

Integration Joint Board 21 June 2018

Subject: 2017/18 Financial Performance Update as at 31 March 2018

Purpose: To (i) provide an overview of the IJB's unaudited Annual Accounts for the year to 31 March 2018; (ii) provide an overview of the IJB's financial performance for the year; and (iii) outline how the 2017/18 out-turn impacts on the IJB's overall financial position.

Recommendation: It is recommended that the IJB:

- (a) approves, subject to audit, the IJB's Annual Accounts for 2017/18;
- (b) notes that Deloitte plan to complete their audit of the Accounts by early September 2018 and will present their annual audit report to the IJB on 13 September 2018;
- (c) notes the unaudited position of £2.562m overspent; and
- (d) notes that the cumulative deficit of £5.807m will be carried forward and will require the IJB to agree a recovery plan

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned ACTivities) - Extra Contractual Referrals
ARG	Allocation of Resources Group
CRES	Cash Releasing Efficiency Savings

1.	EXECUTIVE SUMMARY
1.1	The IJB prepares its Accounts on an annual basis to 31 March and is required, by the Local Authority Accounts (Scotland) Regulations 2014, to submit these Accounts to the appointed auditor by 30 June of each year. Deloitte plan to complete their audit of the Accounts by early September 2018 and will present their annual audit report to the IJB on 13 September 2018.
1.2	The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

1.3	<p>The Annual Accounts provide an overview of the financial performance of the IJB. The Management Commentary provides a summary of the financial performance of the IJB and the financial outlook moving forward. At 31st March 2018 the IJB closed with a £2.562m overspend which is a favourable movement of £1.071m from period 10. This deficit will be added to the £3.245m deficit carried forward from 2016/17 and requires to be recovered in future years.</p>
1.4	<p>The main areas of pressure continue to be looked after and accommodated children, LD care packages, elderly and adult in-patients within the lead partnership and the unachieved NHS CRES savings.</p> <p>A combination of the 18/19 budget settlement, Challenge Fund projects and continued management action will address the looked after and accommodated children and LD care packages in 2018/19.</p> <p>There is ongoing work around the elderly and adult in-patients which will reduce the overspend.</p> <p>The recurring non achieved NHS CRES of £2.557m is being taken forward by the NHS board on a corporate basis but at this stage there are no agreed plans to address this. It is imperative that the IJB has clarity on its savings targets for 2018/19 to allow plans to be put in place at the earliest opportunity.</p>
1.5	<p>It is essential that the IJB operates within the budgets delegated and does not commission services which are higher than their delegated budgets. The IJB recognises that this is not being achieved and work is in progress to realign 2018/19 budgets and also bring a transformation and change agenda to the forefront.</p> <p>The IJB must agree a recovery plan which reassures partners of future financial sustainability.</p>
2.	BACKGROUND
2.1	<p>The financial position of the IJB is outlined in the annual accounts (Appendix A) and presented in the following statements:</p> <ul style="list-style-type: none"> • Comprehensive Income and Expenditure Statements for the IJB (page 24); • Movement in Reserves Statement (page 24); • Balance Sheets for the IJB (page 25).
2.2	<p>The Local Authority Accounts (Scotland) Regulations 2014 require various disclosures about the remuneration and pension benefits of voting board members and senior employees. The remuneration report can be found on pages 20 and 21 of the annual accounts.</p>
2.3	<p>The IJB is legally required to make its draft accounts available for public inspection for a 3-week period during the audit. An advert was placed in the local papers week commencing the 4th June, advising that the accounts will be available for inspection at Cunninghame House, Irvine between 2nd and 20th July 2018.</p>
3.	FINANCIAL PERFORMANCE
3.1	<p>Against the full-year budget of £227.581m there is an overspend of £2.562m (1.1%).</p>

	<p>The overspend has reduced by £1.071m since period 10 mainly due to securing additional funding of £0.971m from the NHS to bring the NHS element of the budget online.</p> <p>The following sections (section 4 – 10) outline the significant variances in service expenditure compared to the approved budgets. The variances are based on the position prior to allocating the £0.971m from the NHS to ensure it is reflective of the actual outturn. Appendix B provides the detailed year-end financial position.</p>
4.	<p>Health and Community Care Services</p> <p>Against the full-year budget of £65.543m there was an underspend of £0.829m (1.3%). The underspend has reduced by £0.215m since period 10 mainly due to the care home placement outturn (see below). The main reasons for the final overspend are:</p> <ul style="list-style-type: none"> • Locality Services – year end underspend of £0.398m (adverse movement of £0.237m). This consists of: <ul style="list-style-type: none"> a) Additional income of £0.378m which has been mainly secured from charging order income. b) The planned underspend of £0.200m in equipment agreed as part of the mitigation plan has been achieved. c) Independent Living Services Care Packages underspent by £0.093m. d) Care home placements including respite placements – overspent by £0.300m (adverse movement of £0.200m) which was due to additional pressure on the respite beds as some people on the waiting list for a permanent placement were admitted on an emergency respite basis. The projection was understated at period 10 as it was based on a four weekly billing cycle up to 25th March rather than up to 31st March. This was a one-off isolated event. • Community Care Service Delivery – year end underspend of £0.504m (adverse movement of £0.091m). This consists of: <ul style="list-style-type: none"> a) Care at home (purchased and in house) underspent by £0.927m partly due to the agreed mitigation to delay the recruitment of posts. The underspend also includes £0.177m of funds previously held in contingency to cover the projected increased costs of homecare if more services are brought in house. This is a one off underspend for 2017/18 and will be required in 2018/19. b) Employee costs overspent by £0.228m (adverse movement of £0.061m) of which £0.075m related to Montrose House for cover costs. Day care overspent by £0.060m as it did not achieve the agreed £0.100m saving in 2017/18 but the full saving will be achieved in 2018/19. The business unit also overspent by £0.182m. c) Supplies, transport and admin overspent by £0.339m (adverse movement £0.088m) due to increased spend on mileage, phones, ferry charges, telecare and CM200 costs. These budgets are being reviewed and realigned to ensure increased staffing within care at home is matched by an increase in the staff related costs like mileage and phones. d) Income from charges to service users over-recovered by £0.077m.

	<ul style="list-style-type: none"> • Rehab and Reablement – year-end overspend of £0.331m (adverse movement of £0.018m) which was due to an overspend in employee costs in Ward 1 to ensure staffing levels were at a safe level to maintain a 30 bedded ward. This level of staff and overspend will continue into 2018/19 unless additional funding is made available or the number of beds is reduced to be in line with the funded establishment.
3.3	Mental Health Services
	<p>Against the full-year budget of £71.761m there was an overspend of £1.011m (1.4%). The overspend has reduced by £0.512m since period 10 due to a reduction in the Learning Disability care package outturn and an improved outturn position for the Lead Partnership as outlined below. The main reasons for the final overspend are:</p> <ul style="list-style-type: none"> • Learning Disability – year end overspend of £1.003m (favourable movement of £0.118m). This is mainly due to care packages (inc Direct Payments) which overspent by £0.847m which included a backdated charge of £0.392m. The packages continue to be reviewed and progress is monitored through the bi-weekly ARG funding panel chaired by head of service. Care package requests/reductions are made against a risk criteria to ensure all risks are mitigated and vulnerable people can access services in accordance with statutory requirements - the application of a 'discharge' for an 'admission' is not always possible given the high cost of packages currently attributed to young people in transition hence the adverse movement this month. Further work is taking place to address planning for young people in transition from children's services. There was also an overspend of £0.092m on respite provision due to contract rate increases and an under recovery of £0.092m in income from other local authorities using Taigh Mor respite home. The contract rate increase has been addressed as part of the 2018/19 budget. • Lead Partnership – year end overspend of £0.191m (favourable movement of £0.277m). <ul style="list-style-type: none"> a) Adult inpatients – overspent by £0.829m of which £0.610m relates to longer than anticipated ability to income generate from other health board areas in respect of forensic beds and additional supplementary staff in relation to an increase in enhanced observations in December. The level of observations had increased in this period due to the complexity of some individuals and their significant risk to others. The mitigation plan for mental health included improving the sickness rate and at the year-end was 7.4% which is slightly above the quarter 4 target of 7%. The average was 8.1% for 2017/18. <p>The other contributor to the overspend is the Lochranza ward on the Ailsa site which is projected to overspend by £0.212m due to a combination of operating with Band 3 staff when there is only budget for Band 2 posts and staff above budgeted establishment to support a person on 1:1 support, staffed by staff who were unable to redeploy to Woodland View. This will continue into 2018/19 as there has been a delay in implementing discharge plans and identification of alternative supported accommodation solutions by East/South Ayrshire within the required time frame which will impact on the closure date in 2018. This will cause an overspend in the 2018/19 budget, however, staff are being moved to alternative posts within organisation as bed numbers reduce, making some improvement to overspend situation.</p>

