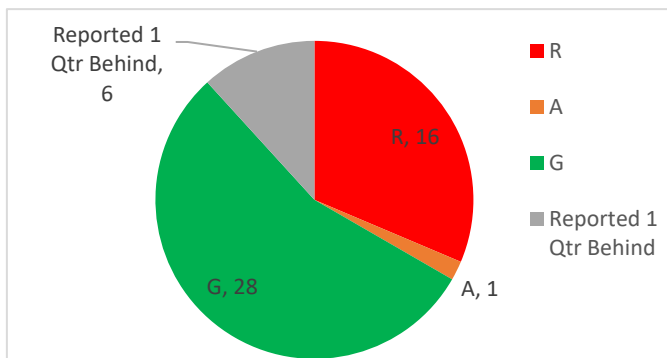


Integration Joint Board
September 2020
Agenda Item No.

Subject:	Q1 2020-21 IJB PAC Report
Purpose:	To update the Committee on the Quarter 1 performance monitoring information of the Partnership
Recommendation:	Committee reviews the summary and agrees the content of the full report.

1.	EXECUTIVE SUMMARY
1.1	This report is to provide for discussion the Health & Social Care Partnership (HSCP) Integration Joint Board (IJB) Quarterly Performance Report in delivering the 5 strategic priorities as set out in the strategic plan and against the National Outcomes.
2.	CURRENT POSITION
2.1	<p>The report is structured around the HSCP service areas delivering against the five strategic priorities:</p> <ul style="list-style-type: none"> • Tackling Inequalities • Engaging Communities • Bringing Services Together • Prevention and Early Intervention • Improving Mental Health & Wellbeing <p>and includes additional elements as; areas of focus, Head of Service highlights and challenges, finance, MSG indicator updates and absence information.</p>
2.2	Measure and Target Review
	<p>For 2020-21 a full and complete cross-service review of all performance measures was undertaken resulting in changes to the set of measures attributed to our strategic objectives and to reflect the continuing transformation of services to meet continual service demand.</p> <p>A specific report was presented to the Performance and Audit Committee listing all changes for 2020-21. These included:</p> <ul style="list-style-type: none"> • Target resetting • Removal of measures are that no longer reflective of the service improvement

	<ul style="list-style-type: none"> The inclusion of new measures to meet service improvement and current operational demand <p>All measures continue to be aligned to the current strategic plan and the monitoring of services through 2020-21 and bridging year as well as the re-mobilisation of teams and services while retaining focus on the changing COVID-19 restrictions.</p>
2.3	The unprecedented situation of the COVID-19 pandemic saw partnership services react fluidly to meet the new demands in support of the community and hospitals. Throughout the coming year the quarterly report will highlight the effect of the pandemic across our services and communities and will show the ways in which integrated partnership working progresses change at pace and scale, ensuring positive person-centred care.
2.3	<u>Anticipated Outcomes</u>
	Specific key performance measures are scrutinised in detail and with context, reasoning and mitigating actions discussed in explanation of those measures not meeting target and actions to improve performance.
2.4	<u>Measuring Impact</u>
	<p>Regular review of key performance measures will allow members to monitor the progress of the Partnership in implementing and delivering our five Strategic Priorities. The high-level position at 30th June 2020 is as follows:</p>  <p>For Quarter 1 we have 6 measures that are reported 1 quarter in arrears. The applicable RAG status for these measures will be included in the subsequent quarter counts.</p>
	Where applicable measures are reviewed at monthly service specific Senior Management Team meetings in order that any measure not meeting target is identified early for implementing rectifying actions.
	At Q1 The projected outturn, before the impact of COVID-19, is a year-end overspend of £0.027m for 2020-21. There is scope for this position to fluctuate due to in-year cost and demand pressures. The position has been adjusted to reflect the potential impact of Lead Partnership services.

3	IMPLICATIONS
	With the undertaking of a full review the report will provide a greater focus on the context and reasoning provided for fluctuations in those measures not meeting targets. With continual review, the measures presented will bring closer together the thread of the of monitoring and management of local and national performance information. There is then a greater opportunity for more dedicated and detailed analysis as identified.

Financial:	None
Human Resources:	None
Legal:	None
Equality:	A balance of performance indicators is shown for all age ranges and across our 5 strategic priorities
Environmental & Sustainability:	None
Key Priorities:	The report is structured around the HSCP service areas and the 5 strategic priorities.
Risk Implications:	None
Community Benefits:	None

Direction Required to Council, Health Board or Both <i>(where Directions are required please complete Directions Template)</i>	Direction to: -	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	Discussion has taken place with all service Senior Management Teams, HSCP Director, Performance and Audit Committee members as well as performance and data analysts.
6.	CONCLUSION
6.1	The Integrated Joint Board are asked to review and consider the content of the Q1 2020-21 report.

**For more information please contact Neil McLaughlin on:
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NORTH AYRSHIRE
Health and Social Care Partnership

Performance and Audit Committee Report

Quarter 1 2020-21
(April 2020 – June 2020)

August 2020

Contents

Introduction	6
Overview	6
Summary of Performance	8
Red – Areas of Focus Summary	9
Children, Families and Justice	25
Head of Service Statement	25
Health and Community Care.....	29
Head of Service Statement	29
Mental Health.....	31
Head of Service Statement	31
System Wide.....	37
Absence Statement.....	37
Finance	38
MSG Trajectories.....	39
Appendix I.....	41
Appendix II – All Performance Measures.....	42
Appendix III – Workforce Absence.....	46
Appendix IV – Finance.....	49
Appendix V – Glossary of Acronyms	50

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 3-year strategic plan.

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

Overview

The 2018-21 Partnership strategy is focused on core impact actions that add tangible service benefits and have subsequent influence on associated areas of challenge and transformation. Throughout the implementation period of this strategy, we will continue to monitor progress on core performance areas whilst benchmarking and setting new targets and actions to support our strategic objectives. The performance measures provided during this period reflect the transformational change being undertaken, as well as the continued demand and impact on core services. The measures are grouped where impact, dependency and causation has been defined between measures and are connected to service improvement.

Through consultation we will continue to measure our performance against the 9 National Health and Wellbeing Outcomes plus the Partnership's 5 Strategic Priorities:

- Tackling Inequalities
- Engaging Communities
- Improving Mental Health and Wellbeing
- Bringing Service Together
- Prevention and Early Intervention

The projected outturn, before the impact of COVID-19, is a year-end overspend of £0.027m for 2020-21, it should be noted that this is the first monitoring period and at a point relatively early in the financial year. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. The position has been adjusted to reflect the potential impact of Lead Partnership services.

From the core projections, overall the main areas of pressure are learning disability care packages, looked after children and adult in-patients within the lead partnership. However, there has been significant progress to reduce the pressures in these areas. The financial projection of effectively a break-even position demonstrates the progress made towards financial balance as part of the 2019-20 recovery plan and other service transformation plans contributing to reduced costs. The position also demonstrates that the work started before the pandemic to ensure the IJB moved into the new financial year in a financially sustainable position has not been delayed or impacted by the COVID-19 response. If this position can be sustained as we move through the year, and assuming all COVID-19 costs are fully funded, the IJB will secure financial balance and repay £1.5m of the debt to North Ayrshire Council as planned.

Workforce absence information is still being affected by national system issues within the NHS resulting in detailed information not being accessible. NHS partnership employee's absence at the end of Quarter 1 is 3.81, 0.68 days below the quarterly target of 4.5 days. NAC partnership employee's absence at the end of Quarter 1 is 2.76 days, 0.35 days below the quarterly target of 3.11 days.

Summary of Performance

Position at Quarter 1 2020-21

Areas of Focus - RED

Children, Families, Justice - 4

Health & Community Care - 1

Mental Health - 11

**1 - Strategic Plan
Measures to
Monitor - Amber**

**28 - Strategic Plan
Measures Meeting
Targets - Green**

Absence Measures Not Meeting Targets

Both NAC & NHS met target for Quarter 1

Financial Position

£0.027m projected overspend

Measures reported in arrears

% uptake of child immunisation programme
(Rotavirus)

% uptake of child immunisation programme
(MMR1)




% of preschool children protected from disease
through uptake of primary immunisations (12
months)

The percentage of babies still being breast-fed at
6/8 week review (Breastfeeding drop-off rate)

% of children with BMI percentile >91

% of children meeting developmental milestones

Quarterly Comparison

Quarter				Reported 1 Quarter Behind
Q1	16	1	28	6
Q2				
Q3				
Q4				

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

Red – Areas of Focus Summary



Service	Strategic Objective	Indicator Description	Target	Value	Go to page
Children, Families & Justice Services	Bringing Services Together	Average waiting time on C&F fieldwork waiting list	86	125	11
Children, Families & Justice Services	Tackling Inequalities	% of new CPO clients with a supervision requirement seen by a supervising officer within a week	93%	50%	12
Children, Families & Justice Services	Tackling Inequalities	% of individuals subject to CPO Unpaid Work Level 1 completed within expected timescale	90%	0%	12
Children, Families & Justice Services	Tackling Inequalities	% of individuals subject to CPO Unpaid Work Level 2 completed within expected timescale	90%	0%	13
Health and Community Care	Bringing Services Together	Number of patients waiting for CAH package (Community)	30	64	14
Mental Health Services	Improving Mental Health and Wellbeing	Number of ABIs Delivered (Priority Area – Pan Ayrshire)	855	607	14
Mental Health Services	Improving Mental Health and Wellbeing	Number of ABIs Delivered (Non - Priority Area – Pan Ayrshire)	241	92	15
Mental Health Services	Improving Mental Health and Wellbeing	CAMHS – Seen within 18 weeks (RTT)	90%	63%	16
Mental Health Services	Improving Mental Health and Wellbeing	Psychological Therapies – Seen within 18 weeks (RTT)	90%	75%	17
Mental Health Services	Improving Mental Health and Wellbeing	AMHT - All accepted routine referrals will be offered assessment within 4 weeks.	100%	26%	19
Mental Health Services	Improving Mental Health and Wellbeing	Adult Liaison (Psych & Alcohol) - All accepted Emergency Department referrals will be seen within 60 minutes.	100%	85%	20
Mental Health Services	Improving Mental Health and Wellbeing	Every patient assessed by mental health liaison will be offered an individualised discharge care plan	100%	Not Available	21
Mental Health Services	Improving Mental Health and Wellbeing	EMH - All accepted urgent referrals within the acute hospital will be seen within 24 hours	100%	45%	21
Mental Health Services	Improving Mental Health and Wellbeing	EMH - All accepted routine referrals within the acute hospital will be seen within 48 hours	100%	38%	22
Mental Health Services	Improving Mental Health and Wellbeing	EMH - All accepted referrals from community hospitals will be seen within 5 working days	100%	33%	23
Mental Health Services	Improving Mental Health and Wellbeing	All accepted urgent Crisis Resolution Team referrals will receive contact within 4 hours	100%	63%	23

