with other evaluation work), but highlighted variance in implementation and interpretation of the role across Scotland. Building support within the Borders and North Ayrshire for a joint approach to Government for support to explore the role is the current focus of activity.

Develop and support our Workforce

The ongoing issues within Ward 7A have led to an upscaling of concerted action across the Partnership to address the pressures on staff, and the outcomes for patients, all of whom are now classified as delayed discharge (i.e. there is no clinical reason for them to remain within Ward 7A). Along with weekly meetings led by the Head of Service (Mental Health), three workstreams have been established exploring issues around Workforce; Environment; and Delayed Discharge. A Pan Ayrshire Steering group will be established to take this programme of work forward. It is intended that this work will report by June of this year and provide a direction for subsequent appropriate development of assessment and treatment options. A second team manager has been recruited to the Learning Disabilities Social Work Team, start date to be agreed imminently. Work is ongoing to further support the team via the establishment of Senior Practitioner roles. Information gathering regarding the work of the Intensive Support Service to date is ongoing. That activity will support and inform the related work in relation to Ward 7A.

Improve Mental & Physical Health and Wellbeing

Delivery of the new Annual Health Check specification continues. To date, 55.2% of individuals identified as eligible for the checks have been offered one, with 760 checks delivered as of start of January. Ayrshire continues to link with national discussions

regarding this work. The services collaboration with Public Health Scotland led to the delivery of a final report in December, detailing comparison of a variety of service use and health indicators between the identified LD and general population in North Ayrshire. The service is seeking to continue to develop and learn from this activity.

Tackle Inequalities

The service's collaboration with the Scottish Commission for People with Learning Disabilities around a digital inclusion project now also involves Scottish Care as a key delivery partner, building on their existing implementation of Care Technologist roles in East Ayrshire and elsewhere. The work will involve understanding and connecting existing digital inclusion activity in North Ayrshire and how this benefits people with learning disabilities, with a view to developing frameworks and resources which can be easily sustained locally and replicated elsewhere. While this work is focused around the digital exclusion of people with learning disabilities, it has the potential to benefit others, through its inherent focus on accessibility. The project team are also seeking to involve Glasgow School of Art in the work, as a design partner.

Psychological Services

Psychological Services can report a LDP 90% RTT standard of 92.8% in November 2024, which is a further improvement from September 2024 (91%). Despite meeting the LDP 90% fairly consistently on aggregate scoring, a few of our services are really struggling to meet this target (CAMHS Psychology/ Community Paediatrics). These two services are seeing an improving picture due to recruitment, but they are vulnerable due to small staffing numbers.

Unfortunately, the difficult financial situation is starting to impact on recruitment of new staff. Fixed term posts will be lost at the end of the financial year due to reduction in funding streams, which will have a negative effect on capacity and service development. 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 (Scottish Government September 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 Scottish Government 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 has been undertaken for all services.

CAMHS & CEDS

The new facility at West Road for N-CAMHS (Neuro CAMHS) and CEDS (Community Eating Disorder Service) will result in improved environment to carry out physical examinations and improve the wellbeing for patients and staff in the facility. Previously

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physical examinations were being carried out in environments which were must less suitable. The newly refurbished facility will enable a much safer and hygienic environment which the workforce have been involved in designing.

Adult Community Mental Health Services (including Unscheduled Care, Perinatal, Infant and Maternity & Neonatal Services)

Enable Communities

Our Adult Community, Unscheduled Care, Perinatal, Infant, Maternity and Neonatal mental health services continue to provide treatment and support within primary and secondary care provision. Care and treatment is provided at home or as close to home as possible, in a joined-up approach including third sector provision.

Develop and support our Workforce

As part of a new service provision, recruitment has begun on an Early Intervention in Psychosis Service. The first staff member, a new team leader, has taken up post, with psychology and psychiatry workforce due to commence in the coming weeks. This bespoke team is being well supported and developed by Healthcare Improvement Scotland. Although no date for official operational launch has been confirmed, this service will support people with suspected first episode psychosis providing them rapid access and intensive psychological, social and medical treatment. The scope and parameters of the service are yet to be finalised, but it would aim to support individuals aged 16-35 for a maximum period of 2-3 years. The funding itself however is only for an initial 18-24 months, therefore will require future funding investment to continue if successful. Early Intervention Psychosis services aim to improve longer term outcomes for individuals. Supporting and promoting their longer term mental and physical health as well as their overall wellbeing, aiming to combat and reduce any potential future inequalities.

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.

The Hub where peer support workers work out of is in process of moving from the main building to new accommodation nearer the workshop.

Develop and support our Workforce

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

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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	65%	Amber

- RTT Compliance 98%.

- RTT waiting time 2-3 weeks.

- Neurodevelopmental CAMHS have approximately 2,526 young people waiting for a further assessment and continue to work with external provider to support the management of this list.

- West Road N-CAMHS (Neuro CAMHS) and CEDS (Community Eating Disorder Service) handover took place 26th November 2024 - opening to staff January 2025 and patients in February 2025.

- Operational groups continue to meet in North, South and East Ayrshire to establish neurodevelopmental services in each of the 3 Ayrshire's that do not meet the CAMHS specification.

- A working group has been initiated for CAMHS LD but still at very early stages.

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

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	75%	Amber

No update to Quarter 2. Provision continues to remain reduced and is further reducing with reduction in staff hours. Discussions regarding funding streams (Action 15 and Primary Care Improvement Fund) has continued with no new opportunity for funding. Potential for further reductions remain likely. In light of this, RAG status remains at AMBER with a reduced attainment of 75%.

