Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care Partnership

Monday, 14 February 2022 at 11:00

Arrangements in Terms of COVID-19

In light of the current COVID-19 pandemic, this meeting will be held remotely in accordance with the provisions of the Local Government (Scotland) Act 2003. Where possible, the meeting will be live-streamed and available to view at https://north-ayrshire.public-i.tv/core/portal/home. In the event that live-streaming is not possible, a recording of the meeting will instead be available to view at this location.

1 Apologies

2 Declarations of Interest

Members are requested to give notice of any declarations of interest in respect of items of business on the Agenda.

3 Minutes/Action Note

The accuracy of the Minutes of the meeting held on 16 December 2021 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

4 Director's Report

Submit report by Caroline Cameron, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

5 Financial Performance

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial position of the HSCP (copy enclosed).

6 Strategic Plan

Submit report by Scott Bryan, Strategic Planning, Policy and Inequalities Officer on the draft Strategic Commissioning Plan for 2022-30 (copy enclosed).

7 Risk Appetite Statement

Submit report by Paul Doak, Head of Finance and Transformation, providing an overview of the first risk appetite statement for the partnership (copy enclosed).

8 IJB Governance Review

Submit report by Aileen Craig, Head of Service (Democratic Services) on the IJB Governance Review (copy enclosed).

9 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting - Virtual Meeting

Please note: this meeting may be recorded/live-streamed to the Council's internet site, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being recorded/live-streamed.

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If you have any queries regarding this, please contact dataprotectionofficer@north-ayrshire.gov.uk.

Integration Joint Board

Sederunt

Voting Members

Bob Martin (Chair)	North Ayrshire Council
Councillor Robert Foster (Vice-Chair)	NHS Ayrshire & Arran
Councillor Timothy Billings	North Ayrshire Council
Adrian Carragher	NHS Ayrshire and Arran
Councillor Anthea Dickson	North Ayrshire Council
Jean Ford	NHS Ayrshire and Arran
Marc Mazzucco	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

Professional Advisors

Caroline Cameron	Director
Paul Doak	Head of Service (HSCP Finance & Transformation)
Vacancy	Clinical Director
Scott Hunter	Chief Social Work Officer – North Ayrshire
Philip Hodkinson	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
Darren Fullarton	Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson	GP Representative

Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Vacancy	Carers Representative
Graham Searle	Carers Representative (Depute for Marie McWaters)
Clive Shephard	Service User Representative
Glenda Hanna	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Sam Falconer	IJB Kilwinning Locality Forum (Chair)
Janet McKay	IJB Garnock Valley Locality Forum (Chair)
Louise Gibson	IJB Irvine Locality Forum (Chair)

North Ayrshire Health and Social Care Partnership

Minute of Integration Joint Board meeting held on Thursday 16 December 2021 at 10.00 a.m. involving participation by remote electronic means

Present

Voting Members
Bob Martin, NHS Ayrshire and Arran (Chair)
Councillor Robert Foster, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Councillor Anthea Dickson, North Ayrshire Council
Jean Ford, NHS Ayrshire and Arran

Professional Advisers
Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Chief Finance and Transformation Officer
Alistair Reid, Lead Allied Health Professional Adviser
Darren Fullarton, Associate Nurse Director/IJB Lead Nurse

Stakeholder Representatives
David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Graham Searle, Carers Representative
Clive Shephard, Independent Sector Representative
Glenda Hanna, Independent Sector Representative
Vicki Yuill, Third Sector Representative
Janet McKay, IJB Garnock Valley Locality Forum (Chair)

In Attendance

Elizabeth Stewart, Interim Chief Social Work Officer
Thelma Bowers, Head of Service (Mental Health)
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Peter McArthur, Senior Manager, Addiction Services
Karen Andrews, Team Manager
Craig Stewart, Committee Services Officer
Diane McCaw, Committee Services Officer

Apologies

Councillor John Sweeney, North Ayrshire Council
Adrian Carragher, NHS Ayrshire and Arran
Dr Louise Wilson, GP Representative

1. Apologies and Chair's Remarks

Apologies for absence were noted.

2. Declarations of Interest

There were no declarations of interest in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 21 October 2021 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising from the Action Note

Updates in terms of the Action Note were detailed as follows:-

- Carers Act - update to IJB by the second quarter;
- Community Alarm/Telecare Services - update now early next year; and
- Distress Brief Intervention - update in the new year.

4. Appointments Report

Submitted report by Caroline Cameron, Director of (NAHSCP) on recent appointments to the IJB and Performance and Audit Committees.

Jean Ford indicated at the meeting that she was happy to fill the last remaining vacant position on the Performance and Audit Committee.

The Board noted (a) the appointment of Marc Mazzucco as (i) the new NHS Non-Executive Board Member to the IJB; and (ii) the new Vice-Chair of the Performance and Audit Committee; (b) that Jean Ford will continue as (i) an interim Member of IJB; and (ii) fill a vacant position on the Performance and Audit Committee; (c) that Councillor Robert Foster will fill a vacant position on the Performance and Audit Committee; and (d) the appointment of Scott Hunter as Chief Social Work Officer for North Ayrshire and Elizabeth Stewart as Depute Chief Social Work Officer.

5. Presentation: Medication Assisted Treatment and Alcohol and Drug Partnership

The Board received a presentation from Peter McArthur, Senior Manager, Addiction Services, on the Medication Assisted Treatment (MAT) and Alcohol and Drug Partnership (ADP) highlighting the following:-

- ADP Performance Management information in terms of targets met, on trajectory and not met for the time period April to September 2021;
- an overview in terms of 10 MAT standards;
- the need for quick access to medications to support recovery;
- the pilot test of change within Three Towns area prior to implementation of standards;
- the vision to make the process streamlined with no barriers to individuals receiving the appropriate treatment and care;
- evaluation measures to determine improvement;

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- referral information including by gender and age group and individuals identified as at risk; and
- next steps in the process.

Members asked questions and were provided with further information in relation to:-

- the approach in terms of training and supply around the naloxone programme;
- additional funding application proposals;
- progress in terms of the focus on the first 5 MAT standards ahead of the April 2022 deadline; and
- the approach with regard to availability of naloxone kits.

Noted.

6. Director's Report

Submitted report by Caroline Cameron, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership.

The report provided an update on the following areas:-

- Publication of the Community Justice Ayrshire Partnership Annual Report;
- The pilot of the new drugs phone service to help mitigate the risks of using drugs alone;
- Drug awareness resources on the risks of drug use and how to reduce harm;
- The 16 Days of Action campaign and support available in connection with domestic abuse;
- Applications being open in connection with the North Ayrshire Communities Mental Health and Well-being Fund;
- The new logo for the National Secure Adolescent Inpatient Service (NSAIS) on the grounds of Ayrshire Central Hospital; and
- A Covid update on the Partnership's continued response to the pandemic with regard to the Omicron variant and the impact on the vaccination programme, the additional testing capacity within communities and in relation to staff within the Health and Social Care Partnership, the reviewing of business continuity plans and ongoing pressures and challenges.

Members asked questions and were provided with further information in relation to:-

- meetings of the Care Homes Oversight Group currently held twice weekly and which will meet more regularly to deal with emerging issues;
- additional Guidance which has been received in terms of Care Homes;
- testing for Care Home staff; and
- proposed local comms messages around family support within communities.

The Chair advised any situational changes would be communicated to IJB members.

Noted.

7. 2021-22 – Month 7 Financial Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial position of the Health and Social Care Partnership. Appendix A to the report provided the financial overview of the partnership position,

with detailed analysis provided in Appendix B. Appendix C (i) showed the full Transformation Plan for 2021/22, which had been agreed by the Transformation Board. An overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving was outlined at Appendix C (ii). Appendix D highlighted the movement in the overall budget position for the partnership following the initial approved budget and the local finance mobilisation plan submission was provided at Appendix E to the report.

The report also included details of the estimated costs and potential financial impact of the Covid-19 response.

The Board agreed to note (a) the overall integrated financial performance report for the financial year 2021-22, the current overall projected year-end underspend of £0.986m; (b) the progress with delivery of agreed savings; and (c) the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs

8. Chief Social Work Officer Annual Report

Submitted report by the Depute Chief Social Work Officer on the Annual Report of the Chief Social Work Officer to the local authority covering the period April 2020 to March 2021. The full report detailing the statutory, governance and leadership functions of the CSWO role was detailed at Appendix 1 to the report.

The report provided an overview of the partnership structures and the performance of social services in the context of the demographic landscape of North Ayrshire and the delivery of Social Services and outlined the key challenges facing the service in the forthcoming year due to the impact of Covid-19.

The Board agreed to note and endorse the Chief Social Work Officer's Annual Report.

9. Annual Performance Report 2020-21

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the North Ayrshire Health and Social Care Partnership Annual Performance Report 2020-21.

The Board agreed to retrospectively approve the publication of the Partnership's Annual Performance Report for 2020-21.

10. Remobilisation Plan 4

Submitted report by Caroline Cameron, Director NAHSCP on the NHS Ayrshire and Arran Remobilisation Plan 4 (RMP4). The final draft RMP4, submitted to Scottish Government on 30 September 2021 for consideration, was attached at Appendix 1 to the report. Appendix 2 detailed a letter from the Scottish Government, dated 19 November 2021, approving the final draft RMP4.

The Board was advised that a further update on the North Ayrshire specific elements of RMP4 will be reported to a future meeting.

The Board agreed to approve the Remobilisation Plan 4 for publication.

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11. Winter Funding Plans

Submitted report by Caroline Cameron, Director NAHSCP on the Health and Social Care Partnership plans for investment as a result of the measures and funding being put in place to support health and social care system pressures including maximising hospital and primary care capacity, reducing delayed discharges, improving pay for social care staff and ensuring individuals in the community who need support receive effective and responsive care. The winter package of additional support was detailed at section 2.1 of the report and the full Winter Funding Plan was attached at Appendix 1 to the report.

Funding allocations were communicated to HSCPs on 4 November 2021 with a total of £3.4m allocated to North Ayrshire in 2021-22 specifically for interim care, Multi-Disciplinary Teams and Care at Home capacity. The North Ayrshire HSCP plans for the funding propose to build on the effective intervention services already in place in North Ayrshire.

The Board was also advised of a commitment given to local trade union colleagues to commence a full review of Care at Home service which has been delayed because of the Covid-19 pandemic.

Members asked questions and were provided with further information in relation to:-

- support to third and independent sectors with regard to 'step-down' care;
- how to ensure individuals do not remain in Care Homes any longer than necessary;
- the use of Anum Cara for interim placements;
- a number of Care Homes having reduced beds available as a result of staffing reductions over the same period; and
- specific obstacles in terms of the nursing recruitment and retention in the Care Home sector.

The Board agreed to approve the plans developed by the Health and Social Care Partnership for the deployment of the new investment in line with Scottish Government guidance and Key Performance Indicators.

The meeting ended at 12.05 p.m.

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North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 December 2021

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Distress Brief Intervention Update	17/12/20	The Board agreed to (a) endorse and approve the implementation of the plan to support Distress Brief intervention across Ayrshire; and (b) to receive an update, including case studies, at a future meeting.	Update in New Year 2022.	Thelma Bowers
2.	Year End Financial Performance 2020-21	17/06/21	The Board was advised that details of Carers Act Funding will be reported to a future meeting; and an update on vacancy savings will be reported to the IJB Performance and Audit Committee.	Carers Act Update to IJB in February 2022	Director
3.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/09/19	That an update report on progress be submitted to a future meeting.	Update early in 2022.	David Thomson
4.	Mental Welfare Commission Report: Authority to Discharge	21/10/21	The Board agreed to (a) note the terms of the report; (b) approve the North Ayrshire Health and Social Care Partnership response to the recommendations; and (c) receive an update report to the IJB in 12 months in terms of progress with the recommendations of the Mental Welfare Commission report.	Update by October 2022	David Thomson

Agenda Item 4

Integration Joint Board
14th February 2022

Subject:	**Director's Report**
Purpose:	To advise members of the North Ayrshire Integration Joint Board (IJB) of developments within the North Ayrshire Health and Social Care Partnership (NAHSCP).
Recommendation:	That members of IJB note progress made to date.

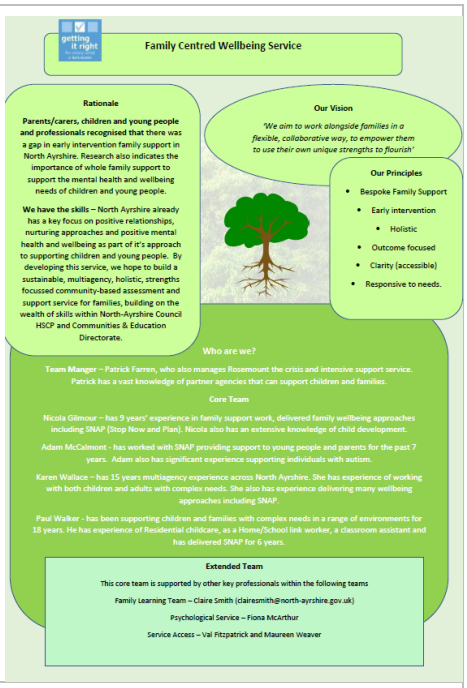
Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	**EXECUTIVE SUMMARY**
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	**CURRENT POSITION**
	National Developments
	Free digital resource for carers
	The Carers UK 'Digital Resource for Carers' brings together a number of specially designed digital products and online resources to provide comprehensive information and support for unpaid carers. Within the 'Working and Skills' section, there is a good practice guide for employers/line managers/HR teams in supporting carers in the workplace, as well as resources for working carers. If you are a carer, or if you work with carers in the community or support a staff member with caring responsibilities, sign up for this FREE resource at carersdigital.org and enter the code **DGTL4110**.
	National Care Service Responses
	The Scottish Government have published the responses to the National Care Service consultation. Almost 1,300 responses were received from a wide range of individuals and organisations, after Ministers sought views on plans for the biggest reform of public

	services since the creation of the National Health Service. Around 1,100 of those responses are available to view online. A significant proportion of the responses came from individuals with lived experience, or bodies that represent them. The social care workforce are also well represented in the responses, along with providers, all of whom see much room for improvement. The responses also helpfully highlight the risks that will emerge from such significant change, but the main theme is that change is needed, and it is needed now, as well as in the longer term. The public consultation represented the first phase of engagement for the National Care Service programme. Moving forward it will be critical to have lived experience and co-design at the heart to ensure that we deliver for the needs of people. A report analysing the responses is anticipated to be published during February.
	Audit Scotland Briefing – Social Care
	Audit Scotland published a briefing on 27th January 2022 on urgent action required to address the critical issues in delivery of social care services. This report will be considered and a report on the findings of the report will be tabled at a future IJB meeting. The briefing can be accessed here
	Consultations
	Prevention of Homelessness Duties Consultation
	A joint Scottish Government and COSLA consultation on proposals for new prevention of homelessness duties was published in December 2021. The consultation is open to individual and organisations to have their say on changes to the homelessness system in Scotland and will run until 31 March 2022. The consultation document can be access here.
	Healthcare Framework for Care Homes
	The Scottish Government are working with key stakeholders to develop a Healthcare Framework for adults and older people living in care homes. As part of this engagement process the Scottish Government will host three regional events. NHS Ayrshire and Arran and the 3 HSCPs are invited to attend the session on 14th February 2022. The sessions are to engage with frontline professionals across all professional groups who provide care to people in care homes. This will include general practitioners, Allied Health Professionals, community nurses (e.g. district nurses, mental health nurses, learning disability nurses, care home nurses, practice nurses, palliative care nurses, other specialist nurses), service managers, pharmacists, dentists, social workers, care home managers, psychologists and paramedics.
	Young carers survey
	Carers Trust Scotland is conducting a survey on the pressures and challenges facing young carers and young adult carers right across the UK.

