

Integration Joint Board Meeting



Thursday, 29 August 2019 at 10:00

**Council Chambers
Ground Floor, Cunninghame House, Irvine, KA12 8EE**

1 Apologies

2 Declarations of Interest

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

3 Minutes/Action Note

The accuracy of the Minutes of the meeting held on 20 June 2019 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

Consider any matters arising from the minutes of the previous meeting.

Presentations

4 Annual Performance Report

Submit report by Caroline Whyte, Chief Finance and Transformation Officer on the Health and Social Care Partnership Annual Performance Report 2018/19 (copy enclosed).

Governance

5 Standing Orders

Submit report by Stephen Brown, Director (NAHSCP) on an amendment to the Integration Joint Board's Standing Orders (copy enclosed).

6 Meeting Dates 2020

Submit report by Karen Andrews, Team Manager (Governance) on the draft timetable for meetings of the Integration Joint Board and the Performance and Audit Committee for 2020 (copy enclosed).

Quality and Performance

7 Director's Report

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

Budget

8 Audited Annual Accounts

Submit report by Caroline Whyte, Chief Finance and Transformation Officer on the audited accounts for 2018/19 (copy enclosed).

9 Budget Monitoring Report - Period 3

Submit report by Caroline Whyte, Chief Finance and Transformation Officer on the projected financial outturn for the financial year as at June 2019 (copy enclosed).

Appointments

10 Integration Joint Board Appointments

Submit report by Stephen Brown, Director (NAHSCP) on the change of Council representation on the IJB and the proposed Vice Chair appointment to the Strategic Planning Group (copy enclosed).

Minutes of Meetings for Discussion

11 IJB Performance and Audit Committee Minutes

Submit the Minutes of the IJB Performance and Audit Committee meeting held on 8 March 2019 (copy enclosed).

12 Strategic Planning Group Minutes

Submit the Minutes of the Strategic Planning Group meeting held on 29 May 2019 (copy enclosed).

13 Urgent Items

Any other items which the Chair considers to be urgent.

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Integration Joint Board

Sederunt

Voting Members

Councillor Robert Foster (Chair)
Bob Martin (Vice-Chair)

North Ayrshire Council
NHS Ayrshire & Arran

Councillor Timothy Billings
Jean Ford
Councillor Anthea Dickson
John Rainey
Adrian Carragher
Councillor John Sweeney

North Ayrshire Council
NHS Ayrshire and Arran
North Ayrshire Council
NHS Ayrshire and Arran
NHS Ayrshire and Arran
North Ayrshire Council

Professional Advisors

Stephen Brown
Caroline Whyte
Dr. Paul Kerr
David MacRitchie
Dr. Calum Morrison
Alistair Reid
David Thomson
Dr Louise Wilson

Director North Ayrshire Health and Social Care
Chief Finance and Transformation Officer
Clinical Director
Chief Social Work Officer – North Ayrshire
Acute Services Representative
Lead Allied Health Professional Adviser
Associate Nurse Director/IJB Lead Nurse
GP Representative

Stakeholder Representatives

David Donaghey
Louise McDaid
Marie McWaters
Graham Searle
Sam Falconer
Fiona Thomson
Clive Shephard
Nigel Wanless
Val Allen
Vicki Yuill
Barbara Connor

Staff Representative – NHS Ayrshire and Arran
Staff Representative – North Ayrshire
Carers Representative
Carers Representative (Depute for Marie McWaters)
(Chair) IJB Kilwinning Locality Forum
Service User Representative
Service User Rep (Depute for Fiona Thomson)
Independent Sector Representative
Independent Sector Rep (Depute for Nigel Wanless)
Third Sector Representative
(Chair) IJB Irvine Locality Forum



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 20 June 2019
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

Present

Councillor Robert Foster, North Ayrshire Council (Chair)
Bob Martin, NHS Ayrshire and Arran (Vice-Chair)
Councillor Timothy Billings, North Ayrshire Council
Jean Ford, NHS Ayrshire and Arran
Councillor Christina Larsen, North Ayrshire Council
Councillor John Sweeney, North Ayrshire Council

Stephen Brown, Director of Health and Social Care Partners
Caroline Whyte, Chief Finance and Transformation Officer
David MacRitchie, Chief Social Work Officer
David Thomson, Associate Nurse Director/IJB Lead Nurse
Dr. Louise Wilson, GP Representative

David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Marie McWaters, Carers Representative
Graham Searle, Carers Representative (Depute for Marie McWaters)
Nigel Wanless, Independent Sector Representative
Barbara Connor, Chair, Irvine Locality Forum

Also Present

Councillor Anthea Dickson, North Ayrshire Council

In Attendance

Thelma Bowers, Head of Mental Health
Donna McKee, Head of Children, Families and Criminal Justice
Eleanor Currie, Principal Manager (Finance)
Kevin McGinn, Project Manager
Ruth Davie, Senior Manager
Ruth Betley, Senior Manager
Lauren Cameron, Policy Officer
Karen Andrews, Team Manager (Governance)
Vicki Campbell, NHS Ayrshire and Arran
Dr. Greg Hamill, NHS Ayrshire and Arran
Karlyn Watt, Deloitte
Susie Gamble, University of the West of Scotland
Hayley Clancy, Committee Services Officer

Apologies for Absence

John Rainey, NHS Ayrshire and Arran

Dr Janet McKay, NHS Ayrshire and Arran

Dr Paul Kerr, Clinical Director

Dr. Calum Morrison, Acute Services Representative

Louise McDaid, Staff Representative (North Ayrshire Council)

Fiona Thomson, Service User Representative

Vicki Yuill, Third Sector Representative

1. Apologies

Apologies were noted.

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minute of the meeting held on 16 May 2019 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising

Councillor Foster advised that the Action Note required to be updated and dates added to the status column.

Noted.

4. Director's Report

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

The report highlighted the following:-

- the 'What Matters To You? Day 2019';
- the visit by the NHS Scotland Chief Executive to Ayrshire and Arran;
- work by the Project Team on the staff experience for 'Thinking Different, Doing Better' and the walk through sessions scheduled to take place on 15 July; and
- the appointment of former Chief Superintendent Paul Main as independent Chair of the North Ayrshire Alcohol and Drug Partnership.

The Board noted the ongoing developments within the North Ayrshire Health and Social Care Partnership.

5. Joint Inspection (Adults) – The Effectiveness of Strategic Planning in North Ayrshire Partnership

Submitted report by Stephen Brown, Director (NAHSCP) on the key findings of the inspection report by Healthcare Improvement Scotland and the Care Inspectorate, as detailed in Appendix 1 to the report. Appendix 2 detailed an improvement plan which has been developed to address the issues highlighted through the joint inspection.

The Board agreed to (a) approve the improvement plan set out at Appendix 2 to the report; (b) direct North Ayrshire Council and NHS Ayrshire and Arran to implement the plan; and (c) otherwise to note the key findings within the report.

6. Webcasting of IJB Meetings

Submitted report by Stephen Brown, Director (NAHSCP) on a proposal to introduce the webcasting of all Integration Joint Board meetings.

Integration Joint Boards and Health and Social Care Partnerships have a duty to engage with people who use services and throughout their localities. The introduction of webcasting could expand the audience of meetings, increase engagement with local people and wider stakeholders, increase public knowledge of IJB/NAHSCP business, ensure transparency of decision making, increase accountability and address strategic priorities.

The Board agreed to the introduction of webcasting of IJB meetings as detailed in the report.

7. North Ayrshire Local Child Poverty Action Plan Report 2018/19

Submitted report by Lauren Cameron, Policy Officer on the Local Child Poverty Action Plan 2018/19. The Action Plan was detailed within Appendix 1 to the report.

The report was developed using a collaborative approach with internal and external partners and summarises the existing and planned activity intended to reduce the level of child poverty across North Ayrshire.

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

- six-monthly update reports on North Ayrshire Local Child Poverty Action Plan;
- Irvine South Ward figures not included in the data; and
- a further breakdown of data for Ardrossan and Arran wards.

The Board agreed to note the North Ayrshire Local Child Poverty Action Plan Report 2018/19.

8. Primary Care Improvement Plan

Submitted report by Vicki Campbell, NHS Ayrshire and Arran, on the review of Year 1 of the Primary Care Improvement Plan. The actions within the Primary Care Improvement Plan were set out at Appendix 1 to the report. Appendix 2 detailed the final year position for 2018/19 by IJB Budget and Appendix 3 to the report detailed the projected spend for 2019/20 based on actions and workforce plans.

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

- measuring the impact and success of the Improvement Plan;
- communicating the changes in GP Practices via a wide social media campaign;
- managing criticism on the contract for rural areas;
- the development of a Carers Policy; and
- training for GP Practice staff.

The report detailed the review of Year 1 of the Primary Care Improvement Plan (PCIP 2018-20) with an indicative plan for 2019-20, along with the proposed arrangements for 2020-22 to deliver on the commitments set out in the new General Medical Services (GMS) contract.

The Board agreed to (a) receive an update on the PCIP to date and be assured on the progress; (b) approve the actions set out for 2019/20; (c) note the Primary Care Improvement Fund 2018/19 end of year position and approve the 2019/20 projections; and (d) approve the proposal and timelines for developing PCIP 2020-2022 for sign off in December 2019.

9. Budget Monitoring: 2018/19 Year End Financial Performance

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer on the IJB's financial performance for the year 2018/19. Appendix A provided a detailed financial overview of the Partnership budgetary position while Appendix B gave a detailed variance analysis. Appendix C presented full detail on savings, with Appendix D detailing progress against the approved recovery plan and Appendix E highlighting the movement in the overall budget position.

Members asked a question and were provided with clarification in relation to care home placements.

The Board agreed to (a) note the overall integrated financial performance report for the financial year 2018-19 and the overall reported year-end underspend of £0.945m; (b) approve the budget changes outlined at section 2.9 of the report; (c) approve the earmarking of £0.277m of reserves to reinstate specific ring-fenced Scottish Government funding and to allocate the remaining uncommitted surplus balance of £0.668m to commence repayment of the outstanding debt to North Ayrshire Council; and (d) note the positive improvement in the IJB financial position and the plans to improve the financial projections for social care services.

10. External Audit Report

Submitted report by Pat Kenny, Audit Director (Deloitte) on the Interim Report on the audit for the year ended 31 March 2019.

A verbal update was provided by the external auditor, Karlyn Watt, Deloitte.

Noted.

11. Strategic Planning Group Minutes

Submitted the minutes of the Strategic Planning Group meeting held on 17 April 2019.

Noted.

12. Exclusion of the Public

The Board resolved in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following item of business on the grounds indicated in terms of Paragraphs 1, 3 and 9 of Part 1 of Schedule 7A of the Act.

13. Residential and Respite Service Provision

Submitted report and received presentation by Kevin McGinn, Project Manager and Ruth Davie, Senior Manager.

The Board agreed to approve the recommendation as detailed within the report.

14. Arran Services Integrated Hub

Submitted report and received presentation by Ruth Betley, Senior Manager Arran Services and Dr Greg Hamill.

The Board agreed to approve the recommendation as detailed within the report.

The Meeting ended at 12.00 p.m

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 May 2019

No.	Agenda Item	Date of Meeting	Action	Status	Status Date	Officer
1.	Director's Report: Ministerial Review Outcome	21/3/19	That a report on the published outcome of the Ministerial Review be submitted to a future IJB Meeting.	Completed Report on the outcome of the review was circulated to IJB Members for their information	6 August 2019	Stephen Brown
2.	Veterans First Point (V1P) Service	21/3/19	That an update report on the long term sustainability plan be submitted to the IJB Meeting on 29 August 2019.	Ongoing – plan to report to the October meeting	October 2019	Thelma Bowers
3.	Community Care Occupational Therapy Report	21/3/19	That an update report on progress be submitted to the IJB Meeting on 24 October 2019.	Ongoing - plan to report to the October meeting	October 2019	Alistair Reid
4.	Ministerial Strategic Group Review of Progress with integration of Health and Social Care: Self-Evaluation	16/5/19	That an overall progress update be submitted to a future meeting in 2019.	Ongoing – plan to report to the December meeting	December 2019	Caroline Whyte

Integration Joint Board
29 August 2019

Subject: **Annual Performance Report**

Purpose: To approve the North Ayrshire Health and Social Care Partnership (NAHSCP) Annual Performance Report 2018-2019.

Recommendation: Integration Joint Board (IJB) to retrospectively approve the draft NAHSCP Annual Performance Report 2018-19 published on 31st July 2019.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
NAHSCP	North Ayrshire Health and Social Care Partnership
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	Section 42 of the Public Bodies (Joint Working)(Scotland) Act 2014 requires partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
1.2	<i>Guidance for Health and Social Care Integration Partnership Performance Reports</i> (published by the Scottish Government, March 2016) was followed to ensure the content of our performance report met the requirements set out in the guidance.
1.3	As with previous years the timescale for publication is 31 st July, which was once again met.
2.	BACKGROUND
2.1	This annual performance report and is part of a suite of partnership public-facing documents. These documents can be found on the NAHSCP website www.nahscp.org
3.	PROPOSALS
3.1	The IJB are asked to approve the NAHSCP Annual Performance Report 2018-19.
3.2	<u>Anticipated Outcomes</u>
	Informing the people of North Ayrshire and wider stakeholders about health and social care integration, specifically : <ul style="list-style-type: none"> • Outcomes for local people; • Locality health and social care needs;

	<ul style="list-style-type: none"> • Service provision (including lead partnership responsibilities and commissioned services); • Transformational Change; • Budget and financial information.
3.3	<u>Measuring Impact</u>
	With the publication of the Annual Performance Report 2018-19 the partnership will have met its obligations under the Public Bodies (Joint Working)(Scotland) Act 2014.
4.	IMPLICATIONS

Financial:	There are no additional financial implications
Human Resources:	There are no implications for staff
Legal:	There are no legal issues.
Equality:	No issues
Children and Young People	No issues
Environmental & Sustainability:	No issues
Key Priorities:	This would ensure we fulfil our obligations in the Integration Scheme.
Risk Implications:	None identified.
Community Benefits:	Community is aware and informed about community-based health and social care services, plans and outcomes.

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	

5.	CONSULTATION
5.1	Staff and partnership stakeholders of the Partnership Senior Management Team (PSMT) and IJB Performance and Audit Committee (PAC) were consulted on the Annual Performance Report.
6.	CONCLUSION
6.1	IJB are asked to consider and retrospectively approve the NAHSCP 2018-19 Annual Performance Report.

For more information please contact:

Caroline Whyte, Chief Finance and Transformation Officer on 01294 324954 or carolinewhyte@north-ayrshire.gov.uk

Or

Neil McLaughlin, Manager Performance and Information Systems on 01294 317744 or NMcLaughlin@north-ayrshire.gov.uk

North Ayrshire Health and Social Care Partnership

Annual Performance Report 2018-19



Reflections from Stephen Brown

This annual performance report reflects on the main highlights of the Partnership during 2018–19. We have faced significant challenges in continuing to deliver safe, sustainable and improving health and social care services against the backdrop of continued operational and financial constraints. We have increasing demands for social care services, in the main linked to our population changes, and whilst we have seen some improvement during the year, we continue to have unacceptable delays in hospital.

The HSCP has faced financial challenges since inception, with the impact of funding constraints and increased demand for services. During the year significant progress was made and for the first time we delivered financial balance and commenced repayment of the £5.8m debt due to North Ayrshire Council. The HSCP move into the new financial year in a financially sustainable position, with a transformational change plan in place aligned to our Strategic Plan priorities.

Our transformation plans are aligned with improving health and social care outcomes for the people of North Ayrshire, these plans are starting to gather pace and there has been significant progress during the year with a programme which not only ensures we can use our resources effectively but also ensures we work towards providing the right care at the right time and in the right place.

The services we deliver continue to be high quality, as evidenced by many of our registered services receiving and maintaining high grades via the Care Inspectorate. Many of our services continue to be exemplars in the support they provide to vulnerable people.

There is a focus on the integration of services to deliver real change to the way services are being delivered, with a realism that continuing to deliver services in the same way is no longer sustainable. The HSCP recognise more needs to be done to up the scale and pace of change, and to get partnership staff, partners and communities on board to deliver on our shared vision.

I have personally committed that during the next year I will engage with all of our staff and our communities to challenge us all to *Think Different* and *Do Better* to deliver the best health and social care services we can to the people of North Ayrshire.



Stephen Brown


Director, North Ayrshire Health and Social Care Partnership

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Vision, values and priorities

North Ayrshire Health and Social Care Partnership (NAHSCP/the Partnership) is working towards a **vision** where:



"All people who live in North Ayrshire are able to have a safe, healthy and active life"

Our Partnership includes health and social care services within **Health and Community Care Services, Mental Health and Learning Disability Services** and **Children, Families and Justice Services**.

In this, our fourth annual performance report, we look back on the progress we have made, share some of our successes and reflect on some areas that have proved challenging.

The partnership refreshed the three-year Strategic Plan, this report aligns with the first year of our second Strategic Plan. The new Strategic Plan allowed us to confirm with the people who use our services and North Ayrshire residents and staff that we should continue to focus on these five **priorities**:

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

People who use our services and North Ayrshire residents will experience our Partnership **values** in the way our staff and volunteers engage with you and how we behave. We will:

- Put you at the centre
- Treat you with respect
- Demonstrate efficiency
- Care
- Be inclusive
- Embody honesty
- Encourage innovation

Structure of this report

We have measured and evaluated our performance in relation to:

- **Scottish Government National Health and Wellbeing Outcomes**
- **Children's and Justice Services Outcomes**
- **Local measures**

The North Ayrshire Health and Social Care Partnership continues to have lead partnership responsibilities across Ayrshire and Arran for Mental Health and Learning Disability Services as well as Child Health Services (including immunisation and infant feeding). We have reflected on some of the highlights and challenges of leading these services across Ayrshire.

We will show that all our services (those provided by our Partnership staff and those provided by other organisations on our behalf) are providing high quality care and support to the people of North Ayrshire.

Finally, the partnership continues to face financial challenges in delivering and improving services from within the available budget, during the year we have made significant progress towards achieving financial balance and overall service sustainability. We have detailed our financial position and reflected on how we continue to provide assurance that we are delivering Best Value in North Ayrshire for Health and Social Care services.

1. Performance in relation to National Health and Wellbeing Outcomes

As we completed our fourth year, the Partnership continued to focus our efforts on providing services that improve the lives of all the people living in North Ayrshire.

Our five strategic objectives link directly to the nine national Health and Wellbeing Outcomes these outcomes provide a roadmap for us and we can demonstrate progress against each.

Outcome 1:

People are able to look after and improve their own health and wellbeing and live in good health for longer.

Our Highlights

33% increase in referrals/ signposting to the Community Link Workers

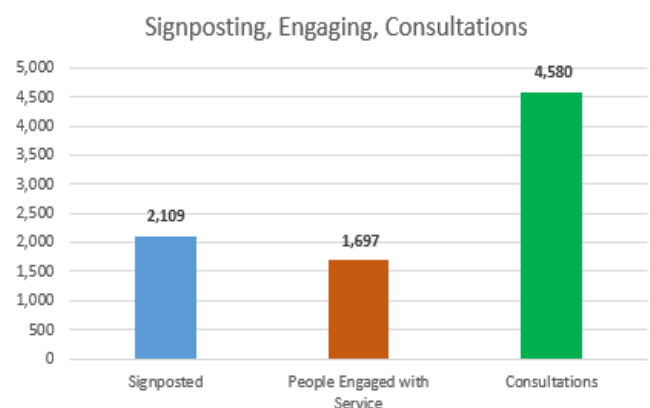
48% increase in Community Link Worker consultations

Number of individuals prescribed methadone has **decreased by 7%**

1.1 Community Link Workers have continued to support mental and physical health by providing care and information on a wide range of issues, including managing stress, local activities and support groups, employment, a healthy lifestyle, alcohol and drugs and living with health conditions. The North Ayrshire Health and Social Care Partnership now employs 12 Community Link Workers, an increase of 5 since the last year. All **20 General Practices** now have a Community Link Worker.

1.2 We have seen a 33% increase in the number of people signposted to the service from 1,586 in 2017-18 to 2,109, with 1,697 people actively engaging with the service.

This led to a 48% increase in the number of consultations undertaken to 4,580 from 3,090 in 2017-18. Of the consultations undertaken, 80% were via the GP surgery and by telephone. The remaining were taken up via secondary telephone calls, home visits and other non-consultation recorded conversations.

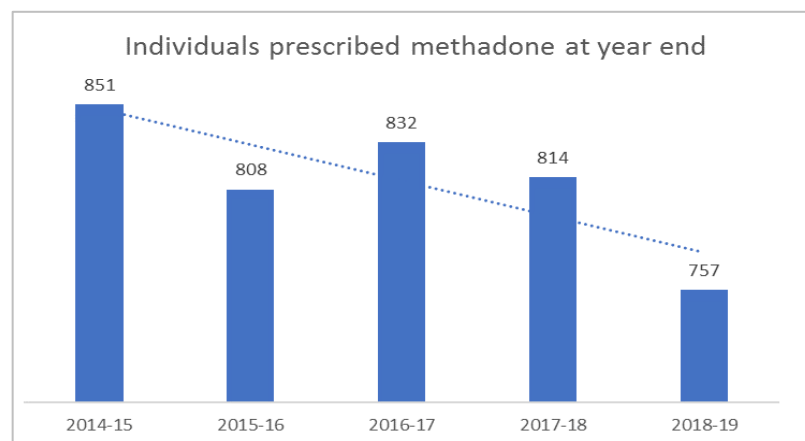


1.3 Our first integrated team, North Ayrshire Drug and Alcohol Recovery Service (NADARS), has continued to demonstrate high levels of performance. NADARS is meeting all national and local standards and targets, such as, access to treatment waiting times, provision of alcohol brief interventions (ABIs), and the roll out of Naloxone supplies.

People being supported by NADARS, during 2018-19, evidenced:

- 76% reduction in alcohol intake
- 61% reduction in non – prescribed drug use
- 54% improvement in physical health
- 54% improvement in physiological health
- 52% improvement in social functioning

There also continues to be a downward trend towards the end of the year of individuals being prescribed methadone (see graph below).



- 1.3 The NADARS team continue to identify new ways of working to provide more agile and streamlined service delivery and further improve performance.

A further positive example of early intervention is in the delivery of Alcohol Brief Interventions (ABI).

Scottish Government in priority settings target for Ayrshire and Arran – Priority Settings	3,419
Delivered across all ABI settings	3,788

Scottish Government in priority settings target for Ayrshire and Arran – Wider Settings	856
Delivered across all ABI settings	3,489

- 1.5 NADARS have listened to the very positive feedback from the women who previously participated in the Women in North Ayrshire Group (WINA's) and have used that information and experience to develop a Men in North Ayrshire (MINA's) addiction recovery support group.

NADARS also recognised that men aged 35 years and over are highlighted in the national “**Staying Alive**” report as most at risk of drug related death and viewed this as an opportunity to increase practical and supportive interventions for males in service. This group is a 10-week programme aimed at men and topics include Health & Wellbeing (Mental, Physical Health, Exercise & relaxation), personal finance, basic fire safety & first aid, sexual health & blood borne viruses, naloxone awareness & medication management and concordance, confidence building, effective communication and strategies for moving on.

Outcome 2:

People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Our Highlights

2,230 people receiving Care at Home Services

The number of people with a Community Alarm has **increased to 4,912**

84% of adults supported at home who agreed that they are supported to live independently (Scottish average; 81%)

-
- 2.1 With the number of Service users being provided with **Care at Home** support increasing by 10% to 2,230 from 2,021 in 2017-18 and the number of people receiving a **Community Alert** increasing by 9% to 4,912 in 2018-19 from 4,500, we have continued to work to ensure the high quality of service provision expected.
- 2.2 Our internal **Care at Home** service was inspected during 2018-19 with Quality of Care and Quality of Staffing being the focus. The outcome was a grading of '**Very Good**' for both inspected elements.
- 2.3 The Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation (launched in November 2018) focusses on providing high quality care and support through early intervention and preventative action. This is to help prevent older people and adults with complex needs becoming unwell in the first place or supporting them to manage their conditions more effectively at home or a homely environment. The Rehabilitation model has shown early signs of meeting its outcomes and the project team will continue to monitor its implementation and performance to ensure all benefits are realised and maximised where possible.
- 2.4 8 people who attend Hazeldene day services centre have completed, passed and received REHIS (Royal Environmental Health Institute of Scotland) awards.



Situation

W. had fallen from his bed after severe back pain and was unable to get back up. His wife was unable to help him due to her own disabilities, so she had called ambulance.

An ambulance attended, and the paramedic helped W. to sit up on a chair and assessed him, noting no obvious injuries. The paramedic phoned ICT and discussed W.'s needs. ICT agreed W. would benefit from an urgent ICT visit.

The Support

The team visited W. and his wife within two hours. Prior to the incident W. had been independent and actively involved in his local community. He also helped to support his wife and they both worried that W. would lose his independence and they would both need on-going support.

During the initial ICT visit W.s GP called and recommended a change to medication in case it was responsible for causing the pain. The ICT supported William for 10 days and he was also closely monitored by his GP.

The ICT provided support to enable W. to become more independent in his home by providing advice and equipment. They gave information on pain relief management and transferring techniques to help reduce the amount of pain W. was in and continued reassurance to W. and his wife over the period.

Outcome

At the end of the 10 days W.s pain was much more manageable, and he was able to go out and about in the community again and take his wife to the shops.

The Difference

- No Conveyance to hospital
- No initial GP visit
- No hospital admission
- Regained independence

2.5 With the devolution of Allied Health Professional (AHP) services to each health and social care partnership area an annual report was presented to the North Ayrshire HSCP Integrated Joint Board encompassing the range of services provided by the AHPs. The full report can be found here - **NAHSCP Allied Professional Report 2018**.

2.6 The following information summarises some of the key achievements during 2018-19.

The Professional Learning Academy delivers extensive training and targeted speech and language interventions in schools across North Ayrshire with the highest SIMD (Scottish Index of Multiple Deprivation) index. Outcomes have proved positive with interventions evaluating well.

Talk Boost is a targeted intervention, building capacity to ensure sustainability. Evaluated example, Story Telling and Narrative Skills:

- Children achieving appropriate level of skill pre-intervention was 9%, post-intervention is 76%
- Children have improved social interaction skills – pre-intervention score 50%, post-intervention score 91%

2.7 While emergency admissions to hospital have increased year on year from 2015-16 to 2017-18, in 2018-19 emergency admissions reduced by 3% to 18,959 (as at February 2019), from 19,475 in 2015-16. During the same period the number of Emergency Department admissions has decreased by 32% from 17,899 in 2015-16 to 12,087 (as at February 2019) in 2018-19.

Outcome 3:

People who use health and social care services have positive experiences of those services, and have their dignity respected

Our Highlights

Internal Care at Home Service Inspection graded at **Level 5, 'Very Good'**

116 compliments received during 2018-19

- 3.1 Our internal partnership Care at Home service was inspected during 2018-19 with Quality of Care and Quality of Staffing being the focus. The outcome was a grading of **'Very Good'** for both inspected elements during a period of increased demand for the service.
- 3.2 A key element of the inspection of our Care at Home Service was the Care Inspectorate seeking comments and views about the quality of the service provided by supplying questionnaires to people who use the services and their relatives/carers. It demonstrates the success, engagement and commitment of the Care at Home staff when comments as those below are independently received.

Service User Comments

"The service is excellent. The staff who attend are lovely, friendly and professional, discrete and always jolly. They are wonderful."

"The staff are very good at the work that they do and I compliment them on the job they do"

"Regular carers always nice and treat with respect. Also when someone fills in there is no problem at all they are always nice to both of us"

"Your service is out of this world, don't change it"

"My carers are excellent and really make me independent in my own home"

"Staff are excellent courteous and kind"

- 3.3 During 2018-19 116 compliments were received relating to the service provided and the professionalism demonstrated by partnership staff. A sample of the compliments received include:

A thank you to Community Payback Team, Justice Services for excellent service and attitude

Home Care - Carers were all very nice, they were all helpful. They went above and beyond their role.

Advice provided by E. helpful and supportive

Home Care - Can't complain about service I've had from the team. All the CAHA are Excellent.

Family wished to commend social worker L. for being model of professionalism and care throughout dealings with family member

Thanks to Community Payback, Justice Services for the excellent work they carried out on behalf of the charity, COAST

Outcome 4:

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Our Highlights

Continued investment in the **North Ayrshire Wellbeing and Recovery College**

Collaboration and further support to **children with additional support needs**

91% of Adults can look after their health very well or quite well
(Scottish average 93%)

4.1 We continued our pilot **North Ayrshire Wellbeing and Recovery College** for people affected by mental health problems by delivering further participatory courses that focus on wellbeing and recovery. These courses are open to anyone over 16 years old who lives, works or studies in North Ayrshire. Some of the more successful courses have been repeated as well as new courses being trialled. An example of the courses include:

- Living life to the full – 8-week course based on cognitive behavioural therapy
- Write to Recovery – 5-week course that focusses on self – management for people experiencing emotional difficulties or mental ill health
- WRAP (Wellness Recovery Action Plan) - 2-day course to support the development of a prevention and wellness process that anyone can use to get well and stay well.

We are developing the approach by supporting people with lived experience of mental health problems to access training to enable them to work towards co-facilitation of courses and other peer roles within the Wellbeing and Recovery College. We are also in the process of developing a website to increase access to the courses and share information more widely.

4.2 Following the successful business case to secure funding to develop an additional support needs residential and respite unit, a new Additional Support Needs School will be developed on the same site presenting a very necessary and unique opportunity for the North Ayrshire HSCP, as well as colleagues in Education and Youth Employability.

The ASN School will enable professionals to work together within the one campus which will highlight the advantages of an integrated approach to further benefit some of our most disadvantaged children and young people. This opportunity presents an investment in our children and young people with complex needs who require to have access to the best facilities we can provide to ensure that they are able and supported to make life choices and to realise their potential.

- 4.3 During 2018-19 we received a Joint Inspection of Adult Services relating to the effectiveness of strategic planning. Although the report was generally positive, we have acknowledged areas for improvement to further support the planning and provision of services.

Joint Inspection of Adult Services Evaluation

- Quality indicator 1: Key performance outcomes; **Adequate**
- Quality indicator 6: Policy development and plans to support improvement in service; **Good**
- Quality indicator 9: Leadership and direction that promotes partnership; **Good**

Outcome 5:

Health and social care services contribute to reducing health inequalities

Our Highlights

Access to **over £9.5 Million** was achieved by our Money Matters Team

Money Matters **Income Advisors** now based within Service Access

- 5.1 In 2018–19, our **Money Matters** team advised and supported the most vulnerable people in our communities to access more of the benefits they are entitled to. The value of this financial support was just over of **£9.5 million**, greater again than the £8.6 million achieved in 2017-18. From our promise in the 2015–18 strategic plan to help people deal with their financial difficulties, we have managed to support people to the value of over £34 million (2015–19).



9,526,759

- 5.2 Additional resources were allocated to the Money Matters Team and following consultation with our initial receiving service, Service Access, it was agreed that Money Matters Income Advisors would be based in Service Access and work in partnership addressing cases of destitution.

The priority was to tackle inequality and prevention and early intervention. Service users who require assistance with Foodbank vouchers or are facing Eviction will be immediately directed to Money Matters Income Advisors.

The initial on-site assessment prevents a wait or referring on process, meaning action is quicker and on most occasions the person will meet with the right person at the point of the referral being received.

Case Study

Notification received from Housing for Eviction of client due to rent arrears – through partnership working Money Matters assisted client to claim a DHP, arrears of £508.80 awarded which halted eviction. During initial appointment with client it transpired he had been sanctioned from Universal Credit (UC) and had not received any payment from UC since July 2018 – current month March 19. Advisers assisted to challenge the Sanction decision which was successful, awarding client £2,542.56 of benefit he had been due from July 2018

- 5.3 The North Ayrshire Health and Social Care Partnership contributes to the **Fair for All** strategy; a single vision to reduce inequalities across North Ayrshire. By 2030, the aim is to create a North Ayrshire that is Fair for All. To do that, we pledge to tackle the root causes of all inequalities in North Ayrshire. Which is why, at its very core, Fair for All North Ayrshire focusses on five key areas – Health, Environment, Fairer Food, Economic Growth and Children. We may be early in the delivery of Fair for All but there has already been some significant work undertaken.
- 5.4 During 2018-19 the Partnership's Equality Mainstreaming report 2018 was approved by the Integration Joint Board and builds on the 2017 Ayrshire Shared Equality Outcomes. This ensures that equalities are integrated into the day-to-day working of the Partnership by considering the impact of our actions on all our service users.

The pan Ayrshire group have a supporting action plan that outlines proposed achievements. An update on progress against these Ayrshire shared actions can be found at the North Ayrshire Health and Social Care Partnership web site (<http://www.nahscp.org/>) in the 'Ayrshire Shared Equality Outcomes Report – 2018', which accompanies the mainstreaming report.

Examples of the works undertaken, and further considered actions include:

- Progressing the development of Community Mental Health rehabilitation, Warrix Avenue, and Learning Disability Day Services and Supported Accommodation, Trindlemoss.
- NADARS (North Ayrshire Drug and Alcohol Recovery Service) will continue to work with the Scottish Transgender Alliance to help improve the experience of the trans community who access addiction services.
- In our Learning Disability Service, we undertook review of the Job Coaching programme and established an Employability Group to look at improving employability across the HSCP. To help mainstream employability support to service users, a measurement model and proposals to embed employability in assessment processes are under development.

Outcome 6:

People who provide unpaid care are supported to look after their own health and wellbeing. Including to reduce any negative impact of their caring role on their own health and wellbeing

Our Highlights

39% of Carers feel supported to continue in their caring role
(Scottish average 37%)

Achieved **Level 2 Carer Positive Employer** status

48 service users now working with the Community Brokerage Network (CBN)

537 carers are now registered for a Carer Appreciation Card

6.1 The percentage of carers responding to the national Health and Care Experience Survey as feeling supported is 39%, although this is higher than the Scottish average the partnership would want to improve performance, this may include looking to other measures to assess the adequacy of carers supports.