Positive movements



Red -> Green

Measure	Target	Change
Number of days individuals spend in hospital beyond their discharge date (Bed Days Lost)	1,936	3,919 to 1,223
Average working days lost to sickness absence per employee - NAC	3.11 p/q	3.67 to 2.76
Percentage working days lost to sickness absence per employee - NHS	4.5% p/q	5.45% to 3.81%

Areas of Focus - In Detail

Description		Average waiting time on C&F fieldwork waiting list				
Health and Wellbeing Indicator		Improve Life Chances				
Strategic Objective		Bringing Services Together				
Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
86	Red 		125 			
Trend Commentary						
<p>This is a new measure being reported in the PAC for the first time</p> <p>We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison</p>						
Actions to Improve Performance						
<p>COVID-19 has had an impact on delivery of services, with only the most critical cases receiving services. In addition to this, the availability of staff in order to address waiting lists has been impacted on – due to shielding and underlying health conditions of staff members.</p> <p>There have also been vacancies due to staff leaving post. In addition to this, it has been identified that further resources are required in order to address demand.</p> <p>Actions</p> <ul style="list-style-type: none"> • Staff who have been shielding are returning to work as are those with underlying health conditions. • Recruitment on going for members of staff who have left post • Recruitment on going for new 17.5-hour Social Worker post which has been created in order to address demand. 						
Timescale for Improvements						
<p>It is hoped that in the next 3 months an improvement will be noted in the number of cases waiting to be allocated. This will allow for recruitment process to be completed and new staff members to join the team.</p>						

Description	% of new CPO clients with a supervision requirement seen by a supervising officer within a week
Health and Wellbeing Indicator	Community Safety & Public Protection
Strategic Objective	Tackling Inequalities

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
93	Red 		50% 			

Trend Commentary

This is a new measure being reported in the PAC for the first time

We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison

As a result of COVID-19 restrictions and courts prioritising serious cases, only 2 CPO's were disposed during this quarter.

Actions to Improve Performance



Due to the unprecedented nature of the lockdown, it is difficult to propose any actions. 1 of the 2 new CPOs were not seen in a week however we continue to experience difficulties with some court related activities in terms of information as different parts of the system respond to lockdown easing at different rates.

Any potential actions are deferred until comparable data from the second quarter is available; this will hopefully identify any gaps that may be present/appear as we continue to shape our services to respond to easing of restrictions, return of staff to offices, etc.

Timescale for Improvements

Please see above.

Description	% of individuals subject to level 1 CPO unpaid work completed within expected timescale
Health and Wellbeing Indicator	Community Safety & Public Protection
Strategic Objective	Tackling Inequalities

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
90	Red 		0% 			

Trend Commentary



This is a new measure being reported in the PAC for the first time

We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison

No Unpaid work was carried out during the quarter as a result of COVID-19 restrictions, resulting in no completed unpaid work CPO's



Actions to Improve Performance
<p>All Unpaid work was suspended due to COVID-19, this was recognised by the Scottish Government and an automatic 12-month extension for all unpaid work orders was imposed to ensure no Order's expired during COVID-19 restrictions.</p> <p>Unpaid work office resumed on a small scale as of 1st August 2020, it must be noted that some COVID-19 social distancing remains, therefore the number of hours and days offered to service users has reduced significantly since pre-COVID-19.</p>
Timescale for Improvements
Continue to monitor throughout year as social distancing rules change

Description	% of individuals subject to level 2 CPO unpaid work completed within expected timescale
Health and Wellbeing Indicator	Community Safety & Public Protection
Strategic Objective	Tackling Inequalities

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
90	Red 		0% 			

Trend Commentary
<p>This is a new measure being reported in the PAC for the first time</p> <p>We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison</p> <p>No Unpaid work was carried out during the quarter as a result of COVID-19 restrictions, resulting in no completed unpaid work CPO's</p>
Actions to Improve Performance
<p>All Unpaid work was suspended due to COVID-19, this was recognised by the Scottish Government and an automatic 12-month extension for all unpaid work orders was imposed to ensure no Order's expired during COVID-19 restrictions.</p> <p>Unpaid work office resumed on a small scale as of 1st August 2020, it must be noted that some COVID-19 social distancing remains, therefore the number of hours and days offered to service users has reduced significantly since pre-COVID-19.</p>
Timescale for Improvements
Continue to monitor throughout year as social distancing rules change

Description	Number of patients waiting for CAH package (Community)
Health and Wellbeing Indicator	Quality of Life
Strategic Objective	Bringing Services Together

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
30	Red 		64 			

Trend Commentary

This is a new measure being reported in the PAC for the first time

Actions to Improve Performance




There are a number of actions in place which have been implemented throughout Quarter 1 to ensure improvement in performance to achieve the target of 30 service users in the community awaiting a Care at Home service. Whilst this is a new target which hasn't previously been reported, the number of individuals in the community awaiting a Care at Home service has reduced throughout 2020 and work continues to achieve the target of 30 individuals awaiting Care at Home services in the community.

Within the In-House Care at Home service there has been a number of actions taken to increase Care at Home capacity to ensure greater scope to support individuals getting home from hospital without delay. This includes additional contracted hours to existing Care at Home staff, temporary contracts for bank Care at Home staff and several recruitment events to increase staffing within the Care at Home establishment. These actions have been successful in increasing the capacity of the Care at Home service to facilitate greater levels of support to those in the community awaiting Care at Home services.

Timescale for Improvements

This work is ongoing and is a priority area for the Partnership.

Description	Number of ABIs Delivered (Priority Area - Pan Ayrshire)
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
855	Red 	860 	607 			




Trend Commentary

This is the first quarter that we have failed to meet the trajectory since the ABI standard was introduced. The number of Priority Area ABI's completed in the quarter has decreased by 253 (29%) from the Quarter 4 figure

- For the first time since reporting that this quarterly target has not been met – ostensibly due to the impact of COVID-19

Performance was reduced due to the impact of COVID-19 (limited face to face contact with clients, staff working from home, renegotiation of the GP ABI Local Enhanced Service agreement, fewer opportunities for staff to deliver an ABI & some staff being redeployed into different priority tasks).
Actions to Improve Performance
<ul style="list-style-type: none"> Given the current situation regarding COVID-19 we await the Scottish Governments Guidance for ABI delivery for 2020/21 (and to ascertain if an ABI can be reported on if delivered via Virtual Technology as opposed to the traditional face to face approach) Agreement to be reached regarding GP ABI delivery and reporting The Prevention and Service Support Team (PSST) will continue to monitor, record and report all ABI activity, on a quarterly basis, provided by our partners from both priority areas and non-HEAT wider settings. PSST will continue to offer support and training, if requested, to our partners. North Ayrshire ADP is seeking funding to engage with local pharmacies to deliver ABI's (within the Priority Setting group)
Timescale for Improvements
To be delivered by March 2021 with ongoing review each quarter

Description	Number of ABIs Delivered (Non – Priority Area – Pan Ayrshire)
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
214	Red 	438 	92 			



Trend Commentary
<p>This is the first quarter that we have failed to meet the trajectory since the ABI standard was introduced.</p> <p>The number of Priority Area ABI's completed in the quarter has decreased by 346 (79%) from the Quarter 4 figure</p> <ul style="list-style-type: none"> For the first time since reporting that this quarterly target has not been met – ostensibly due to the impact of COVID-19 <p>Performance was reduced due to the impact of COVID-19 (limited face to face contact with clients, staff working from home, renegotiation of the GP ABI Local Enhanced Service agreement, fewer opportunities for staff to deliver an ABI & some staff being redeployed into different priority tasks).</p>
Actions to Improve Performance

- Given the current situation regarding COVID-19 we await the Scottish Governments Guidance for ABI delivery for 20/21 (and to ascertain if an ABI can be reported on if delivered via Virtual Technology as opposed to the traditional face to face approach)
- Agreement to be reached regarding GP ABI delivery and reporting
- The Prevention and Service Support Team (PSST) will continue to monitor, record and report all ABI activity, on a quarterly basis, provided by our partners from both priority areas and non-HEAT wider settings.
- PSST will continue to offer support and training, if requested, to our partners.
- North Ayrshire ADP is seeking funding to engage with local pharmacies to deliver ABI's (within the Priority Setting group)

Timescale for Improvements

To be delivered by March 2021 with ongoing review each quarter

Description	CAMHS – Seen within 18 weeks (RTT)
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
90%	Red 		63% 			

Trend Commentary

This is a new measure being reported in the PAC for the first time

We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison

Alongside the impact of COVID-19, due to a change in data recording guidance on what constitutes treatment, as of February 2020, a new Referral to Treatment data set has been used. Previously CAMHS recorded Referral to Assessment as treatment as long as it covered the advice set out from ISD (January 2020 figures). Figures recorded from February 2020 cover the new way of recording, treatment has only started when they are allocated and working with a clinician

Quarterly Breakdown:

Total Seen: 308

Total Seen within 18 weeks:194

This data is subject to change

The numbers seen and numbers seen within 18 weeks may change slightly as a result of priority piece of clinical admin validation

Actions to Improve Performance

CAMHS about to undergo Service Review in line with new CAMHS Service Specification.

CAMHS data is monitored weekly through weekly activity reports as well as monthly in the Waiting Times Meeting and NHS Performance Governance Report. The Team also has regular meetings with Scottish Government where any current and potential future issues are discussed.



14th Sept 2020 – Initial update to SPOG with plan of work and agreed direction.

21st Dec 2020 – Progress update to SPOG

Timescale for Improvements

31st March 2021 – New arrangements/processes/ways of working to be implemented. If Board agreement is required for any changes, these should be sought prior to 31 March.

Description	Psychological Therapies – Seen within 18 weeks (RTT)
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
90%	Red 		75% 			

Trend Commentary

This is a new measure being reported in the PAC for the first time

We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison

Of the 14 teams included in this measure, 4 were compliant.

Quarterly Breakdown:

Total Seen: 640

Total Seen within 18 weeks: 482

Psychological Therapies waiting times continue to remain below the 90% compliance standard. However, the waiting times have remained stable through the COVID-19 period and overall numbers of patients waiting have reduced. Psychological Therapies were 75.2% compliant as of July 2020 compared to 74.9% compliant in February 2020.