	The survey will be live until the end of January, when data will then be collected for analysis and the results released on Wednesday 16 March to coincide with Young Carers Action Day. The survey is for young carers aged 12 to 17 and young adult carers aged 18 to 25. By taking part in the survey, young carers and young adult carers will have the option to be entered into a prize draw for a £25 well-being gift box. If you know a young carer who might be interested in taking part, please direct them to the survey **here**.
	North Ayrshire Developments
	Appointments
	Scott Hunter, our new Chief Social Worker commenced with NAHSCP on 20th December 2022. Scott brings a wealth of experience to the role, having previously been the CSWO in South Ayrshire.
	North Ayrshire Inspection of Children's Services
	In December 2021 the Care Inspectorate agreed to pause the planned next phase of the Children's Services inspection due to COVID restrictions, in particular the ability to facilitate focus groups. Further discussions on the next steps of the inspection resumed in January 2022 and IJB will be kept informed of progress in relation to the inspection, including any implications for the timescales of the inspection concluding.
	Unaccompanied Asylum Seeking Children (UASC)
	North Ayrshire Council has a strong track record of providing accommodation and support to assist individuals and families resettling from a number of countries including Syria and Afghanistan. Since 2015, North Ayrshire has welcomed 42 Syrian families and 8 Afghan Families, a total of 238 individuals.
	For a number of months, an escalating humanitarian crisis has been emerging in Kent which has seen significant numbers of unaccompanied asylum-seeking children (UASC) crossing the Channel seeking asylum in the UK. In response to this, and working with COSLA over recent months, a North Ayrshire multi-service officer taskforce was established. The UASC taskforce comprised of staff from across a variety of services and has been meeting regularly to discuss and explore what support could be offered from North Ayrshire to aid this humanitarian crisis. In recent weeks shortly prior to the festive break, there was a further unexpected rise in the number of UASC arriving in the UK, placing a significant further burden on Local Authorities in the southeast of England.
	In Scotland, a successful Local Authority voluntary assistance scheme was agreed with COSLA and had been operating for a number of months up to December 2021. This has enabled UASC to be placed across various local authorities that were able to assist. As part of the voluntary rota, North Ayrshire was allocated 2 UASC to be accommodated.
	During December 2021, based on the urgency of the evolving situation and the availability of a supported carer, together with the backlog of young people awaiting transfers through the voluntary rota, arrangements were made for one UASC to be

	placed in North Ayrshire. Furthermore, it is hoped there will be the potential to take a further UASC shortly based on the anticipated availability of a further suitable supported carer. An active recruitment plan has also been put in place to attract additional supported carers to assist further. North Ayrshire Council through the Cabinet have reaffirmed their commitment to support UASC.
	Hearing Impairment Support from SISG
	Sensory Impaired Support Group (SISG) is a charity that works and delivers services across Ayrshire, providing support and information to thousands of deaf, hard of hearing and visually impaired people who might otherwise miss out on valuable and important information and support. The charity is currently running a number of Hearing Support Hubs, peer support groups and hearing aid battery pick-up points across North Ayrshire. Please note that some services are currently impacted by Covid-19 restrictions, as detailed in the link below. To read more about what these services can offer and where they are based, click **here**. To find out more about SISG and the work that they do, visit their website **here**.
	Blue Monday boost for community groups
	Despite Blue Monday being deemed the most depressing day of the year, this year it brought fantastic news for many third sector organisations in North Ayrshire. The North Ayrshire Communities Mental Health and Well-being Fund aims to provide funding of up to £50,000 for initiatives that promote mental health and well-being for adults at small scale, grassroots community level. Funded by the Scottish Government and led in North Ayrshire by Arran Community Voluntary Service, the scheme saw 86 local groups apply for a share of the fund, with an ask of nearly £1.2m. With the total available funding for North Ayrshire set at £407k, Arran CVS, partners in the Third Sector Interface North Ayrshire (TSI) and statutory partners have dug deep to double the funds available to £814k, offering a huge boost to projects that will bring benefits to the people of North Ayrshire. To read more, click **here**. A fuller follow up report will be presented to the IJB in March.
	North Ayrshire Family Centre Wellbeing Service

	Research shows the importance of whole family support to support the mental health and wellbeing needs of children and young people. North Ayrshire already has a key focus on positive relationships, nurturing approaches and positive mental health and wellbeing as part of it's approach to supporting children and young people. By developing the North Ayrshire Family Centre Wellbeing Service, we hope to build a sustainable, multiagency, holistic, strengths focussed community-based assessment and support service for families, building on the wealth of skills within North-Ayrshire Council HSCP and Communities & Education Directorate.	
	The service has been in operation since the beginning of November and an valuation report is currently being produced. It is early days with regards to this service with 21 referrals to date. Feedback has been extremely positive. The service covers Irvine and the 3 Town at the moment and is for primary aged children and their families.	
	<u>Primary Care and Social Care Staff Wellbeing</u>	
	The COVID-19 pandemic has heightened concerns about the health and wellbeing of all those who work in Health & Social Care. The wellbeing of staff inevitably impacts the quality and safety of the services provided in every community in Scotland. The Scottish Government has allocated a total of £108,590 to North Ayrshire IJB in financial year 2021/22 to support the wellbeing and mental health of the primary care and social care workforces, as well as meeting practical needs over the winter period. The funding should give equal priority to those working in primary care and social work/social care sectors, including independent contractors, out of hours services and support staff.	
	Following consultation with staff, the key areas identified as local priorities, are :- • Support for teams to 'take a step back' together and participate in wellbeing opportunities • Mindfulness Interventions • Support and management of distress and anxiety; PTSD; bereavement; staff affected by 'long Covid' From the consultation survey with HSCP staff November 2021, 304 responses were received emerging themes were identified and allowed the HSCP to tailor the proposals for funding as follows :-	
	• Provision of 6 x Mindfulness Programmes – available to all primary care and social care staff including Third and Independent Sector; • Provision of 10 x Psychological Impact of WFH Workshops; • Provision of 10 x Managing Emotional Wellbeing Workshops; • Purchase of National Trust passes available to staff on loan basis;	

	• Establishment of Primary Care & Social Care Small Grant Scheme to allow staff to apply for small grants to facilitate health & wellbeing initiatives in their own teams/services; • Bespoke morning fitness video classes, drop in sports classes, walk leader training, family fund days, weight management/healthy lifestyle groups;
	COVID Update
	This update continues to offer assurance to IJB on the partnership's continued response to the COVID 19 pandemic. The partnership, along with NHS and NAC still operate on an "emergency" footing.
	Updates since last IJB
	Guidance
	Self Isolation for Residents in Adult Care Homes
	The Scottish Government published guidance on 20 January 2022 and made the following updates as summarised below: 1. Self-isolation periods for residents who are contacts of Covid-19 positive case or are themselves Covid positive has now changed from 14 days to 10 days. 2. Precautionary 14 days self-isolation of residents following discharge from hospital to a care homes has now been removed for residents on the non-respiratory pathway and has reduced from 14 to 10 days for residents on the respiratory pathway (the respiratory pathway is determined by the Respiratory Screening Tool as per the National Infection Prevention and Control Manual: Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum. To summarised if you are on the respiratory pathway this means those that have answered yes to the screening tool i.e. are COVID-19 positive or a close contact of someone who is COVID-19 positive within 10 days). 3. Removal of guidance on limiting the number of households who can visit a care home resident at any one time to two. This follows the announcement from the First Minister on changes to guidance for the general public. 4. Named Visitors should be supported during outbreaks unless there are exceptional circumstances. 5. Named visitors who visit a resident who is COVID-19 positive can visit the resident again during their isolation period.

	Vaccination Update
	The note below provides the IJB with an update on short-term planning (January to March) for the COVID-19 Vaccination Programme (including Influenza) with high level Summer/Winter plans. **Data (measure based on 12 years & over)** Public Health Scotland data dashboard reports indicate that, as at 1st February 2022, 92% of eligible population in Scotland had received 1st dose vaccination with 86.3% in receipt of 2nd dose. 69% have also received their booster or 3rd dose. In Ayrshire and Arran Health Board boundary area 94.5% (305,585) of eligible individuals have received the first dose of their COVID-19 vaccine, with 89.2% (288,515) having also received their second dose. 72.4% (234,135) have received their booster or 3rd dose. In North Ayrshire Local Authority boundary area 94.2% (111,195) have received their first dose with 88.6% (104,688) also receiving their second dose. 70.9% (83,752) have received their booster or 3rd dose. **Planning** NHS Ayrshire & Arran short term planning for January to March is as follows (subject to change as per SG & JVCI guidance) : January Activity • Maximise uptake of boosters to increase protection • Severely immunosuppressed boosters (following 3rd dose) • Second doses for 12-15 year olds • Flu programme completion for 65yrs+, 18-64yrs “at risk”, pregnant women, health and social care staff and childhood • Focus on inclusivity, target identified groups • Ongoing Evergreen offer • 5-11yrs “at risk” and 5-11yrs household contacts first doses (last weekend in January) • 16-17 year old boosters February/March Activity • Remaining adult boosters (including 16-17yrs), second dose 12-15yrs • Inclusion focus to maximise uptake in under served groups • Continuing 5-11yrs “at risk” and household contacts of immunosuppressed • 12-15yrs “at risk” and household contacts of immunosuppressed booster 12 weeks after 2nd primary dose • Ongoing Evergreen offer • Potential of additional booster for specific older cohorts (eg. over 80s, Care Homes) based on monitoring hospitalisation data – await JCVI guidance.
	Forward high level planning assumptions for 2022/23 are being considered as detailed below, however, these are liable to change and so should be used as such until clarity is received as we progress: Spring/Summer • Universal vaccination of 5-11 yr olds (pending JCVI recommendation) • COVID vaccination (JCVI Groups 1-9?)

	Autumn/Winter • COVID vaccination (whole population?) • Flu vaccination, including extended groups
	Following recommendations/outcomes from a number of working groups a report will be tabled via NHS A&A governance routes regarding approval of short-term programme priorities and future planning for Autumn/Winter and a Project Plan detailing a move to a more sustainable Vaccination Programme in terms of future modelling/premises/workforce and finance.
	Testing
	Symptomatic and asymptomatic Covid-19 testing in North Ayrshire **Symptomatic Testing:** The Mobile Covid-19 Testing Unit allows residents **WITH** Covid-19 symptoms to get a free swab test. For information on the exact location of the testing unit, click **here**. Tests must be booked in advance **here** or by calling 0800 028 2816. Additionally, the Harbour Road Car Park in Irvine is being used as a temporary local facility for people **WITH** COVID-19 symptoms to get a test. You can book online **here** or by calling 0800 028 2816. Due to high demand for PCR testing, if you are symptomatic and are an essential worker listed on the Scottish Government website, you are prioritised to get a test for COVID-19. When booking a test online, please answer "Yes" to the question "Is the person who needs a test an essential worker?" This means that you will get priority when booking a test slot. It does not prioritise the processing time to analyse your sample, which is usually within 72 hours. During periods of exceptionally high demand, there may be times when test site slots in your area are not available. If this happens, please try again later in the day. **Asymptomatic Testing:** Free rapid testing people **WITHOUT** symptoms is currently available seven days a week, from 10am to 6pm. Check out the full location timetable **here**. There is no need to book. Rapid coronavirus testing kits for people **WITHOUT** COVID-19 symptoms are also available at a number of community pharmacies. Click **here** and enter your postcode to find your nearest stockist. Alternatively, you can order testing kits to use at home **here**.
	Care Home Oversight Group Update
	The Care Home Oversight Group (CHOG) in North Ayrshire continues to meet twice a week to discuss any concerns highlighted in relation to care homes in North Ayrshire. The group continue to monitor and support care homes and monitor the sustainability and resilience in the social care sector.
	The group receive updates from Public Health in relation to any outbreaks within care homes and from the Care Inspectorate in relation to any service issues/concerns. Each week the group considers data in relation to :-

	• RAG status relating to COVID outbreaks; PPE; Infection Prevention and Control (IPC); Staffing; • Staff Testing; • Beds Available; • Visiting Status; • Current Concerns
	<u>Care at Home Oversight Group Update</u>
	The HSCP was asked in September 2021 by the Scottish Government to replicate Care Home oversight arrangements for Care at Home services. The North Ayrshire Care at Home Oversight Group has a remit to monitor, at minimum on a weekly basis, the care and support for adults in our community. The group also consider care at home and community health pressures in the local area and work as a multi-disciplinary team to find solutions to address these issues, focussing on managing risk.
	At present, the North meeting meets on weekly basis, and is Chaired by the Chief Officer. Each week, the group considers data and information in relation to :- • Workforce issues – sickness, annual leave, vacancies, hours worked/available; • Waiting lists for assessment; care packages; • Capacity issues for inhouse and commissioned providers; • Community Nursing provision, capacity and pressures; • Progress with winter plan recruitment.
	<u>Care at Home Recruitment</u> Care at Home recruitment activity remains a priority for the partnership with ongoing recruitment events with planned over the next four weeks. The Care at Home service are continuing to engage with employability colleagues around various workstreams and Ayrshire college. Targeted advertising on social media, newspapers, myjobscotland, leaflet drops and radio advertising is also taking place. 
	The Care at Home recruitment and information events have been scheduled for the following dates: **Wednesday 2 February:** Gowanlea Day Services, Kilbirnie, 9.30am to 4pm **Saturday 5 February:** Beith Community Centre, 9.30am to 4.30pm **Thursday 10 February:** Unit 24, Bridgegate, Irvine, 9.30am to 4.30pm **Saturday 12 February:** Stevenston Day Services, Largs, 9.30am to 4.30pm **Saturday 12 February:** Unit 24, Bridgegate, Irvine, 9.30am to 4.30pm **Saturday 19 February:** Beith Community Centre, 9.30am to 4.30pm **Saturday 19 February:** 47 West Road, Irvine, 9.30am to 4.30pm **Tuesday 22 February:** Saltcoats Town Hall, 9.30am to 4.30pm **Saturday 26 February:** Stevenston Day Services, Largs, 9.30am to 4.30pm The Care at Home service currently has a variety of positions available throughout mainland North Ayrshire and Arran.

	A communication was issued to the Council wide workforce seeking volunteers to support the Care at Home workforce actioned on 6th January and a follow up request issued on 14th January 2022. Training and shift shadowing is underway for volunteers.
3.	**PROPOSALS**
3.1	**Anticipated Outcomes**
	Not applicable.
3.2	**Measuring Impact**
	Not applicable
4.	**IMPLICATIONS**

Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	N/A
Risk Implications:	N/A
Community Benefits:	N/A

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

4.	**CONSULTATION**
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.

5.	CONCLUSION
5.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

For more information please contact Caroline Cameron, Director/Chief Officer on 01294 317723 or carolinecameron@north-ayrshire.gov.uk

Agenda Item 5

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
14th February 2022

Subject:	**2021-22 – Month 9 Financial Performance**
Purpose:	To provide an overview of the IJB's financial performance as at Month 9 (December) including an update on the estimated financial impact of the Covid-19 response.
Recommendation:	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2021-22 and the current overall projected year-end underspend of £1.283m; (b) notes the progress with delivery of agreed savings; and (c) notes the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
RAG	Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
NRAC	NHS Resource Allocation Committee
GAE	Grant Aided Expenditure
PAC	Performance and Audit Committee

1.	**EXECUTIVE SUMMARY**
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report refers to the position at the December period end, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end underspend of £1.283m (0.5%) for 2021-22 which is a favourable movement of £0.297m since Month 7.

1.3	From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children and Unplanned Activities (UnPACs) within the lead partnership for mental health.
2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance. The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response. The Health element of the projected outturn is based on the information reported at month 7. The NHS finance team has been 'stood down' and redeployed to other service areas which meant they could not complete a month 9 projection.
	FINANCIAL PERFORMANCE – AT PERIOD 9
2.2	At period 9 against the full-year budget of £270.191m there is a projected year-end underspend of £1.283m (0.5%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected underspend of £0.194m in social care services and a projected underspend of £1.089m in health services. Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.
2.3	**Health and Community Care Services**
	Against the full-year budget of £79.815m there is a projected underspend of £1.039m (1.3%) and the main variances are: a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.341m after applying £0.376m of covid funding which is an adverse movement of £0.016m. The budgeted number of permanent placements is 790 and at month 9 there are 765 placements. The projection assumes a net increase of 5 places per month until the end of the financial year taking the total to 790 placements. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the FA1 financial assessment is completed. The level of income recovered from charging orders was under recovered during 2020-21 due to the impact the pandemic had on house sales and for 2021-22 it is

	assumed to be £0.300m under recovered; this will continue to be reviewed during the year. This is included in the overall projected underspend of £0.341m above. b) Care at home is projecting to be online after applying £1.445m of funding for additional capacity for Covid and Winter Planning. Bank staff are being offered contracts and additional staff are being recruited for the in-house service. Additionally, the capacity for care at home will continue to grow to meet the increase in demand for the service, this will be part of our longer-term ambition to shift the balance of care and funded through the recently announced Scottish Government funding (see para 2.8 below). c) Care at Home Charging Income is projected to under recover by £0.169m (adverse movement of £0.005m) due to the ongoing shift towards personal care which is non chargeable. d) Care at Home non-employee costs are projected to be online after applying £0.090m of the recently announced funding to enhance care at home capacity. e) Direct Payments are projected to be online after applying £0.170m of the recently announced funding to enhance care at home capacity. f) Residential Placements are projected to overspend by £0.235m which is a favourable movement of £0.083m. The overspend is due to placements transferring from adult to older people services, new packages and increases to existing packages. g) Adaptations are projected to overspend by £0.157m (adverse movement of £0.046m) based on spend to date. Spend to date is higher due to increasing demand combined with increased costs due to supply issues. h) Carers Act funding is projected to underspend by £0.861m (£0.200m favourable movement). This projected position assumes charges for respite are waived per the IJB 2021-22 budget paper recommendation and a contribution is made to the increased capacity for children's respite. i) Day Care for Older People is projected to underspend by £0.359m (£0.018m favourable movement) as vacancies have been held whilst the service has been closed due to Covid and the unachieved saving of £0.050m is assumed to be Covid funded. j) Anam Cara is projected to be online after applying £0.139m of the recently announced Scottish Government funding for interim care. k) District Nursing is projected to overspend by £0.130m due to an overspend on supplies. l) Rehab wards are projected to overspend by £0.097m (Redburn ward £0.187m overspent and Douglas Grant £0.090m underspent). The overspend at Redburn is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.

2.4	**Mental Health Services**

Against the full-year budget of £83.206m there is a projected overspend of £0.476m (0.6%). The main variances are:

a) Learning Disabilities are projected to overspend by £1.042m (£0.267m adverse movement). The main variances are:

- Care Packages (inc residential and direct payments) - projected overspend of £0.625m in community care packages (£0.301m adverse movement), £0.335m in direct payments (£0.037m favourable movement) and £0.590m for residential placements (£0.079m adverse movement).

  Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends and to project spend. This is partly due to the impact of services still remobilising in the earlier part of the year and also the impact of the roll out of the CM2000 call monitoring system. The data from CM2000 will be reported back to the service to allow them to see where care has deviated from the planned level and focus reviews to those areas. The spend up to month 8 was reviewed against the planned care and this accounts for part of the adverse movement in the projection.

- Purchased LD Day Care is projected to underspend by £0.120m (£0.036m adverse movement) as day care services have not fully remobilised.

- In house day care is projected to underspend by £0.272m (adverse movement of £0.005m) as a result of reduced service provision due to Covid restrictions and the ongoing service redesign and staffing model changes.