6.2 The Carers Act came into force on 01 April 2018, the partnership provides significant supports for carers, some of which were in place in advance of the requirements of the Act. The implementation of the Act has allowed the partnership to build on these supports and allowed for additional targeted investment. The IJB approved the eligibility criteria for carers in June 2018, carers needs are identified and assessed either through an Adult Carer Support Plan or Young Carers Statement. The additional demand for services has been slower than anticipated with 100 carer's assessments completed in the first year, this is expected to increase as services actively encourage carers to request an assessment and services for support.



- 6.3 We purchased a Digital Resource for Carers, which is available to all unpaid carers across North Ayrshire. The North Ayrshire Health and Social Care Partnership was the first Local Authority or Partnership to sign up to such a resource.

The online resource helps carers support their own physical and emotional health and wellbeing alongside managing their caring responsibilities as well as information about supporting the health and wellbeing of the person they look after. Additionally, it offers a range of resources to support the carer including e-learning resources, essential reading guides and factsheets, advice around supportive technology, financial planning and advice on dealing with working and caring.

- 6.4 A relatively new collaboration for the Partnership has been with Community Brokerage Network (CBN). The CBN has secured funding to make this support service completely free to service users and the Partnership. In the past calendar year CBN have supported **48 service users and their families**



in North Ayrshire with the majority being Children with Disabilities and Adult Services.

CBN employ brokers to work with people with social care needs to plan and organise their support whether they are eligible needs/individual budget or not. They help connect people back into their communities, in some cases have experience in directing their own support and use that to encourage people to be more creative in how they are supported.

- 6.5 The uptake of our **Carer Appreciation Card** has resulted in **537** carers registered for a card. There are now 45 local businesses offering discounts and concessions to local carers who present a Carers Appreciation Card. In addition, during 2018-19 we achieved Level 2 Carer Positive Employer status

Outcome 7:

People who use health and social care services are safe from harm

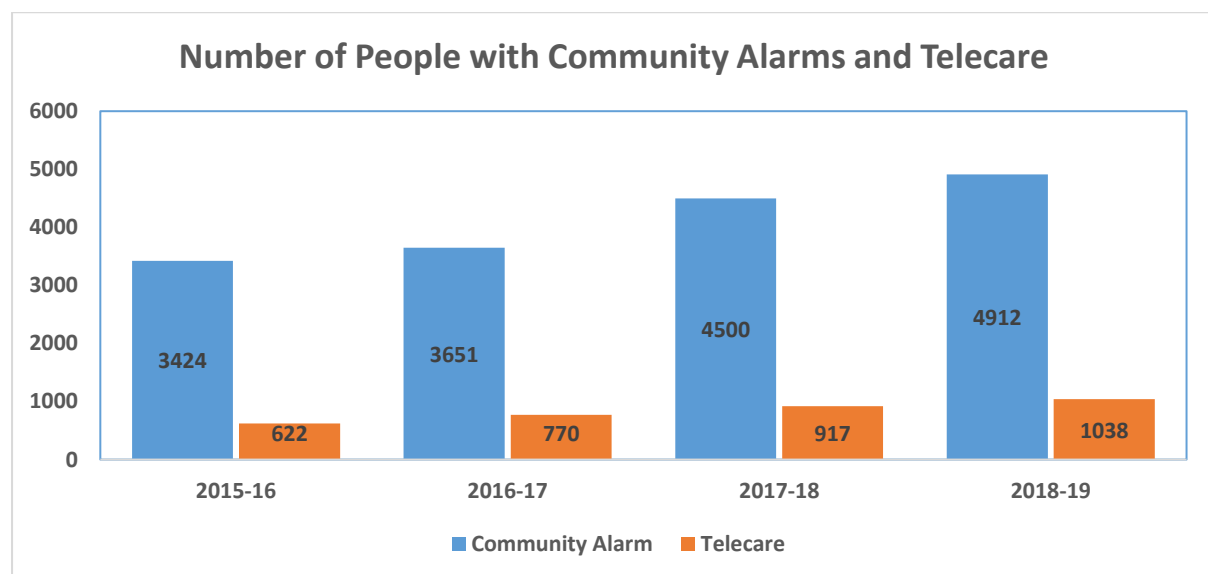
Our Highlights

Community Alarm use **increased to 4,912**

Increased Telecare to 1,038 in 2018-19

Reduced Child Protection Registrations to 117 at the end of March 2019

- 1.1 In 2018-19 we continued to expand the use of **Community Alarms** and **Telecare** enabling service users to remain safe in their homes with the peace of mind that there is contact with an emergency contact centre available if required.



- 1.2 We began the year with a high number of Children registered on our Child Protection Register and of the 143 family groups registered throughout the year 7 (4.9%) of those families had been registered previously within the last 12 months.

Throughout the year we have continued to monitor registrations via regular dedicated case audits undertaken by the Chief Social Worker Officer and Senior Children and Families Managers. These audits review current case status, placements where a child resides and their current support arrangements for making a professional risk-based assessment on each case and family situation.

The resulting decisions and supportive approach has seen the number of children registered at 31 March 2019 reduce to **113** from 141 at the beginning of the year.

- 1.3 The Care Inspectorate has published the report of a joint inspection of adult support and protection across six partnerships in Scotland (North Ayrshire, Midlothian, Dundee City, Highland, Aberdeenshire, East Dunbartonshire), the first such inspection since the Adult Support and Protection (Scotland) Act was implemented in 2008.

The published report provides an overview of key themes identified by inspectors and includes detail of the findings, gradings and recommendations for improvement for each area. North Ayrshire received the most positive gradings of all the partnership areas inspected, with gradings of Very Good for our processes and leadership, and Good for outcomes for adults at risk of harm. This is a testament to the hard work and commitment of people across the many agencies involved in adult protection across North Ayrshire.

There are some areas where we can continue to improve, and we will be incorporating further actions into our work plan for the next two years.

The full report can be found at this link -> **[Joint Inspection Report 2018](#)**

Outcome 8:

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Our Highlights

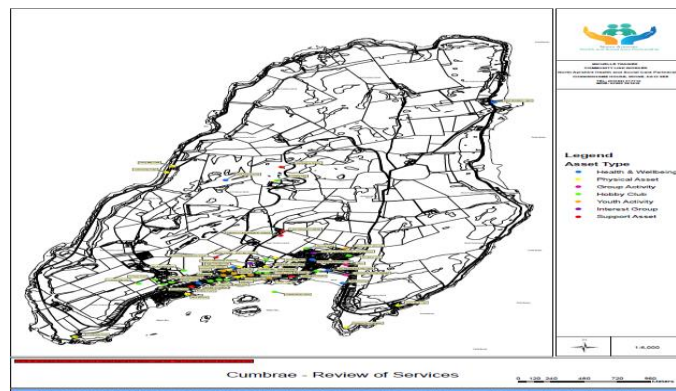
120 attendees at the Staff Partnership Awards

MAD (Making a Difference) Team received NAHSCP Innovative Team Award

Cumbrae Asset Mapping Exercise liaising with the local island community

-
- 8.1** Our third Partnership Staff Awards commended the collaborative efforts of our workforce. There were 60 nominations and 120 attendees at the event which included North Ayrshire Council and NHS Ayrshire and Arran staff and the third and independent sector staff and volunteers.
 - 8.2** The Partnership is committed to a holistic approach designed to support good health and positive wellbeing for all staff. We do this in various ways including offering supports such as Occupational Health checks, additional physiotherapy, counselling, 'healthy you' events, provision of flu Vaccination to all staff, Work – life Balance initiatives as well as intensive training in moving and handling and CALM (Crisis and Aggression, Limitation and Management). This approach has resulted in a reduction in the social care average working days lost from **15.4 days** per individual in 2017-18 to **13.8 days** in 2018-19, and, NHS staffing percentage of working days lost meeting the set target of **5.05%** per person.
 - 8.3** In recognition of the MAD (**Making a Difference**) team work, and other developments in Social Work Justice Services, our Justice Fieldwork Team received the NAHSCP Innovative Team Award in March 2018.

8.4 As part of the ongoing review of island services on Cumbrae, an asset mapping exercise was undertaken to gain a better understanding of the community supports available. This exercise was not only for the public but also the professionals that operate on the island, ensuring that both groups have an awareness of the alternatives to statutory services that exist, and the wellbeing benefits that community-based supports can offer.



8.5 Our NADARS service has recognised the invaluable opportunity of lived experience and created **Recovery Development Worker** (RDW) posts for individuals with lived experience of alcohol and drug recovery.

This new development was an opportunity identified as part of a service review and redesign prompted by vacant posts within NADARS. A 'Thinking differently' approach to service delivery coupled with the appreciation of the value of individuals with lived experience could bring to statutory addiction services led to a review of the funding enabling a staff complement reconfiguration to recruit four permanents contracted RDW's.

This initiative increases the service capacity to provide a range of interventions in ways that enable the RDW's to connect and resonate with our drug and alcohol client group through their own life experience. This decision was based on the positive feedback from clients and staff and the recognition of the invaluable skills and experience they bring to the team.

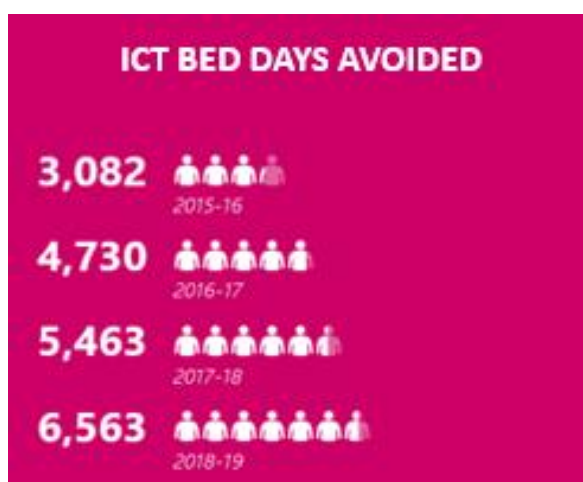
Outcome 9:

Resources are used effectively and efficiently in the provision of health and social services

Our Highlights

6,563 bed days avoided during 2018-19

- 9.1 Our Intermediate Care Team (ICT) supports people to regain their independence by supporting them when they are either discharged from hospital, or in their own homes, to prevent admission to hospital. This early intervention and prevention approach provided **6,563 days** of ICT service (during 2018-19) as an alternative to hospitalisation, a continued improvement from 2017/18.



- 9.2 Compared to 2017-18 we have seen an increase (602 hrs or 9.5%) in care at home hours lost due to the cancellation of hospital discharges. We have set up a dedicated team within Crosshouse hospital to continue to work with our hospital colleagues to reduce the number of discharge cancellations.

6,907 hrs lost due to hospital discharges being cancelled

National Health and Wellbeing Indicators

Scottish Government identified 23 (4 remain in development) indicators that were felt evidenced the 9 National Health and Wellbeing Outcomes. Nine indicators come from the biennial Health and Care Experience Survey (see below) and the additional 14 indicators (also below), which evidence the operation of NAHSCP, come from the NHS Information Services Division (ISD) survey. This survey represents a sample of the community and asks about the collective services received whether it be from Social Services, NHS, the collective HSCP, Private or Voluntary organisations. The survey responses do not separate each organisations service provision.

The data reported in the tables below is based on the information circulated in May 2019.

Health and Social Care Experience Indicators	North Ayrshire 2014–15	North Ayrshire 2015–16	North Ayrshire 2016–17	North Ayrshire 2017–18	North Ayrshire 2018–19	Scottish Av % Diff	Rank against Family Group
Adults able to look after their health very well or quite well		93%		91%		93%	4
Adults supported at home who agreed that they are supported to live as independently as possible		82%		84%		81%	1
Adults supported at home who agreed that they had a say in how their help, care, or support was provided		77%		70%		76%	7
Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated		78%		74%		74%	6
Adults receiving any care or support who rated it as excellent or good		79%		78%		80%	7
People with positive experience of the care provided by their GP practice		84%		80%		83%	6
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life		82%		82%		80%	2

Carers who feel supported to continue in their caring role		43%		39%		37%	4
Adults supported at home who agreed they felt safe		79%		80%		83%	6

To support service improvement, the Scottish Government has identified local authority / Partnership benchmarking families. These family groups are made up of eight local authorities that share similar social, demographic and economic characteristics. Comparing our performance information with our family group should provide a more meaningful comparison with similar areas and allow for greater opportunities for shared learning and best practice. Rankings are on a scale of 1–8, where 1= best performing, 8=worst performing.

North Ayrshire is partnered in its family group with: East Ayrshire, Dundee, Western Isles, Glasgow, Inverclyde, North Lanarkshire and West Dunbartonshire.

Indicators based on Administrative data	North Ayrshire 2014–15	North Ayrshire 2015–16	North Ayrshire 2016–17	North Ayrshire 2017–18	North Ayrshire 2018–19	Scottish Av % Diff	Rank against Family Group
Premature mortality rate. (Under 75s age-standardised death rates for all causes per 100,000 population).	459	484	490		446	425	3
Rate of Emergency Hospital Admissions for adults (per 100,000 population)	15,851	15,866	16,249	16,481	16,513	12,183	8
Rate of emergency bed days for adults.*	141,260	141,398	139,750	149,902	142,441	123,035	8
Readmissions to hospital within 28 days of discharge.	105	107	105	106	107	102	6
Proportion of last 6 months of life spent at home or in community setting.	87%	88%	87%	87%	88%	88%	2
Falls rate per 1,000 population aged 65+	21	23	20	24	22	22	3
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	73%	79%	81%	87%	88%	85%	6
Percentage of adults with intensive needs receiving care at home. (all levels of CAH)	67%	67%	49%		49%	61%	1
Number of days people aged 75+ spend in hospital when	663	443	624	1,033	1,144	762	7

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they are ready to be discharged per 1000 population)							
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	26%	26%	26%	29%	30%	25%	8

As well as the National Health and Wellbeing indicators, we regularly report on local measures to help us to evidence performance against the nine National Health and Wellbeing Outcomes and also our Strategic Priorities. The list of local indicators can be found in Appendix 1 (see page 73).

From January 2017, The Ministerial Strategic Group for Health and Community Care (MSG) advised that in order to measure the impact of integration they would be monitoring a suite of indicators. These are indicators which the government view as being appropriate to measure progress with integration and for which data is available to enable a comparison across partnership areas and to report on progress at a national level. The full list of indicators can be found in Appendix 2 (see page 75).

2. Performance in relation to the three Children's Outcomes and three Justice Services Outcomes



Children


Outcome 1: Our Children have the best start in life and are ready to succeed

Our Highlights

17.3% of all mums recorded as breastfeeding

95.8% of all children receiving a 27-30-month review in time by a Health Visitor

Percentage of children at 27 months with a BMI greater than 91 **reduced to 10.2%**

-
- 1.1 **Breastfeeding** uptake in North Ayrshire is amongst the lowest in Scotland, however, we are continuing to progress in the right direction. This has been demonstrated during 2018–19 with figures of 17.3% of all mums recorded as breastfeeding at 6-8 weeks, up from 16.8%.
- 1.2 **Health Visitors** carry out reviews at of all children in North Ayrshire at 27–30 months, to make sure they are healthy and thriving. From the most recently published data, we achieved 95.8% of all children having their review carried out when it should be, this is decrease of 0.8% from last year but remains 5% above the national percentage.
- 
- 1.3 During 2018-19 our **Universal Early Years** team has continued to provide supports ensuring the health of young children. This support has seen the percentage of young children at 27 months with a BMI greater than 91 reduce to 10.2%, a 2.6% reduction from the previous year.
- 1.4 Within Greenwood Academy an early identification process has been established for those young people who require additional support as a **Young Carer**. This model has more recently been established within Elderbank, Kilwinning Academy and the Three Towns Localities and will support those young people and children for whom there are vulnerabilities as well as those who are young carers.

Outcome 2: Our young people are successful learning, confident individuals, effective contributors and responsible citizens

Our Highlights

100% of children supported through SNAP been sustained in their school

'The Syrian Swans' initiative enabling refugee local community integration

94% of children and young people seen by the Rosemount Project remained within their family homes

-
- 2.1 Since its inception, the **SNAP** (STOP NOW AND PLAN) initiative has supported children ages 8-11 engaging in aggressive and anti-social behaviour at school or in the community. Experienced and highly trained staff work with each family to assess challenges and problems and develop an action plan aimed to reduce the potential of antisocial behaviour and chances of conflict with family, peers and authority figures.

For the period 2018-19 **100%** the children who have been involved through SNAP have been sustained within their local school.

- 2.2 The Rosemount Project is a crisis Intervention support service. It aims to support vulnerable children and young people assessed as high level of risk to remain within their family homes and local communities. This is done using a holistic multi-faceted approach with the delivery of customised service interventions to meet the need of complex families.

In 2018-19 the **Rosemount Project** worked with approximately 359 families with **94%** of children and young people remaining within their family homes on a long-term basis.

- 2.3 The Health and Social Care Partnership has continued to support the successful resettlement and integration of Syrian Refugees via the Syrian Refugee Coordinator to coordinate services delivered by the partnership to refugee families.

A new initiative known as **'The Syrian Swans'** supports young girls to integrate with the local community. This runs from the Church hall on a fortnightly basis and includes various activities including; pamper nights, visits to a show home, talks from Royal Bank of Scotland community representatives regarding various aspects of banking, session rights and responsibilities of young people in North Ayrshire and visits to the Police and fire stations.

The idea is to expose the girls in a planned way to various aspects of Scottish life to encourage and foster ideas of aspirations for the future and to provide a relaxed and informal place to discuss different topics.

Of the girls supported to date, one is now a modern apprentice, one is at college planning to become an engineer, one is learning to drive, and another four girls will be attending High school from August and are looking to join the group.

Case Study 1

The young person presented as angry, losing control physically at times with peers, he is on the fringes of society and has been through a Syrian war, and subsequent fleeing to a Refugee camp and then to the UK.

His father has died and his mum is not always great with routines, boundaries and general parenting. She has also had her own health issues. There have been significant concerns about him being excluded from school and also some concerns about being placed into alternative care arrangement.

He is currently being supported by the Rosemount Project, Social Work, School and the Refugee Support Team. These teams are working in partnership together and have also accessed some Culturally Sensitive Counselling for him in Glasgow. The Counsellor has been using play therapy with him and looking at a variety of issues including anger management.

To date he has received approximately 8 sessions of counselling and is appearing a lot calmer

He seems to be happier, his personality is coming out a bit more e.g. his caring attitude towards his brother regularly, his is a bit cheekier – but in a positive manner and that he is beginning to get the message that it is ok to lose at games and that name calling is just that

He is currently being given positive opportunities to socialise within his local community.

Outcome 3:

We have improved the life chances for children, young people and families at risk

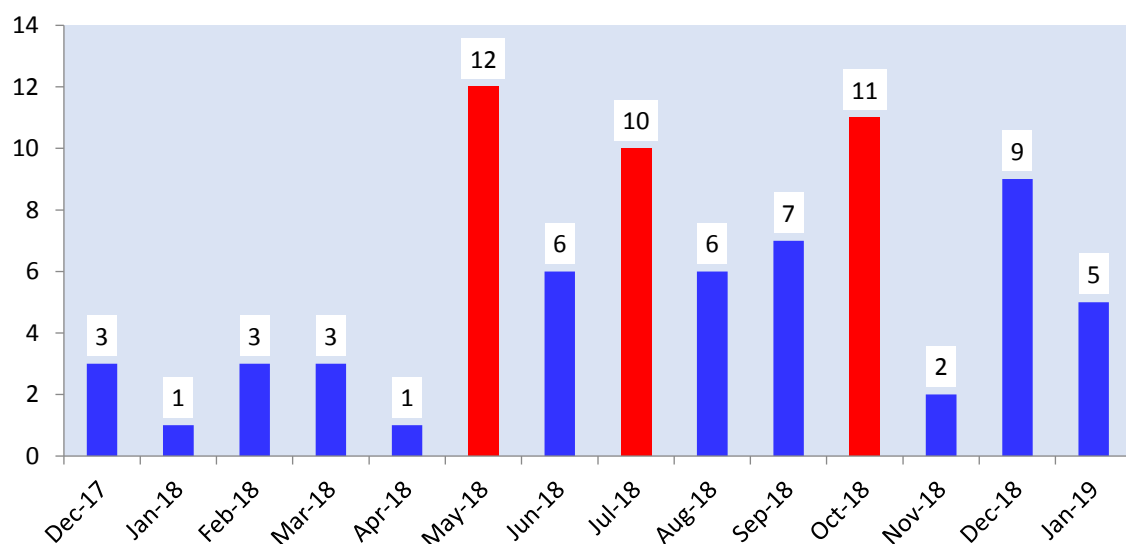
Our Highlights

51% of Perinatal Nurse requests received from the most deprived areas

Family Nurse Partnership has supported 2 cohorts with 79.7% and 71.6% to graduate from the service

- 3.1 Since December 2017, the **Perinatal Nurse** has received 79 requests for assistance for 74 individuals. This equates to an average of 6 per month with an average waiting time from request for assistance to first contact was 10 days.

Requests for Assistance received per month



The post, specific to North Ayrshire where deprivation is high, received 40 requests (of known and recorded post codes) from the 20% most deprived areas. This equates to 51% of the total request for assistance.

The primary reasons for assistance were due to: Low Mood, General Anxiety and Stress. In 17 cases, the presentations were specific to the pregnancy with no underlying mental health concerns.

The service is person-centred with varying treatment and intervention types delivered throughout contact from guided self-help to stress symptoms management and CBT (Cognitive Behavioural Therapy). On average 5 home visits and 4 telephone contacts are scheduled per person. This equates to 2-3 contacts being made per working day.

The service has proven to be very successful in engaging with a unique cohort and to date:

- 15 have shown a significant improvement
 - 16 have shown a general improvement
 - 2 have shown a slight improvement
- Only 7 referrals were discharged with no clinical contact. A further 2 referrals were escalated for a higher intensive intervention.

- 3.2 The **Family Nurses** continue to work with young mums with 170 being enrolled to December 2018. Since the Family Nurse Partnership was established in 2013, 79.7% have graduated from cohort 1 and 71.6% from cohort 2. The purpose of the partnership is to support young mums (19 and under) and their families through early pregnancy until the children are two years old, building on the strengths of the available family support.

Justice Service

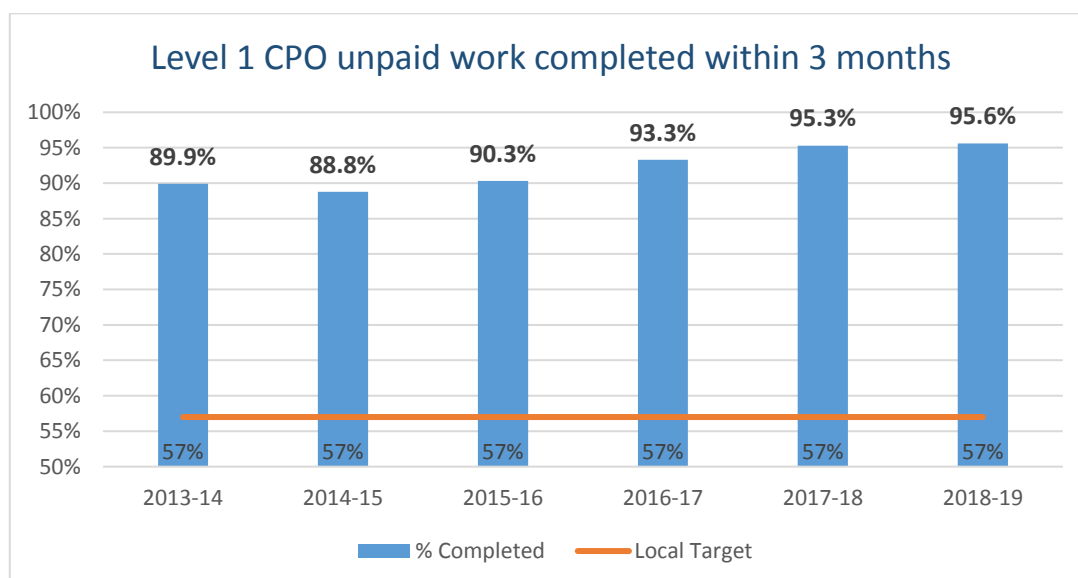
Outcome 1: Community Safety and Public Protection

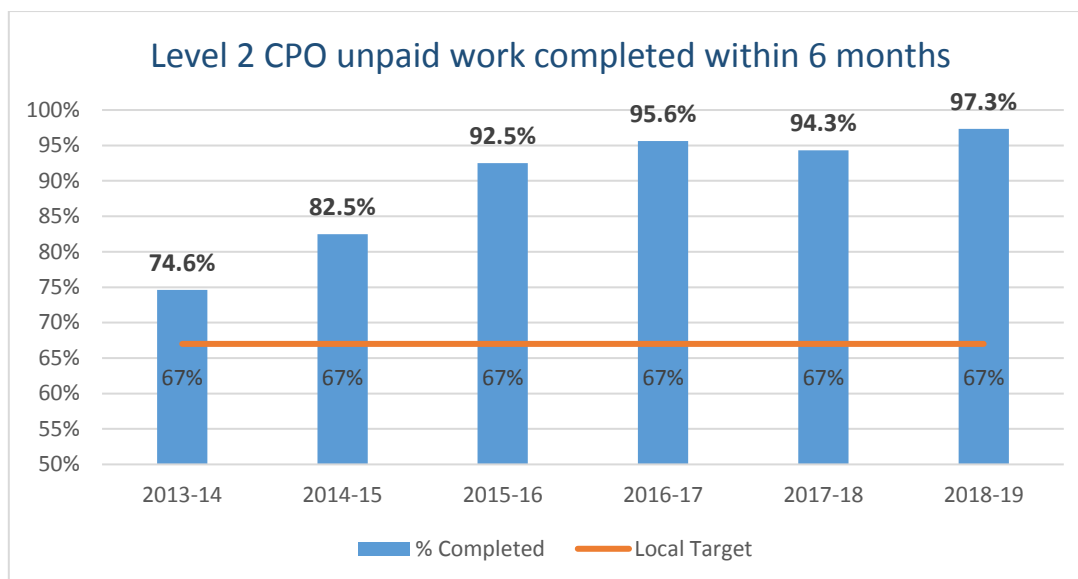
Our Highlights

Further improvement in Level 1 CPO Unpaid Work to 95.6%

Further improvement in Level 2 CPO Unpaid Work to 97.3%

- 1.1 The targets set for unpaid work are pan-Ayrshire targets. The latest Government statistics on Community Payback Orders (CPO) for 2017/18 show that North Ayrshire has the second highest number of CPO's imposed per 10,000 population in Scotland at 71.9 per 10,000 population. In comparison, East Ayrshire has the highest at 73.7 and Glasgow sit at 66. The Scottish average is 46.1 per 10,000 population".
- 1.2 Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. For the sixth year we have continuously over-achieved against targets for CPO level 1 and level 2:





- 1.3 We currently have 230 people of all ages and abilities undertaking unpaid work. The unpaid work teams undertake a variety of tasks for the benefit of local communities, including;

Foodbank - undertaking collections for a local Foodbank at Church of Nazarene in Ardrossan. They then carry out distribution of the allocated food across North Ayrshire.

Schools – creation of furniture, planters and recently brightly coloured seats and wooden wigwams. The creative arts team have also painted a mural in the music corridor at Kilwinning Academy.

Community Councils – requests to undertake work in their areas such as; renovating pathways, clearing overgrown areas and litter picking. Last year seating was restored along the Ardrossan shore and railings painted at the sea front in Irvine.

Removals – support is provided to local Charity shops by collecting donated furniture and delivering purchased items. This is a valuable resource for those who might find it difficult to pay for uplift and delivery of large items.

Workshops - our three workshops are equipped to undertake training in woodworking skills and arts and crafts. Service users who have disabilities or health issues may be unable to undertake heavier work and have an opportunity to make items which are sold with the funds going to the Income Generation Fund.

Art work has been submitted to the Koestler Trust for the 2019 competition, following a number of Gold and Silver awards in 2017.

The funds raised from the sale of items enabled donations of £1,150 to Sense Scotland Ardrossan and Touched by Suicide in Irvine.

Sales Days - at Smithstone House, our horticultural base, we are fortunate to have a large garden where we are able to produce a range of vegetables and herbs for making hanging baskets to sell alongside a range of plants and garden furniture.

Painting and Decorating - our team on Arran have been very productive in painting community public toilets and a number of village halls. Further requests have been made that the team renovate some of the public seating around the island.

Employability - working with all justice service users to provide support in working towards employment; a significant factor in reducing re-offending.

- 1.4 Reintegration into communities is very much the ethos of Community Payback Orders and with that aim in mind Employability Mentors are now based within the Community Payback, Unpaid Work Team.

Outcome 2: The Reduction of re-offending

Our Highlights

CPO Level 1 and 2 surpassed targets

Continued support from the **Employability Mentors**

-
- 2.1 As stated in the **Justice Service Outcome 1**, we have surpassed the targets for Community Payback Orders (CPO).
 - 2.2 Since September 2017, 2 **Employability Mentors** have been employed who are based in the unpaid work team and have the remit to focus on working with all justice service users to provide support in working towards employment; a significant factor in reducing re-offending. The Mentors work with service users over a period and the process begins with an in-depth assessment of the service user's learning/skills needs and includes assistance in preparing CVs for service users and identifying training relevant to the area of employment in which they have an interest. Since coming into post late in 2017 the mentors have been successful in supporting 18 service users into full time employment. In addition, the team have sourced and placed a significant number of service users into training likely to increase future employment opportunities.
 - 2.3 A significant number of service users have undertaken training in Construction Health and Safety (CSCS), forklift driving, Health and Safety, Safety at Sea and Hospitality. Several service users have undertaken voluntary work which builds on their skills and experience in addition to adding to their CV. Some of the hours spent addressing employability count towards 'other activity' as part of the Unpaid Work Requirement.
 - 2.4 The Mentors, alongside Economies and Communities, CEIS (Community Enterprise in Scotland) and DWP (Department for Work and Pensions) are organising a 'Recruit with Conviction Event' at the Ardrossan Hub in May 2019. Employers from a variety of sectors will be in attendance and advice for applicants will be available from Disclosure Scotland.

Outcome 3: Social inclusion to support desistance from offending

Our Highlights

Appointment of a Desistance Officer to the MAD (Making a Difference) Group

Justice Fieldwork Team received the NAHSCP Innovative Team Award

The Caledonian Women's Service worked with **59 women in the North and 123 women across Ayrshire**

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- 3.1 The **Early Intervention from Custody (Women)** project seeks to offer support to women to access and attend existing health and other services to improve their health outcomes. The project also seeks to develop improved integrated pathways between Health and Social Care Services in North Ayrshire, leading to sustainable improvements in how services work together and deliver services more effectively.
- 3.2 The project intervenes with women at an early stage to support them accessing health services, particularly Addictions and Mental Health services. Ultimately to support them to improve their health and avoid custody whilst promoting social inclusion and decreasing marginalisation.

Case Study 1

Ms S appeared as a first offender in September and was referred to the Early Intervention Service for extra support. The allocated staff member completed a home visit and explained the court process. It was agreed that phone contact would be maintained through the court process to support Ms S emotionally and to help reduce her anxiety and this worked best for her as she was in full-time employment. The staff member supported Ms S to court when she appeared for her trial.

Case Study 2

Ms G was referred to the Early Intervention Service for breaching her curfew. She was granted supervised bail to attend a check-in twice weekly with a staff member. During these check-ins, it was identified that Ms G required a referral to addiction services for alcohol detox. In addition, Ms G also discussed that she would like the staff member to support her with an application to move house.

Case Study 3

Ms B appeared through court as a first offender. A home visit was undertaken and the staff member was able to reduce Ms B's anxiety by explaining the court process and what her bail conditions meant. The staff member kept in regular contact with Ms B and she continued to engage with Women's Aid and Ayrshire Cancer Support. Ms B has ongoing alcohol issues which impact on areas of her life. Ms B was supported to attend a medical assessment regarding her state benefits and continues to be supported by the Early Intervention Service.

- 3.3 The **Making a Difference (M.A.D)** group, the first of its kind in Scotland, is an innovative and collaborative initiative to ensure that those directly affected can inform and shape the design, development and delivery of Community Justice Services across North Ayrshire. Towards the end of 2018, while meeting our strategic objective, we appointed a **Desistance Officer** to support our service user engagement and social reintegration. Again, this is the first post of its type in Justice Services in Scotland. In recognition of the MAD work, and other developments in Social Work Justice Services, our Justice Fieldwork Team received the NAHSCP Innovative Team Award in March 2018.
- 3.4 While the work of the MAD group is having a demonstrable positive impact on services, the focus is on creating spaces for service users to participate in services in different ways, to be decided by those service users. The core aims of the MAD group include:
- Establishing and enhancing effective partnerships
 - Encouraging and enhancing exit processes and opportunities for participation

- Establishing and embedding a variety of opportunities for user involvement and participation in the design, development and delivery of community justice services
- Building community facing and community engaging services
- Supporting recovery, desistance and social integration

3.5 The **Caledonian Women's Service** offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. Working in partnership with the women, we aim to reduce their vulnerability and work with other services, including; education, housing, Police Scotland and the voluntary sector, so that women and their families are better supported.

In 2018-19 the team worked with 123 individuals across Ayrshire and Arran (an increase from 62 the previous year). Offering a variety of services and support, from safety planning sessions, to longer term interventions and support. The team currently continue to support 59 women across North Ayrshire (an increase from 34 the previous year).

Within the Caledonian Woman's Service, the **Children's Worker** role is to ensure the rights of the child and that the child's needs are met. Although through a specific role, the approach involves team and multi-agency working. It is everyone's job to support and protect children involved. Since re-accreditation of the Caledonian System, the Children's worker role involves not only direct work with children, but also fathers in terms of the impact of domestic abuse on their children. The Children's service worker is also trained to co-facilitate the children and fathering module on the group work programme.

3. Reporting on localities

North Ayrshire is home to over 136,000 people, all living in its many towns, villages and islands. These places are home to many different communities, each with their own characteristics and needs.

We recognise that a one - size- all approach to service delivery is not appropriate. A blanket service may be of great benefit to one community and of little value to another. That is why we are now designing local services based on local need, identifying the health and social care priorities in communities and developing services that help people access the right service at the right time.

