

Integration Joint Board Meeting



Thursday, 26 August 2021 at 10:00

Arrangements in Terms of COVID-19

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

1 Apologies

2 Declarations of Interest

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

3 Minutes/Action Note

The accuracy of the Minutes of the meeting held on 17 June 2021 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

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

4 National Whistleblowing Standards

Submit report by Dr. Sukhomoy Das on the new NHS Scotland National Whistleblowing Standards which came into effect across NHS Scotland on 1 April 2021 (copy enclosed).

- 5 Audited Annual Accounts 2020/21**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Audited Annual Accounts 2020/21 (copy enclosed).
- 6 External Audit - Final Report on the Audit of Financial Statements**
Submit report by Deloitte on the External Audit Final Report on the Audit of the Financial Statements (copy enclosed).
- 7 External Audit - Wider Scope Audit Report**
Submit report by Deloitte on the External Audit Wider Scope Audit Report (copy enclosed).
- 8 Director's Report**
Submit report by Caroline Cameron, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).
- 9 Financial Performance - Month 3**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial position of the HSCP (copy enclosed).
- 10 Allied Health Professions Highlight Report**
Submit report by Alistair Reid, Lead Allied Health Professional Adviser on the Allied Health Professions Highlight Report (copy enclosed).
- 11 Strategic Plan 2022-30 Development**
Submit report by Michelle Sutherland, Partnership Facilitator providing an update on the Strategic Plan development (copy enclosed).
- 12 Remobilisation of Day Services for Older People**
Submit report by Kerry Logan, Senior Manager (Health and Community Care) on the remobilisation of Day Care Services for older people (copy enclosed).
- 13 Appointment - IJB Monitoring Officer**
Submit report by Caroline Cameron, Director of (NAHSCP) on the appointment of an IJB Monitoring Officer (copy enclosed).
- 14 Appointment - IJB Auditor**
Submit report by Caroline Cameron, Director of (NAHSCP) on the appointment of an IJB Auditor (copy enclosed).
- 15 IJB Performance and Audit Committee Minute**
Submit the Minutes of the IJB Performance and Audit Committee held on 25 June 2021 (copy enclosed).

16 Strategic Planning Group Minute

Submit the Minutes of the Strategic Planning Group meeting held on 3 August 2021 (copy enclosed).

17 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting - Virtual Meeting

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

You should be aware that the Council is a Data Controller under the Data Protection Act 2018. Data collected during the webcast will be retained in accordance with the Council's published policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site.

If you are participating in this meeting by invitation, you are consenting to being filmed and consenting to the use and storage of those images and sound recordings and any information pertaining to you contained in the them live-streaming/recording or training purposes and for the purpose of keeping historical records and making those records available to the public. If you do not wish to participate in a recording, you should leave the 'virtual meeting'. This will constitute your revocation of consent.

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

Integration Joint Board

Sederunt

Voting Members

Bob Martin (Chair)	North Ayrshire Council
Councillor Robert Foster (Vice-Chair)	NHS Ayrshire & Arran
Councillor Timothy Billings	North Ayrshire Council
Adrian Carragher	NHS Ayrshire and Arran
Councillor Anthea Dickson	North Ayrshire Council
Mhairi Kennedy	NHS Ayrshire and Arran
John Rainey	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

Professional Advisors

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

Stakeholder Representatives

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



North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 17 June 2021 at 10.00 a.m.
involving participation by remote electronic means

Present

Bob Martin, NHS Ayrshire and Arran (Chair)
Councillor Robert Foster, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Adrian Carragher, NHS Ayrshire and Arran
Councillor Anthea Dickson, North Ayrshire Council
Mhairi Kennedy, NHS Ayrshire and Arran
John Rainey, NHS Ayrshire and Arran
Councillor John Sweeney, North Ayrshire Council

Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Chief Finance and Transformation Officer
Elizabeth Stewart, Interim Chief Social Work Officer
Alistair Reid, Lead Allied Health Professional Adviser
Dr. Louise Wilson, GP Representative
David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Clive Shephard, Independent Sector Representative
Glenda Hanna, Independent Sector Representative (Depute for Jackie Weston)
Vicki Yuill, Third Sector Representative
Janet McKay, Chair, Garnock Valley HSCP Locality Forum
Louise Gibson, IJB Irvine Locality Forum

In Attendance

Audrey Sutton, Executive Director (Communities and Education)
Vicki Campbell, Head of Primary and Urgent Care Services
Darren Fullarton, Senior Nurse (Mental Health)
Thelma Bowers, Head of Mental Health
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Eleanor Currie, Principal Manager (Finance)
Peter McArthur, Senior Manager (Addictions)
Rosemary White, Lead Officer (MHS Addictions)
Billy Brotherston, Independent Chair of ADP
Michelle Sutherland, Partnership Facilitator
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer
Craig Stewart, Committee Services Officer

Apologies for Absence

Pete Gilfedder, Interim Associate Nurse Director/IJB Lead Nurse
Louise McDaid, Staff Representative (North Ayrshire Council)
Graham Searle, Carers Representative (Depute for Marie McWaters)

1. Chair's Remarks

The Chair welcomed Paul Doak to his first meeting as the IJB's Chief Finance and Transformation and Section 95 Officer. He also welcomed Elizabeth Stewart to the meeting in the role as Interim Chief Social Work Officer and Darren Fullarton who will take up the post of Associate Nurse Director/IJB Lead Nurse on 2 August 2021.

2. Declarations of Interest

Vicki Yuill, Third Sector Representative, declared an interest in Item 5 ADP Update – as the Chief Officer of Arran Community Voluntary Service in respect of their wider partnership working.

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 13 May 2021 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising

The Board was advised of timescales for the following reports to future meetings:-

- Community Alarm/Telecare Services Transition from Analogue to Digital – will report to the August meeting;
- UK Care Home Industry – an update on the Commissioning Strategy would now be more appropriate;
- Director's Report (Digital Strategy) – a date will be confirmed in August;
- Director's Report (Public Health Scotland Locality Profiles) – a date will be confirmed before the end of 2021; and
- Distress Brief Intervention Update – it is too soon to agree a date but a report will be provided to a future meeting.

Noted.

4. North Ayrshire Alcohol and Drug Partnership Annual Performance Report

Submitted report by Peter McArthur, Senior Manager (Addictions) on the North Ayrshire Alcohol and Drug Partnership (ADP) Annual Performance Report. The Annual Performance Report was attached at Appendix 1 to the report and provided details of HSCP waiting times, ADP waiting times, alcohol brief interventions, Naxolone kits, drug related deaths, training and finance.

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

- Work to identify hard to reach groups, which includes the Turning Point Project, where individuals with lived experience engage in different ways, including going into the community to engage with people who are not known to services or who are no longer engaging with services;
- The Turning Point Project that works to identify hard to reach groups;

- Medication Assisted Treatment (MAT) Standards and testing of processes to provide the offer of appropriate treatment, including medication on the same day as presentation to individuals;
- MAT Plus that will offer immediate response for those released from prison, or hospital, non-fatal overdose individuals and those who require immediate mental health assessment;
- Comments from individual's and service users that forms part of the Local Improvement Plan and feeds into the wider ADP Strategy and partnership working;
- Direct access for individuals to self-refer to NADARS and that the 3 week wait for services was met during the pandemic. No individual in North Ayrshire waited more than 6 weeks for treatment and 95-97% received treatment within 3 weeks;
- 90% of alcohol interventions and alcohol detox services were delivered in people's homes.
- Simplifying pathways for individuals who require support for co-existing multiple issues;
- Statistical information presented that is up till 31 March 2021 and is gathered on a quarterly basis; and
- The central base of the Taste of Change project in Caley Court and work to redesign processes for those who are unable to attend the base to receive support.

Noted.

5. ADP Update Report

Submitted report by Rosemary White, Lead Officer, MHS Addictions on the activities, actions and funding of the North Ayrshire Alcohol and Drug Partnership.

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

- Changes to the application process for Medication Assisted Treatment (MAT) Standards that require an application to be submitted for funding to the Local Improvement Fund;
- A recent announcement by the Scottish Government of £4m to the ADPs for the MAT Standards;
- Regular engagement sessions with the Scottish Government Mental Health Directorate and National Stakeholder Groups; and
- Collaborative work across the Ayrshire ADPs.

The Board agreed to note (a) the actions taken place since the last IJB update in November in relation to funding for rehabilitation; (ii) the work of NADARS in implementing the MAT (Medically Assisted Treatment) standards, and (iii) the partnership working that has taken place to improve outcomes for those affected by alcohol and drugs.

6. Primary Care Improvement Plan

Submitted report by Vicki Campbell, NHS Ayrshire and Arran on the Primary Care Improvement Plan.

Appendix 1 to the report outlined the three key contractual elements of the General Medical Services contract and progress with the actions relating to Pharmacotherapy Service, Community Treatment and Care Service and Transfer of Vaccinations. Appendix 2 detailed the current committed spend of the Primary Care Improvement Fund (PCIF) allocation of £6,980,739 .

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

- Work that is continuing on establishing robust systems and processes around long term medication reviews;
- Multi-disciplinary teams and specialist practitioners within practices that will enable individuals to see the right person first and reduce referral onto secondary care services; and
- Work that will be done to continue the provision of on-line and out-of-hours diagnostics that will include services for Care Homes.

The Board agreed to (a) approve (i) the actions set out for 2021/22; and (ii) the additional resource for Pharmacotherapy Service as set out in paragraph 4.1 iv; and (b) note the Primary Care Improvement Funds 2020/21 and (c) approve the 2021/22 projections; up to and including conclusion to March 2023.

7. Director's Report

Submitted report by Caroline Cameron, Director of (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership which included information on Appointments, Child Protection Committee, Supported Accommodation – Bessy Dunlop Court, Recovery Development for Justice Services, Older People's Day Services, Mental Welfare Commission unannounced visits, Carers Week, Covid Update and updates since the last IJB.

The Board were also advised that Anne-Marie Fenton has been appointed as Interim Internal Auditor for the IJB.

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

- The expanded asymptomatic Covid Testing Unregistered Services that also includes Pharmacies;
- That all Care Home staff have been offered vaccinations and are tested 3 times a week (1 PCR and 2 LFT); and
- The provision of a breakdown of vaccination statistics to the IJB.

Noted.

Councillor Foster left the meeting at this point.

8. Year End Financial Performance 2020-21

Submitted report by Paul Doak, Chief Finance and Transformation Officer providing an overview of the IJB's financial performance for the year ended 2020-21. Appendix A to the report provided the financial overview of the partnership position, with detailed analysis provided in Appendix B. Details of the savings plan were provided at Appendix C. Appendix D outlined the movement in the overall budget position for the partnership following the initial approved budget and the budget reconciliation was provided at Appendix E to the report.

The Board were advised of a typographical error at the last paragraph of section 2.10 of the report, which should read:-

“The podiatry budget is held by East HSCP and this budget had been devolved early in ~~2020-21~~ **2021/22**, the detail of this will be incorporated into the financial monitoring report for the new financial year”.

The Board was advised that details of Carers Act Funding will be reported to a future meeting; and an update on vacancy savings will be reported to the IJB Performance and Audit Committee.

The Board commended the work of the Finance Team for their work in managing the IJB's financial position and monitoring the complex financial transactions as a result of the impact of Covid on budgets.

The Board agreed to (a) note (i) the overall integrated financial performance for the financial year 2020-21 and the overall year-end underspend of £10.319m, adjusted to £4.151m after earmarking; (ii) the updated costs of the Covid response and the funding received; (iii) that out-with the IJB overall position, the £1.486m debt repayment has been made to North Ayrshire Council as planned; (b) approve (i) the budget changes outlined at section 2.10; and (i) the proposed earmarking of £6.168m of reserves as detailed in the report, leaving a balance of £4.151m in free general fund reserves

9. NHS Ayrshire and Arran Remobilisation Plan 3

Submitted report by Caroline Cameron, Director NAHSCP on the NHS Ayrshire and Arran Remobilisation Plan 3. The final draft Remobilisation Plan 3 (RMP3), submitted to Scottish Government on 26 February 2021 for consideration was attached at Appendix 1 to the report. Appendix 2 provided the meeting notes and follow up actions from the meeting between Scottish Government and NHS Ayrshire & Arran on 9 March 2021. The letter from the Scottish Government, dated 2 April 2021, approving the plan was attached at Appendix 3 to the report.

The Board was advised that a further update on the North Ayrshire specific elements of RMP3 will be reported to a future meeting.

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

- Access to GP services, challenges around GP practices remobilising and engagement with GP practices by the Primary Care Team to address capacity issues;

- The reluctance of some individuals to access services throughout the pandemic who are now presenting at practices and are very unwell;
- The early cancer diagnostic pilot that will start in Ayrshire shortly; and
- The importance of public health messaging encouraging people to come forward and on how to seek help.

The Board agreed to endorse the Health Board's Remobilisation Plan 3 which was submitted to the Scottish Government on 26 February 2021.

10. Local Child Poverty Action Plan and Report/Children's Service Plan Performance Report and Children's Services Plan 2020-23 Update

Submitted report by Lauren McMath, Policy Officer on the Local Child Poverty Action Plan and Report, the Children's Service Plan Performance Report and Children's Services Plan 2020-23 Update. The draft North Ayrshire Local Child Poverty Action Plan and Report 2020/21 was attached at Appendix 1, the draft North Ayrshire Children's Services Plan Performance Report 2020/21 at Appendix 2 and the refreshed and updated Children's Services Plan 2020-23 at Appendix 3 to the report.

The Board commended the report which had very detailed action plans to the outcomes that are to be achieved.

The Board agreed (a) to approve (i) the Local Child Poverty Action Plan and Report 2020/21; and (ii) the Children's Services Plan Performance Report 2020/21; (b) to note the content of the update Children's Services Plan 2020-23; and (c) that the reports can be submitted to the Scottish Government and published online as required.

The meeting ended at 12.20 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 17 June 2021

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Distress Brief Intervention Update	17/12/20	The Board agreed to (a) endorse and approve the implementation of the plan to support Distress Brief intervention across Ayrshire; and (b) to receive an update, including case studies, at a future meeting.	It is too soon to agree a date but a report will be provided to a future meeting.	Thelma Bowers
2.	Year End Financial Performance 2020-21	17/6/21	The Board was advised that details of Carers Act Funding will be reported to a future meeting; and an update on vacancy savings will be reported to the IJB Performance and Audit Committee.	Submit Carers Act update before the end of 2021.	Director
3.	NHS Ayrshire and Arran Remobilisation Plan 3	17/6/21	The Board was advised that a further update on the North Ayrshire specific elements of RMP3 will be reported to a future meeting.	Submit to meeting in October 2021 - RMP4 submission (due with Scottish Government by 30 September)	Director
4.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/9/19	That an update report on progress be submitted to a future meeting.	Report delayed due to service capacity – submit to IJB during 2021	David Thomson

Items to be removed from Action Note:

Thursday, 19 August 2021

The below actions are recommended to be removed from the IJB meeting action note and will be incorporated as part of the work to develop the 2022-2030 Strategic Plan (as noted in Item 11 - Strategic Plan Development paper):

No.	Agenda Item	Date of Meeting	Action	Status
1.	UK Care Home Industry	19/12/19 13/2/20	Receive a further report examining the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context, including the lessons learned from care home closures and in consultation with both staff, independent and third sectors. Agreed that the Care Home Providers be consulted at an early stage in the work to examine the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context.	An update on the Commissioning Strategy would now be more appropriate. Older peoples strategy part of strategic plan development
2.	Director's Report	24/9/20	The Board agreed (a) an update be provided to a future meeting on the National Digital Strategy.	New Digital Strategy as part of Strategic Plan, the national Digital Health and Care Strategy is currently being refreshed
3.	Director's Report	22/10/20	The Board agreed to (a) consider a report on the Public Health Scotland Locality Profiles report at a future meeting.	Locality profiles will inform needs assessment for strategic plan and will inform Caring for Ayrshire priorities

Integration Joint Board 26th August 2021

Subject: **National Whistleblowing Standards**

Purpose: To provide the Integration Joint Board (IJB) with details of the new NHS Scotland National Whistleblowing Standards which came into effect across NHS Scotland on 1 April 2021 and note the implementation update presented to the NHS Board in March 2021.

Recommendation: IJB are asked to note the content of the update.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
INWO	Independent National Whistleblowing Officer
SPSO	Scottish Public Services Ombudsman
WBOG	Whistleblowing Oversight Group
WBIG	Whistleblowing Implementation Group

1.	EXECUTIVE SUMMARY
1.1	The National Whistleblowing Standards (The Standards) came into effect across NHS Scotland on 1 April 2021. The attached paper (Appendix 1) was presented to the NHS Board on 29 March 2021 to provide assurance to the NHS Board on readiness for implementation of the Standards and provided an update on the establishment of the new Speak up Model. The report also provides IJB members with assurance on how whistleblowing is being managed under the existing policy for the period October 2020 to March 2021 and an update on current whistleblowing activity.
2.	BACKGROUND
2.1	In early 2020, the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 was published and introduced significant changes to the way in which the NHS in Scotland handles whistleblowing concerns.
2.2	The order also gave Scottish Public Services Ombudsman the role of Independent National Whistleblowing Officer (INWO). On 17 January 2020, the INWO shared the draft National Whistleblowing Standards with Boards across NHS Scotland. Due to the Covid-19 pandemic, the go live date previously planned for Summer 2020 was delayed and was subsequently confirmed as 1 April 2021.
2.3	NHS Ayrshire & Arran established an implementation structure including a Whistleblowing Oversight Group (WBOG) and Whistleblowing Implementation Group (WBIG) to oversee and take forward the various strands of this work including a communications plan, training plan and the establishment of a Speak up Model.

3.	PROPOSALS																												
3.1	IJB are asked to note the policy and the governance arrangements in place to enable monitoring and scrutiny.																												
3.2	The policy also sets out that senior managers within HSCPs and the IJB promote a culture of encouraging staff to raise issues or concerns at the earliest opportunity. IJBs must ensure, via the Chief Officer, that all HSCP staff across both the local authority and the NHS, including students, trainees, agency workers or volunteers, are able to raise a concern and have access to both employers procedures.																												
3.3	Regular briefings and updates on the new system and procedure are circulated across the HSCP regularly. Chief Officers provide assurance to NHS colleagues that the requirements of the standards have been met and that any agreements with local authority colleagues are in place.																												
3.4	<u>Anticipated Outcomes</u>																												
	N/A																												
3.4	<u>Measuring Impact</u>																												
	N/A																												
4.	IMPLICATIONS																												
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<table><tr><td rowspan="5">Direction Required to Council, Health Board or Both</td><td>Direction to :-</td><td></td></tr><tr><td>1. No Direction Required</td><td>x</td></tr><tr><td>2. North Ayrshire Council</td><td></td></tr><tr><td>3. NHS Ayrshire & Arran</td><td></td></tr><tr><td>4. North Ayrshire Council and NHS Ayrshire & Arran</td><td></td></tr></table>			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																	
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	4. North Ayrshire Council and NHS Ayrshire & Arran																												
6.	CONCLUSION																												
6.1	IJB are asked to note the content of the update.																												

For more information please contact Dr Sukhomoy Das, Non Executive Director – Whistleblowing Champion on karen.callaghan@aapct.scot.nhs.uk or

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 29 March 2021
Title:	National Whistleblowing Standards - Implementation update and report on whistleblowing concerns
Responsible Director:	Professor Hazel Borland, Nurse Director and Deputy Chief Executive Dr Sukhomoy Das, Non-Executive Director – Whistleblowing Champion
Report Authors:	Laura Parker, Business Manager, Nurse Directorate Shona McCulloch, Head of Corporate Governance

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The [National Whistleblowing Standards](#) (The Standards) come into effect across NHS Scotland on 1 April 2021. Further to the paper presented to Board on 1 February this paper seeks to provide assurance to the NHS Board on Ayrshire and Arran's readiness for implementation of The Standards and provides an update on the establishment of our Speak up Model. The report also provides Members with assurance on how whistleblowing is being managed under the existing policy for the period October 2020 to March 2021 and an update on current whistleblowing activity..

2.2 Background

2.2.1 National Whistleblowing Standards

In early 2020, the [Public Services Reform \(the Scottish Public Services Ombudsman\) \(Healthcare Whistleblowing\) Order 2020](#) was published and introduced significant changes to the way in which the NHS in Scotland handles whistleblowing concerns.

The order also gave Scottish Public Services Ombudsman the role of Independent National Whistleblowing Officer (INWO). On 17 January 2020, the INWO shared the draft [National Whistleblowing Standards](#) with Boards across NHS Scotland. Due to the Covid-19 pandemic, the go live date previously planned for Summer 2020 was delayed and was subsequently confirmed as 1 April 2021.

NHS Ayrshire & Arran established an implementation structure including a Whistleblowing Oversight Group (WBOG) and Whistleblowing Implementation Group (WBIG) to oversee and take forward the various strands of this work including a communications plan, training plan and the establishment of a Speak up Model.

On 1 February 2021 the NHS Board approved the proposed governance structure to report to Staff Governance Committee and NHS Board. Members considered four options presented for a Speak Up model and agreed the model should be a hybrid of Options 2 and 4. This would retain our current Confidential Contacts to provide stability and continuity, with the option to expand further to include a small number of additional contacts if required, for example, from Primary Care or the IJBs, supported by a cohort of Speak Up Advocates. Board Members suggested that these arrangements should be reviewed in a year's time.

A national Once for Scotland Whistleblowing Policy is awaited which will support The Standards.

2.2.2 Current whistleblowing policy and governance

Under the current whistleblowing policy and governance arrangements, updates on Whistleblowing and reporting of cases has been reported to Integrated Governance Committee to enable monitoring and scrutiny. With the last report to Integrated Governance Committee in November 2020 there was the potential for a gap in reporting of cases before the new arrangements come into effect on 1 April. It was agreed with the Board Chair and Nurse Director as Executive Lead for Whistleblowing to provide the report on cases received directly to Board, and this is included at section 2.3.4 in this paper.

2.3 Assessment

2.3.1 NHS Ayrshire & Arran's Speak up Model

Following agreement of the new model on 1 February 2021 discussion with Primary Care colleagues has indicated that an additional Primary Care Confidential Contact is not required. This will be considered in the future as will any requirement for a separate IJB contact. A Primary Care confidential contact has been identified from the current cohort noted below.

Confidential contacts:

- Nurse Director
- Finance Director
- HR Director – named Primary Care confidential contact
- Medical Director

The recruitment process for Speak Up Advocates is underway and has been widely promoted through internal communications. There has been a positive response across the organisation with around 30 applications received. Our Speak Up advocates will be supported by the Confidential Contacts.

2.3.2 Implementation progress

Work continues via the WBIG and sector leads to ensure that arrangements are in place for those to whom The Standards apply (see below), and that robust governance processes are in place to facilitate quarterly Whistleblowing reporting to the NHS Board in accordance with The Standards.