- Residential Respite is projected to overspend by £0.133m (no movement) which reflects funding the new facility to full capacity and security costs prior to the facility opening.

b) Community Mental Health services are projected to underspend by £0.290m (adverse movement of £0.132m) and included within this are underspends of £0.241m in community packages (inc direct payments) and an overspend of £0.106m for residential placements. The flexible intervention service (FIS) is projected to underspend by £0.047m due to the service being brought in house and recruitment delays.

c) Supported Accommodation - there are potentially additional costs in relation to the upcoming supported accommodation developments. This is in relation to security, energy costs, additional adaptation costs and void rent loss during the period between the builds being completed and the service users moving in. These costs are not fully quantified but will be met by non-recurring slippage from transition care packages.

d) The Lead Partnership for Mental Health is projecting to be £0.254m underspent and the main variances are as follows:

- A projected overspend in Adult Inpatients of £0.344m mainly due to staff in redeployment (no movement) following the closure of the Lochranza ward.

There is also reduced bed sale income of £0.130m but this is included in the quarter 3 LMP return and will be covered by Covid-19 funding.

- UNPACS is projected to overspend by £0.683m (no movement) this is based on current number of placements. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. This can necessitate an UNPlanned Activities (UNPACs) placement with a specialist provider which can be out-of-area. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
- A projected underspend in MH Pharmacy of £0.160m (no movement) due to continued lower substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.479m (£0.050m adverse movement). This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time.
- Daldorch charging income is projected to under recover by £0.156m (no movement). Previously income was received from other Health Boards for out of area Children/Young Persons attending Daldorch but the service has been redesigned and is no longer chargeable as it is not an education provider.
- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.492m in 2021-22, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2022	£1.892m
Over/(Under) Achievement	£1.492m

The current projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.

The main areas contributing to this vacancy savings position are noted below:

- Adult Community Health services £0.090m
- Elderly Inpatients £0.407m
- CAMHS £0.503m
- Mental Health Admin £0.210m
- Psychiatry £0.340m
- Psychology £0.300m
- Associate Nurse Director £0.042m

2.5 **Children & Justice Services**

Against the full-year budget of £36.890m there is a projected overspend of £1.273m (3.4%). The main variances are:

	a) Care Experienced Children and Young People is projected to overspend by £1.491m (£0.209m adverse movement). The main areas within this are noted below: • Children's residential placements are projected to overspend by £2.131m (£0.059m adverse movement) prior to covid funding and projected to overspend by £1.340m after £0.783m of Covid funding. We started 21/22 with 17 placements which included 1 in Secure but this increased to 23 (including 2 secure) by month 9. Of these placements two are assumed to be discharged in February taking the placement numbers to 21 by the end of year. • Fostering placements are projected to underspend by £0.207m (£0.012m favourable movement) based on the budget for 131 places and 117 actual placements (of which 6 are Covid related and are funded through the Covid-19 mobilisation plan) since the start of the year. The recent focus session discussed the need to continue to recruit increased numbers of foster carers, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service. Recruitment of foster carers is an active priority for the team. This is promoted through regular targeted recruitment campaigns, community awareness raising and daily presence on various social media platforms. Our active recruitment strategy is gaining some interest and we are actively pursuing a number of enquiries as a result. • Fostering Xtra placements are projected to be £0.160m underspent (£0.024m favourable movement) based on the budget for 33 placements and 26 actual placements since the start of the year. • Private Fostering placements are projected to be £0.159m overspent (£0.005m favourable movement) based on the budget for 10 placements and 13 actual placements since the start of the year. • Kinship placements are projected to overspend by £0.097m (£0.032m adverse movement) based on the budget for 353 places and 363 actual placements since the start of the year. • Adoption placements are projected to overspend by £0.099m (£0.005m adverse movement) based on the budget for 57 places and 69 actual placements since the start of the year. b) Children with disabilities – residential placements are projected to underspend by £0.146m (£0.082m adverse movement) based on 7 placements which are expected to continue until the end of the year. c) Residential respite – placements are projected to overspend by £0.387m (adverse movement of £0.141m) due to short-term placements continuing longer than previously projected. These short-term placements are used to prevent an admission to full residential care. d) Transport costs – projected underspend of £0.064m (£0.003m adverse movement) due to less mileage being incurred.
2.6	**ALLIED HEALTH PROFESSIONALS (AHP)**
	AHP services are projected to underspend by £0.124m due to underspends in non-employee costs.

2.7	**MANAGEMENT AND SUPPORT**
	Management and Support Services are projected to underspend by £1.434m (£0.546m favourable movement) of which £0.353m relates to funding set aside for unscheduled care. £0.277m of this funding is uncommitted and £0.076m relates to the enhanced hospital social work team only incurring part year costs. There is also a £0.200m projected over-recovery of payroll turnover for social care and £0.416m for health services as outlined in para 2.9 below. The favourable movement is due the inclusion of slippage in funding set aside for transition packages and the balance of funding from the living wage allocation.
2.8	**ADDITIONAL SCOTTISH GOVERNMENT FUNDING**
	The Scottish Government confirmed on 5 October 2021 a range of measures and new investment that is being put in place to help protect health and social care services over the winter period, and to provide longer term improvement in service capacity across health and social care systems. This funding is predicated on four key principles: • Maximising Capacity. • Ensuring Staff Wellbeing. • Ensuring System Flow and • Improving Outcomes. On 4th November the Scottish Government announced additional funding to support this. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. Specifically it covers the areas below but the Scottish Government have confirmed that there will be flexibility across the funding streams:

	National Funding 21/22 £m	**NAHSCP Share 21/22 £m**	**National Funding 22/23 £m**
Interim care arrangements*	40	1.109	20
Enhanced care at home capacity	62	1.719	124
Increase hourly rate to £10.02 for adult social care staff employed by commissioned providers	48	0.866	144
Enhancing Multi-Disciplinary Teams (MDTs)	20	0.555	40
TOTAL	**170**	**4.249**	**328**

*non-recurring beyond 2022/23.

£0.946m of this funding is included in the reported position at month 9 to offset spend in some areas.

Any underspend on these additional Scottish Government funds at the year-end will be earmarked and held in reserve for use in 2022/23.

2.9 **Turnover/Vacancy Savings**

The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:

	Social Care	Health Services
Vacancy Savings Target	*(2.014m)	(0.655m)
Projected to March 2022	2.214m	1.071m
Over/(Under) Achievement	**0.200m**	**0.416m**

(*the target for social care services has been increased on a non-recurring basis for 2021-22 only by £0.110m to offset the saving for the roll out of Multi-Disciplinary Teams, as no permanent reductions to the structure can be identified at this time but will be by the service from 2022-23 onwards).

The position in the table above reflects the assumption in the current financial projections. For social care a total of £1.813m (90% of annual target) has been achieved to date. It is anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target will over recover by £0.200m.

The health vacancy projection to the year-end is based on the month 7 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

The areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas, however, the main areas are:

- Management and Support £0.434m
- Care experience young people £0.297m
- Locality services £0.265m
- Intervention services £0.171m

There have been no intentional plans during the pandemic to pause or delay recruitment and services have actively continued to recruit, in some areas this has proven difficult to fill posts.

The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.

2.10 **Savings Progress**

a) The approved 2021-22 budget included £2.528m of savings.

BRAG Status	Position at Budget Approval £m	Position at Period 9 £m
Red	-	0.552
Amber	0.204	0.030
Green	2.324	0.670
Blue	-	1.276
TOTAL	**2.528**	**2.528**

	b) The main areas to note are: i) Red savings of £0.450m relating to reducing children's residential placements, £0.066m adoption allowances and £0.036m external fostering placements, all of which are projected to overspend. ii) Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the savings in relation to day care for adults and older people. These savings of £0.138m are noted as blue as they will be achieved through vacancies rather than service design and are not included in the projected position as it is assumed they will be funded by Covid funding. iii) The confidence with some savings has reduced since the budget was set due to the ongoing impact of Covid-19, for example Care at Home related savings. These savings been superceded by the additional Scottish Government Funding. Appendix C (i) shows the full Transformation Plan for 2021/22 which has been agreed by the Transformation Board; the Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track. Not all the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future. Appendix C (ii) provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving. The unachieved savings due to Covid-19 have been reflected in the overall projected outturn position as it is assumed the savings delays would be compensated with additional funding. The delays were included in the mobilisation plan return to the Scottish Government.
2.11	**Budget Changes**
	The Integration Scheme states that *"either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis….without the express consent of the Integration Joint Board".* Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget. **Reductions Requiring Approval:** 1) Telephones – transfer of budget to corporate services - £0.053m. 2) Recovery & Renewal Funding - Eglinton Gardens transfer to Communities - £0.040m

2.12	**NHS – Further Developments/Pan Ayrshire Services**
	Lead Partnerships: The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2020-21 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. This position is currently the default for 2021-22 pending further work to develop a framework to report the financial position and risk sharing across the 3 partnerships in relation to hosted or lead service arrangements has been delayed by the requirement to focus efforts on the Covid response. The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be allocated to East and South partnerships, similarly the impact of the outturn on East and South led services will require to be shared with North. At month 9 the MH lead partnership is projected to underspend by £0.254m (£0.083m NRAC share for East and £0.078m for South). **East HSCP** – projected underspend of £1.678m (£0.604m NRAC share for NA IJB - £0.047m favourable movement). The main areas of variance are: a) Primary Care and Out of Hours Services There is a projected underspend of £1.352m on the Primary Care Lead Partnership budget. The projected underspend includes savings in Dental Services due to reduced service provision with an anticipated increase in staffing costs going forward. There are reduced projected costs in Ayrshire Urgent Care Services (AUCS) with work being undertaken to cross charge costs related to the Covid-19 pandemic against the Local Mobilisation Plan (Community Clinical Hub). The projected underspend on AUCS assumes a similar level of cross charging from August until December this year with further consideration of the Covid-19 position at that stage. The level of GP activity will continue to be closely monitored going forward. Savings in Primary Care contract administration are also contributing to the projected underspend. This projected underspend is the anticipated outturn position based on all available information at month 9. Activity continues to be extremely fluid and the delegated budget will continue to be closely monitored with movements highlighted in future reports to the three Ayrshire IJBs. It is anticipated that the Primary Care Improvement Fund will outturn on budget. The sum of £1.272m has been brought-forward as an earmarked balance within the IJB Reserve and will be used to meet initial East Ayrshire spending plans and priorities being taken forward to meet agreed outcomes. Sums of £0.935m and £0.732m have been brought-forward from 2020/21 by North and South Ayrshire IJBs respectively to meet their own priorities and outcomes. Prison and Police Healthcare (Lead Partnership) The £0.338m projected underspend is largely due to net staffing savings. In addition, the medical contracts at both Prison and Police have reduced and is contributing to the projected underspend.

	South HSCP – projected overspend of £0.021m – no movement (£0.008m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store and continence service offset by vacancies in the Family Nurse Partnership. **Set Aside:** The budget for set aside resources for 2021-22 is assumed to be in line with the amount for 2020/21 (£33.054m) inflated by the 2.8% baseline uplift. The 2020/21 value was based on 2019/20 activity as 2020/21 was not considered representative. At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work has been delayed due to the Covid-19 response. A draft Q2 set aside update for 2021/22 has been issued to IJBs. A method of capturing up to date local activity and pricing it for set aside calculations is now in place, subject to IJB review and refinement. The annual budget for Acute Services is £378.5m. The directorate is overspent by £1.8m, caused by overspends on agency medical and nursing staff, as well as overtime and bank usage. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland at present. There is a material underlying deficit caused by: • Unachieved efficiency savings • High expenditure on medical and nursing agency staff, high rates of absence and vacancy causing service pressure • High numbers of delayed discharges The IJBs and the Health Board have submitted Remobilisation Plan 4 outlining further measures to maintain service and improve performance. The £300m nationally announced investment will also be used to address service pressures in acute through increased investment in community.
	COVID-19 – FINANCE MOBILISATION PLAN IMPACT
2.13	**Summary of position**
	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 were submitted to the Scottish Government on a regular basis during 2020-21, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process has continued during 2021-22. 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, however, the most recent update from the Scottish Government is that the costs including reasonable unachieved savings will be fully funded.

2.14	**Mobilisation Plan**

The initial 2021-22 mobilisation plan cost submission was submitted in February and estimated the costs to be £5.481m to March 2022. The quarter 3 return updated these costs to £8.850m. The costs remain estimates as the situation continually evolves and there will be a further update submitted after quarter 4.

The local finance mobilisation plan submission is included as Appendix E. The main areas of cost together with the movement over the period are summarised below:

Service Area	Initial 2021-22 Return £m	Quarter 1 Update £m	Quarter 2 Update £m	Quarter 3 Update £m	Change from Q2 £m
Payments to Providers	0.750	2.421	2.119	2.854	0.735
PPE	2.000	2.000	0.581	0.472	(0.109)
Additional Staff	1.459	1.901	3.704	3.309	(0.395)
Mental Health	1.172	1.172	0.000	0.000	0.000
Loss of Income	0.100	0.430	0.480	0.569	0.089
Unachieved Savings	-	0.138	0.138	0.138	0.000
Children & Families	-	-	0.949	0.914	(0.035)
Other Areas	-	0.217	0.396	0.594	0.198
TOTAL	**5.481**	**8.279**	**8.367**	**8.850**	**0.483**

The most recent changes to estimated costs are in relation to:

- Increased sustainability payments to providers to reflect recent claims including some backdated claims;
- Reduced PPE costs as more PPE is being sourced from the national hub at no cost; and
- Reduced staff costs to reflect that some costs can now be met from other sources.

2.15	**Covid-19 Funding Position**

At the outset of the pandemic there was an assurance that subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, reasonable funding requirements will be supported. This was on the basis that a process would be developed for these to be accurately and immediately recorded and shared with the Scottish Government. The basis of this reporting was drawn up and agreed with COSLA and Health and Social Care Partnerships.

The Scottish Government are continuing to work with Health Boards and IJBs to review and further revise financial estimates. This will allow identification of the necessary additional support required with an expectation that an allocation to bring funding up to 100% will be provided. On this basis the overall financial risk to the IJB for 21-22 is minimised. The main risk remaining being if costs increase significantly by the year-end, this is being quantified as part of the quarter 3 return and will be closely monitored until the year end.

2.16	**Provider Sustainability Payments and Care Home Occupancy Payments**

COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met. We have been making payments to commissioned social care providers in line with the agreed national principles for sustainability and remobilisation payments to social care providers during COVID 19.

Care Home Occupancy Payments - we have engaged with older people's care homes in relation to care home occupancy payments and make regular monthly payments to care home providers with emergency faster payments being made if required. The Scottish Government ceased these payments at the end of October 2021. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.

Sustainability payments - providers are responsible for submitting a claim for additional support to the Partnership for sustainability payments and this is assessed as to what support is required on a case-by-case basis based on the supporting evidence provided. Each case is assessed by the same group to ensure equity and consistency across providers.

In general, all payment terms have been reduced and once any payment is agreed it is being paid quicker to assist the cash flow position of providers. The assessment of some claims has been difficult due to delays with additional information and supporting evidence being submitted to support claims, hence there are a number of claims that are in process.

The sustainability payments are estimated to be a significant cost in our mobilisation plan and the timely submission and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government.

Providers in North Ayrshire are not all strictly adhering to these timescales, and we are still receiving backdated claims; the commissioning team are working with providers to support them to submit claims. The tables below show the support provided to date and the outstanding claims as at the end of December.

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	49	66
Number contacting NAC	17	30	47
Providers Supported to date	17	20	37

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	26	6	32
Value of Claims	707,784	163,305	871,089

SUPPORT PROVIDED	NCHC Care Homes £	Other Services £	TOTAL £
Occupancy Payments up to October 2021	1,099,145	0	1,099,145
Staffing	503,894	92,510	596,405
PPE, Infection Control	294,020	88,500	382,520
Other	104,291	54,016	158,307
TOTAL	**2,001,350**	**235,026**	**2,236,376**

Arrangements for support have been agreed alongside guidance which sets out the criteria that need to be met for financial support, the approach for payment for care that cannot be delivered, the categories of additional costs which may be met, the approach to evidencing additional costs and key principles for requesting and making payments. The key principles of this ongoing support include:

- Understanding the reasons why care cannot be delivered, only Covid related impacts can be funded through sustainability payments;
- The 'planned care' approach of continuing to pay for undelivered care has been removed and providers and HSCPs will be required to explore opportunities for creatively delivering services in a different way, temporarily re-deploy staff into other HSCP services (voluntarily), where this is not possible providers will be required to access national supports in the first place, including the potential to furlough staff;
- Where payment for undelivered care is agreed as the only option this will be at a reduced level depending on the type of service, for example for care homes subject to the NCHC occupancy payments will be made at 80% of the rate for all vacancies, this is dependent on care homes continuing to admit new residents where it is clinically safe to do so;
- The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and
- Additional reasonable costs that are incurred as a result of Covid which cannot be covered from other funding sources will be reimbursed, including for example PPE, infection prevention control and additional staffing costs.

The current financial sustainability principles (excluding care home occupancy payments), guidance and criteria have now been extended until 31 March 2022. It is unclear at this stage if a further extension will be announced.

2.17 **RESERVES**

The IJB reserves position is outlined in the table below.

The 'free' general fund balance of £4.151m is held as a contingency balance, this equates to around 1.6% of the IJB budget for 2021-22 so remains short of the target of 2% but does demonstrate significant progress towards establishing a contingency reserve.

£1.486m is held by the Council to support a further repayment of debt in 21-22 and this is not reflected in the financial projection. This position will continue in future years until the debt is cleared.

	General Fund Reserves		Earmarked Reserves		Total
	Debt to NAC	Free GF	SG Funding	HSCP	
	£m	£m	£m	£m	£m
Opening Balance - 1 April 2021	**(3.807)**	**4.151**	**5.487**	**0.681**	**6.512**
Prior Year Adjustment	-	-	1.245	-	1.245
Revised Opening Balance	**(3.807)**	**4.151**	**6.732**	**0.681**	**7.757**
Earmarked as follows:					
: Primary Care Improvement Fund			0.935		
: Mental Health Action 15			0.224		
: Alcohol and Drugs Partnership			0.336		
: Community Living Change Fund			0.513		
: Covid Funding			4.724		
: Challenge Fund				0.500	
: 2021-22 Budget Gap				0.181	

3. PROPOSALS

3.1 **Anticipated Outcomes**

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 2021-22 from within the available resource, thereby limiting the financial risk to the funding partners.