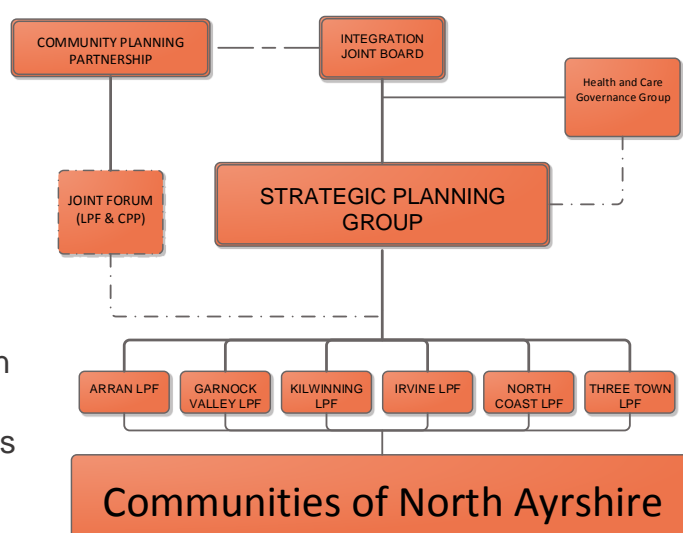


Localities

2018-19 has been a period of review and reflection for the locality planning forums (LPFs). Following the publication of the partnership's new strategic plan, "Let's Deliver Care Together", the decision was taken to review the governance structure and terms of reference for the forums. In partnership with forum members and the HSCP Strategic Planning Group, the revised terms of reference were approved by our Integration Joint Board in (October) 2018.

A key part of the revision was the recognition that Locality Planning Forums are sub-groups of the Strategic Planning Group. This confirmed LPFs as key partners in the development of the strategic direction of the North Ayrshire Health and Social Care Partnership.

Over the past year, the forums have been working to establish the foundations for an engagement pilot in each locality. These pilots will seek to identify the best methods for LPFs to actively engage and communicate with local communities.



Through more effective conversations with local people, it is expected that each forum can better identify local need and further shape health and care priorities for action. Each engagement pilot is expected to run for six months and be completed during 2019-20.

Arran

The Arran locality is taking part in the first "pilot" for a combined LPF with the Community Planning Partnership. The pilot will start in 2019. As part of the preparation for this we have developed and enhanced our existing Patient and Service User group to include our LPF members as Community Champions. We are excited about this new development and think this will give even more opportunity for us to engage with our community on our plans for the locality.

This year we also completed our Complex Care pilot, and this has tested both new ways of working and a new role. We have worked with 12 individuals on the pilot and developed a new multi-disciplinary care planning tool that puts the goals and outcome of the person at its heart. We were lucky to have the support of a Community Navigator from the MPower programme and the role has helped support people with one of our other key priorities, social isolation.

The LPF Chair is part of a new group looking at innovative ways to address our other key priority Transport.

The group has also been involved in supporting the Participatory Budgeting exercise on Arran and this has also supported new ways to tackle social isolation, one great example is the horticultural therapy group.

Garnock Valley

A positive inspection of the Care at Home service within the Garnock Valley saw grades 5, 'Very Good', for Care and Support and Staffing.

Irvine

Following a change of Chair, the Irvine Locality Planning Forum has continued to work towards progressing its identified priorities.

During the year, the Irvine LPF received an input in relation to the Fairer Food work being developed by North Ayrshire Council. This presentation highlighted the extent of food poverty in the area and possible strategies for better food provision. The group has agreed to help support this work and has begun initial enquiries on how to engage local groups who can produce 'Canny Cookers': insulated cooking utilities that can slow cook food with no power required. These Canny Cookers can help address people impacted by both food and fuel poverty. The Irvine LPF will work with colleagues to receive instruction on how to make the Canny Cookers and gain information on a menu of healthy meals.

The Irvine LPF has begun planning its approach to its own engagement pilot. Building on opportunities already available, members of the Irvine LPF will join in the local 'Chit Chats' that have taken place around the many communities in Irvine. Chit Chats are locally based conversations, where members of the community can discuss issues and possible solutions. By engaging in this activity, the Irvine LPF aims to identify local health and wellbeing concerns and work more with communities to identify joint solutions. Further, in recognising the challenges to engaging with those hardest to reach, forum members will take a focussed approach to meeting with front line health professionals and social workers, to gather their views on the issues facing socially isolated local people.

Kilwinning

In 2018-19, the Kilwinning LPF appointed a new Chair of the group, who will now steer the forum in its work to improve the health and wellbeing of the locality and continue to deliver against its established priorities.

The Kilwinning pilot of additional GP support into the Buckreddan Care Home continued to achieve positive outcomes, including improved wellbeing of care home residents, less demand at local GP practices and fewer hospital admissions.

The forum had undertaken a scoping exercise to consider the implementation of Occupational Therapy support in local pharmacies. However, following evaluation it was agreed the approach would not be practical for delivery.

The forum has developed close links with education services and early years through the Kilwinning Wellbeing Project set up by CAMHS. This engagement has allowed the LPF to consider more carefully the mental health concerns impacting the young people of Kilwinning. As a result, both Kilwinning medical practices have now been actively involved with the project for around 18 months.

Going forward, Kilwinning is the first Locality Planning Forum to undertake the locality engagement pilot. Over the coming months, members from the LPF and other key community members will develop an engagement process that aims to establish a clear line of communication with the people of Kilwinning. They will be seeking to gather the views of Health and Care services in Kilwinning, and what other opportunities could be employed to help improve the health and wellbeing of local people. To date, the forum has established a robust engagement steering group and are finalising the preferred engagement model to deliver during 2019.

It is intended that the Forum will use the findings from the engagement work to help refresh their locality priorities.

North Coast

In 2018-19 the North Coast locality re-established the LPF with new membership and has been working on reviewing priorities and seeking to identify future actions.

Since the revision of the LPF terms of reference, the North Coast Locality Planning Forum has been refreshed and now hosts a wide-ranging membership of health and social care representatives and community members.

A first task for the refreshed forum was to consider the forums priorities, following group agreement the priorities have been revised as such:

Old priorities

- Reduce social isolation for older people
- Improve support for stress and anxiety
- Address impact of musculoskeletal issues
- Promote financial inclusion

New Priorities

- Reduce social isolation across all age groups
- Improve support for stress and anxiety
- Promote physical activity across the locality
- Promote financial inclusion

In relation to the priority of addressing the impact of Musculoskeletal Issues, the forum's GP representative reported the MSK services were performing much better in the North Coast with demand being more manageable. It is for this reason, the LPF revised their priority to promoting physical activity to local people.

Three Towns

During 2018-19, the Three Towns forum gained a new Chair as well as a new lead officer. Following the review of the terms of reference for Locality Planning Forums, this new core group has focussed on identifying the direction for the forum going forward.

The group has undertaken an initial review of the original priorities for the forum and have made some minor amendments.

Old priorities

- Improve mental health and wellbeing of young men.
- Addressing issues of social isolation
- Ensure appropriate care at home options for older people.

New Priorities

- Improve mental health and wellbeing of young people
- Reduce social isolation
- Improve support to those with complex needs
- Promote financial inclusion

In progressing the priorities, forum members have met with the Parent Council at Auchenhavie Academy to highlight the role of the forum and present on their priorities. Feedback was positive, with the Parent Council voicing their support for the priorities. Further meetings are planned at both St Matthews Academy and Ardrossan Academy.

In addition, the Chair of the Three Towns LPF has also actively engaged with local community groups, presenting on the forum's priorities. To date, the chair has met with Saltcoats Community Council, Stevenston Community Council and Hayocks Tenants and Residents Association.

4. Transformation Programme

North Ayrshire's Transformation Team support Partnership teams to identify, develop and deliver system wide change to local services and improve outcomes for the people of North Ayrshire.

Some of our key achievements and initiatives supported during 2018-19 include:

Communities

- **Arran Engagement** - 138 attendees plus a further 37 patient and service user group members and staff from the Arran Health and Social Care teams attended engagement events on the island between May and November. This ensured both staff and the community on Arran were engaged and involved in the ongoing developments for service improvement.
- **Implementation of the Island Review of Services on Arran** - Autumn 2018 saw the launch of the Arran complex care pilot. This is a “test of change” pilot encompassing Multi-disciplinary Team working, comprehensive assessment and outcome-based care planning, utilising a new “generic role”. This will inform the future island model.
- **What Matters to You? Day 2018** - A total of 1612 conversations were recorded across the Partnership on the 6th of June 2018



Health and Community Care

- **End of life/Palliative care (Pan Ayrshire)** - The three Ayrshire Partnerships and Acute Services have been working together through the New Models of Care for Older People and People with Complex Needs Programme to ensure an individual's dignity and respect at end of life is preserved. The design of an overarching framework is to ensure that a consistent approach during this time can be applied reflecting the differing needs, ambitions and operational arrangements of each partnership while providing a person-centred service. During 2018-19 early scoping of a business case was undertaken.
- **Implementation of the Primary Care Improvement Plan** – The introduction of Multi-Disciplinary Teams (MDTs) within General Practices provides a unique opportunity to progress longer term transformational change to deliver the vision for Primary Care. The ambition of MDTs is to deliver care to the patient in a seamless way, reducing the number of visits and number of professionals working with a person and their family, as well as reducing the amount of times a person needs to repeat the same story to a range of professionals.
- **Reforming General Practice** – aims to improve infrastructure and reduce risk in areas such as ownership of premises, ICT and information sharing. These

areas are being taken forward and explored on a national basis with a view to transitioning new arrangements by 2020.

- **Delayed Discharges** – a team has been established within Crosshouse Hospital for the purposes of reducing hospital discharge timescales and ensuring service packages are in place as soon as possible
- **Intermediate Care and Rehabilitation** – The new services are developed around Intermediate Care and Rehabilitation Hubs which provide a single point of access, with screening and clinical triage, ensuring the person is seen by the right service, first time and includes 7-day support. The model supports people at different stages of their recovery journey and builds on existing intermediate care and rehabilitation services, reducing duplication and fragmentation of services across Ayrshire.

The new Enhanced Intermediate Care and Rehabilitation Service went live on 19 November 2018. Initial outputs are showing positive trends which will continue to be monitored on an on-going basis. Across the Partnerships, referrals have increased by 16.3% since last year while prevented admissions have increased by 48%.

Children, Families and Justice Services

Service transformation in Children's Services has focussed on bringing accommodated Children back from expensive external residential placements, which not only reduces costs but provides better outcomes for the child, this has included avoiding carer breakdown with foster and kinship carers and wrapping children's intervention teams around school settings.

- **Children's Service Challenge Fund**
Evaluation of the prevention work at Elderbank Primary School
Further assessment on the impact of this locality-based approach on the children's services team structures.
- **Teams in Schools** – has seen the implementation of a Children's Services team being based in Kilwinning Academy. Results to date have led to a review of developing such an approach across Children's Services affecting the traditional area team construct.
- **Child Protection** – Implementation of new arrangements to take a professional risk-based review of children on our Child Protection Register for appropriately reducing the number of children registered.

Mental Health and Learning Disability Services

Warrix Avenue Development – The workforce for this initiative has been recruited and care model pathways completed with first patient admissions in the summer of 2019. This positive development moves an inpatient rehabilitation mental health ward into a step-down supported community setting.

- **Trindlemoss** – Work is well progressed to develop a new model of service delivery for Learning Disability Day Services in preparation of transfer of services from Fergushill and Hazeldene to Trindlemoss. In addition, the site includes a Complex Care Unit and Supported Housing which will allow patients and service users to be cared for in a service established to support independence and improve outcomes. The full site refurbishment is scheduled for completion during the final quarter of 2019.

Nethermains Supported Living - The Nethermains project aims to give individuals greater independence and choice in their day to day life whilst recognising the challenges they may face integrating into the community. The supported living project provides 24hr care for individuals living with some of the most debilitating symptoms of mental ill health. Each individual living within Nethermains had been previously cared for within long term/ continuing care rehabilitation. The care is commissioned and provided by The Richmond Fellowship whose staff integrated into clinical areas several weeks before the transition to Nethermains in order to develop trust and rapport with the people they would be caring for.

- **Learning Disability Strategy** - The service user planning group has been meeting since November and has recently been focussing on issues of transport and getting around within communities. Opportunities are being sought to link this with other activity addressing this theme, through the work of **Upstream**, an organisation exploring a range of transport issues in relation to marginalised populations (with a focus on dementia). Work is commencing on looking at the integrated team workforce; as part of which fresh links with primary care are being pursued (including closer collaboration with Community Link Workers). The work of the team in the Garnock Valley has provided a template for review which will continue to be developed, but which will also inform the undertaking of reviews as part of the broader programme of change within day services.
- **Elderly Mental Health Inpatient Services** – The majority of adult inpatient services have moved to Woodland View from Ailsa in order to ensure occupancy levels and better support the patient need. In addition, there is an expectation that the Ailsa site will no longer provide inpatient services by

relocating remaining wards to Ayrshire Central Hospital. As part of this change, elderly functional inpatient assessment was consolidated resulting in the Croy ward closing in November 2018. The Iona/ Lewis ward closure is progressing with alternative care provision being identified. As a result of these changes a reconfiguration of inpatient services was identified with the relocation to the best accommodation available. The completion of these changes will result in significant whole service savings.

- **Mental Health Action 15 Investment** – As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers. In Ayrshire and Arran, the additional funding has been targeted in three main areas; supplementing the prison healthcare team, employing mental health practitioners (MHP) in GP practices and expanding the crisis resolution team to include direct access for Police. There are four MHPs already working within GP practices as part of the wider multidisciplinary teams in General Practice with another four going through induction. It is expected that this additional resource will free GP time as well as have a positive impact on demand for community mental health.

5. Reporting on lead partnership responsibility

Each Ayrshire health and social care partnership has lead responsibility for specific services across Ayrshire.

North Ayrshire Health and Social Care Partnership has lead responsibility for:

- **Mental health services** (including psychology, CAMHs, learning disability assessment and treatment)
- **Child health services** (including child immunisation and infant feeding)

East Ayrshire Health and Social Care Partnership has lead responsibility for primary care and out of hours community response

South Ayrshire Health and Social Care Partnership had lead responsibility for technology enable care (TEC) and falls prevention.

During 2018-19 Allied Health Professionals (AHPs) responsibility was devolved to each Partnership, in previous years this was led by South Ayrshire.

Details of North Ayrshire's performance in these services are available from:

East Ayrshire Health and Social Care Partnership

www.east-ayrshire.gov.uk/CouncilAndGovernment/About-the-Council/Information-and-statistics/CouncilPerformanceIndicators/Annualperformancereport.aspx

South Ayrshire Health and Social Care Partnership

www.south-ayrshire.gov.uk/health-social-care-partnership/partnershipperformance.aspx

Mental Health Services



We want to see a nation where mental healthcare is person-centred and recognises the life-changing benefits of fast, effective treatment

– Mental Health Strategy, 2017–2027

The 3 Ayrshire Health and Social Care Partnerships have committed to the development of an Ayrshire and Arran Mental Health Strategy. Our aim was to ensure the Ayrshire Mental Health Strategy includes the views of people who use services, their family members, carers, the local workforce and people and communities across Ayrshire. This was accomplished via the Ayrshire Mental Health Conversation.

To capture as many responses as possible people had the opportunity to provide feedback via local conversation events, paper-based questionnaires (available in all local libraries and within other local services) and an online survey. The Conversation led to **777 responses**.

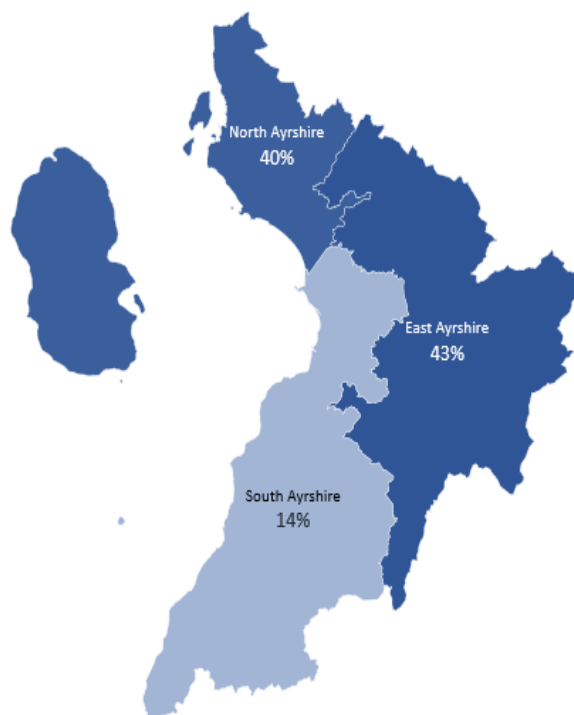
It was positive to see that the responders to the Conversation encompassed a diverse section of the population as demonstrated, with only 3% not providing a postcode.

Service Experience

42% responded as someone who had personal experience of accessing services,

32% as someone who has never accessed services

26% responded on behalf of someone they care for.



Mental Health Conversation Findings

Overall the top 5 things that challenge people's mental health in Ayrshire are:

1. Work Related – 430, 55%
2. Relationships – 401, 52%
3. Money/Debt – 337, 43%
4. Body issues/Self-image – 306, 39%
5. Isolation/Loneliness – 272, 35%

Things to Improve Mental Health

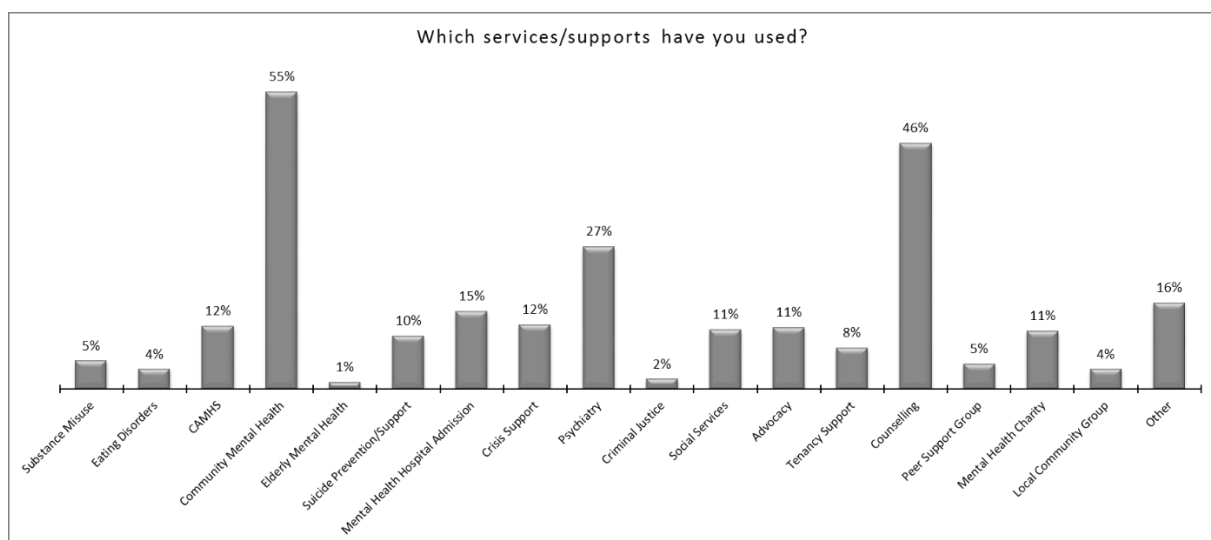
Overall the top 5 things that people do to improve their mental health and wellbeing are:

1. Spend time with family and friends – 393, 51%
2. Go for a walk – 378, 49%
3. Listen to music – 314, 40%
4. Physical Exercise – 306, 39%
5. Talking to family/friends about things that worry you – 306, 39%

Services and Supports

Overall the top 5 used services or supports by service users are:

1. Community Mental Health – 263, 50%
2. Counselling – 202, 38%
3. Psychiatry – 139, 26%
4. Mental Health Hospital Admission – 104, 20%
5. CAMHS – 91, 17%



Conversation Feedback and Comments

Longer long-term support – 8 weeks is not enough

Having longer sessions provided and not being passed from pillar to pillar

The staff are great but there simply are not enough of them

Strategic/planned support for schools from professionals – proactive support – before children need to be referred, don't show up and then get sent back to school anyway

More counsellors or people to talk to. There is nobody to talk to at the moment unless you want to wait for years

Not losing patients in the system – still waiting for a follow up. Just so happens it has suited me

Having reception and nursing staff who don't make you feel like a nuisance when asking for help

Less Medication

Being able to get help instead of being told I'm not a priority

Let the family know what is happening

More knowledge of what's available

Mental Health problems having same importance as physical health problems to service planners & funders and primary care clinicians

At the end of 2018-19 the **partnership CAMHS (Children and Adolescent Mental Health Services)** service was supporting **over 3,000** children and young adults with Mental Health issues.

CAMHS work to a 7-day access to treatment model. The demand for this service has continued to increase for the 3rd consecutive year with the number of referrals reaching **1,937** and **346** of these being '**high risk**' presentations. Over the last 3 years there is been a 24% increase in these urgent referrals and during 2018-19 this equates to approximately one per day.

Woodland View, the facility providing older people's rehabilitation as well as dementia, mental health and addiction services for people across Ayrshire and Arran, saw a **10.5%** increase in unscheduled admissions during the year, 587 from 531 in 2017-18. During the same period there was a **22.6% reduction** in the re-admission rate within a 28-day period from discharge, 41 from 53 in 2017-18.

The Quality Improvement Top Team Award went to the **Ward 10, Woodland View Therapeutic Groups Project**. The team set out to improve the therapeutic environment and culture at Ward 10 and in turn reduce self-harm, violence and the need for restraint. The project had a hugely positive impact on the ward environment and patient safety.

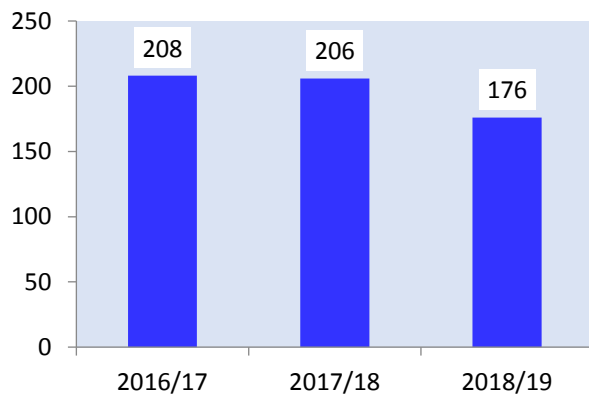
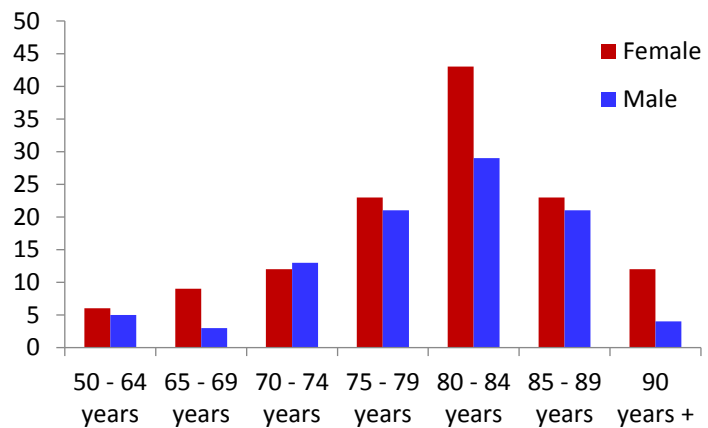
Although there were no announced or unannounced visits by the Mental Welfare Commission to mental health inpatient services during 2018-19, we hosted a number of high-profile visitors to our Woodland View facility.

Since **Veterans 1st Point (V1P)** Ayrshire and Arran was developed in 2017, it has demonstrated the North Ayrshire IJB's commitment to the Armed Forces Covenant, ensuring that veterans – and particularly those with the most enduring health and welfare difficulties are able to access priority care and treatment from mainstream and specialist services.

Although a small service, V1P Ayrshire & Arran has delivered care and treatment to over **500 veterans and their family members** living across Ayrshire and is the busiest of all the V1P centres across Scotland. The service has been independently evaluated and demonstrates clinically significant outcomes. The credibility, accessibility and coordination of care has resulted in high levels of service user's satisfaction through a cost-effective service structure.

Our **Crisis Support Team** supported over **1,000 residents** during short periods of crisis. The benefit of having such a team is that just **7%** of those being assessed by the team resulted in an inpatient admission.

2018-19 welcomed a **new Dementia Lead**. In support of the service this lead launched a **carer group** that has been well received providing networking sessions, advice opportunities covering all areas affecting dementia diagnosed individuals and their families. Throughout the year over 200 residents of North Ayrshire were diagnosed with dementia with **100% offered post-diagnostic supports**.



2018-19 saw the 3rd consecutive year in **decreasing admissions** to acute elderly mental health. The merger of the Ailsa site with Ward 4 saw the closure of Croy House with the continuing plan to bring all elderly mental health into a single site.

Child Health Services

Child Health Service is responsible for the comprehensive immunisation/screening/health review programmes and fail-safe aspects provided to the eligible population across Ayrshire and Arran. The Child Health Service is governed by Scottish Government legislation and protocols.



- **Children's Immunisation Service** provides the Ayrshire school-based immunisation programme, including human papilloma virus (HPV), diphtheria tetanus and polio, meningitis ACWY, and measles, mumps and rubella (MMR). In North Ayrshire this programme is offered to **7,670** pupils between the cohorts of S1 to S6. The annual influenza vaccine is offered to **10,229** pupils from Primary 1 to 7.
- Health visitors in the **Infant Feeding Service** continue to promote, protect and support breastfeeding, referring mums to the community infant feeding nurse for support with more complex issues. Audit shows that the care provided is of a high standard and well received. Work remains ongoing across Ayrshire to increase the number of premises signed up to the '**Breastfeed Happily Here**' scheme (**see page 31** for more information).

6. Inspection of Service

The Partnership works closely with independent care providers to ensure that the care and support provided is being delivered in line with peoples' outcomes, offers best value, meets regulatory requirements and keeps people healthy, safe and well.

Care services provided by Partnership teams also undergo external inspections and are subject to rigorous review and inspection.

Working together, we ensure that all required standards of quality and safety are met.

Independent care providers who provide care services on our behalf

Independent care and 3rd sector providers, via the contract management framework, maintain and improve their standards of care and support on an on-going basis. We use a range of methods to monitor performance, including:

- Compliments, complaints and feedback from staff, carers and people who use services
- Information that we collect, before visits, from the provider or from our records
- Local and national information, for example, Care Inspectorate reports
- Visits to providers, including observing care and support and looking at records and documents

The information below represents how services are performing, monitored via the contract management framework and ensures services are safe, effective and most of all, that they meet people's needs.

Registered services: Minimum grades across all themes		Current lowest grade in any assessed quality theme						
Care Service	Subtype	1 - Unsatisfactory	2 - Weak	3 - Adequate	4 - Good	5 - Very Good	6 - Excellent	Total
Adoption						1		1
Adult Placement Service						2		2
Care Home Services	Older people		1	6	9	4		20
	Children and young people				4	3	2	9
	Learning Disabilities		1		3	1		5
	Mental Health				1			1
Fostering					1	1		2
Housing support Services				2	5	10	3	20
School care accommodation					2	5		7
Support services	Care at Home		1	2	7	11		21
	Other than Care at Home			1	7	3	1	12
Total		0	3	11	39	41	6	100

Care services provided by Partnership teams

The services that the Partnership provides undergo inspection from the Care Inspectorate. In 2018–19, 14 internal services were inspected, 1 scheduled and 13 unscheduled, and the table below shows the care grades awarded.

The **highlights of the inspections** over the last year have been:

- ‘Excellent’ grades awarded to Throughcare (Supported Carer’s Scheme)
- ‘Very Good’ grades awarded to Canmore, Abbey Croft, The Meadows, Achnamara Children’s Houses
- ‘Very Good’ grades awarded to Anam Cara and Montrose House
- ‘Very Good’ grades awarded Care at Home Services

Children and family services		
	Care Inspectorate Number/ Inspection Date	Quality Theme = Care Grade (Out of 6)
Canmore	CS2003001160 23-May-18	C&S = 5 Env = N/A Staffing = 4 M&L = N/A
Abbey Croft Children House	CS2003001163 23-Jul-18	C&S = 5 Env = 4 Staffing = 5 M&L = 4
Throughcare (Supported Carers Scheme)	CS2008168320 09-Aug-18	C&S = 5 Env = N/A Staffing = N/A M&L = 6
The Meadows Children’s House	CS2007142325 14-Aug-18	C&S = 5 Env = N/A Staffing = N/A M&L = 4
<u>Achnamara</u> Children’s Unit	CS2007142322 23-Nov-18	C&S = 4 Env = 5 Staffing = 5 M&L = 5

Adult Services		
Thistle Day Services	CS2003045869 09-Apr-18	C&S = 4 Env = N/A Staffing = 4 M&L = N/A
Burns Day Services	CS2003034607 21-May-18	C&S = 4 Env = N/A Staffing = 4 M&L = N/A
<u>Ananm Cara</u>	CS2008177877 19-Jul-18	C&S = 5 Env = N/A Staffing = 4 M&L = N/A
<u>Castleview Day Service</u>	CS2003034610 23-May-18	C&S = 4 Env = N/A Staffing = 4 M&L = N/A
Dementia Support Service	CS2002306108 26-Jul-18	C&S = 4 Env = N/A Staffing = 4 M&L = 4
<u>Fergushill Day Services</u>	CS2003001155 21-Sep-18	C&S = 3 Env = 4 Staffing = 3 M&L = 3
Montrose House	CS2003001167 05-Oct-18	C&S = 4 Env = 5 Staffing = 4 M&L = 4
Care at Home – Three Towns, North Coast & Arran	CS2008192560 08-Jan-19	C&S = 5 Env = N/A Staffing = 5 M&L = N/A
Care at Home – Irvine, <u>Garnock Valley</u> and Community Alarm (U)	CS2008192553 08-Jan-19	C&S = 5 Env = N/A Staffing = 5 M&L = N/A

One of the Scottish Government's suite of National Indicators is the proportion of care services graded as 'good' (4) or above in Care Inspection grades.

As at 31 March 2019 all but one of North Ayrshire HSCP inspected services received a grade 4 or above.

7. Financial performance and best value

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB.

This section summarises the main elements of our financial performance for 2018/19.

Partnership Revenue Expenditure 2018/19

The year-end position was an overall underspend of £0.945m (£0.389m in social care services and £0.556m in health services). This position includes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment, as this is required to be transferred back to the IJB at the financial year-end. This position is also before earmarking £0.277m of resource for use in future years. The final adjusted year-end position was a £0.668m underspend after earmarking, this balance will be used to commence repayment of the historic debt carried forward from previous years.

The intention during 2018-19 was that prior to the £1.486m set aside for debt repayment being reallocated to the partnership that the IJB would work towards delivering financial balance in-year which would have allowed the full amount set-aside to be allocated towards the debt at the year-end. The full repayment was not possible due to significant financial challenges during the year in relation to the increasing demand for social care services, the delivery of the transformation programme and associated savings.

Throughout the year there was a projected overspend position, consequently a financial recovery plan was put in place to support the delivery of services from within the delegated budget. The financial recovery plan and progress was monitored throughout the financial year.

2017-18 Budget £000	2017-18 Actual £000	Variance (Fav) / Adv £000		2018-19 Budget £000	2018-19 Actual £000	Variance (Fav) / Adv £000
65,543	64,714	(829)	Health and Community Care	65,900	65,952	52
71,761	72,772	1,011	Mental Health	73,308	72,982	(326)
33,504	35,965	2,461	Children, Families and Justice	35,591	35,705	114
49,637	49,518	(119)	Primary Care	48,916	48,839	(77)
0	0	0	Allied Health Professionals	4,636	4,588	(48)
4,266	5,798	1,532	Management and Support Costs	6,821	5,970	(851)
2,870	2,347	(523)	Change Programme	2,623	2,290	(333)
227,581	231,114	3,533	TOTAL EXPENDITURE	237,795	236,326	(1,469)
(227,581)	(228,552)	(971)	TOTAL INCOME	(237,795)	(237,795)	0
0	2,562	2,562	OUTTURN ON A MANAGED BASIS	0	(1,469)	(1,469)
0	0	0	Lead Partnership Allocations	0	524	524
0	2,562	2,562	OUTTURN ON AN IJB BASIS	0	(945)	(945)
0	0	0	Earmarking	0	277	277
0	2,562	2,562	FINAL OUTTURN POSITION	0	(668)	(668)

Table 1: Financial Performance for 2018/19

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 Cash Releasing Efficiency Saving (CRES) savings. The main areas of variance during 2018–19 are noted below:

Health and Community Care – overspend of £0.052m mainly relates to an overspend in care home placements and community packages, partially offset by underspends in care at home, adaptations and district nursing.

Mental Health – underspend of £0.326m which relates to an overspend in learning disability care packages which is offset by underspends in community mental health and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS)) and unplanned activities (UnPACs).

Children, Families and Justice – overspend of £0.114m is mainly related to an overspend in residential and secure placements partially offset by an underspend within fostering.

Management and Support Costs – underspend of £0.851m mainly relates to the allocation of the £1.5m for the debt repayment offset by unachieved NHS CRES savings (cash releasing efficiency saving).

Moving into 2019-20, the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope. Several areas have been implemented or are programmed as outlined below:



Financial Outlook, Risks and Plans for the Future

The Health and Social Care Delivery Plan (published December 2016) outlined the need to shift the balance of where care and support is delivered, to outwith a hospital setting 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 2018–19 the Pan Ayrshire Intermediate Care and Rehab Model was implemented which is predicated on a shift from acute to community care.

In October 2018, the Scottish Government published the Medium-Term Health and Social Care Financial Framework which sets out the future shape of Health and Social Care Demand and Expenditure. Within the report it outlined that the Institute of Fiscal Studies and



Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years to maintain NHS provision at current levels, and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities. The report recognised that despite additional planned investment in health and social care the system still needs to adapt and change.

The focus of the financial framework is on the main health and social care expenditure commitments, as set out below.