- The Standards are available to current (and former) employees, agency workers (and others on short or insecure contracts such as locums and bank staff), contractors (including third-sector service providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The Head of Corporate Governance and Corporate Governance Coordinator are working closely with implementation leads. Good progress is being reported across all sectors and support is being provided where any gaps are identified and if required advice is sought from the INWO. A detailed progress report is provided to each WBIG meeting with any areas of risk escalated to the WBOG. Currently there are no risk areas identified in terms of access to raise a whistleblowing concern from 1 April.

The Board can be assured that as part of the implementation, from 1 April 2021 any person who is delivering an NHS service as identified above, will have access to raise a concern.

2.3.3 Communications and training

- **Communications** are being shared regularly across the organisation through Daily Digest, e-News and direct email to 700+ line managers with a 7-minute brief for use in weekly meetings, team briefings, huddles and tool-box talks. The 7-minute brief format has had good feedback from across the organisation including our partnership colleagues. An AthenA page for Whistleblowing has been created which provides access to a range of information and a 'Speak Up' logo is being developed to support future communications, leaflets, posters etc. An external web page is also being developed.
- **Training** - On 19 January 2021 the WBOG supported a training plan to deliver the two training packages provided by the INWO; a short module directed towards those who may raise concerns and a longer module for those who may receive concerns. Training will be available to all staff groups across the organisation and partnerships with planned delivery from late March-June 2021. This includes facilitated sessions using MTeams for Line Managers, Speak Up Advocates and Confidential Contacts. A session is being organised for Board members. The training packages are accessible to all via Turas with links on the [INWO website](#) which enables access for all sectors to which The Standards apply, including independent contractors who provides NHS services.

As we look ahead, training will be included in the Corporate Induction Programme and form part of future leadership programmes.

2.3.4 Whistleblowing cases report

The last Whistleblowing report to Integrated Governance Committee in November 2020 reported on cases received for the period May to October 2020. Nil cases were reported.

For the period since October 2020, four possible whistleblowing cases were recorded, none of which have been progressed as whistleblowing cases under the current policy.

Of these one was anonymous. Each was subjected to an initial review by the appropriate Confidential Contacts and from this none have been classed as whistleblowing. Three have been managed through staff policies as related to misconduct or personal employment issues. The fourth has been actioned as a professional matter.

From 1 November 2020 an advice line has been delivered by the INWO to ensure those wishing to raise concerns have access to all information they need in relation to the Standards. It was agreed that any concerns highlighted to the INWO through this advice line would be reported to the NHS Board via the Head of Corporate Governance. No concerns have been reported.

2.3.5 Quality/patient care

NHS Ayrshire & Arran aims to promote a culture of psychological safety where all our staff and those providing services on our behalf feel safe to speak up about any issues or concerns. The implementation of The Standards in Ayrshire and Arran and our associated Speak Up Model is in keeping with this ambition and will aim to instil absolute confidence in the fairness of the procedures through which concerns are raised.

The approach to handling concerns ensures that learning and improvement is progressed for all upheld concerns. Learning from patient care concerns raised by staff presents the opportunity to change practice and improve patient experience and outcomes.

2.3.6 Workforce

The Corporate Governance Coordinator was appointed in January 2021 as a full time position to support implementation of The Standards and thereafter supporting the Corporate Governance function and also as the key coordinator for the whistleblowing process across the organisation.

Speak Up Advocates are being recruited across the organisation as part of the agreed Speak Up Model - these duties are an addition to their substantive roles.

2.3.7 Financial

There are no financial impacts. As identified above Speak Up Advocates undertake these duties in addition to their substantive roles and there will be no remuneration associated with these roles. However, departments will require to offer time back to staff members who require to attend meetings out with their normal working hours.

2.3.8 Risk assessment/management

If staff do not have absolute confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be

acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation, if staff do not believe they will be listened to and do not feel senior leaders in NHS Ayrshire & Arran are fulfilling the organisation's Values of 'Caring, Safe and Respectful' and promoting a culture of Psychological Safety.

2.3.9 Equality and diversity, including health inequalities

A national Equality Impact Assessment is available and has been completed by the INWO to support The Standards. A local Equality Impact Assessment is in progress and will be submitted to the WBOG for approval and publication thereafter.

2.3.10 Other impacts

- **Best value:** Governance and accountability and Performance management. The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care. Effective handling of concerns supports the delivery of the Healthcare Quality Strategy.
- **Compliance with Corporate Objectives** - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.11 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate to communicate and deliver implementation. There has been close liaison with the INWO in the application and implementation of The Standards.

2.3.12 Route to the meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group – 18 March 2021

2.4 Recommendation

This paper is for discussion. Members are asked to discuss the information presented to be assured of arrangements in relation to the organisation's readiness for The Standards 1 April 2021 go live date, and to be assured of arrangements for monitoring whistleblowing cases received since the last report to Integrated Governance Committee in November 2020, to ensure there are no gaps in reporting.

Integration Joint Board
26 August 2021
Agenda Item No.

Subject: **2020/21 Audited Annual Accounts**

Purpose: The Board is required to approve the audited annual accounts for 2020/21 for issue by 30 September 2021 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 2020-21 and have issued an unqualified independent report auditor's report;
- (b) Note the recommendations within the Wider Scope Audit Deloitte LLP report; and
- (c) 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	<p>The Integration Joint Board (IJB) was required to produce a set of annual accounts for 2020-21. 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 auditor's report.</p> <p>The annual accounts were submitted to Deloitte LLP for audit in accordance with the statutory timescales. 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.</p>
1.2	<p>The Audited Annual Accounts require to be approved by the IJB prior to 30 September 2021. 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 overall 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.</p>

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 2020-21. 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 2020-21 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 letter of representation signed by the Chief Finance Officer (NAHSCP) 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 a separate item on the agenda.
2.5	Deloitte LLP have given an unqualified opinion that the 2020-21 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. One error was identified during the audit, relating to the presentation of the debt repayment of £1.486m to the Council within the Movement in Reserves Statement; there was no impact of the financial statements as it is a presentation point and this was amended in the final version of the accounts. The overall financial position remains as reported to the Performance and Audit Committee in June 2021.
2.6	<p>As part of their audit work, alongside the audit of the annual accounts, Deloitte LLP carried out a 'wider scope audit', assessing 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>The report, including recommendations and management responses to these recommendations, is elsewhere on the agenda. 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 2021, 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	<p>The Board is invited to:-</p> <p>(a) note that Deloitte LLP have completed their audit of the annual accounts for 2020-21 and have issued an unqualified independent auditor's report;</p> <p>(b) Note the recommendations within the Wider Scope Audit Deloitte LLP report; and</p> <p>(c) approve the Audited Annual Accounts to be signed for issue.</p>
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 2021.
3.3	<u>Measuring Impact</u>
	Progress against the recommendations will be reviewed by the Performance and Audit Committee during 2021-22.
4.	IMPLICATIONS

Financial :	The IJB are required to consider and approved the Audited Annual Accounts for 2020-21 by 30 September 2021.
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 ²	
	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 2021. 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 2020-21 annual accounts.

For more information please contact:

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North Ayrshire Integration Joint Board



Annual Accounts for Period
Ending 31 March 2021



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Management commentary

This publication contains the Annual Accounts of North Ayrshire Integration Joint Board (IJB) for the period ended 31 March 2021.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the period 2020-21 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 remobilise services following the Covid-19 pandemic whilst continuing 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.

http://nahscp.org/wp-content/uploads/2018/06/StrategicPlan2018_FULL.pdf

Reflecting on the impact of the pandemic, the IJB approved the creation of a one-year bridging plan to 31 March 2022. As part of this approach the IJB agreed to continue with the key partnership vision and five strategic priorities for North Ayrshire Health and Social Care until 31 March 2022.

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

More information about this can be found in the Lead Partnership chapter of the Bridging Strategic Plan.

[NAHSCP Strategic Bridging Plan 2021-22](#)

The Chief Officer is supported by heads of service for each service area, the Chief Finance and Transformation Officer and the wider partnership management team.



NAHSCP structure

The bridging Strategic Plan continues to complement North Ayrshire Community Planning Partnership's Local Outcome Improvement Plan (LOIP), and the Council Plan developed in 2019 as well as the NHS Ayrshire and Arran 'Caring for Ayrshire' programme as part of its overall longer-term planning. The bridging strategic plan also recognises the impact of the creation of the new Public Health Scotland body on our priorities and ambitions.

Key members of the Strategic Planning Group were actively involved in the writing group and promoted engagement across their networks in creating the new bridging plan. The bridging strategic plan was supported by the North

Ayrshire Wellbeing conversation and this engaged with 372 people up the point of publication.

A review of progress in achieving the actions identified in the current plan 'Let's Deliver Care Together' was undertaken by the stakeholders on the Strategic Planning Group which found that as of December 2020, 71% of the key actions had been completed, 18% were over halfway complete and 11% were less than halfway complete. The uncompleted actions have been monitored on an ongoing basis and where appropriate aligned with new actions in the 2021/22 plan.

The five key strategic priorities continue to ensure that we deliver our vision and it is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our shared priorities working effectively with key partners. Our plan seeks to address the increasing health inequalities in North Ayrshire and focuses on improving the efficiency and quality of the services being delivered, putting individuals, families and communities at the heart of the plan.

The IJB bridging Strategic Plan is supported by operational 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 and Covid-19 Renewal and Recovery plans as set by the Scottish Government.

NORTH AYRSHIRE TODAY

North Ayrshire is home to 134,740 people and covers an area of 340 square miles and includes the islands of Arran, Great Cumbrae and Little Cumbrae.

We know that the population of North Ayrshire is expected to fall over the next 5 years, and we expect that there will be fewer people aged 65 and under, reducing the number of working age adults. By 2025, we expect the local population to fall to 132,482 with those 65 and over accounting for more than 25% of the local population. We also expect that by 2025, the number of people aged 65+ will have increased by 16% compared to 2018. Within that population, the highest increase (18%) will be in those aged 75 or over.

Between October 2019 and September 2020, the employment level in North Ayrshire was reported at 69%. This is lower than the Scotland figure of 73.8% and a 1.7% decrease on previously reported levels. Over the same period, North Ayrshire also reported unemployment levels of 6%, again comparing unfavourably to the Scottish figure of 3.5%. Again, over the same period, North Ayrshire reported 27.3% of local people as economically inactive, an increase in 10% since the last reporting period and again higher than the Scottish figure of 23.5%.

North Ayrshire's overall benefit claimant count (16-64 years) in December 2020 was 8.2%, a 55% increase on the previously reported figure. Further, the youth claimant count was 10.3%. Higher than the Scottish figure of 6.9% and representing a 66% increase on the previously reported figure.

However, at 16%, the percentage of people living in North Ayrshire earning below a real living wage is below that of Scotland at 16.9%.

This is a positive area of improvement for North Ayrshire. Further, the average earnings of people in North Ayrshire increased in 2020 by 8.5%, compared to previous reports and is now calculated at £596.30 per week. This is also higher than the Scottish average of £592.70.

As reported through the Scottish Index of Multiple Deprivation (SIMD) 2020, 74 of North Ayrshire's 186 data-zone areas are ranked in the top 20% for levels of deprivation. As such, 41% of North Ayrshire residents live in areas identified as amongst the most deprived in Scotland. This equates to almost 56,000 people locally living in areas of relatively high deprivation.

In the latest time period available from 2014-2018 (3-year aggregate), the average life expectancy in North Ayrshire was 76.1 years for men, and 80 years for women. For both men and women, average life expectancies are lower in North Ayrshire than in the NHS Ayrshire and Arran Health Board area, and as Scotland as a whole.

In addition, 27% of local people are known to have some form of long-term condition. It is recognised that the prevalence of people with a long-term condition increases by age. For example, only 1.7 people in every 10 under the age of 65 has a long-term condition, whereas 9.2 people in every 10 over the age of 85 has a condition.

When compiling SIMD rankings, the Health Domain is made up of a number of key metrics. These are available at the Data-zone level. When aggregated to the locality level, most health measures perform poorly in localities with higher levels of deprivation and better in the more affluent localities.

A snapshot of achievements during 2020-21

Tackling Equalities

- As part of the Ayrshire Equality Partnership, the partnership delivered the Shared Equality Outcomes plan. We worked closely with partners to implement actions to support and recognise people with a protected characteristic.
- Our Money Matters service supports local people to increase their income through benefit support. In 2020-21 the service generated an impressive £15.9m million (6% increase from 2019-20) of additional income for our residents.
- The North Ayrshire Alcohol and Drug Partnership (ADP) funded its first Participatory Budget event resulting in funding 6 local initiatives to provide support in communities to those affected by alcohol and drugs for 2 years.
- Implemented the post of Autistic Spectrum Disorder Coordinator within our Learning Disability Service to provide focussed support to those with a diagnosis of Autistic Spectrum Disorder.



Engaging Communities

- Young People's Citizenship and Participation Strategy - A refreshed and award-winning approach has been created, ensuring our young people continue to have a voice in local and national decisions that affect them.
- Neighbourhood Networks have been providing support to a number of Learning Disability clients in the Garnock Valley area. This has been a positive experience for all involved and the service has adapted well to Pandemic Conditions, providing much needed support and entertainment at a critical time for people.



Bringing Services Together

- The North HSCP Community Mental Health Team have moved into the newly refurbished office at the Three Towns Resource Centre. This allowed the partnership to bring all of the key professions together under the one roof. The integrated team includes administrators, psychologists, social workers, nurses and allied health professionals.
- Supported the roll out of the Primary Care Implementation Plan - Primary Care continues to move its model to a multidisciplinary approach based in GP practices with the provision of practice-based pharmacists, MSK physiotherapists and mental health practitioners.
- In Learning Disability Services, the NHS Community Learning Disability Service and the Social Work Learning Disability Team are now co-located, and further work is progressing to further integrate processes.



- The Partnership has worked closely with North Ayrshire Council Housing Services and local Registered Social Landlords to enhance the options available to people with a learning disability or complex health & social care need to remain in a suitable housing solution within their locality. The Partnership will continue to work with Housing colleagues on their Strategic Housing Investment Plans and we are delighted with the supported accommodation at Trindlemoss, Irvine and Watt Court, Dalry, which have now opened and looking forward to Flatt Road, Largs, St Michael's Wynd, Kilwinning and Caley Court, Stevenston opening soon.
- The North Ayrshire Drug and Alcohol Recovery Service has worked with Homeless Services and Mental Health to support the structure and pathways required for the Housing First model and have been instrumental in taking the partnership forward.
- Community Alcohol and Drug services were supported in the roll out of a new national data recording system (DAISy) whilst internal systems were also updated and redesigned
- The Partnership responded quickly as part of a multi-agency response which was invaluable to support vulnerable people and communities during the pandemic, we redeployed Service Access Social Care and Community Link Worker staff to support the new Community Hubs, which provided food and prescriptions to people self-isolating. As the restrictions continued those teams also provided signposting to financial, housing, social isolation, wellbeing and mental health support, including a direct pathway to Crisis Services.
- We established a Partnership Social Care Personal Protective Equipment (PPE) Hub in response to the pandemic including provision of much needed PPE to social care within the Partnership and across various external services, PA's, unpaid carers etc. including the introduction of system for training and distribution of Lateral Flow testing kits.

Improving Mental Health and Wellbeing

- Following the successful re-location of the Learning Disability Assessment and Treatment Unit from Arrol Park to Woodland View in June 2020, the Mental Welfare Commission carried out a visit and published a positive report for Ward 7a, Woodland View, Irvine.
- Mental Health Action 15 monies funding has been targeted to employ eight mental health practitioners (MHP) in GP practices, enhancing the prison healthcare team and expanding of the role of the Crisis Resolution Team by introducing the Police Pathway 24/7 which gives Police Scotland direct access to CRT.
- In November 2020 mental health Unscheduled Care services were a key partner in the redesign of urgent care service and are continuing to look at providing a 24 hour a day, 7 day a week mental health pathway for those with urgent mental health concerns, away from Emergency Departments.
- Developed a robust business case and service model for a new National Secure Adolescent Inpatient Service (NSAIS), with building work expected to start in late spring 2021. This will be a 12-bedded unit for children aged 12 to 17 years who have complex difficulties and need a high level of care. It will provide the first secure adolescent inpatient service for young people in Scotland.
- The construction phase of the new Respite House and the new ASN School Campus has seen us work together and our state-of-the-art respite facilities for children and adults opened in summer 2021.



- We have developed more community based supported accommodation opportunities within Trindlemoss Court. This required specialist health and social care staff to work closely with NAC Housing, to provide specialist housing and supported tenancies for people affected by autism, learning disabilities and mental health. Trindlemoss also includes day opportunities for people with learning disabilities, as well as a new facility for extended assessment and support within Trindlemoss House.
- The Partnership working with South & East Ayrshire HSCPs completed a five-year transformation programme of Elderly Mental Health redesign work. This included the transfer of services to Woodland view and improved estate at Ailsa Hospital. This programme builds an earlier programme of work where a range of local community supports were developed for families affected by dementia, and this is now supported by high quality multidisciplinary specialist hospital-based services.

Prevention and Early Intervention

- The Baby Friendly Initiative is part of a world-wide programme for WHO and UNICEF and we are assessed every 3 years to ensure evidence based best practice standards for breastfeeding are carried out. Ayrshire Community was assessed in February 2021 and this produced very positive results.
- The Community Link Worker Service based in GP practices in North Ayrshire to support people in relation to concerns over mental health and wellbeing, financial issues, or social issues (such as social isolation). There was a total of 2,415 people signposted or referred to the Community Link Worker service in North Ayrshire GP Surgeries from April 2020 to March 2021; 91% of people engaged with the service (2,198) which was a 9% higher engagement rate than the previous year.
- Successfully securing funding from the Scottish Government has allowed the recruitment of a specialist Perinatal Mental Health team to provide support to families and professionals supporting those in the perinatal period.
- The Young People's Suicide Taskforce has taken forward the 13 Ways campaign. Education, Children & Adolescent Mental Health Services and Parent Councils have worked together to develop the Wellbeing model in Kilwinning and the North Coast. As result of this work a Positive Mental Health and Wellbeing pocket guide was implemented across North Ayrshire.
- The commissioned Turning Point ADP service, PEAR (Prevention, Early Intervention and Recovery) have been funded to provide a Naloxone outreach volunteer service with the option to move on to paid sessional work in the service.
- A team of shielding care at home staff helped to combat social isolation among elderly residents during the current Coronavirus lockdown by providing a telephone befriending service.



Organisational performance

The unprecedented situation of the Covid-19 pandemic saw partnership services react quickly and flexibly to meet the new demands in support of the community and hospitals. Throughout the year the quarterly performance report highlighted the impact of the pandemic across our services and communities and showed the ways in which integrated partnership working can progress change at pace and scale, ensuring positive person-centred care.

Performance information drives improvement with outcomes focused 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.

The standard national indicators were added to during this time with regular reporting on service responses to the pandemic as well as developing and revising remobilisation plans as the impact to services progressed.

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, the Integration Joint Board (IJB), the Joint Review with North Ayrshire Council and NHS Ayrshire and Arran Chief Executives, and service performance reviews within each service area.

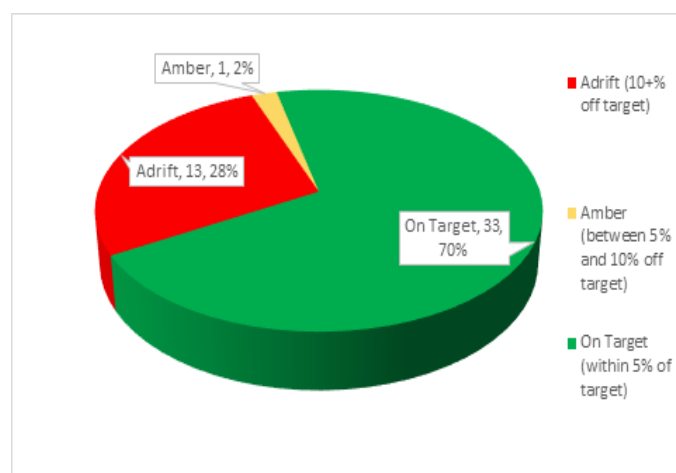
Services are continually supported in the review of performance indicators to ensure we continue to measure the right things. For 2020-21 a full and complete cross-service review of all performance measures was undertaken resulting in some changes to the set of measures attributed to our strategic objectives and to reflect the continuing transformation of services to meet continual service demand. Where an indicator presents as being off track, commentary with proposed resolution and future mitigation is provided on how to improve future performance.

A specific report was presented to the Performance and Audit Committee listing all changes for 2020-21. These included:

- Target resetting
- Removal of measures that are no longer reflective of the service improvement
- The inclusion of new measures to meet service improvement and current operational demand

All measures continue to be aligned to the current strategic plan and the monitoring of services through 2020-21, the future bridging year as well as the re-mobilisation of teams and services while retaining focus on the changing Covid-19 impact and restrictions.

At the end of 2020-21 we measured 55 key indicators of performance. The latest Performance and Audit Committee Report shows progress against the key measures and this is represented in the chart below.



For some measures, performance has exceeded targeted levels, however it is clear that challenges remain for others stemming from the global lockdown and social distancing restrictions. These include challenges on supporting the workforce, the continuing service demand pressures, and the pace of transformation 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 to identify and target plans to address performance issues. The key areas off target for 2020-21 are:

- % of new CPO clients with a supervision requirement seen by a supervising officer within a week.
- Number of individuals waiting for CAH package (Community).
- AMHT – All accepted urgent referrals will be offered assessment within 24 hours.
- AMHT – All accepted routine referrals will be offered assessment within 4 weeks.
- Adult Liaison (Psych & Alcohol) – All accepted Emergency Department referrals will be seen within 60 minutes.
- All accepted Urgent mental health referrals will be seen within 24 hours from Acute wards (Medical & Surgical at Ayr and Crosshouse).
- All accepted urgent Crisis Resolution Team referrals will be received contact within 4 hours.
- The Crisis Resolution Team will support the early discharge of patients from inpatients, reducing average lengths of stay.

Mental health services continue to face challenges in relation to waiting times. There are planned actions to improve performance, and these are currently being reviewed in the context of the Covid-19 remobilisation.

The hospital activity outcome indicators have shown improvement during 2020-21. The partnership has a hospital-based team in

Crosshouse Hospital undertaking daily huddles to improve the flow of patients through the hospital and assist with the discharge process. There was an increased focus on this area in response to Covid-19 and included new targets to reduce delays as part of the mobilisation plan. 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 will be contained in the Annual Performance Report, however, publication has been extended to November 2021 in accordance with provisions made in the [Coronavirus \(Scotland\) Act 2020](#).

Annual accounts

The Annual Accounts set out the financial statements of the IJB for the period ended 31 March 2021. 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 2020-21 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 bridging strategic plan approved for 2021-22 is underpinned by the need to learn from the pandemic and ensure opportunities are maximised to transform care models and find new solutions to ensure the future sustainability of high-quality health and care services.

In 2020-21 the IJB agreed a one-year balanced budget which included an overall savings requirement of £3.861m. The financial position was monitored closely during the financial period with an added focus on the risk in relation to the funding of Covid-19 related costs.