System Wide

Absence Statement

Absence reported here is unplanned or sickness absence so does not include annual leave or other types of planned absence.

The method used to calculate average number of work days lost in North Ayrshire Council has changed as of Quarter 1 of the fiscal year 2024-2025. Totals now reflect the specific work patterns of the staff members who were absent and are therefore more accurate. Days that staff would not otherwise have worked (e.g. weekends) are no longer counted, so absence totals according to the new method will typically be lower.

NAC – Staff absence is detailed in Appendix 4. Sickness absence from NAC staff in the Partnership is 3.36 days, 0.04 days over the quarterly target of 3.32 working days.

NHS – Sickness absence from NHS staff in the Partnership is 6.91%, 2.25% above the target of 4.66%.

Difference in Absence Calculations

NAC figures – absence for North Ayrshire Council is reported in terms of average days of work lost per quarter. This is the average number of full (7 hour) work days that each employee was not present at work due to unplanned absence.

NHS figures – discuss absence as a rate. This is the ratio of work hours lost due to unplanned absence and contracted work hours within a service or the organisation.

Absence in Detail

As of Quarter 1 of the fiscal year 2024 to 2025, absence information has been recorded in an improved way. A process is now in place for categorising reasons for absence in this new dataset.

Details of the prominence of absence reasons up to and including Quarter 3 - expressed as the total number of work days lost due to each reason - are available in Appendix 4.

A summary of the top absence reasons within each HSCP service in Quarter 3 are shown below. Please note the following about these rankings:

• This excludes absences marked as "Miscellaneous", which is used to label absences which do not fit into other categories.

• The "Stress/Anxiety" category is distinct from "Work-Related Stress". The former category is used for any absence which does not explicitly mention work in the absence reason field during reporting.

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Children, Families & Justice:

1. Stress/Anxiety (28%)
2. Surgical Procedure (9%)
3. Depression (7%)

Health & Community Care:

1. Stress/Anxiety (20%)
2. Musculoskeletal (13%)
3. Chest/Lung (8%)

Mental Health:

1. Stress/Anxiety (15%)
2. Medical Treatment (15%)
3. Psychological (15%)

Management & Support:

1. Stress/Anxiety (30%)
2. Chest/Lung (8%)
3. Gastrointestinal (5%)

Recruitment and Retention

The tables below show the number of people that started in or left the HSCP during the quarters shown.

Figures from the past can change slightly when starters or leavers are recorded after the fact, or when records are modified after they were created. Values which have changed since the Quarter 2 PAC report are labelled with the change amount in subscript.

New Starts

Service	Q1	Q2	Q3	Q4	YTD
Children, Families and Justice	11	15	6		32
Health and Community Care	87$_{(-1)}$	60$_{(-1)}$	11		158
Mental Health	1	1	2		4
Finance and Transformation	2	3	1		6
Professional Standards	1	0	0		1
Business Admin	6	12$_{(+2)}$	1		19
TOTAL	**108**$_{(-1)}$	**91**$_{(+1)}$	**21**		**220**

Leavers

Service	Q1	Q2	Q3	Q4	YTD
Children, Families and Justice	11	10	7		28
Health and Community Care	29	34$_{(+2)}$	36		99
Mental Health	8	1	2		11
Finance and Transformation	4	3	1		8
Professional Standards	0	0	0		0
Business Admin	2	16	4		22
TOTAL	**54**	**64**$_{(+2)}$	**50**		**168**

Vacancies

Data regarding current vacancies within the partnership is now available and can be included in PAC reports going forward. Below are the numbers of approved posts which were vacant at the ends of the quarters shown.

Historic vacancy information is not recorded in the council so retrospective data cannot be provided.

Service	Q3	Q4
Children, Families and Justice	**33**	
Health and Community Care	**135**	
Mental Health	**21**	
Management and Support	**27**	
TOTAL	**216**	

Finance

The projected outturn is a year-end overspend of £5.824 million (1.8%) for 2024 to 2025, reduced to £4.415 million through identified financial recovery actions. There is an increasing risk to achieving financial balance during 2024 to 2025, the projected outturn position is summarised below with the residual risk following already identified financial improvement actions:

Area	TOTAL	Health/NHS AA	Social Care/NAC
Projected Overspend at month 9	**£5.824 million**	£1.539 million	£4.285 million
Financial Recovery Plan Projections	**£1.409 million**	£0.230 million	£1.179 million
Residual Risk	**£4.415 million**	£1.309 million	£3.106 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.

Health and Community Care Services

Against the full-year budget of £92.342 million there is a projected overspend of £5.741 million (6.2%) (£0.494 million favourable movement) and the main variances are:

- Care home placements – is overall projected to be £0.147 million overspent.

  The budgeted number of permanent placements was 765 and at month 9 there were 769 placements which is a reduction 21 places from month 7. The projected overspend is £0.907 million (£0.161 million favourable) on permanent placements, £0.284 million (£0.054m favourable) on interim placements and respite placements are projected to be online (no change). The plan to manage down the number of permanent placements to reach the target is challenging due to the need to minimise delayed discharge from hospital and to continue to support those in critical and substantial need in the community.

  The overspend is partially offset by income recovered from charging orders which is projected to be £0.760 million over recovered (£0.057 million favourable). This income is challenging to predict as it depends on the length of the legal process and time taken to sell the property that the charging order is registered to.

- Care at home is projected to be £2.563 million overspent (net £0.147 million favourable movement). The position reflects the cost of meeting the significant demand and level of provision for care at home support.