- Over the course of this parliament, baseline allocations to frontline health boards will be maintained in real terms, with additional funding over and above inflation being allocated to support the shift in the balance of care.
- Over the next five years, hospital expenditure will account for less than 50% of frontline NHS expenditure. This relates to the policy commitment to 'shift the balance of care', with a greater proportion of care provided in a setting close to a person's home rather than in a hospital.
- Funding for primary care will increase to 11% of the frontline NHS budget by 2021–22. This will amount to increased spending of £500 million, and about half of this growth will be invested directly into GP services. The remainder will be invested in primary care services provided in the community.
- The share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care will increase in every year of the parliament. For adults, and in some cases for children, these services, along with unscheduled hospital care, are now managed by Integration Authorities.

The Ministerial Strategic Group (MSG) for Health and Community Care published a report following the Review of Progress with Integration of Health and Social Care (February 2019). Within the integrated finance and financial planning area the proposals include:

- Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration
- Delegated budgets for IJBs must be agreed timeously
- Delegated hospital budgets and set aside requirements must be fully implemented
- Each IJB must develop a transparent and prudent reserves policy
- Statutory partners must ensure appropriate support is provided to IJB Section 95 officers
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

The Partnership has a responsibility, with our local hospital services at University Hospital Crosshouse and University Hospital Ayr, for planning services that are mostly used in an unscheduled way. The aim is to ensure that we work across the health and care system to deliver the best, most effective care and support. Service areas most commonly associated with unplanned use are included in the 'Set Aside' budget. Set Aside budgets relate to the strategic planning role of the Partnership. Key areas within this budget are:

- Accident and emergency
- Inpatient services for general medicine
- Geriatric medicine

- Rehabilitation
- Respiratory
- Learning disability, psychiatry and palliative care services provided in hospital

Acute Services within NHS Ayrshire and Arran continue to face particular budget pressures around the costs of covering a high level of medical vacancies and the increasing needs of patients requiring nursing support above funded levels. There have been a high number of unfunded beds in use to meet demands and this pressure has been managed in-year by NHS Ayrshire and Arran in line with the Integration Scheme. The ability to plan with the overall resource for defined populations and user groups and to use budgets flexibly is one of the hallmarks of integrated care.

A national Finance Development Group has been established to support implementation of the financial aspects of health and social care integration legislation and associated guidance. It is recognised that there is a need to understand the progress that is being made towards planning across the full pathway of care, including the acute hospital component and the way in which the statutory guidance on the use of delegated hospital budgets is being applied in practice.

Set Aside resources, as well as Lead Partnership / hosted services were recognised as areas requiring further development as part of the review of the Integration Scheme carried out in 2017 and in the Strategic Planning, Commissioning and Delivery of Health and Social Care Services within NHS Ayrshire and Arran report to the IJB on 13 June 2018. This report sets out arrangements for the next steps in respect of 'fair share' commissioning within the NHS Ayrshire and Arran health and social care system. The report also outlines future developments in respect of Directions as per the model provided by the Public Works (Joint Working) Scotland Act 2014 for IJBs to commission services from Councils and NHS Boards. Pan-Ayrshire workshops have been held with representatives from the Scottish Government to take forward a national pilot project on 'fair share' commissioning through the use of Directions. This national pilot will ensure that delegated hospital budgets and Set Aside budget requirements will be fully implemented. The Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care report published February 2019 set this out as a key proposal under integrated finances and financial planning requirements

The most significant risks faced by the IJB over the medium to longer term are summarised as follows:

Impact of budgetary pressures	Delivery of the Change Programme	Culture and practice
•Mitigation <ul style="list-style-type: none"> •Medium Term Financial Plan •Strategic Plan •Change Programme •Active Demand Management 	•Mitigation <ul style="list-style-type: none"> •Transformation Board •Programme Leads •Strategic Planning Officers Group (SPOG) •Change Team Project Management Support 	•Mitigation <ul style="list-style-type: none"> •Thinking Different, Doing Better HSCP experience •Multi Disciplinary Team Approach •Strategic Workforce Plan

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 delegated partnership budget.

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.

The planned Thinking Different, Doing Better sessions will focus on thinking differently about how we support people more appropriately, moving away from a deficit-based approach to assessment and care provision. By supporting people to think about resources and support they have available and allowing statutory services to prioritise resources to support people who need it the most, ensuring our resources are used equitably across the population of North Ayrshire.

Best Value

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 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 is accountable to and engages with the community. It enables the IJB to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

Regular performance information is provided to the Performance and Audit Committee, IJB members and operational managers. Benchmarking is used to compare performance with other organisations to support change and improvement, with national outcomes being monitored through quarterly and annual reporting.

The budget also recognises the need to link expenditure to outcomes, but there is still a need to improve the links between budget and outcomes. There is evidence of transformation taking place at strategic and operational level within the partnership.

We have begun to see some of the benefits of integrated system working for example in supporting older people to remain at home or get home from hospital as soon as possible.

The partnership has well developed approaches to community engagement to ensure the community are informed of plans for services and also to gain feedback from communities on the strategic priorities of the partnership. This positive engagement and new ways of connecting with communities will continue in the future, an example being the Thinking Different, Doing Better experience which will be opened up to communities.

Some of our achievements in 2018/19 include:

- The **Money Matters** team assisted in putting more than £9.5m into the pockets of our most vulnerable residents, assisting with 629 appeals and dealing with 3,677 enquires to the Money Matters Advice Line.
- **Community Link Worker** team increased from 7 to 12 by September 2018. All 20 General Practices in North Ayrshire now have Community Link Worker in post. During the year the team engaged with 1,697 people which is a 25% increase on the previous year and provided 4,114 signposts/referrals to supports and services which is 30% more than the previous year.
- **North Ayrshire Achieves** winners included **Montrose House management team** (Promoting Wellbeing category) **Care at Home** for Building Community Capacity category.
- **Enhanced Intermediate Care and Community Rehabilitation Service** went live on 19 November 2018. The service has a common framework, ensuring a consistent approach across Ayrshire. This is applied locally to reflect the differing needs, ambitions and operational arrangements of the different partnerships in East, North and South Ayrshire.

- In consultation with people who use our **learning disability services**, we are re-developing the property, gardens and grounds at Trindlemoss (previously Red Cross House, Irvine) to provide person-centred, wraparound care focussing on each person's outcomes and people in the heart of their community.
- Our partners in the **independent care home sector** continued to provide care home services during a period of instability in the sector.
- **Partnership Care at Home Services** graded as 5 by the Care Inspectorate.
- The **Veterans 1st Point (V1P) Service** celebrated its 1st birthday
- **Carers Week** was celebrated with events taking place in all six localities.

The fourth year as an integrated Health and Social Care Partnership has seen significant progress towards achieving financial balance and overall service sustainability. The IJB has a deficit of £5.139m (reduced from £5.807m) as it moves into 2019–20. There is a repayment plan to allow the deficit to be recovered over the medium term to support the financial sustainability of the Partnership.

The IJB recognises it must deliver services within its financial envelope for 2019–20 and our transformation programme will continue with delivery of the savings plan and service redesign.

There is a focus on the integration of services to deliver real change to the way services are being delivered, with a realism that continuing to deliver services in the same way is no longer sustainable and changes need to be made in the way services are accessed and provided. The scale and pace of change requires to be accelerated, the financial challenges drive the pace of change, however the requirement to change and re-design services to improve outcomes for individuals would exist despite the financial pressures.

There is an expectation that within North Ayrshire the pattern of spend will change and there will be a shift in the balance of care from institutional to community settings. The integration of health and social care provides a unique opportunity to change the way services are delivered, it is an opportunity to put people at the heart of the process, focussing on the outcomes they want by operating as a single health and social care service.

The IJB through the Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future “all people who live in North Ayrshire are able to have a safe, healthy and active life”. Moving into 2019-20, we are working proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in North Ayrshire.

Spend in Localities

The Partnership has arrangements to consult and involve localities via their locality forums. The IJB has established six Locality Planning Forums, reflecting the previously agreed local planning areas. These provide Board Members with the opportunity to be involved in considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities.

The expenditure has been split into localities by initially allocating spend which could be directly identified to a locality and the remainder which was not locality specific was allocated on a population basis. The table below shows the spend allocated based on population which means at this stage the spend per locality can only be used as a guide and will not fully reflect actual locality usage of services. This is an area which will continued to be developed with Children and Justice Services being the first to move to a locality-based approach in 2019/20.

The population information used is given below and was taken from the 2017 mid-year population statistics (sourced from ScotPHO)










Age Group	Irvine	Kilwinning	Three Towns	Garnock Valley	North Coast	Arran	TOTAL	% of spend allocated on this basis
Children age 0-15	30.8%	13.0%	25.6%	14.3%	13.8%	2.4%	100.0%	12.1%
Adults aged 16-64 years	29.9%	12.1%	24.7%	15.2%	15.2%	3.0%	100.0%	24.3%
Older People aged 65+	25.6%	10.2%	22.0%	13.8%	23.5%	4.9%	100.0%	12.6%
Share of total population	29.1%	11.8%	24.2%	14.7%	16.8%	3.3%	100.0%	5.9%
Total allocated on population basis								57%
By locality								43%
Total								100%



This resulted in the following spend per locality:

	Irvine £000's	Kilwinning £000's	Three Towns £000's	Garnock Valley £000's	North Coast £000's	Arran £000's	TOTAL £000's
2018/19 Expenditure	62,712	22,545	69,009	30,185	38,505	13,368	236,324
% share of spend	26.5%	9.5%	29.2%	12.8%	16.3%	5.7%	100.0%
% of total population	29.1%	11.8%	24.2%	14.7%	16.8%	3.3%	100.0%

Appendices

Appendix 1: Local indicators

Performance indicator	2016-17	2017-18	2018-19	Target	Status
People subject to level 1 Community Payback Order (CPO) Unpaid Work completed within three months	93.37%	95.33%	95.6%	57%	
Individuals subject to level 2 Community Payback Order (CPO) Unpaid Work completed within six months	95.63%	94.27%	97.3%	67%	
Number of Learning Disability service users in voluntary placements	71	67	58	43	
Number of bed days saved by ICT, Intermediate Care Team (formerly ICES), providing alternative to acute hospital admission	4,730	5463	6,563	3,060	
People seen within 1 day of referral to ICT	98.5%	95.66%	100%	90%	
Number of people receiving Care at Home	1,715	2021	1,793	1,703	
Number of secure remands for under 18s	1	0		5	
Addictions referrals to treatment within 3 weeks (Alcohol)	93.7% (at Q3)	95%	100%	90%	
Addictions referrals to treatment within 3 weeks (Drugs)	95.0% (at Q3)	98%	100%	90%	
Children who have been through Stop Now and Plan (SNAP) who have been sustained within their local school	100%	100%	100%	100%	
Preschool children protected from disease through % uptake of child immunisation programme (Rotavirus)	95.53%	96.10%	91%	92.2%	
Preschool children protected from disease through % uptake of child immunisation programme (MMR1)	96.21%	96%	95%	98.2%	
Care at Home capacity lost due to cancelled hospital discharges (shared target with acute hospital services) (number of hours)	7,153	6,305	9,907	4000	
Uptake of Child Flu Programme in schools	75.25%	74.70%		72.1%	
Number of unique individuals referred to MADART (under 16 years)	776	551	704	Data only	

Performance indicator	2016-17	2017-18	2018-19	Target	Status
Number of re-referrals to MADART	89	37	54	Data only	
Number of Victim Referral Incidents to MADART	601	365	393	Data only	

Appendix 2: Measuring performance under Integration

Please note: this table shows our performance using the most up to date published national data. Throughout this document, we have provided more recent performance data where this is available.

Performance indicator	2016-17	2017-18	2018-19	Target	Current Status
Emergency admissions to acute hospitals	1,840	1,763	1,622	1,836	✓
Emergency admissions to acute hospitals (rate per 1000)	13.6	13	12	13.6	✓
Admissions from emergency department	1,202	1,131	1,007	1,173	✓
Admissions from emergency department (rate per 1000)	8.9	8.4	7.5	8.7	✓
% people at emergency department who go onto ward stay (conversion rate)	36	34	33	33	✓
Unscheduled 'hospital bed days' in acute hospital	12,333	8,798	9,348	12,320	✓
Unscheduled 'hospital bed days' in acute hospital (rate per 1000)	91	65	69	91	✓
Unscheduled 'hospital bed days' in long stay mental health hospital	6,782	5,866 (Mar18)	8,128 (Dec 18)	6,782	✗
Unscheduled 'hospital bed days' in long stay mental health hospital (rate per 1000)	50	43.3	60	50.1	✓
Unscheduled 'hospital bed days' in geriatric long stay	1,665	1,454	943	1,772	✓
Unscheduled 'hospital bed days' in geriatric long stay (rate per 1000)	12.3	10.7	7	13	✓
Emergency department attendances	3,385	3,292	3,039	3,292	✓
Emergency department attendances (rate per 1000)	25	24.3	22.5	24.4	✓
% people seen within 4 hrs at emergency department	91.4%	88.5%	87%	95%	✗
Delayed Discharges bed days (all reasons)	781	1,889	1,916	1,515	✗
Delayed Discharges bed days (all reasons) (rate per 1000)	7.1	17.3	17.5	13.9	✗
Delayed Discharges bed days (code 9)	308	279	196	770	✓
Delayed Discharges bed days (Code 9) (rate per 1000)	2.8	2.5	1.8	7	✓

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 following websites.

- www.nahscp.org/partnership-strategies-plans-reports/
- www.nhsaaa.net/about-us/how-we-perform/
- www.north-ayrshire.gov.uk/council/strategies-plans-and-policies
- www.north-ayrshire.gov.uk/council/performance-and-spending

Additional financial information for Ayrshire wide services can be found in:

www.east-ayrshire.gov.uk/SocialCareAndHealth/East-Ayrshire-Health-and-Social-Care-Partnership/Governance-Documents.aspx

www.south-ayrshire.gov.uk/health-social-care-partnership/strategy.aspx

Integration Joint Board
29 August 2019

Subject: **Amendment to Standing Orders**

Purpose: To advise Integration Joint Board of proposed changes to Standing Order No. 10 to include webcasting of IJB meetings.

Recommendation: That the Integration Joint Board approve amendments to Standing Orders (No. 10) as detailed in Appendix 1.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	The Standing Orders for Integration Joint Board Meetings set out the rules for decision taking and define how the IJB and its committees conduct their business democratically.
1.2	On 20 th June 2019, the Integration Joint Board agreed to webcast all future IJB meetings. The Standing Orders for Meetings needs to be updated to include this change.
1.3	Approval of the Standing Orders with immediate effect will mean that the new Standing Orders will apply for the remainder of the meeting.
2.	PROPOSALS
2.1	The revised Standing Order 10 deals with the introduction of webcasting as follows :- No sound, film, video tape, digital or photographic recording of the proceedings of any meeting, other than webcasting of the proceedings by the IJB itself, shall be made without the prior approval of the IJB. All phones should be switched off or on silent and Members should not correspond, whether by email, text, social media or any other electronic means with any other Member or other person during an IJB meeting. Research through the internet is permitted providing it is done in a manner which respects the authority of the Chair and does not interfere with the business of the meeting.
2.2	<u>Anticipated Outcomes</u>
	The use of webcasting will allow the IJB to engage with the wider population of North Ayrshire.
2.3	<u>Measuring Impact</u>

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

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

4.	CONSULTATION
4.1	The IJB Standards Officer was consulted in the preparation of this report.
5.	CONCLUSION
5.1	The report recommendations adoption of the amended Standing Order 10.

For more information please contact Stephen Brown, Director, HSCP on [01294 317723] or [sbrown@north-ayrshire.gov.uk]



NORTH AYRSHIRE INTEGRATION JOINT BOARD

STANDING ORDERS FOR MEETINGS

1. General

- 1.1** These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable be the rules and regulations for the proceedings of Committees and Sub-Committees and therefore reference to the term 'Board' in the said Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.
- 1.2** In these Standing Orders "the Integration Board" shall mean the North Ayrshire Integration Joint Board established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015
- 1.3** Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders.

2. Membership

- 2.1** Voting membership of the Integration Board shall comprise four persons nominated by the NHS Board, and four persons appointed by the Council. Where the NHS Board is unable to fill its places with non-Executive Directors it can then nominate other appropriate people, who must be members of the NHS Board to fill their spaces, but at least two must be non-executive members.
- 2.2** Non-voting membership of the Integration Board shall comprise:
- a. the chief social work officer of the local authority;
 - b. the chief officer of the Integration Board;
 - c. the proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973;
 - d. a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
 - e. a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
 - f. a registered medical practitioner employed by the Health Board and not providing primary medical services.
 - g. One member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;
 - h. One member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority;
 - i. One member in respect of service users residing in the area of the local authority;

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

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

- 2.3** A member of the Integration Board in terms of 2.2 (a) to (c) will remain a member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Board shall be for two years or until the day of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.
- 2.4** Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 2.5** On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.
- 2.6** A voting Member appointed under paragraph 2.1 ceases to be a member of the Integration Board if they cease to be either a Councillor or a non-executive Director of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.7** A Member of the Integration Board, other than those Members referred to in paragraph 2.2(c) to (e), may resign his/her membership at any time during their term of office by giving notice to the Integration Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting member the Integration Board must inform the constituent authority that made the nomination.
- 2.8** If a Member has not attended three consecutive Ordinary Meetings of the, Integration Board, and their absence was not due to illness or some other reasonable cause as determined by the Integration Board, the Integration Board may, by giving one month's notice in writing to that Member, remove that person from office.
- 2.9** If a member acts in a way which brings the Integration Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Board, the Integration Board may remove the member from office with effect from such date as the Integration Board may specify in writing.

- 2.10** If a member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.
- 2.11** A constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and the Integration Board.
- 2.12** Named Depute Members for Members of the Integration Board may be appointed by the constituent authority which nominated the Member, or the Member as appropriate. The appointment of such Deputies will be subject to the same rules and procedures for Members. Deputies shall receive papers for Meetings of the Integration Board but shall be entitled to attend or vote at a Meeting only in the absence of the principal Member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Board, any Depute Member attending the meeting may not preside over that meeting.
- 2.13** The acts, meetings or proceedings of the Integration Board shall not be invalidated by any defect in the appointment of any Member.

3. Chairperson and Vice Chairperson

- 3.1** The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting members of the Integration Board. If a Council member is to serve as Chairperson then the Vice Chairperson will be a member nominated by the NHS Board and vice versa. The first Chair of the Integration Board will be appointed on the nomination of the Council.
- 3.2** The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years and carried out on a rotational basis between Council and NHS Board appointed Chairperson. The term of office of the first Chairperson will be for the period to the local government elections in 2017, thereafter the term of office of the Chairperson will be for a period of two years. The Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.
- 3.3** The Vice-Chairperson may act in all respects as the Chairperson of the Integration Board if the Chair is absent or otherwise unable to perform his/her duties.
- 3.4** At every meeting of the Integration Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a Chairperson shall be appointed from within the members present for that meeting. Any Depute Member attending the meeting in terms of 2.13 may not preside over that meeting.

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

The Chairperson shall amongst other things :-

- (a) Preserve order and ensure that every Member has a fair Hearing;
- (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
- (c) Determine the order in which speakers can be heard;
- (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
- (e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- (f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;
- (g) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;
- (h) Deference shall at all times be paid to the authority of the Chairperson. When he/she rises to speak, the Chairperson shall be heard without interruption; and
- (i) Members shall address the Chairperson while speaking;

4. Meetings

- 4.1** The first meeting of the Integration Board will be convened at a time and place to be determined by the Chairperson. Thereafter Integration Board shall meet at such place and such frequency as may be agreed by the Integration Board.
- 4.2** The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chairperson. If the Office of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.
- 4.3** If the Chairperson refuses to call a meeting of the Integration Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

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

5. Notice of Meeting

- 5.1** Before every meeting of the Integration Board, or committee of the Integration Board, a notice of the meeting, specifying the time, place and business to be transacted at it and signed by the Chairperson, or by a Member authorised by the Chairperson to sign on that person's behalf, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five days before the meeting. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any member shall not affect the validity of anything done at a meeting.
- 5.2** In the case of a meeting of the Integration Board called by Members in default of the Chairperson, the notice shall be signed by those Members who requisitioned the meeting.
- 5.3** At all Ordinary or Special Meetings of the Integration Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

6. Quorum

- 6.1** No business shall be transacted at a meeting of the Integration Board unless there are present, and entitled to vote both Council and NHS Board members and at least one half of the voting Members of the Integration Board are present
- 6.2** If within ten minutes after the time appointed for the commencement of a meeting of the Integration Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact.

7. Codes of Conduct and Conflicts of Interest

- 7.1** Members of the Integration Board shall subscribe to and comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies which is deemed to be incorporated into these Standing Orders. All members who are not already bound by the terms of the Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.
- 7.2** If any Member has a financial or non-financial interest as defined in the Code of Conduct of Members of Devolved Public Bodies and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.
- 7.3** If a Member or any associate of theirs has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.
- 7.4** Where an interest is disclosed, the other members present at the meeting in question must decide whether the member declaring the interest is to be prohibited from taking part in discussion of or voting on the item of business.

8. Adjournment of Meetings

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

9. Disclosure of Information

- 9.1** No member or officer shall disclose to any person any information which falls into the following categories:-
- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
 - The full or any part of any document marked “not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.

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

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

10. Recording of Proceedings

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

11. Admission of Press and Public

11.1 Subject to the extent of the accommodation available and except in relation to items certified as exempt, meetings of the Integration Board shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Board by posting within the main offices of the Integration Board not less than five days before the date of each meeting.

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

11.3 Every meeting of the Integration Board shall be open to the public but these provisions shall be without prejudice to the Integration Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Integration Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Board.

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

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

13. Suspension, Deletion or Amendment of Standing Orders

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

14. Procedures for Dealing with Items of Business

- 14.1** Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.
- 14.2** Officers of the Board will speak to the terms of any report drafted by them which is on the agenda for a meeting. Thereafter it will be open to any Member to ask a question or questions concerning the item of business under consideration. Such questions must be relevant to the item of business under consideration and may be directed to any senior officer seeking clarification of the terms of a report.
- 14.3** When the Chairperson is satisfied that there are no more questions to be raised he or she will invite the Board to discuss the item of business. Such discussion must be relevant to the item of business and should attempt to achieve a decision by consensus. As part of the Chairperson's role to manage the meeting, the Chairperson shall attempt to ensure that Members who wish to speak have a fair opportunity to do so. The Chairperson shall have power to determine when Members can speak, and will determine the number of occasions and length of time that a Member is able to speak.
- 14.4** When the Chairperson is satisfied that a decision can be made by consensus he or she will clarify the terms of that decision with the Board.

15. Procedure where there is no Unanimous Decision

- 15.1** If the Chairperson is satisfied that a decision cannot be made by consensus, he or she will invite those of differing views to state the decision they wish the Board to make. The first such statement will be known as the recommendation. Any member may seek an amendment to the recommendation. Any recommendation and amendment must relate to the item of business under discussion. No recommendation or amendment will be accepted unless it is seconded. It will be open to any Member to ask a question or questions to the mover of any recommendation or amendment seeking clarity of their recommendation or amendment.
- 15.2** In the event that discussion on any item has exceeded 30 minutes it will be open to any Member to propose a recommendation. If this is not seconded the recommendation will fall and discussion shall continue, subject to 15.1. If it is seconded, the Chairperson will ascertain if there are any amendments, which also require to be seconded.
- 15.3** For the avoidance of doubt, non-voting members can propose or second a recommendation or amendment and speak to its terms, but cannot vote on it.
- 15.4** Debate - When the Chairperson is satisfied that there are no more recommendations, or amendments to be raised he or she will state that the Board is in debate.
- 15.5** Subject to the right of the mover of a recommendation, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except:-
- On a question of Order
 - With the permission of the Chairperson
 - In explanation or to clear up a misunderstanding in some material part of his/her speech.
- 15.6** The mover of an amendment and thereafter the mover of the original recommendation will have the right of reply for a period of not more than 3 minutes in order to sum up. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Thereafter the discussion will be held closed and the Chairperson will call for the vote to be taken.

16. Voting

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

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

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

17. Minutes

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

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

18. Committees and Working Groups

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

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

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

Integration Joint Board
29 August 2019

Subject: **Meeting Dates 2020**

Purpose: To advise members of the draft timetable for meetings of the IJB and IJB PAC for 2020.

Recommendation: That IJB agree the dates for meetings of the Integration Joint Board and the Performance and Audit Committee.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
PAC	Performance & Audit Committee

1.	EXECUTIVE SUMMARY
1.1	The schedule of meetings for the Integration Joint Board (IJB) and Performance and Audit Committee (PAC) is required for the forthcoming year.
2.	PROPOSALS
2.1	Meetings of the Board have taken place on a monthly basis and it is proposed that this continues. When appropriate, briefing sessions and workshops will utilise existing IJB meeting slots, particularly where these fall within recess periods.
2.2	The IJB Performance and Audit Committee meets on a quarterly basis.
2.3	The timetable of meetings has been created to accommodate budget and performance schedules and avoiding clashes with NHS and Council meetings.

2.4	The proposed dates for the meetings of IJB and IJB PAC are detailed below, and the associated/deadlines attached in Appendix 1.	
	<u>Integration Joint Board</u>	<u>IJB Performance & Audit Committee</u>
	16 th January 2020 13 th February 2020 19 th March 2020 16 th April 2020 14 th May 2020 18 th June 2020 23 rd July 2020 27 th August 2020 24 th September 2020 22 nd October 2020 19 th November 2020 17 th December 2020	6 th March 2020 26 th June 2020 3 rd September 2020 27 th November 2020

2.5	<u>Anticipated Outcomes</u>
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	N/A
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2.6	<u>Measuring Impact</u>
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	N/A
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3.	IMPLICATIONS
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Financial:		None
Human Resources:		None
Legal:		None
Equality:		None
Children and Young People		None
Environmental & Sustainability:		None
Key Priorities:		None
Risk Implications:		None
Community Benefits:		None
Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

4.	CONSULTATION
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4.1	The following Members and officers have been consulted on the draft timetable for the IJB and PAC meetings :- IJB Chair IJB Vice Chair IJB PAC Chair IJB PAC Vice Chair Director/Chief Officer Section 95 Officer
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5.	CONCLUSION
5.1	The agreement of the timetable for meetings in 2020 is required to allow for all necessary arrangements, such as room bookings, diary entries and reporting scheduling to be undertaken.

For more information please contact [Karen Andrews, Team Manager (Governance)] on 01294 317725 or [kandrews@north-ayrshire.gov.uk]

**NORTH AYRSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
MEETINGS SCHEDULE**

INTEGRATION JOINT BOARD

Integration Joint Board Meeting 10.00 a.m.	IJB Pre-Agenda Meeting 9.30 a.m.
16 th January 2020	8 th January 2020
13 th February 2020	30 th January 2020
19 th March 2020	5 th March 2020
16 th April 2020	2 nd April 2020
14 th May 2020	30 th April 2020
18 th June 2020	4 th June 2020
23 rd July 2020	9 th July 2020
27 th August 2020	13 th August 2020
24 th September 2020	10 th September 2020
22 nd October 2020	8 th October 2020
19 th November 2020	5 th November 2020
17 th December 2020	3 rd December 2020

INTEGRATION JOINT BOARD PERFORMANCE & AUDIT COMMITTEE

6th March 2020
 26th June 2020
 3rd September 2020
 27th November 2020

Integration Joint Board 29 August 2019

Subject: Director's Report

Purpose: To advise members of the North Ayrshire Integration Joint Board (IJB) of developments within the North Ayrshire Health and Social Care Partnership (NAHSCP).

Recommendation: That members of IJB note progress made to date.

Glossary of Terms

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1. EXECUTIVE SUMMARY

- 1.1 This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.

2. CURRENT POSITION

National Developments

2.1 Scottish Health Awards 2019

The Scottish Health Awards 2019 were launched on Friday 31st May at the NHS Scotland Event 2019. Members of the public, staff across NHS Scotland and its partners can nominate people who have gone that extra mile to provide the highest quality health and care for the people of Scotland.

The closing date for nominations is **August 29th 2019**. Please help us to celebrate NHS Scotland and its partners by promoting the Awards and encouraging nominations through your existing networks.

Submit your nominations for the Scottish Health Awards 2019 online by **17:00 on 29 August 2019** at www.scottishhealthawards.com
Further information on the Awards can be found on the Scottish Health Awards website: <https://www.scottishhealthawards.com/>



2.4	<p><u>Thinking Different, Doing Better Staff Experience</u></p>
	<div data-bbox="264 152 564 344" data-label="Image"> </div> <p>After months of preparation and incredible effort by a large number of people, the Thinking Different, Doing Better – Health and Social Care Partnership Experience sessions began on 17th July 2019 at West Road, Irvine. The response and reaction from the initial groups through the Experience has been fabulous and the outputs are already proving incredibly valuable. These sessions are scheduled from mid-July to the end of December 2019 for all HSCP staff (circa 3500). Stephen Brown, Director has committed to attend all sessions (around 150 in total).</p> <div data-bbox="1129 232 1469 613" data-label="Image"> </div>
2.5	<p><u>Ministerial Visit – 24th July 2019</u></p>
	<div data-bbox="276 734 651 1086" data-label="Image"> </div> <p>Clare Haughey, Minister for Mental Health visited Ayrshire on Wednesday 24th July as part of her Summer Visit programme. The focus of her visit was specialist Dementia Units. She visited the Ailsa Hospital Site where she met with carers of people with dementia who were part of the Carer's Academy programme which is run in collaboration with NHS Ayrshire & Arran and University West of Scotland.</p>
2.6	<p><u>Champions for Change</u></p>
	<p>North Ayrshire's KA Leisure recently successfully completed their first 4 week programme Champions for Change. This programme was funded by the Changing lives through Physical Activity Fund to deliver a community based project in North Ayrshire and is delivered in partnership with North Ayrshire Council Active Schools Team and The North Ayrshire Drug and Alcohol Partnership. The project reflects the aspirations of all the partner organisations to use sport and physical activity to bring about positive benefits for participants of this programme. They are now in the process of supporting the Champions into their paths for the future!</p> <p>Below is a link to the KA Leisure newsletter with details about the Champions for Change programme over the past two months and how they are moving forward and looking to the future. https://sway.office.com/mmVzViZzVFQk9MYT?ref=Link</p>
2.7	<p><u>Attendance Award Winner</u></p>
	<p>The second winner of the HSCP Staff Attendance Award was Roberta McClung, one of our Peer Recovery Workers in the North Ayrshire Drug and Alcohol Recovery Service. Roberta will receive £1000 worth of vouchers of her own choosing.</p>
2.8	<p><u>Chair, Irvine Locality Forum</u></p>
	<p>Barbara Conner, Interim Chair of Irvine Locality Forum will step down as Chair in September 2019. The Irvine Locality Forum will make a recommendation to the Integration Joint Board about her successor in due course.</p>

3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	Not applicable.
3.2	<u>Measuring Impact</u>
	Not applicable
4.	IMPLICATIONS

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

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

4.	CONSULTATION
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	CONCLUSION
5.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

For more information please contact Stephen Brown, Director/Chief Officer on 01294 317723 or sbrown@north-ayrshire.gcsx.gov.uk



Integration Joint Board
29th August 2019
Agenda Item No.

Subject: **Deloitte LLP: 2018/19 Annual Audit Report**

Purpose: The Board is required to approve the audited annual accounts for 2018/19 for issue by 30 September 2019 and to consider the report from External Audit.

Recommendation: That the Board:

- (a) Note that Deloitte LLP have completed their audit of the annual accounts for 2018-19 and have issued an unqualified independent report auditor's report;
- (b) Approve the Audited Annual Accounts to be signed for issue.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MTFP	Medium Term Financial Plan

1.	EXECUTIVE SUMMARY
1.1	The Integration Joint Board (IJB) were required to produce a set of annual accounts for 2018-19. These accounts were produced within the statutory timescale and have been subject to independent audit by the Integration Joint Board's external auditors, Deloitte LLP. The audit process has been completed and external audit have issued an unqualified independent auditors report.
1.2	The annual accounts were submitted to Deloitte LLP for audit in accordance with the agreed timetable. The external auditor is required to report on certain matters arising to those charged with governance in sufficient time to enable appropriate action to be taken before the financial statements are approved and certified.
1.3	The Audited Annual Accounts require to be approved by the IJB prior to 30 September 2019. As part of the independent audit there were some minor changes required, these were mainly presentational and to provide additional information or clarification and there are no changes to the financial position reported to the Performance and Audit Committee in June. Deloitte LLP's External Audit Annual Audit Report includes the findings of the audit and there are no recommendations for improvement arising from the financial statements audit. The interim report submitted to the Performance and Audit Committee in June 2019 detailed the recommendations arising from the work on the wider audit dimensions. These will be followed up as part of the 2019-20 audit.

2.	BACKGROUND
2.1	The Integration Joint Board is subject to the audit and accounts provisions of a body under section 106 of the Local Authority Government (Scotland) Act 1973. This requires annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations. The requirements are proportionate to the number of transactions of the Integration Joint Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.
2.2	The audited annual accounts have been prepared in accordance with the Code of Practice on Accounting for Local Authorities in the United Kingdom 2018-19. Additional guidance was issued by the Scottish Government Integrated Resources Advisory Group (IRAG) and CIPFA LASAAC and this guidance has been followed to produce the unaudited accounts. In addition support was provided by CIPFA and Audit Scotland to ensure a consistency of approach and shared best practice across Integration Joint Boards.
2.3	The Audited Annual Accounts for 2018-19 are included as Appendix 1, these incorporate the independent auditors report. Deloitte LLP are able to conclude that the Integration Joint Board's accounts present a true and fair view of the IJB.
2.4	Appendix 2 includes a covering letter from Deloitte LLP which incorporates their ISA260 letter "report to those charged with governance" together with their proposed Independent Auditor's Report and the letter of representation to be signed by the Chief Finance Officer (NAHS CP) as responsible officer for North Ayrshire Health and Social Care Partnership. Deloitte LLP's External Audit Annual Audit Report to members, which summarises the findings of the audit is attached at Appendix 3.
2.5	Deloitte LLP have given an unqualified opinion that the 2018-19 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. No monetary adjustments have been identified and the overall financial position remains as reported to the Performance and Audit Committee in June 2019.
2.6	<p>As part of their audit work, alongside the audit of the annual accounts, Deloitte LLP assessed the key financial and strategic risks being faced by the IJB, reviewing the IJB's financial position and aspects of financial management, sustainability, transparency, governance and value for money.</p> <p>Representatives from Deloitte LLP will provide an overview and further feedback on the report at the meeting.</p>
2.7	The Integration Joint Board are required to formally approve the Audited Annual Accounts prior to 30 September 2019, the IJB are asked to approve the accounts for signature and issue. Thereafter they will be published on the partnership website.