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) was not updated during 2020-21, and a one-year budget was set for 2021-22, due the focus on responding to the Covid-19 pandemic. This included monitoring the costs of the response and supporting our commissioned care providers, in addition the pandemic has left greater uncertainty over future funding for the IJB. Going into 2021-22 there are also still unknowns relating to funding and pay-related inflationary pressures, therefore making future planning scenarios beyond this very difficult.

The impact of the policy, legislation and funding implications of the recently published report on the Independent Review of Adult Social Care also remain unknown at this stage.

The intention is to update the medium-term financial plan over summer 2021. This will cover the period 2022-23 onwards, with consideration to aligning the time period to the next iteration of the strategic plan.

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 period due to the impact

of the pandemic. This resulted in additional costs being incurred, fluctuating service levels and partial non-delivery of the transformation programme and associated savings.

Throughout the financial year the IJB-projected position has been balanced moving to an underspend position from September onwards, despite core projections through the year assuming that savings delays would not be funded. This demonstrates the continued focus on the financial position, tight financial controls, planned progress with savings delivery in many areas, and the focus on ensuring that the pandemic impacts were captured and funded appropriately.

From the outset of the pandemic the IJB acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There was a risk during the year that if the full cost of the Covid-19 response was not funded that the IJB may have required to recover any overspend in-year, however, the final funding allocation eliminated the risk for 2020-21.

The overall financial performance against budget for the financial period 2020-21 (after adjusting for new earmarked reserves) was an overall underspend of £4.151m. This consisted of £2.510m of underspend in social care services and £1.641m underspend in health services.

This position excludes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment. This £1.486m was allocated towards the debt at the period-end reducing the debt to £3.807m (£5.293m 2019-20).

The table below reconciles the surplus on the provision of services of £11.598m as noted in the Comprehensive Income and Expenditure Statement to the financial outturn position of £4.151m (underspend):

	£m
Surplus on provision of services	(11.598)
Earmarked reserves released to services during 2020-21	(0.207)
Repayment of Debt	1.486
Sub Total	(10.319)
NEW Earmarked Reserve Balances during 2020-21	6.168
Financial Outturn (underspend)	(4.151)

The table below summarises the financial performance for 2020-21 and 2019-20. 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.

The table includes the financial performance for services managed by the IJB during the period, therefore it excludes the large hospital

Set Aside Budget of £33.054m which was allocated at the end of the period to the IJB. The set aside budget is included within the financial statements.

During 2019-20 the operational management of the Douglas Grant and Redburn wards at the Ayrshire Central site was transferred to the partnership from NHS Ayrshire and Arran. The budget was not accepted by the IJB as being delegated as due diligence highlighted a historic shortfall in funding for these wards. The costs of the services are included in North Ayrshire IJB accounts as the services were delegated to and provided by the North Ayrshire HSCP. The budget shortfall was addressed by a year-end increase to the budget to match actual spend on a non-recurring basis. These budgets will transfer to the IJB in 2021-22 as actions have been taken to redesign the wards to address the funding shortfall.

2019-20 Budget £000	2019-20 Actual £000	Variance (Fav) / Adv £000		2020-21 Budget £000	2020-21 Actual £000	Variance (Fav) / Adv £000
71,521	72,051	530	Health and Community Care	74,258	72,611	(1,647)
77,490	78,245	755	Mental Health	81,395	79,647	(1,748)
35,392	36,665	1,273	Children, Families and Justice	35,427	35,346	(81)
53,154	53,007	(147)	Primary Care	48,940	48,809	(131)
5,200	5,089	(111)	Allied Health Professionals	5,722	5,722	0
9,456	7,114	(2,342)	Management and Support Costs	25,176	18,901	(6,275)
1,579	1,435	(144)	Change Programme	1,081	1,081	0
253,792	253,606	(186)	TOTAL EXPENDITURE	271,999	262,117	(9,882)
(253,792)	(253,792)	0	TOTAL INCOME	(271,999)	(271,999)	0
0	(186)	(186)	OUTTURN ON A MANAGED BASIS	0	(9,882)	(9,882)
0	133	133	Lead Partnership Allocations	0	(437)	(437)
0	(53)	(53)	OUTTURN ON AN IJB BASIS	0	(10,319)	(10,319)
0	207	207	New Earmarking	0	6,168	6,168
0	154	154	FINAL OUTTURN POSITION	0	(4,151)	(4,151)

The main areas of variance during 2020-21 are noted below:

Health and Community Care – underspend of £1.647m mainly relates to an underspend in care home placements due to a reduction in the number of care home beds occupied during the pandemic, direct payments within independent living services as some services were temporarily ceased by the service user or provider during the pandemic and Carers Act funding.

Mental Health – underspend of £1.748m which relates to underspends in community mental health and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry). These underspends are predominantly related to the level of vacant posts in these areas. There is also an underspend in the Alcohol and Drugs Partnership which will be earmarked for use in 2021-22. These underspends are partially offset by an overspend in learning disability care packages.

Children, Families and Justice – underspend of £0.081m is mainly related to community packages, direct payments and respite partially offset by an overspend in residential and secure placements.

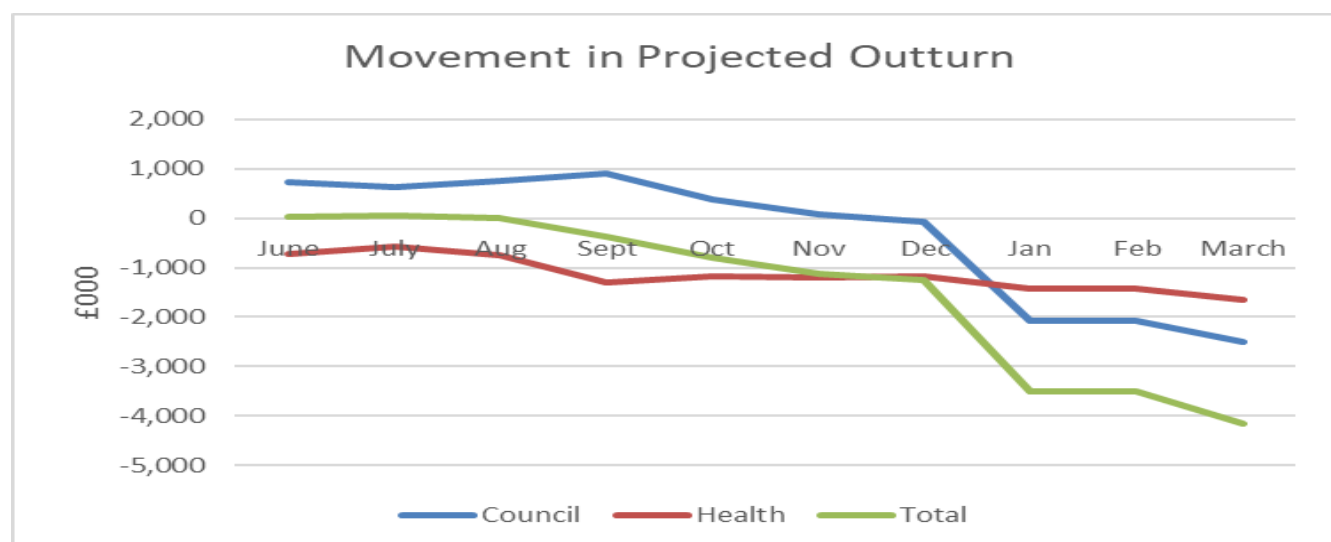
In general, the underspends in the areas above are partially due to the impact of the pandemic as service levels fluctuated throughout the period as some services stopped whilst others were reduced. This made projecting the spend accurately over the period more difficult.

Primary Care – underspend of £0.131m which relates to an underspend on general medical services.

Management and Support Costs – underspend of £6.275m mainly relates to the additional Covid-19 funding which has been earmarked for use in 2021-22. There were also underspends in relation to over-recovery of payroll turnover due to the level of vacant posts being higher than assumed when setting the budget, transition funding and the funding set aside for unscheduled care.

Movement in Projected Outturn Position:

The overall movement in the projected outturn during the period is illustrated below:



This illustrates the continued improvement in the financial projection for 2020-21, with a notable improvement in January where the Scottish Government confirmed full funding for Covid-19 related costs including delays in delivering savings.

Lead Partnership Services

The final outturn is adjusted to reflect the impact of Lead Partnership services. In the absence of detailed service activity information and alternative risk sharing arrangements it was agreed that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC (NHS Resource Allocation Committee) basis. This is pending completion of the ongoing work by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the fair share of resources. It was planned that this work would be taken forward early in 2020-21, however this has been delayed due the prioritising the Covid-19 response.

The outturn of the lead partnership services (excluding Action 15 and Primary Care Transformation Fund) 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	Over/Under	
North	(779)	Underspend	Mental health services, mainly due to vacancies and recruitment delays
South	11	Overspend	Pressures from the continence service offset by underspends in the Family Nurse Partnership
East	(1,194)	Underspend	Primary care – mainly in Ayrshire Urgent Care Services (AUCS) and the Covid-19 impact on dental services.

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 and Arran. The 2020-21 budget delegated by NHS Ayrshire and Arran includes the acute set aside resource of £33.054m, 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 £1.9m (2019-20 £2.1m) above the NRAC fair share:

IJB	NRAC Budget Share 2020-21 £m	NRAC %	Set Aside 2020-21 £m	Over / (Under) NRAC Fair Share £m
East Ayrshire	27.385	32.4%	23.897	(3.488)
North Ayrshire	31.116	36.8%	33.054	1.938
South Ayrshire	25.990	30.8%	27.540	1.550
Total	84.491	100%	84.491	-

There is an expectation that each partnership will move towards it's NRAC fair share of resources. The current use of acute resources and fair shares remains an unrefined estimate of the position and further detailed work would be required to agree the ISD data and costs and appropriate

baselines for acute and community resources before any plan to move towards fair shares would be implemented.

The Scottish Government's Health and Social Care Medium Term Financial Framework refers to system reform assumptions including material savings to be achieved from reducing variation in hospital utilisation across health and social care partnerships, with assumed efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. Furthermore, the Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care contained the proposal that delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published.

The full implementation of the set aside arrangements is key to delivering this commitment to planning across the whole unplanned care pathway and partnerships must ensure that set aside arrangements are fit for purpose and enable this approach. This has not been achieved in Ayrshire and Arran during the year as the priority was the response to Covid-19. However preparatory work is well underway with NHS Ayrshire and Arran and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards fair share allocations of resources.

It was anticipated that 2020-21 would be used as a shadow period for these arrangements, however this work was put on hold due to the Covid-19 response and the timescales for progressing the work have not yet been agreed. This will also be significantly impacted and will need to be informed by the recovery phase of the Covid-19 response and future plans for acute services and unscheduled care activity.

Covid-19 Costs

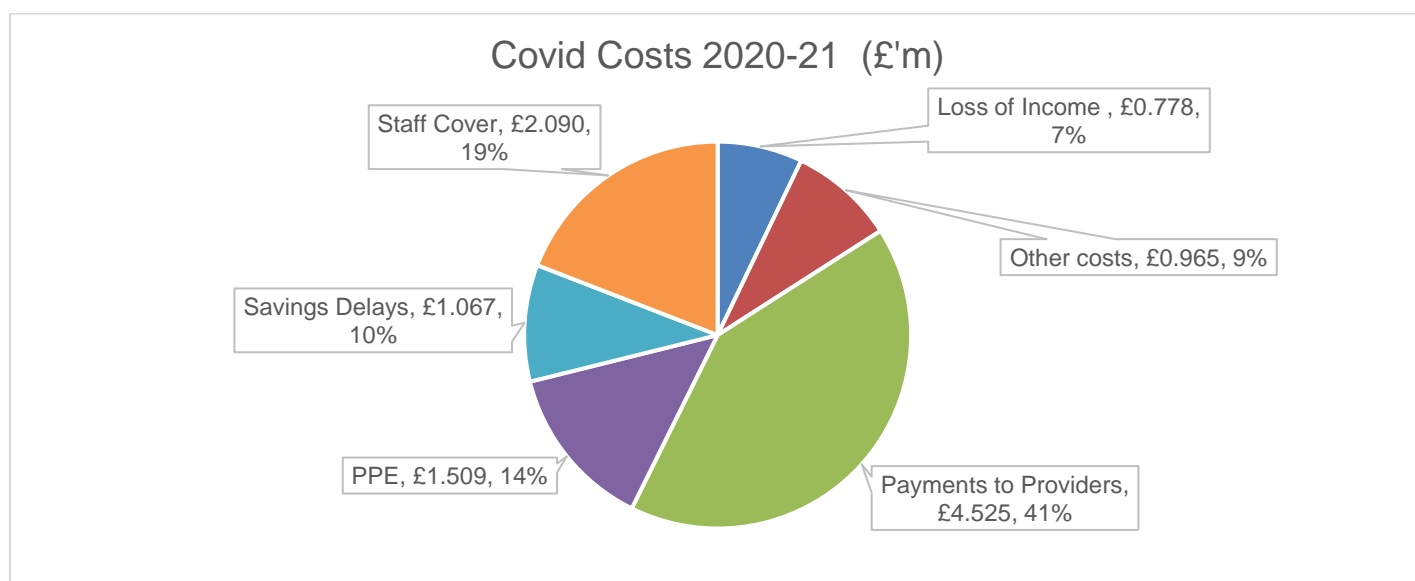
From the outset of the pandemic the IJB acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. The final mobilisation plan cost submission for 2020-21 estimated the costs to be £10.211m to March 2021.

COSLA Leaders and Scottish Government agreed an approach to supporting the social care sector to ensure that reasonable additional costs were met. Care home occupancy and sustainability payments were made to commissioned social care providers in line with the agreed National principles for sustainability and remobilisation payments to social care providers during Covid-19.

The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are PPE, additional staff costs for staff absence and student nurses, loss of income due to closed services, additional care home placements, payments to commissioned care providers to ensure future sustainability and the impact on our approved savings programme.

The final spend was £0.723m higher than the estimate of £10.211m with the main area of variance in relation to the support for commissioned social care providers, which was a difficult area to project as the costs are dependent on claims from individual social care providers. The additional spend during 2020-21 has been met from the additional Covid-19 funding announced by the Scottish Government, which will reduce the amount of Covid-19 funding earmarked for use in 2021-22.

The 2020-21 costs are shown in the pie chart below.



Overall position

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 been achieved in 2020-21 and significant progress has been to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2021-22. This will need to be considered alongside the impact of Covid-19 and the need to redesign services taking full cognisance of the financial risks, learning and opportunities which this presents.

There were a number of key financial successes for 2020-21:

- Continued to demonstrate the IJB position being accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures;
- Savings totalling £2.4m were delivered in-year, despite the impact of the pandemic;
- Continued progress with reducing the financial overspends specifically for care home and children's residential placements which will have a significant impact on the financial plans and sustainability for future years;
- The accuracy of projected spend continues to improve;
- The ongoing submission of the estimated financial impact of Covid-19 through the local mobilisation plan process including input into the national benchmarking group, providing adequate assurance over estimates, which resulted in full costs being reimbursed; and
- A robust process was established to make sustainability payments to social care providers.

Financial outlook, risks and plans for the future

Scottish Government Medium Term Financial Outlook

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 above framework was published pre-Covid-19.

The Scottish Government's Medium-Term Financial Plan published in January 2021 outlined:

- UK fiscal stance - the Block Grant from the UK Government remains the single biggest determinant of funding for the Scottish Budget. The UK Government has rolled out fiscal stimulus measures worth at least £280 billion (14% of GDP) in 2020-21 as of November 2020 in order to mitigate the immediate impact of Covid-19 on the UK economy. It is imperative that this fiscal support is not withdrawn prematurely, thereby undermining the economic recovery. Due to the sheer size and importance of the Block Grant, an early fiscal tightening by the UK Government poses the biggest risk to Scotland's funding outlook
- There have been unprecedented falls in economic activity in Scotland, the UK and other nations around the world as a result of Covid-19 and the restrictions imposed to manage and reduce its spread.
- While it is too early to fully assess the impact of Covid-19 on spending trajectories for 2021-22 and beyond, it is clear that the epidemic has caused significant additional costs and impacted on non-Covid-19 related healthcare in order to provide the necessary capacity in the system.
- Recovering from wider impacts of Covid-19 will take time and will also

come with additional costs that create pressures on medium-term spending growth for the sector.

- We are currently revisiting the performance and financial assumptions that underpin the Financial Framework. This will set out the anticipated next steps in the financial arrangements for our health and care services for future years and will provide further detail on our delivery of the outcomes in the Programme for Government and the Scottish Budget for 2021-22.

The Scottish Budget for 2021-22 highlighted:

- investment in the Health and Sport Portfolio will increase to over £16 billion, with a further £869 million of funding to address pressures related to Covid-19.
- Primary Care is central to our health and care services, and we will further increase our Primary Care Fund from £195 million to £250 million in 2021-22. This includes support for delivery of the new GP contract and for wider Primary Care reform.
- Direct investment in mental health services will increase to £139 million, taking overall spending in mental health to over £1.1 billion.
- Recognising the continued importance of the care sector, a total of £883 million will be passed from the Portfolio in 2021-22 to support social care and integration. Note that only £72.6m of this is new funding and is tied to Scottish Government policies.
- Additional £50 million in 2021-22 to support our national mission to reduce drug deaths.

Ministerial Strategic Group (MSG) for Health and Community Care

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.

Set Aside

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.

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 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.

Directions

The Scottish Government issued Statutory Guidance in January 2020 outlining the requirements for the use of Directions from Integration Authorities to Health Boards and Local Authorities. The guidance sets out how to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014. It supersedes the Good Practice Note on Directions issued in March 2016.

The Scottish Government worked closely with IJB Chief Officers to better understand the diversity of practice across Scotland surrounding directions and to identify good practice. They also discussed the use of directions with a range of local systems at regular partnership engagement meetings, including with Health Board and Local Authority Chief Executives. The three Ayrshire HSCPs supported Scottish Government colleagues to develop the guidance and provided feedback on its practical application.

In March 2017, the IJB approved the first Medium Term Financial Plan covering the period 2017-2020. This was due to be refreshed during 2020, however this has not been possible due to focussing on the Covid-19 response and also the ongoing uncertainty over costs and funding not only for 2020-21 as part of the response but also the impact on future funding for the public sector.

Independent Review of Adult Social Care

On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel of Scottish and international experts.

The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.

The Independent Review concluded at the end of January 2021 and its report was published on 3 February 2021.

It summarised that Scotland needs a new approach to social care to make these aspirations a practical, everyday reality across the country. The need to create a National Care Service that is based upon a new narrative, replacing crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. We need to put people at the centre of it: people who use social care supports, their families and carers, and people who work in social care services.

The report made 53 recommendations around:

- A human rights-based approach
- Unpaid carers
- The case for a national care service (NCS)
- A National Care Service for Scotland – how it should work
- A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

- Models of care
- Commissioning for public good
- Fair Work
- Finance

The full implications of the report and associated recommendations are not fully known at this stage but will impact on IJBs and Health and Social Care Partnerships in the coming years.

Risk

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. 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:

Financial Sustainability	Scottish Government Policies	Covid-19 Recovery
•Mitigation <ul style="list-style-type: none"> •Strategic Plan •Change Programme/Service Redesign •Active Demand Management •Covid-19 Funding •Developing MTFP 	•Mitigation <ul style="list-style-type: none"> • Horizon scanning •Regular liaison with Scottish Government and COSLA •Responses to consultations • Financial modelling 	• Mitigation <ul style="list-style-type: none"> •Strategic, tactical and operational response groups •Individual service recovery plans •Re-mobilisation plans (RMP3) to March 2022

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.

The ongoing uncertainty around Covid-19 will require the partnership to continue to adapt and redesign services as required. From the outset of the pandemic the HSCP acted very swiftly to

respond by reprioritising resources to protect and adapt core services to support the safety of our staff and communities. Whilst responding to the specific needs of North Ayrshire communities our approach is informed by the extensive and continually evolving range of national guidance which has been produced at pace by the Scottish Government and other agencies. It has been a real challenge for the North Ayrshire HSCP, and for partnerships across Scotland, to operate in this unprecedented environment, keeping up with the evolving position and associated demands and impacts on services.

The HSCP developed a mobilisation plan during 2020-21 detailing the additional activities to support our response to Covid-19, alongside the estimated financial impact. The plan provided a focal point for the partnership's response to the pandemic, and this set out clearly from the start how we would adapt and mobilise services to either expand or retract, re-prioritise activities and resources and also highlights the areas of greatest risk. The most recent iteration of the plan was submitted to Scottish Government by NHS Ayrshire and Arran in February 2021 and covers the response to the period March 2022.

Key areas of the mobilisation plan submitted to the Scottish Government include:

- Reducing the level of delayed discharges for patients in acute, Mental Health inpatients and community hospitals;
- Island resilience with planning supported by a Multi-Disciplinary Team approach including local GPs;
- Our community hospital response to managing potentially high bed occupancy levels, alongside staff availability and the flow from acute;
- Maintain as far as possible mental health services, with community provision limiting face to face contact and flexibility of resources for in-patient services to ensure no cessation of services;
- Resilience and sustainability of current levels of care at home provision, alongside increasing capacity to facilitate hospital discharge and support shielded individuals;
- Step Up/Step Down residential provision, establish provision of temporary residential or nursing care provision to both facilitate quicker hospital discharge and also to avoid further hospital admissions from the community, including planning for contingency surge capacity;
- Supporting adults with complex needs by ensuring alternative community supports on closure of respite and day services alongside social distancing requirements;
- Maintaining existing levels of care in our children's services to protect vulnerable children and adopting new ways of keeping in touch with vulnerable children;
- Established enhanced locality-based Community Hubs to support vulnerable individuals, including those shielding; and
- Sourcing and establishing reliable supply chains of PPE.

For 2021-22 the plan has been refreshed and as well as continuing the areas it provides an update from the previous Remobilisation Plan and to sets out the priorities for the year ahead. As we move forward into the next phase of remobilisation, we will continue to safeguard robust Covid-19 resilience and support for social care, whilst working on how paused services across the whole system will be safely and incrementally resumed. Patient, service user and staff safety continue to be the overriding priority and ensuring effective prevention and control of infection during the next phase of remobilisation will be critical for the successful restart of services, and the continued safety of our patients, staff and their families.

The response to the pandemic has led to innovative developments in service delivery for the benefit of patients, particularly via the use of digital technology, to enable more services to be delivered at home or in the community. We will want to retain as much good practice as possible in the next phase and in the longer term as part of our wider reform of health and social care.

Going forward, we will continue to ensure local people are supported to get the right care in the right place, developing clear health and care pathways for the people of North Ayrshire. 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. 2021-22 will see the development of the longer-term Strategic Plan which will allow for a period of reflection on the Covid-19 response and a timely opportunity to engage with communities over the future of our Health and Social Care services.

We will also further develop independent living and self-directed support, instilling an enablement ethos promoted by our professionals, collaborating with the third and independent sector to design and commission appropriate models of service and working with housing partners to deliver on this commitment.

There is a continued risk that the full cost of the Covid-19 response is not funded in future years and that the IJB may be required to recover any overspends, this also impacts on the affordability of the planned instalment of debt repayment to the Council.