The Psychological Service provision of Psychological Therapies has been maintained, as close to business as usual, from the outset of the pandemic using remote delivery (telephone and NearMe). While some Psychological Service staff were refocused on supporting staff wellbeing resources (e.g. Acute Wellbeing Hub) and contributing to essential service provision in the teams they were embedded in, the majority of staff retained their usual work focus and moved to remote working.

Referral demand and Waiting Times. Referral demand has reduced across all Psychological Specialties. This has enabled staff to work through existing cases and to start new patients. Where possible, new patients have been started in waiting time order. The exception is where remote delivery has not been an option. Waiting times must therefore be considered with some caution at present.

While the reduced referral demand has enabled overall waiting time compliance to hold up since February, there is variability across the Psychological Specialties. Some Specialties are experiencing improved waiting times while others are experiencing increased waiting times. For example, the COVID-19 restrictions have had positive impact on the waiting times for the Clinical Health and Neuropsychological Specialties, with both managing to achieve compliance, while there has been a negative impact on waiting times within the Specialties of CAMHS and Community Paediatrics.

The majority of Adult patients have accepted remote delivery of treatment. Within the Psychological Specialties of CAMHS and Community Paediatrics, there has been low acceptance and suitability for remote working. This relates to the predominance of neurodevelopmental and neuropsychological work within CAMHS and Community Paediatrics, and the limited evidence base and options to deliver these specialist assessments to children remotely.

Actions to Improve Performance

The service provision which has been paused includes face-to-face assessment and treatment; neuropsychological assessment in adults; neurodevelopmental and neuropsychological assessment in children, and: therapeutic groups. To reinstate this provision, service adaptations and developments have been progressed and reported on in the mobilisation plan (August 2020 until March 2021). Actions include:

- Continue remote delivery of psychological assessment and treatment where this is appropriate (e.g. dependent on individual circumstances, risk assessment and management, therapeutic modality).
- Expand access to an increased range of SG supported SilverCloud Computerised Cognitive Behavioural Therapy (cCBT) digital options.
- Assess the requirement for and implement the recently available SG supported Internet-Enabled (IESO) digital option, as part of a tiered model of service delivery.
- Development of local guidelines, based on recent national and international evidence base and guidance, to provide guidance on remote delivery of neuropsychological and neurodevelopmental assessments.
- Re-instate face-to-face clinical contact that had been paused. Local guidelines have been co-produced, with Infection Control, to inform staff of the necessary safety measures and PPE to resume face-to-face assessment, as domiciliary visit and at out-patient clinics. The Service is now receiving confirmation of availability of clinic space and is planning reinstatement of face-to-face clinics in September.
- Reinstatement face-to-face therapy using a blended approach with remote therapy when the benefits of doing so off-set risks (e.g. using remote delivery initially to engage a new patient who is anxious about attending a clinic setting, or to review a patient who otherwise could not attend their appointment due to financial costs), therefore removing barriers to accessing psychological therapy.
- Development of a remote trans-diagnostic group therapy for Adults presenting with distress and emotional regulation problems. It is estimated that this therapeutic group would be suitable for the majority of the patients waiting for Psychological input, removing or reducing the need for additional individual input.



- Re-instate clinical supervision, reflective practice sessions and consultation to the wider clinical team who are delivering psychological interventions, including clinicians training in psychological treatments (e.g. Diploma in CBT, Masters and Doctorate Trainees). This activity will be expanded as the wider clinical staff group are released and given protected time for psychological work.
- Continue to adapt provision of teaching, training and clinical placements to support Trainees in formal professional Psychology training courses as key to increasing capacity and access to psychological therapies.
- Reinstate training in psychological therapies for the wider staff team to increase capacity for delivery of psychological work.
- Staff wellbeing Supports. Psychological Service staff have provided dedicated Psychology provision to support local staff wellbeing resources in the Acute and Community settings. During the COVID-19 response period, where reduced referrals were experienced, this support was delivered without detriment to the waiting times standard. However, this provision is being phased down as the COVID-19 related staff wellbeing needs reduce to enable clinical staff to refocus their capacity on patient care. A local Board proposal to sustain staff wellbeing supports through additional resource has been submitted.

Timescale for Improvements

Through further expansion of remote and digital working, and re-instatement of face-to-face activity, increase activity levels across the Psychological Service are expected to be achieved to pre-COVID-19 levels by September 2020. In April 2019, 335 new patients were seen. In April 2020, a reduced number of 209 new patients were seen, related to COVID-19 restrictions. It is expected that waiting times will hold and gradually improve over the next quarter based on reduced referrals, increased activity, including face-to-face, service redesign and new ways of working.

The Waiting Times for Psychological Therapies AOP submitted to SG in March 2020, reported a trajectory for compliance with the 90% standard by April 2021, assuming full staff capacity. Greater clarity on these trajectories will be available over the next two quarters as we see the changing referral demand against our ability to meet with existing capacity and within the context of COVID-19 restrictions and available clinic space.

Description	AMHT – All accepted routine referrals will be offered assessment within 4 weeks.
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		26% 			
Trend Commentary						
This is a new measure being reported in the PAC for the first time						

Please treat this figure with caution. The North recording systems have been changed to capture the new way of integrated working. There has also been confusion across the Teams on how to update the system with virtual contacts (virtual /telephone consultations implemented during COVID-19).

Quarterly Breakdown

Total Routine Referrals: 266

Total Seen Within 4 Weeks: 69

Actions to Improve Performance



The data will be validated and updated/amended accordingly. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting

Quarter 2 report will include updated Quarter 1 figures

Timescale for Improvements

End of Quarter 2, 2020

Description	Adult Liaison (Psych & Alcohol) – All accepted Emergency Department referrals will be seen within 60 minutes.
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		85% 			

Trend Commentary

This is a new measure being reported in the PAC for the first time

Quarterly Breakdown

Total Referrals: 119

Total Seen within 60 minutes: 101


Actions to Improve Performance

This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting



Timescale for Improvements

Continue to be monitored throughout the year

Description	Every patient assessed by mental health liaison will be offered an individualised discharge care plan
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing



Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		Not Available			
Trend Commentary						
<p>This is a new measure being reported in the PAC for the first time</p> <p>We are currently unable to get this data for Quarter 1. The CarePartner reporting functions have impacted the gathering of this data which has to be done manually.</p>						
Actions to Improve Performance						
<p>Senior Data Analyst to undertake a bespoke piece of work to identify the incident rate of care plan. Initial findings will be shared with Service Manager to identify any gaps in provision and subsequent actions will be identified and monitored. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting</p> <p>The Quarter 2 report will include the Quarter 1 figures</p>						
Timescale for Improvements						
End of Quarter 2, 2020						

Description	EMH – All accepted urgent referrals within the acute hospital will be seen within 24 hours
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		45% 			
Trend Commentary						
<p>This is a new measure being reported in the PAC for the first time</p> <p>EMH – Elderly Mental Liaison Team</p> <p>Quarterly Breakdown</p> <p>Total Urgent Referrals: 66 Total Seen within 24 Hours: 30</p>						



<p>This data is subject to change and is to be treated with caution.</p> <p>Since the beginning of the COVID-19 lockdown period some administration constraints have been identified that have contributed to a delay in data input. There has also been confusion on how to record telephone/virtual contacts since the implementation at the start of COVID-19.</p> <p>The EMH Liaison data for the numbers of patients seen within the specific timescale is known to be lower than have actually been seen.</p>
Actions to Improve Performance
Data Cleansing task in operation. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting
Timescale for Improvements
End of Quarter 2, 2020

Description	EMH – All accepted routine referrals within the acute hospital will be seen within 48 hours
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing



Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		38% 			

Trend Commentary
<p>This is a new measure being reported in the PAC for the first time</p> <p>Quarterly Breakdown</p> <p>Total Routine Referrals: 77 Total Seen within 48 Hours: 29</p> <p>This data is subject to change and should be treated with caution. Since the beginning of the COVID-19 lockdown period some administration constraints have been identified that have contributed to a delay in data input.</p> <p>The EMH Liaison data for the numbers of patients seen within the specific timescale is known to be lower than have actually been seen.</p>
Actions to Improve Performance
Data Cleansing task in operation. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting.
Timescale for Improvements
End of Quarter 2, 2020

Description	EMH – All accepted referrals from community hospitals will be seen within 5 working days
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		33% 			
Trend Commentary						
<p>This is a new measure being reported in the PAC for the first time</p> <p>Quarterly Breakdown</p> <p>Total Referrals: 39 Total Seen within 5 working days: 13</p> <p>This data is subject to change and is to be treated with caution Since the beginning of the COVID-19 lockdown period some administration constraints have been identified that have contributed to a delay in data input. The EMH Liaison data for the numbers of patients seen within the specific timescale is known to be lower than have actually been seen.</p>						
Actions to Improve Performance						
Data Cleansing task in operation. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting.						
Timescale for Improvements						
End of Quarter 2, 2020						

Description	All accepted urgent Crisis Resolution Team referrals will be received contact within 4 hours
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		63% 			
Trend Commentary						
<p>This is a new measure being reported in the PAC for the first time</p> <p>Quarterly Breakdown – The figure of 63% is significantly underreported</p> <p>This data is subject to change and is to be treated with caution.</p>						

All referrals need to be categorised to ensure the correct criteria is applied. In addition, data gaps were identified and will be addressed in the categorisation exercise. This was missed as the Team has changed processes during lockdown with more phone calls than face to face assessments and the Team were unsure on how to record.

Actions to Improve Performance

Data cleaning exercise to be completed by Senior Data Analyst and refreshed figures will be available shortly. This measure will be reviewed/monitored weekly in the Weekly Acute Activity Reports in addition to the Mental Health SMT Performance and Finance monthly management meeting.

Timescale for Improvements

End of Quarter 2, 2020

Children, Families and Justice

Head of Service Statement

The COVID-19 pandemic has created challenges for all services on global, national and local levels. As expected, this has had an impact on child protection strategic and operational practice within North Ayrshire. This briefing provides an update on the work that is currently happening to protect our vulnerable children, young people and families during these unprecedented times.

Child Protection Practice

HSCP – Child Protection Conferences are continuing to take place either on a virtual or a physical basis and on a smaller scale (Senior Officer, Social Worker and Social Work Team Manager present).

There is still a requirement to visit children on the Child Protection Register on at least a weekly basis. Currently 98% of children with a child protection plan have been visited within a 2 week period within North Ayrshire.

Virtual Child Protection training is ongoing within the partnership.

A child protection sub-group is meeting fortnightly on a multi-agency basis to give regular updates and share information.