	<p>b) UNPACS – is underspent by £0.163m due a reduction in the three year service level agreement for Rowanbank.</p> <p>c) Psychology – is underspent by £0.166m which is due to vacant posts.</p> <p>d) Elderly Inpatients – is overspent by £0.449m due to the high level of constant observations. The increased observations are mainly in the EMH wards at Ailsa where ward environments are challenging and not in alignment with the Woodland view model. The mitigation plan for mental health included improving the sickness rate and at the year-end was 7.3% which is just below the quarter 4 target of 7.5%. The average for 2017/18 was 8%. Targeted sickness absence work is ongoing, particularly in Iona/Lewis and Jura where sickness absence at the year-end was 14.46% and 12.76% respectively.</p> <p>e) CAMHS – is underspent by £0.122m due to unanticipated income and Place 2 B funding no longer being required.</p> <p>f) Psychiatry – is overspent by £0.114m due to an increased use of locum staff in the absence of being able to recruit permanent posts.</p> <p>g) There were underspends in LD services £0.065m, MH admin £0.061m and within the Associate Nurse Director budget £0.130m. There was also slippage in additional funding from resource transfer £0.186m and mental health funding allocations £0.307m.</p>
3.4	<p>Children's Services and Justice Services</p>
	<p>Against the full-year budget of £33.504m there was an overspend of £2.461m (7.3%). The overspend has increased by £0.488m since period 10 mainly due to an increased outturn within Looked After and Accommodated Children as outlined below. The main reasons for the final overspend are:</p> <ul style="list-style-type: none"> <p>Looked After and Accommodated Children – year end overspend of £2.950m (adverse movement of £0.673m).</p> <p><i>Residential Schools and Community Placements</i> – overspend of £1.669m (adverse movement of £0.446m from P10). This is the net result of rate changes for two providers, 2016/17 invoices that were not accrued and additional supports for children that were not included in the projection. Controls and processes have been put in place to ensure early identification of these things going forward.</p> <p><i>Looked After Children Placements</i> – overspend of £0.596m due to the current mix of fostering, adoption and kinship payments.</p> <p><i>Supplies and services</i> – overspend of £0.092m due to increased spend on food within residential homes and clients clothing as the homes have had to operate above normal capacity, however, this has prevented more costly external placements.</p>

	<p><i>Employee costs</i> – overspent by £0.420m (adverse movement of £0.153m) due to the impact of the closure of the Nethermain facility for refugees sooner than anticipated. This combined with the preparation to close Mount View, high sickness levels and the homes running above capacity resulted in supernumerary staff in the children’s homes for a short period.</p>
3.5	<p>Primary Care - Prescribing</p> <p>Against a full year budget of £49.637m primary care prescribing underspent by £0.119m. This is due to the NHS funding the overspend which arose from the non-achievement of savings and an increase in drug costs.</p> <p>The Clinical Directors are continuing to work with the prescribing team to roll out projects relating to pain relief across the GP practices. This is part of a system-wide approach to delivery of prescribing CRES recognising cost drivers within Acute, Primary and Secondary Care, as well as external factors including price increases due to short supply of drugs.</p>
3.6	<p>Management and Support Costs</p> <p>Against the full-year budget of £4.266m there is an overspend of £1.532m (adverse movement of £0.204m). This mainly relates to the NHS savings target of £1.165m which has still to be agreed. There is also an unfunded post and a shortfall in the payroll turnover achieved within this section. The movement from period 10 relates to a year end charge in relation to the Apprenticeship Levy which was not factored into projections as it was presumed that this was already being charged throughout the year. A process is now in place to ensure the Levy is clearly identified.</p>
3.7	<p>Change Programme</p> <p>There was an underspend of £0.655m which is a favourable movement of £0.204m. The Integrated Care Fund element underspend of £0.485m is shown in Appendix D and the balance relates to the delayed discharge funding.</p>
3.8	<p>Lead Partnerships</p> <p><i>North Ayrshire HSCP</i> Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership overspent by £0.191m prior to additional funding being awarded by the NHS.</p> <p>Mitigating action taken during the year and moving forward included payroll management via the vacancy scrutiny group, a freeze on non-essential spend e.g. supplies and admin budgets and minimising the use of overtime as well as agency staff.</p> <p>As NHS Ayrshire & Arran agreed to fund the overspend there will be no requirement to request additional funding from the other partnerships.</p> <p><i>South Ayrshire HSCP</i> The partnership underspent by £0.969m in the year to March 2018. It has requested that South Ayrshire Council carry this forward for use in the next financial year.</p>

The was as a result of a difficulties in recruiting Allied Health Professionals, one off funding for the Community Loan Store and the Health Board funding prescribing overspends in line with the Integration Scheme.

East Ayrshire HSCP

Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are underspent by £0.181m in total. This variance includes savings in Dental services due to vacant posts, as well as non-recurring slippage on the Primary Care Transformation Fund (PCTF) and anticipated savings on other lead services. Savings are partially offset by additional payments within Primary Medical Services to GP practices currently experiencing difficulty (mainly practices that the NHS Board is administering due to previous GPs handing back contracts), as well as delayed identification of recurring options to meet the approved Primary Care cash releasing efficiency target. The GP practices in difficulty issue is extremely fluid and there is the potential for additional financial pressures from 1 April 2018 and going forward. Any such pressures will be notified to the three Ayrshire IJBs at the earliest opportunity.

3.9

Set Aside

The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process.

In the year to March 2018 there was an overspend on Acute Services of £11.5m. A large proportion of this relates to the Set Aside Budget.

129 additional and unfunded beds were open at the 31st March. Significant numbers were open throughout the year. These were to meet operational demand and directly affect expenditure levels, particularly in Nursing.

During 2017/18 the North Partnerships use of the set aside resources was £28.055m against the NRAC 'fair share' of £26.563m which is £1.492m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'.

The level of spend against the set aside budget in North Ayrshire is in the context of the increased utilisation of acute inpatient capacity despite a reduction in attendances at the Emergency Department and improved discharge levels through increases in the number of individuals supported into step-down care, as well as by our Care at Home and Intermediate Care Teams.

3.10

Savings Update

The 2017/18 budget included £6.226m of savings.

BRAG Status	2017/18 Actual Position
Red	2.743
Amber	0.052
Green	0.000
Blue	3.431
TOTAL	6.226

	Some savings have not been delivered and this is reflected in the update provided within Appendix C. This includes the £1.165m of NHS savings shortfall still to be agreed, £1.016m prescribing, £0.309m for the closure of the residential home for children, LD sleepovers £0.129m and SDS £0.100m .
4.	<u>Anticipated Outcomes</u>
4.1	<p>The outturn will be reviewed alongside agreed pressures and savings for 2018/19 to inform any areas where virement or remedial action is required in 2018/19.</p> <p>It is essential that the IJB agrees a recovery plan which reassures partners of future financial sustainability.</p>
5.	<u>Measuring Impact</u>
5.1	The year-end report outlines the variances from budget and provides an explanation for these.
6.	IMPLICATIONS

Financial :	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £227.581m there is an overspend of £2.562m (1.1%).</p> <p>The overspend has reduced by £1.079m since period 10 mainly due to securing additional funding of £0.971m from the NHS to bring the NHS element of the budget online.</p> <p>It is essential that the IJB operates within the budgets delegated and does not commission services which are higher than their delegated budgets. The IJB recognises that this is not being achieved and work is in progress to realign 2018/19 budgets and also bring a transformation and change agenda to the forefront.</p> <p>The position across Scotland is challenging for IJB's with many of Partnerships overspending in 2017/18 prior to any agreed additional contributions from partners.</p> <p>It is essential that the partnership develops plans which are financially sustainable. This will be achieved by:</p> <ul style="list-style-type: none"> • maximising the savings achievable from the Challenge Fund with phase 2 being submitted for approval early in 2018/19. • the medium term financial strategy will be finalised and presented to the IJB in July. • the action plan from the budget management audit has been rolled out to ensure operational budget management arrangements are tightened to improve financial performance.
Human Resources :	There are no Human Resource implications for staff employed by Partner bodies.