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 to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.

3.2 **Measuring Impact**

Ongoing updates to the financial position will be reported to the IJB throughout 2021-22.

4. IMPLICATIONS

Financial:	The financial implications are as outlined in the report. Against the full-year budget of £270.191m there is a projected underspend of £1.283m (0.5%). The report outlines the main variances for individual services.
Human Resources:	The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans

	and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings.
Community Benefits:	None

Direction Required to Council, Health Board or Both	Direction to: -	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	√

5.	**CONSULTATION**
5.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team. The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.
6.	**CONCLUSION**
6.1	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2021-22, the overall projected year-end underspend of £1.283m; (b) notes the progress with delivery of agreed savings; and (c) note the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.

For more information please contact:

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2021-22 Budget Monitoring Report–Objective Summary as at 31ST December 2021

Appendix A

Partnership Budget - Objective Summary	2021/22 Budget									Over/ (Under) Spend Variance at Period 7	Movement in projected variance from Period 7
	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	£'000	£'000
COMMUNITY CARE AND HEALTH	**62,167**	**60,908**	**(1,259)**	**17,648**	**17,868**	**220**	**79,815**	**78,776**	**(1,039)**	**(666)**	**(373)**
: Locality Services	25,718	25,611	(107)	5,249	5,399	150	30,967	31,010	**43**	203	(160)
: Community Care Service Delivery	30,334	29,784	(550)	0	0	0	30,334	29,784	**(550)**	(410)	(140)
: Rehabilitation and Reablement	1,764	1,949	185	1,471	1,451	(20)	3,235	3,400	**165**	115	50
: Long Term Conditions	2,322	1,588	(734)	8,734	8,991	257	11,056	10,579	**(477)**	(420)	(57)
: Integrated Island Services	2,029	1,976	(53)	2,194	2,027	(167)	4,223	4,003	**(220)**	(154)	(66)
MENTAL HEALTH SERVICES	**25,687**	**26,497**	**810**	**57,519**	**57,185**	**(334)**	**83,206**	**83,682**	**476**	**75**	**401**
: Learning Disabilities	19,714	20,756	1,042	474	474	0	20,188	21,230	**1,042**	775	267
: Community Mental Health	5,093	4,853	(240)	1,593	1,543	(50)	6,686	6,396	**(290)**	(422)	132
: Addictions	880	888	8	1,400	1,370	(30)	2,280	2,258	**(22)**	(24)	2
: Lead Partnership Mental Health NHS Area Wide	0	0	0	54,052	53,798	(254)	54,052	53,798	**(254)**	(254)	0
CHILDREN & JUSTICE SERVICES	**32,916**	**34,189**	**1,273**	**3,974**	**3,974**	**0**	**36,890**	**38,163**	**1,273**	**1,052**	**221**
: Irvine, Kilwinning and Three Towns	3,640	3,589	(51)	0	0	0	3,640	3,589	**(51)**	(80)	29
: Garnock Valley, North Coast and Arran	2,021	1,987	(34)	0	0	0	2,021	1,987	**(34)**	(64)	30
: Intervention Services	1,675	1,672	(3)	347	347	0	2,022	2,019	**(3)**	(4)	1
: Care Experienced Children & Young people	21,603	23,094	1,491	0	0	0	21,603	23,094	**1,491**	1,282	209
: Quality Improvement	1,295	1,163	(132)	0	0	0	1,295	1,163	**(132)**	(84)	(48)
: Public Protection	0	0	0	0	0	0	0	0	**0**	0	0
: Justice Services	2,429	2,429	0	0	0	0	2,429	2,429	**0**	0	0
: Universal Early Years	253	255	2	3,201	3,201	0	3,454	3,456	**2**	2	0
: Lead Partnership NHS Children's Services	0	0	0	426	426	0	426	426	**0**	0	0
PRIMARY CARE	0	0	0	49,510	49,510	0	49,510	49,510	**0**	0	0
ALLIED HEALTH PROFESSIONALS			0	6,923	6,799	(124)	6,923	6,799	**(124)**	(124)	0
COVID NHS	0	0	0	1,211	1,211	0	1,211	1,211	**0**	0	0
MANAGEMENT AND SUPPORT COSTS	5,565	4,547	(1,018)	7,071	6,655	(416)	12,636	11,202	**(1,434)**	(888)	(546)
OUTTURN ON A MANAGED BASIS	**126,335**	**126,141**	**(194)**	**143,856**	**143,202**	**(654)**	**270,191**	**269,343**	**(848)**	**(551)**	**(297)**
Return Hosted Over/Underspends East	0	0	0	0	83	83	0	83	83	83	0
Return Hosted Over/Underspends South	0	0	0	0	78	78	0	78	78	78	0
Receive Hosted Over/Underspends South	0	0	0	0	8	8	0	8	8	8	0
Receive Hosted Over/Underspends East	0	0	0	0	(604)	(604)	0	(604)	(604)	(604)	0
OUTTURN ON AN IJB BASIS	**126,335**	**126,141**	**(194)**	**143,856**	**142,767**	**(1,089)**	**270,191**	**268,908**	**(1,283)**	**(986)**	**(297)**

Detailed Variance Analysis on a Managed Basis

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	**79,815**	**78,776**	**(1,039)**	
Locality Services	30,967	31,010	43	**Older People care homes inc respite and charging order income -** net underspend of £0.341m based on 765 permanent placements and a projection of a further 5 places each month to 31 March 22 with average cost applied to 50% of Gross & Interim funded places & full cost applied to the remainder. No current plans for return to use of Care Home Respite. **Independent Living Services :** * Residential Packages - overspend of £0.235m, a favourable movement of 0.083m from P7 based on 37 packages. * Community Packages (physical disability) - overspend of £0.073m an adverse movement of £0.044m from P7 based on 49 packages. **District Nursing** - overspend of £0.130m largely due to additional supplies.
Community Care Service Delivery	30,334	29,784	(550)	**Care at Home** (inhouse & purchased ex Arran) - online following the application of Covid funding, Winter Pressures funding and the recently announced Scottish Govt funding. **Day Care -** projected to underspend by £0.359m due to holding vacancies whilst the service has been closed.
Rehabilitation and Reablement	3,235	3,400	165	**Adaptations** budget projected overspend of £0.157m, an adverse movement of £0.046m from P7 due to additional demand and increased costs.
Long Term Conditions	11,056	10,579	(477)	**Carers Centre** - underspend of £0.861m a favourable movement of £0.200m from P7. **Anam Cara** - projected online after applying £0.139m of Scottish Govt funding for interim care.
Integrated Island Services	4,223	4,003	(220)	**GP Services** - projected underspend of £0.167m due to a refunded charge made in March 2021 in error.
MENTAL HEALTH SERVICES	**83,206**	**83,682**	**476**	
Learning Disabilities	**20,188**	**21,230**	**1,042**	**Residential Packages**- overspend of £0.590m based on 36 current packages. **Community Packages (inc direct payments)** - overspend of £0.625m based on 350 current packages.
Community Mental Health	**6,686**	**6,396**	**(290)**	**Community Packages (inc direct payments) and Residential Packages** - underspend of £0.241m based on 99 community packages, 11 Direct Payments and 28 residential placements.
Addictions	**2,280**	**2,258**	**(22)**	Outwith the threshold for reporting
Lead Partnership (MHS)	**54,052**	**53,798**	**(254)**	Net underspend on lead partnership activities.
CHIDREN'S AND JUSTICE SERVICES	**36,890**	**38,163**	**1,273**	
Irvine, Kilwinning and Three Towns	**3,640**	**3,589**	**(51)**	**Transport Costs** - Projected underspend £0.015m, no movement from P7 **Cornerstone Respite** - Projected underspend £0.035m, Adverse movement of £0.012m from P7
Garnock Valley, North Coast and Arran	**2,021**	**1,987**	**(34)**	**Outwith the threshold for reporting**

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Intervention Services	2,022	2,019	(3)	Outwith the threshold for reporting
Care Experienced Children & Young People	21,603	23,094	1,491	**Looked After Children placements -** Overall Projecting online which is a £0.003m Adverse movement from P7 which is made up of the following:- **Kinship** - Projected overspend of £0.097m, which is an adverse movement of £0.032m from P7 .Budget for 353 placements, actual no of placements is 363. **Adoption** - Projected overspend of £0.099m, adverse movement of £0.004m from P7 Budget for 57 Placements, actual no of placements is 69. **Fostering** - Projected underspend of £0.207m, which is a favourable movement of £0.012m from P7 Budget for 131 placements, actual no of placements is 117 **Fostering Xtra** - Projected underspend £0.160m, Favourable movement of £0.024m from P7 Budget for 33 placements, actual no of placements is 26. **Fostering Respite** - Projected underspend of £0.017m, no movement since P7 **Private fostering** - Projected overspend of £0.159m, Favourable movement of £0.004m from P7 Budget for 10 placements, current no of placements is 13 **CDIS Community Packages** - Projected underspend of £0.040m, which is a favourable movement of £0.017m from P7, current no of packages is 90 **CDIS Direct Payments**- Projected underspend of £0.046m, which is a favourable movement of £0.007m from P7, current no of packages is 36 **Residential School placements** - Projecting overspend £2.131m, however 4 Placements costing £0.783m will be funded from COVID Monies resulting in a Projected overspend of £1.340m which is an Adverse movement of £0.059m from P7 Current no of placements is 23. (Which includes 2 Secure Placements) **Children's Residential Respite** - Projected overspend of £0.387m, which is an adverse movement of £0.142m from P7 **Children's CDIS Residential Placements** - Projected underspend of £0.146m which is a Adverse movement of £0.082m from P7, current no of placements is 6
Head of Service - Children & Families	1,295	1,163	(132)	**Third Party payments -** Projected underspend of £80k, which is a favourable movement of £0.010m from P7
Quality Improvement	0	0	0	Outwith the threshold for reporting
Justice Services	2,429	2,429	0	Outwith the threshold for reporting
Universal Early Years	3,454	3,456	2	Outwith the threshold for reporting
Lead Partnership NHS Children's Services	426	426	0	Outwith the threshold for reporting
PRIMARY CARE	49,510	49,510	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	6,923	6,799	(124)	Underspend on non employee costs
MANAGEMENT AND SUPPORT	12,636	11,202	(1,434)	Underspend in relation to 1) unscheduled care funding, 2) an over recovery of payroll turnover and 3) slippage in transition funding and 4) living wage funding.
TOTAL OUTTURN ON A MANAGED BASIS	**268,980**	**268,132**	**(848)**	

Threshold for reporting is + or - £50,000

2021/22 Transformation Plan

Appendix C(i)

North Ayrshire Health and Social Care Partnership

2021/22 Savings

Savings reference number	#	Description	Approved Saving 2021/22 £
		Children, Families and Justice Services	
SP/HSCP/20/1	**1**	Children and Young People - External Residential Placements	450,000
SP/HSCP/20/4	**2**	Adoption Allowances	66,000
SP/HSCP/20/19	**3**	Fostering - reduce external placements.	36,000
SP/HSCP/20/5	**4**	Community Support - Children's Care Packages	8,000
TBC A	**5**	Locality Based teams	
TBC B	**6**	Childrens Rosayln House	
NACSTA4030	**7**	Fostering Short Breaks	
TBC C	**8**	Unaccompanied asylum children - to be confirmed	
TBC D	**9**	The Promise	
		Mental Health	
TBC E	**10**	Integration of LD/MH Teams	50,000
SP-HSCP-20-9	**11**	Learning Disability Day Services	88,000
SP-HSCP-20-14	**12**	Mental Health - Flexible Intervention Service	8,000
TBC F	**13**	Rehab Model/ Stepdown from woodland view	
TBC G	**14**	Perinatal Mental Health model	
TBC H	**15**	Unschedule Care hub	
TBC I	**16**	LD Adult Respite Delivery at Red Rose House	
TBC J	**17**	Community MDT Model	
TBC K	**18**	ACORN busines model	
NAC/4168	**19**	Self Harm Project	
NAC/4185	**20**	Peer Support	
NAC/4257	**21**	IPA (Employment)	
TBC L	**22**	Elderly Mental Health Phase 3	
		Health and Community Care	
TBC M	**23**	Care Homes	500,000
TBC N	**24**	TEC Solutions	150,000
SP/HSCP/20/17	**25**	Care at Home - Reablement Investment	300,000
TBC O	**26**	Care at Home - Review	135,000
SP/HSCP/20/20	**27**	Day Centres - Older People	50,000
SP/HSCP/20/21	**28**	Charging Policy - Montrose House	50,000
TBC P	**29**	Community elderly MH Team Model	
TBC Q	**30**	NHS Beds Complex Care MH Beds	
TBC R	**31**	Pallative care and EOL business case	
TBC S	**32**	develop care at home minimum dataset	
TBC T	**33**	Occupational Therapy Review	
TBC U	**34**	Analogue to digital	
		Partnership Wide	
TBC V	**35**	Supported acc models - NAC housing/ Sleepover/ outreach model	204,000
TBC W	**36**	Complex Care Model - Independent living change fund	
TBC X	**37**	Adult Complex care model - CM2000	
TBC Y	**38**	Payroll Turnover Inflation	57,000
TBC Z	**39**	Review of Admisinistrative Systems and Processes	150,000
SP/HSCP/20/22	**40**	Transport	50,000
TBC AA	**41**	Charging Policy - Inflationary Increase	50,000
TBC AB	**42**	North Payroll Turnover Inflation	10,000
TBC AC	**43**	North Elderly Mental Health inpatients (lead partnership)	116,000
TBC AD	**44**	HSCP Challenge Fund - invest to save	
TBC AE	**45**	Transitions	
TBC AF	**46**	Caring for Ayrshire prioritisation list	
TBC AG	**47**	SDS/ Carers Review	
TBC AH	**48**	Adult Review of Social Care	
		Total	**2,528,000**

2021-22 Savings Tracker

Appendix C (ii)

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 9	Saving Delivered @ Month 9 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
Children, Families & Criminal Justice								
1	Children and Young People - External Residential Placements	Green	0.450	Red	-	-	0.450	Currently projecting an overspend. Further focus session arranged.
2	Adoption Allowances	Green	0.066	Red	-	-	0.066	Currently projecting an overspend.
3	Fostering - Reduce external placements	Green	0.036	Red	-	-	0.036	Currently projecting an overspend.
4	Community Support - Children's Care Packages	Green	0.008	Blue	0.008	-	-	Achieved
Mental Health and LD Services								
5	Integration of LD/ MH Teams	Green	0.050	Blue	0.050	-	-	Achieved
6	Learning Disability Day Services	Green	0.088	Blue	0.088	-	-	Delayed due to Covid-19 but will be achieved due to vacant posts
7	Mental Health - Flexible Intervention Service	Green	0.008	Blue	0.008	-	-	Achieved
Health and Community Care								
8	Care Homes	Green	0.500	Green	0.375	0.125	-	Small overspend projected - covid funding re delayed discharges.
9	TEC Solutions	Green	0.150	Blue	0.150	-	-	Ability to make savings in this area whilst responding to the pandemic are limited. The saving is shown as achieved as the overall overspend on care at home will be funded by the additional Scottish Government funding.
10	Care at Home - Reablement Investment	Green	0.300	Blue	0.300	-	-	
11	Care at Home - Review	Green	0.135	Blue	0.135	-	-	
12	Day Centres - Older People	Green	0.050	Blue	0.050	-	-	Delayed due to Covid-19 but will be achieved due to vacant posts
13	Charging Policy - Montrose House	Green	0.050	Green	0.038	0.012	-	Will be achieved.
Whole System								
14	Payroll Turnover Inflation	Green	0.057	Blue	0.057	-	-	Achieved
15	Business Support Review	Green	0.150	Amber	0.120	-	0.030	Small shortfall but work continuing to identify further savings.
16	Supppрted Accomodation	Amber	0.204	Blue	0.204	-	-	Not achived but included in the projected outturn.
17	Transport	Green	0.050	Blue	0.050	-	-	Achieved
18	Charging Policy - Inflationary Increase	Green	0.050	Blue	0.050	-	-	Achieved
TOTAL SOCIAL CARE SAVINGS			**2.402**		**1.683**	**0.137**	**0.582**	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 9	Saving Delivered @ Month 9 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
19	Payroll Turnover Inflation	Green	0.010	Blue	0.010	0	0	Achieved
20	Elderly Mental Health inpatients (lead partnership)	Green	0.116	Blue	0.116	0	0	Achieved
TOTAL HEALTH SAVINGS			**0.126**		**0.126**	**0.000**	**0.000**	
TOTAL NORTH HSCP SAVINGS			**2.528**		**1.809**	**0.137**	**0.582**	

2021-22 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			100.065
Base budget adjustments	1		(0.053)
Resource Transfer	1	P	21.086
BSL Budget Correction	2	P	(0.005)
941 x CAH O365 Licences (6 months)	2	P	(0.017)
Summer Play Funding	4	T	0.042
Education Contribution - Roslin House	5	T	0.311
MH INVESTMENT - EM FUNDS	5	T	0.445
Computer Lines Budget Transfer WAN	6	P	(0.002)
£500 Payment reimburse other departments	6	T	(0.054)
Commercial Waste - Corporate Adjustment	7	T	0.020
Occupational Health Recharges	7	P	(0.121)
Commercial Waste - Corporate Adjustment	8	T	0.007
Wages Uplift Funding - £10.02	9	T	0.866
Fin Circ 9/2021 Living Wage £9.50	9	T	0.861
Fin Circ 9/2021 MH Recovery and Renewal	9	T	0.068
Fin Circ 9/2021 Care at Home Winter Plan	9	T	1.719
Fin Circ 9/2021 Interim Care	9	T	1.109
National Trauma Training	9	T	0.050
Scottish Disability Assistance	9	T	0.028
Telephones - Corporate	9	P	(0.053)
Recovery & Renewal Funding - Eglinton Gardens transfer to Community Gardens	9	T	(0.040)
Roundings	9	T	0.003
Budget Reported at Month 9			**126.335**