This mobilisation plan will be monitored regularly and reported to the IJB through the financial monitoring report. Updates on the costs associated with the NAHSCP response to Covid-19 will also be submitted to the Scottish Government. This will ensure the risk of insufficient funding being allocated to fund the resultant costs from Covid-19 is mitigated.

2021-22 Budget

As part of the Scottish Government budget and finance settlement funding letters were issued to NHS Boards and Councils, these detailed the requirements in relation to the level of funding to be delegated to IJBs in 2021-22.

The specific requirements for NHS Ayrshire and Arran are as follows:

- In 2021-22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets.
- In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £72.6 million in Local Authorities for investment in adult social care and integration. This takes the total funding transferred from the health portfolio to £883 million in 2021-22.
- The additional £72.6 million will support delivery of the Living Wage (£34 million), continued implementation of the Carers Act (£28.5 million) and uprating of free personal care (£10.1million).
- The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets for adult social care services that are delegated.
- Therefore, Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets.
- In addition there are monies for Primary Care, Waiting Times, MH and CAMHS, Trauma Networks and Drugs Deaths to be allocated in-year.

- MH – Funding of £111.1 million will be directed to a range of partners for investment to support mental health, and children and young people's mental health. As part of the 2021-22 budget there is £15 million to support the continued establishment of new Community Mental Health and Wellbeing Services.
- Alcohol and Drugs – The 2021-22 Portfolio budget provides an additional £50 million targeted towards reducing drugs deaths. This forms part of a total of funding of £250 million over the next five years and will support further investment in a range of community-based interventions, including primary prevention and expansion of residential rehabilitation.
- Outcomes framework increases from £71.9m nationally to £74.1m (previous years have seen a 5% reduction). Scottish Government finance colleagues have confirmed that there are no assumptions in relation to reductions 'hidden' in the increased figure.

It is anticipated that the Scottish Government will again seek assurance from partnerships that these conditions are being met.

The specific requirements for North Ayrshire Council are as follows:

- Based on the Finance Settlement £72.6m of ring-fenced funding is required to be passed through to the IJB by local authorities.

North Ayrshire Council set their budget on 4 March 2021 where they approved an additional contribution for the IJB of £1.861m for 2021-22. The additional funding is the share of the £72.6m nationally transferred from the health portfolio (£2.042m) as well as the full year impact and adjustments to previously allocated funding (£0.181m).

For the last two years the budget settlement for IJBs included an allocation of funding to recognise the growth and demand for social care services, with previous settlements resulting in additional allocations above baseline and Scottish Government policy areas with additional funding allocations for North Ayrshire of £1.389m and £1.612 for 2019-20 and 2020-21 respectively. There was no allocation for general social care pressures in the 2021-22 budget settlement.

Moving into 2021-22 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 2021-22 on 18 March 2021.

This budget included new net budget pressures for health and social care services totalling £5.172m. These were developed in partnership with finance supporting front line services to identify current and emerging financial pressures considering historic demand and costs and potential future variations. The provision of funding for pressures has the impact of increasing the budget gap to be addressed through savings, therefore the pressures are only included in budget plans where these are absolutely unavoidable.

The new cost and demand pressures resulted in a requirement to identify and approve additional savings of £3.644m, as noted in the summary below:

	Social Care (NAC) £m	Health (NHS A&A) £m	Total £m
Funding Increase	0.000	1.528	1.528
Funded Pressures	(3.518)	(1.654)	(5.172)
Budget Gap / Savings Required	(3.518)	(0.126)	(3.644)
% Of Baseline Budget	(2.91%)	(0.12%)	(1.64%)

The approved savings of £2.528m did not fully address the budget gap of £3.644m and the balance of £1.116m was planned to be met by a non-recurring draw on the reserves carried forward from 2020-21. Use of reserves is a temporary solution and is not a sustainable solution. Health and Social Care services were still in the midst of responding to the demands of the Covid-19 pandemic, therefore it was recommended not to go back to services to request further savings proposals, particularly when there were so many unknowns to the budget next year including the ongoing pay negotiations, the National Care Home Contract negotiations and the ongoing impact of Covid-19 on services and the overall financial position. Following the setting of the budget further funding was allocated by the Scottish Government to fully fund the implementation of the Scottish Living Wage commitment, given that North Ayrshire IJB budget plans incorporated the costs of implementation this funding is free to be allocated to reduce the overall budget gap, the revised requirement from reserves to balance the budget is £0.181m.

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. The most significant financial pressures continue to be pay awards for staff, inflationary cost increases for contracted services and demographic changes driving increased demand for services, funding these unavoidable pressures year-on-year drives our savings requirement.

There are a number of highlighted financial risk areas that may impact on the 2021-22 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.
- Ongoing implementation costs of the Scottish Government policy directives, for example Free Personal Care for under 65's.
- 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.
- The potential financial impact of the HSCP response to the Covid-19 pandemic and the wider public sector financial impact, including on the Council and Health Board and the funding allocated by the Scottish Government aligned to our mobilisation plans.
- The Covid-19 recovery process and re-mobilisation of services, including the ability to change and improve services following learning from the Covid-19 response.
- The impact, implementation and service and community expectations following the publication of the Independent Review of Adult Social Care.
- The Local Government and NHS pay awards are not settled for 2021-22 and negotiations are ongoing, the risk is mitigated for the social care workforce by providing for a 3% increase and for NHS it is anticipated that additional funding would be allocated if the pay award settlement is higher than the current assumption.
- National Care Home Contract increases are subject to ongoing negotiation and further complicated by the impact of the pandemic on care homes.
- Delivery of 2020-21 savings delayed by Covid-19 and the potential impact on the delivery of the 2021-22 savings programme.

These risks will be monitoring during 2021-22 and financial impact reported through the financial monitoring report.

The 2021-22 budget also established a challenge fund reserve of £0.5m to assist the HSCP with developing longer term plans for delivering savings and service improvement. One of the main areas this would support would be the investment in technology solutions.

The IJB has a deficit of £3.807m (2019-20 £5.293m) as it moves into 2021-22. There is a repayment plan to allow the deficit to be recovered over the medium-term to support the financial sustainability of the Partnership.

Conclusion

2020-21 has been unlike any other year for the partnership. The response to the pandemic is far from over and the longer-term effects on our communities are yet to be fully understood. Whilst the pandemic has been immensely difficult and has stretched many of our services, our staff and our communities to the limit, we have continued to progress with our plans for integration with ongoing work underway to improve and develop services. The response to the pandemic has led to significant opportunities, creative solutions, fleet of foot responses and a real renewed appetite and enthusiasm for partners to work together, which is what we need to truly improve people's lives.

The IJB recognises it must remobilise and deliver services within its financial envelope for 2021-22. Our transformation programme will continue with delivery of the savings plan and service redesign aiming to minimise any delays due the Covid-19 response.

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 will be accelerated as services need to adapt to 'the new normal' following the Covid-19 pandemic, however the requirement to change and re-design services to improve outcomes for individuals would exist despite the financial and pandemic 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.

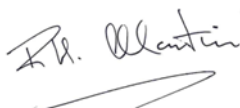
The IJB through the Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future "all people who live in North Ayrshire are able to have a safe, healthy and active life". Moving into 2021-22, we are working proactively to 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

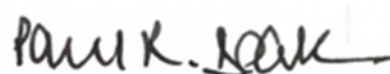
If you would like more information on IJB strategies, plans and policies and our performance and spending, please refer to the Partnership's website www.nahscp.org.



Caroline Cameron
Chief Officer
26 August 2021



Robert Martin
IJB Chair
26 August 2021



Paul Doak
Chief Finance Officer
26 August 2021

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 26 August 2021.



Robert Martin

IJB Chair

26 August 2021

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).

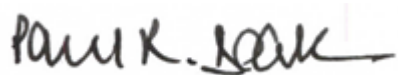
In preparing the annual accounts, the Chief Finance Officer has:

- 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 2021, and its income and expenditure for the period then ended.



Paul Doak
Chief Finance Officer

26 August 2021

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 2020-21 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 and fulfilled the requirements of the CIPFA document 'Audit Committees: Practical Guidance for Local Authorities and Police.'
- 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. An updated Strategic Plan was due to be put in place for April 2021 but due to the pandemic a Strategic Bridging Plan was developed for 2021-22 and approved by the IJB in March 2021. 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 an informal development programme for all Board Members, the Partnership Senior Management Team and senior managers across the Partnership. Performance and Personal Development 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 period ended 31 March 2021.

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 and 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
- 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 (2016)'.

Through the counter fraud arrangements that are in place within NHS Ayrshire and Arran and North Ayrshire Council, the IJB conforms with the CIPFA 'Code of Practice on Managing the Risks of Fraud and Corruption.'

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 2020-21.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2020-21, the Internal Audit team operated in accordance with 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.

Developments during 2020-21

The elements noted below incorporate progress with the further actions or developments identified in the 2019-20 Annual Accounts.

Covid-19

On 11th March 2020 the World Health Organisation declared the outbreak of Covid-19 as a global pandemic and on 23rd March the United Kingdom entered a period of lockdown. This had an unprecedented impact on the governance of the Integration Joint Board and the operations through the Health and Social Care Partnership. It was recognised that it was no longer going to be practical to take decisions via the established governance routes, due to the pace of the pandemic response and the availability of individuals to continue to meet formally.

A range of delegated authorities for the Chief Officer, Section 95 Officer and other officers in the HSCP currently form part of the Integration Scheme and Scheme of Delegation for North Ayrshire IJB. There are powers which are reserved to the Board and these are outlined in the Scheme of Delegation. The IJB held a meeting on 19 March 2020 where they approved delegated authority for the Chief Officer and S95 Officer to take decisions in respect of those matters that would normally require Board approval, subject to consultation with the Chair and Vice Chair of the Board.

Meetings of the IJB resumed on 16th July 2020 and continued to be held virtually throughout the remainder of the 2020-21 financial year.

Care Home Clinical and Professional Oversight Group (CHOG)

This group was established in May 2020 to ensure the appropriate clinical and care professionals had oversight of and could take direct responsibility for the support required for each care home in North Ayrshire during the pandemic.

It will continue to meet until at least March 2022.

Membership of IJB

The following new appointment was made:

- Chair, Performance and Audit Committee

Chief Officers

During the year, the previous IJB Chief Officer/Director of Health and Social Care left the HSCP and was replaced in December 2020 by Caroline Cameron, formerly Chief Finance and Transformation Officer.

David Thomson was appointed as Head of Service (Health and Community Care) in February 2021, the post having previously been vacant for some time.

Paul Doak was appointed as Chief Finance and Transformation Officer in April 2021.

Laura Miller was appointed as Chief Internal Auditor in June 2021.

Annual Performance Report

The IJB endorsed the Annual Performance Report for 2019-20 at the meeting in September 2020. This report outlined the performance of the Health and Social Care Partnership and how it delivered against the strategic priorities and the national outcomes.

Quarterly performance reports are published on the Partnership's website once they have been reviewed by the Performance and Audit Committee. This supports a commitment to make more performance information accessible and available for public scrutiny.

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 benchmarked and evaluated their position against the 25 proposals outlined in the report and the Audit Scotland report, and produced an action plan which was presented to the IJB in May 2019.

Work with implementing these actions was delayed by the pandemic; however, this recommenced later in 2020-21.

Workforce Planning

There was a requirement included within the Integration Scheme to develop an Integrated Workforce Strategy. This was agreed by the IJB in May 2019.

In February 2020, a report was received on the first Integrated Health and Social Care Workforce Plan for Scotland (published by the Scottish Government in December 2019).

The IJB agreed that this would result in the requirement to update its own Strategy and this was concluded at the end of April 2021.

A subsequent interim workforce plan was submitted to the Scottish Government in May 2021.

Governance Documents

The IJB continues to review its key governance documents on a rolling basis. During 2020-21, updated Financial Regulations were approved and the Strategic and Operational Risk Registers were reviewed and updated.

An updated Records Management Plan was also approved by the IJB following feedback from the Keeper of the Records of Scotland.

Directions

In January 2020, the Scottish Government issued new statutory guidance for directions from Integration Authorities (IJBs) to Health Boards and Local Authorities. Directions are the mechanism to action the strategic commissioning plans (Strategic Plan).

In March 2020 the IJB noted the new statutory guidance and agreed to continue to work with partners in East and South Ayrshire to progress improvement plans, including enhancing governance arrangements for lead partnership services.

Progress was delayed by the pandemic, but preparatory work was undertaken during 2020-21 and implementation will continue into 2021-22.

Further actions for 2021-22

The IJB has identified the following actions for 2021-22 that will assist with the further strengthening of corporate governance arrangements; these incorporate any outstanding recommendations from the 2019-20 wider scope audit requirements:

- Develop an updated Strategic Plan and Medium-term Financial Plan
- Undertake an assessment of the extent to which financial management arrangements comply with the requirements of the CIPFA Financial Management Code 2019

- Review governance arrangements as formal meeting and committee structures are brought back online as part of the Covid-19 recovery
- Develop Risk Management arrangements, including an agreed risk appetite statement
- 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
- Continue to review, on a rolling basis, IJB key governance documents
- Further support and develop Locality Planning Forums to establish and implement locality plans

Some of these areas were planned to be progressed during 2020-21 and were either delayed due to Covid-19 or due to delays in co-ordinating work with partners.

Assurance

Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2020-21 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.

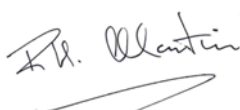
Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement.

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. The Annual Governance Statement was approved by the Performance and Audit Committee on 25 June 2021.

The impact of the Covid-19 pandemic has resulted in unprecedented impacts on the governance and operations of the IJB during 2020-21 and moving into 2021-22.



Caroline Cameron
Chief Officer
26 August 2021



Robert Martin
IJB Chair
26 August 2021

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 and 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 and Chief Finance Officer

The appointment of an Integration Joint Board Chief Officer and Chief Finance 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 2019-20 £	Name and post title	Salary, fees and allowances £	Taxable expenses £	Compensation for Loss of Office £	Total remuneration 2020-21 £
111,761	Stephen Brown, Chief Officer 1/4/20 to 9/10/20	98,981*	0	95,000	193,981
0	Alison Sutherland, Interim Chief Officer 6/11/20 to 20/12/20	792*	0	0	792
0	Caroline Cameron, Chief Officer 21/12/20 to 31/3/21	32,264*	0	0	32,264
85,776	Caroline Cameron, Chief Finance Officer 1/4/20 to 20/12/20	63,516*	104	0	63,620
0	Eleanor Currie, Interim Chief Finance Officer 21/12/20 to 31/3/21	2,826*	0	0	2,826

**The full year equivalent salaries are given in the table below.*

Name and post title	Full Year Salary £
Stephen Brown, Chief Officer, 1/4/20 to 9/10/20	115,114
Alison Sutherland, Interim Chief Officer, 6/11/20 to 20/12/20	5,250
Caroline Cameron, Chief Officer, 21/12/20 to 31/3/21	115,114
Caroline Cameron, Chief Finance Officer, 1/4/20 to 20/12/20	88,165
Eleanor Currie, Interim Chief Finance Officer, 21/12/20 to 31/3/21	10,000

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 period 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 period 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 Period pension contributions			Accrued pension benefits	
	2019-20 £	2020-21 £		Difference from 2019-20	2020-21
Stephen Brown, Chief Officer	0	0	Pension Lump Sum	0 0	0 0
Alison Sutherland, Chief Officer	0	2,195	Pension Lump Sum	n/a 0	2,425 0
Caroline Cameron, Chief Officer and Chief Finance Officer	16,520	18,486	Pension Lump Sum	2,005 0	4,988 0
Eleanor Currie, Chief Finance Officer	0	4,178	Pension Lump Sum	n/a 0	6,822 0

Disclosure by pay bands

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

Number of employees in band 2019-20	Remuneration band	Number of employees in band 2020-21
1	£110,000-£114,999	0
0	£95,000-£99,999	2
1	£85,000-£89,999	0

Exit packages

There were no exit packages during 2019-20 and one exit package during 2020-21. The detail of the exit package is shown in the table below.

Number of Employees	Banding	Compulsory Redundancy 2020-21	Other Departures 2020-21	Total Amount 2020-21
1	£80,000 - £100,000	0	95,000	95,000

Financial statements

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

2019-20		2020-21		
Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
71,919	Community Care and Health	72,477	-	72,477
29,156	Mental Health	28,718	-	28,718
36,665	Children's Services and Criminal Justice	34,968	-	34,968
53,006	Primary Care	48,809	-	48,809
8,323	Management and Support Costs (inc Covid-19 costs)	19,002	-	19,002
1,434	Change Programme	1,026	-	1,026
5,089	Allied Health Professionals	5,722	-	5,722
79,862	Lead Partnership and Set Aside	86,596	-	86,596
285,454	Cost of Services	297,318	-	297,318
(97,973)	North Ayrshire Council Funding	-	(99,897)	(99,897)
(187,257)	NHS Ayrshire and Arran Funding	-	(209,019)	(209,019)
(285,230)	Total Taxation And Non-Specific Grant Income (note 5)	-	(308,916)	(308,916)
224	(Surplus) or Deficit on Provision of Services	297,318	(308,916)	(11,598)

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 period 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 2020-21 there were no statutory adjustments.

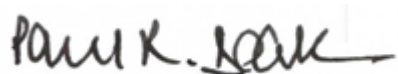
Total Reserves 2019-20	Movement in reserves	General Fund – Debt to NAC 2020-21	General Fund 2020-21	Earmarked Reserves 2020-21	Total Reserves 2020-21
(4,862)	Opening balance as at 1 April	(5,293)	207	0	(5,086)
(224)	Total Comprehensive Income and Expenditure	1,486	3,944	6,168	11,598
0	Adjustments between accounting basis and funding basis under regulations	0	0	0	0
(224)	Increase or (decrease) in period	1,486	3,944	6,168	11,598
(5,086)	Closing Balance as at 31 March	(3,807)	4,151	6,168	6,512

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 2020 £000		Notes	31 March 2021 £000
207	Short Term Debtors	6	10,319
(5,293)	Long Term Creditors	7	(3,807)
(5,086)	Net Assets		6,512
(5,086)	Usable Reserve: General Fund	8	6,512
(5,086)	Total Reserves		6,512

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2021 and its income and expenditure for the period then ended.

The unaudited financial statements were authorised for issue on 25 June 2021 and the audited financial statements will be authorised for issue on 26 August 2021.



Paul Doak
Chief Finance Officer
26 August 2021

Notes to the financial statements

NOTE 1 – SIGNIFICANT ACCOUNTING POLICIES

General principles

The Financial Statements summarise the authority's transactions for the 2020-21 financial period and its position at the period-end as at 31 March 2021.

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 2020-21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on the going concern basis, which provides that the entity will continue in operational existence for a minimum of 12 months from the date of these accounts. In accordance with the Code, the going concern concept will apply as there is the assumed continuation of service provision into the 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 period 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 period, 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 and 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. Funding from the Scottish Government to offset Covid-19 attributable costs is routed to the IJB via NHS Ayrshire and Arran as part of the Local Mobilisation Planning process.

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.

Provisions, Contingent Liabilities and Contingent Assets

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

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

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

Reserves

The 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.

Indemnity insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Ayrshire and 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 and 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 include:

- On behalf of all IJBs within the NHS Ayrshire and 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) activity data at historic prices with inflation applied. As such, the Set Aside sum included in the accounts will not reflect actual hospital usage in 2020-21.

There are no material estimation uncertainties included within the Financial Statements. The impact of Covid-19 and associated costs incurred in 2020-21 have been accounted for in 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 26 August 2021. 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 such events to report for 2020-21.

NOTE 4 – EXPENDITURE AND INCOME ANALYSIS BY NATURE

2019-20 £000's		2020-21 £000's
122,112	Services commissioned from North Ayrshire Council	127,027
163,315	Services commissioned from NHS Ayrshire and Arran	170,264
27	Auditor Fee: External Audit Work	27
(285,230)	Partners Funding Contributions and Non-Specific Grant Income	(308,916)
224	(Surplus) / deficit on the Provision of Services	(11,598)

NOTE 5 - TAXATION AND NON-SPECIFIC GRANT INCOME

2019-20 £000's		2020-21 £000's
(97,973)	Funding Contribution from North Ayrshire Council	(99,897)
(187,257)	Funding Contribution from NHS Ayrshire and Arran	(209,019)
(285,230)	Taxation and Non-specific Grant Income	(308,916)

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 2019-20 or 2020-21.

The funding contribution from NHS Ayrshire and Arran shown above includes £33.054m (2019-20 £31.807m) 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.

The funding contribution from the NHS Board also includes funding from the Scottish Government to offset Covid-19 attributable costs. Guidance on Accounting for Coronavirus (Covid-19) Grants / Funding Streams issued by the Local Authority (Scotland) Accounts Advisory Committee (LASAAC) in May 2021 outlines that financial support directed towards IJBs are not grants but funding of anticipated costs submitted as part of the regular Local Mobilisation Planning process. The main consideration for IJBs is to assess the nature of the expenditure being incurred such as spend directly incurred on HSCP goods / services (such as PPE, costs of running Community and Mental Health Assessment units and increased staff costs of councils and health boards) and spend incurred to support social care providers (such as care homes).

The nature of these transactions requires the IJB to consider if it is acting as a Principal or Agent in the process. Under the Code of Practice on Local Government Accounting in the United Kingdom (the Code), principal and agent are defined as:

- Principal: where the authority is acting on its own behalf.
- Agent: where the authority is acting as an intermediary.

To assist consistency in treatment of funding provided, the LASAAC guidance contains a schedule which sets out a view of accounting treatment of Covid-19 funding, as to whether principle or agent accounting applies, which IJBs should consider. This sets out that for all payments underlying the £11.304m expenditure, the IJB is acting as principal. In this respect this represents financial support directed towards the IJB and are not grants but funding of anticipated costs submitted as part of the regular Local Mobilisation Planning process.

NOTE 6 – DEBTORS

31 March 2020 £000's		31 March 2021 £000's
0	North Ayrshire Council	7,519
207	NHS Ayrshire and Arran	2,800
207	Total Debtors	10,319

Amounts due from 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 2020 £000's		31 March 2021 £000's
(5,293)	North Ayrshire Council	(3,807)
0	NHS Ayrshire and Arran	0
(5,293)	Total Creditors	(3,807)

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	Repayment of Debt £000's	Movement in Reserves £000's	Uncommitted Surplus £000's
North Ayrshire Council	(9,005)	1,486	5,009	(2,510)
NHS Ayrshire and Arran	(2,593)	0	952	(1,641)
Total	(11,598)	1,486	5,961	(4,151)

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.

Although the IJB has an overall positive reserves position within this there is the balance of payment due to North Ayrshire to repay the debt due for previous year deficits, the movement in this balance represents the decrease to the debt during 2020-21.

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

The £1.486m will continue to be set aside in future years to support the repayment of the debt.