3.	PROPOSALS
3.1	The Board is invited to note that Deloitte LLP have completed their audit of the annual accounts for 2018-19 and have issued an unqualified independent auditor's report. The IJB is also asked to approve the Audited Annual Accounts to be signed for issue.
3.2	<u>Anticipated Outcomes</u>
	The annual accounts are a key statutory reporting requirement and can be a useful way to join up financial and service delivery performance information in a readily available public document, the IJB has a statutory responsibility to approve the Audited Accounts for issue by 30 September 2019.
3.3	<u>Measuring Impact</u>
	Progress against the wider scope recommendations will be reviewed by the Performance and Audit Committee during 2019/20.
4.	IMPLICATIONS

Financial :	The IJB are required to consider and approved the Audited Annual Accounts for 2018-19 by 30 September 2019.
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	None
Risk Implications :	None

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

5.	CONSULTATION
5.1	<p>The unaudited annual accounts were advertised and made publicly available for inspection; the audited accounts will require to be published by 30 September 2019. There were no objections noted from the public inspection.</p> <p>The Chief Officer and other officers of the IJB have been consulted during the audit process.</p>

6.	CONCLUSION
6.1	Deloitte LLP have issued an unqualified opinion on the 2018-19 annual accounts.

For more information please contact:

Caroline Whyte, Chief Finance & Transformation Officer on 01294 324954 or carolinewhyte@north-ayrshire.gcsx.gov.uk

ANNUAL ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2019



North Ayrshire
Integration Joint Board



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Management commentary

This publication contains the Annual Accounts of North Ayrshire Integration Joint Board (IJB) for the year ended 31 March 2019.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2018–19 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 2018, NAHSCP launched a refreshed strategic plan, *Let's Deliver Care Together*, outlining our ambitions for 2018–2021. 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's vision is:

'All people who live in North Ayrshire are able to have a safe, healthy and active life'

This vision is supported by five strategic priorities:



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's 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 partnership management team. A dedicated Chief Finance and Transformation Officer role was introduced during 2017–18, with the position subsequently filled on a permanent basis in July 2018.



NAHSCP structure

The IJB Strategic Plan is supported by day to day management plans and individual service strategies. These plans operationalise and 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), the North Ayrshire Council plan and the NHS Ayrshire & Arran Annual Operating Plan. This is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our shared 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.

During 2017, it was estimated that 10,800 (24.4%) households in North Ayrshire were workless. Between October 2017–September 2018, unemployment was 5.8%, (Scottish average, 4.2%). The claimant count in North Ayrshire (February 2019) was 5.6%, again above the Scotland average of 3%

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 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

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 older) compared with areas with higher levels of deprivation, such as Three Towns locality, where multi-morbidity levels are much higher (36% for those 65 or older).



*In 2018, Child Poverty Action Group published their report on levels of child poverty across the UK. In this report, it was estimated that **7,878 children in North Ayrshire were living in poverty**, this equates to 29% of all local children. While this is slightly less than the 30.4% reported in 2016, North Ayrshire still has the second highest rate of child poverty in Scotland, after Glasgow City.*

A snapshot of achievements during 2018–19

We had **1,612 conversations**
in North Ayrshire on 6 June 2018 #WMTY18

Teams noted how many conversations they had, the benefits and challenges of taking part, decided on **one change that they would make as a team and agreed on a suggested change for the overall service**

Our **Community Link Worker** team increased from 7 to 12 by September 2018. All 20 General Practices in North Ayrshire now have a Community Link Worker in post.

The Ayrshire MENTAL HEALTH Conversation 2018 #AyrshireMentalHealth

People could respond as a service user, someone who hadn't accessed services or as a carer or family member of someone who has used services. People had the opportunity to have their say via local conversation events, paper-based questionnaires (in local libraries and within other local services) and an online survey.

The Ayrshire Mental Health Conversation received 777 responses, creating a way forward for mental health services across Ayrshire.

North Ayrshire Achieves winners included **Montrose House management team** (Promoting Wellbeing category) **Care at Home** for Building Community Capacity category.

Intermediate Care and Community Rehabilitation Service went live on 19 November 2018. The service has a common framework, ensuring a consistent approach across Ayrshire. This is applied locally to reflect the differing needs, ambitions and operational arrangements of the different partnerships in East, North and South Ayrshire.



In consultation with people who use our **learning disability services**, we are re-developing the property, gardens and grounds at Trindlemoss (previously Red Cross House, Irvine) to provide person-centred, wraparound care focussing on each person's outcomes and people in the heart of their community.

Our partners in the **independent care home sector** continued to provide care home services during a period of instability in the sector.

Partnership Care at Home Services graded as 5 by the Care Inspectorate.

The **Veterans 1st Point (V1P) Service** celebrated its 1st birthday

Carers Week was celebrated with events taking place in all six localities.



Organisational performance

The planning and delivery of transformational change within the Health and Social Care Partnership requires our services to make a difference to people's lives within North Ayrshire. To support service change the Partnership continually monitors service performance, and reviews this in various ways.

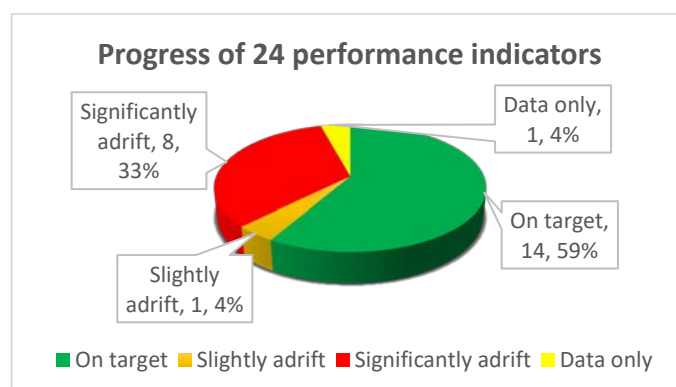
Performance information drives improvement with an outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make to individuals. In our performance monitoring and reporting, we show trends over time, where we are against target and where available, how we compare with other geographical areas. We monitor against all the agreed national indicators, including Local Government Benchmarking Framework (LGBF) indicators, Ministerial Steering Group Indicators (MSG), the NHS' Local Delivery Plan HEAT (Health Improvement, Efficiency, Access and Treatment) targets, HSCP National Health and Wellbeing Outcome Indicators, as well as a range of locally defined measures.

All reports comprise of a series of key performance indicators and key actions, which link directly back to our strategic plan. Performance is reported at a number of levels within the organisation including the Integration Joint Board Performance and Audit Committee (IJB PAC), the Integration Joint Board (IJB), the Joint Review with North Ayrshire Council and NHS Ayrshire & Arran Chief Executives, and all service performance reviews within each service area.

Where an indicator is off track, commentary with proposed resolution and future mitigation is provided on how to improve performance.

The number of performance indicators was reviewed during 2018-19 and reduced from 45 to 24 key measures. The latest Performance and Audit Committee Report (Q4 2018-19) shows progress against the key measures and

this is represented in the chart below.



For some measures performance is exceeding the targeted levels, however it is clear that the challenges remain for others. These include challenges around workforce gaps, service demand pressures and the pace of transformational change not happening fast enough to ensure performance is achieved or improved in all areas.

As part of our commitment to continuous improvement, we recognise areas where we could do more and by monitoring indicators which present as significantly adrift enables us identify and target plans to address performance issues.

The key areas off target for 2018-19 are:

- Number of days people spend in hospital when they are ready to be discharged
- Care at Home capacity lost due to cancelled hospital discharges
- Number of people delayed, at point of discharge from hospital to a care home, after funding has been confirmed
- Number of adults in receipt of a Direct Payment
- Number of Child and Adolescent Mental Health Services (CAMHS) referrals
- Referral to Treatment Times for Psychological Therapies
- Working days lost to sickness absence per employee

The hospital activity outcome indicators have shown improvement towards the end of the year. The partnership now have a hospital based team in Crosshouse Hospital with daily huddles to improve the flow of patients through the hospital and assist with the discharge process. Further work is required to understand the underlying data and interdependencies with community services to inform the future commissioning plans which require to be developed to ensure the set aside arrangements are fit for purpose and support the IJB to plan across the whole of the unplanned care pathway.

Further information on performance is contained in the Annual Performance Report published in July 2019.

<http://www.nahscp.org/performance/>

Annual accounts

The Annual Accounts set out the financial statements of the IJB for the year ended 31 March 2019. 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 as outlined in the Strategic Plan. The requirements governing the format and content of the Annual Accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code), the Annual Accounts for 2018–19 have been prepared in accordance with this Code.

The financial plan

Strong financial planning and management is paramount to ensure 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 may not always be the first source of support.

In 2018-19 the partnership agreed a one year budget but did not identify all savings required to fully balance the budget. With an overall savings requirement of £6.6m, £1.7m of which being historic NHS CRES savings which remained outstanding at the year-end. The financial position was monitored closely during the financial year with a financial recovery plan approved to ensure the partnership could achieve financial balance in the short term. This allowed for time to plan properly as part of the 2019-20 budget process to develop plans to fully address the budget gap on a recurring basis.

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 and planned shift in resources to provide sustainable services to the local community over the medium term.

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

Financial performance

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This included an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. There were significant financial challenges during the year due to increasing demand for social care services, the delivery of the transformation programme and associated savings. Despite this there was an improved financial position compared to 2017-18.

Throughout the year there was a projected overspend position, as a consequence a

financial recovery plan was put in place to support the delivery of services from within the delegated budget. The financial recovery plan and progress was monitored throughout the financial year.

The overall financial performance against budget for the financial year 2018-19 was an overall underspend of £0.945m (£0.389m in social care services and £0.556m in health services). This position includes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment, as this was required to be transferred back to the IJB at the financial year-end. This position is also before earmarking £0.277m of resource for use in future years.

The final adjusted year-end position was a £0.668m underspend after earmarking, this balance will be used to commence repayment of the historic debt carried forward from previous years.

The IJB plans during 2018-19 were that prior to the £1.486m set aside for debt repayment being reallocated to the partnership that the IJB would work towards delivering financial balance in-year which would have allowed the full amount set-aside to be allocated towards the debt at the year-end. The full repayment was not possible due to demand and costs for social care services.

2017-18 Budget £000	2017-18 Actual £000	Variance (Fav) / Adv £000		2018-19 Budget £000	2018-19 Actual £000	Variance (Fav) / Adv £000
65,543	64,714	(829)	Health and Community Care	65,900	65,952	52
71,761	72,772	1,011	Mental Health	73,308	72,982	(326)
33,504	35,965	2,461	Children, Families and Justice	35,591	35,705	114
49,637	49,518	(119)	Primary Care	48,916	48,839	(77)
0	0	0	Allied Health Professionals	4,636	4,588	(48)
4,266	5,798	1,532	Management and Support Costs	6,821	5,970	(851)
2,870	2,347	(523)	Change Programme	2,623	2,290	(333)
227,581	231,114	3,533	TOTAL EXPENDITURE	237,795	236,326	(1,469)
(227,581)	(228,552)	(971)	TOTAL INCOME	(237,795)	(237,795)	0
0	2,562	2,562	OUTTURN ON A MANAGED BASIS	0	(1,469)	(1,469)
0	0	0	Lead Partnership Allocations	0	524	524
0	2,562	2,562	OUTTURN ON AN IJB BASIS	0	(945)	(945)
0	0	0	Earmarking	0	277	277
0	2,562	2,562	FINAL OUTTURN POSITION	0	(668)	(668)

The table above summarises the financial performance for 2018-19 and 2017-18. This notes the budget outturn on a managed basis (including the full allocation for North HSCP lead partnership services), adjusts this for the net impact of lead partnership allocations across North, South and East Ayrshire and also for new earmarked balances. As the table reflects the budget managed by the IJB during the year, it excludes the large hospital Set Aside Budget of £30.114m which was allocated at the end of the year to the IJB. The set aside budget is included within the financial statements. During 2018/19 the Allied Health Professional budget transferred into the partnership from the South HSCP following a decision to end the lead partnership arrangement and disaggregate the budget to East and North HSCP.

The main areas of variance during 2018-19 are noted below:

Health and Community Care – overspend of £0.052m mainly relates to an overspend in care home placements and community packages (PD) partially offset by underspends in care at home, adaptations and district nursing.

Mental Health – underspend of £0.326m which relates to an overspend in learning disability care packages which is offset by underspends in community mental health and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS)) and unplanned activities (UnPACs).

Children, Families and Justice – overspend of £0.114m is mainly related to an overspend in residential and secure placements partially offset by an underspend within fostering.

In general, the areas above are overspent within the social care aspect of service provision which is demand led and subject to fluctuations throughout the year. These are at times difficult to deliver within budget as some can be low volume but very high cost.

Management and Support Costs – underspend of £0.851m mainly relates to the allocation of the £1.5m for the debt repayment offset by unachieved NHS CRES savings (cash releasing efficiency saving).

Change Programme – underspend of £0.333m mainly relates to slippage on various projects either through vacancies or alternative funding identified for the continuation of projects.

Challenge Fund

North Ayrshire Council, during the 2017–18 budget setting process, approved the development of an innovative approach for the establishment of a £4m 'Challenge Fund'. This 'invest to change' programme created an opportunity for services, using a change approach, to realise both required North Ayrshire Council savings and additional savings which could be re-invested in their newly designed service to support future sustainability. These projects included placing a team within a secondary school to support the school and a feeder primary to prevent children being placed in a residential placement resulting in no placements from these schools, employing additional reablement staff within care at home resulting in a lower level of support moving forward, and establishing a Learning Disability Review team to review existing care package provision.

The projects which commenced in 2017–18 have completed during 2018–19 and following evaluation either ceased or continued to be funded on a recurring basis by the savings made from the projects. Due to financial pressures in the partnership and North Ayrshire Council the £4m originally available for investment was reduced to £2m and with projects nearing completion there is now no separate funding out-with the baseline IJB budget to fund investment in transformational change programmes.

Lead Partnership Services

The final outturn is adjusted to reflect the impact of Lead Partnership services. During 2018-19 agreement was reached with the other Ayrshire partnerships that in the absence of detailed service activity information and alternative risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC (NHS Resource Allocation Committee) basis.

The outturn (including the impact of the AHP service being disaggregated) of the lead partnership services for each IJB is provided below, the adjustment to the North IJB outturn reflects the impact of reallocating a share of the North lead partnership services underspend to the other two areas and an NRAC share of the outturn for the South and East partnerships. In addition, any allocations of

ring-fenced funding are returned to each IJB in line with allocations and expenditure to allow each IJB to carry forward for future use.

IJB	£000	
North	(889)	Underspend
South	(72)	Underspend
East	270	Overspend

Set Aside Budget

The Integration Scheme establishes that pressures in respect of large hospital set aside budgets will be managed in-year by NHS Ayrshire & Arran. The 2018-19 budget delegated by NHS Ayrshire & Arran includes the acute set aside resource of £30.114m, this is based on Information Services Division Scotland (ISD) data. The set aside allocation below highlights that North Ayrshire's use of the resource is above the NRAC 'fair share':

IJB	Set Aside 2018-19 £m	NRAC %	NRAC Budget Share 2018-19 £m	Over / (Under) NRAC Fair Share £m
East Ayrshire	23.430	32.1%	25.019	(1.589)
North Ayrshire	30.114	37.2%	28.994	1.120
South Ayrshire	24.396	30.7%	23.927	0.469
Total	77.940	100%	77.940	-

There is an expectation that each partnership will move towards it's NRAC 'fair share' of resources.

It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on that basis. Financial balance has not been delivered in previous years, significant progress has been made during 2018-19 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2019-20. Key successes for 2018-19 include:

- Repayment of the outstanding debt to the Council has commenced, although less than the £1.5m planned there remains a substantial contribution of £0.668m to the outstanding debt
- On an HSCP managed basis the partnership delivered a £1.5m underspend, this reflects the impact of financial management arrangements and controls across all service directly managed by the partnership
- 2018-19 is the first year where the year-end IJB position has been accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures
- Overall reported surplus allows for the earmarking and protection or ring fenced funding for Scottish Government priorities
- Savings totalling £4m were delivered in-year, against an approved plan of £4.9m and delivering more than expected at the start of the year against savings viewed as high risk for delivery

- Progress with reducing the financial overspends for 2018-19 which will have an impact on the financial plans and sustainability for future years.

Strong financial leadership will continue to be required to ensure that future spend is contained within the budget resources available, the IJB move into the 2019-20 with an approved balanced budget.

Financial outlook, risks and plans for the future

The Health and Social Care Delivery Plan (published December 2016) outlined the need to shift the balance of where care and support is delivered, to outwith a hospital setting 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 2018–19 the Pan Ayrshire Intermediate Care and Rehab Model was implemented which is predicated on a shift from acute to community care.

In October 2018, the Scottish Government published the Medium Term Health and Social Care Financial Framework which sets out the future shape of Health and Social Care Demand and Expenditure. Within the report it outlined that the Institute of Fiscal Studies and Health



Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years to maintain NHS provision at current levels, and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities. The report recognised that despite additional planned investment in health and social care the system still needs to adapt and change.

The focus of the financial framework is on the main health and social care expenditure commitments, as set out below.

- Over the course of this parliament, baseline allocations to frontline health boards will be maintained in real terms, with additional funding over and above inflation being allocated to support the shift in the balance of care.
- Over the next five years, hospital expenditure will account for less than 50% of frontline NHS expenditure. This relates to the policy commitment to 'shift the balance of care', with a greater proportion of care provided in a setting close to a person's home rather than in a hospital.
- Funding for primary care will increase to 11% of the frontline NHS budget by 2021–22. This will amount to increased spending of £500 million, and about half of this growth will be invested directly into GP services. The remainder will be invested in primary care services provided in the community.
- The share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care will increase in every year of the parliament. For adults, and in some cases for

children, these services, along with unscheduled hospital care, are now managed by Integration Authorities.

The Ministerial Strategic Group (MSG) for Health and Community Care published a report following the Review of Progress with Integration of Health and Social Care (February 2019). Within the integrated finance and financial planning area the proposals include:

- Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration
- Delegated budgets for IJBs must be agreed timeously
- Delegated hospital budgets and set aside requirements must be fully implemented
- Each IJB must develop a transparent and prudent reserves policy
- Statutory partners must ensure appropriate support is provided to IJB Section 95 officers
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

The Partnership has a responsibility, with our local hospital services at University Hospital Crosshouse and University Hospital Ayr, for planning services that are mostly used in an unscheduled way. The aim is to ensure that we work across the health and care system to deliver the best, most effective care and support. Service areas most commonly associated with unplanned use are included in the 'Set Aside' budget. Set Aside budgets relate to the strategic planning role of the Partnership. Key areas within this budget are:

- Accident and emergency
- Inpatient services for general medicine
- Geriatric medicine
- Rehabilitation
- Respiratory
- Learning disability, psychiatry and palliative care services provided in hospital

Acute Services within NHS Ayrshire & Arran continue to face particular budget pressures around the costs of covering a high level of medical vacancies and the increasing needs of patients requiring nursing support above funded levels. There have been a high number of unfunded beds in use to meet demands and this pressure has been managed in-year by NHS Ayrshire & Arran in line with the Integration Scheme. The ability to plan with the overall resource for defined populations and user groups and to use budgets flexibly is one of the hallmarks of integrated care. A national Finance Development Group has been established to support implementation of the financial aspects of health and social care integration legislation and associated guidance. It is recognised that there is a need to understand the progress that is being made towards planning across the full pathway of care, including the acute hospital component and the way in which the statutory guidance on the use of delegated hospital budgets is being applied in practice.

Set Aside resources, as well as Lead Partnership / hosted services were recognised as areas requiring further development as part of the review of the Integration Scheme carried out in 2017 and in the Strategic Planning, Commissioning and Delivery of Health and Social Care Services within NHS Ayrshire & Arran report to the IJB on 13 June 2018. This report sets out arrangements for the next steps in respect of 'fair share' commissioning within the NHS Ayrshire & Arran health and social care system. The report also outlines future developments in respect of Directions as per the model provided by the Public Works (Joint Working) Scotland Act 2014 for IJBs to commission services from Councils and NHS Boards. Pan-Ayrshire workshops have been held

with representatives from the Scottish Government to take forward a national pilot project on 'fair share' commissioning through the use of Directions. This national pilot will ensure that delegated hospital budgets and Set Aside budget requirements will be fully implemented. The Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care report published February 2019 set this out as a key proposal under integrated finances and financial planning requirements

In March 2017, the IJB approved the first Medium Term Financial Plan covering the period 2017-2020. This is being refreshed and will be presented to the IJB during 2019 and will cover the period 2020-23. 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 building on the good progress during 2018-19, this will be a high priority during 2019-20.

Availability of funding for public services correlates with economic growth, which continues to be weak with continuing uncertainty on the impact of Brexit. The partnership is supporting the continuing work within the Council and NHS Ayrshire & Arran to minimise the impact of Brexit. An area of risk to the partnership is the consequence of the funding pass through from the Council and NHS and the availability of workforce. These risks are included in the Council and NHS planning for Brexit as they are the employing bodies and funded by the Scottish Government. The implementation of new policy initiatives and the lifting of the public sector pay cap also impact on the funding available for core services and the flexibility to use resource in line with local requirements.

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

Impact of budgetary pressures	Delivery of the Change Programme	Culture and practice
•Mitigation <ul style="list-style-type: none"> •Medium Term Financial Plan •Strategic Plan •Change Programme •Active Demand Management 	•Mitigation <ul style="list-style-type: none"> •Transformation Board •Programme Leads •Strategic Planning Officers Group (SPOG) •Change Team Project Management Support 	•Mitigation <ul style="list-style-type: none"> •Thinking Different, Doing Better HSCP experience •Multi Disciplinary Team Approach •Strategic Workforce Plan

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 delegated partnership budget.

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.

The planned Thinking Different, Doing Better sessions will focus on thinking differently about how we support people more appropriately, moving away from a deficit-based approach to assessment and care provision. By supporting people to think about resources and support they have available and allowing statutory services to prioritise resources to support people who need it the most, ensuring our resources are used equitably across the population of North Ayrshire.

2019-20 Budget

When setting the 2019-20 budget the intention was to bring a refreshed 3 year Medium Term Financial Plan to the IJB for approval, this was not possible due to the protracted negotiations over funding for 2019-20. The MTFP will be refreshed and brought to the IJB for approval later in 2019.

The Scottish Government finance settlement set out a number of conditions and requirements for Health Boards and Councils in relation to funding delegated to Integration Authorities. The delegated funding from both North Ayrshire Council and NHS Ayrshire & Arran meets those Scottish Government requirements. The requirements include:

- NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding
- £120 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services
- £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s
- Additional funding is to be an increase to 2018-19 recurrent spending and not substitutional, and permitting further flexibility for Local Authorities to offset adult social care allocations by up to £50m or 2.2% of adult social care allocations based on local need
- Mental Health Funding must be at least 1.8% higher than the recurring 2018-19, to be over and above the new investment in Mental Health services to be distributed in-year
- The set aside arrangements support the Health and Social Care Medium Term Financial Framework - reducing hospital utilisation variation

Moving into 2019–20, the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope. The IJB approved a one year balanced budget for 2019-20 in March 2019, at that time there was a requirement to identify and approve additional savings of £6.1m, as noted in the budget gap summary below:

	Social Care (NAC) £m	Health (NHS A&A) £m	Total £m
Funding Increase	1.389	2.319	3.708
Funded Pressures	(5.093)	(2.561)	(7.654)
Budget Gap	(3.704)	(0.242)	(3.946)
Add historic CRES	-	(2.188)	(2.188)
TOTAL Savings Required	(3.704)	(2.430)	(6.134)

The Integration Joint Board in common with most Public Sector bodies is facing a period of significant financial challenge, with cost and demand pressures expected to outstrip any funding uplifts.

There are a number of highlighted financial risk areas that may impact on the 2019-20 budget during the year, these include:

- High risk areas of low volume / high cost services areas e.g. Learning Disability care packages, children's residential placements, complex care packages
- Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this
- Mitigating the costs and impact of specific unfunded pressures where there is uncertainty over the value of the impact
- Implementation costs of the Scottish Government policy directives, for example Free Personal Care for under 65's
- Potential re-grading of posts due to erosion of grade differentials
- Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs
- The impact on Lead partnership and acute services from decisions taken by other Ayrshire areas.

These risks will be monitoring during 2019-20 and financial impact reported through the financial monitoring report.

The Transformation Board meets monthly to oversee the change programme, the group is solutions focussed with a view to identifying and implementing actions to get any off track plans back on target. The planned 2019-20 transformation and savings plans have been reviewed and the change team resource has been aligned to the delivery of these plans and these will be monitored through the Transformation Board.

Moving forward the plan for 2019–20 is to ensure the following actions are implemented:

- Continuation of the Transformation Board to review and challenge progress with the transformation programme
- All savings to be delivered per the agreed timetable to realise appropriate savings for 2019–20 and beyond – delivery of Transformation Programme
- Refresh of the Medium Term Financial Plan (MTFP)
- Work on directions, set aside, formalise commissioning arrangements etc

Conclusion

The fourth year as an integrated Health and Social Care Partnership has seen significant progress towards achieving financial balance and overall service sustainability. The IJB has a deficit of £5.139m (2017–18 reduced to £5.807m) as it moves into 2019–20. There is a repayment plan to allow the deficit to be recovered over the medium term to support the financial sustainability of the Partnership.

The IJB recognises it must deliver services within its financial envelope for 2019–20 and our transformation programme will continue with delivery of the savings plan and service redesign.

There is a focus on the integration of services to deliver real change to the way services are being delivered, with a realism that continuing to deliver services in the same way is no longer sustainable and changes need to be made in the way services are accessed and provided. The scale and pace of change requires to be accelerated, the financial challenges drive the pace of change, however the requirement to change and re-design services to improve outcomes for individuals would exist despite the financial pressures.

There is an expectation that within North Ayrshire the pattern of spend will change and there will be a shift in the balance of care from institutional to community settings. The integration of health and social care provides a unique opportunity to change the way services are delivered, it is an opportunity to put people at the heart of the process, focussing on the outcomes they want by operating as a single health and social care service.

The IJB through the Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future “all people who live in North Ayrshire are able to have a safe, healthy and active life”. Moving into 2019-20, we are working proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in North Ayrshire.

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

29 August 2019



Cllr Robert Foster
IJB Chair

29 August 2019



Caroline Whyte
Chief Finance Officer

29 August 2019

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 finance officer
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets
- Ensure the annual financial statements 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 for signature

I confirm that the audited annual financial statements were approved for signature at a meeting of the IJB on 29 August 2019.



Robert Foster
IJB Chair
29 August

Responsibilities of the Chief Finance Officer

The Chief Finance 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 Finance 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 Finance Officer is also required to:

- Keep proper accounting records which are up to date
- Take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board

I certify that the financial statements give a true and fair view of the financial position of the North Ayrshire Integration Joint Board as at 31 March 2019, and its income and expenditure for the year then ended.



Caroline Whyte
Chief Finance Officer

29 August 2019

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 2018–19 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 the process to determine financial contributions by partners to Integration Joint Boards. This has been supplemented by directives from the Scottish Government in relation to additional resources for Health and Social Care Integration
- 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. Work was carried out to refresh the Strategic Plan and this was approved by the IJB in April 2018. 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. Regular updates are provided to the IJB by the Health and Care Governance Group.
- 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 Partnership 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 and influencing priorities for each area
- A Transformation 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 Transformation Board has oversight of the programme.

The governance framework was in place during the year ended 31 March 2019.

System of internal financial control

The governance framework described operates on the foundation of internal controls. 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 supported by NHS Ayrshire & Arran and North Ayrshire Council in relation to the operational delivery of health and social care services. 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 establishment of a Transformation Board to provide further scrutiny of service re-design and financial delivery
- An effective Internal Audit function

The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Finance Officer in Local Government (2014)'.

Membership of IJB

The following new appointments were made:

- Chair, Kilwinning Locality Forum
- Vice Chair, Performance and Audit Committee
- Section 95 Officer

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 Partnership 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 Finance 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 2018–19.

The internal audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2018–19, the partnership 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.

New reporting responsibilities were placed on IJBs by the Public Bodies (Joint Working) (Scotland) Act 2014, during 2018:

- **Model Publication Scheme**
Freedom of Information (Scotland) Act 2002 (FOISA) requires Scottish public authorities to produce and maintain a publication scheme. The Scottish Information Commissioner wrote to all

IJBs (Nov 2018) asking for key changes to be included in their updated schemes. This was updated in 2018.

- **Records Management Plan**
Public Records (Scotland) Act 2011 requires named authorities to prepare a Records Management Plan (RMP). North Ayrshire IJB is a named authority under the Act. The Records Management Plan for North Ayrshire IJB was agreed by the IJB in February 2019.

Annual Performance Report

The IJB endorsed the Annual Performance Report at the meeting in November 2018. This report, highlighted IJB's operations in 2017–18, outlined the good performance of the Health and Social Care Partnership and how it delivered against the strategic priorities and the national outcomes. The 2018-19 report was published in July 2019.

Carer's (Scotland) Act 2016

Integration Schemes were amended in 2018 to reflect requirements of 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.

Terms of Reference

Terms of Reference were reviewed and amended for the undernoted governance groups of the IJB during 2018–19:

- Locality Partnership Forums
- Strategic Planning Group
- Performance and Audit Committee

Transformation Board

Last year's Governance Statement stated that the Change Programme Board should establish more robust arrangements to secure

change and transformation at scale and pace. A review in 2018 led to the creation of a Transformation Board with a smaller, more strategic membership, a focussed Terms of Reference and streamlined governance arrangements. The first meeting was held in August 2018.

Review of Progress with Integration of Health and Social Care

The Ministerial Strategic Group's (MSG) final report relating to the review of progress with integration of health and social care was submitted to IJB on 14 February 2019. North Ayrshire HSCP will benchmark and evaluate their position against the 25 proposals outlined in the report and the Audit Scotland report, and produce an action plan to be presented to the IJB during 2019. To ensure compatibility with other self-evaluations, the Scottish Government issued a template for completion, following IJB approval this has been submitted to the Scottish Government and progress with the identified actions will be reported through the Performance and Audit Committee and IJB.

Chief Finance and Transformation Officer

During 2017–18, a new full-time post of Chief Finance and Transformation Officer was created to assist with the monitoring of financial performance and to drive transformational change in support of the future financial challenge. This post was recruited to on a permanent basis in 2018–19.

The elements noted above incorporate progress with the further actions or developments identified in the 2017-18 Annual Accounts, all of those actions were delivered as planned during 2018-19.

Further actions

The IJB has identified the following actions for 2019–20 that will assist with the further strengthening of corporate governance arrangements:

- Implement the actions identified through the self-evaluation in relation to the review of progress with integration
- Develop a framework through which the IJB can demonstrate compliance with its statutory duty to secure Best Value
- Support the Pan-Ayrshire work on developing Directions for Lead Partnership services
- Develop commissioning plans and Directions in relation to the acute set-aside resources
- Develop Risk Management arrangements, including an agreed risk appetite statement
- Put in place a plan to review, on a rolling basis, IJB key governance documents, including for example Standing Orders, Scheme of Delegation and Financial Regulations.
- Further develop the capacity and support Locality Planning Forums to establish and implement locality plans

Assurance

Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2018–19 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.

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.



Stephen Brown
Chief Officer

29 August 2019



Cllr Robert Foster
IJB Chair

29 August 2019

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 IJB comprises eight voting members appointed through nomination in equal numbers by NHS Ayrshire & Arran and North Ayrshire Council. A Chair and Vice Chair are appointed in accordance with the Integration Scheme and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. As required in Article 4 of the Order the nomination of the IJB Chair and Vice Chair post holders alternates between a Council and Health Board representative, with the Vice Chair appointment by the constituent authority who did not appoint the Chair.

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. There were no taxable expenses paid by the IJB. Therefore no remuneration disclosures are provided for the Chair or Vice Chair.

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: Senior 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 Integration Joint Board.

Chief Officer

The appointment of an Integration Joint Board Chief Officer is required by section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 which includes the statement “an Integration Joint Board is to appoint, as a member of staff, a chief officer”. The 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 2017–18 £	Name and post title	Salary, fees and allowances £	Taxable expenses £	Total remuneration 2018–19 £
106,906	Stephen Brown, Chief Officer	108,506	0	108,506
0	Caroline Whyte, Chief Finance Officer	59,336	0	59,336
3,479*	Margaret Hogg, Chief Finance Officer	0	0	0

* 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 31/3/18 £	Year to 31/3/19 £		Difference from 31/3/18	as at 31/3/19
Stephen Brown, Chief Officer from April 2017 to March 2019	0	0	Pension Lump Sum	0 0	0 0
Caroline Whyte, Chief Finance Officer from July 2018 to March 2019	0	11,412	Pension Lump Sum	n/a n/a	1,207 0
Margaret Hogg, Chief Finance Officer from April 2016 to December 2017	0	0	Pension Lump Sum	n/a n/a	n/a n/a

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 2017–18	Remuneration band	Number of employees in band 2018–19
1	£105,000–£109,999	1
-	£55,000 - £59,999	1

Exit packages

There were no exit packages during 2017—18 or 2018—19.



Stephen Brown
Chief Officer

29 August 2019



Cllr Robert Foster
IJB Chair

29 August 2019

Financial statements

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

2017–18		2018–19		
Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
63,268	Community Care and Health	65,751	-	65,751
26,730	Mental Health	27,816	-	27,816
35,535	Children's Services and Criminal Justice	35,300	-	35,300
49,518	Primary Care	48,839	-	48,839
5,566	Management and Support Costs	6,306	-	6,306
3,430	Change Programme	2,156	-	2,156
-	Allied Health Professionals	4,588	-	4,588
76,665	Lead Partnership and Set Aside	77,455	-	77,455
260,712	Cost of Services	268,211	-	268,211
(89,346)	North Ayrshire Council Funding	-	(95,169)	(95,169)
(168,804)	NHS Ayrshire & Arran Funding	-	(173,987)	(173,987)
(258,150)	Total Taxation And Non-Specific Grant Income (note 5)	-	(269,156)	(269,156)
2,562	(Surplus) or Deficit on Provision of Services	268,211	(269,156)	(945)

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 financial statements.