Education – HSCP & Education staff have an agreed protocol for supporting our vulnerable children and young people. This has involved establishing a multi-agency forum which meets weekly to allocate support to children and young people (CYP) & families at risk. The multi-agency meetings consider applications submitted in advance using a robust resilience matrix and assessment process based on the National Practice model. Several forums have taken place with 94 vulnerable young people discussed and support measures implemented via the mainstream hubs. There are 8 hubs across North Ayrshire Council.

Outreach support and respite is being offered for a very small number of families where children have severe and complex needs. This is discussed on a case by case basis.

Education support is also ongoing in our outreach facilities for young people who would not benefit from attending a hub.

157 Pre-5 children have now also been allocated a place in day-care or with a childminder.

Children & Families staff have been developing packs of resources, distributing craft sets, colouring books, letters to all care experienced CYP and gift packs to support our most vulnerable families. This has been well received.

Acute Health Services – Health have noted an increase in Initial Referral Discussion (IRD) activity. Child protection concerns are varied and include parental mental health concerns, domestic abuse, drug and alcohol issues, assault of child, unexplained injuries, indecent images, neglect and poor home conditions. For those CYP who do not meet the IRD threshold in North Ayrshire, a multi-agency IRD scrutiny group has been set up to review referrals (highlighting very strong practice).

Police – Police Scotland response to child protection has not changed. If there is any risk to a child, then the Police will adopt their current procedures and take steps to safeguard the child in question. Inter-Agency Referral Discussions are a crucial part in multi-agency decision making, ensuring that any investigations or actions are undertaken in a child centric manner and decisions made are recorded in an auditable and transparent fashion.

SCRA – The children's hearings system and Scottish Children's Reporter Administration (SCRA) is significantly affected by the Coronavirus pandemic. Some discretion applies to the timing of other

hearings by virtue of the emergency legislation. Given the limited amount of participation that can be accommodated, the reporter applies discretion, using criteria to decide whether to proceed with hearings or to postpone. The reporter makes every effort to consult with the allocated social worker as part of making the decision on whether to arrange any of these hearings.

Child Health Services

Childhood immunisations have continued to be delivered throughout the COVID-19 pandemic in North Ayrshire. The family is contacted prior to the appointment to ensure there is no one within the home with COVID-19 symptoms, to advise that only one adult should attend the appointment with the baby/child and to be reassured that the nurse will be wearing PPE. The nurses have reported that the attendance and immunisation uptake rates have been good. There have been a few occasions where a home visit has been supported to immunise the baby due to shielding requirements.

The School Immunisation programme has been stalled as a result of the schools not operating. The missed immunisations will be caught up in 2020/21 session. However, this, along with the implications for the staggered school attendance, will have significant implications to how we staff this service in the coming year to ensure we maintain this public health requirement. Planning is underway to consider the implications for the school flu programme for 2020.

North Ayrshire Universal Early Years (UEY) service has continued to support children and families throughout COVID-19. Initially Primary Visits (baby aged 11 – 14 days) and the 6-week check, in addition to any supports needed for families identified as having additional requirements, e.g. child protection, complex parenting issues, were the only home visits performed. Health Protection Guidance and NHS Ayrshire and Arran's Infection Control Guidance has always been adhered to by staff attending home visits. The other HV National Timeline visits were performed over telephone supports, however in the last number of weeks we have piloted "Near Me" technology which allows the UEY teams to send an appointment for the parents to attend a virtual consultation. The plan is to roll Near Me out to all UEY staff as we move forward in the "new normal", especially to support our core families.

Weekly reports have been requested by Scottish Government on the number of Pathway visits performed.

In addition to the Pathway visits, UEY staff have continued to support vulnerable families, weekly contacts for the Shielding families and provided Named Person reports.

There has been excellent joint work between UEY and education to identify places for children within Early Years establishments and day care.

During COVID-19 breastfeeding supports have continued via Universal Early Years and for the most complex feeding issues, Mums have been supported through a variety of routes: home visits, telephone consultations and *near me* appointments.

Recruitment was stalled for school nurse appointments, but interviews are scheduled to take place in June/July.

Children's Houses

Throughout the lockdown period our children and young people in our children's houses and in foster care, kinship care and external placements have managed exceptionally well. We have experienced a very small number of young people absconding from the children's houses, and in these cases, professionals' meetings have taken place to support the young people involved. To this end, four young people were taken into respite accommodation during the lockdown period. We have successfully moved one young person to his own tenancy from one of our children's houses and a further two housing applications have been submitted.

We are continuing with 'virtual' Fostering Panels, Adoption & Permanency Panels.

Since our Communications campaign started, we have approved a further 12 foster carers.

Child Protection / Vulnerable Children & Young People Statistics

We have created a weekly data dashboard for all children and young people who are vulnerable and require support.

The updated weekly dataset provides information 'at a glance' in relation to child protection and vulnerable young people statistics throughout the COVID-19 pandemic. This is analysed and discussed on a weekly basis. We are now required to send this data to Scottish Government on a weekly basis as part of a National dataset.

Key Messages from this data include:

- Increased CP activity in all localities
- Increase in numbers of CYP being moved to other family members because of safeguarding issues
- Professionals meetings taking place to support CYP who are having difficulty during lockdown period & as a result of absconding from our Houses.

Child Protection Public Engagement

Messages via social media and our updated website and are accessible to young people and members of the community within North Ayrshire. We also co-ordinated the publication and delivery of child protection resources to all of the community hubs to promote child protection messages to all members of communities within North Ayrshire.

Suicide Prevention in Young People

The Young People's Strategic Suicide Prevention Group (YPSSPG) and Young People's Suicide Taskforce will be reconvened in June 2020. Young people who overdose in the current situation are being monitored and further support from the Taskforce is being requested as necessary.

Early Release Prisoners

12 prisoners were released between 30 April to 28 May. Robust planning and support ensured that there were no issues surrounding reintegration back into communities.

MAPPAs meetings are ongoing and taking place virtually.

SCR 'Making Change Happen' Group

The group met on two occasions between January and March and work was postponed because of Lockdown. The group met for the first time on 16 June and there was a real appetite to progress actions. One such action for the next meeting is to scope current practice in relation to Supervision across all services and write a proposal for how we integrate better practice with partners to empower and support staff but ultimately to improve outcomes for children, young people and families. A written update will be taken to the Child Protection Committee after the summer to report on progress.

Next steps

- Continue to build on existing progress to deliver high quality outcomes for children and families
- Continue to adapt practice & procedure as we move through the different phases of the Routemap through and out of lockdown
- Careful planning is underway regarding re-instating physical Contact arrangements (based on Government, Public Health & SWS guidelines)
- Continue to reduce the number of children and young people in external placements
- Work is ongoing to deliver our Recovery Strategy taking on board the learning from this experience
- Creation of a CF&J improvement and action plan
- Progress the recommendations from the Independent Care Review

Health and Community Care

Head of Service Statement

COVID-19 Challenges

Quarter 1 of 2020/2021 saw the beginning of the Partnership's response to the COVID-19 Pandemic which impacted greatly on Health and Community Care services. Due to the restrictions in place on social distancing and lockdown measures, several services were required to adapt their normal working practices to ensure compliance to the restrictions in place, whilst continuing to deliver essential services to the most vulnerable service users in the communities across North Ayrshire. Staff across all areas of Health and Social Care have shown extraordinary resilience in the face of such challenging times and have continued to deliver much needed support.

As part of Health and Community Care Services Business Continuity Planning, several services were temporarily closed and/or reduced in capacity including Older People's Day Services and Dementia Support Services. Anam Cara's Respite service was adapted to form part of the COVID-19 response to surge capacity and was created as a step-down facility for individuals being discharged from acute settings. A further two surge sites were identified and readied in preparation for a peak in the virus. Furthermore, several lower level Care at Home services were temporarily suspended to ensure provision could be directed to those most in need of critical services.

As part of the Scottish Government's response to the COVID-19 pandemic the Partnership were set a target of having 0 delayed discharges from all acute hospital settings. In order to achieve this target a Pan Ayrshire Hospital Transitions working group was established, led by NAHSCP, with colleagues from East Ayrshire Health and Social Care Partnership, South Ayrshire Social Care Partnership and Crosshouse Hospital. Furthermore, within Health and Community Care a Delayed Discharge working group was established to provide a daily focus on reviewing Delayed Discharges across all hospital sites. Throughout Quarter 1 Health and Community Care services in North Ayrshire continued to prioritise hospital discharges to ensure continuous flow from all acute sites, achieving a significant reduction in delays from 78 Delayed Discharges at the beginning of Quarter 1 to the lowest of 5 Delayed Discharges during this quarter. North Ayrshire has been recognised nationally by Scottish Government with the significant improvement in the reduction of delayed discharges.

Care at Home

There remain significant pressures on Care at Home Services within the North Partnership and further additional pressures around discharges for people who require funding to transfer to care homes. This is further complicated by Health Protection Scotland and Public Health Guidance around the admission to and operation of Care Homes in that further delays can be attributed to both testing requirements and service users/families' anxieties in moving into a Care Home facility. However, staff within Health and Community Care Services are continuing to work alongside colleagues in all acute sites, families and service users with a focus on supporting individuals to return home safely following admissions into hospital, and where they cannot do so, to be safely supported in the most appropriate care setting.

The Care at Home service has continued to respond to the demand for Care at Home provision and have delivered vital services to thousands of individuals who remained at home throughout the pandemic. The Care at Home service has also seen a significant reduction in delays for

individuals awaiting Care at Home supports on discharge from hospital to its lowest levels in 12 months. Within the In-House Care at Home service there has been a number of actions taken to increase Care at Home capacity to ensure greater scope to support individuals getting home from hospital without delay. This includes additional contracted hours to existing Care at Home staff, temporary contracts for bank Care at Home staff and several recruitment events to increase staffing within the Care at Home establishment. These actions have been successful in increasing the capacity of the Care at Home service to facilitate greater levels of support to those both in acute hospital sites and the community awaiting Care at Home services.

Over 173,000 Care at Home visits were delivered across North Ayrshire in the month of May at the height of the COVID-19 pandemic by both Partnership Care at Home, Community Alarm and Telecare staff and external Care at Home Providers.