2019-20				2020-21		
Transfers Out 2019-20	Transfers In 2019-20	Balance at 31 March 2020		Transfers Out 2020-21	Transfers In 2020-21	Balance at 31 March 2021
Earmarked Funds						
(131)	0	0	: Alcohol & Drug Partnership	0	336	336
(116)	63	63	: Action 15	(63)	224	224
(30)	144	144	: PCIF	(144)	935	935
0	0	0	: 21-22 Budget Gap	0	181	181
0	0	0	: Challenge Fund	0	500	500
0	0	0	: Community Living Change Fund	0	513	513
0	0	0	: Covid-19 Funding	0	3,479	3,479
(277)	207	207	Total Earmarked	(207)	6,168	6,168
0	(154)	(5,293)	Outstanding Debt	0	(3,807)	(3,807)
0	0	0	Unallocated General Fund	0	4,151	4,151
(277)	53	(5,086)	General Fund	(207)	6,512	6,512

NOTE 9 – AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Ayrshire and Arran area, the IJB acts as the lead manager for Mental Health 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.

2019-20 £000		2020-21 £000
30,493	Expenditure on Agency Service – Lead Partnership	31,583
(30,493)	Reimbursement for Agency Services	(31,583)
0	Net Agency Expenditure Excluded from the CIES	0

The Health and Social Care Partnership operated a PPE hub which distributed stock to employees, as well as external providers and carers. This stock was issued to the hub at no charge by NHS National Services Scotland. This was done under an agency arrangement and the estimated stock issued was £0.922m. As the IJB was acting as an agent regarding PPE transactions it does not recognise any income, expenditure or closing stock of PPE in the annual accounts.

In addition, Covid-19 testing kits valued at £1.238m were issued by the Scottish and UK Governments for the use of frontline staff. This was also done under an agency arrangement and so no entries are included within the annual accounts.

Payments in relation to the £500 'thank you' payment from the Scottish Government to eligible North Ayrshire Council staff, private provider care staff and Personal Assistants employed by service users in receipt of Self-Directed Support Option 1 payments will be made in 2021-22. The estimated costs subject to further 'mop up' payments and confirmation of the payment due to Personal Assistants are shown in the table below. The calculation of the amount due to Personal Assistants is being undertaken by a third party (Scotland Excel) on behalf of the Scottish Government and the amount to be paid is not yet known.

Payment	£000
North Ayrshire Council Staff	930
Private Provider Care Staff	1,278
TOTAL	2,208

NOTE 10 – RELATED PARTY TRANSACTIONS

The IJB has related party relationships with NHS Ayrshire and 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.

2019-20 £000	Transactions with NHS Ayrshire and Arran	2020-21 £000
(187,257)	Funding Contributions received from NHS Board	(209,019)
0	Service Income received from NHS Board	0
163,273	Expenditure on Services Provided by NHS Board	170,207
56	Key Management Personnel: Non-Voting Board Members	72
0	Support Services	0
(23,928)	Net Transactions with NHS Board	(38,740)

31 March 2020 £000	Balances with NHS Ayrshire and Arran	31 March 2021 £000
207	Debtor Balances: Amounts due from NHS Board	2,800
0	Creditor Balances: Amounts due to NHS Board	0
207	Net Balances with NHS Board	2,800

2019-20 £000	Transactions with North Ayrshire Council	2020-21 £000
(97,973)	Funding Contributions received from the Council	(99,897)
0	Service Income received from the Council	0
122,069	Expenditure on Services Provided by the Council	126,968
56	Key Management Personnel: Non-Voting Board Members	71
0	Support Services	0
24,152	Net Transactions with the Council	27,142

31 March 2020 £000	Balances with North Ayrshire Council	31 March 2021 £000
0	Debtor Balances: Amounts due from the Council	7,519
(5,293)	Creditor Balances: Amounts due to the Council	(3,807)
(5,293)	Net Balances with the Council	3,712

There are key management personnel employed by NHS Ayrshire and 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 and 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 2020-21 financial statements.

Independent auditor's report

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

Reporting 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 2021 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 2020/21 (the 2020/21 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the body as at 31 March 2021 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 2020/21 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 5 years. We are independent of the body 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 body. 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 concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability

to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

We report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that we identified and our judgements 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 body'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.

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.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- considering the nature of the board's control environment and reviewing the board's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired with management, internal audit and those charged with governance about their own identification and assessment of the risks of irregularities;
- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the body operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the Public Bodies (Joint Working) Scotland Act 2014.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the body's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018.

We discussed among the audit engagement team regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud was in relation to the completeness and accuracy of the contributions received from the Health Board and the Council. The risk is that the partner bodies do not pass on any additional funding due. In response to this risk, we tested the income recognised to ensure that the correct contributions have been received in accordance with that agreed as part of the budget process.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and internal legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result 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.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

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

Statutory other information

The Chief Finance Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the statutory other information and, in doing so, consider whether the statutory 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 this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this statutory other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the statutory other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

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

26 August 2021

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Tel: 01294 317700

Our Ref: PK/CB/NAIJB/2021

Deloitte LLP
110 Queen Street
Glasgow
G1 3BX

Date: 26 August 2021

Dear Pat Kenny,

This representation letter is provided in connection with your audit of the financial statements of the North Ayrshire Integration Joint Board ('the entity') for the year ended 31 March 2021 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 entity as of 31 March 2021 and of the results of its comprehensive net income and expenditure and its cash flows for the year then ended in accordance with the applicable accounting framework as interpreted by the with the Code of Practice on Local Authority Accounting in the United Kingdom.

In addition to the above, this representation letter is provided in connection with your audit of the other information in the annual report, for the purposes set out in the Code of Audit Practice 2016.

We are aware that it is an offence to mislead an auditor of a public body.

On behalf of the entity, I confirm as Chief Finance Officer, to the best of my knowledge and belief, the following representations.

Financial statements

1. We understand and have fulfilled our responsibilities for the preparation of the financial statements in accordance with the applicable financial reporting framework, as set out in the with the Code of Practice on Local Authority Accounting in the United Kingdom, which give a true and fair view, as set out in the terms of the audit engagement letter.
2. Significant assumptions used by us in making accounting estimates, including those measured at fair value and assessing the impact of Covid-19 on the entity are reasonable. We have made sufficient and appropriate disclosure of the general increased estimation uncertainty arising from the impact of Covid-19.
3. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of IAS24 "Related party disclosures".
4. 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.
5. There are no uncorrected misstatements and disclosure deficiencies.
6. We confirm that the financial statements have been prepared on the going concern basis and disclose in accordance with IAS 1 all matters of which we are aware that are relevant to the entity's ability to continue as a going concern, including principal conditions or events and our plans. We

do not intend to cease operations 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 entity'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.

7. We have recorded or disclosed, as appropriate, all liabilities, both actual and contingent.

Information provided

8. We have provided you with all relevant information and access as agreed in the terms of the audit engagement letter with Audit Scotland.
9. All transactions have been recorded and are reflected in the financial statements and the underlying accounting records.
10. We acknowledge our responsibilities for the design, implementation and maintenance of internal control to prevent and detect fraud and error. We are not aware of any deficiencies in internal control of which you should be aware.
11. 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.
12. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity or group 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.
13. 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.
14. 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.
15. 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.
16. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the applicable financial reporting framework. No other claims in connection with litigation have been or are expected to be received.
17. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.
18. We confirm that:
 - (i) we consider that the entity has appropriate processes to prevent and identify any cyber breaches other than those that are clearly inconsequential; and



- (ii) we have disclosed to you all cyber breaches of which we are aware that have resulted in more than inconsequential unauthorised access of data, applications, services, networks and/or devices.
19. All minutes of the Board and Committee meetings during and since the financial year have been made available to you.
20. We have drawn to your attention all correspondence and notes of meetings with regulators.
21. We confirm that all of the disclosures relating to sections of the annual report which are considered 'other information' as set out in the Code of Audit Practice 2016 have been prepared in accordance with relevant legislation and guidance.
22. I confirm that I have appropriately discharged my responsibility for the regularity of transactions.

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

Paul Doak
Head of Service (Finance and Transformation)

Signed as Chief Finance Officer, for and on behalf of North Ayrshire Integration Joint Board



North Ayrshire Integration Joint Board

Report to the Performance and Audit Committee, Members of the Integration Joint Board and the Controller of Audit on the 2020/21 audit

Issued on 12 August 2021 for the meeting on 26 August 2021

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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 Annual Accounts.
- 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 Performance and Audit Committee ("the Committee") of the North Ayrshire Integration Joint Board ("the IJB" "the Board") for the year ending 31 March 2021 audit. The scope of our audit was set out within our planning report presented to the Committee in March 2021.

This report summarises our findings and conclusions in relation to:

- The audit of the **Annual Accounts**; 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 Annual Accounts and our knowledge of the Board.

The auditable parts of the Remuneration Report have been prepared in accordance with the relevant regulations.

A summary of our work on the significant risks is provided in the dashboard on page 9.

We have identified one misstatement above our reporting threshold, relating to disclosure of debt repayment to Council shown as a direct adjustment from the General Fund balance within the Movement in Reserves Statement, as set out on page 7.

Status of the financial statements audit

Outstanding matters to conclude the audit include:

- Finalisation of internal quality control procedures;
- Receipt of final Annual Accounts;
- Receipt of signed management representation letter; and
- Our review of events since 31 March 2021.

Conclusions on audit dimensions and best value

As set out on page 3, our audit work covered the four audit dimensions. Our separate detailed report presented to the Committee in June 2021 set out our findings and conclusions on each dimension. In accordance with the Code of Audit Practice, we have included our overall conclusions within this report on pages 16-18. Key highlights include:

Financial Management – The IJB has effective financial planning and management arrangements in place with a strong and consistent finance team. An underspend of £4.151m was achieved at the end of March 2021. The IJB has reduced the debt due to the Council in line with the budget.

Financial sustainability – The IJB has set a balanced budget for 2021/22, with manageable savings plans, however, does require a small draw on reserves in order to achieve a balanced position. The IJB continues to face an extremely challenging financial position in the medium to longer term. This includes the risks identified in the 2021/22 budget, including those associated with COVID-19.

Governance and transparency – The IJB continues to have strong leadership and the transition of the new Chief Officer and Head of Service for Health & Community Care during the year went smoothly. Appropriate arrangements were put in place in response to the COVID-19 pandemic with normal governance arrangements having now returned.

Introduction (continued)

The key messages in this report (continued)

Conclusions on audit dimensions and best value (Continued)

Value for money – The IJB continues to have an embedded performance management culture. Performance has continued to be strong throughout this challenging period. As the Board moves into remobilisation and recovery from the pandemic, there will be a need to continuously revisit the performance measures to ensure that they are valid and align with the updated strategic priorities once the strategic commissioning plan has been updated.

Best value - As reported in our June 2021 report, the IJB has sufficient arrangements in place to secure best value with a strong focus on continuous improvement. It has a clear understanding of areas which require further development.

Next steps

An agreed Action Plan was included in the separate wider scope report that was presented to Performance and Audit Committee in June 2021. We will consider progress with the agreed actions as part of our 2021/22 audit.

Added value

Our aim is to add value to the Board 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 Board promote improved standards of governance, better management and decision making, and more effective use of resources. This is provided throughout the report.

In addition, we included our “sector developments” in the separate wider scope report that was presented to Performance and Audit Committee in June 2021 which covers our research, informed perspective and best practice from our work across the wider public sector that are specifically relevant to the Board.

Pat Kenny
Audit Director

Annual accounts audit



Quality indicators

Impact on the execution of our audit

Management and those charged with governance are in a position to influence the effectiveness of our audit, through timely formulation of judgements, provision of accurate information, and responsiveness to issues identified in the course of the audit. This slide summarises some key metrics related to your control environment which can significantly impact the execution of the audit. We consider these metrics important in assessing the reliability of your financial reporting and provide context for other messages in this report.

Area	Grading	Reason
Timing of key accounting judgements	●	There were no significant accounting judgements included within the IJB Annual Accounts, which is in line with our expectations and understanding of the IJB.
Adherence to deliverables timetable	●	Key deliverables were provided in a timely manner, in advance of agreed timelines. Any follow-up requests during the audit were quickly actioned.
Access to finance team and other key personnel	●	Deloitte and the IJBs finance team have worked together to facilitate remote communication during the audit which has been successful. There have been no issues with access to the finance team or other key personnel.
Quality and accuracy of management accounting papers	●	Documentation provided has been of a high standard, which enabled an efficient audit. Working papers were clear and reconcilable to the Annual Accounts. This is borne out by the resubmission rate on requests for the audit being low, at 12%.
Quality of draft financial statements	●	A full draft of the Annual Accounts was received for audit on 18 June 2021. We identified several minor changes that have now been amended.
Response to control deficiencies identified	●	We did not identify any control deficiencies during our audit.
Volume and magnitude of identified errors	!	We have identified one error during our audit relating to disclosure of debt repayment to Council shown as a direct adjustment from the General Fund balance within the Movement in Reserves Statement. Management has agreed to amend this error in the final version of Annual Accounts.



Lagging



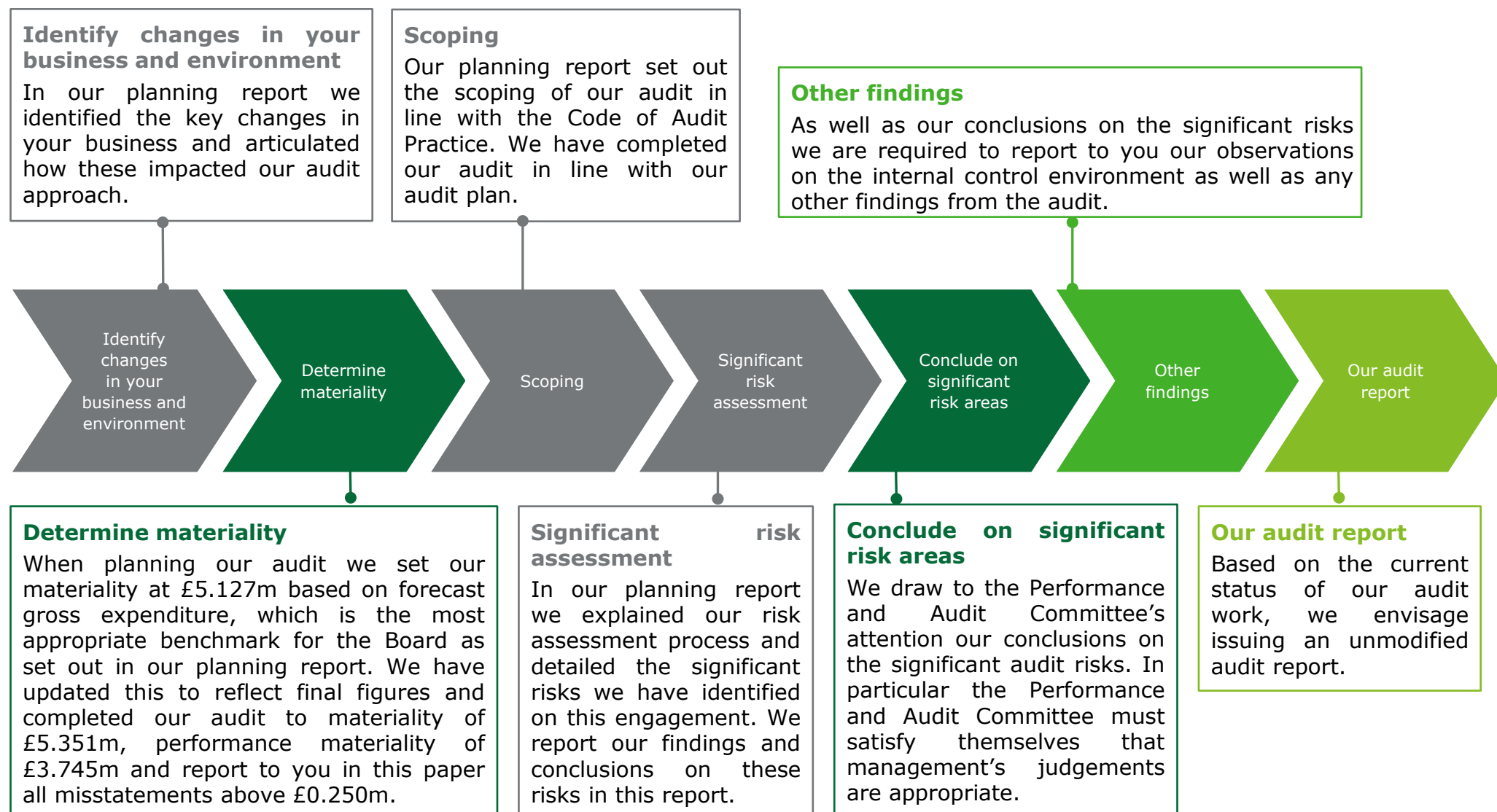
Developing



Mature







Our audit explained

We tailor our audit to your business and your strategy



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	10
Management override of controls			D+I	Satisfactory		Satisfactory	11

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)

Completeness and accuracy of income



Risk identified and key judgements

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 Board 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 the Health Board and the Council. Whilst the Board was projecting a year-end underspend against budget in relation to directly managed services, there remains a risk associated with the additional COVID-19 expenditure and associated funding.

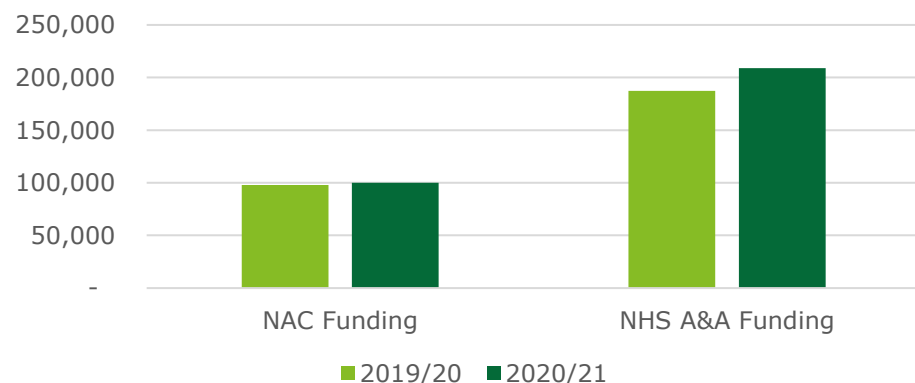


Deloitte response and challenge

We have performed the following:

- assessed the design and implementation of the controls around recognition of income;
- tested the income to ensure that the correct contributions have been input and received in accordance with that agreed as part of budget process;
- tested the reconciliations performed by the Board at 31 March 2021 to confirm all income is correctly recorded in the ledger; and
- confirmed that the reconciliations performed during 2020/21 have been reviewed on a regular basis.

Funding Contribution (£'000)



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.

Significant risks (continued)

Management override of controls



Risk identified

Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

Although management is responsible for safeguarding the assets of the entity, we planned our audit so that we had a reasonable expectation of detecting material misstatements to the Annual Accounts and accounting records.



Deloitte response and challenge

In considering the risk of management override, we have performed the following audit procedures that directly address this risk:

Journals

We have tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the Annual Accounts. In designing and performing audit procedures for such tests, we have:

- Tested the design and implementation of controls over journal entry processing;
- Made inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments;
- Selected journal entries and other adjustments made at the end of a reporting period; and
- Considered the need to test journal entries and other adjustments throughout the period.

Accounting estimates and judgements

We have reviewed accounting estimates for biases and evaluate whether the circumstances producing the bias, if any, represent a risk of material misstatement due to fraud. In performing this review, we have:

- Evaluated whether the judgments and decisions made by management in making the accounting estimates included in the Annual Accounts, even if they are individually reasonable, indicate a possible bias on the part of the entity's management that may represent a risk of material misstatement due to fraud. From our testing we did not identify any indications of bias. We have not identified any significant accounting estimates and judgements from our testing; and
- Performed a retrospective review of management judgements and assumptions related to significant accounting estimates reflected in the Annual Accounts of the prior year.

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.

Deloitte view

We have not identified any significant bias in the key judgements made by management.

We have not identified any instances of management override of controls in relation to the specific transactions tested.

Other significant findings

Financial reporting findings

Below, we set out the findings from our audit surrounding your financial reporting process.

Qualitative aspects of your accounting practices:

The Board has prepared its Annual Accounts in line with the Code of Practice on Local Authority Accounting. We are satisfied that the Board's accounting practices are appropriate.

Other matters relevant to financial reporting:

We have not identified other matters arising from the audit that, in the auditor's professional judgement, are significant to the oversight of the financial reporting process.

Significant matters discussed with management:

Significant matters discussed with management related primarily to the impact of COVID-19 on the organisation.

The Local Authority (Scotland) Accounts Advisory Committee (LASAAC) guidance on accounting for Personal Protective Equipment (PPE) COVID-19 suggests that the IJB is acting as agent regarding the PPE transactions and therefore does not recognise any income, expenditure, or stocks of PPE. This was discussed with management and confirmed that this guidance has been followed.

We have identified one financial adjustment during our audit relating to disclosure of debt repayment to Council shown as a direct adjustment from the General Fund balance within the Movement in Reserves Statement.

We will obtain written representations from the Board on matters material to the Annual Accounts when other sufficient appropriate audit evidence cannot reasonably be expected to exist. A copy of the draft representations letter has been circulated separately.

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 expect to issue an unmodified audit opinion.



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.

Practice Note 10 provides guidance on applying ISA (UK) 570 Going Concern to the audit of public sector bodies. The anticipated continued provision of the service is relevant to the assessment of the continued existence of a particular body.



Emphasis of matter and other matter paragraphs

There are no matters we judge to be of fundamental importance in the Annual Accounts 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 narrative parts of the Annual Accounts is reviewed in its entirety for material consistency with the Annual Accounts and the audit work performance and to ensure that they are fair, balanced and reasonable.