Legal :	There are no Legal implications
Equality :	There are no Equality implications
Environmental & Sustainability :	There are no Environmental & Sustainability implications
Key Priorities :	There are no Key Priorities implications.
Risk Implications :	<p>The Impact of Budgetary Pressures on Service Users and associated control measures are recognised in the Strategic Risk Register.</p> <p>The approved mitigation plan detailed the risk associated with each proposal.</p>
Community Benefits :	There are no Community Benefits

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 and NHS Ayrshire & Arran	

7.	CONSULTATION
7.1	This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.
8.	CONCLUSION
8.1	<p>It is recommended that the IJB:</p> <p>(a) approves, subject to audit, the IJB's Annual Accounts for 2017/18;</p> <p>(b) notes that Deloitte plan to complete their audit of the Accounts by early September 2018 and will present their annual audit report to the IJB on 13 September 2018;</p> <p>(c) notes the unaudited position of £2.562m overspent; and</p> <p>(d) notes that the cumulative deficit of £5.807m will be carried forward and will require the IJB to agree a recovery plan</p>

For more information please contact Eleanor Currie, Principal Manager – Finance on (01294) 317814

ANNUAL ACCOUNTS 2017–18



**NORTH AYRSHIRE
Integration Joint Board**



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Management commentary

This publication contains the financial statements of North Ayrshire Integration Joint Board (IJB) for the year ended 31 March 2018.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2017/18 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to meet the needs of the people of North Ayrshire.

North Ayrshire IJB

Each of the three Ayrshire health and social care partnerships established their Integration Joint Boards on 1 April 2015. The IJB's purpose is to improve the health and wellbeing of local people, create support within our communities and deliver joined-up care pathways for people who use health and social care services, particularly those who have complex care needs.

North Ayrshire Health and Social Care Partnership (NAHSCP/the Partnership) is the name given to the service delivery organisation for functions which have been delegated to the IJB.

NAHSCP is facing significant challenges.

In 2016, NAHSCP launched a refreshed strategic plan, *The way ahead*, outlining our ambitions for 2016–2018. The plan sets the key strategic priorities that will ensure that we deliver our vision. It seeks to address the increasing health inequalities in North Ayrshire and focuses on improving the efficiency and quality of the services being provided, putting individuals, families and communities at the heart of the plan.

North Ayrshire Health and Social Care Partnership 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:



NAHSCP priorities

North Ayrshire Council and NHS Ayrshire & Arran delegate responsibility for the planning of services to the IJB. The IJB commissions services from North Ayrshire Council and NHS Ayrshire & Arran and is responsible for the operational oversight of integrated services. NAHSCP Chief Officer is responsible for the operational management of integrated services.

The Chief Officer is supported by heads of service for each service area and the senior management team. A dedicated Chief Finance and Transformation Officer for NAHSCP was introduced during 2017–18, with the post filled on an interim basis until a permanent appointment is made.



NAHSCP structure

The IJB Strategic Plan is supported by day to day management plans and individual service strategies. These plans and strategies provide greater detail on how the IJB will deliver on its key priorities and identifies the resources required for implementation. Further, implementation of the strategic plan is key for the Partnership to achieve the nine National Health and Wellbeing Outcomes set by the Scottish Government.

The strategic plan also complements North Ayrshire Community Planning Partnership's Local Outcome Improvement Plan (LOIP) and the NHS Ayrshire & Arran Local Delivery Plan. This is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our priorities.

North Ayrshire today

North Ayrshire is home to 136,000 people and covers an area of 340 square miles and includes the islands of Arran, Great Cumbrae and Little Cumbrae.

The area provides a number of opportunities for those who live and work here. However we also face a number of significant challenges as North Ayrshire is one of the most deprived areas of Scotland. We have high levels of unemployment, significant number of people on low income and almost a third of our children live in poverty.

We know that the population of North Ayrshire is expected to fall over the next 10 years, and we expect that there will be fewer people aged 65 and under, reducing the number of working age adults. We also expect that the number of people aged 65+ will increase by 20%, with the highest increase (38%) in those aged 75 or over.

According to Scottish Index of Multiple Deprivation (SIMD) 2016, **39%** of North Ayrshire's residents live in areas identified as amongst the **most deprived in Scotland**;

39% equates to almost **53,000** people.



Levels of multi-morbidity

(people with more than one chronic medical condition) are higher in the most deprived areas. For example North Coast locality has lower levels of deprivation compared with other areas in North Ayrshire and as such, have lower levels of people with multi-morbidities (**11% for those 65 and over**) compared with areas with higher levels of deprivation, such as Three Towns, where multi-morbidity levels are much higher (**36% for those 65 or older**).



The number of children living in poverty

is increasing each year: In 2016 the Child Poverty Action Group (CPAG) reported that **7,051 (30.4%)** children in North Ayrshire lived in poverty, the second highest level of child poverty in Scotland (Glasgow City has the highest).

A snapshot of achievements



now in Ardrossan,
Garnock Valley, Irvine

Carers Appreciation Card, entitles local carers to receive, discounts, offers and concessions with a range of local businesses



Distributed **£50,000** to **42 local projects** via the Partnership's first participatory budgeting event

Collaborated with the **National Galleries of Scotland** to provide learning experiences to young people.

Enhanced our **Universal Early Years Team** to include, social work, health visiting, speech & language therapy, Money Matters, mental health nursing and family nurturers.



Rolled out **Partnership Community Link Workers** to 17 GP practices across North Ayrshire



Launched the Partnership's integrated drug and alcohol service, **NADARS**

Supported more people to stay at home, following 999 calls, thanks to joint working with our **Community Alert Team** and **Scottish Ambulance Service**

In an emergency

999

Since 2015, the Change Team has **enabled 36 projects** across the Partnership. This work has **generated an additional £3.378million investment**, **saved an estimated £1.192million** and generated costs avoidance (of an estimated £1.299million) through work to better manage demand

We engaged with **2500 people**
in North Ayrshire on 6 June 2017 #WMTY17



The financial plan

Strong financial planning and management is paramount to ensure that our limited resources are targeted to maximise the contribution to our objectives. Delivery of services in the same way is not financially sustainable. The updated strategic plan approved for 2018–21 is underpinned by the need to transform care models to find new solutions as the partnership might not always be the first source of support.

The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Medium term financial planning is key to supporting this process and identifying the transformation which is required to provide sustainable services to the local community over the medium term.

The Medium Term Financial Plan (MTFP) is currently being refreshed and will be key to supporting the delivery of the strategic plan. It sets out our plans to start to deliver a shift in care from a hospital setting to a community setting within the resources available.

Organisational performance

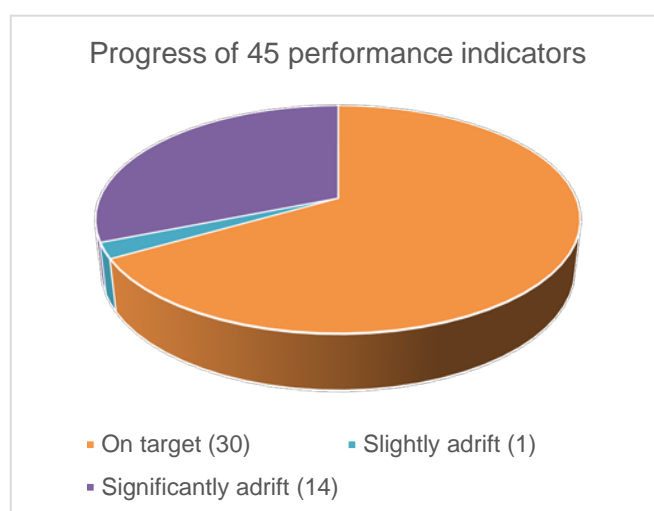
Changes to services have to make a difference to people's lives and North Ayrshire Health and Social Care Partnership continually monitor our services, report and review them in various ways.