- Physical Disability Services – projected overspend of £0.767 million.

- Integrated Island Services is projected to overspend by £0.522 million.

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- Specialist Rehab wards – projected underspend of £0.027 million.

- Wards 1 and 2 – Projected overspend of £0.890 million.

- District Nursing – projected to overspend by £0.071 million.

- Equipment and Adaptions – projected overspend of £0.330 million.

Mental Health Services

Against the full-year budget of £109.815 million there is a projected overspend of £2.487 million (2.3%) (adverse movement of £0.600 million) prior to the re-allocation of the Lead Partnership variance to East and South HSCP. The main variances are:

- Learning Disabilities are projected to overspend by £0.776 million (£0.020 million adverse movement) across community care packages, direct payments and residential placements. This improvement reflects the positive impact of assertive reviews of care packages.

- Community Mental Health services are projected to underspend by £0.320 million (£0.045 million adverse) 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.

- There is a projected underspend of £0.075 million (no movement) in relation to the cost of Hospital Based Complex Continuing Care (HBCCC), this reflects the impact of change in provision for these services.

- The Lead Partnership for Mental Health is projected to be £2.095 million overspent.

Children and Justice Services

Against the full-year budget of £44.507 million there is a projected overspend of £1.630 million (3.7%) (£0.128 million favourable movement) and the main variances are:

- Care Experienced Children and Young People is projected to overspend by £2.040 million (£0.273 million favourable). Some of these costs are offset by the contribution from the Home Office for Unaccompanied Asylum-Seeking Children which is detailed below.

- Looked After and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.730 million underspent (£0.009 million favourable movement).

- Children with disabilities – there is a net projected overspend of £0.580 million (£0.061 million favourable movement) across residential placements, direct payments and community packages.

- Residential respite – placements are overspent by £0.143 million.

- Employee costs – are projected to overspend by £0.160 million (£0.040 million favourable movement), largely due to staffing levels in the children's houses and regrading of posts.

- Head of Service – is projected to underspend by £0.790 million (£0.052 million adverse movement). This consists of a projected overspend due to the planned saving of £0.233 million in relation to the staff reconfiguration in the children's houses which was not achieved in 23-24 and this is offset by the grant funding in relation to Unaccompanied Asylum-Seeking Children (UASC).

- C&F Health Team – is projected to overspend by £0.284 million.

Management and Support

Management and Support Services are projected to underspend by £2.901 million (£0.057 million adverse) and the main areas of variance are:

- There is projected slippage on the LD and MH transition funding of £0.942 million (£0.046 million favourable) due to delays in children transitioning into adult services and actual costs being less than estimated.

- The 2024/2025 budget included a budgeted deficit on the social care side of £0.437 million which is offset by a budgeted surplus of £0.437 million on the health side of the budget. The net impact is neutral.

- The £0.100 million saving in relation to recovery and rehab will not be achieved and is now reflected as an overspend in the projection.

- An over-recovery of payroll turnover of £1.586 million for social care services and an over-recovery of payroll turnover of £0.435 million for health services.

Savings Progress

The approved 2024 to 2025 budget included £10.290m of savings.

BRAG Status	Position at Budget Approval £m	Position at Month 9 £m
Red	-	0.586
Amber	0.523	-
Green	9.767	-
Blue	-	9.704
TOTAL	**10.290**	**10.290**

Reserves

The IJB reserves position is summarised in the table below.

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

The £1.774 million HSCP earmarked reserve relates to the Service Redesign and Change Fund which is fully committed.

Financial Recovery Plan

The IJB set a balanced budget for 2024 to 2025 on 14th March 2024. This did not require any draw on reserves but did include the approval of £10.290 million of savings to achieve financial balance.

Following the finalisation of the 2023 to 2024 outturn position, the IJB agreed some initial recovery actions at the meeting in June. In line with the requirements of the integration scheme, work has continued to develop the financial recovery plan and identify further targets for financial improvements.

There has been progress towards some of the targets, and these are already reflected in the current projected outturn of £5.824 million overspend. Further work is required to deliver on the balance of these targets as well as the additional targets which have now been identified.

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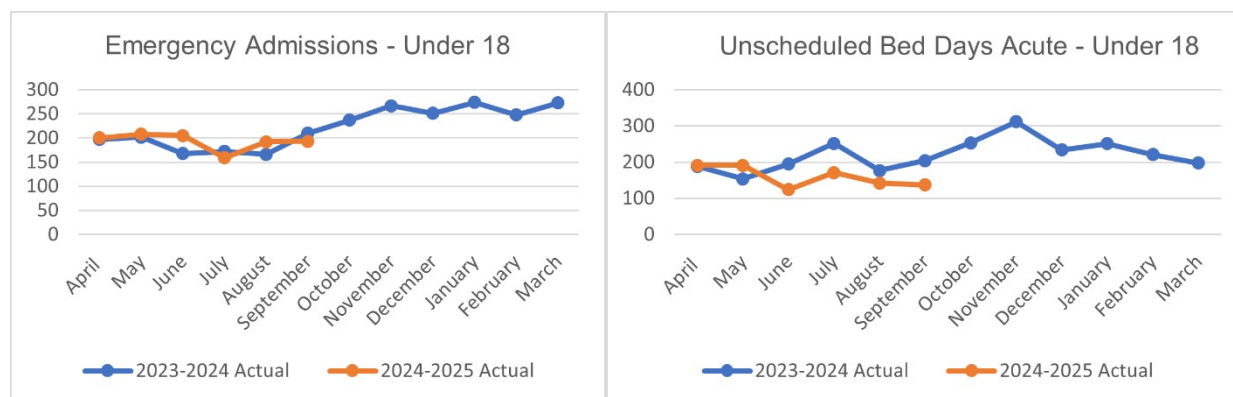
The information below represents the last 3 months of available data.