Personal Protective Equipment (PPE)

The response to the COVID-19 pandemic also saw the introduction of enhanced infection control requirements, which had a significant impact on the North Partnership's delivery of community services. This required the enhancement of infection control measures around personal protective equipment (PPE) and these requirements have remained in place throughout Quarter 1. As such, a dedicated team within Health and Community Care Services was established to manage and focus on the ongoing sourcing, purchasing, stock management, delivery and distribution of personal protective equipment. The Community Equipment Store in Kyle Road, Irvine, has been the hub for the Partnership's PPE activity, with a dedicated production line established in Bridgegate House Irvine, to support the daily distribution of PPE across North Ayrshire. There are currently over 26 daily distributions of PPE at drop off points across North Ayrshire, totalling over 100 PPE drop offs weekly to Partnership staff across mainland North Ayrshire and on the islands of Cumbrae and Arran. The North Partnership's Community Equipment Store was identified as the Social Care PPE Hub for the whole of North Ayrshire for the Scottish Government's distribution of PPE from the National Distribution Centre for all social care providers, unpaid carers and Personal Assistants and continues to operate as a vital resource for PPE and infection control support. It is anticipated that the Social Care PPE Hubs will continue for a minimum of six months and will be reviewed again nationally in October 2020.

Enhanced Intermediate Care

North Ayrshire Health and Social Care Partnership's Enhanced Intermediate Care Team has continued to provide a seven-day service throughout Quarter 1 with a focus on facilitating early discharge from hospital and providing an alternative to acute hospital admission. This service has continued with direct input in service users' homes, following strict Health Protection Scotland infection control guidance, to support individuals to remain safe and well in their own homes throughout the COVID-19 pandemic. The team formed close working relationships with colleagues within Crosshouse Hospital during the pandemic response. One example of this has been the close links made with colleagues within the Intensive Care Unit in Crosshouse Hospital as part of the In:Spire (Intensive Care Syndrome: Promoting Independence and return to employment) project. This allowed the team to work alongside intensive care consultants in supporting early referral for post COVID-19 patients who had experienced a lengthy stay in intensive care to receive multi-disciplinary supports via the North's Enhanced Intermediate Care Team on discharge from hospital to aid and support their recovery.

Mental Health

Head of Service Statement

The ten- year Ayrshire Mental health strategy developed in 2019/2020 in alignment with the national mental health strategy continues to be the driving force to whole systems transformation across communities and services with key impact actions developed at a local level which also reflect the 9 National Health and Wellbeing Outcomes plus the Partnership's 5 Strategic Priorities.

The North Ayrshire Health and Social Care Partnership as Lead Partnership for Mental health has Governance oversight for monitoring of progress and reporting against the strategy. In the capacity of Lead Partnership for mental health, North HSCP has also led on the development of a phase 2 and 3 mobilisation plan in response to the COVID-19 Pandemic. The plan for phase 3 takes account of the learning from COVID-19 response and covers the longer period to March 21 demonstrating how the full range of services will be delivered by the end of the timeline, specifically bringing back any services that have paused, the detail of the work undertaken to model demand and projected plans to tackle waiting lists. The plan illustrates in alignment with this request the development of new ways of working and innovations in service delivery and work which will be delivered on renewal and re-design. This includes a response to the Minister for Mental Health request issued to Boards in her letter of 14th July with a specific request that services established for the assessment of unscheduled mental health presentations are visible in mobilisation plans

This urgent mobilisation activity however has enabled some service developments to be expedited at pace whilst some have required to be paused.

Adult Community Mental Health Services

As of 1st April 2020, the Adult Community Mental Health Service was due to integrate and reside at the 3 Towns Resource Centre. All construction and cosmetic works were completed on time and the furniture had arrived and was built. Due to COVID-19, IT required prioritisation and therefore has not been completed at this time. There has been a delay to the teams moving into the building given reduced IT availability, COVID-19 and business continuity planning. The community mental health services teams moved into the new accommodation in June 2020 and are fully operationalising the new integrated model of service delivery. The footfall of staff through the building, and existing accommodations (Ayrshire Central Hospital and Caley Court) has been reduced to minimum numbers, with other staff working from home but able to mobilise from there as appropriate.

PAN-Ayrshire Unscheduled Care Mental Health Services

As of 1st April 2020, there was an agreement that Crisis and Liaison (Adult, Alcohol and Elderly) teams would align together under a new unscheduled care mental health service managed by Julie Barrett as Senior Manager, and Mairi Gribben as Service Manager. However, due to COVID-19 and associated challenges, this realignment was expedited on 23rd March 2020. The service has continued to work through this period on service re-design to maximise workforce capacity, whilst also working on the development of a longer term proposal for a fit for purpose Unscheduled care Mental Health service which continues to build on developments in previous years. This includes the investment required in a sustainable solution to Emergency department re-directions at the request of the Scottish Government and embedded in mobilisation plans.

Psychological Services

Baseline – The Psychological Service provision of Psychological Therapies has been maintained, as close to business as usual, from the outset of the pandemic using remote delivery (telephone and NearMe). The infrastructure for NearMe was already in use within the Psychological Specialties of Adult Mental Health and Clinical Health and has since been rolled out across the wider Psychological Specialties.

At the outset of the pandemic, and in preparation for disruption to service delivery, RAG ratings were undertaken of open cases, the most vulnerable patients identified, and care plans developed. Patients waiting for assessment and treatment were contacted by letter or telephone. While some Psychological Service staff were refocused on supporting staff wellbeing resources (e.g. Acute Wellbeing Hub) and contributing to essential service provision in the teams they were embedded in, most staff retained their usual work focus and moved to remote working.

Referral demand and Waiting Times – Referral demand has reduced across all Psychological Specialties. This has enabled staff to work through existing cases and to start new patients. Where possible, new patients have been started in waiting time order. The exception is where remote delivery has not been an option. Waiting times must therefore be considered with some caution at present. Waiting times have been maintained at pre-COVID-19 levels.

In the earlier phase of the COVID-19 response, there was reduced activity related to staff shifting from a clinic based face-to-face service to a home and remote working service, and to identifying those patients suitable for remote working. While the reduced referral demand has enabled overall waiting time compliance to hold up since February, there is variability across the Psychological Specialties. Some Specialties are experiencing improved waiting times while others are experiencing increased waiting times. The COVID-19 restrictions have had greatest impact on the waiting times for the Child Specialties of CAMHS and Community Paediatrics.

New referrals have been accepted, assessed remotely and, where suitable for psychological input, placed on waiting lists. The majority of Adult patients have accepted remote delivery of treatment. Within the Psychological Specialties of CAMHS and Community Paediatrics, there has been low acceptance and suitability for remote working. This is in contrast to Medical Paediatrics which has a 95% acceptance of remote working. This relates to the predominance of neurodevelopmental and neuropsychological work within CAMHS and Community Paediatrics, and the limited evidence base and options to deliver these specialist assessments to children remotely.

Recovery Plan – The service provision which has been paused includes face-to-face assessment and treatment; neuropsychological assessment in adults; neurodevelopmental and neuropsychological assessment in children, and: therapeutic groups.

To reinstate this provision, service adaptations and developments have been progressed and reported on in the mobilisation plan August 2020 until March 2021.

Actions include:

- Continue remote delivery of psychological assessment and treatment where this is appropriate (e.g. dependent on individual circumstances, risk assessment and management, therapeutic modality).
- Expand access to an increased range of SG supported SilverCloud Computerised Cognitive Behavioural Therapy (cCBT) digital options.
- Assess the requirement for and implement the recently available SG supported Internet-Enabled (IESO) digital option, as part of a tiered model of service delivery.

- Development of local guidelines, based on recent national and international evidence base and guidance, to provide guidance on remote delivery of neuropsychological and neurodevelopmental assessments.
- Re-instate face-to-face clinical contact that had been paused. Local guidelines have been co-produced, with Infection Control, to inform staff of the necessary safety measures and PPE to resume face-to-face assessment, as domiciliary visit and at out-patient clinics. Psychological Service staff are now receiving notification of their access to clinics and are planning a return to face-to-face work in September. Access is reduced from pre-COVID-19 levels but will enable targeting of patients waiting for face-to-face.
- Reinstate face-to-face therapy using a blended approach with remote therapy when the benefits of doing so off-set risks (e.g. using remote delivery initially to engage a new patient who is anxious about attending a clinic setting, or to review a patient who otherwise could not attend their appointment due to financial costs), therefore removing barriers to accessing psychological therapy.
- Development of a remote trans-diagnostic group therapy for Adults presenting with distress and emotional regulation problems. It is estimated that this therapeutic group will be suitable for the majority of the patients waiting for Psychological input, removing or reducing the need for additional individual input.
- Through the developments of further expansion of remote and digital working, and re-instatement of face-to-face activity, increase activity levels across the Psychological Service to pre-COVID-19 levels by September 2020. In April 2019, 335 new patients were seen. In April 2020, a reduced number of 209 new patients were seen, related to COVID-19 restrictions.
- Re-instate clinical supervision, reflective practice sessions and consultation to the wider clinical team who are delivering psychological interventions, including clinicians training in psychological treatments (e.g. Diploma in CBT, Masters and Doctorate Trainees). This activity will be expanded as the wider clinical staff group are released and given protected time for psychological work.
- Continue to adapt provision of teaching, training and clinical placements to support Trainees in formal professional Psychology training courses as key to increasing capacity and access to psychological therapies.
- Reinstate training in psychological therapies for the wider staff team to increase capacity for delivery of psychological work.

Staff Wellbeing – Local health and social care staff can access first phase psychological first aid and brief intervention through the local Staff Care service, the recently launched local Listening Service which will expand its remit to the independent care sector staff, the national information and helpline resource of PRoMIS and NHS 24, and the Acute and Community Wellbeing Hubs. Immediate access to stepped-up formal Psychological Therapy provision will continue to be provided from within existing Psychological Services resource until end August. A local proposal to sustain staff wellbeing supports, positively evaluated during the COVID-19 response, is being presented to the Board late August.

CAMHS & CEDS

Key priorities for noting:

- The national CAMHS Specification was released during January/February and meetings with the Scottish Government established to agree revised actions to ensure compliance and reporting progress for the new specification. These planning conversations have continued through this period, aligned to mobilisation planning with Scottish Government representatives on the daily, then weekly Mental Health briefing meetings.
- The AOP mitigation plan for the Scottish Government re projected shortages in Psychological Service provision has been revised to reflect current challenges in alignment with the mobilisation plan for services phase 2 and 3. In response to this the service will be undertaking an exercise to harmonise what is currently three locality caseloads into one Pan Ayrshire caseload. It is envisaged that all waiting lists will also be merged when the current COVID-19 working arrangements have ceased.