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 2018–19 there were no statutory adjustments.

Total Reserves 2017–18	Movement in reserves	General Fund Balance 2018–19	Unusable Reserves 2018–19	Total Reserves 2018–19
(3,245)	Opening balance as at 1 April	(5,807)	0	(5,807)
(2,562)	Total Comprehensive Income and Expenditure	945	0	945

0	Adjustments between accounting basis and funding basis under regulations	0	0	0
(2,562)	Increase or (decrease) in year	945	0	945
(5,807)	Closing Balance as at 31 March	(4,862)	0	(4,862)

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 2018 £000		Notes	31 March 2019 £000
0	Short Term Debtors	6	277
(5,807)	Long Term Creditors	7	(5,139)
(5,807)	Net Assets		(4,862)
(5,807)	Usable Reserve: General Fund	8	(4,862)
(5,807)	Total Reserves		(4,862)

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2019 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 27 June 2019 and the audited financial statements will be authorised for issue on 29 August 2019.



Caroline Whyte
Chief Finance Officer

29 August 2019

Notes to the financial statements

NOTE 1 – SIGNIFICANT ACCOUNTING POLICIES

General principles

The Financial Statements summarise the authority's transactions for the 2018–19 financial year and its position at the year-end as at 31 March 2019.

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 2018–19, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The annual accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. Whilst the financial statements show an overall negative balance sheet position the Integration Scheme outlines the partnership arrangement between the Council and Health Board and the requirements for those organisations to underwrite the financial position of the IJB.

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.

For the Integration Joint Board financial statements a debtor and/or creditor will be recorded where the partner contributions differ from the actual net expenditure in year, this allows any surplus or deficit on the provision of services to be transferred to the reserves held by the Integration Joint Board.

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. Where material the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Reserves

The Integration Joint Board's reserves are classified as either Usable or 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 use in later years to support service provision.

The IJB's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

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 Ayrshire & Arran, 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.

VAT Status

The IJB is a non-taxable body and does not charge or recover VAT on its functions.

NOTE 2 – CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

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

- On behalf of all IJBs within the NHS Ayrshire & Arran area, the IJB acts as the lead partner for Mental Health Services. It commissions services on behalf of the three Ayrshire IJBs and reclaims the costs involved. This arrangement is treated as an agency arrangement. In the absence of an alternative agreement or approach being outlined in the Integration Scheme, the recharges across the partnerships for lead services are based on an NRAC share of costs, this may not reflect the actual cost of delivering services to the population in the three areas.
- In applying the accounting policies, the IJB has had to make a critical judgement relating to the values included for Set Aside services. The Set Aside figure included in the IJB accounts is based upon Information Services Division Scotland (ISD) 2017-18 activity data at 2016-17 prices with a 1% uplift applied. As such, the Set Aside sum included in the accounts will not reflect actual hospital usage in 2018-19.
- There are no material estimation uncertainties included within the Financial Statements.

NOTE 3 – EVENTS AFTER THE REPORTING PERIOD

The audited annual financial statements will be authorised for issue by the Chief Finance Officer on 29 August 2019. Events taking place after this date are not reflected in the financial statements or notes.

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- Those that provide evidence of conditions that existed at the end of the reporting period - the financial statements are adjusted to reflect such events
- Those that are indicative of conditions that arose after the reporting period – the financial statements are not adjusted to reflect for such events, but where a category of events would have a material impact disclosure is made in the notes of the nature of the events and their estimated financial effect.

There are no events to report after the reporting period end.

NOTE 4 – EXPENDITURE AND INCOME ANALYSIS BY NATURE

2017–18 £000's		2018–19 £000's
114,099	Services commissioned from North Ayrshire Council	117,023
146,589	Services commissioned from NHS Ayrshire & Arran	151,163
24	Auditor Fee: External Audit Work	25
(258,150)	Partners Funding Contributions and Non-Specific Grant Income	(269,156)
(2,562)	(Deficit) / Surplus on the Provision of Services	945

NOTE 5 - TAXATION AND NON-SPECIFIC GRANT INCOME

2017–18 £000's		2018–19 £000's
(89,346)	Funding Contribution from North Ayrshire Council	(95,169)
(168,804)	Funding Contribution from NHS Ayrshire & Arran	(173,987)
(258,150)	Taxation and Non-specific Grant Income	(269,156)

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. There was no ring-fenced funding in 2017-18 or 2018-19.

The funding contribution from NHS Ayrshire & Arran shown above includes £30.114m (2017–18 £28.055m) 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.

NOTE 6 - DEBTORS

31 March 2018 £000's		31 March 2019 £000's
0	North Ayrshire Council	131
0	NHS Ayrshire & Arran	146
0	Total Debtors	277

Amounts owed to the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

NOTE 7 – CREDITORS

31 March 2018 £000's		31 March 2019 £000's
(5,807)	North Ayrshire Council	(5,139)
0	NHS Ayrshire & Arran	0
(5,807)	Total Creditors	(5,139)

Amounts owed to the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

The Debtor balances recognised on the Balance Sheet represent the value of reserves held by partners supporting the earmarked element of the General Fund balance. The remaining balance of the surplus on the provision of services is offset against the Creditor in relation to the outstanding debt to North Ayrshire Council. This is in line with the amounts owed to funding partners being stated on a net basis irrespective of settlement in cash terms.

This position is summarised below:

Funding Partner	Surplus on provision of services £000's	Earmarked Balance £000's	Uncommitted Surplus £000's
North Ayrshire Council	389	(131)	258
NHS Ayrshire & Arran	556	(146)	410
Total	945	(277)	668

NOTE 8 – USABLE RESERVE: GENERAL FUND

The IJB holds a balance on the General Fund which will normally comprise one of three elements:

- As a working balance to help cushion the impact of uneven cash flows.
- As a contingency to manage the impact of unexpected events or emergencies.
- As a means of building up funds, often referred to as earmarked reserve, to meet known or predicted liabilities.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned expenditure and the amount held in unallocated reserves.

Action 15 and the Primary Care Improvement Fund (PCIF) are Scottish Government allocations which require to be carried forward for use in future years.

The IJB has an overall negative reserves position with the unallocated balance representing the balance of payment due to North Ayrshire to repay the debt due for previous year deficits, the movement in this balance represents the repayment made during 2018-19.

2017-18				2018-19		
Transfers Out 2017-18	Transfers In 2017-18	Balance at 31 March 2018		Transfers Out 2018-19	Transfers In 2018-19	Balance at 31 March 2019
			Earmarked Funds			
0	0	0	: Alcohol & Drug Partnership	0	131	131
0	0	0	: Action 15	0	116	116
0	0	0	: PCIF	0	30	30
0	0	0	Total Earmarked	0	277	277
0	(2,562)	(5,807)	Unallocated General Fund	0	668	(5,139)
0	(2,562)	(5,807)	General Fund	0	945	4,862

NOTE 9 – 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.

2017-18 £000		2018-19 £000
29,685	Expenditure on Agency Service	29,018
(29,685)	Reimbursement for Agency Services	(29,018)
0	Net Agency Expenditure Excluded from the CIES	0

NOTE 10 – 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 financial statements are presented to provide additional information on the relationships.

2017-18 £000	Transactions with NHS Ayrshire & Arran	2018-19 £000
(168,804)	Funding Contributions received from NHS Board	(173,987)
0	Service Income received from NHS Board	0
146,548	Expenditure on Services Provided by NHS Board	151,121
53	Key Management Personnel: Non-Voting Board Members	54
0	Support Services	0
(22,203)	Net Transactions with NHS Board	(22,812)

31 March 2018 £000	Balances with NHS Ayrshire & Arran	31 March 2019 £000
0	Debtor Balances: Amounts due from NHS Board	146
0	Creditor Balances: Amounts due to NHS Board	0
0	Net Balances with NHS Board	146

2017-18 £000	Transactions with North Ayrshire Council	2018-19 £000
(89,346)	Funding Contributions received from the Council	(95,169)
0	Service Income received from the Council	0
114,058	Expenditure on Services Provided by the Council	116,981
53	Key Management Personnel: Non-Voting Board Members	55
0	Support Services	0
24,765	Net Transactions with the Council	21,867

31 March 2018 £000	Balances with North Ayrshire Council	31 March 2019 £000
0	Debtor Balances: Amounts due from the Council	131
(5,807)	Creditor Balances: Amounts due to the Council	(5,139)
(5,807)	Net Balances with the Council	(5,008)

There are key management personnel employed by NHS Ayrshire & Arran and North Ayrshire Council, these costs are included in the expenditure on services provided. The non-voting Board members employed by the Council and Health Board include the Chief Officer, Chief Finance Officer, Chief Social Work Officer, representatives of primary care, nursing and non-primary care 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 North Ayrshire Council free of charge as 'services in kind'. These include services such as financial management, human resources, legal services, committee services, ICT, payroll, internal audit and accommodation.

NOTE 11 – 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 financial statements 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 and 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 12 – ACCOUNTING STANDARDS ISSUED NOT YET ADOPTED

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that has been issued but not yet adopted. The IJB considers that there are no such standards which would have an impact on the 2018-19 financial statements.

Independent auditor's report

Independent auditor's report to the members of North Ayrshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of North Ayrshire Integration Joint Board for the year ended 31 March 2019 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the 2018/19 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2018/19 Code of the state of affairs of the North Ayrshire Integration Joint Board as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2018/19 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is three years. We are independent of the North Ayrshire Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the North Ayrshire Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about North Ayrshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

We have reported in a separate Annual Audit Report, which is available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that we identified and our conclusions thereon.

Responsibilities of the Chief Finance Officer and North Ayrshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the North Ayrshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The North Ayrshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. We therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with our audit of the financial statements, our responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Pat Kenny, CPFA (for and on behalf of Deloitte LLP)

110 Queen Street

Glasgow

G1 3BX

United Kingdom

29 August 2019

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All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

Comments or questions about this document, including request for support information or documentation, should be made to:

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

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For more information go to **www.NAHSCP.org**



DIRECTOR (North Ayrshire Health & Social Care Partnership): Stephen Brown
5th Floor West Wing, Cunninghame House, Friarscroft, Irvine KA12 8EE

Our Ref: PK/NAIJB/2019

29 August 2019
Deloitte LLP
110 Queen Street
Glasgow
G1 3BX

Our Ref: PK/NAIJB/2019

Dear Sirs

This representation letter is provided in connection with your audit of the financial statements of the North Ayrshire Integration Joint Board for the year ended 31 March 2019 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of the North Ayrshire Integration Joint Board as of 31 March 2019 and of the results of its operations, other comprehensive net expenditure and its cash flows for the year then ended in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

In addition to the above, this representation letter is provided in connection with your audit of the Management Commentary, Remuneration Report and Annual Governance Statement for the following purposes:

- Expressing an opinion on the auditable part of the Remuneration Report as to whether it has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014;
- Expressing an opinion as to whether the information given in the Management Commentary is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- Expressing an opinion as to whether the information given in the Annual Governance Statement is consistent with the financial statements and that the report has been prepared in accordance with the Delivering Good Governance in Local Government Framework (2016).

I am aware that it is an offence to mislead an external auditor.

As Chief Finance and Transformation Officer and on behalf of the North Ayrshire Integration Joint Board, I confirm, to the best of my knowledge and belief, the following representations.

Financial statements

1. I understand and have fulfilled my responsibilities for the preparation of the financial statements in accordance with proper practices as set out in the Code, which give a true and fair view, as set out in the terms of the audit engagement letter.
2. We have provided you with all relevant information and access as agreed in the terms of the audit engagement letter with Audit Scotland. We acknowledge our responsibilities for the design, implementation and operation of internal control to prevent and detect fraud and error.
3. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
4. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of IAS24 “*Related party disclosures*”.
5. All events subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment of or disclosure have been adjusted or disclosed.
6. The effects of uncorrected misstatements and disclosure deficiencies are immaterial, both individually and in aggregate, to the financial statements as a whole.
7. We confirm that the financial statements have been prepared on the going concern basis. We do not intend to liquidate the Board or cease trading as we consider we have realistic alternatives to doing so. We are not aware of any material uncertainties related to events or conditions that may cast significant doubt upon the Board’s ability to continue as a going concern. We confirm the completeness of the information provided regarding events and conditions relating to going concern at the date of approval of the financial statements, including our plans for future actions.
8. We confirm that all of the disclosures within the Management Commentary, Remuneration Report and the Annual Governance Statement have been prepared in accordance with the relevant legislation and guidance.

Information provided

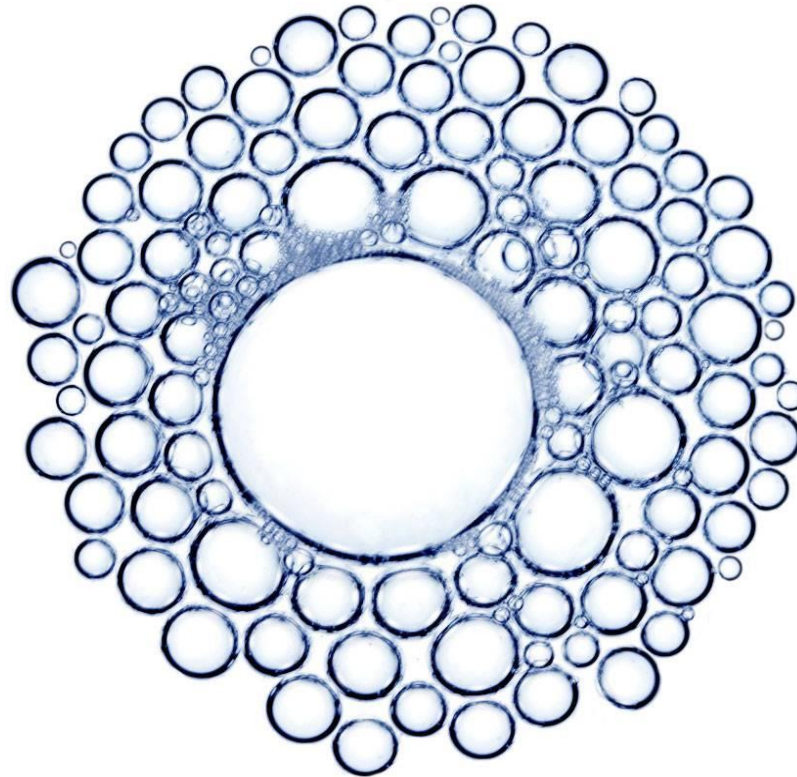
9. We have provided you with all relevant information and access.
10. All transactions have been recorded and are reflected in the financial statements and the underlying accounting records.
11. We acknowledge our responsibilities for the design, implementation and maintenance of internal control to prevent and detect fraud and error.
12. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
13. We are not aware of any fraud or suspected fraud that affects the entity and involves:
 - (i) management;
 - (ii) employees who have significant roles in internal control; or
 - (iii) others where the fraud could have a material effect on the financial statements.

14. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.
15. We are not aware of any instances of non-compliance, or suspected non-compliance, with laws, regulations, and contractual agreements whose effects should be considered when preparing financial statements
16. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
17. No claims in connection with litigation have been or are expected to be received.

We confirm that the above representations are made on the basis of adequate enquiries of management and staff (and where appropriate, inspection of evidence) sufficient to satisfy ourselves that we can properly make each of the above representations to you.

Yours faithfully

Signed as Chief Finance and Transformation Officer, and on behalf of the Board



North Ayrshire Integration Joint Board

Report to the Members of the IJB and the Controller of Audit
on the 2018/19 audit

Issued 6 August 2019 for the meeting on 29 August 2019

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Introduction

The key messages in this report

Audit quality is our number one priority. We plan our audit to focus on audit quality and have set the following audit quality objectives for this audit:

- A robust challenge of the key judgements taken in the preparation of the financial statements.
- A strong understanding of your internal control environment.
- A well planned and delivered audit that raises findings early with those charged with governance.

I have pleasure in presenting our final report to the Members of North Ayrshire Integration Joint Board ('the IJB' 'the Board') for the 2019 audit. The scope of our audit was set out within our planning report presented to the Performance and Audit Committee ('the Committee') in March 2019.

This report summarises our findings and conclusions in relation to:

- The audit of the **financial statements**; and
- Consideration of the **four audit dimensions** that frame the wider scope of public sector audit requirements as illustrated in the following diagram. This includes our consideration of the Board's duty to secure best value.



Introduction (continued)

The key messages in this report (continued)

I would like to draw your attention to the key messages of this paper:

Conclusions from our testing

Based on our audit work completed to date we expect to issue an unmodified audit opinion.

The management commentary and annual governance statement comply with the statutory guidance and proper practice and are consistent with the financial statements and our knowledge of the Board.

The auditable parts of the remuneration report have been prepared in accordance with the relevant regulation.

A summary of our work on the significant risks is provided in the dashboard on page 8.

No misstatements in excess of our reporting threshold of £187k or disclosure deficiencies have been identified up to the date of this report.

Status of the financial statements audit

Outstanding matters to conclude the audit include:

- Journal entry testing;
- Finalisation of internal quality control procedures;
- Receipt of final financial statements;
- Receipt of signed management representation letter; and
- Our review of events since 31 March 2019.

Conclusions on audit dimensions

As set out on page 3, our audit work covered the four audit dimensions. This incorporated the specific risks highlighted by Audit Scotland, in particular, the impact of EU withdrawal, the changing landscape for public financial management, dependency on key suppliers and increased focus on openness and transparency.

Our detailed interim report, presented to the Board in June 2019, set out our findings and conclusions on each dimension. We have updated this for any significant changes since that report and our overall conclusion on each dimension is summarised on pages 16-17.

Introduction (continued)

The key messages in this report (continued)

Conclusions on audit dimensions (continued)

Financial sustainability

The IJB achieved short-term financial balance in 2018/19 and a balanced budget has been set for 2019/20; however, this includes significant efficiencies and service transformation programmes to be delivered.

It is positive that the IJB has started to repay the debt due to North Ayrshire Council arising from previous year overspends, albeit less than initially planned, with the remainder being repaid in future years.

In the medium term, the IJB is faced with a challenging financial position as the current level of service provision is not financially sustainable. In response to this, the Medium Term Financial Plan (MTFP) is due to be updated in 2019/20, with the Transformation Board driving the delivery of transformational change.

Financial management

Improvements have been made to the quality and frequency of financial monitoring reports and there is now an effective integrated budget monitoring arrangement in place. We have also noted that the financial management arrangements have strengthened during the year, including the reliability and accuracy of financial projections and financial processes.

There were variations between the financial projections and the year-end position resulting in less being repaid to North Ayrshire Council than was planned. The IJB has identified discrete areas of focus to improve financial projections in future years to ensure this situation does not re-cur.

Governance and transparency

The IJB has a good attitude to openness and transparency and there is a supportive culture that underpins this.

It is positive to note that the Board, along with its NHS and Council partners, are reviewing and updating the governance arrangements for the IJBs to take cognisance of the experience from early integration.

Value for money

The IJB has a performance management framework in place, with performance regularly considered by management, and the Performance and Audit Committee. It clearly reports on its contribution towards the national outcomes through its quarterly and annual performance reports.

While there are some areas reporting a decline in performance, the Partnership Performance Reports set out how the IJB intends to address each area of under performance. In particular, there is a focus on trying to shift the balance of care from a hospital to a community setting.

Our conclusions are included on pages 8 to 17 of this report and also included in our interim report to the Board in June 2019.

We will consider progress with the agreed actions as part of our 2019/20 audit.

Added value

Our aim is to add value to the IJB by providing insight into, and offering foresight on, financial sustainability, risk and performance by identifying areas for improvement and recommending and encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making, and more effective use of resources.

This is provided throughout this report and our separate interim report. In particular, our separate "Sector Developments" report, presented along with our interim report shared our research, informed perspective and best practice from our work across the wider public sector that are specifically relevant to the IJB.

Our audit explained

Area dimensions

In accordance with the 2016 Code of Audit Practice, we have considered how you are addressing the four audit dimensions:

- Financial sustainability
- Financial management
- Governance and transparency
- Value for money

Significant risks

Our risk assessment process is a continuous cycle throughout the year. Page 8 provides a summary of our risk assessment of your significant risks.

Quality and Independence

We confirm we are independent of North Ayrshire IJB. We take our independence and the quality of the audit work we perform very seriously. Audit quality is our number one priority.

Final audit report

In this report we have concluded on the audit risks identified in our planning report and any other key findings from the audit.

Key developments in your business

As noted in our planning report, the IJB continues to face significant financial challenges due to an increase in cost whilst facing increased demand for services.

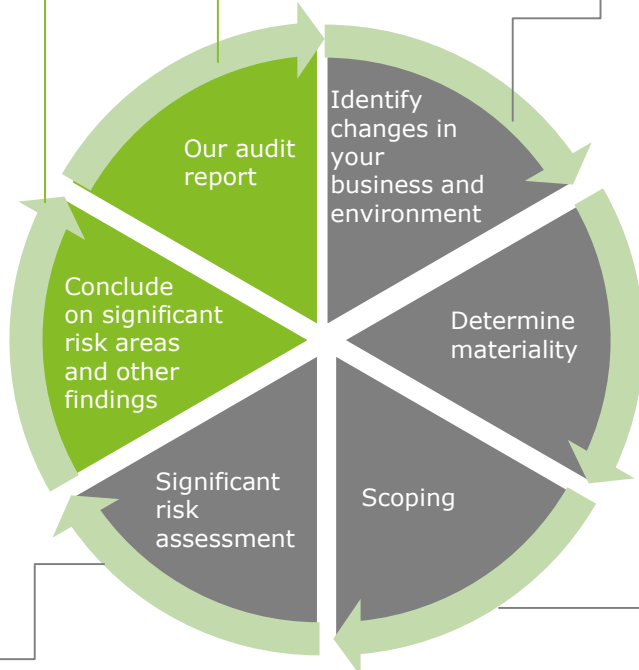
Materiality

Materiality of £3,754k (2017/18 £3,649k) and performance materiality of £3,003k (2017/18 £2,736k) has been based on the benchmark of gross expenditure and is a slight increase from what we reported in our planning paper due to updated final figures.

We have used these as the basis for our scoping exercise and initial risk assessment. We have reported to you all uncorrected misstatements greater than £187k (2017/18 £182k).

Scope of the audit

We have audited the financial statements for the year ended 31 March 2019 of North Ayrshire IJB.



Timeline 2018/19

November 2018 – February 2019

Meetings with management and other staff to update understanding of the processes and controls.

8 March 2019

Presented planning paper to the Performance and Audit

31 March 2019

Year end

June-August 2019

Review of draft accounts, testing of significant risk and performance of substantive testing of results.

20 June 2019

Presented interim report to the Board.

31 July 2019

Audit close meeting

29 August 2019

Board meeting

29 August 2019







Accounts sign-off

Financial statements audit



Significant risks

Dashboard

Risk	Material	Fraud risk	Planned approach to controls testing	Controls testing conclusion	Consistency of judgements with Deloitte's expectations	Comments	Page no.
Completeness and accuracy of income			D+I	Satisfactory		Satisfactory	9
Management override of controls			D+I	Satisfactory		Satisfactory	10

Overly prudent, likely to lead to future credit



Overly optimistic, likely to lead to future debit.

D+I: Testing of the design and implementation of key controls

Significant risks (continued)

Risk 1 – Completeness and accuracy of income

Risk identified

ISA 240 states that when identifying and assessing the risks of material misstatement due to fraud, the auditor shall, based on a presumption that there are risks of fraud in income recognition, evaluate which types of income, income transactions or assertions give rise to such risks. The main components of income for the IJB are contributions from its funding partners, namely North Ayrshire Council (NAC) and NHS Ayrshire and Arran (NHS A&A). The significant risk is pinpointed to the recognition of this income, being completeness and accuracy of contributions received from North Ayrshire Council and NHS Ayrshire & Arran.



Key judgements and our challenge of them

Given the year end deficit projected by the IJB, there is a risk that overspends could be funded by funding partners in the year following their approval, and therefore contributions could differ from the approved budget.



Deloitte response

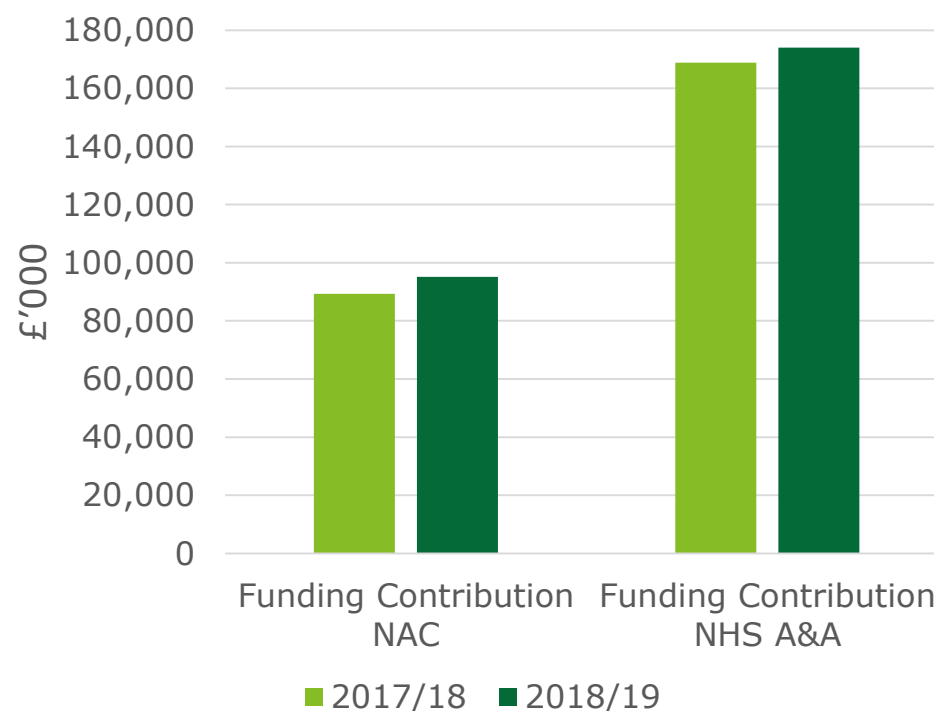
We have performed the following:

- tested the income to ensure that the correct contributions have been input and received in accordance with that agreed as part of budget process and that any reductions have been appropriately applied;
- tested the reconciliations performed by the IJB at 31 March 2019 to confirm all income is correctly recorded in the ledger;
- confirmed that the reconciliations performed during 2018/19 have been reviewed on a regular basis; and
- assessed management's controls around recognition of income.

Deloitte view

We have concluded that income has been correctly recognised in accordance with the requirements of the Code of Practice on Local Authority Accounting.

Funding Analysis



Significant risks (continued)

Risk 2 - Management override of controls

Risk identified

In accordance with ISA 240 (UK) management override is a significant risk. This risk area includes the potential for management to use their judgement to influence the financial statements as well as the potential to override the Board's controls for specific transactions.



Key judgements

The key judgments in the financial statements are those which we have selected to be the significant audit risks around the completeness and accuracy of income (page 9). This is inherently the area in which management has the potential to use their judgement to influence the financial statements.



Deloitte response

We have considered the overall sensitivity of judgements made in preparation of the financial statements, and note that:

- The Board's results throughout the year were projecting overspends in operational areas. This was closely monitored and whilst projecting overspends, the underlying reasons were well understood; and
- Senior management's remuneration is not tied to particular financial results.

We have considered these factors and other potential sensitivities in evaluating the judgements made in the preparation of the financial statements.

Significant and unusual transactions

We did not identify any significant transactions outside the normal course of business or any transactions where the business rationale was not clear.

Journals

We have performed design and implementation testing of the controls in place for journal approval.

We have used data analytics to risk assess journals and select items for detailed follow up testing. The journal entries were selected using computer-assisted profiling based on areas which we consider to be of increased interest.

We have tested the appropriateness of journal entries recorded in the general ledger, and other adjustments made in the preparation of financial reporting. No issues were noted based upon the work performed thus far.

Accounting estimates

We reviewed the financial statements for accounting estimates which could include biases that could result in material misstatements due to fraud. No accounting estimates have been recognised in the financial statements.

We considered any adjustments required for the transition to the new standards (IFRS 15 Revenues from contracts with customers and IFRS 9 Financial Instruments), focusing on the areas of greatest judgement and value.

No issues have been identified from our testing.

Deloitte view

We have not identified any significant bias in the key judgements made by management based on work performed.

We have not identified any instances of management override of controls in relation to the specific transactions tested based on work performed to date.

We agree with management's position that the new accounting standards do not have a material impact for the Board.

Our audit report

Other matters relating to the form and content of our report

Here we discuss how the results of the audit impact on other significant sections of our audit report.



Our opinion on the financial statements

Based on our audit work completed to date, we anticipate issuing an unmodified opinion on the financial statements.



Material uncertainty related to going concern

We have not identified a material uncertainty related to going concern and will report by exception regarding the appropriateness of the use of the going concern basis of accounting.

Whilst the IJB is faced with financial sustainability issues (discussed on page 16), the Code of Practice on Local Authority Accounting requires authorities to prepare its financial statements on a going concern basis unless there is an intention by government that the services provided by the authority will no longer be required.



Emphasis of matter and other matter paragraphs

There are no matters we judge to be of fundamental importance in the financial statements that we consider it necessary to draw attention to in an emphasis of matter paragraph.

There are no matters relevant to users' understanding of the audit that we consider necessary to communicate in an other matter paragraph.



Other reporting responsibilities

The Annual Report is reviewed in its entirety for material consistency with the financial statements and the audit work performance and to ensure that they are fair, balanced and reasonable.

Our opinion on matters prescribed by the Controller of Audit are discussed further on pages 12-13.



Your annual report

We are required to provide an opinion on the auditable parts of the remuneration report, the annual governance statement and whether the management commentary has been prepared in accordance with the statutory guidance..

	Requirement	Deloitte response
Management Commentary	The Management Commentary comments on financial performance, strategy and performance review and targets. The commentary included both financial and non financial KPIs and made good use of graphs and diagrams. The Board also focusses on the strategic planning context.	<p>We have assessed whether the Management Commentary has been prepared in accordance with the statutory guidance.</p> <p>We have also read the Management Commentary and confirmed that the information contained within is materially correct and consistent with our knowledge acquired during the course of performing the audit, and is not otherwise misleading.</p> <p>Our review identified a number of areas of good practice with the inclusion of graphics and tables to aid the user's understanding of the annual report and accounts.</p> <p>Our review identified a number of areas where the annual accounts needed revising in order to comply with statutory guidance and to ensure that they were fair, balanced and understandable. We are pleased to note that these changes have been made.</p> <p>We have made a number of recommendations for changes to the annual accounts in line with good practice. We have included elements of good practice for your consideration at page 13.</p>
Remuneration Report	The remuneration report has been prepared in accordance with the 2014 Regulations, disclosing the remuneration and pension benefits of the Chief Officer and Chief Finance Officer.	We have audited the disclosures of remuneration and pension benefits, pay bands and exit packages and confirmed that they have been properly prepared in accordance with the regulations.
Annual Governance Statement	The Annual Governance Statement reports that the IJB's governance arrangements provide assurance, are adequate and are operating effectively.	We have assessed whether the information given in the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with the accounts direction. No exceptions noted.

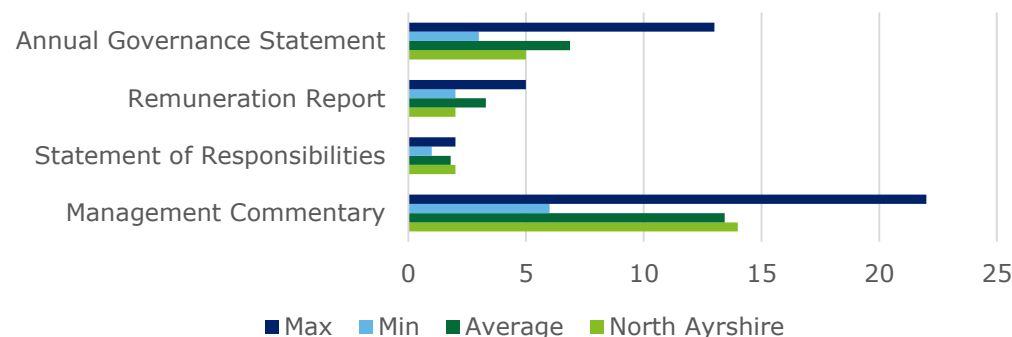
Your annual report (continued)

Good practice note – improving quality of annual accounts

Audit Scotland have issued a series of Good Practice notes to highlight where Annual Reports can be improved. One specifically directed at Integration Joint Boards was published in April 2018. We have highlighted below some of the key messages from this guidance note and pleased to note that a number of areas have been considered in drafting the 2018/19 annual accounts and would encourage the Board to consider further areas of good practice in future annual accounts.