Emergency Admissions - Acute

- July 2024 - 159
- August 2024 - 192
- September 2024 - 193

Unscheduled Bed Days - Acute

- July 2024 - 171
- August 2024 - 142
- September 2024 - 137

A&E Attendances

- July 2024 - 515
- August 2024 - 515
- September 2024 - 624
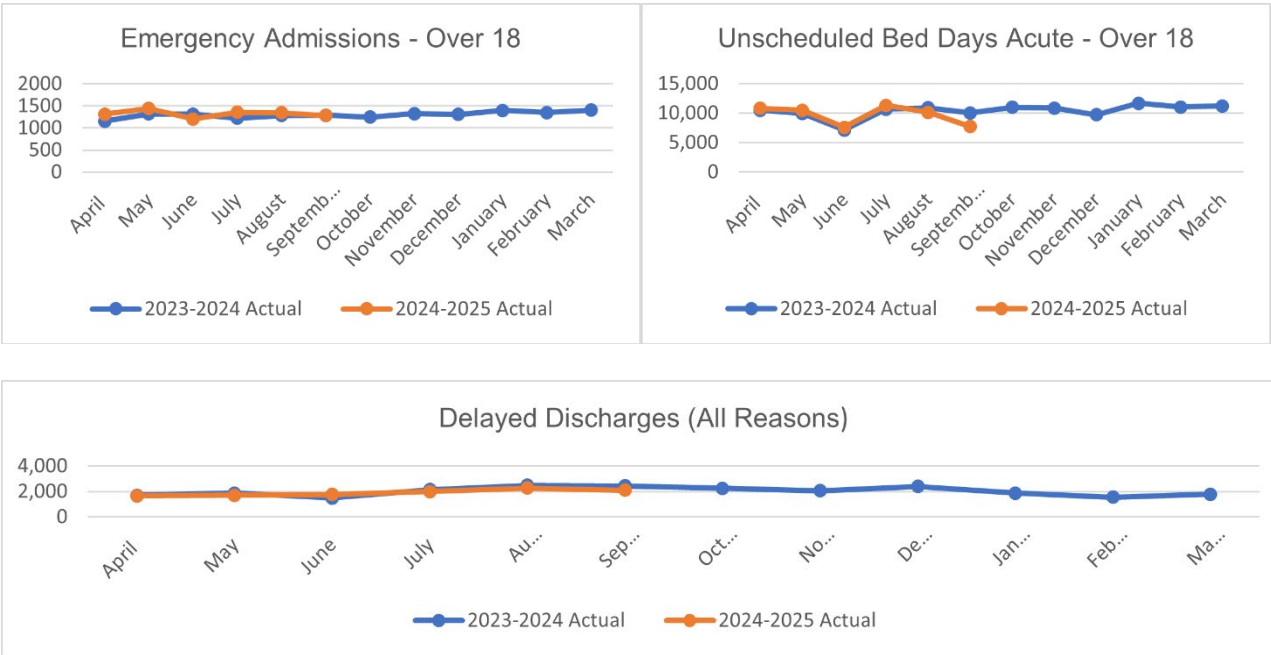
41

Over 18

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

Emergency Admissions - Acute

- July 2024 – 1,356

- August 2024 – 1,341

- September 2024 – 1,281

Unscheduled Hospital Days Acute

- July 2024 – 11,321

- August 2024 – 10,128

- September 2024 – 7,722

A&E Attendances

- July 2024 – 2,337

- August 2024 – 2,281

- September 2024 – 2,262

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Delayed Discharge (All Reasons)

- July 2024 – 1,992

- August 2024 – 2,269

- September 2024 – 2,099

Delayed Discharge bed Days –H&SC

- July 2024 – 1,316

- August 2024 – 1,368

- September 2024 – 1,211

Appendix 1

MSG Trajectories with Rates

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

Performance Indicator	April-24	May-24	June-24	July-24	August-24	September-24	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,515	1,649	1,411	1,515	1,533	1,474	September
Emergency Admissions to Acute Hospitals Rate per 1000	11.3	12.3	10.5	11.3	11.4	11	September
Number of Admissions from Emergency Dept.	687	764	742	700	756	685	September
Admissions from Emergency Dept. Rate per 1000	5.1	5.7	5.5	5.2	5.6	5.1	September
Emergency Dept. conversion rate %	25.4%	24.6%	25.5%	24.5%	27%	23.7%	September
Number of unscheduled hospital bed days in Acute	11,007	10,673	7,714	11,492	10,270	7,859	September
Unscheduled Hospital Bed days in acute rate per 1000	82	79.5	57.5	85.9	76.6	58.6	September
Number of Emergency Dept. Attendances	2,707	3,111	2,910	2,852	2,796	2,886	September
Emergency Dept. attendances Rate per 1000	20.2	23.2	21.7	21.2	20.8	21.5	September

Performance Indicator	April-24	May-24	June-24	July-24	August-24	September-24	Performance Data Last Updated
Number of Delayed Discharges bed days (all reasons)	1,647	1,702	1,763	1,992	2,269	2,099	September
Number of Delayed Discharges bed days (all reasons) rate per 1000	15.1	15.6	16.1	18.2	20.7	19.2	September
Number of Delayed Discharges bed days (code 9)	590	665	656	676	877	888	September
Number of Delayed Discharges bed days (Code 9) rate per 1000	5.4	6.1	6	6.2	8	8.1	September