The following actions were implemented successfully to manage the pandemic:

- All known children and young people already engaged in the service have been receiving telephone contact over the course of fortnightly cycles with their parents/ carers/ guardians' able contact us at any point
- Patients actively contacted and kept engaged, waiting no more than a fortnight between contacts.
- Anticipated adaptation of Neuro assessment clinics with consideration for infection control to allow engagement with children for completion of assessment, to recommence August 2020
- Continued to undertake 'urgent' work throughout the pandemic
- Restructure of team into two staff groups: one group of staff at work undertaking triage, assessment & allocation of referrals with the other team working from home engaging via Attend Anywhere and telephone,
- All team clinic locations have been risk assessed and able to utilise the space however in a reduced capacity,
- Moved the young people who are known to the service and requiring a face to face contact from their Locality care coordinators or the Intensive Support Team to release capacity for the duty and triage system,
- Organised clinic space to increase available face to face appointments from 3 per day to 24 per day offering a mixture of nursing, OT, Psychology, SALT and Psychiatry,
- Worked with the staff team to review their caseloads and allocated appointments to people who are on the waiting list, and offered face to face appointments to young people who have indicated that they would prefer to wait rather than use NHS Near Me
- National Adolescent Secure In-patient Service – Design work is complete, and the full business case has continued to be developed through this period – projected completion date for the full business case is the end of August 2020.

Addiction Services

- Staff have continued to offer all interventions during the last 3 months with more face to face appointments/visits being offered in addition to increased telephone contact.
- Staff have been trialling out the use of Virtual Technology (Near Me)
- A new Mobilisation Plan (phase 3) has been agreed and is being implemented which includes increasing face to face contacts for all new and existing clients
- Ward 5 reintroduced the rehabilitation element of its programme over the last month (although Ward is working on a reduced bed capacity basis as the ward environment has had to be relocated to another ward to help facilitate essential fire stop work in Woodland View)

- Our Prevention and Service Support Team staff have reintroduced some training (on agreed priority topics) and as part of the Mobilisation Plan, have adapted their training courses so that they be delivered remotely, virtually and now face to face (although at a smaller scale than previous)

The Pan Ayrshire Alcohol Brief Intervention quarterly delivery target has not been met for the first time ever, ostensibly due to the impact of COVID-19. An improvement plan has been identified and is being implemented.

Learning Disabilities

The Learning Disability Service continues to undergo significant transformation, driven now by the need to respond to and advocate on behalf of clients in the context of the pandemic, as much as by its existing change agenda. After opening in January of this year, Trindlemoss Day Opportunities continued to develop its collaborations and programme of activities. Of the 20 available tenancies at Trindlemoss, 17 are now occupied.

The Assessment and Treatment Unit at Arrol Park has successfully moved to its new site in Ward 7a at Woodlands View.

As with all services, the impact of the pandemic has been profound, and introduced delays to some planned activities, particularly the move to the new Complex Needs Unit at Trindlemoss. That move did take place on the 8th of June, and the Unit (now known as Trindlemoss House) is currently functioning, with 5 of 6 available spaces occupied. The planned co-location of the Social Work and NHS components of the community team has by necessity been postponed; however, their existing strong joint working practices have ensured a co-ordinated response to the ongoing crisis.

Remote support has also been a feature of other activity across the service, including the delivery of Wellness Recovery Action Planning (WRAP) sessions by Day Opportunities staff, and the use of Near Me by the Community Team. All within the service are deeply conscious of the marginalisation experienced by people with learning disabilities in general; the potential for the pandemic to compound this through the erosion or diversion of activity; and the need to ensure that they benefit from the learning and any investment which flows out of the ongoing crisis.

Inpatient Services

Service development highlights include the following during the Quarter 1 period:

Highlights

- Reconfigured inpatient services in face of COVID-19 pandemic to create assessment ward and potential treatment ward for COVID-19 positive cases.
- Continued review of contingency plans and operational practice as new expectation/guidance received re PPE etc
- Successfully recruited to a number of important posts including AMH and EMH Consultant Psychiatrist posts and CNM for Rehabilitation and Forensic Services
- Supported introduction of Emergency Department redirection pathway to avoid persons in mental health/social crisis being assessed at Emergency Department where possible
- Had positive visits to Ailsa and Woodland View by A&A Chief Executive, Medical Director, Nurse Director, Head of Mental Health and Associate Nurse Director to visit staff on wards and hear how COVID-19 has affected them and service delivery
- Refurbishment works continued to Clonbeith and Dunure wards at Ailsa

- Plan to allow eventual closure of Lochranza Ward at Ailsa identified with alternative community provision identified
- Opening of Staff Wellbeing Hubs – ACH and Ailsa

Challenges

- Supporting anxious families unable to visit loved ones due to coronavirus considerations
- Sustaining delivery of services while 20+ substantive staff unavailable longer term due to COVID-19 shielding considerations
- Ensuring resilience across services associated with Coronavirus recognising will be months in duration and encouraging staff to take annual leave
- Supporting development of NHS A&A remobilisation plans for Scottish Government
- Supporting increased demand for inpatient services whilst balancing Woodland View Fire Stop works programme and potential need to reconfigure services if COVID-19 considerations become priority again

System Wide

Absence Statement

NAC – staff absence to 30th June 2020 is detailed in Appendix 2. The quarterly target has changed from 2.75 to 3.11. Sickness absence from NAC staff in the partnership is 2.76 days, 0.35 days below the quarterly target of 3.11 working days and 34% lower than the same period in 2019/20 (3.69 days).

The teams not meeting target at the end of Q1: CF-Fieldwork; HCC-Primary Care Service; HSCP-Planning; MHS-Community; MHS-Learning Difficulties. (Appendix III, page 49)

NHS – Sickness absence from NHS staff in the partnership is 3.81 days, 0.68 days below the quarterly target of 4.5 working days and is 57% lower than the same period in 2019/20 (5.97 days).

Finance

Projected Financial Position

The projected outturn, before the impact of COVID-19, is a year-end overspend of £0.027m for 2020-21, it should be noted that this is the first monitoring period and at a point relatively early in the financial year. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. The position has been adjusted to reflect the potential impact of Lead Partnership services.

From the core projections, overall the main areas of pressure are learning disability care packages, looked after children and adult in-patients within the lead partnership. However, there has been significant progress to reduce the pressures in these areas. The financial projection of effectively a break-even position demonstrates the progress made towards financial balance as part of the 2019-20 recovery plan and other service transformation plans contributing to reduced costs. The position also demonstrates that the work started before the pandemic to ensure the IJB moved into the new financial year in a financially sustainable position, has not been delayed or impacted by the COVID-19 response. If this position can be sustained as we move through the year, and assuming all COVID-19 costs are fully funded, the IJB will secure financial balance and repay £1.5m of the debt to North Ayrshire Council as planned.

Savings

The savings plan for 2020-21 anticipates that a total of £2.746m of savings will be delivered in-year, with £1.115m of savings potentially delayed or reduced. The delays are due to COVID-19 and have been included in the mobilisation plan return to the Scottish Government, but at this stage they have also been reflected in the overall projected outturn position as there is less confidence that the impact of savings delays will be compensated with additional funding.

COVID-19 impact

The IJB were provided with a report on 16 July 2020 which highlighted the potential financial impact of the COVID-19 response and the significant financial risk to the IJB. From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns have been submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded.

There is a risk that if the full cost of the COVID-19 response is not funded that the IJB may require to recover any overspend in-year. In July the IJB agreed that a follow up report would be presented to the IJB in August outlining the updated cost estimates, the financial year-end projections and any potential funding gap based on scenarios re COVID-19 funding. The IJB also need to consider any action required to recover the financial position in-year.

Moving Forward

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the partnership can deliver services in 2020-21 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS A&A.

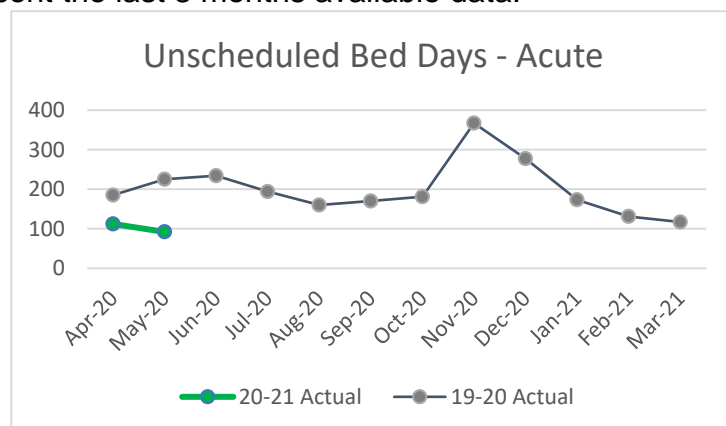
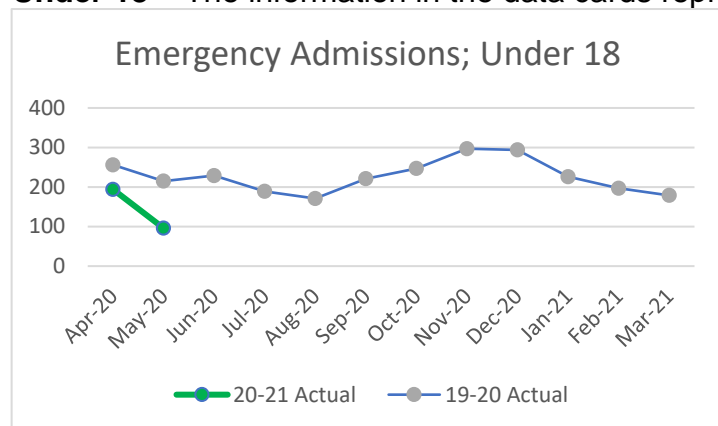
The estimated costs and funding in relation to the COVID-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and also to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.

The full Quarter 1 financial report will be available via the North Ayrshire website - [IJB 2020/21 Quarter 1 Finance Update](#)

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 in the data cards represent the last 3 months available data.