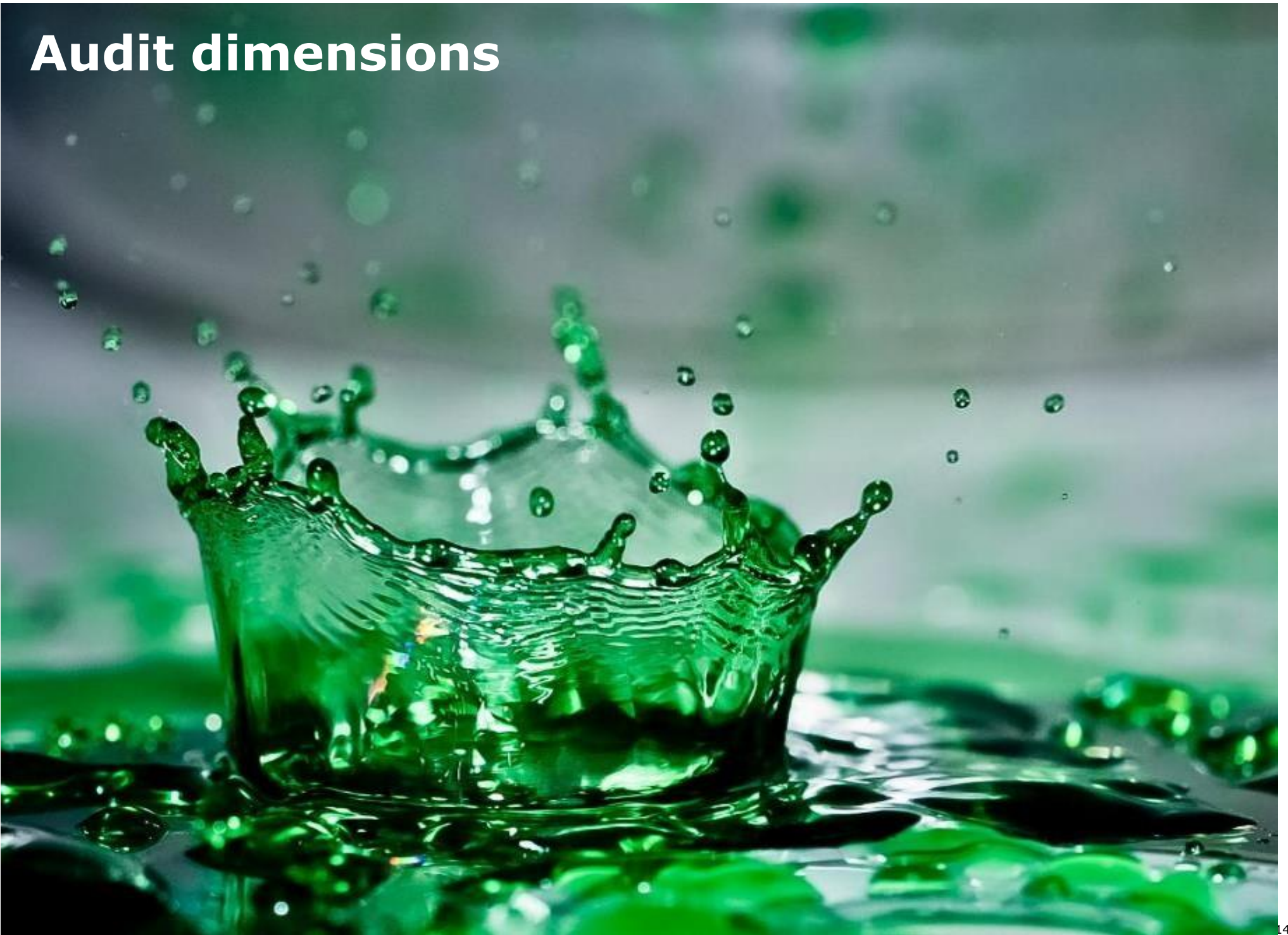
We have also benchmarked the length of the draft 2018/19 annual report against other IJBs. North Ayrshire Council sits around the average length, however, minor improvements could be made in the content including the removal of all zero balances and the inclusion of an action plan outlining how the prior year's significant risks were addressed during the year.

Length of narrative benchmarking



Key messages		
A single story	<ul style="list-style-type: none"> The narrative in the management commentary and annual governance statement should be consistent with the accounting information in the financial statements. Significant points in the financial statements should be explained in the management commentary. 	G
How funding was used	<ul style="list-style-type: none"> The management commentary should give a clear and balanced account of how funding was used. Explanations of the IJB's business model should be provided. The salient features of the IJB's performance and position should be explained in a balanced way. 	G
What worries board members	<ul style="list-style-type: none"> The risks and uncertainties described in the management commentary should genuinely be the principal risks and uncertainties that the board members are concerned about. The descriptions should be sufficiently specific that users can understand why they are important to the board members. The management commentary and annual governance statement should describe the mitigating actions to manage the impact of the principal risks and uncertainties and significant governance weaknesses. The links to accounting estimates and judgements should be clear. 	G
Consistency	<ul style="list-style-type: none"> Highlighted or adjusted figures, key performance indicators and other measures referred to in the management commentary should be clearly reconciled to the relevant amounts in the financial statements. Any adjustments to the figures in the management commentary should be clearly explained, together with the reasons why they are being made. 	G
Cut the clutter	<ul style="list-style-type: none"> Important messages, policies and transactions should be highlighted and supported with relevant context and not obscured by immaterial detail. Cross-referencing and signposting should be used effectively, and repetition avoided. 	G
Summarise	<ul style="list-style-type: none"> Items should be reported at an appropriate level of aggregation. Tables should be supported by, and consistent with, the accompanying narrative. 	G
Explain change	<ul style="list-style-type: none"> Significant changes from the prior period, whether matters of policy or presentation, should be properly explained 	G
True and fair	<ul style="list-style-type: none"> The spirit as well as the letter of proper accounting practices should be followed. 	G

Audit dimensions



Audit dimensions

Overview

Public audit in Scotland is wider in scope than financial audit. This section of our report sets out our conclusions on our audit work covering the following area, with our detailed findings and conclusions reported to the Board in June 2019 as part of our [Interim Report](#). Our report is structured in accordance with the **four audit dimensions**, but also covers our specific audit requirements on best value and specific risks as summarised below.



Best Value (BV)

It is the duty of the IJB to secure BV as prescribed in the Local Government (Scotland) Act 1973.

We have considered the Board's duty to secure BV as part of the governance arrangements considered as part of the audit dimensions work.

Specific risks

As set out in our Annual Audit Plan, Audit Scotland had identified a number of specific risks faced by the public sector which we have considered as part of our work on the four audit dimensions.

- EU Withdrawal
- Changing landscape for public financial management
- Dependency on key suppliers
- Openness and transparency
- Our conclusions on the above were reported in our [Interim Report](#) to the Board in June.

Audit dimensions (continued)

Financial sustainability and financial management

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Key facts:

2018/19 financial position

- £945k underspend against budget after £1,486k being transferred back from North Ayrshire Council which was held on the IJB's behalf.
- £668k repayment to North Ayrshire Council during 2018/19 with outstanding debt of £5,139k as at 31 March 2019.

2019/20 financial position

- £6,134k savings required.

Overall conclusions

The IJB achieved short-term financial balance in 2018/19 and commenced repayment of the historic debt outstanding to North Ayrshire Council. A balanced budget has been set for 2019/20; however, this includes significant efficiencies and service transformation programmes that need to be achieved in order for a balanced budget to be maintained.

In the medium term, the IJB is faced with an extremely challenging financial position as the current level of service provision is not financially sustainable. The Transformation Board has been established to drive the delivery of transformational change at the required scale and pace to set the direction for the Strategic Plan 2018-21. A Medium Term Financial Plan is in place covering the period 2017/18 to 2019/20, which sets out the key demand pressures and funding assumptions over the five year period. This is due to be updated in 2019/20 and should take account of issues set out in the Scottish Government's five-year Medium Term Financial Strategy, its Health and Social Care Medium Term Financial Framework and the work of the Transformation Board.

As part of the 2019/20 transformation programme, the IJB are launching a "Thinking Different, Doing Better" programme aimed at educating staff and the wider public on the role of the partnership and of the case for change. This is a significant commitment but should be highlighted as a good practice example of engaging with key stakeholders to inform future decision making and drive towards shifting the balance of care from a hospital to a community setting.

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Key facts:

2018/19 budget

- Final budgeted expenditure of £267,909k, against actual expenditure of £268,211k.
- Savings of £4,043k achieved, against a savings requirement of £6,615k.
- Overspends reported during the year.
- Regular reporting to senior management and board members.

Overall conclusions

The IJB achieved an underspend of £945k in 2018/19, after £1,486k is transferred back from North Ayrshire Council which was held on behalf of the IJB. The IJB repaid a sum of £668k towards the outstanding debt to the Council. It was envisaged that during the year the first instalment of the repayment would be £1,500k; however, a surplus of that value was not generated due to variations between projections and actual costs at the financial year-end. The IJB has identified discrete areas of focus to improve financial projections in future years to ensure this situation does not re-cur.

The final outturn position is a significant improvement on the overspend position that was expected earlier in the year, particularly given historical overspends in previous years. Improvements have been made to the quality and frequency of financial monitoring reports and there is now an effective integrated budget monitoring arrangement in place. The appointment of the Chief Finance and Transformation Officer has been pivotal in the significant improvement of the IJB's financial position.

It is positive to note that work is ongoing nationally, with Ayrshire and Arran acting as the test area for further work to be on Directions/ Set Aside resources as part of the national Review of Progress of Integration of Health and Social Care.

Audit dimensions (continued)

Governance and transparency and value for money

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Key facts:

- **Strategic Plan 2018-2021 approved in April 2018.**

Overall conclusions

In general, the IJB has a good attitude to openness and transparency and there is a supportive culture that underpins this. This could be further enhanced by publishing the papers and minutes of the Performance and Audit Committee online.

There are a number of key governing documents which have not been reviewed or refreshed by the Board since 2015. A schedule of key governance documents including review timescales and responsible officers were submitted to the Performance and Audit committee in June 2019. Thereafter progress with document reviews will be monitored through the Performance and Audit Committee.

It is positive to note that the Board, along with its NHS and Council partners, are reviewing and updating the governance arrangements for the IJBs to take cognisance of the experience from early integration.

Value for money is concerned with using resources effectively and continually improving services.

Key facts:

- **Between April 2018 and December 2018 overall performance has declined. There has been an increase in the number of 'red' indicators reported from 5 to 10.**

Overall conclusions

Best Value duties apply to accountable officers across the public sector. One of the key principles of the IJB integration scheme is making best use of public money by providing services that are efficient, effective and sustainable, and best value is a visible theme throughout IJB reports. One mechanism for the IJB ensuring Best Value is through the preparation of the annual performance report; the report assesses performance in relation to best value.

The IJB has a performance management framework in place, with performance regularly considered by management and the Performance and Audit Committee. It clearly reports on its contribution towards the national outcomes through its quarterly and annual performance reports.

While there is a decline in performance in some areas, the Partnership Performance Reports set out how the IJB intends to address each area of underperformance. In particular, there is a focus on trying to shift the balance of care from a hospital to a community setting.

The budget also recognises the need to link expenditure to outcomes, but there is still a need to improve the links between budget and outcomes.

Appendices



Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the Board discharge their governance duties. It also represents one way in which we fulfil our obligations under ISA 260 (UK) to communicate with you regarding your oversight of the financial reporting process and your governance requirements. Our report includes:

- Results of our work on key audit judgements and our observations on the quality of your Annual Report.
- Our internal control observations.
- Other insights we have identified from our audit.

What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to the Board.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

The scope of our work

Our observations are developed in the context of our audit of the financial statements. We described the scope of our work in our audit plan and again in this report.

This report has been prepared for the Board, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

We welcome the opportunity to discuss our report with you and receive your feedback.



Pat Kenny

for and on behalf of Deloitte LLP
Glasgow

6 August 2019

Audit adjustments

Summary of corrected and uncorrected misstatements and disclosure deficiencies

Corrected misstatements

No other corrected misstatements have been identified from our audit work performed to date.

Uncorrected misstatements

No uncorrected misstatements have been identified from our audit work performed to date.

Disclosure misstatements

Auditing standards require us to highlight significant disclosure misstatements to enable audit committees to evaluate the impact of those matters on the financial statements. We have noted no material disclosure deficiencies in the course of our audit work to date.

Action plan

Recommendations for improvement

We have not made any recommendations for improvement arising from our financial statements audit. Our interim report submitted to the Board in June 2019 reported our detailed recommendations arising from our work on the wider audit dimensions. In this report, we made seven recommendations, as follows:

Wider audit dimension	Recommendations made
Financial sustainability	3
Financial management	1
Governance and transparency	3

We will follow up these recommendations and report to the Committee on progress as part of our 2019/20 audit.

In our interim report, we followed up on recommendations for improvement made in 2017/18. A summary of progress against 2017/18 actions has been included below. Of the three recommendations outstanding, all have an updated recommendation included above. Consequently, there are seven total recommendations which we will follow up in our 2019/20 audit.

Area	Recommendations made	Recommendations implemented
Financial statements	-	-
Financial sustainability	3	1
Financial management	1	1
Governance and transparency	3	2

Fraud responsibilities and representations

Responsibilities explained



Responsibilities:

The primary responsibility for the prevention and detection of fraud rests with management and those charged with governance, including establishing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations. As auditors, we obtain reasonable, but not absolute, assurance that the financial statements as a whole are free from material misstatement, whether caused by fraud or error.



Required representations:

We have asked the Board to confirm in writing that you have disclosed to us the results of your own assessment of the risk that the financial statements may be materially misstated as a result of fraud and that you are not aware of any fraud or suspected fraud that affects the entity.

We have also asked the Board to confirm in writing their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.



Audit work performed:

In our planning we identified the completeness and accuracy of income and management override of controls as key audit risks for your organisation.

During course of our audit, we have had discussions with management and those charged with governance.

In addition, we have reviewed management's own documented procedures regarding fraud and error in the financial statements.

We have reviewed the paper prepared by management for the Performance and Audit Committee on the process for identifying, evaluating and managing the system of internal financial control.

Concerns:

No concerns have been identified regarding fraud.



Independence and fees

As part of our obligations under International Standards on Auditing (UK), we are required to report to you on the matters listed below:

Independence confirmation	We confirm that we comply with APB Ethical Standards for Auditors and that, in our professional judgement, we and, where applicable, all Deloitte network firms are independent and our objectivity is not compromised.	
Fees	The audit fee for 2018/19, in line with the fee range provided by Audit Scotland, is £25,000 as broken down below:	
		£
	Auditor remuneration	17,200
	Audit Scotland fixed charges:	
	Pooled costs	1,670
	Contribution to PABV	5,050
	Audit support costs	1,080
	Total agreed fee	25,000
	No non-audit fees have been charged by Deloitte in the period.	
Non-audit services	In our opinion there are no inconsistencies between APB Ethical Standards for Auditors and the company's policy for the supply of non-audit services or any apparent breach of that policy. We continue to review our independence and ensure that appropriate safeguards are in place including, but not limited to, the rotation of senior partners and professional staff and the involvement of additional partners and professional staff to carry out reviews of the work performed and to otherwise advise as necessary.	
Relationships	We are required to provide written details of all relationships (including the provision of non-audit services) between us and the organisation, its board and senior management and its affiliates, including all services provided by us and the DTTL network to the audited entity, its board and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our objectivity and independence.	
	We are not aware of any relationships which are required to be disclosed.	



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Integration Joint Board
29 August 2019

Subject:	Budget Monitoring – Month 3 (June 2019)
Purpose:	To provide an update on financial performance to June 2019, including the projected outturn for the 2019-20 financial year.
Recommendation:	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> a) Note the early indication of a projected year-end overspend of £2.801m; b) Notes the further planned actions to address the projected overspend and deliver financial balance; c) Approve the changes in funding as detailed in section 2.11 and Appendix E; and d) Note the potential impact of the Lead Partnerships.

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
CRES	Cash Releasing Efficiency Savings
NES	NHS Education Scotland – education and training body
NRAC	NHS Resource Allocation Committee

1.	EXECUTIVE SUMMARY
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the June period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £2.801m for 2019-20, it should be noted that this is the first monitoring period and at a point relatively early in the financial year. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. The position has been adjusted to reflect the potential impact of Lead Partnership services. In the absence of any alternative risk sharing agreement for lead partnership services an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years.

1.3	Overall the main areas of pressure continue to be learning disability care packages, care homes, care at home, looked after children, and adult in-patients within the lead partnership. There are mitigating actions outlined in Appendix D specifically for Learning Disability Care packages as this area is the most significant in terms of the financial impact of high cost care packages and the service change programme. This will potentially further improve the position and services will continue to deploy tight financial management controls across services to bring expenditure overall back into line with budget.
1.4	It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis as financial balance needs to be achieved. The service transformation programme and the delivery of those service changes will be at the forefront as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services.
2.	CURRENT POSITION
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and action required to work towards financial balance.
	FINANCIAL PERFORMANCE
2.2	<p>Against the full-year budget of £243.622m there is a projected overspend of £2.801m (1.1%). An integrated view of the financial position should be taken; however, it is useful to note that this overall position consists of a projected overspend of £2.924m in social care services offset by a projected underspend of £0.228m in health services.</p> <p>The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year.</p> <p>Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>
2.3	Health and Community Care Services
	<p>Against the full-year budget of £67.738m there is a projected overspend of £1.511m (2.2%). The main reasons for the projected overspend are:</p> <p>a) Care home placements including respite placements – projected to overspend by £0.313m which is mainly due to respite placements (£0.393m). This overspend is assumed to the first call on any uncommitted Carers Act funding. Permanent placements are projected to overspend by £0.120m and would require a reduction of one less residential and one less nursing placement than the number discharges for each month from August 2019 to bring budget back in line. The projection can vary due to factors other than the number of placements e.g. the impact of interim funded places, outstanding requests for funding etc so this will continue to be monitored closely. These overspends are partially offset by a projected over-recovery of Charging Order income of £0.200m which is based on income received to date and improved processes to track the charging orders.</p>

	<p>b) Independent Living Services are projected to overspend by £0.421m which is due to an overspend on physical disability care packages within the community and residential packages. Both the community and residential packages continue to be reviewed and reduced where appropriate. There will be further work undertaken with the implementation of the Adult Community Support framework which will allow further monitoring of delivery. There is also potential for a pilot using further technology to reduce sleepovers and higher cost care packages.</p> <p>c) Packages of care are projected to overspend by £0.057m due to the use of supplementary staffing, this has improved from the 2018/19 position.</p> <p>d) Care at home (purchased and in house) projected overspend by £0.776m due to an increase in provided hours and the budget being reduced to reflect the 2019-20 approved saving (purchased care). The overspend on in-house services relates to providing additional hours to cover a service that a provider handed back and the in-house service had to increase capacity to ensure the safety of vulnerable service users within the community of the North Coast locality. To mitigate the overspend in purchased care the purchased hours would need to be by 1,300 hours per week which is a 15% reduction. The service currently has, between hospitals and community, over 90 individuals waiting on a care at home package and 50 individuals waiting on an increase in their care packages. Therefore, there is a requirement of the service to manage risk so to reduce the current hours dramatically would have a negative impact on the communities and lead to further hospital and care home admissions. To prevent this level of reduction and subsequent build-up of waiting lists the care at home team are reviewing options to reduce spend. This includes reduce the level of hours being delivered on an incremental week to week basis to achieve financial balance and reviewing the process for reducing packages to ensure reduction in need is actioned quicker.</p> <p>e) Long Term Conditions (Ward 1), projected overspend of £0.261m which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure for which funding requires to be identified. This will be reviewed during 2019/20 along with other wards. Ward 2 is projected to be online, but this is subject to receiving £0.504m of funding from East HSCP for their patients, East have indicated their intention to reduce the number of commissioned beds.</p> <p>f) District Nursing is projected to underspend by £0.028m due to vacant posts. This is after applying £0.075m of payroll turnover.</p> <p>g) Community Care employee costs are projected to overspend by £0.254m due to supernumerary / unfunded posts.</p> <p>h) Carers Act Funding is projected to underspend by £0.500m based on the committed spend. This could fluctuate depending on the volume of carers' assessments undertaken and the level of demand/services identified from these assessments. This underspend will be used in the first instance to cover the projected overspend on care home respite placements.</p>
2.4	Mental Health Services
	Against the full-year budget of £75.897m there is a projected overspend of £1.126m (1.5%). The main reasons for the projected overspend are:

	<ul style="list-style-type: none"> Learning Disabilities – projected overspend of £1.505m of which £1.431m is in relation to community care packages and £0.269m for residential placements. These overspends are partially offset by vacant posts. <p>Appendix D outlines the action plan to reduce the overspend in learning disability services.</p> <ul style="list-style-type: none"> Community Mental Health – is projected to underspend by £0.114m mainly due to vacancy savings (after allocating £0.090m of payroll turnover) and an underspend in care packages. Lead Partnership – overall projected underspend of £0.184m which consists of: <p><i>Overspends:</i></p> <ul style="list-style-type: none"> Adult inpatients £0.514m - mainly due to the delay in closing the Lochranza ward on Ailsa site. The projection also assumes that a fifth bed will be sold by October 2019. The ability to close Lochranza will be dependent on achieving at least two discharges from Lochranza. Psychiatry £0.034m - primarily due to agency costs. Agency staff are used in the absence of being able to recruit permanent posts. UNPACS £0.120m – based on current placements and no fluctuation in the service level agreement with Glasgow. <p><i>Underspends:</i></p> <ul style="list-style-type: none"> CAMHS £0.240m – due to vacancies and delays with recruitment. This is after applying £0.150m of payroll turnover. Psychology £0.157m – due to vacancies. This is after applying £0.150m of payroll turnover. Adult Community Mental Health £0.065m - due to vacancies. MH Pharmacy £0.110m – due to continued low substitute prescribing costs. <p>Note that elderly inpatients have an adverse position at month 3 due to holding vacancies in relation to reconfiguring the wards. This resulted in using supplementary staff in the interim, but it is assumed to be online pending implementation of the elderly mental health review.</p>
2.5	Children & Justice Services
	<p>Against the full-year budget of £35.753m there is a projected overspend of £0.699m (2%). The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> a) Residential Schools and Community Placements – projected overspend of £1.052m. The projection is based on the current number of placements and estimated discharge dates for each placement based on the support from the mainstreamed Challenge Fund project. There are currently 28 placements

	<p>including 1 on remand (ends September 2019) and 2 secure placements. The projection assumes 2 discharges in August 3 in October and 7 in December with the remaining 15 assumed to be still in a placement at the year end. There is no provision for any increase in placements. To bring this budget online the discharge dates for each person would need to be brought forward but this would not be possible for all placements. To minimise the impact of this overspend the underspends being reported below for looked after children and children with a disability will need to be maintained which means any additional demand will need to be cost neutral.</p> <p>b) Looked After Children Placements – projected underspend of £0.136m due to the current demand for fostering, adoption and kinship payments.</p> <p>c) Early Years – are projected to underspend by £0.028m mainly due to the level of vacancies in health visiting. This is after allocating £0.200m of payroll turnover and accounting for £0.175m of potential additional costs for the regrading of HV posts.</p> <p>d) Children with Disabilities Residential Placements – projected underspend of £0.280m due to one child transitioning to adult services and another assumed to be transferring to Trindlemoss.</p>																		
2.6	Management and Support Costs																		
	<p>Against the full-year budget of £9.627m there is a projected underspend of £0.704m (7.3%). This underspend relates to uncommitted pressure funding awarded as part of the 2019-20 budget, the requirement for this funding will need to be closely monitored and may require to be delegated to services as and when required.</p>																		
2.7	Primary Care and Prescribing																		
	<p>Prescribing is the responsibility for the Health Board to fund and under the terms of the Integration Scheme and it underwrites the prescribing risk across all three Ayrshire IJBs. At month 3 prescribing is projected to be online at the year end.</p>																		
2.8	Savings Progress																		
	<p>a) The 2019-20 budget included £6.134m of savings.</p> <table><tr><th>BRAG Status</th><th>Position at Budget Approval £m</th><th>Position at Period 3 £m</th></tr><tr><td>Red</td><td>-</td><td>0.543</td></tr><tr><td>Amber</td><td>2.980</td><td>2.389</td></tr><tr><td>Green</td><td>3.154</td><td>3.202</td></tr><tr><td>Blue</td><td>-</td><td>-</td></tr><tr><td>TOTAL</td><td>6.134</td><td>6.134</td></tr></table> <p>b) The projected year-end outturn position assumes:</p> <p>i) £0.215m of the Red savings in relation to reducing LD sleepovers will not be delivered as planned and this is reflected in the overall projected outturn position.</p> <p>ii) The £0.328m risk of savings delivery relating to Trindlemoss is not currently included in the projected overspend position as there is ongoing work to establish the achievability of the saving.</p>	BRAG Status	Position at Budget Approval £m	Position at Period 3 £m	Red	-	0.543	Amber	2.980	2.389	Green	3.154	3.202	Blue	-	-	TOTAL	6.134	6.134
BRAG Status	Position at Budget Approval £m	Position at Period 3 £m																	
Red	-	0.543																	
Amber	2.980	2.389																	
Green	3.154	3.202																	
Blue	-	-																	
TOTAL	6.134	6.134																	

	<p>If progress is made to deliver the savings this would improve the overall outturn position (LD sleepovers) or prevent the overspend increasing further (Trindlemoss).</p> <p>The projected financial position assumes that all remaining savings on the plan will be delivered. Progress with savings delivery requires to be closely monitored to ensure the impact on the financial position can be assessed and corrective action taken where necessary. Appendix C provides an overview of these savings, further detail will be provided in future monitoring reports.</p> <p>The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.</p>
2.9	Financial Recovery Plan
	<p>Each service area has developed mitigating action to address the overspend in their area and there are several actions noted in this report which will assist in reducing the projected overspend. These will be monitored and if they don't reduce the overspend a formal financial recovery plan will be brought to a future IJB.</p>
2.10	Financial Risks
	<p>The 2019-20 budget setting paper noted unfunded pressures which could present a risk to the projected outturn position. This included:</p> <ul style="list-style-type: none"> a) Intermediate Care and Rehab investment was funded by the Health Board on a part-year basis in 2018-19. The business case was predicated on acute hospital savings offsetting the investment, however with the approach taken to pass through the funding uplift there is an expectation that the IJBs will fund the full year impact of the investment. Currently there is part year funding in the IJB budget to support the investment for about 6 months, the full year impact would be a further £0.322m assuming no recruitment to unfilled posts. b) Paid as if at work is a pressure relating to health employed staff and the payment of a holiday pay element for regular additional payments, e.g. overtime. The cost across the Health Board is estimated to be £1.4m but is unclear at this stage what the cost will be for each service, for North Ayrshire this is estimated to be around £0.2m. When the cost pressure value is known the partnership will look to services to fund from within existing resources where possible. c) There is a potential pressure in relation to GP practices in difficulty. This is a dynamic pressure which we will look to manage in-year. If this cannot be achieved, then the default position would be to fund the North fair share of this (circa £0.2m) from any underspend in the Primary Care Improvement Fund (PCIF). <p>The IJB may be asked to take further decisions during 2019-20 in relation to managing the above pressures.</p> <p>In addition to these pressures there is a potential reduction to the funding available for Ward 2 as East HSCP are reviewing the level of beds they require in this ward.</p>
2.11	Budget Changes

	<p>The Integration Scheme states that “<i>either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.....without the express consent of the Integration Joint Board</i>”.</p> <p>Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget.</p> <p>Reductions Requiring Approval:</p> <p>The specific reductions that the IJB are required to approve are:</p> <ol style="list-style-type: none"> 1) Procurement posts £0.085m – funding transferred to the corporate procurement team on a temporary basis to provide additional capacity until March 2020. This will be used to increase the level of ‘in contract’ spend. 2) TEC Contribution £0.050m – funding transferred to Facilities to allow TEC team and Hub Services to continue for a further 6 months. 3) AMD to Medical Director £0.096m – funding for sessions relating to Associate Medical Director role transferred to Medical Director as current AMD works in North and is retiring. <p>It is recommended that the IJB approve the budget reductions outlined above.</p> <p>Future Planned Changes:</p> <p>Further areas which are outstanding and will be included in future reports include:</p> <p>The transfer of the Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on the budget has highlighted a funding shortfall. It has been agreed with NHS Ayrshire & Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and working to reduce the projected overspend prior to any transfer.</p>
2.12	<p>Lead Partnerships</p> <p>North Ayrshire HSCP Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.184m underspent. Full detail on the underspend is given in section 2.4 above.</p> <p>South Ayrshire HSCP Services hosted and/or led by the South Partnership are forecast to be online. An overspend on incontinence advisors is more than offset by an underspend on the Community Equipment Store. The Community Equipment Store was funded an additional £0.280m in budget setting, although it should be noted that expenditure is volatile depending on the timing of purchases.</p> <p>East Ayrshire HSCP Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to marginally overspend by £0.288m in total. The overall Primary Care Lead Partnership projected overspend is £0.266m and this projected variance mainly relates to additional payments within Primary Medical Services to GP practices currently experiencing difficulty (mainly practices that the</p>

	<p>NHS Board is administering due to previous GPs handing back contracts). The GP practices in difficulty issue is extremely fluid however negotiations are progressing with practices with a view to them returning to independent contractor status. Additional Ayrshire Urgent Care Services costs resulting from increased rates being paid to attract GPs over certain periods can prove challenging to fill without financial incentives. These additional costs are partially offset by savings in Dental services.</p>
	<p>Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads.</p> <p>At month 3 the impact of the Lead Partnerships has been calculated based on the average NRAC share which is the method that was used in previous years and has been agreed by the Ayrshire Finance Leads.</p> <p>The NRAC shares are: North 36.6%, South 30.5% and East 32.9%</p>
2.14	<p>Set Aside</p> <p>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. The 2019-20 set aside budget for North HSCP is £30.094m, based on expenditure in 2018-19. The acute directorate, which includes the areas covered by the set aside budget, is overspent by £3.7m after 3 months.</p> <p>58 additional and unfunded beds were open at the 31st March 2019. This had reduced to 40 by the 30th June. The high level of delayed discharges at both Crosshouse and Ayr is causing increased operational pressure and additional expenditure.</p> <p>During 2018-19 the North Partnerships use of the set aside resources was £30.094m against the NRAC 'fair share' of £28.697m which is £1.127m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. The Models of Care programmes including the Intermediate Care and Rehab investment and the Palliative End of Life proposals being developed represent agreed or potential investment by NHS A&A to invest in community services with a view to reducing acute beds. This is in effect a mechanism to reduce the set aside resources.</p>
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<p>Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the partnership can deliver services in 2019-20 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA.</p> <p>The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line.</p>

3.2	<u>Measuring Impact</u>
	Updates to the financial position will be reported to the IJB throughout 2019-20.

4.	IMPLICATIONS
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Financial:	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £243.622m there is a projected overspend of £2.801m (1.1%). The report outlines the action being taken and proposed action to reduce the projected overspend.</p> <p>This is an early indication of the projected outturn at the first quarter of the financial year, there are a number of assumptions underpinning the projections which could change as we progress through the year. We will continue to work with services to ensure the most accurate and reliable position is reported.</p> <p>The main areas of financial risk which may impact on this position are highlighted in the report.</p>
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings which need to be addressed.
Community Benefits:	None

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

4.	CONSULTATION
4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.</p>
5.	CONCLUSION

5.1	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> a) Note the early indication of a projected year-end overspend of £2.801m; b) Notes the further planned actions to address the projected overspend and deliver financial balance; c) Approve the changes in funding as detailed in section 2.11 and Appendix E; and d) Note the potential impact of the Lead Partnerships.