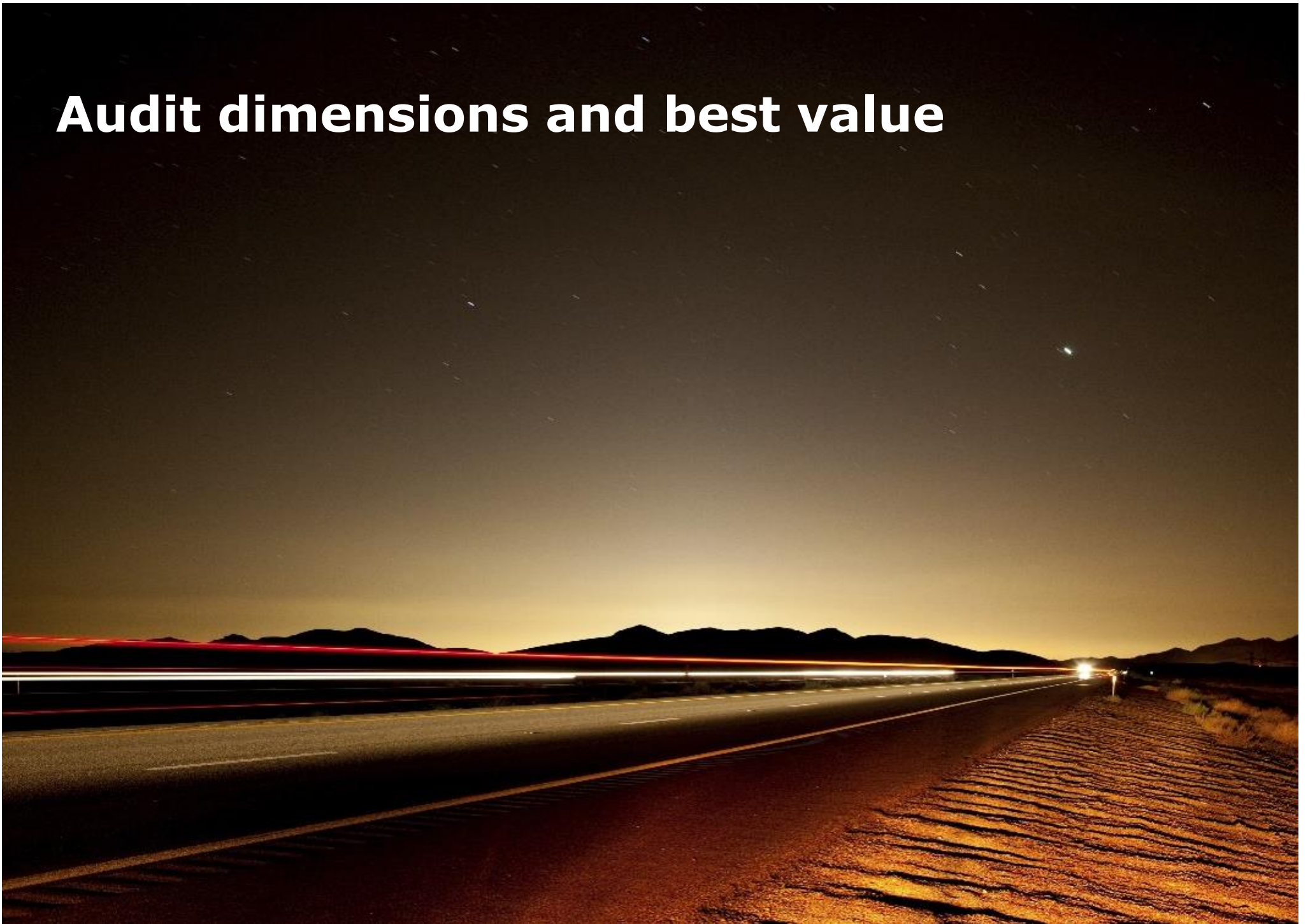
Our opinion on matters prescribed by the Controller of Audit as discussed further on page 14.

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 is consistent with the disclosures in the accounts.

	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 focuses 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>Pending amendments for minor improvements in the final version of the Annual Accounts, we are satisfied that the Management Commentary has been prepared in accordance with guidance, is consistent with our knowledge and is not otherwise misleading.</p>
Remuneration Report	The remuneration report must be 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 we can confirm that apart from a few minor amendments to the senior employees remuneration and exit packages disclosures, they have been properly prepared in accordance with the regulations.
Annual Governance Statement	The Annual Governance Statement reports that the Board 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 Delivering Good Governance in Local Government Framework. We have requested management to make minor changes but are satisfied to conclude that the Annual Governance Statement is consistent with the financial statements, our knowledge and the accounts regulations.

Audit dimensions and best value

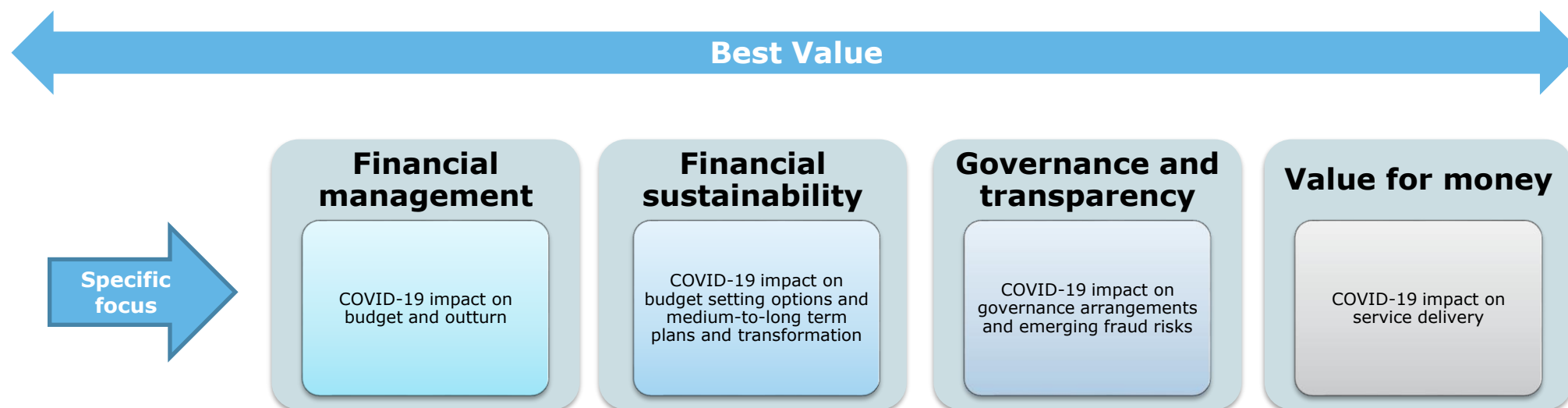


Audit dimensions and best value

Overview and conclusions

As set out in our audit plan and separate report on the “Audit Dimensions and Best Value” presented to the Committee in March 2021, public audit in Scotland is wider in scope than financial audits. Our separate report sets out our findings and conclusions on our audit work covering the areas set out below.

The risk profile of public bodies for the 2020/21 audits is significantly affected by the COVID-19 pandemic. Our audit work across each dimension has therefore been specifically focussed on how the Board has responded to these risks.



In accordance with the Code of Audit Practice, our overall conclusions on each audit dimension and best value are summarised on the following pages.

Audit dimensions and best value (continued)

Overview and conclusions (continued)

Financial management

The IJB continues to have effective financial planning and management arrangements in place with a strong and consistent finance team. The underspend reported at the end of March 2021 has been achieved through close monitoring of the projected position throughout the year. This included close monitoring of COVID-19 costs and unachieved savings which have been fully funded. This will allow the IJB to reduce the debt due to the Council in line with the budget and carry forward reserves into 2021/22.

The IJB continues to face challenges in achieving savings required. Whilst unachieved savings have been funded for 2020/21, this is on a non-recurring basis to assist the Board with meeting the challenges of COVID-19. Realistic savings targets need to be set with clear plans in place to achieve service transformation. Management has confirmed that the 2021/22 budget incorporates realistic savings plans taking into account the impact of COVID-19. We will monitor this as part of our 2021/22 audit.

Financial sustainability

The IJB achieved an underspend of £4.151m for 2020/21 and has set a balanced budget for 2021/22, albeit requiring a draw on reserves. It is also positive that the IJB have ended the year with free general fund reserves of £4.151m, plus additional earmarked reserves of £6.168m from Scottish Government Funding to be carried forward into 2021/22 to cover COVID-19 related costs, transformational change and funding for other specific earmarked projects such as Action 15 and the Alcohol and Drugs Partnership. We are also pleased to note the anticipated reduction in debt due to the Council. However, it is still faced with significant financial challenges in the medium to longer term.

Given that the Medium Term Financial Plan (MTFP) hasn't been updated since 2017/18, the IJB is unable to evidence it is financially sustainable in the medium to longer term. While the uncertainty faced by the IJB is clear, it is critical that future plans are developed based on alternative scenarios to ensure that the IJB is prepared to deliver a financially sustainable service for the future. Management plan to update the MTFP over the summer 2021. This will cover the period 2022-23 onwards, with plans to align the time period to the next iteration of the Strategic Plan.

The IJB is progressing with its transformation programme and is taking an innovative approach to determining future service delivery, which includes ongoing engagement with various stakeholder groups to inform the update to the strategic priorities and future service design, and to also take into consideration lessons learned from the COVID-19 pandemic. Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability, and therefore it is imperative that these plans are updated by the revised deadline of April 2022 to ensure there is a clear plan in place for how the Board is going to commission health and care services in a significantly changed post-pandemic world. More work is also still required to ensure the long term viability of the workforce through the development of an updated workforce strategy linked with the updated strategic commissioning plan. Management has confirmed that the 2021/22 plan is currently being developed.

It is important that transformation continues at pace into 2021/22 and beyond, including incorporating any lessons learned from the COVID-19 pandemic into service redesign. This should include re-focussing teams on the transformation agenda.

Audit dimensions and best value (continued)

Overview and conclusions (continued)

Governance and transparency

The IJB continues to have strong leadership and the transition of the new Chief Officer and Head of Service for Health & Community Care during the year went smoothly. The decision making process for the departure of the former Chief Officer was robust.

The IJB continues to have robust governance and scrutiny arrangements in place and continues to identify areas for improvement. Appropriate arrangements were put in place in response to the COVID-19 pandemic with normal governance arrangements having now returned. In the interest of continuous improvement, and as recommended in our June 2021 report, the Board has committed to progress for a more structured and tailored programme of training.

The IJB continues to demonstrate a good attitude towards openness and transparency which includes the continued use of webcast recordings available to the public on the website. Improvements have been noted in the quality of papers presented to the IJB and in line with our previous recommendation, all performance reports are now published on the website for public access.

Further work is required to progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships. Management has confirmed that following a hiatus due to the COVID-19 pandemic, the national pilot project on 'fair share' commissioning through the use of Directions has recommenced. This national pilot will seek to ensure that delegated hospital budgets and Set Aside budget requirements can be fully implemented.

Value for money

The IJB continues to have an embedded performance management culture supported by its performance management systems, which analyse data, track progress and identify actions. In addition, there is regular performance information which is provided to the Committee, IJB members, and operational managers, and is publicly reported.

The IJB remains agile in how it responds to changing requirements of transformation and based on the requirements of COVID-19. Performance has continued to be strong throughout this challenging period with clear actions are put in place for addressing areas of performance requiring improvements. As the Board moves into remobilisation and recovery from the pandemic, there will be a need to continuously revisit the performance measures to ensure that they are valid and align with the updated strategic priorities once the strategic commissioning plan has been updated.

Inequalities are one of the IJB's five strategic priorities and therefore central to what they do. As part of updating the strategic commissioning plan, the IJB should look at developing links between budget and outcomes to help demonstrate how the work being done is linked to the planned improvement in outcomes.

Best value

It is the duty of the IJB to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003. We have a statutory duty to be satisfied that the local government bodies have made proper arrangements for securing BV.

Based on our audit work performed on the four audit dimensions, we are satisfied that the IJB has sufficient arrangements in place to secure best value with a strong focus on continuous improvement. It has a clear understanding of areas which require further development.

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 Performance and Audit Committee and the Board discharge their governance duties. It also represents one way in which we fulfil our obligations under ISA (UK) 260 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 Accounts;
- Our internal control observations; and
- Other insights we have identified from our audit.

The scope of our work

Our observations are developed in the context of our audit of the Annual Accounts.

We described the scope of our work in our audit plan.

Use of 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.

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 Performance and Audit Committee.

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 procedures performed in fulfilling our audit plan.

We welcome the opportunity to discuss our report with you and receive your feedback.



Pat Kenny, CPFA

For and on behalf of Deloitte LLP

Glasgow | 12 August 2021

Appendices



Audit adjustments

Adjusted misstatements

The following adjusted misstatements have been identified up to the date of this report, which we request that you ask management to correct as required by ISAs (UK). The overall impact on the Comprehensive Income and Expenditure Statement is nil.

	Debit/(Credit) Comprehensive Income and Expenditure Statement (CIES) £k	Debit/(Credit) in Net Assets £k	Debit/(Credit) prior year Reserves £k	Debit/(Credit) in Income £k	If applicable, control deficiency identified
Misstatements identified in current year					
Loan repayment to North Ayrshire Council [1]	-	-	-	-	N/A
Total			-	-	

[1] As discussed on page 7 we have identified one error during our audit relating to disclosure of debt repayment to Council shown as a direct adjustment from the General Fund balance within the Movement in Reserves Statement (MiRS). The net impact of financial statements from this adjustment is nil as it is a presentation point on the face of the MiRS, and management has agreed to amend this error in the final version of Annual Accounts.

There was no disclosure misstatements identified during the year.

Our other responsibilities explained

Fraud responsibilities and representations



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 auditor, 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 have disclosed to us all information in relation to fraud or suspected fraud that you are aware of and 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 risk of fraud in relation to completeness and accuracy of income and management override of controls as a key audit risk 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.

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 the audit engagement team, and others in the firm as appropriate, Deloitte LLP and, where applicable, all Deloitte network firms are independent of the North Ayrshire IJB and our objectivity is not compromised.
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Fees	The audit fee for 2020/21, in line with the expected fee range provided by Audit Scotland, is £27,330, as analysed below:
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	£
Auditor remuneration	18,850
Audit Scotland fixed charges:	
Pooled costs	1,790
Contribution to PABV	5,650
Audit support costs	1,040
Total fee	27,330

We have still to assess any impact of the additional COVID-19 testing. Once completed, we will discuss any impact on the fee with management.

No non-audit services fees have been charged for the period.

Non-audit services	In our opinion there are no inconsistencies between the FRC's Ethical Standard 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.
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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.
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We are not aware of any relationships which are required to be disclosed.

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If this document contains details of an arrangement that could result in a tax or National Insurance saving, no such conditions of confidentiality apply to the details of that arrangement (for example, for the purpose of discussion with tax authorities).

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North Ayrshire Integration Joint Board

Report to the Performance and Audit Committee on the 'Audit Dimensions and Best Value' for the year ended 31 March 2021

Issued on 18 June for the meeting on 25 June 2021

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Introduction

The key messages in this report

Background:

As set out in our audit plan, the Code of Audit Practice sets out four audit dimensions which set a common framework for all public sector audits in Scotland.

Our audit work has considered how the Board is addressing these and our conclusions are set out within this report.

Scope of audit

Our audit work was risk based and proportionate, covering the four audit dimensions as follows:

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

Our responsibilities in relation to Best Value ('BV') have been incorporated into this audit work.

I have pleasure in presenting our report to the Performance and Audit Committee ('the Committee') of North Ayrshire Integration Joint Board ("the IJB" "the Board") as part of our 2020/21 audit responsibilities. I would like to draw your attention to the key messages from this paper.

As discussed in our audit plan, the risk profile of public bodies for the 2020/21 audits is significantly affected by the COVID-19 pandemic. Our audit work across each dimension has therefore been specifically focussed on how the Board has responded to these risks.

Our overall conclusions on each dimension are summarised below, with full details provided in the main body of the report:

Financial Management

The IJB continues to have effective financial planning and management arrangements in place with a strong and consistent finance team. The underspend projected at the end of March 2021 has been achieved through close monitoring of the projected position throughout the year. This included close monitoring of COVID-19 costs and unachieved savings which are expected to be fully funded. This will allow the IJB to reduce the debt due to the Council in line with the budget and carry forward reserves into 2021/22.

Financial Sustainability

The IJB has set a balanced budget for 2021/22, with manageable savings plans, however, does require a small draw on reserves in order to achieve a balanced position. It is positive that the IJB have ended the year with free general fund reserves of £4.151m, plus additional earmarked reserves of £6.168m to be carried forward into 2021/22 to cover COVID-19 related costs and transformational change.

The IJB continues to be faced with an extremely challenging financial position in the medium to longer term. This includes the risks identified in the 2021/22 budget, including those associated with COVID-19. Given that the Medium Term Financial Plan ("MTFP") hasn't been updated since 2017/18, the IJB unable to evidence it is financially sustainable in the medium to longer term. Therefore, it is critical that the MTFP is updated to take into consideration lessons learned from the pandemic and to align with the new strategic priorities of the updated strategic commissioning plan, along with any other linked strategic documents such as the integrated workforce strategy.

The IJB is progressing with its transformation programme and is taking an innovative approach to determining future service delivery, which includes ongoing engagement with various stakeholder groups to inform the update to the strategic priorities and future service design. It is important that transformation continues at pace into 2021/22 and beyond, including incorporating any lessons learned from the COVID-19 pandemic into service redesign.

Introduction (continued)

The key messages in this report (continued)

Governance and transparency

The IJB continues to have strong leadership and the transition of the new Chief Officer and Head of Service for Health & Community Care during the year went smoothly. In the interest of continuous improvement, IJB members would benefit from a more structured and tailored programme of training.

The IJB continues to have robust governance and scrutiny arrangements in place that continued through the year. The temporary changes to the governance arrangements resulted in delegated authority to the Chief Officer between March and June 2020. Normal governance arrangements have since returned, albeit through video conferencing given the continued impact of COVID-19 restrictions.

Openness and transparency has been demonstrated through webcast recordings of IJB meetings, which are available to the public on the website. Improvements have been noted in the quality of papers presented to the IJB and in line with our previous recommendation, all performance reports are now published on the website for public access.

Value for money

The IJB continues to have an embedded performance management culture supported by its performance management systems, which analyse data, track progress and identify actions.

The IJB remains agile in how it responds to changing requirements of transformation and based on the requirements of COVID-19. Performance has continued to be strong throughout this challenging period. As the Board moves into remobilisation and recovery from the pandemic, there will be a need to continuously revisit the performance measures to ensure that they are valid and align with the updated strategic priorities once the strategic commissioning plan has been updated.

Best value

The IJB has sufficient arrangements in place to secure best value with a strong focus on continuous improvement. It has a clear understanding of areas which require further development.

Next steps

An agreed Action Plan is included on pages 36 to 42 of this report, including a follow-up of progress against prior year actions. We will consider progress with the agreed actions as part of our 2021/22 audit.

Added value

Our aim is to add value to the Board 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 Board promote improved standards of governance, better management and decision making, and more effective use of resources. This is provided throughout the report.

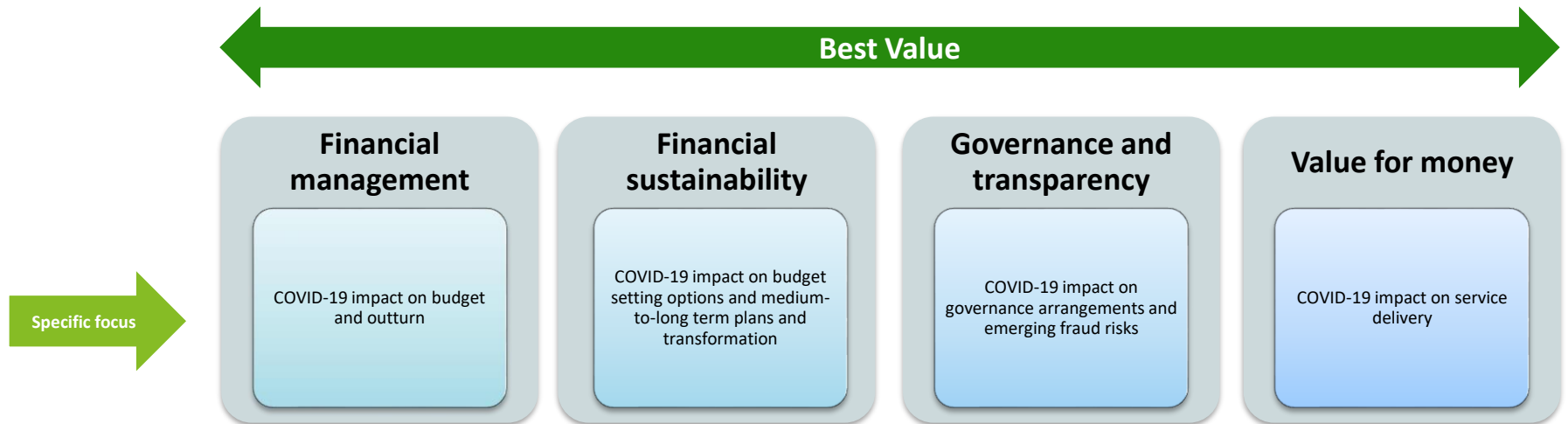
In addition, we have included our “sector developments” on pages 28 to 33 where we have shared our research, informed perspective and best practice from our work across the wider public sector that are specifically relevant to the IJB.

Audit Dimensions and Best Value

Overview

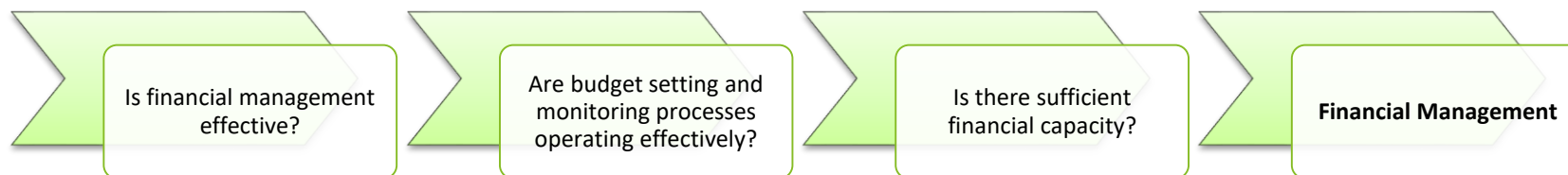
As set out in our audit plan, public audit in Scotland is wider in scope than financial audits. This report sets out our findings and conclusions on our audit work covering the areas set out below.

The risk profile of public bodies for the 2020/21 audits is significantly affected by the COVID-19 pandemic. Our audit work across each dimension has therefore been specifically focussed on how the Board has responded to these risks.



Financial management

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



Areas considered

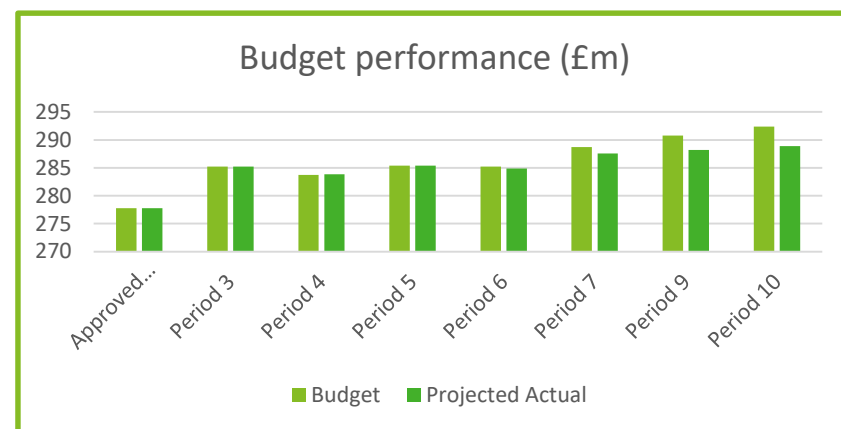
Our approach to the audit dimensions is risk focused. Within our audit plan we confirmed that while there was no specific risk in relation to financial management, we would continue to review the Board's financial management arrangements. In addition, we also identified the following risk:

"Since the start of the pandemic, the risk of fraud and error has increased as the control environment and internal control change. In accordance with Audit Scotland planning guidance, we will consider fraud as a particular focus area in 2020/21."

Current year financial performance

2019/20 conclusion: The accuracy of the financial projections have improved over the year through close working between finance and service areas. This has also benefited from a revised finance structure and systematic processes in place. The implementation of the Financial Recovery Plan has resulted in an improved year-end financial position. However, the IJB still ended the year in a deficit position, increasing its debts due to the Council.