It is important that we report the right level of performance information at the right level of the organisation. In all of our performance monitoring and reporting, we show trends over time, where we are against target and how we compare with other geographical areas, where available. We monitor against all the agreed national indicators, including Local Government Benchmark Framework (LGBF), Ministerial Steering Group Indicators, the NHS' Local Delivery Plan HEAT targets, HSCP national indicators, as well as a range of local defined measures.

All reports comprise of a series of key performance indicators and key actions, which link directly back to our strategic plan. Where an indicator or action is off-track, a commentary is provided on steps being taken to improve performance.

Performance is reported at a number of levels within the organisation including Performance and Audit Committee, the IJB, the Joint Review with North Ayrshire Council and NHS Ayrshire & Arran Chief Executives, and ASPIRE (All Service Performance, Information, Review and Evaluation) reviews within each service area.

The latest Joint Review Report (October 2017 – March 2018) showed the progress of the 45 measurable performance indicators as follows:



As part of our commitment to continuous improvement we recognise this as an area where we could do more and the indicators which are significantly adrift will be the focus of attention.

We will produce our third annual performance report in August 2018, and this will capture the main achievements in 2017–18, our performance against national outcomes and outline what we need to do to improve.

Annual accounts 2017–18

The annual accounts report the financial performance of the IJB. The main purpose is to demonstrate the stewardship of the public funds that have been entrusted to the IJB for the delivery of its vision and strategic priorities. The requirements governing the format and content of IJB annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The annual accounts 2017–18 have been prepared in accordance with this Code.

Financial performance

Financial information is part of this performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of our financial performance for 2017–18.

Partnership revenue expenditure 2017–18

The year-end position was a £3.533m overspend (£2.562m Council and £0.971m NHS) which was after one off funding from the Challenge Fund of £1.4m to alleviate in year demand pressures and £1.130m investment from the NHS for prescribing. The NHS have agreed to increase the funding to the IJB by £0.971m to bring their element on-line resulting in a final overspend of £2.562m.

2016/17 Budget £000	2016/17 Actual £000	Variance (Fav) / Adv £000		2017/18 Budget £000	2017/18 Actual £000	Variance (Fav) / Adv £000
59,664	60,982	1,318	Health & Community Care	65,543	64,714	(829)
69,752	70,544	792	Mental Health	71,761	72,772	1,011
31,027	32,289	1,262	Children, Families & Justice	33,504	35,965	2,461
48,095	47,929	(166)	Primary Care	49,637	49,518	(119)
4,825	5,038	213	Management & Support Costs	4,266	5,798	1,532
3,458	3,284	(174)	Change Programme	2,870	2,215	(655)
200	200	0	Lead Partnership & Set Aside	0	132	132
217,021	220,266	3,245	TOTAL EXPENDITURE	227,581	231,114	3,533
(217,021)	(217,021)	0	TOTAL INCOME	(227,581)	(228,552)	(971)
0	3,245	3,245	NET EXPENDITURE	0	2,562	2,562

NAHSCP financial performance 2017–18

During the year mitigating action was taken to reduce the projected overspend by £1.1m:

- Savings delivered from Challenge Fund projects
- Review of learning disability care packages
- Review of mental health care packages
- Spending freeze on non-essential non payroll spend not linked to care
- Reduction in overtime
- Review of management and support functions
- Equipment budget – waitlist new clients based on need
- Care at home – delay in the recruitment of staff

The main areas of variance during 2017/18 are given below:

Health and Community Care – underspend of £0.829m mainly relates to mitigating action in relation to equipment spend, additional charging order income and care at home. Care homes (including respite provision) overspent after using £0.977m of Challenge Fund monies to alleviate mitigating action and rehab and reablement also overspent.

Mental Health– overspend of £1.011m is mainly within Learning Disability Community Packages. The Lead Partnership for Mental Health did not achieve the projected bed sale income but this was offset by underspend in other areas like psychology, CAMHS, UnPACs and funds not required in 2017–18.

Children, Families and Justice – overspend of £2.461m is mainly within Children's Services and reflects an increased requirement to place children within fostering, adoption and kinship placements as well as residential school placements. There was also a delay in closure of a children's home, which resulted in less savings than had been anticipated.

Management & Support Costs – overspend of £1.517m mainly relates to the unachieved NHS CRES (cash releasing efficiency saving) of £1.165m.

Lead Partnership

Each of the three Ayrshire IJBs reported a balanced position on their lead/ hosted service. This position was achieved by a range of actions including vacancy management; additional funding from NHS Ayrshire & Arran, application of non-recurring funding and delivery of cost reductions. The specific approach in each partnership was agreed by the relevant IJB.

The table (*NAHSCP financial performance, page 6*) reflects the budget managed by the IJB during the year, and excludes the net impact of Lead Partnership services of £1.935m. This is the difference between what NAHSCP charges to South and East Ayrshire

for the Lead Partnership services it provides on their behalf and what South and East Ayrshire charge us for the Lead Partnership services they provide on our behalf. This is reflected within the accounts (see page 24).

Challenge Fund

North Ayrshire Council, during the 2017–18 budget setting process, approved the development of an innovative approach for the establishment of a 'Challenge Fund'. This is an 'invest to change' programme which is an innovative approach in Scotland and has attracted attention of Scottish Government.

The Challenge Fund created an opportunity for services, using a change approach, to realise both the required North Ayrshire Council savings and additional savings which could be re-invested in their newly designed service to support future sustainability.

However, during 2017–18 the IJB approved use of £1.4m of the Challenge Fund to alleviate in year cost pressures. £0.977m was allocated to care home placements and £0.423m to learning disability care packages leaving £2.6m for Challenge Fund projects.

Whilst a number of the projects in phase 1 are on track and delivering the transformation and savings anticipated, a number of them have not happened in the timelines planned or realised the amounts envisaged. This will be an area of focus during 2018–19 to ensure phase 1 projects are delivered and phase 2 is developed.

Set Aside Budget

The table (*NAHSCP financial performance, page 6*) reflects the budget managed by the IJB during the year. It excludes the large hospital Set Aside Budget of £28.055m which was allocated at the end of the year to the IJB. The set aside budget is reflected within the accounts (see page 24).

The deficit of £2.562m relates solely to social care and will be carried forward. Added to the £3.245m deficit brought forward from 2016–17 results in a cumulative deficit of £5.807m.

The Integration Scheme outlines the roles and responsibilities of the partners and the IJB in respect of overspends. In the case of a forecast overspend a recovery plan should be developed. If it is not successful the partners can consider making interim funds available with potential repayment in future years.

North Ayrshire Council has confirmed that there will be no further funding made available in respect of 2017–18 and the cumulative deficit will require to be repaid.

The financial challenges facing the partnership outlining a high level plan to start to bridge the financial gaps including the deficit which have been identified.

Strong financial leadership will be required to ensure that future spend is contained within the budget resources available. Moving forward the plan for 2018–19 is to ensure the following actions are implemented:

- Transformation and change will figure at the forefront of the IJB and NAHSCP agenda throughout 2018–19 and beyond
- Financial governance will be enhanced across those authorised to approve budgets to ensure robust control of expenditure
- Financial performance monitoring will be enhanced via a detailed financial framework allowing early detection and corrective action of adverse spend
- All savings, including the Challenge fund projects will be delivered per the agreed timetable to realise appropriate savings for 2018–19 and beyond
- Refresh of the Medium Term Financial Plan (MTFP) in 2018–19
- Phase 2 of the Challenge Fund will be implemented

Financial outlook, risks and plans for the future

In December 2016, the Scottish Government published the Health and Social Care Delivery Plan which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. This provides a clear impetus to the wider goal of 50% of the health budget being spent in the community by 2021. During 2017–18 the Pan Ayrshire Intermediate Care and Rehab Model was approved by the NHS scrutiny board and will be implemented during 2018–19. This will see a shift from acute to community care.