Appendix 2 – All Performance Measures

Thresholds: **Red –** 10+%; **Amber -** >=5% and <10%; **Green** - <5%
This relates to the value compared to a measure's target - Where the thresholds above do not allow an amber status (i.e., the target is a whole number less than 20) the threshold will be as close to possible to allow an amber status (where the target is missed by 1)

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

Measure	Target 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 ⬇ ✅	29 ⬆ ✅	
Employability mentors - No of service users being supported into employment, training, education.	7	Green ✅	8 ✅	8 ⬌ ✅	18 ⬆ ✅	
Number of PRI sessions which have taken place	2	Green ✅	2 ✅	1 ⬇ ⚠	2 ⬆ ✅	
% of completed interventions with positive impact (e.g., DUST, CHAT)	50%	Green ✅	82.4% ✅	75.0% ⬇ ✅	66.7% ⬇ ✅	
Support 4 formerly cared for young people to move into independent living each year. (Own Tenancy)	2 (Cumulative)	Green ✅	6 ✅	11 ⬆ ✅	14 ⬆ ✅	
Support 45 children and young people into kinship care placements each year.	22 (Cumulative)	Amber ⚠	10 ⚠	18 ⬇ 🛑	32 ⬆ ✅	
Recruit 6 new foster carers each year.	2 (Cumulative)	Red 🛑	0 🛑	2 ⬆ ✅	2 ⬇ 🛑	
No. of requests for assistance made by health visitors or family nurse	450	Green ✅	441 ✅	457 ⬆ ✅	431 ⬇ ✅	

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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% ⬇ ✅	56.2% ⬆ ✅	
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	Removed on request until variances between local and national reporting identified	
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	Removed on request until variances between local and national reporting identified	
Reduce the number of people waiting for assessment	150	Red 🛑	240 🛑	217 ⬆ 🛑	209 ⬆ 🛑	
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	Red 🛑	158 🛑	149 ⬆ 🛑	148 ⬆ 🛑	
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	Red 🛑	30 🛑	27 ⬆ 🛑	29 ⬇ 🛑	

Measure	Target 2024 to 2025	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	Green ✅	20 ✅	66 ↓ ✅	164 ↓ 🛑	
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	Green ✅	98.4% ✅	99.0% ↑ ✅	99.2% ↑ ✅	
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Alcohol)	90%	Green ✅	100% ✅	100% ↔ ✅	98% ↓ ✅	
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Drug)	90%	Green ✅	99.0% ✅	100% ↑ ✅	100% ↔ ✅	
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	Green ✅	14 ✅	14 ↔ ✅	Removed on request until national guidance/ target received	
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	Green ✅	210 ✅	162 ↓ ✅	136 ↓ ✅	
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,069 p/q	Green ✅	1,800 ✅	1,794 ↓ ✅	Information reported in arrears due to data validation timescales	
CAMHS – Seen within 18 weeks (RTT)	90%	Green	98.7%	100%	100%	

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Measure	Target 2024 to 2025	Current Status	Q1 2024 to 2025	Q2 2024 to 2025	Q3 2024 to 2025	Q4 2024 to 2025
		✅	✅	⬆ ✅	⬌ ✅	
Psychological Therapies – Seen within 18 weeks (RTT)	90%	**Green** ✅	85.9% ✅	88.2% ⬆ ✅	91.9% ⬆ ✅	
Reduce out of hours admissions for people aged 65 and over (MH)	8 p/q	**Green** ✅	5 ✅	3 ⬆ ✅	4 ⬇ ✅	
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	**Green** ✅	67 ✅	116 ⬇ ✅	120 ⬇ ✅	
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	**Green** ✅	0 ✅	0 ⬌ ✅	0 ⬌ ✅	
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	90%	**Green** ✅	96.5% ✅	95.6% ⬇ ✅	93.9% ⬇ ✅	
Average working days lost to sickness absence per employee - NAC	3.32 p/q	**Red** 🛑	3.83 🛑	3.77 ⬆ 🛑	3.36 ⬆ ✅	
Percentage working days lost to sickness absence per employee - NHS	4.66% p/q (New Target)	**Red** 🛑	6.54% 🛑	6.15% ⬆ 🛑	6.91% ⬇ 🛑	

Appendix 3 – Quarterly Comparison Table

Measure	Target 2024-25	Q3 2023-24	Q3 2024-25
Number of service users referred to employability service	9	14 ✅	⬆ 29 ✅
Employability mentors - No of service users being supported into employment, training, education.	7	11 ✅	⬆ 18 ✅
Number of PRI sessions which have taken place	2	0 🛑	⬆ 2 ✅
% of completed interventions with positive impact (e.g., DUST, CHAT)	50%	100% ✅	⬇ 66.7% ✅
Support 4 formerly cared for young people to move into independent living each year. (Own Tenancy)	3 (Cumulative)	9 ✅	⬆ 14 ✅
Support 45 children and young people into kinship care placements each year.	33 (Cumulative)	35 ✅	⬇ 32 ✅
Recruit 6 new foster carers each year.	4 (Cumulative)	8 ✅	⬇ 2 🛑
No. of requests for assistance made by health visitors or family nurse	450	391 🛑	⬆ 431 ✅
Increase % of requests for assistance remaining within Universal Early Years	47%	51.4% ✅	⬆ 56.2% ✅
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	85%	Removed on request until variances between local and national reporting identified	Removed on request until variances between local and national reporting identified