2020/21 update: The IJB has reported small variances against budget through the first part of the year, at which time it was assumed unachieved savings would not be funded by the Scottish Government. Funding for the unachieved savings due to COVID-19 of £1.467m was then reflected in the latest projection when confirmed. The IJB is projecting an overall full year underspend of £3.497m. As a result of the close monitoring of the budget position, including the impact of COVID-19, the IJB is on track to be able to make the planned debt repayment of £1.5m to North Ayrshire Council. The full underspend is anticipated to be carried forward for use in 2021/22 and held as earmarked reserves.



The key reasons for the projected underspend are:

- Community Care and Health is projecting a £0.965m underspend, which is primarily due to the number of care home places being less than budgeted.
- Mental Health is projecting a £0.308m overspend, which is primarily due to overspends in learning disabilities and delays in achieving savings attributable to implementation of the CM2000 system which has been postponed as the focus for providers has been responding to COVID-19. The system has now been implemented in February 2021. This has been offset by projected underspends in lead partnership for mental health, which is in large part due to overachievement of the vacancy savings target.

Financial management (continued)

Current year financial performance (continued)

- Management and support costs are projecting an underspend of £1.476m. This is due to over recovery of payroll turnover, the allocation of unscheduled care funding, and the underspend in funding set aside to improve unscheduled care performance.

In addition to the impact of unachieved savings, the Scottish Government has also confirmed funding for COVID-19 costs totalling £8.744m in line with the IJB's latest mobilisation cost submission. The three largest areas of costs relate to payments to commissioned care providers (£3.003m), personal protective equipment (£1.723m) and the unachieved savings (£1.467m).

2020/21 conclusion: The IJB is projecting to end the year in an underspend position which has been achieved through close monitoring of the projected position throughout the year, including the monitoring of additional costs and unachieved savings arising as a result of COVID-19. This is anticipated to allow the IJB to reduce the debt due to the Council in line with the budget and to carry forward the underspend as earmarked reserves into 2021/22.

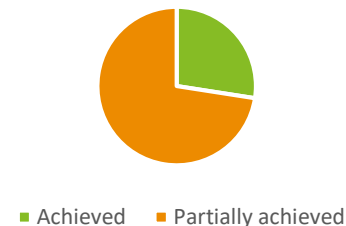
Savings Plans

2019/20 conclusion: The IJB continues to face challenges in achieving savings required. In order to ensure future financial sustainability, it is critical that the Board set realistic targets with clear plans in place, ensuring there is sufficient lead time to implement the changes required.

2020/21 update: The approved 2020/21 budget included a need to make £3.861m of savings. This was monitored as part of the financial monitoring reports to the Board during the year through the use of a Red, Amber, Green (RAG) rating.

Savings totalling £2.394m are anticipated to be achieved, with the remaining £1.467m of savings delayed or reduced due to the COVID-19 pandemic. In most cases, the impact was a delay rather than non-delivery due to the impact of COVID-19. The IJB has now received confirmation that this will be fully funded in the year by the Scottish Government on a non-recurring basis. This has been reported regularly to the Board throughout the year through the Financial Performance reports.

Achievement of savings £'000



2020/21 conclusion: The IJB continues to face challenges in achieving savings required. Whilst unachieved savings have been funded for 2020/21, this is on a non-recurring basis to assist the Board with meeting the challenges of COVID-19. In order to ensure future financial sustainability, it is critical that as the Board starts to look to remobilise and recover from COVID-19, that realistic savings targets are set with clear plans in place to achieve service transformation.

Financial reporting

2019/20 conclusion: The IJB continues to have effective financial planning and management arrangements in place. Further work is still required to align the Strategic Plan to the MTFP.

2020/21 update: From our review of the monitoring reports during 2020/21, it is clear that in overall terms, the reports to management and the Board are consistent and transparent, with appropriate arrangements in place to ensure services were delivered from within the available resources.

Financial management (continued)

Financial reporting (continued)

The transformation change programme (discussed further on pages 14-15), agreed as part of the 2020/21 budget process, aligns the service changes to the IJB priorities. The 2021/22 budget also includes specific areas of investment to improve outcomes. Further work is planned as part of the refresh of the MTFP to align the Strategic Plan to demonstrate that resources are being directed in line with priorities.

We note that in 2018 the Scottish Parliament Health and Sport Committee highlighted continued challenges and sought reassurance from the Scottish Government that developing budget information against outcomes was a top priority. The Scottish Government confirmed that it has established a framework for linking budgets and outcomes where Integration Authorities must publish annual audited accounts, their budgets for the year, financial performance reports during the course of the year and an annual finance report as part of the annual performance report

Notwithstanding the above, the Committee concluded that they *“continue to struggle to identify any coherent link between spend and outcomes. Given the billions of pounds under the control of the Integration Authorities and the statutory duty to report outcomes, we expect the Scottish Government to provide the Scottish Parliament with a clear linkage to show in every Authority the relationship between spending, outputs and outcomes”*.

The progress being made in linking budgets and outcomes therefore remains a key focus for the Scottish Parliament and Scottish Government.

2020/21 Conclusion: The IJB continues to have effective financial planning and management arrangements in place. As reported in previous years, further work is still required to update both the MTFP and the Strategic Plan and to ensure that these documents closely align strategic priorities and outcomes with the budget, reporting on how the planned deployment of resources contributes to the delivery of strategic outcomes. There are plans to update the MTFP in the summer of 2021 and the Strategic Plan is to be updated by April 2022.

Financial capacity

2019/20 conclusion: The IJB continues to have a strong and consistent finance team with the relevant financial skills, capacity and capability.

2020/21 update: The Finance and Transformation team has remained relatively consistent throughout the year. One key change during the year resulted in the previous Chief Finance and Transformation Officer (S95 Officer) being appointed as the Chief Officer of the IJB from December 2020. The S95 Officer post was filled on an interim basis by the Principal Manager for Finance. Following a recruitment process a permanent S95 Officer has been appointed from 7 June 2021. The Finance and Transformation team is supported by the integrated social care finance team. We are satisfied that there is sufficient continuity, despite the changes.

COVID-19 has had an impact on the workload and capacity within the Finance and Transformation team, given the additional monthly COVID-19 submissions which has placed pressure on resource.

2020/21 Conclusion: The IJB continues to have a strong and consistent finance team with the relevant financial skills, capacity and capability. We will monitor the impact of the change in S95 Officer and any impact of COVID-19 on the capacity of the finance team as part of the 2021/22 audit.

Financial management (continued)

Internal audit

We have assessed the internal audit function, including its nature, organisational status and activities performed. While the IJB specific internal audit work has not yet concluded, from the wider internal audit programme conducted by the Council and Health Board internal auditors, no significant control deficiencies have been identified as a result of COVID-19 restrictions.

The 2020/21 Internal Audit Plan was approved by the Committee in November 2020. This comprised two projects, one to be completed by the North Ayrshire Council's internal audit function (15 days), and one assignment completed by the Health Board's internal audit provider, totalling 30 days to be split equally between the three Ayrshire IJBs.

Regular progress reports have been reported to the Committee throughout the year. The planned work is expected to be completed for the year, with one minor amendment to the work planned by the Health Board's internal auditors resulting in resources being redirected to an alternative project on "Delayed Discharges".

Some work from the Council Internal Audit plan was deferred into 2021/22 where the audit would have required a physical visit to have taken place. This did not impact on the overall assurance given.

We have reviewed the work of internal audit. The conclusions have helped inform our audit work, although no specific reliance has been placed on this work. We will also consider the work of internal audit these as part of our audit work on the Annual Governance Statement and report our conclusions in our final report to the Committee in August 2021.

Standards of conduct for prevention and detection of fraud and error

We have assessed the Board's arrangements for the prevention and detection of fraud and irregularities, which includes the arrangements at the Council and Health Board given that the IJB relies on their systems and processes. This has included specific considerations in response to the increased risk of fraud as a result of COVID-19. Overall we found the Board's arrangements to be to be designed and implemented appropriately.

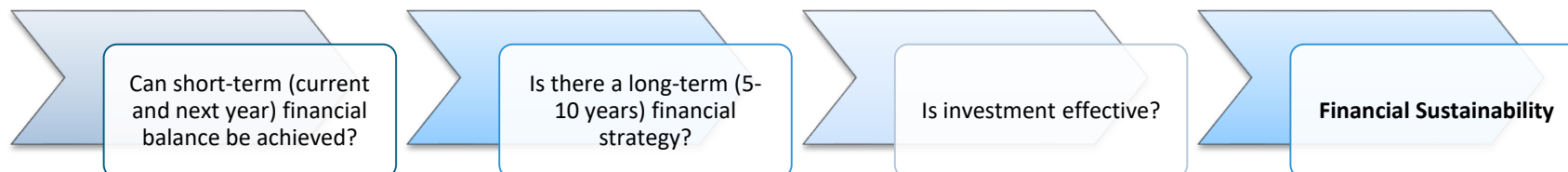
Deloitte view – financial management

The IJB continues to have effective financial planning and management arrangements in place with a strong and consistent finance team. The underspend projected at the end of March 2021 has been achieved through close monitoring of the projected position throughout the year. This included close monitoring of COVID-19 costs and unachieved savings which have been fully funded. This will allow the IJB to reduce the debt due to the Council in line with the budget and carry forward reserves into 2021/22.

The IJB continues to face challenges in achieving savings required. Whilst unachieved savings have been funded for 2020/21, this is on a non-recurring basis to assist the Board with meeting the challenges of COVID-19. Realistic savings targets need to be set with clear plans in place to achieve service transformation. Management has confirmed that the 2021/22 budget incorporates realistic savings plans taking into account the impact of COVID-19. We will monitor this as part of our 2021/22 audit.

Financial sustainability

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.



Areas considered

Our approach to the audit dimensions is risk focused. Within our audit plan we identified that there remains a significant risk that robust medium to long term planning arrangements are not in place to ensure that the Board can manage its finances sustainably and deliver services effectively, identify issues and challenges early and act on them promptly.

Budget setting

2019/20 conclusion: The level of savings required in 2020/21 is significantly lower than previous years and more in line with savings actually achieved in the past. The impact of COVID-19 remains a significant challenge.

2020/21 update: A balanced 2021/22 budget was approved by the Board on 18 March 2021. As set out in the table below, while some savings have been agreed in order to address part of the budget gap, the IJB approved a draw on reserves of £1.116m to balance the IJB budget. COVID-19 costs have not been included in the budget, although management has assumed that these will be funded by the Scottish Government, as was the case in 2020/21.

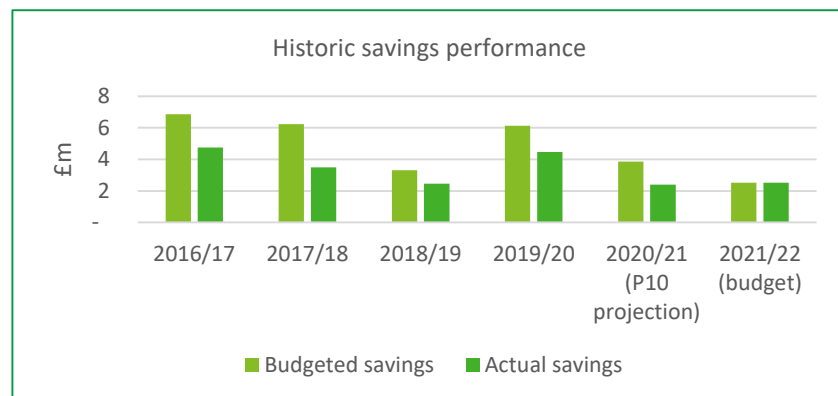
	Total £m
Funding increase	1.528
Funding pressures	(5.434)
Initial budget gap	(3.906)
Further reduction to budget gap	0.262
Agreed savings plans	2.528
Remaining budget gap – use of free reserves	(1.116)

Following the approval of the IJB budget at the end of March 2021 further funding was allocated by the Scottish Government to IJBs to address a shortfall across Scotland in the funding provided to meet the Scottish Living Wage commitment. Given that the North Ayrshire IJB approved budget for 2021/22 incorporated meeting this commitment, the additional funding of £0.861m reduces the budget gap. In addition, the National Care Home Contract uplift for 2021/22 has now been settled which is at a lower level than the planning assumptions as part of the approved budget. As a result of these changes, the revised draw on reserves requirement is £0.181m.

The savings plan is made up of a number of targeted savings, each with a RAG rating given - £0.204m assessed as Amber and £2.324m assessed as Green. There are detailed plans in place for savings, which are overseen by the Transformation Board. The savings plans for 2021/22 are in line with the value of savings achieved in previous years and therefore appear manageable.

Financial sustainability (continued)

Budget setting (continued)



In setting its budget the Board has recognised that a number of risks exist, many of which are consistent with the risks identified in setting the 2020/21 budget, including:

- 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.
- Ongoing implementation costs of the Scottish Government policy directives, for example Free Personal Care for under 65's.
- Lead/hosted service arrangements, including managed pressures.
- The potential financial impact of the HSCP response to the COVID-19 pandemic and the wider public sector financial impact.
- The COVID-19 recovery process and remobilisation of services, including the ability to change and improve services following learning from the COVID-19 response.
- Impact of the Independent Review of Adult Social Care.
- Local Government and NHS pay awards, which have yet to be settled for 21/22.
- National Care Home Contract increases which are still subject to negotiations.
- Delivery of 20/21 savings delayed by COVID-19 and the potential impact on the delivery of the 21/22 savings programme.

Whilst the impact of the withdrawal from the EU has not been specifically considered by the IJB, it has been considered separately by the Council. It has determined that there is no immediate risk for the short-term, with any likely impact to be in the medium to longer term. The IJBs one-year Bridging Strategic Commissioning Plan 2021/22 sets out that a full Brexit impact assessment will be undertaken and mitigations to limit the impact on services which may be negatively affected will be considered as part of updating the longer term strategic commissioning plan.

Board members were fully involved in the budget process in advance of the formal budget setting meeting. This included a budget development session in January 2021 to take Board members through the 2021/22 budget proposals, as well as the proposals for a one-year Bridging Strategic Commissioning Plan 2021/22, with a view to updating a longer term strategic commissioning plan by April 2022. Due to the ongoing restrictions as a result of the pandemic, the development session was carried out via video conferencing so potentially less interactive than sessions in the past, however, all members had the opportunity to contribute.

To support the 2021/22 budget process and the one-year Bridging Strategic Commissioning Plan 2021/22, various service user groups were surveyed to find out their experience of services during COVID-19. These discussions have centred more around the future direction of the IJB's strategic priorities and what is important to the service users and other stakeholders, rather than the short-term financial demands. This is the beginning of an 18-month engagement programme that is discussed in further detail on page 14.

2020/21 conclusion: A balanced budget has been set for 2021/22, albeit requiring the use of reserves to achieve this. The level of savings approved in 2021/22 are manageable, based on delivery in previous years. We are therefore satisfied that a robust budget setting process is in place. However, the impact of COVID-19 remains a significant challenge which could impact on the IJB achieving medium and longer term financial sustainability through the IJBs recovery and redesign of services.

Financial sustainability (continued)

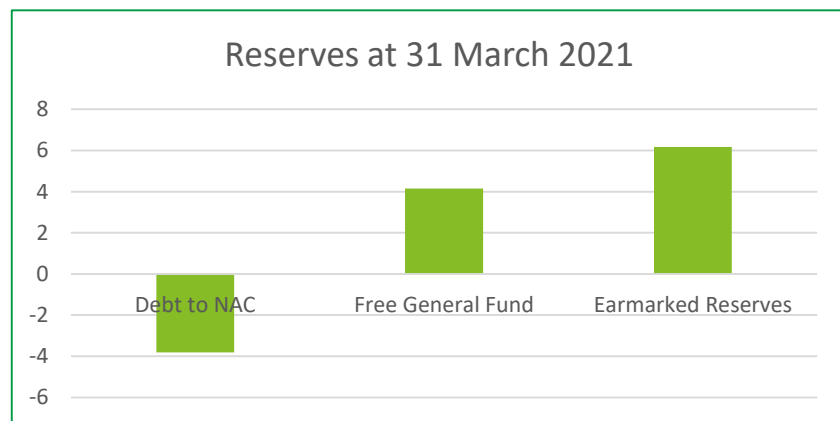
Reserves

2019/20 conclusion: In line with good practice, the IJB continues to review its reserves strategy and it is positive to note that it has recognised that consideration may be given to allocating resources to reserves in the future to support financial planning over the medium to longer term. The negative reserves position and ability to repay this to the Council still represents a significant risk given the history of the in year financial position.

2020/21 update: The IJB approved the updated Reserves Policy Strategy in October 2019 and this has not changed during 2020/21.

The reserves position in the IJB is unique in that the Board holds a negative reserve balance which has accumulated from previous year overspends. The negative reserve balance is offset by a debtor on the balance sheet reflecting the debt due to the Council. As noted on page 6, the IJB is expecting to be in a position to repay £1.5m to the Council in 2020/21 to reduce the debt owed, with a further repayment of £1.5m incorporated into the budget for 2021/22.

A summary of the closing reserves position at 31 March 2021 is illustrated below:



The reserves comprise free general fund reserves, carry forward reserves from Scottish government funding and other earmarked reserves. As noted on page 6, the IJB is projecting an underspend for the year of £3.497m. From this balance, it was agreed as part of the 2021/22 budget to earmark £1.116m from “free General Fund” reserves to balance the budget on a non-recurring basis. It was also agreed to put aside a further £0.500m to Establish a Challenge Fund to assist the IJB with developing longer term plans for delivering savings and service improvement. One of the means by which the IJB aims to achieve this is through investment in technology solutions. As noted on page 10, following approval of the budget in March 2021, additional funding from the Scottish Government was announced, resulting in a reduced draw on reserves requirement to balance the 2021/22 budget, and an overall improved free general fund reserves position of £4.151m. This represents 1.6% of the net expenditure budget. Whilst this is short of the targeted 2.0%, this is still progress towards establishing a contingency reserve. Furthermore, it is acknowledged that the Reserves Policy of 2-4% is aspirational, particularly in light of the challenges faced by the IJB as a result of COVID-19.

There has been further additional funding allocated to IJBs from the Scottish Government during 2020/21 for use in future years, and there is an expectation that these amounts will be carried forward in earmarked reserves for spending in 2021/22. These additional amounts totalling £6.168m relate to funding for further Integration Authority Support, Adult Social Care Winter Plan, Community Living Change Funding, Primary Care Improvement Fund, Mental Health Strategy funding, and the Alcohol and Drug Partnership.

2020/21 conclusion: The Reserves Policy approved in October 2019 continues to be appropriate. The IJB is estimating a small free general fund reserves balance of £4.151m for the first time. It is also positive to note that the IJB is reducing its debt owed to the Council and has set aside a small fund for delivering savings and service improvements, which is critical for progressing transformation of services and ensuring future financial sustainability.

Financial sustainability (continued)

Medium-to long-term financial planning

2019/20 conclusion: The IJB continues to be faced with an extremely challenging financial position in the medium to longer term. Given the risks associated with COVID-19 highlighted in the 2020/21 budget, these will need to be taken into account in updated medium and long term plans. The MTFP has not yet been updated, with further delays as a result of management focusing on responding to COVID-19. The IJB is therefore unable to provide evidence that it is financially sustainable in the medium to longer term.

2020/21 update: The IJB still has no MTFP due to the level of uncertainty with the funding for 2021/22 and future years. This includes, for example, potential impacts from the recent Independent Review of Adult Social Care (Feeley Review) that is discussed in our sector updates on page 31, and local government and NHS pay awards for 21/22 which haven't been finalised. Management have noted that due the financial risks and uncertainties outlined above, together with a one year Scottish Government finance settlement, this makes it difficult for IJBs to look further than a year into the future. There are, however, plans to start work on a MTFP in the summer of 2021.

In line with the one-year budget, discussed on page 10, a one-year **Bridging Strategic Commissioning Plan 2021/22** was approved which focuses on service improvement and pandemic recovery. This carries forward the 5 strategic priorities from the previous strategic plan of:

- tackling inequalities,
- engaging communities,
- prevention and early intervention,
- bringing services together, and
- improving mental health and wellbeing.

These priorities have also been mapped to the three Scottish Government COVID-19 recovery priorities (Innovate and Integrate – Ensure Equity – Better Outcomes) as well as continuing to work towards the Nine National Health and Wellbeing Outcomes.

The one-year Bridging Strategic Commissioning Plan 2021/22 builds on lessons from the pandemic, including the benefits from working closely together with different partners, which will be taken forward through the Community Planning Partnership, the newly formed Community Wealth Building Commission, and through continued working with the third sector, independent sector, and other stakeholder groups. It also provides a starting point for developing the refreshed long term strategic commissioning plan. An 18-month engagement process is underway which will be open until March 2022, and seek to gather various different stakeholder's thoughts on the future direction of the IJB, including how service provision should look and what the strategic priorities should be. This includes building on the experiences from the past year in managing the pandemic, including the wealth of experience from the close working relationships with the third sector, independent sector, and community groups.

The IJB uses a number of different platforms for engaging with stakeholders, including the IJB's website, NA HSCP Twitter and Facebook page, Community Planning Partnership website, Virtual Community Centres, Caring for Ayrshire, etc. The use of webcasting also allows the press and members of the public the opportunity to join IJB meetings and to provide input on such matters as the budget, MTFP, the strategic plan, and service redesign.

2020/21 conclusion: The IJB continues to be faced with an extremely challenging financial position in the medium to longer term. This includes the risks identified in the 2021/22 budget discussed on page 10, including those associated with COVID-19. Given that the MTFP has not been updated since 2017/18, the IJB is unable to evidence it is financially sustainable in the medium to longer term. While the uncertainty faced by the IJB is clear, it is critical that future plans are developed based on alternative scenarios to ensure that the IJB is prepared to deliver a financially sustainable service for the future.

Financial sustainability (continued)

Transformation

2019/20 conclusion: The IJB is progressing with its transformation programme and is taking an innovative approach to determining future service delivery. Significant work is still required to make the level of transformational change needed, with COVID-19 likely to impact on timelines and plans.

2020/21 update: A Transformation change programme is in place, covering four main themes of:

- building teams around children;
- developing a wider range of primary care services;
- supporting older people and people with complex care needs; and
- creating mental health and learning disability services to better support people to stay well.

The Transformation Board has oversight of the programme, which includes governance assurance over the savings plans and mitigation plans. The savings plans are sufficiently detailed and include information on the timeline, project owner, and financials, including the planned and projected savings. Responsibility and ownership for executing the savings plans and mitigation plans sits within the service areas where the required skills and knowledge for executing the transformation change sits. The transformation agenda is integrated with budget monitoring, which is in turn driven by the strategic priorities set out in the strategic plan.

Oversight of the Transformation Board's activities is provided by members through regular reports to the IJB, with ultimate decision making authority sitting with the Partnership Senior Management Team ("PSMT") and the IJB.