HEALTH	Period	Permanent or Temporary	£'m
Initial Approved Budget			**154.659**
Resource Transfer			(21.086)
Month 10-12 Adjustments			18.437
Adjust for Non recurring funding			(20.435)
Full Year effect of Part Year Reductions			(0.057)
RX Return to reserves			1.027
Additional 1.3% Uplift			1.324
RX Cres			(0.828)
REVISED 21-21 BUDGET			**133.041**
Anticipate Trauma Funding	3	P	0.375
Anticipate Vet 1st Point - North Hscp	3	T	0.105
Anticipate Nsais Funding	3	P	0.634
Podiatry Re-align	3	P	0.678
RX Uplift 21.22	3	P	0.756
RX Uplift 21.22 NR	3	P	0.396
DOAC REVERSAL DRUG-NORTH	3	P	0.100
Funding transfer to Acute (Medical Records)	3	P	(0.034)

HEALTH	Period	Permanent or Temporary	£'m
Specialist Pharmacist in Substance Misuse	3	P	0.012
Public Health Outcomes Bundle	3	P	0.242
Training Grade Funding	3	P	(0.044)
District Nursing Funding	3	P	0.119
Respiratory Rapid Response	3	P	(0.078)
Hd56 Action 15 Tranche 1	3	P	1.180
Hd69 Mat & Neo Psychol Interv	3	P	0.123
Hd70 Perinatal & Infant Mh	3	P	0.303
Hd7 Mh Recovery And Renewal	3	T	2.393
Hd8 Mh Support For Hosp Covid	3	T	0.103
North Hscp Covid Rmp3 M1-3	3	T	0.158
North Hscp Covid M1-3	3	T	0.034
Diabetes Prevention	4	T	0.040
Iona/Lewis Patient	4	T	(0.046)
North TEC contribution	4	T	(0.053)
ANP Allocation - MIN	4	T	0.020
Long Covid Funding	4	T	0.400
Covid-19 Service Funding North	4	T	0.283
Veterans 1st Point	4	T	0.028
Training Grade Funding	5	P	0.029
PCRS CRES	5	P	(0.044)
ADP Funding -Recurring	5	P	0.366
ADP Funding -Non-Recurring	5	T	0.744
Covid-19 Service Funding North	5	T	0.147
Training Grade Funding	6	P	0.001
Hd301-camhs Improve-ipcu	6	P	0.122
Hd302-camhs Improve-ihtt	6	P	0.148
Hd303-camhs Improve-ld, F & S	6	P	0.052
Hd304-camhs Improve-ooh U/care	6	P	0.086
Hd305-camhs Improve-liaison	6	P	0.129
Hd306-camhs Improve-neuro	6	P	0.226
Non Fatal O'dose Fr East	6	T	0.053
Hd264-emerg Covid-eat Disorders	6	T	0.328
Community Store Funding To Sth	6	P	(0.017)
Covid-19 Service Funding North	6	T	0.082
Training Grade Funding	7	P	(0.021)
GMS Premises to East	7	P	(0.140)
Community Store Funding To Sth-corr	7	P	(0.001)
Covid-19 Service Funding North	7	T	0.108
Winter Funding Excl Covid-19	7	T	0.112
Pay Award - Band 8A+	7	P	0.080
Roundings	7	T	(0.002)
Budget Reported at Month 9			**143.856**
COMBINED BUDGET MONTH 9			**270.191**

Appendix E

Mobilisation Submission – Quarter 3

Total Covid-19 Costs

£000s		April	May	June	July	August	September	October	November	December	January	February	March	2021-22 Revenue Total
Additional PPE		167	167	167	0	0	0	(13)	(3)	(3)	(3)	(3)	(3)	**472**
Contact Tracing		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Testing		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Covid-19 Vaccination		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Flu Vaccination		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Scale up of Public Health Measures		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Additional Community Hospital Bed Capacity		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Community Hubs		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Additional Care Home Placements		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Additional Capacity in Community		81	81	139	182	149	149	144	141	140	140	140	140	**1,626**
Additional Infection Prevention and Control Costs		5	1	3	(0)	(9)	0	0	0	0	0	0	0	**0**
Additional Equipment and Maintenance		0	0	0	0	0	19	1	17	4	0	0	0	**41**
Additional Staff Costs		40	42	155	171	131	145	168	168	167	167	167	162	**1,683**
Staff Wellbeing		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Additional FHS Prescribing		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Additional FHS Contractor Costs		6	9	8	7	7	11	0	8	12	11	11	12	**102**
Social Care Provider Sustainability Payments		422	422	422	163	143	157	165	192	192	192	192	192	**2,854**
Social Care Support Fund Claims		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Payments to Third Parties		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Homelessness and Criminal Justice Services		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Children and Family Services		18	18	18	18	18	18	445	72	72	72	72	72	**914**
Loss of Income		50	50	50	33	33	33	91	48	47	44	45	44	**569**
Other		0	0	0	25	7	50	(37)	6	6	6	6	6	**75**
Total Covid-19 Costs		**788**	**790**	**962**	**598**	**479**	**582**	**965**	**649**	**637**	**629**	**630**	**625**	8,336
Unachievable Savings		23	23	23	23	23	23	0	0	0	0	0	0	**138**
Offsetting Cost Reductions		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total Covid-19 Costs - HSCP - NHS		**811**	**813**	**985**	**621**	**502**	**605**	**965**	**649**	**637**	**629**	**630**	**625**	8,474
		0	**0**	- **0**	**0**	-	- **0**	-	-	**0**	-	-	-	- **0**

Total Remobilisation Costs

£000s		April	May	June	July	August	September	October	November	December	January	February	March	2021-22 Revenue Total
Adult Social Care		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Reducing Delayed Discharge		0	0	0	19	19	19	19	19	19	88	88	87	**376**
Digital & IT costs		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Primary Care		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Other		0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total Remobilisation Costs		**0**	**0**	**0**	**19**	**19**	**19**	**19**	**19**	**19**	**88**	**88**	**87**	**376**
		-	-	-	-	-	-	-	-	-	-	-	-	-
Total HSCP Costs		**811**	**813**	**985**	**640**	**521**	**624**	**984**	**668**	**656**	**717**	**718**	**712**	8,850

Integration Joint Board
14th February 2022

Subject:	**Draft Strategic Commissioning Plan 2022-30**
Purpose:	To seek IJB endorsement of the draft Strategic Commissioning Plan for 2022-30.
Recommendation:	IJB to approve to the vision, values and priorities and strategic direction of the new Strategic Commissioning Plan 2022-2030. IJB to approve the finalisation of the document to include current information gaps and improve design elements.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SPG	Strategic Planning Group
CPP	Community Planning Partnership
LPF	Locality Planning Forums
PSMT	Partnership Senior Management Team
LOIP	Local Outcome Improvement Plan

1.	**EXECUTIVE SUMMARY**
1.1	Following the publication of the one-year Strategic Bridging Plan in April 2021, preparations began on the development of a new longer-term plan that would provide the North Ayrshire Health and Social Care Partnership Strategic direction over the next eight years from April 2022 to March 2030.
1.2	Following a period of engagement and consultation with stakeholders, partners and local people, a new strategic plan has been developed with strategic priorities and service ambitions to 2030 identified. From April 2021, the North Ayrshire Health and Social Care Partnership will seek to: • Enable Communities • Develop and Support our Workforce • Provide Early and Effective Support • Improve Mental and Physical Health and Wellbeing, and • Tackle Inequalities
1.3	The plan identifies our key assets and challenges, our local and national policy landscape and identifies our key enablers for success. It will be supported through a detailed action plan that has been developed through engagement with service areas.
2.	**BACKGROUND**
2.1	The Partnership's previous medium-term plan, 'Let's Deliver Care Together 2018-21' expired in March 2021. Due to the uncertainties and limitations resulting from the Covid-19 pandemic, it was agreed to postpone the development of a longer-term plan and focus on the publication of a one-year bridging plan.

	This bridging plan, which was published in April 2021, maintained much of the key elements of the previous plan, including the five strategic priorities.
2.2	Following publication of the bridging plan attention was focused on the development of a longer-term strategic plan. The work carried out in the production of the bridging plan, identified key areas of development for a longer-term plan including: • Reviewing the partnerships vision and values • Reviewing the five strategic priorities and identifying long-term ambitions • Support our locality planning forums to identify new locality-based priorities • Further enhance our strategic needs assessment • A consideration of the wider policy environment
3.	**FORMAT AND CONTENT**
3.1	The Plan follows a clear structure: • Introducing the Health and Social Care Partnership • Highlights from our bridging year (tbc) • Identifying our Ambitions and Priorities, including our Vision and Values • Identifying our Locality priorities • Our Assets and Challenges, highlighting local strengths, challenges and strategic needs assessment • Key policy developments • Key enablers, outlining our key resources and assets for delivering our plan • Measuring our performance.
3.2	<u>Vision and Values</u> Through engagement with stakeholders, it was agreed that the Partnership's Vision that: ***'People who live in North Ayrshire are able to have a safe, healthy and active life'*** was still relevant and would be retained. However, it was agreed to retire and review the Partnership's value set. The previous set of seven values were considered too long. As such, during our consultation (see section 5) we asked local people to identify what values, they wish to see in local health and social care professionals. They identified the following three values: ▪ **Caring, Empathy, and Respect** It is proposed that these values are adopted by the IJB and HSCP.
3.3	<u>Strategic Priorities</u> Again, following stakeholder engagement, the strategic priorities have been revised. Now, as a priority, the partnership will seek to: • Enable Communities • Develop and Support our Workforce • Provide Early and Effective Support • Improve Mental and Physical Health and Wellbeing, and • Tackle Inequalities Key changes include the addition of a priority in support of the HSCP workforce, as well as the inclusion of improving physical as well as mental health. These priorities are seen as inter-dependent, by enabling our communities and supporting our workforce, we can help provide early and effective support, which in

	turn can improve Mental and Physical Health and Wellbeing. Working towards all of these, will help tackle local inequalities. Feedback from our consultation suggested strong support for these revised priorities.
3.4	<u>Locality Priorities</u> Throughout 2021, our Locality Planning Forums reviewed their local priorities. This review was informed by the provision of robust locality profiles, local engagement and the knowledge and expertise of forum members. In total, nine locality priorities were identified. Seven priorities related to areas of concern, and two related to capacity building. Note, not all priorities were adopted by all LPFs Priorities of concern: o Improving Mental Health and Wellbeing (All LPFs) o Reducing social Isolation (All LPFs) o Prevention, early intervention and recovery from drug and alcohol related harms and deaths (All LPF) o Recovering from the COVID experience (All LPFs) o Enabling financial inclusion and tackling poverty (Three Towns LPF) o Enabling digital inclusion, and preventing suicides (Three Towns LPF) o Preventing Suicides (North Coast LPF) Capacity building priorities (adopted by all LPFs): o Capitalising on the Covid experience – continuing the legacy of the great partnership working that was developed in the early stages of the pandemic o Developing personal self-care/ self-management, coping skills and health literacy During the life of the plan, LPFs will continue to work with service areas and local partners to identify and support local action to address the agree priorities.
3.5	<u>Strategic Needs Assessment</u> Analysts from Public Health Scotland provided an updated Strategic Needs Assessment to the one provided to support the Bridging Plan in 2021. This assessment included greater levels of information in order to also support the development of the Local Outcome Improvement Plan (LOIP). To help better identify future demand, the revised assessment also offered statistical projections and forecasts where it was possible to do so. Some highlights from the needs assessment include: • The projected change in local population, with a large, expected increase in the local population of people 75 years and over. • The continuing high levels of local deprivation • A projected increase in the number of local people living with long-term conditions • Increased demand on unscheduled care services and delayed discharges for older people • A decrease in admissions for unscheduled mental health services despite the volume of local mental health concerns continuing to rise • Rates of children and young people on the Child Protection Register or Looked After by the local authority are higher compared to Scotland wide and Ayrshire rates • The on-going levels of harmful drug and alcohol deaths and harms Where projections have been made, it was noted that they do not account for any proposed service model changes or the long-term impact of Covid-19.

	For final publication, the needs assessment section will include infographics for clear messaging that are also compliant with accessibility protocols.
3.6	Information Gaps The current plan still contains some information gaps that will be addressed in the coming weeks. These include: • A bridging plan review, highlighting performance and activity throughout 2021-22 • A section on key lessons learned over 2021-22 • An overview of the new Local Outcome Improvement Plan, also under development • A Housing Contribution Statement • An overview of the Medium-Term Financial Plan • An overview of the HSCP Transformation Plan
3.7	Next Steps To finalise the plan the following steps will be taken. • Include information identified in paragraph 3.1.3 • Finalise supporting action plan • Review document for accuracy • Improve design elements of the document for an accessible online publication
3.8	Approval of Plan The new Strategic Plan will be presented to the following groups for feedback and endorsement: • Strategic Planning Group - 01st Feb 2022 • Partnership Senior Management Team - 03rd Feb 2022 • Integration Joint Board - 10th Feb 2022 • Strategic Plan Development sub-group – To be confirmed • Integration Joint Board - 17th Mar 2022
4.	**PROPOSALS**
4.1	It is proposed that Integration Joint Board: • Approve the adoption of the new partnership Values • Approve the adoption of the new Strategic Priorities • Approve overall content and direction of the Strategic Plan • Agree for the draft version to be finalised to include, identified information gaps, improved design elements and relevant leadership feedback • Agree for the final version to be presented to IJB in March 2022 for sign-off an publication
4.2	**Anticipated Outcomes**
	We anticipate that through delivery of the plan, we can improve the long-term health and wellbeing of the people of North Ayrshire. Over the life of the plan, we intend to ensure health and social care services meet the needs of local people. Through our various programmes and projects, people will be able to access the right health and care support for the need at the right time in the right place. This will include improved community supports for low level concerns, and improved access to health and social care professionals when needed. We also have developed an effective workforce that is ready to support the current and future health and care demands of local people.

	In terms of the Partnership's statutory obligations, the longer-term strategic plan will ensure North Ayrshire continues to meet its obligations in achieving the nine National Health & Wellbeing Outcomes, and other identified outcomes throughout its duration.
4.3	**Measuring Impact**
	North Ayrshire HSCP has a robust performance, commissioning and financial management framework incorporating multiple levels of scrutiny. This includes: • Publishing an Annual Performance Report • Quarterly Performance and Audit Committee Reports • Strategic Plan progress reports to Strategic Planning Group • National Scottish Government returns on workforce and commissioning. We will continue to monitor our progress against the nine national health and wellbeing outcomes as well as the key indicators set out by the Ministerial Strategic Group for Health and Social Care To support progress towards the plan, a 3-year strategic action plan is under development. All actions within this support plan will align to our strategic priorities and service ambitions. Where possible, actions will be supported by appropriate performance metrics. Progress against this action plan will be regularly monitored through the internal performance reporting processes listed above.
5.	**IMPLICATIONS**

Financial:	The Strategic Plan will be aligned to the updated Medium-Term Financial Plan (MTFP). The MTFP is currently under development following confirmation of the Scottish Governments budget position.
Human Resources:	The Strategic Plan provides a focus on current workforce pressures and future workforce planning. The plan underlines the importance of valuing and supporting the HSCP workforce. The Strategic Plan will be supported by a medium-term workforce plan that will be published in July 2022.
Legal:	In publishing this plan, the IJB are complying with the legal obligation to produce a new strategic plan with set timescales.
Equality:	An Equality Impact Assessment will be completed on the new Strategic Plan prior to publication to ensure our intentions do not discriminate or adversely impact on any protected group. The plan aligns to the high-level equality outcomes set forth by the Ayrshire Equality Partnership
Children and Young People	In the development of this strategy, input was provided from all service areas, including Children, Families and Justice Services. As such, implications for children and young people have been considered.
Environmental & Sustainability:	No environment or sustainability issues have been identified as a result of the strategic plan. However, many programmes outlined within the plan will seek to improve the overall HSCP estate (including improvements to GP practices, re-design of Woodland View and locality-based working) or support the sustainability of local services and providers.

Key Priorities:	Through consultation and engagement with stakeholders, partners and local people, the HSCP strategic priorities have been revised. The new priorities provide a key focus for services to work towards in improving the health and wellbeing of local people and achieving the HSCPs Vision.
Risk Implications:	It is recognised that the Health and Social Care sector is facing unprecedented demand at present. The on-going challenges of the Covid-19 pandemic continue to place pressure on services, staff and local people. Changes in Government advice and guidance can impact our ability to deliver aspects of this plan. In addition, the long-lasting impacts of the pandemic are yet unknown and also present a possible future risk to the delivery of services. The plan has attempted to set out how we will mitigate the medium and long-term challenges we face.
Community Benefits:	Not applicable. However, the plan contains an overview of commissioning intentions and the requirement to ensure any services procured or employed by North Ayrshire HSCP subject to ethical procurement practices, ensuring no detriment to local people and positively contributing to the local economy.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	✓
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

6.	**CONSULTATION**
6.1	A public consultation on the main elements of the Strategic Commissioning Plan was undertaken between the 1st December 2021 and 21st January 2022. Due to limitations on face-to-face engagements, the majority of responses were received online. A flash report of the results is attached at Appendix A. In short summary, the consultation: o Received responses from **240** local people o Suggested high levels of support for our strategic priorities o Found local people agreed with the priorities set out for our localities o Told us what values people wish to see in people who deliver health and social care services. In addition, the **North Ayrshire Wellbeing Conversation** has been live since October 2020. During that period, **726** have provided a response, telling us what they do to keep themselves healthy and well. Through the conversation, we have launched the North Ayrshire Care Improvement Network, a group of local people who expressed interest in being more involved in helping to shape local health and care services. Over 240 people expressed interest in being more involved, and so far, 90 people have joined the Care improvement network. This group is supported by the Partnership Engagement Officer, who will develop it further and ensure it is an effective resource for future engagement activity.