Measure	Target 2024-25	Q3 2023-24	Q3 2024-25
Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)	78%	Removed on request until variances between local and national reporting identified	Removed on request until variances between local and national reporting identified
Reduce the number of people waiting for assessment	150	227 🛑	⬆ 209 🛑
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	195 🛑	⬆ 148 🛑
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	26 🛑	⬇ 29 🛑
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	54 ✅	⬇ 164 🛑
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	98.5% ✅	⬆ 99.2% ✅
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Alcohol)	90%	96.6% ✅	⬆ 98% ✅
Waiting Times Standard – 90% of people commence treatment within 3 weeks of referral (Drug)	90%	97.8% ✅	⬆ 100% ✅
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	Removed on request until national guidance/	Removed on request until national guidance/

Measure	Target 2024-25	Q3 2023-24	Q3 2024-25
		target received	target received
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97p/q	214 ✅	⬇ 136 ✅
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1069 p/q	2,150 ✅	Information reported in arrears due to data validation timescales
CAMHS – Seen within 18 weeks (RTT)	90%	99.6% ✅	⬆ 100% ✅
Psychological Therapies – Seen within 18 weeks (RTT)	90%	88.1% ✅	⬆ 91.9% ✅
Reduce out of hours admissions for people aged 65 and over (MH)	8p/q	4 ✅	⬌ 4 ✅
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	79 ✅	⬇ 120 ✅
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	0 ✅	⬌ 0 ✅
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	90%	98.8% ✅	⬇ 93.9% ✅
Average working days lost to sickness absence per employee - NAC	3.32	5.87 🛑	⬆ 3.36 ✅

Measure	Target 2024-25	Q3 2023-24	Q3 2024-25
Percentage working days lost to sickness absence per employee - NHS	4.66% (New Target)	4.38% 🔺	6.91% ⬇ 🛑

Appendix 4 – Workforce Absence

Table 1a NAC 2024 to 2025 Data - April to October

Name	April	May	June	July	August	September	October
Chief Officer	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Chief Officer							0.00
Chief Officer LT	0.00	0.00	0.00	0.00	0.00	0.00	
Chief SW Officer	**1.53**	**2.83**	**1.67**	**2.11**	**1.61**	**2.11**	**1.83**
Chief Officer							9.00
Chief Officer LT	0.00	0.00	0.00	0.00	0.00	18.00	
Professional Standards	1.63	3.00	1.76	2.24	1.71	1.18	1.41
Child, Families & Justice	**1.39**	**1.26**	**1.06**	**1.39**	**1.30**	**1.43**	**1.60**
CF - Garnock Valley, North Coast & Arran	1.11	1.94	1.17	1.44	1.41	2.13	1.94
CF - Irvine, Kilwinning & Three Towns	2.10	1.17	0.55	0.93	1.02	1.32	2.12
CF - Justice Services	1.00	0.00	0.00	2.67	0.00	0.00	0.00
CF - Care Experienced Children & Young People	1.06	1.10	1.16	1.28	1.19	1.19	1.45
CF - Justice & Intervention Services	1.42	1.10	1.13	1.64	1.56	1.51	1.42
CF - Universal Early Years	2.50	4.50	5.00	5.75	2.33	0.00	0.00
Chief Officer							0.00
Chief Officer LT	0.00	0.00	0.00	0.00	0.00	0.00	
HSCP Senior Managers							0.00
Financial Inclusion	**1.58**	**1.26**	**1.53**	**1.18**	**1.22**	**0.98**	**1.00**
Financial Inclusion	1.58	1.26	1.53	1.18	1.22	0.98	1.00
Health & Community Care	**1.07**	**0.94**	**0.89**	**1.06**	**0.90**	**0.80**	**1.04**
Chief Officer							0.00
Chief Officer LT	0.00	0.00	0.00	0.00	0.00	0.00	
HCC - Arran Services	0.09	0.00	0.54	0.13	0.83	0.23	0.00
HCC - Community Care Services	1.10	0.97	0.88	1.05	0.92	0.84	1.06
HCC - Locality Services	0.97	0.85	1.12	1.49	0.90	0.49	1.22
HCC – Long Term Conditions	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Name	April	May	June	July	August	September	October
HCC - Rehab & Reablement	0.78	0.41	0.77	0.19	0.14	0.48	0.35
HSCP Senior Managers							0.00
MHS - Learning Disabilities							0.00
HSCP Finance & Transform	**0.70**	**0.61**	**0.76**	**0.42**	**0.38**	**0.60**	**0.37**
Chief Officer							0.00
Chief Officer LT	0.00	0.00	0.00	0.00	0.00	0.00	
Contracts & Commissioning	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HSCP - Finance	0.52	0.30	0.13	0.33	0.23	0.77	0.19
HSCP Performance	0.20	0.00	1.90	0.00	0.00	0.00	0.00
HSCP Senior Managers							0.00
HSCP – Strategic Planning & Transformation	2.40	2.60	2.00	1.50	1.50	1.34	1.55
Mental Health	**1.07**	**0.96**	**1.43**	**2.02**	**1.06**	**1.08**	**1.38**
Chief Officer							0.00
Chief Officer LT	0.00	0.00	0.00	0.00	0.00	0.00	
MHS - Addictions	2.34	1.44	1.97	1.72	0.76	0.97	1.57
MHS - Community	0.94	1.03	1.83	2.59	2.17	2.07	2.46
MHS - Learning Disabilities	0.43	0.67	0.92	1.90	0.59	0.60	0.70
Total	**1.11**	**1.02**	**0.97**	**1.15**	**0.97**	**0.94**	**1.14**