Emergency Admissions - Acute

March 2020 - 194

April 2020 - 96

May 2020 - 99

Unscheduled Bed Days - Acute

March 2020 - 180

April 2020 - 112

May 2020 - 92

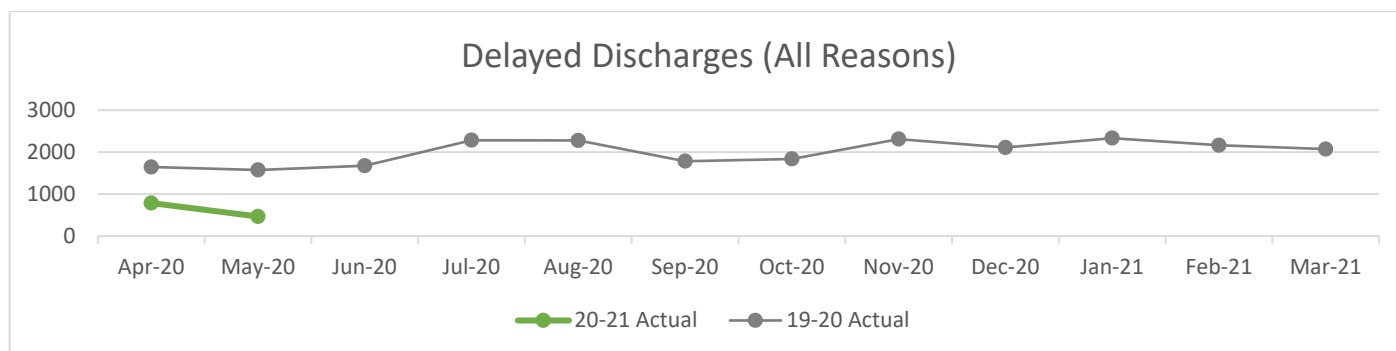
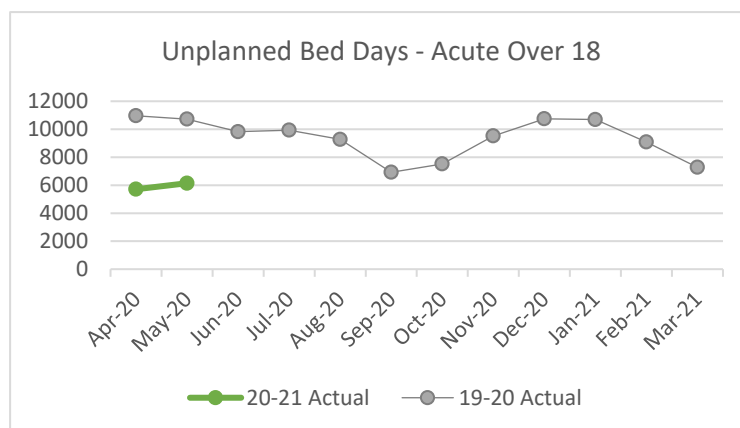
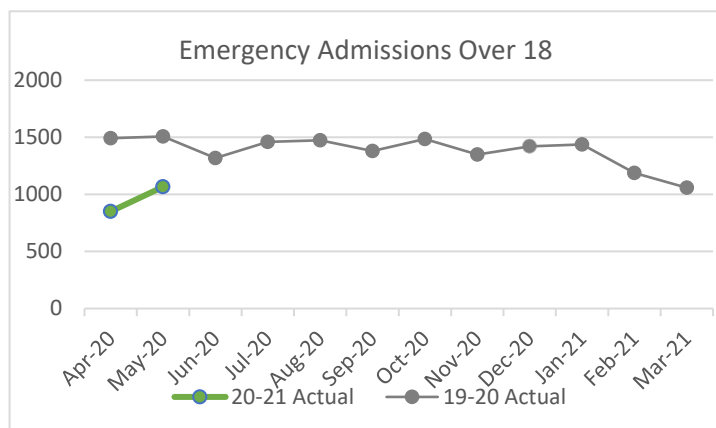
A&E Attendances

March 2020 - 176

April 2020 - 90

May 2020 - 96

Over 18 – The information in the data cards represent the last 3 months available data.



Emergency Admissions - Acute

March 2020 – 1,137

April 2020 – 850

May 2020 – 1,066

Unscheduled Hospital Days

March 2020 – 8,851

April 2020 – 5,713

May 2020 – 6,144

A&E Attendances

March 2020 – 638

April 2020 – 793

May 2020 – 996

Delayed Discharge bed Days – All

March 2020 – 2,073

April 2020 – 787

May 2020 – 466

Delayed Discharge bed Days –H&SC

March 2020 – 1,701

April 2020 – 595

May 2020 – 332

Appendix I

MSG Trajectories with Rates

































Note – figures up to January 2020 are presented as complete, others a subject to change due to data completeness and are for restricted management information purposes only.

	Monthly Data						
Performance Indicator	Dec 2019	Jan 2020	Feb 2020	Mar 2020	April 2020	May 2020	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,715	1,663	1,385	1,237	946	1,165	May
Emergency Admissions to Acute Hospitals Rate per 1000	12.7	12.3	10.3	9.2	7.0	8.6	May
Number of Admissions from Emergency Dept.	1,121	1,034	943	814	883	1,092	May
Admissions from Emergency Dept. Rate per 1000	8.3	7.7	7.0	6.0	6.6	8.1	May
Emergency Dept. conversion rate	35	32	32	32	45	42	May
Number of unscheduled hospital bed days in Acute	11,021	10,870	9,216	7,396	5,825	6,236	May
Unscheduled Hospital Bed days in acute rate per 1000	81.8	80.7	68.4	67.0	43.2		April
Number of Emergency Dept. Attendances	3,241	3,268	2,975	2,527	1,961	2,592	May
Emergency Dept. attendances Rate per 1000	24.1	24.3	22.1	18.8	14.6	19.2	May
Number of Delayed Discharges bed days (all reasons)	2,110	2,333	2,164	2,073	787	466	May
Number of Delayed Discharges bed days (all reasons) rate per 1000	19.3	21.3	19.8	18.9	7.2	4.3	May
Number of Delayed Discharges bed days (code 9)	217	229	197	372	192	134	May
Number of Delayed Discharges bed days (Code 9) rate per 1000	2.0	2.1	1.8	3.4	1.8	1.2	May



















Appendix II – All Performance Measures

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

Measure	Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
% of children looked after in a community placement	91%	Green ✓	90% ✓	90.52% ✓			
Number of families with more than 1 consecutive foster placements	3	Green ✓	New Measure	3 ✓			
Number of families with more than 1 moves into care	3	Green ✓	New Measure	2 ✓			
Number of families with more than 1 consecutive residential placements	3	Green ✓	New Measure	0 ✓			
Increase the number of Children accessing Direct Payments	43	Green ✓	45 ✓	44 ✓			
Increase the number of in-house foster carers	95	Green ✓	98 ✓	101 ✓			
Preschool children protected from disease through % uptake of child immunisation programme (Rotavirus)	97%	Amber ⚠	90.3% ⚠	Information reported in arrears due to data validation timescales			
Preschool children protected from disease through % uptake of child immunisation programme (MMR1)	96.5%	Green ✓	93.7% ✓				
% of preschool children protected from disease through uptake of primary immunisations (12 months)	97%		New Measure				
The percentage of babies still being breast-fed at 6/8-week review (Breastfeeding drop-off rate)	49.3%		New Measure				
% of children with BMI percentile >91	10.5%		New Measure				
% of children meeting developmental milestones	78%		New Measure				
% young people receiving aftercare who are in employment, education or training	44%	Green ✓	New Measure	58.82% ✓			

Average waiting time on C&F fieldwork waiting list	86	Red 	New Measure	125 			
% of new CPO clients with a supervision requirement seen by a supervising officer within a week	93%	Red 	New Measure	50% 			
% of individuals subject to level 1 CPO unpaid work completed within expected timescale	90%	Red 	New Measure	0% 			
% of individuals subject to level 2 CPO unpaid work completed within expected timescale	90%	Red 	New Measure	0% 			
Number of Adults accessing Direct Payments	140	Green 	139 	137 			
Percentage of ICT service users seen within 1 day of referral	90%	Green 	99.14% 	98.01% 			
Number of Service users receiving Care at Home	2,167	Green 	1,970 	1,980 			
Number of days individuals spend in hospital beyond their discharge date (bed days lost)	1,936	Green 	3,919 	1,223 			
Number of patients waiting for CAH package (Hospital)	12	Green 	84 	6 			
Number of individuals waiting for CAH package (Community)	30	Red 	New Measure	64 			
Number of Service Users delayed due to funding being confirmed	10	Green 	8 	2 			
Number of Service Users delayed in discharge to a care home after funding confirmed	10	Green 	-	1 			
Number of individuals confirmed with a care at home package	650 p/q	Amber 	New Measure	590 			
Number of individuals in receipt of Digital/Telecare Technology	5,500	Green 	New Measure	4,400 			
Number of LD service users in voluntary placements.	43	Green 	57 	57 			

Addictions referrals to Treatment within 3 weeks (Alcohol)	90%	Green 	98.6% 	100% 			
Addictions referrals to Treatment within 3 weeks (Drugs)	90%	Green 	100% 	100% 			
Addictions referrals to Treatment within 6 weeks (Alcohol)	100%	Green 	100% 	100% 			
Addictions referrals to Treatment within 6 weeks (Drugs)	100%	Green 	100% 	100% 			
Number of ABIs Delivered (Priority Area – Pan Ayrshire)	855 p/q (Pan Ayrshire)	Red 	860 	607 			
Number of ABIs Delivered (Non-Priority Area – Pan Ayrshire)	214 p/q (Pan Ayrshire)	Red 	438 	92 			
Number of Naloxone Kits Supplied	60	Green 	145 	955 			
CAMHS – Seen within 18 weeks (RTT)	90%	Red 	New Measure	63% 			
Psychological Therapies – Seen within 18 weeks (RTT)	90%	Red 	New Measure	75% 			
AMHT – All accepted urgent referrals will be offered assessment within 24 hours.	100%	Green 	New Measure	100% 			
AMHT – All accepted routine referrals will be offered assessment within 4 weeks.	100%	Red 	New Measure	26% 			
Adult Liaison (Pysch & Alcohol) - All accepted Emergency Department referrals will be seen within 60 minutes.	100%	Red 	New Measure	85% 			
All accepted Urgent mental health referrals will be seen within 24 hours from Acute wards (Medical & Surgical at Ayr and Crosshouse)	100%	Green 	New Measure	100% 			
Every patient assessed by mental health liaison will be offered an individualised discharge care plan	100%	Red 	New Measure	 Not Available			
EMH - All accepted urgent referrals within the acute hospital will be seen within 24 hours	100%	Red 	New Measure	45% 			

EMH - All accepted routine referrals within the acute hospital will be seen within 48 hours	100%	Red 	New Measure	38% 			
EMH - All accepted referrals from community hospitals will be seen within 5 working days	100%	Red 	New Measure	33% 			
The elderly mental health liaison service will aim for a reduction in return referrals by 20%	20% Reduction	Green 	New Measure	-25% 			
All accepted urgent Crisis Resolution Team referrals will be received contact within 4 hours	100%	Red 	New Measure	63% 			
The Crisis Resolution Team will support individuals for up to a maximum of 21 days	100%	Green 	New Measure	95.3% 			
The Crisis Resolution Team will support the early discharge of patients from inpatients, reducing average lengths of stay	5% Reduction	Green 	New Measure	-14.3% 			
Average working days lost to sickness absence per employee - NAC	3.11 p/q	Green 	14.43 	2.76 			
Percentage working days lost to sickness absence per employee - NHS	4.5% p/q	Green 	5.45% 	3.81% 			