7.	**CONCLUSION**
7.1	The North Ayrshire Health and Social Care Strategic Commissioning Plan (2022-2030) is now close to completion and due to be published in April 2022. The plan provides the strategic vision, priorities, and ambitions for the HSCP to work towards over the next eight years as we continue to support and improve the health and wellbeing of local people. It sets out our key assets and challenges, our local and national policy landscape and identifies our key enablers for success. IJB are asked to approve the proposed content and direction of the plan, which will be finalised to include identified information gaps and improved design elements. The final version of the Plan will be presented to IJB for approval in March 2022.

For more information please contact Scott Bryan on 01294 317747 or sbryan@north-ayrshire.gov.uk

NORTH AYRSHIRE HSCP

NORTH AYRSHIRE
Health and Social Care
Partnership

ENGAGEMENT REPORT

NORTH AYRSHIRE STRATEGIC PLAN ENGAGEMENT SURVEY FEEDBACK SUMMARY 2022-2030

METHODOLOGY

The main method used to engage with people to enable them to inform the strategic plan was via an online survey. The current covid-19 restrictions have meant there have been very limited opportunities for face-to-face engagement.

The survey asked people their thoughts on; our proposed strategic and locality priorities; the actions that we should take to work towards addressing our priorities; and the values that they look for in their health and social care services.

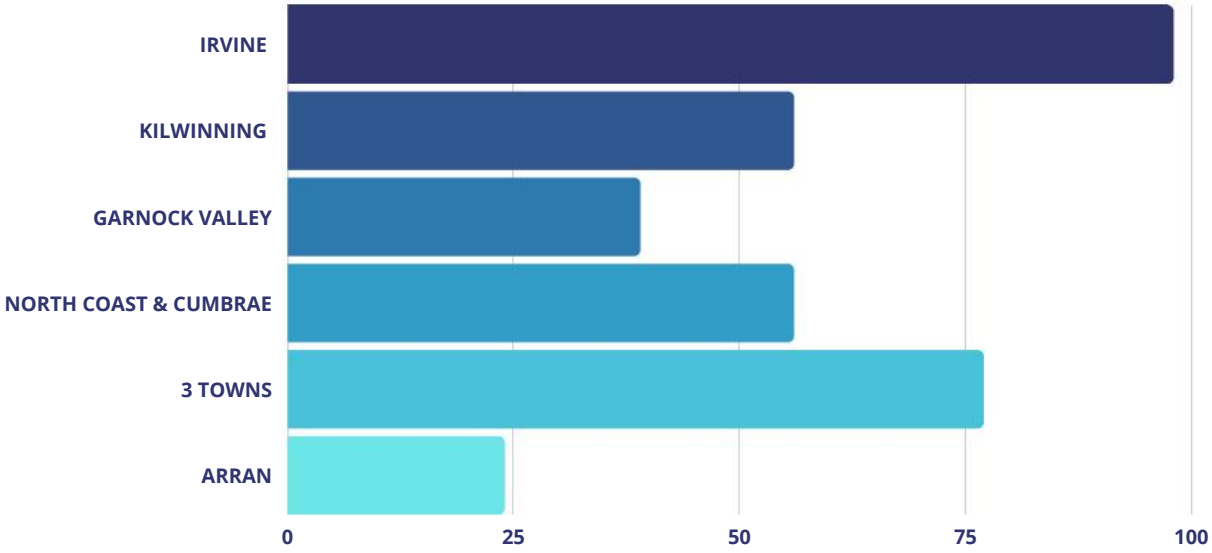
Additionally, we facilitated online sessions with our staff and the Care Improvement Network. The data collected via the consultation on the proposals for the National Care Service for Scotland will also inform the strategic plan.

WHO TOOK PART IN THE SURVEY?

A total of 240 people completed the survey. The graphic below identifies the type of relationship people have to the HSCP.

KNOWLEDGE OF LOCALITIES

We asked people to identify which localities within North Ayrshire they felt they knew best. This was to acknowledge that people participating might not live-in certain localities but have a good knowledge of them.



IDENTIFYING LOCAL PRIORITIES

We asked people to identify their top 3 priorities for their local area. From the responses the top 3 priorities were:

1.Improving Mental Health and Wellbeing
2.Recovering from the Covid-19 'experience' and tackling the backlog/surge in demand for services
3.Reducing social isolation and loneliness

We asked people to tell us if there were health and social care priorities that we hadn't included as part of the list. Some examples include:

"More access to up to date information on local support services, particularly around Self Directed support and the 4 options available"

"Ensuring that the people who use services and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve."

"Ensuring those with a disability or additional support need are truly included within society and have access to the right support from services in Education, Health and social care."

OUR STRATEGIC PRIORITIES

NORTH AYRSHIRE
Health and Social Care Partnership

We asked people if to state to what extent they agreed or disagreed with our porposed strategic priorities.

IMPROVE MENTAL HEALTH & PHYSICAL HEALTH AND WELLBEING

87.3% *of respondents strongly agree with this being a priority*

PROVIDE EARLY & EFFECTIVE SUPPORT

88.9% *of respondents strongly agreed or agreed with this priority*

ENABLE COMMUNITIES

82.9% *of respondents strongly agreed with this being a priority*

TACKLE INEQUALITIES

85.4% *of people strongly agreed or agreed with this being a priority*

DEVELOP AND SUPPORT OUR WORKFORCE

86.3% *of people strongly agreed with this being a priority*

ADDITIONAL COMMENTS

All are great priorities but if we enable the workforce they are then more capable of providing better support to the local community.

Social isolation is often associated with elderly people, however I work with many children and young people who's life's are impacted by isolation and loneliness.

I think these are all generally good priorities but as they are quite broad, how they are implemented is more important especially with limited resources. For example, I think the idea of having more community based services is great in theory but not if we lose capacity or create longer waiting times by de-centralising services.

OUR PARTNERSHIP VALUES

We asked participants to identify **3 values** they look for in people who work in health and social care .

The top 3 answers were:

CARING

EMPATHY

RESPECT

WHO TOOK PART IN THE SURVEY

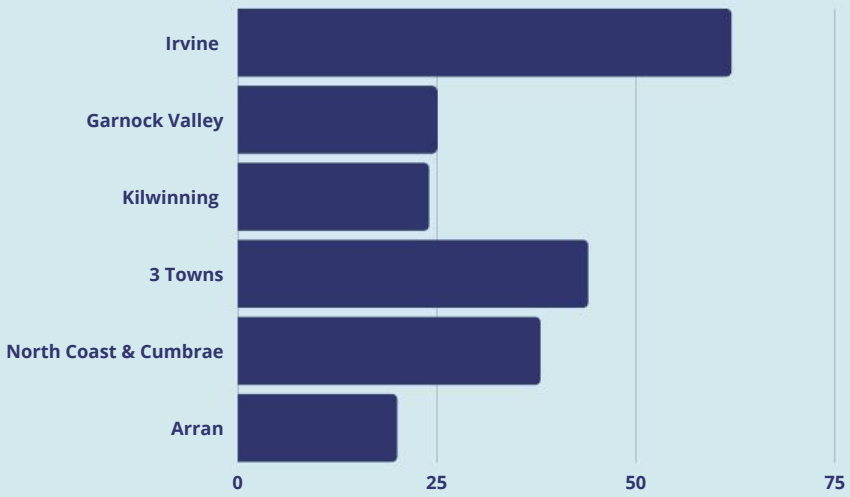
We asked people some personal questions because it is important for us to recognise the diversity of people in North Ayrshire. By providing this information, we can gain a better understanding of the needs and aspirations of diverse and often under-represented groups.

58 Males

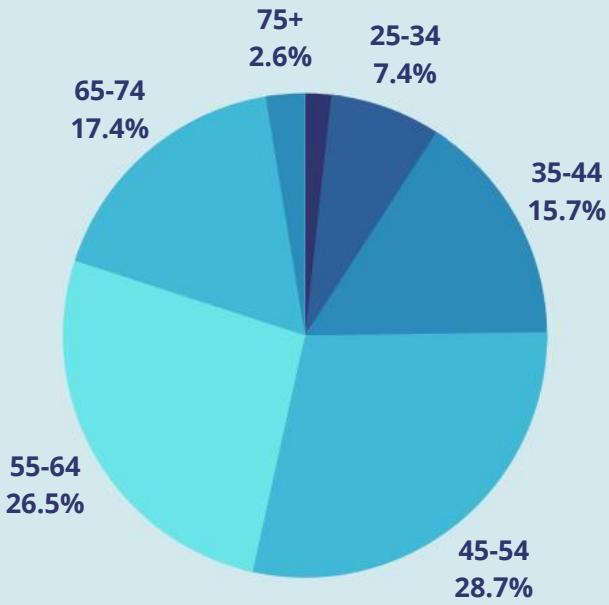
171 females

42 people with a disability

Where people live



Age



NORTH AYRSHIRE
Health and Social Care Partnership

Integrated Joint Board
14th February 2022
Agenda Item No.

Subject:	**Risk Appetite Statement**
Purpose:	To outline the Partnership Risk Appetite Statement
Recommendation:	To approve the Partnership Risk Appetite Statement

Glossary of Terms	
IJB	Integrated Joint Board
NHS	National Health Service
PSMT	Partnership Senior Management Team

1.	**EXECUTIVE SUMMARY**
1.1	This report provides an overview of the first risk appetite statement for the partnership. The purpose of the report is to present to the Integration Joint Board (IJB) the output of the risk appetite session with the PSMT and allow the IJB members to either suggest any amendments or endorse the draft Risk Appetite Statement emerging therefrom.
2.	**BACKGROUND**
2.1	The risk strategy was approved by PAC in June 2019.
2.2	The risk strategy requires a formal risk appetite statement to be agreed annually by the IJB. The preparation of this has been delayed due to the focus on responding to the pandemic.
2.3	Risk appetite is the amount of risk which is judged tolerable and justifiable. It is the amount of risk that any organisation is prepared to tolerate or be exposed to at any one point in time.
2.5	The Risk Appetite Statement has been developed to recognise that the planning and delivery of health and social care services involves having to manage risk and that staff have the confidence to work with uncertainty.
2.6	The Risk Appetite Statement also reflects the 'normal' risk appetite but it is recognised that risk appetite accepted in responding to delivering services during the pandemic may be higher.

2.7	In considering the development of the risk appetite statement the PSMT focused on the key elements of service, quality, people and finance. Appendix A details the assessed risk appetite for each of these key elements of service.
2.8	As this is the first risk appetite statement the assessed risk appetite is based on the view of the senior management team as a starting point. The IJB are invited to amend or approve the assessed level of risk appetite for each element.
3.	**PROPOSALS**
3.1	It is proposed to approve the risk appetite statement as detailed in Appendix A.
3.2	**Anticipated Outcomes**
	Appropriate and effective risk management practice will be embraced throughout the IJB as an enabler of success, whether delivering better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.
3.3	**Measuring Impact**
	The risk appetite statement will be reviewed annually or more frequently if changes in the environment we operate merit this. This will allow any new members to the IJB during 2022 (resulting from the forthcoming local government election and changes to the Ayrshire and Arran NHS Board membership) to input into future iterations of the risk appetite statement.
4.	**IMPLICATIONS**

Financial :	The Risk Appetite Statement is relevant to finance in framing the approach to value for money, the balance of risk and reward from alternative courses of action
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	Appropriate and effective risk management practice will deliver better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.
Risk Implications :	Failure to approve the report would result in a gap in the governance structure of the partnership.
Community Benefits :	None

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	X

5.	**CONSULTATION**
5.1	The risk appetite statement has been reviewed and agreed by the PSMT.
6.	**CONCLUSION**
6.1	That the IJB approve the risk appetite statement.

For more information please contact: Paul Doak, Head of Finance and Transformation at pdoak@north-ayrshire.gov.uk or Eleanor Currie, Principal Manager - Finance at Eleanorcurrie@north-ayrshire.gov.uk

North Ayrshire Integration Joint Board

Risk Appetite Statement

Version	1.0
Prepared by	Principal Manager - Finance
Effective from	10th February 2022 (assumes approval at the February 2022 IJB)
Review Date	January 2023
Lead Reviewer	Head of Finance and Transformation

Introduction

The Integration Joint Board (IJB) is committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

Appropriate and effective risk management practice will be embraced throughout the IJB as an enabler of success, whether delivering better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

In doing so the IJB aims to provide safe and effective care and treatment for patients and clients, and a safe working environment within the IJB and for others who interact with the services delivered under the direction of the IJB.

The IJB purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

Risk appetite is the amount of risk which is judged tolerable and justifiable. It is the amount of risk that any organisation is prepared to tolerate or be exposed to at any one point in time.

The approved risk strategy requires a formal risk appetite statement to be agreed annually by the IJB.

The Risk Appetite Statement has been developed to recognise that the planning and delivery of health and social care services involves having to manage risk. The IJB is responsible for the oversight of services and through the Chief Officer is responsible for the operational management and delivery of these services. Caring for people, managing staff, facilities and finances are all, by their nature, activities that involve risk. These risks cannot be avoided completely but can be managed to an acceptable level.

In considering the development of the risk appetite statement the PSMT focused on the key elements of service, quality, people and finance. The IJB's appetite for risk in each of these elements has been assessed as either none, low, moderate or high.

Risk Appetite Statement

North Ayrshire Health and Social Care Partnership's Vision is 'All people who live in North Ayrshire are able to have a safe, healthy and active life'.

This vision is supported by five strategic priorities:

- Tackling inequalities
- Improving mental health and wellbeing
- Prevention and early intervention
- Bringing services together
- Engaging communities

Service

We acknowledge that health and social care operates within a regulated environment and we have to meet compliance expectations from various regulatory sources. We will endeavour to meet those expectations whilst being creative and operating within regulation. We therefore have a **low** risk appetite in relation to compliance and regulatory requirements but a **high** appetite for risk in relation to service innovation and transformation. This high-

risk appetite reflects those innovative developments are needed to present real change to the way services are being delivered, with a realism that continuing to deliver services in the same way is no longer sustainable and changes need to be made in the way services are accessed and provided.

Quality

We are committed to a culture of quality improvement and learning ensuring that quality of care is above all else. Safe delivery of integrated services is the highest priority for the partnership. There is a **low** appetite for risk related to the safety of service users or the workforce.

At the same time the partnership sees a need to enable calculated risk-taking in relation to achieving positive individual outcomes and improving service quality in terms of person-centred support. The IJB aims to commission services of the highest quality and the partnership needs to reinforce that exercising creativity is to be welcomed. There is a need to enable calculated risk-taking for both supported people and the workforce and to share and learn from positive practice and for this area we have a **high**-risk appetite.

People

We want to attract, recruit and retain the right people with the right skills in the right place. We have a **high** appetite for addressing workforce challenges in relation to delivering on our Workforce Plan. There is a recognition that support is required across the workforce to foster creativity and new ways of working. This is coupled with a full commitment to partnership with trade unions, ethical standards and staff governance standards and minimal appetite for risks to these principles. In doing so challenges are recognised in relation to workforce demography and the cultural change required to have a more flexible innovative and to attract a younger workforce.

Finance

We have a **low-**risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties.

We have a **high**-risk appetite in relation to the financial and value for money element. There is a requirement to set a balanced budget and that supports caution in budgetary management terms particularly where a small number of required spend can constitute a sizeable proportion of the budget (for example secure care for children and young people or complex care packages). The IJB has robust, proactive budget management arrangements in place. There is a need for greater risk appetite with an open attitude to shifting towards earlier stage intervention and towards maturity in a context of the need to think differently in the context of transformation and sustainability.

We need to work proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in North Ayrshire.

Overall Risk Appetite

The partnership is **open** in terms of risk appetite. The partnership encourages innovation and creativity and creates the permission, trust and support required to meet its vision. At the same time this needs to be balanced against the risk related to the safety of service users or the workforce.

Appendix A

Risk Appetite Matrix

		RISK APPETITE		
		Low	**Moderate**	**High**
Service	**Compliance**	Want to adhere to all regulations with no deviation.	Adhering to all regulations but being creative in doing so.	Not adhering to regulations.
	Innovation & Transformation	Tendency to stick to the status quo, innovation is generally avoided	Innovation supported only with evidence of improvement.	Innovation pursued - desire to challenge current practice. Empower staff to be innovative.
Quality	**Safety**	No risk related to the safety of supported people or the workforce.	Limited risk related to the safety of supported people or the workforce.	Unlimited risk related to the safety of supported people or the workforce.
	Positive Practice	No sharing of positive practice.	Limited local sharing but not partnership wide.	Networks/ forum / procedures in place to share and learn from positive practice on partnership wide basis. Respond well and learn from critical incidents.
People	**Workforce Challenges**	No workforce plan or recognition of future challenges.	Future changes known but no plan in place to address them.	Aware of future challenges and a robust workforce plan in place. High ambition to be innovative, testing new ways of working and recruiting alongside calculated risk taking supporting people and workforce. Look to be innovative in recruiting and have a robust workforce plan.
Finance	**Compliance**	Want to adhere to all regulation with no deviation.	Adhering to all regulations but being creative in doing so.	Not adhering to regulations.
	VFM and financial Planning	Budgets focus is on recovery and renewal.	Balanced budget with strong financial management in place despite challenge of annual budget setting processes.	Investment in new approaches to improve service and to increase efficiency and effectiveness.