Name	November	December	Average of Standard Work Days Lost
Chief Officer	**0.00**	**0.00**	**0.00**
Chief Officer	0.00	0.00	**0.00**
Chief Officer LT			**0.00**
Chief SW Officer	**1.22**	**2.28**	**1.91**
Chief Officer	0.00	0.00	**3.00**
Chief Officer LT			**3.00**
Professional Standards	1.29	2.41	**1.85**
Child, Families & Justice	**1.51**	**1.40**	**1.37**
CF - Garnock Valley, North Coast & Arran	2.90	1.75	**1.78**
CF - Irvine, Kilwinning & Three Towns	1.60	1.74	**1.39**
CF - Justice Services	0.00	0.00	**0.41**
CF - Care Experienced Children & Young People	1.02	1.16	**1.18**
CF - Justice & Intervention Services	1.50	1.42	**1.41**
CF - Universal Early Years	0.00	0.00	**2.63**
Chief Officer	0.00	0.00	**0.00**
Chief Officer LT			**0.00**
HSCP Senior Managers	0.25	0.00	**0.08**
Financial Inclusion	**1.49**	**1.31**	**1.28**
Financial Inclusion	1.49	1.31	**1.28**
Health & Community Care	**1.06**	**1.12**	**0.99**
Chief Officer	0.00	0.00	**0.00**
Chief Officer LT			**0.00**
HCC - Arran Services	0.31	1.62	**0.42**
HCC - Community Care Services	1.03	1.06	**0.99**
HCC - Locality Services	1.45	2.04	**1.17**
HCC – Long Term Conditions	0.00	0.00	**0.00**
HCC - Rehab & Reablement	1.39	0.59	**0.58**
HSCP Senior Managers	0.00	0.00	**0.00**
MHS - Learning Disabilities			**0.88**

Name	November	December	Average of Standard Work Days Lost
HSCP Finance & Transform			**0.00**
Chief Officer			**0.92**
Chief Officer LT			**0.07**
Contracts & Commissioning	**0.60**	**0.80**	**0.76**
HSCP - Finance	0.61	0.81	**0.77**
HSCP Performance	0.00	0.00	**0.00**
HSCP Senior Managers	0.00	0.00	**0.00**
HSCP – Strategic Planning & Transformation	**0.19**	**0.13**	**0.46**
Mental Health	0.00	0.00	**0.00**
Chief Officer			**0.00**
Chief Officer LT	0.00	0.00	**0.00**
MHS - Addictions	0.19	0.15	**0.31**
MHS - Community	0.00	0.36	**0.27**
MHS - Learning Disabilities	0.00	0.00	**0.00**
Total	0.60	0.00	**1.50**

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

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

Table 1b NAC 2023 to 2024 Data - November to March

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

Table 1c NAC 2024-2025 Absence by Reason Data

The following table shows the total number of work days lost due to each absence reason.

Absence Reason	Q1	Q2	Q3	Q4	Year to Date
Stress/Anxiety	1251.5	1527.8	1713.2		4492.5
Musculoskeletal	1041.7	816.2	701.4		2559.2
Miscellaneous	407.3	478.7	482.9		1368.9
Bereavement	428.5	546.5	298.7		1273.7
Surgical Procedure	394.2	345.6	424.5		1164.3
Gastrointestinal	362.0	460.1	319.3		1141.4
Work Related Stress	283.7	313.2	465.8		1062.7
Viral	287.8	231.0	470.3		989.1
Depression	423.8	272.6	277.3		973.7
Chest/Lung	285.1	239.3	436.6		961.1
Neurological	353.7	262.5	319.1		935.2
Psychological	195.9	145.9	248.6		590.4
ENT/Eyes	145.1	61.5	198.5		405.1
Cardiovascular	130.9	129.2	102.8		362.9
Cancer/Cancer Related	162.6	100.5	65.7		328.9
Medical Treatment	18.3	134.5	155.8		308.6
Injury/Accidents	37.4	74.4	196.2		308.1
COVID-19	72.4	198.4	32.0		302.8
Infections	114.3	126.7	50.3		291.3
Pregnancy Related	83.4	57.3	89.0		229.7
Inflammatory Conditions	28.8	108.1	90.6		227.5
Urinary Tract	60.2	18.5	73.1		151.8
Not Known/Awaiting Info	26.2	12.9	72.9		111.9

Absence Reason	Q1	Q2	Q3	Q4	Year to Date
Dependency	24.1	24.0	49.0		97.1
Gynaecological	14.0	5.0	35.9		54.9
Skin Conditions	15.4	35.5	0.7		51.6
Blood Conditions	36.8	1.5	0		38.3
Work Related Injury/Ill	0	0	29.7		29.7
Dental	11.1	4.0	0.7		15.8
Endocrine/Glandular Disorders	0	11.1	0.5		11.6

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	3.71	
Children's Health / Care & Justice Services North	7.17	4.43	3.87	
Community Health & Care Services North	5.73	6.11	7.22	
Lead Partnership North	7.40	6.59	7.61	
Grand Total	**6.54**	**6.15**	**6.91**	