Appendix III – Workforce Absence

Table 1a NAC 2020-21 Data

Directorate/Section	FTE	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	YTD Target	Variance
CF - Fieldwork	84.90	1.29	1.39	1.22										3.91	1.90	2.01
CF - Intervent Serv	83.10	0.75	0.66	1.01										2.42	3.16	-0.74
CF - Justice Services	67.70	0.83	0.93	1.05										2.81	3.24	-0.42
CF - LAAC	123.01	1.43	1.37	0.52										3.31	4.56	-1.24
CF - Pract Dev & Rev	19.50	0.00	0.00	0.36										0.36	1.25	-0.89
CF - Univer Early Yrs	16.20	0.00	0.00	0.00										0.00	1.25	-1.25
Child, Families&Justice	400.41	1.04	1.01	0.54										2.59	3.12	-0.53
HCC - Arran Services	9.64	0.00	0.00	0.00										0.00	1.25	-1.25
HCC - Comm Care Serv	617.84	0.95	1.00	0.93										2.89	3.22	-0.33
HCC - Locality Services	100.03	1.12	0.19	0.51										1.83	2.55	-0.72
HCC - Long Term Cond	22.84	0.17	0.88	0.04										1.09	1.25	-0.16
HCC - Primary Care Serv	10.00	2.20	0.00	0.00										2.20	1.25	0.95
HCC - Rehab & Reable	13.40	0.00	0.00	0.00										0.00	2.95	-2.95
Health & Community Care	776.75	0.94	0.85	0.81										2.60	3.02	-0.42
HSCP - Finance	27.14	0.48	0.02	0.00										0.50	2.38	-1.88
HSCP Performance	8.50	0.00	0.00	0.00										0.00	1.25	-1.25
HSCP Planning	8.80	3.59	2.48	2.91										8.98	2.39	6.59
HSCP Finance & Transform	39.94	0.61	0.13	0.20										0.94	2.15	-1.21
MHS - Addictions	21.60	1.04	0.83	0.19										2.06	4.45	-2.39
MHS - Community	18.00	2.98	2.10	1.87										6.94	6.25	0.69
MHS - Learning Diff	49.56	2.88	2.33	1.92										7.13	6.25	0.88
Mental Health	89.16	2.46	1.92	1.49										5.87	5.82	0.05
HSCP Business Admin	174.59	0.89	0.48	0.48										1.84	2.41	-0.56
HSCP Senior Managers	10.00	1.44	0.00	0.00										1.44	2.05	-0.61
HSCP	1,489.35	1.05	0.90	0.81										2.76	3.11	-0.34

Table 1b NAC 2019-20 Data

#	Directorate/Section	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	YTD Target	Variance
40	Business Administration	0.45	0.70	0.97										2.12	2.75	-0.63
41	CF - Fieldwork	0.83	1.02	1.14										2.99	2.75	0.24
42	CF - Intervent Serv	1.71	1.54	0.92										4.17	2.75	1.42
43	CF - Justice Services	1.14	2.07	2.02										5.23	2.75	2.48
44	CF - LAAC	1.73	2.06	2.15										5.94	2.75	3.19
45	CF - Pract Dev & Rev	0.00	0.00	0.00										0.00	2.75	-2.75
46	CF - Univer Early Yrs	0.00	0.45	0.00										0.45	2.75	-2.30
47	HCC - Arran Services	0.00	0.17	0.00										0.17	2.75	-2.58
48	HCC - Comm Care Serv	1.22	1.26	1.18										3.66	2.75	0.91
49	HCC - Locality Services	1.50	0.81	0.79										3.11	2.75	0.36
50	HCC - Long Term Cond	0.71	0.13	0.13										0.97	2.75	-1.78
51	HCC - Primary Care Serv	0.00	1.10	0.00										1.10	2.75	-1.65
52	HCC - Rehab & Reable	2.26	2.86	3.46										8.58	2.75	5.83
53	HSCP - Finance	0.09	0.00	0.19										0.28	2.75	-2.47
54	MHS - Addictions	0.59	1.59	1.92										4.10	2.75	1.35
55	MHS - Community	1.30	3.50	1.91										6.71	2.75	3.96
56	MHS - Learning Diff	2.87	3.47	2.67										9.01	2.75	6.26
57	Plan & Performance	0.31	1.04	1.31										2.66	2.75	-0.09
58	Senior Managers	0.00	0.00	0.00										0.00	2.75	-2.75
59	HSCP	1.16	1.30	1.23										3.69	2.75	0.94

Table 2 **NHS 2020–21**

- Continuing system issues has resulted in data being unavailable.

Appendix IV – Finance

Partnership Budget - Objective Summary	2020/21 Budget								
	Council			Health			TOTAL		
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	56,074	54,590	(1,484)	13,752	13,899	147	69,826	68,489	(1,337)
: Locality Services	23,630	22,532	(1,098)	4,799	4,799	0	28,429	27,331	(1,098)
: Community Care Service Delivery	28,608	28,622	14	0	0	0	28,608	28,622	14
: Rehabilitation and Reablement	1,985	1,695	(290)	1,902	1,910	8	3,887	3,605	(282)
: Long Term Conditions	1,487	1,363	(124)	4,941	5,100	159	6,428	6,463	35
: Integrated Island Services	364	378	14	2,110	2,090	(20)	2,474	2,468	(6)
MENTAL HEALTH SERVICES	24,794	26,234	1,440	52,748	50,952	(1,796)	77,542	77,186	(356)
: Learning Disabilities	18,572	20,195	1,623	448	448	0	19,020	20,643	1,623
: Community Mental Health	4,739	4,531	(208)	1,635	1,635	0	6,374	6,166	(208)
: Addictions	1,483	1,508	25	1,340	1,340	0	2,823	2,848	25
: Lead Partnership Mental Health NHS Area Wide	0	0	0	49,325	47,529	(1,796)	49,325	47,529	(1,796)
CHILDREN & JUSTICE SERVICES	32,186	32,745	559	3,815	3,815	0	36,001	36,560	559
Irvine, Kilwinning and Three Towns	3,281	3,236	(45)	0	0	0	3,281	3,236	(45)
Garnock Valley, North Coast and Arran	1,256	1,180	(76)	0	0	0	1,256	1,180	(76)
Intervention Services	2,104	2,094	(10)	315	315	0	2,419	2,409	(10)
North Ayrshire Wide Services	17,626	18,325	699	0	0	0	17,626	18,325	699
Quality Improvement	4,310	4,304	(6)	0	0	0	4,310	4,304	(6)
Public Protection	636	634	(2)	0	0	0	636	634	(2)
Justice Services	2,506	2,504	(2)	0	0	0	2,506	2,504	(2)
Universal Early Years	467	468	1	3,090	3,090	0	3,557	3,558	1
: Lead Partnership NHS Children's Services	0	0	0	410	410	0	410	410	0
PRIMARY CARE	0	0	0	52,521	52,521	0	52,521	52,521	0
ALLIED HEALTH PROFESSIONALS	0	0	0	5,443	5,443	0	5,443	5,443	0
MANAGEMENT AND SUPPORT COSTS	7,975	8,186	211	3,888	3,686	(202)	11,863	11,872	9
CHANGE PROGRAMME	1	18	17	1,011	1,011	0	1,012	1,029	17
OUTTURN ON A MANAGED BASIS	121,030	121,773	743	133,178	131,327	(1,851)	254,208	253,100	(1,108)
Return Hosted Over/Underspends East	0	0	0	0	582	582	0	582	582
Return Hosted Over/Underspends North	0	0	0	0	0	0	0	0	0
Return Hosted Over/Underspends South	0	0	0	0	553	553	0	553	553
Receive Hosted Over/Underspends South	0	0	0	0	0	0	0	0	0
Receive Hosted Over/Underspends East	0	0	0	0	0	0	0	0	0
Allocation of PCIF from East	0	0	0	0	0	0	0	0	0
Allocate the Action 15 underspend to East and South	0	0	0	0	0	0	0	0	0
OUTTURN ON AN IJB BASIS	121,030	121,773	743	133,178	132,462	(716)	254,208	254,235	27

Appendix V – Glossary of Acronyms

Acronym	Description
A&E	Assessment and Enablement
ABI	Alcohol Brief Intervention
ACH	Ayrshire Central Hospital
ADHD	Attention Deficit Hyperactivity Disorder
AMHT	Adult Mental Health Team (North Ayrshire Only)
AOP	Annual Operating Plan
C&F	Children and Families
CAH	Care at Home
CAMHS	Child and Adolescent Mental Health Team
CareNA	Care North Ayrshire
CBT	Cognitive Behaviour Therapy
CMHT	Community Mental Health Team
CNM	Clinical Nurse Manager
COVID-19	The naming associated with the global pandemic
CP	Child Protection
CPO	Community Payback Order
CYP	Children & Young People
CYPSG	Children & Young Peoples Strategic Group
EMH	Elderly Mental Health (Pan Ayrshire)
FBC	Full Business Case
GP	General Practitioner (Practice)
HCC	Health and Community Care
HSCP	Health & Social Care Partnership
ICT	Intermediate Care Team
IGPAG	Information Governance Pan Ayrshire Group
IRD	Initial Referral Discussion
LAA	Looked After & Accommodated
LAAC	Looked After & Accommodated Children
LD	Learning Disabilities
LOT	Local Operational Teams
MADART	Multiple Agency Domestic Abuse Response Team
MH	Mental Health
MH PRG	Mental Health Public Reference Group
MHS	Mental Health Service
MSG	Ministerial Strategy Group for Health and Community Care
NAC	North Ayrshire Council
NADARS	North Ayrshire Drug and Alcohol Service
ORT	Opiate Replacement Therapy
OT	Occupational Therapy
PAC	Performance and Audit Committee
PC	Primary Care

PCMHT	Primary Care Mental Health Team
PDS	Post Diagnostic Support
PRG	Public Reference Group
PRoMIS	Patient-Reported Outcomes Measurement Information System
PPE	Personal Protective Equipment
PSST	Prevention and Service Support Team
Res	Resources
RTT	Referral To Treatment
SALT	Speech and Language Therapy
SCRA	Scottish Children's Reporter Administration
SDS	Self-Directed Support
SG	Scottish Government
SSSC	Scottish Social Services Council
TCAT	Transforming Care After Treatment
UEY	Universal Early Years
YPSSPG	Young People's Strategic Suicide Prevention Group