In March 2017 the IJB approved the first Medium Term Financial Plan. This is being refreshed and presented to the IJB in July 2018 and will update The Partnership will continue to face high levels of demand for services, however, it is fundamental that services are commissioned within the resources made available and this will be the highest priority during 2018–19.

Availability of funding for public services correlates with economic growth which continues to be weak with continuing uncertainty on the impact of Brexit.

Other factors impacting on funding for local government services include the protection of other public sector portfolios, implementation of new policy initiatives and the lifting of the public sector pay cap.

The most significant risks faced by the IJB over the medium to longer term, alongside mitigation, are summarised below.

These risks emphasise the importance of effective planning and management of resources. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total annual partnership budget of just over £225m.

Impact of budgetary pressures	Delivery of the Change Programme	Culture and practice
<p>•Mitigation</p> <ul style="list-style-type: none"> •Medium Term Financial Plan •Strategic Plan •Change Programme •Challenge Fund •Active Demand Management 	<p>•Mitigation</p> <ul style="list-style-type: none"> •Change Programme Steering Group •Programme Leads •Strategic Planning Officers Group (SPOG) •Change Programme Risk Register. 	<p>•Mitigation</p> <ul style="list-style-type: none"> •Challenge Fund Phase 2 •Multi Disciplinary Teams •Families First •Organisation Development Plan •Engagement Surveys

NAHSCP risks

Moving into 2018–19, the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope.

To achieve its vision, the Partnership recognises it cannot work in isolation. The Partnership will continue to strengthen relationships with colleagues within the Community Planning Partnership to ensure a joint approach to improving the lives of local people.

Most importantly, the Partnership must work closer with local people and maximise the use of existing assets within communities to improve the overall health and wellbeing of people in North Ayrshire.

Conclusion

The third year as an integrated Health and Social Care Partnership has been both challenging and rewarding.

Our significant transformation programme will continue into 2018–19 with delivery of the Challenge Fund Projects and service redesign.

The IJB has a deficit of £5.807m as it moves into 2018–19. This presents us with a number of challenges, however we are clear that the deficit will need to be recovered over the medium term to deliver financial sustainability for the Partnership. The IJB recognises it must deliver services within its financial envelope for 2018–19.

The scale and pace of change requires to be accelerated. This will be challenging so, while the potential for improvement over the next year is significant, we will need to ensure plans are staged to ensure sustainability and deliverability.

Where to find more information

If you would like more information on IJB strategies, plans and policies and our performance and spending, please refer to the Partnership's website www.nahscp.org



Stephen Brown
Chief Officer

21 June 2018



Bob Martin
IJB Chair

21 June 2018



Laura Friel
Section 95 Officer

21 June 2018

Statement of responsibilities

Responsibilities of the IJB

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief financial officer
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets
- Ensure the annual accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003)
- Approve the annual accounts



I confirm that the unaudited annual accounts were approved for signature at a meeting of the IJB on 21 June 2018.

Bob Martin
IJB Chair

21 June 2018

Responsibilities of the Chief Financial Officer

The chief financial officer is responsible for the preparation of the IJB's annual accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the annual accounts, the chief financial officer has:

- Selected suitable accounting policies and then applied them consistently
- Made judgements and estimates that were reasonable and prudent
- Complied with legislation
- Complied with the local authority Code (in so far as it is compatible with legislation)

The chief financial officer has also:

- Kept proper accounting records which were up to date
- Taken reasonable steps for the prevention and detection of fraud and other irregularities



I certify that the financial statements give a true and fair view of the financial position of the North Ayrshire IJB as at 31 March 2018 and the transactions for the year then ended.

Laura Friel
Section 95 Officer

21 June 2018

Annual governance statement

The Annual Governance Statement explains how North Ayrshire IJB complies with the Code of Corporate Governance and meets the requirements of the CIPFA / SOLACE Framework 'Delivering Good Governance in Local Government 2016' and the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control.



Scope of responsibility

North Ayrshire IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

The IJB is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. Reliance is placed on these controls which are designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable but not absolute assurance of effectiveness.

Purpose of the governance framework

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to and engages with the community. It enables the IJB to monitor the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of North Ayrshire IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

Governance framework

The main features of the governance framework that was in place during 2017/18 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision making body. The Performance and Audit Committee considered all matters in relation to Internal and External Audit, Risk Management and Performance
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations
- The Integration Scheme sets out financial contributions by partners to Integration Joint Boards. This includes the Health Board and Council each considering funding their pay cost pressures and contracted inflation with shared responsibility for demographic cost pressures
- The IJB's purpose and vision are outlined in the IJB Strategic Plan which links closely to the vision of the North Ayrshire Community Planning Partnership and the Local Outcome Improvement Plan (LOIP) and is underpinned by an annual action plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan were provided to the Performance and Audit Committee and the IJB
- The Performance Management Strategy focuses very firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place
- A risk management strategy and strategic risk register is in place for the IJB
- A Health and Care Governance Framework was agreed by the IJB on 9 March 2017. This covers governance arrangements in relation to complaints and customer feedback, risk management, health and safety, Internal Audit, workforce planning and public protection
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees, a register of interests is in place for all Board members and senior officers
- The IJB has in place a development programme for all Board Members, the Senior Management Team and senior managers across the Partnership. Performance and Personal Development (PPD) schemes are in place for all staff, the aim of which is to focus all staff on their performance and development that contributes towards achieving service objectives
- The IJB has established six locality planning forums, reflecting the previously agreed local planning areas. These provide Board Members, health and social care staff and local community representatives with the opportunity to be involved in considering the priorities for each area
- A Change programme is in place, covering four main themes of building teams around children, developing a wider range of primary care services, supporting older people and people with complex care needs and creating mental health and learning disability services to better support people to stay well. A Change Programme Board, chaired by the Chief Officer and with senior representation from all IJB services as well as third and independent sector partners, has oversight of all the IJB's significant transformation projects

The governance framework was in place during the year ended 31 March 2018.

System of internal financial control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by NHS Ayrshire & Arran and North Ayrshire Council as part of the operational delivery of the Health and Social Care Partnership. In particular, these systems include:

- Financial regulations and codes of financial practice
- Comprehensive budgeting systems
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts
- Setting targets to measure financial and other performance
- Formal project management disciplines

The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'.

Review of effectiveness

North Ayrshire IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2017–18.

The internal audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2017–18, the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards.

The Chief Internal Auditor is responsible for forming an annual opinion on the adequacy and effectiveness of the systems of internal control.

It is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB continue to provide reasonable assurance against loss.

Governance developments during 2017–18

Membership of the Integration Joint Board changed following Local Government Elections in May 2017, and due to the resignation of key members.

New appointments were made as follows:

- Chair and Vice Chair, IJB
- Chair and Vice Chair, Performance and Audit Committee
- Chair, Strategic Planning Group
- Chair, Health & Care Governance Group
- Service User and Carer Representative
- Third & Independent Sector Representative
- NHS Board Voting Member



New reporting responsibilities were placed on Integration Joint Boards by the Public Bodies (Joint Working) (Scotland) Act 2017, during 2017, including:

- **Complaints handling procedure**
Scottish Public Services Ombudsman Complaints Standard Authority required all IJBs in Scotland to adopt their own model Complaints Handling Procedure.
- **Model publication scheme**
The Freedom of Information (Scotland) Act 2002 (FOISA) requires Scottish public authorities to produce and maintain a publication scheme. North Ayrshire IJB adopted the Model Publication Scheme produced by the Scottish Information Commissioner.
- **Climate change reporting**
Scottish Government issued guidance to Integration Joint Boards in May 2017 setting out the duty to produce an annual Climate Change report. This report will be submitted on the Sustainable Scotland Network (SSN) online portal by 30 November each year. North Ayrshire IJB submitted their report by the deadline of 30 November 2017. North Ayrshire IJB report was published on the Sustainable Scotland Network on 31 January 2018. North Ayrshire Integration Joint Board has no responsibility for employees, buildings or fleet vehicles and therefore the IJB Climate Change report does not include detail of these but instead reference is made to the two respective parent bodies plans as they have retained responsibility for these.

Health and Care Governance

The IJB agreed proposals submitted by the Chair of the Health & Care Governance Group to provide regular updates on clinical and care governance activity for North Ayrshire HSCP.