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 7	Movement in variance from Period 7
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**72,730**	**77,283**	**4,553**	**19,612**	**20,800**	**1,188**	**92,342**	**98,083**	**5,741**	**6,235**	**(494)**
: Locality Services	30,396	31,463	1,067	5,624	5,696	72	36,020	37,159	**1,139**	1,596	(457)
: Community Care Service Delivery	38,209	40,890	2,681			0	38,209	40,890	**2,681**	2,787	(106)
: Rehabilitation and Reablement	2,062	2,421	359			0	2,062	2,421	**359**	384	(25)
: Long Term Conditions	956	990	34	9,795	10,802	1,007	10,751	11,792	**1,041**	909	132
: Community Link Workers	338	337	(1)	0	0	0	338	337	(1)	(6)	5
: Integrated Island Services	769	1,182	413	4,193	4,302	109	4,962	5,484	**522**	565	(43)
MENTAL HEALTH SERVICES	**34,316**	**34,783**	**467**	**75,499**	**77,519**	**2,020**	**109,815**	**112,302**	**2,487**	**1,887**	**600**
: Learning Disabilities	25,796	26,572	776	564	564	0	26,360	27,136	**776**	756	20
: Community Mental Health	6,470	6,150	(320)	1,793	1,793	0	8,263	7,943	**(320)**	(365)	45
: Addictions	2,050	2,061	11	1,943	1,943	0	3,993	4,004	**11**	11	0
: HBCCC	0	0	0	353	278	(75)	353	278	**(75)**	(75)	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	70,846	72,941	2,095	70,846	72,941	**2,095**	1,560	535

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 7	Movement in variance from Period 7
CHILDREN & JUSTICE SERVICES	**39,329**	**40,635**	**1,306**	**5,178**	**5,502**	**324**	**44,507**	**46,137**	**1,630**	**1,758**	**(128)**
: Irvine, Kilwinning and Three Towns	3,070	3,107	37	0	0	0	3,070	3,107	**37**	39	(2)
: Garnock Valley, North Coast and Arran	3,157	3,205	48	0	0	0	3,157	3,205	**48**	37	11
:Intervention Services	1,695	1,689	(6)	0	0	0	1,695	1,689	**(6)**	0	(6)
: Care Experienced Children & Young people	27,425	29,465	2,040	0	0	0	27,425	29,465	**2,040**	2,313	(273)
: Head of Service - Children & Families	1,094	304	(790)	0	0	0	1,094	304	**(790)**	(842)	52
: Justice Services	2,472	2,472	0	0	0	0	2,472	2,472	**0**	0	0
: Universal Early Years	416	393	(23)	4,447	4,754	307	4,863	5,147	**284**	211	73
: Lead Partnership NHS Children's Services	0	0	0	731	748	17	731	748	**17**	0	17
CHIEF SOCIAL WORK OFFICER	1,559	1,575	16	0	0	0	1,559	1,575	**16**	6	10
PRIMARY CARE	0	0	0	53,830	53,821	(9)	53,830	53,821	**(9)**	77	(86)
ALLIED HEALTH PROFESSIONALS			0	10,914	10,914	0	10,914	10,914	**0**	1	(1)
MANAGEMENT AND SUPPORT COSTS	9,667	7,610	(2,057)	4,637	3,793	(844)	14,304	11,403	**(2,901)**	**(2,958)**	57
OUTTURN ON A MANAGED BASIS	**157,601**	**161,886**	**4,285**	**169,670**	**172,349**	**2,679**	**327,271**	**334,235**	**6,964**	**7,006**	**(42)**
Return Hosted Over/Underspends East	0	0	0	0	(686)	(686)	0	(686)	**(686)**	(511)	(175)

	Council	Council	Council	Health	Health	Health	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 7	Movement in variance from Period 7
Receive Hosted Over/Underspends South	0	0	0	0	(599)	(599)	0	(599)	**(599)**	(446)	(153)
Receive Hosted Over/Underspends South	0	0	0	0	228	228	0	228	**228**	215	13
Receive Hosted Over/Underspends East	0	0	0	0	(83)	(83)	0	(83)	**(83)**	(74)	(9)
OUTTURN ON AN IJB BASIS	**157,601**	**161,886**	**4,285**	**169,670**	**171,209**	**1,539**	**327,271**	**333,095**	**5,824**	**6,190**	**(366)**

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Appendix 6 – Glossary of Acronyms

Acronym	Description
A&A	NHS Ayrshire & Arran
ABI	Alcohol Brief Intervention
ADP	Alcohol Drug Partnership
BRAG	Blue, Red, Amber, Green
CEDS	Community Eating Disorder Service
CHIME	Connectedness, Hope, Identity, Meaning and Empowerment
CHRIS	Corporate Human Resource Information System
CPN	Community Psychiatric Nurse
DTTO	Drug Treatment and Testing Order
HBCCC	Hospital Based Complex Continuing Care
HIS	Healthcare Improvement Scotland
HR	Human Resources
HV	Health Visitor
IJB	Integration Joint Board
LAC	Local Area Coordination
LD	Learning Disabilities
LDP	Local Delivery Plan
LOS	Length of Stay
MAT	Medication Assisted Treatment
MINDS	Mentoring Individuals For New Destinations & Support
MSG	Ministerial Strategy Group For Health And Community Care
NAC	North Ayrshire Council
NHS	National Health Service
ORT	Opiate Replacement Therapy
PAC	Performance And Audit Committee
PMAP	Prevent Multi Agency Panel
PRI	Practice Reflective Improvement Dialogue
RTT	Referral To Treatment
TAVE	Trauma, Adversity and Violent Extremism
UASC	Unaccompanied Asylum-Seeking Children
UNCRC	United Nation's Convention on the Rights of the Child
UnPAC	Unplanned Activity