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
14th February 2022

Subject:	**IJB Governance**
Purpose:	To advised Integration Joint Board of proposed changes to Standing Orders and Scheme of Delegation.
Recommendation:	That the Integration Joint Board reviews and approves the revised versions of (1) Standing Orders attached at Appendix 1 and (2) Scheme of Delegation attached at Appendix 2 with immediate effect.

Glossary of Terms	
IJB	Integration Joint Board

1.	**EXECUTIVE SUMMARY**
1.1	The Standing Orders for Integration Joint Board Meetings set out the rules for decision taking and define how the IJB and its committees conduct their business democratically.
1.2	The Scheme of Delegation sets out delegation of authority to officers to enable delivery of IJB services.
1.3	These key governance documents have been reviewed and updated and approval is sought for the revised versions attached at Appendices 1 and 2.
2.	**CURRENT POSITION**
2.1	The Standing Orders for meetings were last amended in August 2019 to permit webcasting of meetings.
2.2	A further review of Standing Orders has been undertaken and the revised document is attached at appendix 1. The document has been amended to include: • re-ordering to format and correction of typographical errors; • minor adjustments to wording including reference to remote participation in meetings; • clarification of quorum in relation to specific items on the agenda; • amended reference to the Code of Conduct for Members and declaration of interests; • clarification that admission of press and public to meetings refers to Board meetings only and not to any other committees or sub-committees.
2.3	The Scheme of Delegation to Officers in respect of functions delegated from North Ayrshire Council, and the NHS Ayrshire and Arran was approved in 2015. The Scheme lists the functions delegated to key officers. In turn those officers can delegate those functions to other officers within their services to ensure service delivery. The provisions of the Scheme have not been reviewed since 2015 and require to be refreshed to reflect any changes in legislation and practice.

2.4	The proposed revisals to the Scheme reflect that delegation to key officers relates to the strategic Board functions rather than operational service delivery which is granted by the respective constituent authorities under their own specific schemes of delegation. More generally, the layout of the Scheme has been refreshed with content re-positioned. There have been deletions where delegations are not required. As previously, the Scheme of Delegation to Officers provides that any functions which are not otherwise reserved to the Board will be dealt with by officers. It also retains the core provision that delegated powers should not be exercised by Officers where any decision would represent a departure from IJB policy or procedure or would be contrary to a standing instruction of the IJB or would itself represent a significant development from policy or procedure.
3.	**PROPOSALS**
3.1	**Anticipated Outcomes**
	The Standing Orders and Scheme of Delegation will be updated which supports compliance with the IJB's legal and administrative arrangements.
3.2	**Measuring Impact**
	N/A
4.	**IMPLICATIONS**

Financial:	None
Human Resources:	None
Legal:	Approval of the key governance documents is an essential component of the IJB's legal and administrative arrangements
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	None
Community Benefits:	None

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council & NHS Ayrshire & Arran	

5	**CONSULTATION**
	The IJB Standards Officer was consulted in the preparation of this report.

6.	**CONCLUSION**
	The report recommends adoption of the amended Standing Orders and Scheme of Delegation.

For more information please contact Caroline Cameron, Director/Chief Officer on carolinecameron@north-ayrshire.gov.uk or (01294) 317723.

Appendix 1

NORTH AYRSHIRE INTEGRATION JOINT BOARD

STANDING ORDERS FOR MEETINGS

Date of Agreement – 2nd April 2015
Date of Amendment – 16-4-15
Date of Amendment – 29-8-19

Date of Amendment - [ ]

1. General

1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable be the rules and regulations for the proceedings of the Board, its Committees and Sub-Committees and therefore reference to the term 'Board' in the said Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub- Committee but only in relation to such Committees or Sub-Committees.

1.2 In these Standing Orders "the Integration Board" shall mean the North Ayrshire Integration Joint Board established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015 and the Integration Scheme entered into by North Ayrshire Council and NHS Ayrshire & Arran Health Board, as approved by Scottish Ministers.

1.3 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders.

2. Membership

2.1 Voting membership of the Integration Board shall comprise four persons nominated by the NHS Board, and four persons appointed by the Council. Where the NHS Board is unable to fill its places with non-Executive Directors it can then nominate other appropriate people, who must be members of the NHS Board to fill their spaces, but at least two must be non-executive members.

2.2 Non-voting membership of the Integration Board shall comprise:

a. the chief social work officer of the local authority;
b. the chief officer of the Integration Board;
c. the proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973;
d. a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
e. a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
f. a registered medical practitioner employed by the Health Board and not providing primary medical services.
g. One member to represent staff of the constituent authorities engaged in the provision of services provided under integration functions;
h. One member to represent third sector bodies carrying out activities related to health or social care in the area of the local authority;
i. One member to represent service users residing in the area of the local authority;

j. One member to represent persons providing unpaid care in the area of the local authority; and
k. Such additional members as the Integration Board sees fit. Such a member may not be a councillor or a non-executive director of the Health Board.

The members appointed under paragraphs (d) to (f) must be determined by the Health Board

2.3 A member of the Integration Board in terms of 2.2 (a) to (c) will remain a member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Board shall be for two years or until the day of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.

2.4 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.

2.5 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.

2.6 A voting Member appointed under paragraph 2.1 ceases to be a member of the Integration Board if they cease to be either a Councillor or a non- executive Director of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

2.7 A Member of the Integration Board, other than those Members referred to in paragraph 2.2(a) to (c), may resign his/her membership at any time during their term of office by giving notice to the Integration Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting member the Integration Board must inform the constituent authority that made the nomination.

2.8 If a Member has not attended three consecutive Ordinary Meetings of the Integration Board, and their absence was not due to illness or some other reasonable cause as determined by the Integration Board, the Integration Board may, by giving one month's notice in writing to that Member, remove that person from office.

2.9 If a member acts in a way which brings the Integration Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Board, the Integration Board may remove the member from office with effect from such date as the Integration Board may specify in writing.

2.10 If a member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office as a Member of the Integration Board immediately.

2.11 A constituent authority may remove a member which it nominated by providing one month's notice in writing to the Member and the Integration Board.

2.12 Named Depute Members for Members of the Integration Board may be appointed by the constituent authority which nominated the Member, or the Member as appropriate. The appointment of such Deputies will be subject to the same rules and procedures for Members. Deputies shall receive papers for Meetings of the Integration Board but shall be entitled to attend or vote at a Meeting only in the absence of the principal Member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Board, any Depute Member attending the meeting may not preside over that meeting.

2.13 The acts, meetings or proceedings of the Integration Board shall not be invalidated by any defect in the appointment of any Member or any vacancy in the membership of the Integration Board.

1. Chairperson and Vice Chairperson

1.1 The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting members of the Integration Board. If a Council member is to serve as Chairperson then the Vice Chairperson will be a member nominated by the NHS Board and vice versa. The first Chair of the Integration Board will be appointed on the nomination of the Council.

1.2 The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years and carried out on a rotational basis between Council and NHS Board appointed Chairperson. The term of office of the first Chairperson will be for the period to the local government elections in 2017, thereafter the term of office of the Chairperson will be for a period of two years. The Council or NHS Board may change their appointee as Chairperson of Vice Chairperson during an appointing period.

1.3 The Vice-Chairperson may act in all respects as the Chairperson of the Integration Board if the Chair is absent or otherwise unable to perform his/her duties.

1.4 At every meeting of the Integration Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a Chairperson shall be appointed from within the members present for that meeting. Any Depute Member attending the meeting in terms of 2.12 may not preside over that meeting.

1.5 Powers, authority and duties of Chairperson and Vice-Chairperson.

The Chairperson shall amongst other things :-

(a) Preserve order and ensure that every Member has a fair Hearing;

(b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;

(c) Determine the order in which speakers can be heard;

(d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;

(e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;

(f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;

(g) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;

(h) Deference shall at all times be paid to the authority of the Chairperson. When he/she rises to speak, the Chairperson shall be heard without interruption; and

(i) Members shall address the Chairperson while speaking.

2. Meetings

2.1 The first meeting of the Integration Board will be convened at a time and place to be determined by the Chairperson. Thereafter Integration Board shall meet at such place and such frequency as may be agreed by the Integration Board.

2.2 The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chairperson. If the Office of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.

2.3 If the Chairperson refuses to call a meeting of the Integration Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

2.4 Adequate provision will be made to allow for members to attend a meeting of the Integration Board or a committee of the Integration Board either by being present together with other members in a specified place, or in any other way which enables members to participate despite not being present with other members in a specified place.

3. Notice of Meeting

3.1 Before every meeting of the Integration Board, a notice of the meeting specifying the time, place and business to be transacted at it and signed by the Chairperson, or by a Member authorised by the Chairperson to sign on that person's behalf, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five days before the meeting. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any Member shall not affect the validity of anything done at a meeting.

3.2 In the case of a meeting of the Integration Board called by Members in default of the Chairperson, the notice shall be signed by those Members who requisitioned the meeting.

3.3 At all Ordinary or Special Meetings of the Integration Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

4. Quorum

4.1 No business shall be transacted at a meeting of the Integration Board unless there are present (which shall include remotely if by appropriate means in accordance with Standing Order 4.4), and entitled to vote both Council and NHS Board members and at least one half of the voting Members of the Integration Board are present

4.2 If within ten minutes after the time appointed for the commencement of a meeting of the Integration Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact.

4.3 If less than a quorum is entitled to vote on an item because of declarations of interest, that item cannot be dealt with at that meeting.

5. Codes of Conduct and Conflicts of Interest

5.1 Members of the Integration Board (including any Deputies) shall subscribe to and comply with the Code of Conduct for Members of the North Ayrshire Integration Joint Board (the 'Code of Conduct') which is deemed to be incorporated into these Standing Orders. All Members shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct. Members shall also comply with any relevant guidance issued by the Standards Commission for Scotland.

5.2 If any Member has a financial or non-financial interest as defined in the Code of Conduct and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts (and certainly before taking part in any discussion on that item), disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.

5.3 Where an interest is disclosed, the member disclosing the interest is to decide whether, in the circumstances, it is appropriate for them to take part in discussion of or voting on the item of business.

6. Adjournment of Meetings

6.1 A meeting of the Integration Board may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.

7. Disclosure of Information

7.1 No member or officer shall disclose to any person any information which falls into the following categories:-

- Confidential information within the meaning of Section 50A(2) of the Local Government (Scotland) Act 1973.

- The full or any part of any document marked "not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973", unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.

- Any information regarding proceedings of the Integration Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

7.2 Without prejudice to the foregoing, no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Board.

8. Recording of Proceedings

No sound, film, video tape, digital or photographic recording of the proceedings of any meeting, other than webcasting of the proceedings by the Integration Board itself, shall be made without the prior approval of the Integration Board. All phones should be switched off or on silent and Members should not correspond, whether by email, text, social media or any other electronic means with any other Member or other person during a Board meeting. Research through the internet is permitted providing it is done in a manner which respects the authority of the Chair and does not interfere with the business of the meeting.

9. Admission of Press and Public

9.1 Subject to the extent of the accommodation available and except in relation to items certified as exempt, meetings of the Integration Board shall be open to the public. In this specific respect, reference to the Board should not be interpreted as including reference to the Board's Committees and/or Sub-Committees, specific provision will be made by the Board regarding the extent of any public access permitted to meetings of its Committees or Sub-Committees. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Board by posting within the main offices of the Integration Board or on the Board's website not less than five days before the date of each meeting.

9.2 The Integration Board may by resolution at any meeting, exclude the press and public therefrom during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of the proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7(A) of the Local Government (Scotland) Act 1973 Act or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

9.3 Every meeting of the Integration Board shall be open to the public but these provisions shall be without prejudice to the Integration Board's powers of exclusion in order to suppress or prevent disorderly conduct or other

misbehaviour at a meeting. The Integration Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Board.

10. Alteration, Deletion and Rescission of Decisions of the Integration Board

10.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the Integration Board will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 13.

11. Suspension, Deletion or Amendment of Standing Orders

11.1 Any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

12. Procedures for Dealing with Items of Business

12.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

12.2 Officers of the Board will speak to the terms of any report drafted by them which is on the agenda for a meeting. Thereafter it will be open to any Member to ask a question or questions concerning the item of business under consideration. Such questions must be relevant to the item of business under consideration and may be directed to any senior officer seeking clarification of the terms of a report.

12.3 When the Chairperson is satisfied that there are no more questions to be raised he or she will invite the Board to discuss the item of business. Such discussion must be relevant to the item of business and should attempt to achieve a decision by consensus. As part of the Chairperson's role to manage the meeting, the Chairperson shall attempt to ensure that Members who wish to speak have a fair opportunity to do so. The Chairperson shall have power to determine when Members can speak and will determine the number of occasions and length of time that a Member is able to speak.

12.4 When the Chairperson is satisfied that a decision can be made by consensus he or she will clarify the terms of that decision with the Board.

13. Procedure where there is no Unanimous Decision

13.1 If the Chairperson is satisfied that a decision cannot be made by consensus, he or she will invite those of differing views to state the decision they wish the Board to make. The first such statement will be known as the recommendation. Any member may seek an amendment to the recommendation. Any recommendation and amendment must relate to the item of business under discussion. No recommendation or amendment will be accepted unless it is seconded. It will be open to any Member to ask a question or questions to the mover of any recommendation or amendment seeking clarity of their recommendation or amendment.

13.2 In the event that discussion on any item has exceeded 30 minutes it will be open to any Member to propose a recommendation. If this is not seconded the recommendation will fall and discussion shall continue, subject to 15.1. If it is seconded, the Chairperson will ascertain if there are any amendments, which also require to be seconded.

13.3 For the avoidance of doubt, non-voting members can propose or second a recommendation or amendment and speak to its terms, but cannot vote on it.

13.4 Debate - When the Chairperson is satisfied that there are no more recommendations, or amendments to be raised he or she will state that the Board is in debate.

13.5 Subject to the right of the mover of a recommendation, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except:-

- On a question of Order
- With the permission of the Chairperson
- In explanation or to clear up a misunderstanding in some material part of his/her speech.

13.6 The mover of an amendment and thereafter the mover of the original recommendation will have the right of reply for a period of not more than 3 minutes in order to sum up. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Thereafter the discussion will be held closed and the Chairperson will call for the vote to be taken.

14. Voting

14.1 Only the four Members nominated by the NHS Board, and the four Members appointed by the Council shall be entitled to vote.

14.2 Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. Voting shall be by a show of hands. In the case of an equality of votes the Chair shall not have a second or casting vote.

14.3 Where there is an equality of votes the voting members may agree that the decision will be made by a cut of cards or some other equitable method. If the voting members do not agree to such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.

14.4 Where there is a temporary vacancy in the voting membership of the Integration Board, the vote which would be exercisable by any Member appointed to that vacancy may be exercised jointly by the other Members appointed by the relevant constituent authority.

15. Minutes

15.1 The names of the Members and others present at a meeting shall be recorded in the minutes of the meeting.

15.2 The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement by a person nominated by the Chief Officer, after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

16. Committees and Working Groups

16.1 The Integration Board may establish any Committee or Working Group as may be required from time to time but each Working Group shall have a limited time span as may be determined by the Integration Board.

16.2 The Membership, Chairperson, remit, powers and quorum of any Committee or Working Groups will be determined by the Integration Board.

16.3 Agendas for consideration at a Committee or Working Group will be issued by electronic means to all Members no later than two days (not including Saturday and Sunday) prior to the start of the meeting.

Appendix 2

NORTH AYRSHIRE INTEGRATION JOINT BOARD

SCHEME OF DELEGATION TO OFFICERS

Version 1 - approved by Board [date]
Version 2 – approved by Board [date]

Classification: Public

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Section 1 Introduction

This Scheme of Delegation (the Scheme) was approved by North Ayrshire Integration Joint Board on [2022] in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. The Scheme contains details of those functions both statutory and non-statutory which the Integration Joint Board (hereinafter referred to as 'the Board') has chosen to delegate to its officers.

This Scheme of Delegation needs to be read and used alongside any Financial Regulations and Standing Orders relating to Meetings which together make up the wider framework of governance within which the Integration Joint Board operates. The Board's Governance is based upon the principles of:

- Openness;
- Accountability;
- Responsiveness;
- Democracy.

This Scheme of Delegation contributes to these fundamental principles by defining a route for certain decisions enabling the Board to be:

- Speedy and responsive in taking decisions;
- Efficient – by freeing the formal decision making structures of the Board to focus on other key decisions which have to be taken under full public scrutiny; and
- Accountable – by holding appropriate staff fully accountable for the decisions they take.

As explained at relevant sections of this Scheme of Delegation, any delegation afforded hereunder relates to the role and functions of the Board itself and the extent to which the Board has resolved to delegate authority to key officers to exercise certain functions on its behalf. Delegated authority for operational service delivery is granted by the two constituent authorities (the Council and the NHS), not by the Board.

Interpretation

In this Scheme, the following terms shall have the meaning assigned to them:

- "Act" means the Local Government (Scotland) Act 1973;
- "1994 Act" means the Local Government etc (Scotland) Act 1994;
- "2014 Act" means the Public Bodies (Joint Working) (Scotland) Act 2014
- "Board" means North Ayrshire Integration Joint Board
- "Council" means the North Ayrshire Council;
- "Chief Officer" means the Chief Officer of the Integration Joint Board
- "Employer" means whichever of the Council or NHS shall employ a particular member of staff;
- "Integration Scheme" means the Integration Scheme between North Ayrshire Council and NHS Ayrshire & Arran, as approved by the Scottish Ministers (as may be updated and subject to further approval by Scottish Ministers from time to time)
- "Members" means members of the Board
- "NHS" means NHS Ayrshire and Arran Health Board
- "Chief Finance Officer' means the Chief Financial Officer of the Board appointed by the Board on terms of section 95 of the Act.