Annual Performance Report

The IJB endorsed the Annual Performance Report at the meeting in July 2017. This report, highlighted IJB's operations in 2016/17, outlined the good performance of the Health and Social Care Partnership and how it delivered against the strategic priorities and the national outcomes.

Review of Integration Scheme

A report was presented to the NHS Board, East Ayrshire and North Ayrshire Councils in June 2017 seeking approval to consult on and review the Ayrshire Health and Social Care Integration Schemes to explore whether there was a need for change to further improve the delivery of health and social care locally.

The consultation indicated that there is no clear case for changing the Integration Scheme at present. Indeed, there are elements within the existing scheme that have not been fully implemented and there are a number of issues which could be improved upon.

Carer's (Scotland) Act 2016

The Integration Schemes have been amended to reflect the requirements of the Carers (Scotland) Act 2016. The revised Integration Schemes for East Ayrshire, North Ayrshire and South Ayrshire IJBs were submitted to Scottish Government in March 2018 and approved by the Cabinet Secretary on 3 April 2018.

Finance

The 2016–17 and 2017–18 overspend will require to be recovered by the IJB and this will be reflected in the updated Medium Term Financial Plan.

The IJB agreed to appoint a full-time Chief Finance and Transformation Officer to assist with the monitoring of financial performance and to drive transformational change in support of the future financial challenge.

Strategic Plan

Work was carried out to refresh the Strategic Plan for the period 2018–2021 and this was approved by the IJB in April 2018.

Clinical and Care Governance

Arrangements in relation to the Health and Care Governance Group were strengthened during 2017–18.

Further actions

The IJB has identified the following actions for 2018–19 that will assist with the further strengthening of corporate governance arrangements:

Records Management Plan

The Public Records (Scotland) Act 2011 came into force in 2013 and states that named authorities are required to prepare a Records Management Plan (RMP) for the management of the authority's records, and to submit the plan to the Keeper of the Records of Scotland for agreement. North Ayrshire Integration Joint Board is a named authority under the Act. The Keeper of Records of Scotland will invite IJBs to submit their RMPs in November 2018, for plans to be in place by March 2019. Arrangements are in place to meet this deadline.

Financial Management

A new financial framework involving enhanced financial reporting and service performance is being implemented to ensure effective financial planning and management alongside robust governance and control measures to deliver services within the financial envelope.

Change and Transformation

The Change Programme Board will establish more robust arrangements to secure delivery of change and transformation at scale and pace.

Assurance

Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2017–18 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our actions will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement.



Stephen Brown
Chief Officer
21 June 2018



Bob Martin
IJB Chair
21 June 2018

Remuneration report

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.



Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by North Ayrshire Council and NHS Ayrshire & Arran. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the IJB are shown below.

Taxable expenses 2016/17 £	Name	Post(s) held	Nominated by	Taxable expenses 2017/18 £
0	Cllr Peter McNamara	Chair 1 April 2017 to 4 May 2017	North Ayrshire Council	0
0	Stephen McKenzie	Chair 5 May 2017 to 30 March 2018 Vice Chair 1 April 2017 to 4 May 2017	NHS Ayrshire & Arran	0
0	Robert Foster	Vice Chair 17 May 2017 to 31 March 2018	North Ayrshire Council	0
0	Total			0

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total remuneration 2016/17 £	Name and post title	Salary, fees and allowances £	Taxable expenses £	Total remuneration 2017/18 £
105,848	Iona Colvin, Chief Officer	0	0	0
0	Stephen Brown, Chief Officer	106,906	0	106,906
4,863	Margaret Hogg, Chief Finance Officer	3,479	0	3,479*

** This relates solely to the post of Chief Finance Officer. Margaret Hogg was remunerated separately by North Ayrshire Council for the post of Head of Finance.*

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

	In Year pension contributions			Accrued pension benefits	
	Year to 31/3/17 £	Year to 31/3/18 £		Difference from 31/3/17	as at 31/3/18
Iona Colvin, Chief Officer from April 2016 to March 2017	20,429	0	Pension Lump Sum	n/a n/a	0 0
Stephen Brown, Interim Chief Officer from April 2017 to March 2018	0	0	Pension Lump Sum	0 0	0 0
Margaret Hogg, Chief Finance Officer from April 2016 to December 2017	16,405	11,556	Pension Lump Sum	n/a n/a	n/a n/a

n/a – both the Chief Officer and Chief Finance Officer were not in post at 31/3/18

Disclosure by pay bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of employees in band 2016/17	Remuneration band	Number of employees in band 2017/18
1	£105,000-£109,999	1

Exit packages

There were no exit packages during 2017/18.



Stephen Brown
Chief Officer
21 June 2018



Bob Martin
IJB Chair
21 June 2018

Independent auditor's report

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Financial statements

The **Comprehensive Income and Expenditure Statement** shows the cost of providing services for the year according to accepted accounting practices.

2016/17				2017/18		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
60,960	0	60,960	Community Care & Health	63,268	0	63,268
25,070	0	25,070	Mental Health	26,730	0	26,730
30,213	0	30,213	Children's Services & Criminal Justice	35,535	0	35,535
47,929	0	47,929	Primary Care	49,518	0	49,518
5,040	0	5,040	Management & Support Costs	5,566	0	5,566
3,284	0	3,284	Change Programme	3,430	0	3,430
70,565	0	70,565	Lead Partnership & Set Aside	76,665	0	76,665
243,061	0	243,061	TOTAL NET EXPENDITURE	260,712	0	260,712
0	(82,382)	(82,382)	North Ayrshire Council Funding	0	(89,346)	(89,346)
0	(157,434)	(157,434)	NHS Ayrshire & Arran Funding	0	(168,804)	(168,804)
0	(239,816)	(239,816)	TOTAL INCOME	0	(258,150)	(258,150)
243,061	(239,816)	(3,245)	SURPLUS/(DEFICIT)	260,712	(258,150)	(2,562)

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

The **Movement in Reserves Statement** shows the movement in the year on the reserves held by the IJB. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. In 2017/18 there were no statutory adjustments.

Movement in reserves during 2017/18	General Fund Balance	Unusable Reserves	Total Reserves
Opening balance at 31 March 2017	(3,245)	0	(3,245)
Total Comprehensive Income and Expenditure			
Adjustments between accounting basis and funding basis under regulations	0	0	0
Increase or decrease in 2017/18	(2,562)	0	(2,562)
Closing Balance as 31 March 2018	(5,807)	0	(5,807)

The **Balance Sheet** shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 201		Notes	31 March 20'
£000			£000
(3,245)	Short term creditors – due to North Ayrshire Council	6	0 (5,807)
(3,245)	Net Assets		0 (5,807)
(3,245)	Reserves – IJB General Fund		0 (5,807)
(3,245)	Total Reserves		0 (5,807)

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2018 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 21 June 2018 and the audited financial statements will be authorised for issue on 13 September 2018.



Laura Friel
Section 95 Officer
21 June 2018

Notes to the financial statements

Note 1 – Significant Accounting Policies

General principles

The Financial Statements summarise the authority's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018.

The North Ayrshire IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The 2017/18 annual accounts reflect a deficit position for the IJB. A medium term financial plan has been developed for the IJB. Plans are in place to recover this deficit in the medium term from 2019/20.

The historical cost convention has been adopted.

Accruals of expenditure and income

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through contributions from the statutory funding partners, North Ayrshire Council and NHS Ayrshire & Arran. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in North Ayrshire.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The IJB's reserves are Usable and there are no Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can either use or owe in later years to support service provision.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Ayrshire & Arran and North Ayrshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS (Clinical Negligence and Other Risks Indemnity Scheme). The IJB participation in the CNORIS scheme is therefore equivalent to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Note 2 – Critical Judgements and Estimation Uncertainty

The critical judgements made in the Financial Statements relating to complex transactions are:

- The IJB has considered its exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the IJB's opinion that a transfer of economic benefits will be required, material contingent liabilities would have been disclosed in a note, however, there are no material contingent liabilities.