For more information please contact:

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2019-20 Budget Monitoring Report–Objective Summary as at 30 June 2019
Appendix A

Partnership Budget - Objective Summary	2019/20 Budget								
	Council			Health			TOTAL		
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	54,733	56,133	1,400	13,005	13,116	111	67,738	69,249	1,511
: Locality Services	25,385	26,070	685	4,504	4,530	26	29,889	30,600	711
: Community Care Service Delivery	25,962	27,152	1,190	0	0	0	25,962	27,152	1,190
: Rehabilitation and Reablement	1,225	1,286	61	1,918	1,798	(120)	3,143	3,084	(59)
: Long Term Conditions	1,802	1,258	(544)	4,587	4,800	213	6,389	6,058	(331)
: Integrated Island Services	359	367	8	1,996	1,988	(8)	2,355	2,355	0
MENTAL HEALTH SERVICES	23,449	24,988	1,539	52,448	52,035	(413)	75,897	77,023	1,126
: Learning Disabilities	17,686	19,308	1,622	513	396	(117)	18,199	19,704	1,505
: Community Mental Health	4,366	4,283	(83)	1,616	1,585	(31)	5,982	5,868	(114)
: Addictions	1,397	1,397	0	1,350	1,269	(81)	2,747	2,666	(81)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,969	48,785	(184)	48,969	48,785	(184)
CHILDREN & JUSTICE SERVICES	32,127	32,792	665	3,626	3,660	34	35,753	36,452	699
: Intervention Services	3,859	3,938	79	327	375	48	4,186	4,313	127
: Looked After & Accomodated Children	16,323	17,002	679	0	0	0	16,323	17,002	679
: Fieldwork	4,713	4,802	89	0	0	0	4,713	4,802	89
: CCSF	311	283	(28)	0	0	0	311	283	(28)
: Criminal Justice	2,621	2,621	0	0	0	0	2,621	2,621	0
: Early Years	394	389	(5)	2,880	2,852	(28)	3,274	3,241	(33)
: Policy & Practice	3,906	3,757	(149)	0	0	0	3,906	3,757	(149)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	419	433	14	419	433	14
PRIMARY CARE	0	0	0	47,719	47,719	0	47,719	47,719	0
ALLIED HEALTH PROFESSIONALS				5,151	5,106	(45)	5,151	5,106	(45)
MANAGEMENT AND SUPPORT COSTS	7,715	7,034	(681)	1,912	1,889	(23)	9,627	8,923	(704)
CHANGE PROGRAMME	655	656	1	1,082	1,082	0	1,737	1,738	1
TOTAL	118,679	121,603	2,924	124,943	124,607	(336)	243,622	246,210	2,588
Return Hosted Over/Underspends East	0	0	0		0	56			56
Return Hosted Over/Underspends South	0	0	0		0	52			52
Receive Hosted Over/Underspends East	0	0	0		0	105			105
REVISED PROJECTED OUTTURN	118,679	121,603	2,924	124,943	124,607	(123)	243,622	246,210	2,801

2019-20 Budget Monitoring Report – Detailed Variance Analysis per service
Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	67,738	69,249	1,511	
Locality Services	29,889	30,600	711	<p>Older People permanent care homes - projected overspend of £0.120m based on 815 placements (551 Nursing and 264 Residential). Respite care is projected to overspend by £0.393m based on the spend to date. Income from Charging Orders - projected over recovery of £0.200m'</p> <p>Independent Living Services : * Direct Payment packages- projected underspend of £0.079m on 53 packages and a net decrease of 2 packages expected during the year.. * Residential Packages - projected overspend of £0.142m based on 38 packages. * Community Packages (physical disability) - projected overspend of £0.200m based on 50 packages</p> <p>NHS Packages of Care - projected overspend of £0.057m due to use of supplementary staffing. District Nursing - projected underspend of £0.028m due to vacancies.</p>
Community Care Service Delivery	25,962	27,152	1,190	<p>Care at home - in house service - projected overspend of £0.071m based on the current level of contracted costs remaining until the year end. Care at home staff have been incurring additional hours as there are moratoria on four of the purchased care providers. - Purchased Care at home - projected overspend of £0.705m. This is after reducing the budget by £0.500m to reflect the agreed 19-20 saving. There are four moratoria in place but the hours purchased from other providers has increased.</p> <p>Direct Payments - projected underspend of £0.094m based on 39 packages with an assumed reduction of one package during the year.</p> <p>Transport costs - projected overspend of £0.054m due to increase in staff mileage within care at home. Admin costs - projected overspend of £0.071m mainly due to mobile phone equipment. Voluntary Organisations - projected overspend £0.088m mainly in relation to the Alzheimer service. Income - projected over recovery £0.020m mainly in relation to Community Alarm income and CM2000 non compliance charges.</p>



















	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	3,143	3,084	(59)	Employee costs - projected underspend £0.079m due to vacancies.
Long Term Conditions	6,389	6,058	(331)	<p>Ward 1 - projected overspend of £0.261m due to the use of supplementary staffing.</p> <p>Ward 2 - projected online assuming £0.504m of funding transfers from East HSCP in relation to Kirklandside patients.</p> <p>Elderly CMHT - underspend of £0.040m due to vacancies.</p> <p>Carers Act Funding - projected underspend of £0.500m based on the committed spend. This could fluctuate depending on the volume of carers' assessments undertaken and the level of demand/services identified from these assessments. This underspend will be used in the first instance to cover the projected overspend on care home respite placements.</p>
Integrated Island Services	2,355	2,355	0	
MENTAL HEALTH SERVICES	75,897	77,023	1,126	
Learning Disabilities	18,199	19,704	1,505	<p>Residential Packages - projected overspend of £0.269m based on 39 current packages and a net increase of 1 package until the year end.</p> <p>Community Packages - projected overspend of £1.431m based on 291 current packages less 5% invoice variances and a net movement in year of 3 new packages for provided packages. The projection assumes savings of £0.490m will be achieved. The projection for direct payments is based on 39 current packages with a net increase of 2 to the year end less £0.100m recovery of unspent balances.</p> <p>Employee costs - projected underspend £0.127m mainly due to vacant posts</p>
Community Mental Health	5,982	5,868	(114)	<p>Residential Packages - projected underspend of £0.050m based on 25 current placements with an assumed net reduction of 4 places by the year end.</p> <p>Employee costs - projected underspend £0.091m mainly due to vacant posts</p>
Addictions	2,747	2,666	(81)	<p>Employee costs - projected underspend £0.081m due to vacant posts</p> <p>ADP - projected online position.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	48,969	48,785	(184)	<p>Adult Community - projected underspend of £0.065m due to vacancies.</p> <p>Adult Inpatients- projected overspend of £0.514m due to a delay in closing the Lochranza wards. Assumes a 5th bed is sold from October.</p> <p>UNPACs - projected overspend of £0.120m assuming the charge for the Forensic Services SLA is similar to the 18-19 charge.</p> <p>LDS - assumed online pending completion of the relocation of services to Woodland View.</p> <p>Elderly Inpatients - assumed online pending the finalisation of the elderly mental health bed redesign.</p> <p>Addictions - projected underspend of £0.056m due to vacancies.</p> <p>CAMHS - projected underspend of £0.240m due to vacancies.</p> <p>MH Admin - projected underspend of £0.109m due to vacancies..</p> <p>Psychiatry - projected overspend of £0.034m due to agency costs.</p> <p>MH Pharmacy - projected underspend of £0.110m mainly within substitute prescribing.</p> <p>Psychology- projected underspend of £0.157m due to vacancies.</p> <p>Action 15 - assumed online position</p>
CHIDREN'S AND JUSTICE SERVICES	35,753	36,452	699	
Intervention Services	4,186	4,313	127	<p>Employee costs - projected overspend of £0.042m mainly due to incremental drift.</p> <p>Supported Carers Scheme - projected overspend of £0.024m based on 6 carers supporting 6 children.</p> <p>Transport Costs - projected overspend of £0.026m in relation to mileage costs.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	16,323	17,002	679	<p>Looked After Children placements - projected underspend of £0.136m based on the following:-</p> <p>Kinship - projected overspend of £0.105m. Budget for 339 placements, currently 339 placement but projecting 356 placements by the year end.</p> <p>Adoption - projected online. Budget for 74 placements, currently 74 placements.</p> <p>Fostering - projected underspend of £0.076m. Budget for 120 placements, currently 121 placements but projecting 113 placements by the year end.</p> <p>Fostering Xtra - projected underspend of £0.155m. Budget for 32 placements, currently 28 placements but projecting 24 placements by the year end.</p> <p>Private fostering - projected online. Budget for 11 placements, currently 11 placements.</p> <p>IMPACCT carers - projected underspend of £0.016m. Budget for 4 placements, currently 2 placements.</p> <p>Residential School placements including community packages - projected overspend of £1.052m. The projection is based on the current number of placements and estimated discharge dates for each placement based on the support from the mainstreamed Challenge Fund project. There are currently 28 placements including 1 on remand (ends September 2019) and 2 secure placements. The projection assumes 2 discharges in August 3 in October and 7 in December with the remaining 15 assumed to be still in a placement at the year end. There is no provision for any increase in placements.</p> <p>Employee Costs - underspend of £0.270m due to vacancies.</p>
Fieldwork	4,713	4,802	89	Employee costs - projected overspend if £0.056m due to non achieved payroll turnover.
CCSF	311	283	(28)	Outwith the threshold for reporting
Criminal Justice	2,621	2,621	0	Outwith the threshold for reporting
Early Years	3,274	3,241	(33)	Outwith the threshold for reporting
Policy & Practice	3,906	3,757	(149)	<p>Employee costs - projected overspend of £0.087m due to non achieved payroll turnover.</p> <p>Residential Placements - projected underspend of £0.280m due to one child transitioning to adult services and another assumed to be transferring to Trindlemoss.</p> <p>Private Foster Placements - projected overspend of £0.057m due to one new placement.</p>
Lead Partnership (CS)	419	433	14	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
PRIMARY CARE	47,719	47,719	0	
ALLIED HEALTH PROFESSIONALS	5,151	5,106	(45)	Outwith the threshold for reporting
MANAGEMENT AND SUPPORT	9,627	8,923	(704)	Projected underspend - this underspend relates to pressure funding awarded as part of the 2019-20 and the pressures have not yet arisen. This funding will be closely monitored and delegated to services as and when required.
CHANGE PROGRAMME & CHALLENGE FUND	1,737	1,738	1	Outwith the threshold for reporting
TOTAL	243,622	246,210	2,588	

Threshold for reporting is + or - £50,000

Savings reference number	Description	Responsible Senior Management Lead	Deliverability Status at budget setting	Approved Saving 2019/20 £	Deliverability Status Month 3
	Health and Community Care				
SP-HSCP-19-02	Roll out of multidisciplinary teams - Community Care and Health	Helen McArthur	Amber	55,000	
SP-HSCP-19-04	Day Centres - Older People	Helen McArthur	Green	38,232	
SP-HSCP-19-05	Deliver the Strategic Plan objectives for Older People's Residential Services	Helen McArthur	Green	130,350	
SP-HSCP-19-09	Care at Home - Reablement Investment	Helen McArthur	Amber	500,000	
SP-HSCP-19-12	Assessment and Self Directed Support	Isabel Marr	Green	150,000	
NHS - HSCP-9	Packages of Care	Isabel Marr	Amber	150,000	
	Mental Health and Learning Disabilities				
SP-HSCP-19-01	Integration of the Learning Disability team	Jan Thomson	Amber	56,000	
SP-HSCP-19-07	Mental Health - Tarryholme / Trindlemoss (Council element)	Jan Thomson	Amber	328,000	
NHS - HSCP-1	Trindlemoss (full year impact is £0.370m)* NHS element	Jan Thomson	Amber	250,000	
SP-HSCP-19-10	LD - Reduction to Sleepover Provision	Jan Thomson	Amber	215,000	
SP-HSCP-19-11	Reprovide Fergushill/Hazeldene at Trindlemoss & redesign commissioned services	Jan Thomson	Green	111,000	
SP-HSCP-19-06	Adult Community Support - Commissioning of Services	Jan Thomson /Julie Barrett	Green	388,000	
NHS - HSCP-4	UnPACs - 7% reduction*	John Taylor	Green	200,000	
NHS - HSCP-5	Substitute Prescribing - 5% reduction*	John Taylor	Green	135,000	
NHS - HSCP-3	Review of Elderly Mental Health Inpatients*	William Lauder	Green	727,000	
NHS - HSCP-6	See a 5th bed at Woodland View - MH inpatients*	William Lauder	Amber	90,000	
	Children, Families and Justice Services				
SP-HSCP-19-03	Fostering - reduce external placements.	Mae Henderson	Green	127,408	
SP-HSCP-19-08	Children's residential placements (CF)	Mae Henderson	Amber	355,000	

	Partnership Wide				
SP-HSCP-19-13	Charging Policy	Lisa Duncan	Green	200,000	●
NHS - HSCP-10	Reduce business admin services	Julie Davis	Green	50,000	●
NHS - HSCP-11	ICF Project - Partnership Enablers	Michelle Sutherland	Amber	27,000	●
NHS - HSCP-12	ICF Project - Buckreddan care home	Michelle Sutherland	Amber	16,000	●
NHS - HSCP-13	Uncommitted ICF Funding	Michelle Sutherland	Green	80,000	●
SP-HSCP-19-20	Living Wage	n/a	Green	187,000	●
NHS - HSCP-7	Resource Transfer to South Lanarkshire	n/a	Green	40,000	●
SP-HSCP-19-14	19/20 impact of 18/19 part year savings	Stephen Brown	Green	113,000	●
SP-HSCP-19-15	Respite	n/a	Green	200,000	●
SP-HSCP-19-16	Payroll Turnover Target	Stephen Brown	Amber	500,000	●
SP-HSCP-19-17	Lean Efficiency Programme	Stephen Brown	Green	50,000	●
NHS - HSCP-2	Payroll Turnover Target - Mental Health *	Thelma Bowers	Amber	300,000	●
NHS - HSCP-8	Payroll Turnover Target - Other Services	Thelma Bowers	Amber	365,000	●

6,133,990

Ref	Action	Lead	Deadline
1	Appointment of temporary agency social workers to enhance team capacity. There are several vacancies and maternity leave in the team which is impacting on the ability to undertake reviews.	Jan Thomson	August 2019
2	Appointment of permanent social workers to fill existing vacancies.	Jan Thomson	August 2019
3	Appointment of a Transformation development manager as additional leadership capacity to support the senior management team in the delivery of the LD programme. Areas of priority identified with focused work to be undertaken on delivery and pace acceleration of case reviews as mitigation for team capacity.	Thelma Bowers	June 2019
4	<p>Review of Community Packages – management scrutiny of spend for community care packages and residential care packages to map and identify ongoing areas for targeted reviews and anticipated reductions in care provided</p> <p><i>Note that the projection already assumes £240K will be achieved so only any projected saving above £240K will impact on the projected outturn.</i></p>	Phil Cummins and the LD review team	Ongoing but expected to complete x reviews per month.
5	<p>Roll out CM2000 to the larger providers in advance of the new contracts going live in 2020. A project group is in place and plans are developed for a shadow roll out to providers in 2019/20 in alignment with Commissioning tender for adult community services completed and framework in place by January 2020.</p> <p><i>Note that the projection already assumes £50K will be achieved so only any projected saving above £50K will impact on the projected outturn.</i></p>	Helen McArthur	January 2020
6	Sleepovers – the case for the clustering of sleepovers will be finalised and a proposal to integrate, where possible, into current provision within care at home responder service or identify alternative partnership approaches.	Jan Thomson supported by the Change Team	August 2019

7	Review community packages for people aged 65+ <i>Note that the projection already assumes £200K will be achieved so only any projected saving above £200K can be included.</i>	LD Team Manager	August 2019
8	Supported accommodation – planning and referrals for the new provision to be finalised by September 2019 with savings modelled.	Norma Bell Jan Thomson Stuart McKenzie and Helen McArthur	September 2019

2019/20 Budget Reconciliation

Appendix E

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			95,074
Resource Transfer	3	P	22,993
ICF Procurement Posts - Transfer to Procurement	3	T	(85)
FPC under 65's Scottish Government Funding	3	P	702
Roundings	3		(5)
Period 3 reported budget			118,679

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget (based on month 9 of 2018-19)			145,425
Adjustments to reflect month 10 -12 of 2018-19 including non recurring amounts			(1,845)
Opening baseline budget for 19-20			143,580
Resource Transfer	3	P	(22,993)
Superannuation Uplift	3	P	2,994
Voluntary Redundancy Scheme	3	P	271
Post from acute - PA to Clinical Nurse Manager, Long Term conditions	3	P	15
Post from acute - Clinical Nurse Manager, Long Term Conditions	3	P	34
Functional Electrical Stimulation (Physio Equip) Equipment from acute			10
Pharmacy Fees	3	P	19
HPV Boys Implementation	3	P	18
Action 15 (anticipated increase)	3	P	930
Post from Acute -Specialist Pharmacist in Substance Misuse	3	T	12
Old age liaison psychiatrist from acute	3	P	108
Patient Transport Service	3	P	49
Infant feeding nurse	3	T	41

Associate Medical Director responsibility payment to Medical Director	3	T	(24)
Associate Medical Director sessions to the Medical Director	3	T	(71)
Contribution to the Technology Enabled Care (TEC) project	3	T	(50)
Period 3 reported budget			124,943
GRAND TOTAL			243,622

DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	29082019-01	
2.	Date Direction Issued by IJB	29 th August 2019	
3.	Date Direction takes effect	30 th August 2019	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	
		Both	X
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	X 14022019-01
		No	
6.	Functions covered by the direction	All NAHSCP delegated functions	
7.	Full text of direction	NHS Ayrshire & Arran are directed to: a) Action the budget changes outlined in para 2.11 and Appendix E.	
8.	Budget allocated by Integration Joint Board to carry out direction	North Ayrshire Council £118.679m NHS Ayrshire & Arran £124.943m TOTAL £243.622m	
9.	Performance Monitoring Arrangements	Regular financial updates will be reported to the IJB during 2019/20, a financial recovery plan may be required if the current mitigating action does not achieve financial balance.	
10.	Date of Review of Direction (if applicable)	n/a	

Integration Joint Board 29 August 2019

Subject: Integration Joint Board Appointments

Purpose: To advise IJB of the change of SNP Group representation on the IJB to Councillor Anthea Dickson.

Recommendation: To ask IJB to approve the appointment of Cllr Anthea Dickson as Vice Chair of the Strategic Planning Group.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SNP	Scottish National Party
IJB	Integration Joint Board
SPG	Strategic Planning Group

1.	EXECUTIVE SUMMARY
1.1	North Ayrshire Council agreed on 26 th June 2019 to a change in the SNP Group representation on the IJB. Councillor Anthea Dickson was appointed to the Integration Joint Board, replacing Councillor Christina Larsen. Councillor Larsen will continue as IJB Deputy to Councillor Dickson.
1.2	On 16 th May 2019, the IJB appointed Robert Martin, Vice Chair, IJB as Chair of the Strategic Planning Group and Councillor Christina Larsen as Vice Chair.
1.3	As a result of the above change by North Ayrshire Council, Councillor Larsen will step down as Vice Chair of the SPG.
2.	PROPOSALS
2.1	Integration Joint Board members are asked to approve the appointment of Councillor Anthea Dickson as Vice Chair of the Strategic Planning Group.
2.2	<u>Anticipated Outcomes</u>
	N/A
2.3	<u>Measuring Impact</u>
	N/A

3.	IMPLICATIONS	
Financial:	None	
Human Resources:	None	
Legal:	None	
Equality:	None	
Children and Young People	None	
Environmental & Sustainability:	None	
Key Priorities:	None	
Risk Implications:	None	
Community Benefits:	None	
Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

For more information please contact Stephen Brown, Director, NAHSCP on (01294) 317723 or sbrown@north-ayrshire.gov.uk

**North Ayrshire Health and Social Care Partnership
Performance and Audit Committee**

**Friday 8 March 2019 at 10.15 a.m.
Council Chambers, Cunninghame House, Irvine**

Present

Councillor Timothy Billings, North Ayrshire Council (Chair)
David Donaghey, Staff Representative, NHS Ayrshire and Arran
Marie McWaters, Carers Representative

In Attendance

Stephen Brown, Director of the North Ayrshire Social Care Partnership
Caroline Whyte, Head of Finance (HSCP)
Anne-Marie Fenton, Team Manager - Internal Audit
Eleanor Currie, Principal Manager - Finance
Neil McLaughlin, Manager (Performance and Information Systems),
NAHSCP
Pat Kenny, Deloitte
Euan Gray, Committee Services Officer, NAC

Apologies for Absence

Mr Alistair McKie, NHS Ayrshire and Arran (Vice-Chair)
Louise McDaid, Staff Representative, North Ayrshire

1.	Apologies	
	The Committee noted apologies from Alistair McKie and Louise McDaid.	
2.	Declarations of Interest	
	There were no declarations of interest in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.	
3.	Minutes/Action Note	
	<p>The accuracy of the Minutes of the meeting held on 31 August 2018 were confirmed and the Minutes signed in accordance with Paragraph 7(a) of Schedule 7 of the Local Government (Scotland) Act 1973.</p> <p>The Chair confirmed that all of the actions were either completed or would be addressed by the items on the agenda.</p>	

4.	Updated Terms of Reference	
	<p>Submitted a report by the Head of Finance (HSCP) on the updated terms of reference for the Performance and Audit Committee.</p> <p>The Chair stated that the proposed changes to the terms of reference were timely given the fact that his two year term is coming to an end and that membership changes are expected as Alistair McKie has plans to retire.</p> <p>The Head of Finance (HSCP) informed the Committee that the updated terms of reference would require approval from the IJB and outlined the changes as detailed below:-</p> <ul style="list-style-type: none"> • voting members would require substitutes appointed by the IJB; • the Chair or Vice Chair would be required to attend a meeting for the quorum to be met; and • the remit of the Committee is clearly set out with sections for performance, audit, risk, annual accounts and standards. <p>The Chair requested that a section is added which sets out that PAC minutes should be reported to the IJB.</p> <p>The Committee agreed to submit the updated terms of reference to the IJB for approval subject to the changes mentioned above.</p>	C. Whyte
5.	Performance and Audit Committee Work Plan 2019-20	
	<p>Submitted a report by the Head of Finance (HSCP) on the proposed Performance and Audit Committee Work Plan for 2019-20. The plan set out which reports would appear on each meeting agenda and categorised each report under the following headings; Performance, Audit, Risk and Other.</p> <p>It was suggested that an annual staffing report be added to the plan under the "Other" section and that the Internal Audit Plan be added for the June meeting.</p> <p>The Committee agreed to submit the proposed work plan to the IJB for approval subject to the changed mentioned above.</p>	C. Whyte
6.	Q3 2018-19 IJB PAC Report	
	<p>Submitted a report by the Performance and Information Systems Manager on the performance of the North Ayrshire Health and Social Care Partnership in Quarter 3 of 2018-19.</p> <p>The Committee discussed the new format of the report and praised the layout for displaying information clearly. The Chair requested that a line is added following each item explaining to the reader what information the figures and trends infer. A request was also made to change the colour used to make it easier to read on-screen.</p>	N. McLaughlin

	<p>Discussion then took place around the targets for each service with a number of points raised including:-</p> <ul style="list-style-type: none"> • contrasting observations which can be taken from some trends including the number of referrals to CAMHS; • trends around short terms staff absences and the impact of having a high percentage of the workforce living in areas of deprivation; • issues around transferring adults to direct payments; and • the “anti-vax” movement and whether this has an impact on immunisation rates in North Ayrshire. <p>Noted.</p>	
7.	North Ayrshire Proposed MSG Objectives 2019-20	
	<p>Submitted a report by the Performance and Information Systems Manager on the proposed performance targets for 2019/20. The report provided the baseline target from 2014/15, 2018/19 target, 2018/19 result and the proposed 2019/20 target for each objective.</p> <p>The Committee agreed to approve the targets as set out in the report.</p>	N. McLaughlin
8.	External Audit Plan	
	<p>Submitted a report by the Engagement Director (Deloitte) on the External Audit Plan 2018/19. The report detailed the core audit work to be undertaken by Deloitte LLP, who have been designated as the IJB’s external auditors for the five year period 2016/2021. A paper detailing sector developments was appended.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • areas identified to be declining in performance and whether these areas could be highlighted in the quarterly performance report; • the impact of Brexit on staffing, the support being offered and whether this had been identified in the audit; and • areas of innovation identified in the sector developments appendix and the benefits of circulating these to HSCP Heads of Service. <p>Noted.</p>	

9.	Internal Audit Reports Issued	
	<p>Submitted a report by the IJB Chief Internal Auditor on the findings of relevant audit work.</p> <p>The Team Manager - Internal Audit provided details of three audits which have been carried out and summarised the findings as follows:-</p> <ol style="list-style-type: none"> 1. Charging for Social Care Services Generated two high, three medium and one low priority actions and provided a reasonable assurance. The high priority actions were around the management of resources and work plans to ensure invoices are raised and the production of procedure notes to allow staff to cover absences effectively. 2. Movers Process Generated eight high and one medium priority actions and provided a limited assurance. The high priority actions were around the use of multiple processes across different teams, the role of new line managers in the process, the production of written procedures, use of the employee's ID number as a unique identifier and the need for reviews of access. 3. Aids and Adaptations Generated one high priority action and provided a substantial assurance. The high priority action was around ensuring records were updated in a timely fashion. <p>Members discussed the use of automatic flags in the NHS which highlight when a user has accessed information they should not have permission to view and if this method could be used to improve the movers process within NAC. There was also a suggestion that staff could highlight if they have access to restricted data.</p> <p>Noted.</p>	
10.	Risk Management Governance	
	<p>Submitted a report by the Principal Manager - Finance on the proposed risk management governance for the NAHSCP.</p> <p>The report set out the governance arrangements around strategic and operational risks, roles and responsibilities for managing risks and future areas for development. The remit of the Clinical and Care Governance Group was also set out.</p> <p>The Committee agreed to approve the governance arrangements.</p>	E. Currie

11.	Integration Authorities - Financial Performance	
	<p>Submitted a report by the Head of Finance (HSCP) on the latest summary of financial performance of integrated authorities which provides an overview for all IJBs across Scotland.</p> <p>Members discussed the total overspend, savings which still have to be identified and the level of reserves held.</p> <p>The Committee (a) agreed that future summaries should be reported to the IJB PAC and (b) noted the report.</p>	C. Whyte
12.	Date of Next Meeting	
	<p>The next meeting of the Integration Joint Board Performance and Audit Committee will be held on 27 June 2019.</p> <p>The Head of Finance (HSCP) informed the Committee that changes may be required to the final two agreed meeting dates in 2019 to fit in with reporting timetables.</p> <p>Members will be consulted prior to any changes.</p> <p>Noted.</p>	
	The meeting ended at 12.10 p.m.	

Paper 2

Minutes of North Ayrshire Strategic Planning Group Meeting**Held on Wednesday 29th May 2019, 10.00am****Andy Murray Room, Greenwood Conference Centre, Dreghorn, Irvine****Present:**

Councillor Robert Foster (Chair)

John Rainey (Vice Chair)

Bob Martin (Newly appointed Chair)

Brenda Knox, Health Improvement Lead, NHS A&A

Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP

Jacqui Greenlees, Policy & Community Planning Officer

Fiona Comrie, KA Leisure

Elaine Young, Public Health Representative

Sam Falconer, Community Pharmacist NHS A&A, Kilwinning Locality Planning Lead

David Bonellie, Optical Representative

David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP

Barbara Conner, Interim Irvine Locality Planning Lead

Scott Bryan, Strategic Planning, Policy and Inequalities Officer, NAHSCP

Louise McDaid, Staff Representative

Louise Gibson, Dietetic lead, Integrated Services, NHS A&A

David Weir, Service Manager, Carers Centre (attending on behalf of Christine Speedwell)

Louise Harvie, Governance Assistant (Minutes) NAHSCP

In Attendance:**Apologies Received:**

Donna McKee, Head of Service, Children & Families and Justice Services, NAHSCP

Thelma Bowers, Head of Service, Mental Health, NAHSCP

Councillor John Sweeney, Three Towns Locality Representative

Lynne McNiven, Public Health

Nigel Wanless, Independent Sector Representative

Andrew Keir, GIRFEC Team Manager, Three Towns Locality Planning Representative

Fiona Thomson, Service User Representative

Sharon Bleakley, Scottish Health Council

Caroline Whyte, Chief Finance and Transformation Officer, NAHSCP

Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP

David Hammond, Senior Manager, Housing

David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP

Betty Saunders, Procurement Manager, NAHSCP

David Donaghey, Partnership Representative, NAHSCP

Laura Barrie, KA Leisure

Simon Morrow (Dentist)

Dr Paul Kerr, Clinical Director, NAHSCP

Lorna McGoran, Primary Care Development Manager

Ruth Betley, Senior Manager, Island Services, NAHSCP

Alistair Reid, Allied Health Professions Lead, NAHSCP

Christine Speedwell, Care Centre Manager

Eleanor McCallum, Partnership Communication & Engagement Officer, NAHSCP

Dr Janet McKay, Garnock Valley Locality Planning Lead

Clive Shephard,

1.	WELCOME & APOLOGIES	
1.1	Councillor Foster welcomed all to the meeting. Apologies were noted and accepted.	
2.	MINUTES/ACTION NOTE OF PREVIOUS MEETING (17 April 2019)	
2.1	Minutes of the previous meeting dated 05 March 2019 were approved as accurate with no amendments required.	
3.	MATTERS ARISING	
3.1	<p><u>Change of Chair/Vice Chair</u></p> <p>Councillor Foster outlined that today's meeting will be his last in attendance as Bob Martin has been appointed as the new Strategic Planning Group Chair. Councillor Foster introduced Bob and welcomed him to the group. As of July's meeting, Bob will chair all future meetings.</p> <p>John Rainey has been selected as Chair of the IJB Performance & Audit (PAC) meeting, meaning he will no longer attend future Strategic Planning Group meetings as Vice Chair.</p> <p>Councillor Christina Larsen has been appointed as the Vice Chair of the Strategic Planning group and will accompany Bob in leading these meetings from July 2019 onwards.</p>	
4.	Integration Joint Board (IJB) - Feedback	
4.1	<p>Agreed that relevant items from IJB meetings would be shared with group on future basis.</p> <p>No pertinent business discussed.</p>	
Focus on: Annual Performance Report		
5.	Development of Annual Performance Report	
5.1	<p>Neil McLaughlin, Team Manager Planning & Performance, was scheduled to attend today's meeting, however unfortunately was unable to attend at short notice. In Neil's absence, Scott Bran provided a brief overview on the development of the Annual Performance Report.</p> <p>Update included:</p> <ul style="list-style-type: none"> Finalising the gathering of information requested and awaiting validation Draft will be circulated to group members when finalised Hoping to establish process to report on Performance to SPG Good news stories/case studies included as part of report – Scott encouraged members to contact Neil should they wish to feature good practise stories <p>Group discussion took place with regards to the Scottish Index of Multiple Deprivation (SIMD) figures disclosed by the Scottish Government.</p>	
Focus on: Enterprise and Community Benefit		
6.	Update on Social Enterprise Strategy and associated community benefits	
6.1	Tom Alan Henderson, Social Enterprise Manager, North Ayrshire Council attended the Strategic Planning Group to provide an overview on Social Enterprise Awareness.	
6.2	The Social Enterprise Strategy has been developed by partners working together in North Ayrshire to establish priorities and strategic aims for the development and support of the social economy sector. This, aligning to the Economic Development and Regeneration Strategy for the next three	



	years. Tom acknowledged that North Ayrshire Council are currently the only Local Authority undertaking this.	
6.3	<p>The presentation covered the following areas: -</p> <ul style="list-style-type: none"> o Context of the Strategy o Strategic Priorities and Targets o Scottish Government Baseline/Targets o Current Baseline of Social Enterprise in NAC locality o Mapping in North Ayrshire area o Opportunities for Social Enterprise Growth in North Ayrshire o National Organisations Engaged by NAC o Upcoming Agendas & Procurement o Future Activities o Business Development Support Pipeline (Local Support/National Support) 	
6.3	<p>A group discussion took place with the following points highlighted:</p> <ul style="list-style-type: none"> ▪ Recognition of the value of Social Enterprise ▪ Acknowledgment that not all organisations pay Scottish Living Wage. <p>Overall, the group praised the work involved in Social Enterprise.</p>	
Focus on: Locality Partnerships		
7.	Community Planning Partnership (CPP) – Locality Partnerships	
7.1	Jacqui Greenlees, Policy & Community Planning Officer, provided an overview of the North Ayrshire CPP Locality Partnerships.	
7.2	<p>Presentation slides included: -</p> <ul style="list-style-type: none"> o The National Picture o Improving Outcomes o Reducing Inequalities o The Vision o Local Outcomes Improvement Plan o North Ayrshire CPP Structure o Legal Information o Functions of Locality Partnerships o Locality Plans o Local Priorities o Community Investment Fund o Making Decisions o Current Links between Locality Partnerships and HSCP Forums o Locality Planning 2019 	
7.3	<p>Following the presentation, the group had the opportunity to ask Jacqui questions pertaining to the CPP Locality Partnerships.</p> <p>A lively group discussion took place:</p> <ul style="list-style-type: none"> ▪ Recognition that Locality Partnerships and LPFs have a number of duplicate priorities. ▪ Arran Locality Partnership and Arran LPF have merged into one organisation. This Pilot will run for one year and will be reviewed in 2020. Both groups share a number of priorities and members, therefore integrating will reduce duplication. ▪ Acknowledged that Locality Partnerships meetings are 'open meetings' and public awareness is increasing. 	



	<ul style="list-style-type: none"> As chair of North Coast LPF, Louise McDaid highlighted the difficulties in engaging with vulnerable members of the community and the concerns associated with this. Jacqui noted the 'Chit-Chat' sessions and Participatory Budget Events have supported community engagement. Following a shadowing session, Jacqui outlined that the Scottish Government have a real interest in North Ayrshire's CPP. Acknowledged positive relationships and strong links with Community Councils. 	
Focus on: Locality Updates		
8.	Update from LPF Leads	
8.1	<u>North Coast</u> Louise McDaid provided an update on the North Coast Locality Planning Forum. The most recent meeting was well attended with positive outcomes identified. MSK waiting lists have significantly dropped and more Physios are available within Brooksby, therefore priority has been achieved. The North Coast LPF are now looking to adopt fitness and obesity as an additional locality priority.	
8.2	Corrie Sheppard, a young person who is a mental health ambassador in Largs Academy, has since joined the group and using her experience to make a valuable contribution. Louise encouraged other Locality Forums to extend invitation to young people to sit within their forums to enhance views of all age groups.	
8.3	Louise outlined that Housing are hosting a tenant drop-in day on Saturday 1 st June 2019. HSCP colleagues will also be in attendance in a joint attempt to engage with the community.	
8.4	<u>Irvine</u> Barbara Conner provided an update on the Irvine Locality Forum. Barbara reiterated that the LPF will link with the 'Chit Chat Sessions' to avoid duplication of conversations/questions. The forum has initiated discussions with Elaine Baxter, Irvine Locality Coordinator to consider how health data is obtained for these sessions. The Irvine LPF is also looking at the upcoming 'What Matters To You' (WMTY) day as a way of engaging with the Irvine Community.	
8.5	<u>Arran</u> No update from Arran locality as no representative in attendance. Update required at next meeting.	V Yuill
8.6	<u>Garnock Valley</u> No update from Garnock Valley locality as no representative in attendance. Update required at next meeting.	J McKay
8.7	<u>Three Towns</u> No update from Three Towns locality as no representative in attendance. Update required at next meeting.	J Sweeney/ A Keir
8.8	<u>Kilwinning</u> Sam Falconer provided an update on the Kilwinning Locality Forum. Scott Bryan attended the most recent LPF meeting to discuss the remit and focus of the Kilwinning area. Sam highlighted that two of the current priorities have fallen away, meaning new priorities will be identified. Will link with CPP. Sam to provide an update at future SPG meeting in relation to the new priorities.	S Falconer
8.9	Overall consensus from SPG in terms of work required to ensure engagement with vulnerable members of the Community.	



	Councillor Foster thanked LPF leads for their locality updates.	
9.	AOCB	
9.1	ADP Engagement	
9.2	Scott Bryan highlighted that the new Strategy is still in process of being developed. The established Writing Group are currently gathering information for inclusion. Consultation has been launched and discussions ongoing with localities in terms of 'What communities can do locally'. An online survey has been circulated to SPG members. Scott encouraged SPG to circulate to network and support in promoting engagement.	
10.	What Matters to You? 2019 (WMTY)	
10.1	Scott Bryan provided an overview on the two-way approach for the upcoming WMTY day on Thursday 6 th June 2019. As the service led approach was previously successful, this style will be used again. A locality approach will also be undertaken, where LPFs will take this forward. An update on the WMTY day will be shared at the next Strategic Planning Group.	S Bryan
11.	Louise McDaid provided background on a UK wide competition, involving Woodlands Primary School in Irvine, with the chance to win a playground made of recycled products. Currently, Woodlands Primary are sitting second, therefore Louise asked SPG members to share this competition with all networks to promote this opportunity.	
11.1	There was no other business to be discussed, therefore the meeting was closed.	
12.	<u>Future Agenda Items</u> Any agenda items to be forwarded to Scott Bryan or Louise Harvie for inclusion within future agenda. Agenda items received to date: <ul style="list-style-type: none"> • Input from Gamblers Anonymous • Public Health: Social Isolation 	
12.1	There was no other business to be discussed, therefore the meeting was closed.	
13.	Next Meeting:	
13.1	The next meeting will take place on 21st August at 10.00am within Fullarton Community Hub, Irvine, KA12 8DF.	