Any reference to any Act of Parliament shall be construed as a reference to the Act of Parliament as from time to time amended, extended or re-enacted and shall include any byelaws, statutory instruments, rules, regulations, orders, notices, directions, consent or permissions made thereunder. Any reference to any statutory instrument, regulation or order shall be construed as a reference to that instrument, regulation or order (as the case may be) as from time to time amended, extended or re-enacted.

Subject to the foregoing provisions of this paragraph, the Interpretation Act 1978 shall apply to the interpretation of the scheme as it applies to the interpretation of an Act of Parliament.

Section 3 – Core Principles & General Provisions

The Board has determined that all powers which are not specifically reserved to the Board, its committees, or sub-committees are delegated to officers. The matters reserved to the Board or committees are mainly the strategic policy or regulatory issues requiring to be decided by the Board, while the day to day operational matters of running the Board's services are delegated to officers.

Every attempt has been made to list the specific powers which are available to officers. However, if a specific power is not mentioned in this Scheme of Delegation, it does not necessarily mean that officers cannot exercise that power. Unless it has been specifically reserved to the Board, the power will still be delegated to officers. The powers reserved by the Board are detailed in this section. In case of doubt, the Chief Officer has power to determine whether the power is delegated and if so, to whom.

This Scheme does not therefore provide an exhaustive list of things that officers can do on behalf of the Board. It records the significant and standing delegations of powers and responsibility to officers. It does not record temporary or one-off instructions or delegations to officers. Those are recorded in minutes of the Board (and its committees and sub-committees).

2.1 General Restrictions on Exercise of Delegate Powers by Officers

2.1.1 It is the responsibility of any officer who intends to exercise delegated authority to ensure that they are permitted to do so and that they exercise any such authority in accordance with the terms of this Scheme.

2.1.2 Delegated powers should not be exercised by officers where any decision would represent a departure from Board policy or procedure, would represent a departure from the Strategic Plan or would be contrary to a standing instruction of the Board (or any committees or sub-committee of the Board or would itself represent a significant development of policy or procedure. The only exception to this is in the case of urgency where the officer may, after consultation with the Chair of the Board, exercise delegated powers. Should such powers be exercised in urgent circumstances, a report will be submitted to the next appropriate Board meeting for noting.

2.1.3 Delegated powers are at all times to be exercised in accordance with the relevant law, and any Board Financial Regulations, Standing Orders relating to meetings, and any other relevant governance requirements, and/or relevant policies and procedures in place from time to time.

2.1.4 If any decision proposed under delegated powers might lead to a budget being exceeded, the officer must consult with the Chair of the Board before exercising the delegated power.

2.1.5 The Chair of the Board should be consulted, when appropriate, on matters of a controversial nature. Where appropriate, such matters should be referred to the Board (or the appropriate committee or sub-committee) for a decision.

2.1.6 In particular and without prejudice to the foregoing, officers will exercise particular care in determining whether a matter is to be regarded as controversial in the following circumstances:-

- Where determination of the issue may involve a decision contrary to local or national policy, any relevant code of practice or the Strategic Plan.
- Where it is proposed that any issue be determined contrary to significant objections or the strong recommendation of statutory consultees.
- The officer proposes to determine the matter, or act in a manner, contrary to the recommendation of other officers whom he/she is obliged to, or has chosen to, consult with.
- There are perceived public safety or significant public policy issues dependent on the determination (save in the case of urgency as aforesaid).
- Standing Orders, National or International regulation requires determination otherwise.
- There are questions of legality or financial advisability/probity involved.

In determining whether any matter is controversial, officers should consult with the Chief Officer, as appropriate.

2.2 Specific powers reserved for the Board

2.2.1 The powers which are reserved to the Board (or its committees or sub-committees) are a mixture of those which must, in terms of statute, be reserved, and those which the Board has, itself, chosen to reserve. Powers which are not reserved are delegated, in accordance with the provisions of this Scheme.

2.2.2 The following is a comprehensive list of what is reserved to the Board [or its committees or sub-committees]. :-

Reservations

(a) To change the name of the Board;
(b) To approve the Board's audited annual accounts;

(c) To establish such committees, sub-committees and joint committees as may be considered appropriate to conduct business and to appoint and remove Conveners, Depute Conveners and members of committees;
(d) The approval annually of Revenue Budget;
(e) The incurring of any net new expenditure not provided for in the estimate of revenue expenditure unless, such expenditure is reported to and approved by the Board;
(f) The approval or amendment of any Scheme of Administration regulating the constitution, membership, functions and powers of committees or sub-committees of the Board;
(g) The approval or amendment of Standing Orders regulating meetings proceedings and business of the Board, its committees and sub-committees and contracts (to the extent the Board may contract from time to time);
(h) The approval or amendment of this Scheme of Delegation detailing those functions delegated by the Board to its officers;
(i) The appointment of the Chief Officer, Chief Finance Officer, Chief Internal Auditor and Monitoring/Standards Officer (subject always to the relevant policies and procedures of the Employer);
(j) The decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;
(k) The approval or amendment of the Strategic Plan and the Financial Plan;
(l) To fix and amend a programme of Board and committee meetings;
(m) To deal with matters reserved to the Board by Standing Orders, Financial Regulations and other Schemes approved by the Board;
(n) To determine that any Direction requires to be issued to the Council or to the NHS under sections 26 and 27 of the 2014 Act.
(o) Any other functions or remit which is, in terms of statute, subordinate legislation or other legal requirement bound to be undertaken by the Board itself.

2.3 Sub-Delegation

2.3.1 The Board hereby authorises any officer with delegated powers, duties or responsibilities under this scheme to delegate further any of these powers to other appropriate officers within their service. If any authority is sub-delegated, the officer delegating authority must ensure adequate controls and reporting arrangements are in place. Any such delegated authority requires to be exercised in accordance with this Scheme. Any officer using such delegated powers is accountable to the Chief Officer, Chief Finance Officer or Chief Internal Auditor (as appropriate) for their actions. The Chief Officer, Chief Finance Officer and Chief Internal Auditor in turn remain accountable directly to the Board.

2.3.2 The Council and NHS will require to delegate to officers from both constituent authorities relevant delegated powers, duties and responsibilities to enable them to discharge the operational elements of health and social care and to deliver the Board's Strategic Plan. Any officer exercising delegated powers will be fully accountable to the Chief Officer, or accountable as otherwise stipulated by the Council or NHS in so delegating to those

officers, for their actions.

2.4 Alteration of Scheme

Subject to the provisions of the 2014 Act the Board shall be entitled to amend, vary or revoke the scheme from time to time.

Section 3 – Delegations to Officers – Chief Officer

3.1 General

3.1.1 The Director of the North Ayrshire Health and Social Care Partnership is the Chief Officer of North Ayrshire Integration Joint Board (as defined in Section 10 of the 2014 Act). The Chief Officer is an employee of either the Council or the NHS and is bound by the employment policies and procedures of the organisation that employs them. The Chief Officer will be seconded by the Employer to the Board. The Chief Officer will be line managed by the Chief Executives of the Council and NHS. The Chief Officer will be a member of the senior management team of the Council and NHS.

3.1.2 The Chief Officer will be the principal advisor to and officer of the Board and will provide overall strategic and operational advice to the Board.

3.1.3 The Chief Officer is responsible and accountable for the operational management and performance of services delegated to the Board by Council and NHS in accordance with the Integration Scheme, with the exception of Acute Services. The Chief Officer (in their capacity as Director of North Ayrshire's Health and Social Care Partnership) will have delegated authority from the Council and NHS for all matters necessary in respect of in-scope service delivery, including the operation, development and implementation of policy unless reserved to the Board (or its committees or sub-committees), together with such statutory duties as may have been specifically and personally assigned to the post holder. Such delegations are at all times to be exercised in accordance with the relevant law, and any constituent authority Financial Regulations, approved Scheme(s) of Delegation, Standing Orders and other governance requirements as may be applied by the relevant constituent authority.

3.1.4 The Chief Officer is the Leader of the Board's Management Team and has overall responsibility for the following:-

- Strategic management of health and social care services as set out in the Integration Scheme
- Strategy and Policy Development
- Implementing any Direction issued by the Board
- Leading Improvement

3.1.5 The Chief Officer shall discharge his/her duties in accordance with the powers delegated to them by the NHS and the Council under their respective Schemes of Delegation. In discharging his/her duties and in

making any recommendation to the Board, the Chief Officer will demonstrate to the Board that he/she has followed relevant NHS and Council procedures and has any necessary approval(s), where this is required.

3.2 Delegations

The following general functions of the Board are delegated to the Chief Officer:

1. To act as the principal policy adviser to the Board on matters of general policy and to assist Members to formulate clear objectives and affordable programmes having regard to changing priorities, statutory and financial requirements and community needs and expectations.
2. To ensure that a corporate approach to the management and execution of the Board's affairs is maintained and that advice to the Board is given on a co-ordinated basis.
3. Implementing decisions and instructions made by the Board.
4. To monitor the performance of Heads of Service responsible for relevant service delivery.
5. To take such action as may be required to ensure that the correct significance is given by relevant NHS and Council staff to the achievement of the overall policy objectives of the Board.
6. To consider and deal with any urgent issues arising that cannot await a decision of the Board, subject to reporting back to the Board at the first available opportunity. This power is to be exercised in consultation with the Chair or Vice-Chair, if available, of the Board.
7. To maintain good internal and external public relations.
8. To identify, plan for and mitigate, risks affecting the Board and relevant service delivery.
9. Duties relating to business continuity, including identification of issues, business continuity planning, liaison with external bodies and putting in place arrangements to deal with business continuity issues.
10. Support and assistance to Board services to enable them to comply with duties under the Health and Safety at Work Act 1974 and other legislation relating to health and safety. Including to act as the primary point of contact with the Health and Safety Executive in matters relating to the health and safety of relevant premises or services.
11. To ensure the Board's compliance with statutory regimes such as best value, public sector equality duties, freedom of information, data protection, climate change, etc.
12. To implement and operate a complaints handling procedure and liaising with and complying with the requirements of the SPSO.
13. To implement and operate a public and stakeholder engagement strategy and communications and public relations arrangements.

14. To respond to consultations on non-controversial or technical issues, subject to those responses being reported to the Board for information.
15. To develop, implement and review the Strategic Plan and other policies determined by the Board.
16. To arrange for the provision of professional, technical and administrative support services by the Council and/or NHS to the Board;
17. To give direction on the applicability of this Scheme of Delegation to Officers and where appropriate that any Officer shall not exercise a delegated function
18. Where clarification is required, the Chief Officer will determine which matters are operational or otherwise.
19. All such other powers as may be delegated from time to time by the Board (including any committee or sub-committee of the Board), the Board's Standing Orders or Financial Regulations.
20. All powers ancillary to or reasonably necessary for the proper performance of the Chief Officer's general duties and responsibilities.

3.3 Operational Service Delivery

The Chief Officer has overall responsibility for the Council services including responsibility for the leadership and co-ordination, planning and policy and the strategic and operational management of those services (relevant delegated authority for operational service delivery is afforded to that post holder under the Council's Scheme of Delegation to Officers, not via this Scheme) listed in Annex 2 Part 1 of the Integration Scheme.

3.3.1 The Chief Officer is required to support the Chief Social Work Officer in the discharge of his or her specific functions. See Annex 1 for details of the remit of the Chief Social Work Officer.

3.3.2 The Chief Officer also has overall responsibility the NHS services listed in Annex 1 Part 1 of the Integration Scheme, including responsibility for the leadership and co-ordination, planning and policy and the strategic and operational management of those services. (Relevant delegated authority for operational service delivery of those services is afforded to that post holder by the NHS not via this Scheme).

Section 4 – Chief Finance Officer

4.1 The Chief Finance Officer has overall responsibility for the following services:

- Finance including Financial Management; and any contracting and commissioning activity on behalf of the Health and Social Care Partnership
- Information Systems, Performance Management, Strategic Planning and Transformation

4.2 The Chief Finance Officer is responsible for the leadership and co-ordination, planning and policy and the strategic and operational management of the Board's Finance service. Without prejudice to the foregoing generality, the following functions of the Board are delegated to the Chief Finance Officer:

1. Act as the Proper Officer responsible for the administration of the financial affairs of the Board in terms of section 95 of the Local Government (Scotland) Act 1973.
2. To provide strategic financial advice, planning, forecasting and direction to the Board.
3. To implement decisions and instructions made by the Board.
4. To prepare annual accounts and revenue estimates for approval by the Board.
5. To prepare, maintain and review Financial Regulations and relevant Codes of Practice of the Board for the control of all expenditure and income.
6. The monitoring of the Board's revenue budgets during the course of each financial year and reporting thereon to the Board.
7. Determine all accounting procedures and financial record keeping of the Board.
8. Subject to the approval of the Chief Officer and in conformity with any Financial Regulations and any approved policy, authorise the transfer of approved estimates from one head of expenditure to another, within a Service estimate, unless it is considered to materially affect the approved budget, in which case authorisation of the Board will be sought.
9. To arrange the necessary insurances or other arrangements to protect the interests of the Board and make arrangements with insurance companies concerning claims handling and settlement of claims.
10. Liaising and negotiating with the Council and the NHS in relation to their annual budget contributions, efficiencies, budget pressures and in-year and

end-of-year adjustments.

11. All powers ancillary to or reasonably necessary for the proper performance of the Chief Financial Officer's general duties and responsibilities.

12. All such other powers as may be delegated from time to time by the Board (including any committee or sub-committee of the Board), the Board''s Standing Orders or Financial Regulations.

13. To be the primary point of contact with external Audit and provide support, information and recommendations to external auditors.

Section 5 – Chief Internal Auditor

5.1 The Chief Internal Auditor has overall responsibility for the following services:

1. Ensuring the provision of a professional and independent internal auditing service in accordance with recognised standards and practices in relation to internal auditing.

2. On the production of identification:-

- Enter, at all reasonable times, on any Council or NHS premises or land.
- Have access to all records, documents and correspondence relating to any financial transaction and such other documents as may be considered to be necessary in verification thereof.
- Require and receive such explanations as are necessary concerning any matter under examination.

3. Preparation and submission of internal audit plan to the Board for approval.

4. Conducting audits and investigations in accordance with the Board's audit plan or as otherwise directed by or on behalf of the Board and reporting on same.

5. To undertake internal audit of Board, Council or NHS systems, procedures and practices and to investigate complaints or issues raised with Internal Audit, including whistle blowing complaints. To provide policies, procedures and guidance relating to audit, whistleblowing and defalcation.

Annex 1

Chief Social Worker Officer

The Chief Social Work Officer is a statutory appointment made by the Council by virtue of section 3 of the Social Work (Scotland) Act 1968. The Chief Social Work Officer is not afforded specific delegated authority under the Board's Scheme of Delegation (certain of the post holder's authority derives directly from statute and further authority is delegated by the Council) but nonetheless the post holder has a key role in the operation of the Board, and in the discharge of statutory functions by the Health and Social Care Partnership.

The Chief Social Work Officer is appointed for the purposes of the Council's functions under the 1968 Act and under those other enactments listed in Section 5(1B) of that Act. In broad terms, those functions cover all social work and social care services whether provided directly by the council, in partnership with other agencies, or procured by the council and provided by others on its behalf. Those functions are referred to in this document as "social work services".

The qualifications required for the post are set out in the Qualifications of Chief Social Work Officers (Scotland) Regulations 1996 (S.I. 1996/515 (1996/49)).

The Chief Social Work Officer is required by section 5(1) of the 1968 Act to carry out the duties of the post under the general guidance of the Scottish Ministers. The Scottish Ministers issued revised guidance in July 2016 which takes account of the integration dynamic for the post-holder: The role of the Chief Social Work Officer - gov.scot (www.gov.scot) (such guidance may be further updated from time to time).

The overall powers of the Chief Social Work Officer post are:-

(a) To oversee the discharge of the council's statutory social work duties;

(b) To ensure the provision of effective professional and objective advice to elected members and officers of the Council in the Council's provision of social work services;

(c) To secure the effective provision of social work services.

The powers of the Chief Social Work Officer fall into two broad categories; service provision and corporate responsibility.

1. Service Provision

- To establish and develop social work services focussed on the needs of service users, to promote the continuous improvement of those services, and to monitor and raise standards of their delivery;

- To ensure the effective governance of the balance of need, risk and civil liberties in the provision of social work services in accordance with professional practice;

- To provide advice on all aspects of workforce planning including safe recruitment practice, supervision, monitoring and assessment of social work students, securing of professional qualifications and continuous learning and development for staff, and supporting and advising managers in all aspects of staff supervision;
- To ensure the existence of systems to both promote good practice and identify and address poor practice in the provision of social work services;
- To ensure that significant case reviews are undertaken of all critical incidents either resulting in, or which may have resulted in, serious harm or death; and

2. Corporate Responsibility

The Chief Social Work Officer has the following corporate powers which require direct access to the Council's Chief Executive, Elected Members of the Council and the Chief Officer, and the provision of forthright and independent advice to them:-

- To ensure compliance with the Council's statutory duties to prepare, publish and review plans for the provision of social work services.

- To promote, communicate, support and review values and standards of professional practice, and to ensure that they are adhered to.

- To establish, in conjunction with the Council's Corporate Management Team, appropriate experience and qualified cover for the post of Chief Social Work Officer during the post-holder's absence or incapacity.

- To report to the Chief Executive and Chief Officer any failure in the Council's corporate policy or governance arrangements designed to reflect the proper balance amongst need, risk and civil liberties in the provision and management of social work services.

- To report to the Chief Executive and Chief Officer any weaknesses and failures in the systems in place to promote good practice and identify and address poor practice in the provision of social work services.

- To report and provide independent comment where necessary to the Chief Executive, Elected Members of the Council and the Chief Officer on the findings of significant case reviews and relevant performance reports and on any other social work related issues.

- To provide an annual report to the Council on all of the statutory, governance and leadership functions of the role of the Chief Social Work Officer.