Note 3 – Events after the Reporting Period

The audited Annual Accounts will be authorised for issue by the Chief Financial Officer on 13 September 2018. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

Note 4 – Expenditure and Income Analysis by Nature

2016/17 £000's		2017/18 £000's
105,033	Services commissioned from North Ayrshire Council	114,099
138,001	Services commissioned from NHS Ayrshire & Arran	146,589
27	Auditor Fee: External Audit Work	24
(239,816)	Partners Funding Contributions and Non-Specific Grant Income	(258,150)
(3,245)	Surplus or (Deficit) on the Provision of Services	(2,562)

Note 5 - Taxation and Non-Specific Grant Income

2016/17 £000's		2017/18 £000's
82,382	Funding Contribution from North Ayrshire Council	89,346
157,434	Funding Contribution from NHS Ayrshire & Arran	168,804
239,816	Taxation and Non-specific Grant Income	(258,150)

The funding contribution from the NHS Board shown above includes £28.055m (2016/17 £22.406m) in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

There were no other non-ring-fenced grants or contributions.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement. In 2017/18 there was no ring-fenced funding.

Note 6 – Creditors

31 March 2017 £000's		31 March 2018 £000's
(3,245)	Funding: due to North Ayrshire Council	(5,807)
(3,245)	Creditors	(5,807)

Note 7 – Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

There are no usable reserves as at 31 March 2018 and the table below shows the movements on the General Fund balance which results in a deficit position.

2016/17		2017/18	
Balance at 31 March 2017		Transfers Out 2017/18	Balance at 31 March 2018
(3,245)	General Fund	0	(5,807)

Note 8 – Agency Income and Expenditure

On behalf of all IJBs within the NHS Ayrshire & Arran area, the IJB acts as the lead manager for Mental Health Services and Children's Services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2016/17 £000		2017/18 £000
30,574	Expenditure on Agency Service	29,685
(30,574)	Reimbursement for Agency Services	(29,685)
0	Net Agency Expenditure Excluded from the CIES	0

Note 9 – Related party transactions

The IJB has related party relationships with NHS Ayrshire & Arran and North Ayrshire Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

2016–17 £000	Transactions with NHS Ayrshire & Arran	2017–18 £000
(157,434)	Funding Contributions received from NHS Board	(168,804)
0	Service Income received from NHS Board	0
137,961	Expenditure on Services Provided by NHS Board	146,548
53	Key Management Personnel: Non Voting Board Members	53
0	Support Services	0
(19,420)	Net Transactions with NHS Board	(22,203)

31 March 2017 £000	Balances with NHS Ayrshire & Arran	31 March 2018 £000
0	Debtor Balances: Amounts due from NHS Board	0
0	Creditor Balances: Amounts due to NHS Board	0
0	Net Balances with NHS Board	0

2016–17 £000	Transactions with North Ayrshire Council	2017–18 £000
(82,382)	Funding Contributions received from the Council	(89,346)
0	Service Income received from the Council	0
104,994	Expenditure on Services Provided by the Council	114,058
53	Key Management Personnel: Non Voting Board Members	53
0	Support Services	0
22,665	Net Transactions with the Council	24,765

31 March 2017 £000	Balances with North Ayrshire Council	31 March 2018 £000
0	Debtor Balances: Amounts due from the Council	0
(3,245)	Creditor Balances: Amounts due to the Council	(5,807)
0	Net Balances with the Council	0

Key Management Personnel: The non-voting Board members employed by the Council and recharged to the IJB include the Chief Officer; representatives of primary care, nursing and non-primary services; and a staff representative. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by NHS Ayrshire & Arran and Council free of charge as a 'service in kind'. The support services provided is mainly comprised of: provision of the Chief Financial Officer, financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

Note 10 – VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the Commissioning IJB.

Note 11 – Accounting standards issued not adopted

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that are not yet due to be adopted. There are none which are relevant to the IJB accounts.

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North Ayrshire Health and Social Care Partnership,
Cunninghame House, Friars Croft, Irvine KA12 8EE

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2017/18 Budget Monitoring Report – Objective Summary

Appendix B

Partnership Budget - Objective Summary	2017/18 Budget									2017/18	
	Council			Health			TOTAL			Over/ (Under) Spend Variance at 10 £'000	Movement in projected budget variance from Period 10 £'000
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	54,633	53,603	(1,030)	10,910	11,111	201	65,543	64,714	(829)	(1,044)	215
: Locality Services	26,145	25,764	(381)	3,494	3,477	(17)	29,639	29,241	(398)	(635)	237
: Community Care Service Delivery	26,065	25,561	(504)	0	0	0	26,065	25,561	(504)	(595)	91
: Rehabilitation and Reablement	756	798	42	1,969	2,258	289	2,725	3,056	331	313	18
: Long Term Conditions	1,216	1,103	(113)	3,160	3,091	(69)	4,376	4,194	(182)	(7)	(175)
: Integrated Island Services	451	377	(74)	2,287	2,285	(2)	2,738	2,662	(76)	(120)	44
MENTAL HEALTH SERVICES	22,399	23,311	912	49,362	49,461	99	71,761	72,772	1,011	1,538	(527)
: Learning Disabilities	17,209	18,231	1,022	478	459	(19)	17,687	18,690	1,003	1,121	(118)
: Commmunity Mental Health	3,854	3,809	(45)	1,844	1,786	(58)	5,698	5,595	(103)	31	(134)
: Addictions	1,336	1,271	(65)	1,191	1,176	(15)	2,527	2,447	(80)	(82)	2
: Lead Partnership Mental Health NHS Area Wide	0	0	0	45,849	46,040	191	45,849	46,040	191	468	(277)
CHIDREN'S SERVICES AND CRIMINAL JUSTICE	30,108	32,714	2,606	3,396	3,251	(145)	33,504	35,965	2,461	1,973	488
: Intervention Services	3,835	3,616	(219)	295	324	29	4,130	3,940	(190)	(91)	(99)
: Looked After & Accomodated Children	15,426	18,376	2,950	0	0	0	15,426	18,376	2,950	2,277	673
: Fieldwork	6,527	6,549	22	0	0	0	6,527	6,549	22	124	(102)
: CCSF	395	385	(10)	0	0	0	395	385	(10)	(29)	19
: Criminal Justice	2,812	2,815	3	0	0	0	2,812	2,815	3	0	3
: Early Years	311	233	(78)	2,658	2,542	(116)	2,969	2,775	(194)	(196)	2
: Policy & Practice	802	740	(62)	0	0	0	802	740	(62)	(52)	(10)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	443	385	(58)	443	385	(58)	(60)	2
PRIMARY CARE	0	0	0	49,637	49,518	(119)	49,637	49,518	(119)	0	(119)
MANAGEMENT AND SUPPORT COSTS	4,090	4,519	429	176	1,279	1,103	4,266	5,798	1,532	1,296	236
CHANGE PROGRAMME	708	353	(355)	2,162	1,862	(300)	2,870	2,215	(655)	(463)	(192)
LEAD PARTNERSHIP AND SET ASIDE	0	0	0	0	132	132	0	132	132	133	(1)
TOTAL	111,938	114,500	2,562	115,643	116,614	971	227,581	231,114	3,533	3,433	100
Additional Funding from NHS	0	0	0	0	(971)	(971)	0	(971)	(971)	0	971
Final 2017/18 Position	111,938	114,500	2,562	115,643	115,643	0	227,581	230,143	2,562	3,433	1,071

2017/18 Savings Tracker

Appendix C

Service	Description	B / R / A / G 2017/18	Budget Savings 2017/18	Actual Savings	Update on progress to date <u>and</u> proposed action moving forward
Teams Around the Child	Children's home - Service Redesign	Red	(327,000)	(18,000)	Mount View closed at the end of March 2018 which means this saving will be dully delivered in 2018/19
	Full Year Impact of Contract Savings	Blue	(76,000)	(76,000)	Complete
	Roll out of SDS in children Services	Red	(17,000)	0	Not yet commenced but planned for 2018/19
Care for Older People & those with complex needs	Whole system review of NHS provided beds in care of elderly/elderly Mental Health and purchased nursing care beds. This will be predicated on the development of a tiered model of care that offers the opportunity to continue living for longer within a community setting, with support appropriate to individual needs. This represents a 7.9% saving	Blue	(496,000)	(496,000)	Complete
	Review and redesign day care for older people with a view to securing a more flexible, person centred approach that is aligned with other services to deliver greater efficiency in service provision.	Blue	(50,000)	(52,000)	Complete
Delivery of the Mental Health Strategy	Mental Health Care Packages baseline budget adjustment based on historic underspends	Blue	(60,000)	(91,000)	Complete
	Integration of Teams Management and Support	Blue	(50,000)	(50,000)	Complete
Delivery of the Learning Disabilities Strategy	Learning disabilities - develop employability skills with a wide group of service users	Amber	(60,000)	(8,000)	Review of workforce and employability schemes underway. Posts all identified £8k achieved this year, with the balance of savings identified next year
	Review of sleepover provision in LD	Red	(151,000)	(22,000)	Sleep over pilots implemented and Canary assessment tool purchased. Current mapping of LD sleepovers, costings and areas and have identified 9 people who could transition to non sleepover provision but will require a bespoke response service and another 7 who with preparation over next year could transition from sleepover support with responder service in place. The responder service business case will be completed in 2018/19.

Service	Description	B / R / A / G 2017/18	Budget Savings 2017/18	Actual Savings	Update on progress to date <u>and</u> proposed action moving forward
Delivery of the Learning Disabilities Strategy	Introduction to SDS in LD	Red	(100,000)	0	LD strategy launched on 28.06.17 . Leadership capacity to accelerate change programme agreed with challenge fund for implementation in 2018/19.
	Savings in LD Community Packages	Blue	(50,000)	(83,000)	Review of packages continues within the ARG framework. CM2000 will be implemented during 2018/19.
Management and Support Services	Review of Partnership business support functions	Blue	(75,000)	(75,000)	A full review of business support has commenced and will be completed in 2018/19 with a view to achieving these savings. The 2017/18 saving has been made by using contingency funding.
	Review of Charging Policy	Blue	(100,000)	(100,000)	Complete but continue to monitor
	Review of Management and Support Across the Partnership	Blue	(80,000)	(80,000)	Complete - funded by contingency
	New ways of Working Across the Partnership	Blue	(50,000)	(50,000)	Complete - funded by contingency
	Review of Fleet Management and Catering Budgets across the Partnership	Blue	(22,000)	(22,000)	Complete but continue to monitor
	Workforce Modelling	Blue	(100,000)	(100,000)	Complete - funded by contingency
Teams Around the Child	Transfer of 12 external foster care placements to in-house carer provision, and a reduction of a further 4 external long term foster placements.	Blue	(91,520)	(91,520)	Complete
	Alignment and Rationalisation of Learning Development functions in Children Services	Blue	(50,000)	(50,000)	Complete
	A Review of Management and Support in Children Services	Blue	(65,000)	(65,000)	Complete
GRAND TOTAL			(2,070,520)	(1,529,520)	

NHS Savings

Service	Description	B / R / A / G 2017/18	Budget Savings 2017/18	Actual Savings	Update on progress to date and proposed action moving forward
Mental Health	Review of Psychology Services	Blue	(200,000)	(200,000)	Psychology service review complete. Recommendations being progressed.
Primary Care - Prescribing	Prescribing Annual Review	Amber	(1,346,000)	(1,100,000)	Pregablin tariff not reduced to the level anticipated. Additional budget requested in 2018/19.
Primary Care - Prescribing	Prescribing Incentive Scheme	Red	(770,000)	0	Continue to engage with GPs including raising this at meetings that have with arranged with GPs.
Mental Health	Phased Closure of House 4 at Arrol Park	Blue	(125,000)	(118,000)	Refurb of unit to enable segregation of unit and transfer of workforce across the unit underway/reduction of beds. This will also enable the transition of an out of area patient pending a tier 4 supported accommodation solution being identified via capital bid. Business case developed.
Mental Health	Substitute Prescribing This proposal will result in a 1% reduction in substitute prescribing.	Blue	(30,000)	(30,000)	Complete 2017/18 only
Mental Health	CAMHS	Blue	(80,000)	(80,000)	Complete 2017/18 only
Mental Health	MH Admin	Blue	(100,000)	(100,000)	Complete 2017/18 only
Change Programme	Integrated Care Fund	Blue	(339,000)	(339,000)	Complete 2017/18 only
STILL TO BE IDENTIFIED		Red	(1,165,000)	0	Non achieved CRES
Total			(4,155,000)	(1,967,000)	

Change Programme

Appendix D

Integrated Care Fund Area of Spend	2017/18 Budget	2017/18 Actual	Variance	Comment
	£000's	£000's	£000's	
Funding Previously Agreed to 31/3/18	207	186	(21)	
Partnership Enablers	129	129	0	
Social Enterprise Development Opportunity	15	15	0	
Ideas and Innovation Fund	566	456	(110)	The Community Connectors will be funded by the Scottish Government for the second half of the year.
Reshaping Care for Older People Legacy	132	228	96	LOTS workers
Engagement and Locality Planning	123	74	(49)	
Teams around GPs	740	325	(415)	See and Treat Centre slippage
Change Team	870	565	(305)	Vacancies
Low Level Mental Health	108	88	(20)	
TOTAL	2,890	2,066	(824)	
Less amount taken as a non recurring saving in previous periods	(339)	0	339	
FINAL POSITION	2,551	2,066	485	

BUDGET RECONCILIATION

	Partner	Period	Permanent or Temporary	£	£
Initial Approved Budget	NAC	4		86,907	
Resource Transfer		4	P	22,591	
Transfer from Housing - Aids and Equipment		6	P	199	
Increase to OP Care Homes		6	T	977	
Increase to LD Community Packages		6	T	423	
Removal of Depreciation		6	P	(70)	
Transfer from Housing to LD		8	P	4	
Reduction in Holiday Pay		8	P	(38)	
Intervention Services		8	T	25	
Budget for Redundancy Costs		12	T	222	
Challenge Fund spend 1718		12	T	708	
Commercial Refuse Collection		12	T	20	
Insurance Allocation		12	T	60	
Reduction in App Levy Budget		12	T	(7)	
CJ Underspend - reduction in income recd SG		12	T	(90)	
Public Wifi - Corporate Change Prog at Meadows		12	T	7	
Period 12 reported budget – Council					111,938
Initial Approved Budget	NHS			136,230	
Resource Transfer		2	P	(22,137)	
Dean Funding for Junior Doctors		2	P	9	
ANP Post to East (from ORT funding)		3	P	(49)	
AHP post funded by ADP		3	T	(31)	
NES Junior Doctor reduction in funding		3	P	(13)	
Veterans/Carers Funding		4	T	210	
ANP Funding from North to South		4	P	(49)	
Arrol Park GP medical service transfer to PC		4	P	(13)	
FNP Budget adjustment to match allocation		4	T	(3)	
Dementia Specialist Nurse		6	P	29	
West of Scotland CAMHs (anticipated)		6	T	24	
Veterans/Carers Funding to NAC		6	T	(210)	
Reduction in ADP funding for NAC		6	T	(30)	
Health Visitor Trainees		8	P	278	
Family Nurse Partnership expansion		8	T	16	
Transfer of Admin hours to East HSCP		8	P	(3)	
Veterans First allocation from SG		8	T	23	
Return of Police funding to ADP		8	P	(8)	
MH Clinical Services Secondment to SG		9	T	16	
MH Nursing Forum		9	T	2	
Dean Funding for Junior Doctors		9	P	12	
Health Visitor Trainees		10	P	5	

West of Scotland CAMHs		11	T	11	
FNP transfer to South		11	T	(528)	
CEL 13 HV trainees to East and South		11	P	(765)	
Transfer to PC for ORT and ABIs		11	T	(22)	
Funding to NAC		11	T	(36)	
GP Service for Arrol Park to PC		12	T	(9)	
Dean Funding for Junior Doctors		12	P	18	
GMS Uplift		12	P	238	
Oxenward nurse transfer		12	P	1	
Kirklandside staffing budget from East		12	T	186	
Balance of Phase 2 ORT funding		12	P	20	
Reduce Funding to NAC (ICF)		12	T	16	
Funding from NAC		12	T	389	
ABI funding from ADP to East		12	T	- 2	
PC Prescribing		12	T	1,818	
Period 12 reported budget – NHS					115,643
Total Partnership Budget					227,581