The Transformation Board continued to meet during 2020/21 and regular progress updates against the savings plan were considered throughout the year. However, due to COVID-19, the IJB refocused the HSCP services on supporting COVID-19 delivery and supporting people living in their communities during lock down and to support the NHS response in protecting hospital services. Whilst prioritising the COVID-19 response, the Board is still on track to achieve a good proportion of the budgeted savings plan (as noted on page 7), with £2.394m expected to be achieved out of the total planned savings of £3.861m. The remaining unachieved savings of £1.467m will be fully funded by the Scottish Government.

In order to accelerate transformational change, the IJB has incorporated lessons learned from the pandemic into the one-year Bridging Strategic Commissioning Plan 2021/22. A central theme identified from these lessons is the importance of the IJB's partners. Partnership working is embedded throughout North Ayrshire, including the following:

- A lot of work was done during the pandemic to work with the third sector.
- Shared services are an integral part of the Ayrshire IJB's structure given that each IJB leads on particular services pan-Ayrshire with the IJB leading on mental health services.
- The Caring for Ayrshire transformation programme is being carried forward by the three Ayrshire IJBs, NHS A&A and the three local authorities.
- The newly created Community Wealth Building (CWB) Commission, on which North Ayrshire Council is an anchor institution. The CWB Commission includes representation from NHS Ayrshire & Arran, Police Scotland, Ayrshire College, Scottish Enterprise, Scottish Fire and Rescue and the Ayrshire Community Trust.
- Ongoing work through the Community Planning Partnership and the Ayrshire Growth Deal.

Financial sustainability (continued)

Transformation (continued)

2020/21 conclusion: The IJB is progressing with its transformation programme and is taking an innovative approach to determining future service delivery, which includes ongoing engagement with various stakeholder groups to inform the update to the strategic priorities and future service design, and to also take into consideration lessons learned from the COVID-19 pandemic.

Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability, and therefore it is imperative that this work is completed by the revised deadline of April 2022 to ensure there is a clear plan in place for how the Board is going to commission health and care services in a significantly changed post-pandemic world. Both front line services and the shared services teams have had to be flexible, re-prioritise work and focus on the response to the pandemic. It is important there is a refocus of these teams on the transformation agenda.

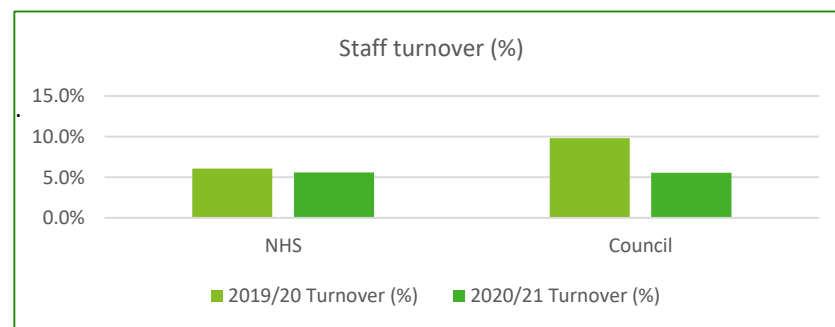
Workforce Planning

2019/20 conclusion: Not specifically reported on within our 2019/20 report.

2020/21 update: An Interim Workforce Plan has been submitted to the Scottish Government acknowledging the continued impact of the pandemic on demand for services and the importance of continuing to focus on the physical and mental wellbeing of all staff. In addition, the one-year Bridging Strategic Commissioning Plan 2021/22 acknowledges that as part of updating the longer term strategic commissioning plan that a number of other key strategy documents will also need to be updated, including the integrated workforce strategy, organisational development plan, MTFP, and transformation plan, to align with the refreshed strategic priorities.

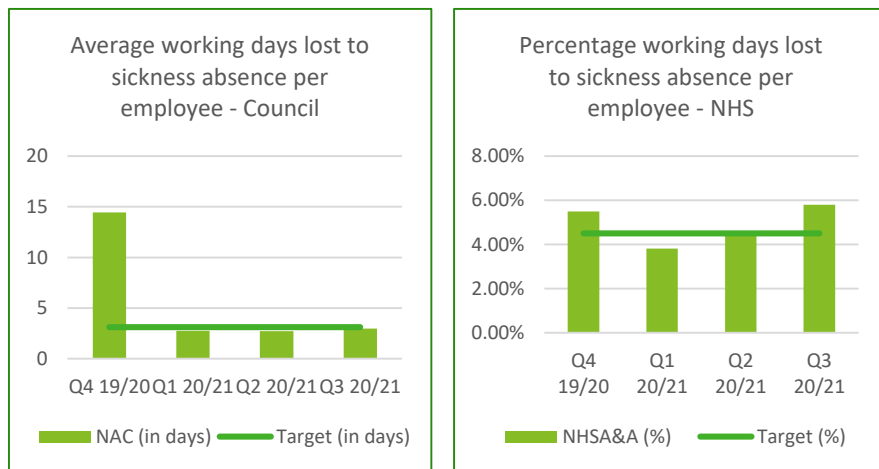
COVID-19 has had a significant financial impact on staff costs due to staff having to shield or resulting in absences due to staff contracting COVID-19. This has resulted in additional COVID-19 staff overtime and temporary staff spend totalling £1.948m, which is being fully funded by the Scottish Government through the latest mobilisation plan submission. The increase in demand for resources has, to the extent possible, been met from using existing staff resources, for example by redeploying day care staff to care at home or for the distribution of personal protective equipment, or by increasing the hours of part-time staff. Staff turnover and non-COVID-19 related staff absence has also been kept low (see graphs below and on the next page) demonstrating effective management of the workforce.

Staff adapted well to remote working, adopting digital technologies to adapt to different ways of working. This has included use of technology to facilitate continued communications with service users, more flexibility meeting times and less need for travel. COVID-19 has accelerated the adoption of technology, including streams of transformation work that were already underway prior to COVID-19.



Financial sustainability (continued)

Workforce Planning (continued)



Staff have also been kept informed, supported and motivated throughout COVID-19 through Staff Wellbeing Hubs, which provide physical locations where staff working in a community setting, and Staff Wellbeing Suites for NHS staff.

2020/21 conclusion: It is positive to see that efforts have been taken during the year to respond to the pressures experienced by the workforce as a result of the pandemic, prioritising the wellbeing of staff and that the IJB has been actively listening to what the workforce has had to say. COVID-19 has had a significant financial impact on staff costs.

More work is still required to ensure the long term viability of the workforce through the development of an updated workforce strategy linked with the updated strategic commissioning plan.

Financial sustainability (continued)

Deloitte view – Financial sustainability

The IJB is on track to achieve an underspend in 2020/21 and has set a balanced budget for 2021/22, albeit required a draw reserves. It is also positive that the IJB have ended the year with free general fund reserves of £4.151m, plus additional earmarked reserves of £6.168m from Scottish Government Funding to be carried forward into 2021/22 to cover COVID-19 related costs and transformational change. We are also pleased to note the anticipated reduction in debt due to the Council. However, it is still faced with significant financial challenges in the medium to longer term.

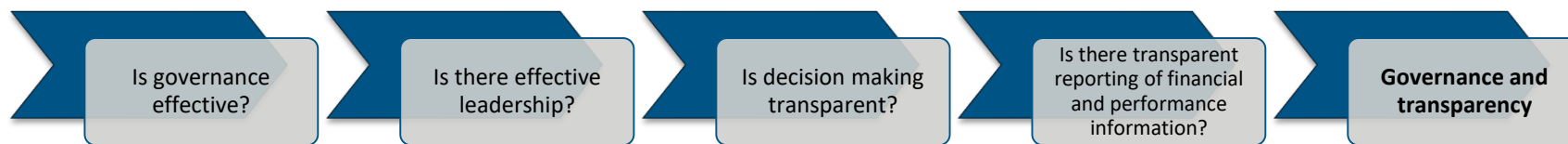
Given that the MTFP hasn't been updated since 2017/18, the IJB is unable to evidence it is financially sustainable in the medium to longer term. While the uncertainty faced by the IJB is clear, it is critical that future plans are developed based on alternative scenarios to ensure that the IJB is prepared to deliver a financially sustainable service for the future.

The IJB is progressing with its transformation programme and is taking an innovative approach to determining future service delivery, which includes ongoing engagement with various stakeholder groups to inform the update to the strategic priorities and future service design, and to also take into consideration lessons learned from the COVID-19 pandemic. Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability, and therefore it is imperative that these plans are updated by the revised deadline of April 2022 to ensure there is a clear plan in place for how the Board is going to commission health and care services in a significantly changed post-pandemic world. More work is also still required to ensure the long term viability of the workforce through the development of an updated workforce strategy linked with the updated strategic commissioning plan.

It is important that transformation continues at pace into 2021/22 and beyond, including incorporating any lessons learned from the COVID-19 pandemic into service redesign. This should include re-focussing teams on the transformation agenda.

Governance and transparency

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



Areas considered

Our approach to the audit dimensions is risk focused. Within our audit plan we identified that there is a risk that the governance arrangements are not operating effectively (including services delivered by, or in partnership with, others). Furthermore, there is a risk that the revised governance arrangements, enacted in March 2020 in response to the pandemic, are not appropriate or operating effectively.

We also identified that there is a risk that officers and Committee members have not considered how sustainable any changes to the risk appetite will be in the longer term.

Leadership

2019/20 conclusion: The IJB continues to have strong leadership and the transition of new board members during the year went smoothly.

2020/21 update: The Chief Officer left his post in September 2020. An interim Chief Officer was appointed in October through an internal recruitment exercise pending a full external recruitment process. A new Chief Officer was appointed in December 2020, who was previously the S95 Officer. As a result of this appointment, a new S95 Officer has been appointed, as discussed further on page 8. We have reviewed the decision-making process for the departure of the former Chief Officer and satisfied that this was robust.

There has also been the appointment of a new Head of Service for Health & Community Care. These transitions have been smooth and have not caused any significant loss of knowledge or experience given that continuity has been enabled through internal promotions to these roles, and support has been provided by both the Council and Health Board throughout this process.

The Clinical Director retired in September 2020, and recruitment is ongoing to find a permanent replacement.

There has been one change in Board members during the year with the appointment of an NHS nominated member as the new Chair of the Committee, replacing a Council nominated member. This appointment will be to May 2021, following which this role is due to rotate. There have been no other significant changes in the Committee or Board.

From discussion with a number of officers and board members as part of the audit and observation at meetings, it is clear that there is a positive and collaborative culture throughout the organisation, which includes close working relations between the IJB, Council and Health Board.

2020/21 conclusion: The IJB continues to have strong and effective leadership and the transition of the new Chief Officer and Head of Service for Health & Community Care during the year went smoothly. There is a continuing positive and collaborative culture.

Governance and transparency (continued)

Governance and scrutiny arrangements

2019/20 conclusion: The IJB continues to have robust governance and scrutiny arrangements in place and continues to identify areas for improvement. Appropriate arrangements have been put in place in response to the COVID-19 pandemic. The IJB should continue to review all governance documents to ensure they are up to date and fit for purpose.

The IJB should continue to make progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships.

2020/21 update: In response to the challenges arising as a result of COVID-19, the Board agreed some temporary changes to its corporate governance arrangements on 19 March 2020. This included:

- Making videoconferencing arrangements for the Board meeting in March with some dialling in and some still attending in person.
- Board Governance and standing committees were paused following the March meeting.
- Delegated powers were granted to the Chief Officer and S95 officer to allow them to make decisions in the absence of formal Board approval during COVID-19, but still requiring discussion with the Chair and Vice Chair of the Board.

Board members were kept informed through these few months, with monthly meetings with the Chief Officer and Directors for voting members, with non-voting members receiving written notes from these meetings via email to keep them briefed. Meetings promptly resumed via videoconferencing in June with the first Committee held 25 June 2020 and Board meeting held 16 July 2020, which ensured minimal disruption in normal governance arrangements.

From analysis of board member attendance during 2020/21 and observations at Performance and Audit Committee, we are satisfied that there has been effective scrutiny and challenge.

Training provided to IJB members is currently ad hoc and provided only where individuals specifically ask for information. While there is training provided by the respective partner bodies, IJB members would benefit from a more structured and tailored programme to specifically focus on the work of the partnership and the IJB to support their role in scrutiny and challenge

A Strategic Risk Register (“SRR”) is a requirement of the Risk Management Strategy approved by the Committee in June 2019. In response to the pandemic, COVID-19 recovery has been included on the latest SRR as a risk. After mitigations, this risk is ranked as a high risk for the IJB. The SRR is reported to the PSMT, the Committee and the IJB.

In our 2019/20 report we recommended that the IJB continue to make progress with implementing delegated hospital budgets and set aside requirements. No progress has been made due to the priority of managing COVID-19 responses. This remains a key area of focus, with preparatory work underway with the support of the Scottish Government, the Health Board, and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards Fair Share allocations of resources.

In response to our recommendation made in previous years, the IJB has carried out reviews of the key governance documents, for example financial regulations and standing orders, to ensure they are up to date and fit for purpose. Improvements can be made by creating a schedule of key governance documents including review timescales and responsible officers, to be used at each Committee for monitoring timely updating of key governance documents.

Governance and transparency (continued)

Governance and scrutiny arrangements (continued)

2020/21 conclusion: The IJB continues to have robust governance and scrutiny arrangements in place. Appropriate arrangements were put in place in response to the COVID-19 pandemic with normal governance arrangements having now returned. While training is provided to members by the respective partner bodies, IJB members would benefit from a more structured and tailored programme of training. In line with our previous years recommendation, as the IJB re-mobilises and recovers from COVID-19, it should continue to work with partners to make progress with implementing delegated hospital budgets and set aside requirements.

Openness and transparency

2019/20 conclusion: The IJB continues to demonstrate a good attitude towards openness and transparency which has been further enhanced during the year including the webcasting of meetings. Further improvements can be made by ensuring data is published on the IJB website on a timely basis.

2020/21 update: The Board has continued to be open and transparent with its decision making. This includes the publication of all IJB papers and minutes on the website, which includes, for example, quarterly performance reports, financial performance reports, and any other papers considered during these meetings. Only reports containing commercial sensitivities are not published, in accordance with the IJB's Standing Orders.

There has been extensive community engagement throughout the pandemic, including multiple surveys issued to service users on their experiences during the pandemic, including surveys issued to users of Drug and Alcohol Recovery Services, Children, Families and Justice Services, Learning Disability Services, with most of the respondents' responses positive in relation to the services that they had received during the year.

Feedback has also been sought from the public and staff through a number of routes to support the future strategic priorities, including:

- The "What Matters to You" campaign.
- From members of the six Locality Planning forums
- Engagement with 2,500 staff, local college students and members of the public through Thinking Different Doing Better

As discussed on page 16, there has also been extensive engagement with staff. This demonstrates that the IJB does a lot to engage all stakeholder groups and is open and transparent in decision making.

IJB meetings are open to the public and all agendas and minutes are available through the North Ayrshire Council website. This continues to include live and archived webcast recordings for all IJB meetings. There is also an HSCP website which has information on the IJB, including strategy documents and performance information.

There has been an improvement in the quality of papers presented by management to the IJB with an increase in the level of detail, particularly in updates on COVID-19 within the Director's Reports.

All NHS and Council staff from the HSCP and stakeholders (including third and independent sectors, IJB and Board members, other health and social care providers) are advised of IJB meeting content via weekly newsletters (issued every Friday to +3,500 recipients).

2020/21 conclusion: The IJB continues to demonstrate a good attitude towards openness and transparency which includes the continued use of webcast recordings available to the public on the website. Improvements have been noted in the quality of papers presented to the IJB and in line with our previous recommendation, all performance reports are now published on the website for public access.

Governance and transparency (continued)

Deloitte view – Governance and transparency

The IJB continues to have strong leadership and the transition of the new Chief Officer and Head of Service for Health & Community Care during the year went smoothly. The decision making process for the departure of the former Chief Officer was robust.

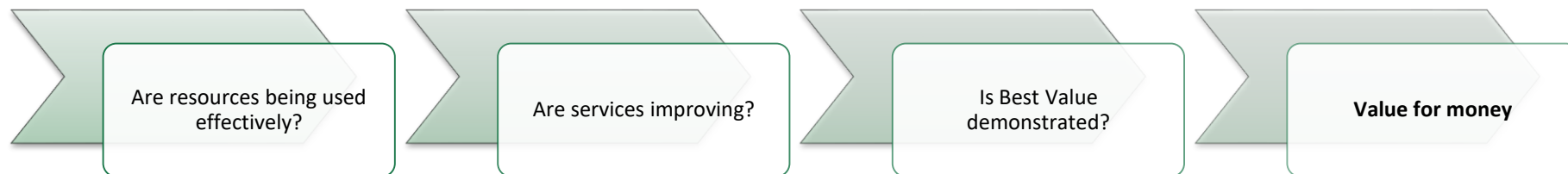
The IJB continues to have robust governance and scrutiny arrangements in place and continues to identify areas for improvement. Appropriate arrangements were put in place in response to the COVID-19 pandemic with normal governance arrangements having now returned. In the interest of continuous improvement, IJB members would benefit from a more structured and tailored programme of training.

The IJB continues to demonstrate a good attitude towards openness and transparency which includes the continued use of webcast recordings available to the public on the website. Improvements have been noted in the quality of papers presented to the IJB and in line with our previous recommendation, all performance reports are now published on the website for public access.

Further work is required to progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships.

Value for money

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



Areas considered

Our approach to the audit dimensions is risk focused. Within our audit plan we identified that the pandemic is expected to have had a substantial impact on performance measures during the year, and therefore that *“there is a risk that performance reporting has not been timely, reliable, balanced, transparent and appropriate to users’ needs.”*

Performance management framework

2019/20 conclusion: The IJB continues to have an embedded performance management culture supported by its performance management systems, which analyse data, track progress and identify actions. In addition, there is regular performance information which is provided to the Performance and Audit Committee, IJB members, operational managers and is publicly reported. However, we recognise that, as a result of the COVID-19 pandemic, the normal performance monitoring arrangements are not in place and the Annual Performance Report will be published later in the year.

2020/21 update: The Board continues to have a well-established performance management framework in place, and this has continued through COVID-19 with regular quarterly reports taken to the IJB’s Performance and Audit Committee. It monitors against all the agreed national indicators including:

- Local Government Benchmarking framework indicators
- Ministerial Steering Group Indicators
- The NHS Local Delivery Plan targets
- HSCP National Health and Wellbeing Outcome Indicators

In addition to the quarterly reports taken to the IJB’s Performance and Audit Committee, the suite of performance reporting also includes:

- Six-monthly joint performance report for chief executives of North Ayrshire Council and NHS Ayrshire & Arran; and
- Six-monthly review of each Partnership directorate (Health and Community Care, Children, Families and Justice Services and Mental Health and Learning Disability Services) using the ASPIRE approach (All Services Performance Information Review and Evaluation).

There were no changes to the performance reporting arrangements during the year, despite COVID-19 putting a temporary hold on the normal schedule of IJB and Committee meetings. These meetings promptly resumed in June 2020 therefore there was no impact to the normal cycle of quarterly performance reports. The Annual Performance Report 2019-20 was approved by the IJB in September 2020.

2020/21 conclusion: The IJB continues to have an embedded performance management culture supported by its performance management systems, which analyse data, track progress and identify actions. In addition, there is regular performance information which is provided to the Committee, IJB members, and operational managers, and is publicly reported. As noted on page 20, all quarterly performance reports are now published on the website on a timely basis.

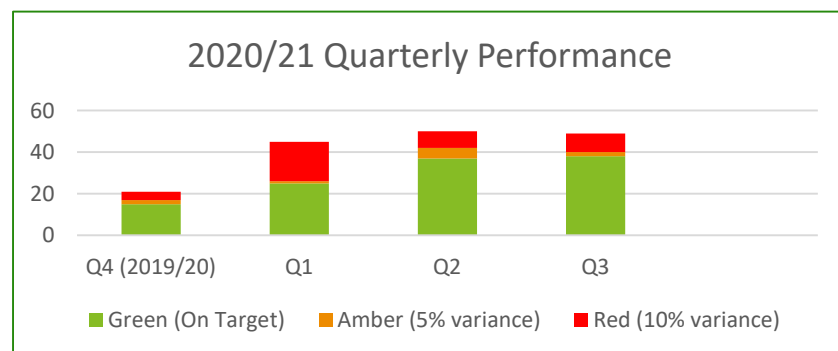
Value for money (continued)

Performance data

2019/20 conclusion: Prior to the COVID-19 pandemic, while actions have been identified to change models of service delivery and improve outcomes, the impact is not yet evidenced in the performance data. The pace and scale of transformation needs to increase to address the challenges faced. We do, however, recognise that resources are currently focused on managing the impact of COVID-19.

2020/21 update: From our analysis of performance data for 2020/21, performance has improved during the year, with the number of indicators on target, increasing from 28 in Q1 to 38 in Q3. This is summarised in the chart below.

For 2020-21 a full and complete cross-service review of all performance measures was undertaken resulting in changes to the set of measures attributed to the strategic objectives, as set out in the Strategic Plan, and to reflect the continuing transformation of services to meet continual service demand. This takes into account remobilisation of teams and services while retaining focus on the changing COVID-19 restrictions. This is the reason for the number of measures being a lot lower for Q4 of 2019/20.



Examples of some of the green areas (on target) from the latest performance report include:

- **% of children looked after in a community placement:** 89.9% (target 90%; Q2 89.5%; Q1 90.5%)
- **Number of individuals confirmed with a care at home package:** 674 (target 650; Q2 786; Q1 590)
- **Number of service users receiving care at home at the end of the quarter:** 2,074 (target 2,167; Q2 2,047; Q1 1,980)

Examples of some of the red areas (+10% of target) from the latest performance report include:

- **% of children with BMI percentile >91%:** 12.8% (target 10.5% - new measure in Q3);
- **All accepted urgent mental health referrals will be seen within 24 hours from Acute wards:** 42.9% (target 100%; Q2 57.1%; Q1 75%).
- **Percentage working days lost to sickness absence per employee – NHS:** 5.8% (target 4.5%; Q2 4.4%; Q1 3.8%). This has been impacted by the increase in demand due to COVID-19.

For red areas, the responsible service manager is required to provide the actions to resolve this in line with an agreed timescale within which the measure will meet set targets. For example, identified action for **% of children with BMI percentile >91%** has the following actions:

- an early years' healthy weight pathways (Jumpstart Tots) is currently being tested across Ayrshire and Arran.
- continue to offer support around infant feeding, breastfeeding, weaning and fussy eating; and
- a targeted additional programme of support for identified families.

Value for money (continued)

Performance data (continued)

In response to the pandemic, the HSCP developed a mobilisation plan detailing additional activities to support its response to COVID-19. The plan provided a focal point for the HSCP's response to the pandemic and set out clearly from the start how it would adapt and mobilise services to either expand or retract, re-prioritise activities and resources and also highlight the areas of greatest risk. Some of the key areas of mobilisation and their performance at Q3 are detailed below, demonstrating that the IJB has continued to perform well during 2020/21 despite the challenges of COVID-19.

Nature of provision	Q3 performance
Reducing the level of delayed discharge	Number of service users delayed in discharge to a care home after funding confirmed: 10 (target: 10) (Green)
Maintaining as far as possible mental health services	From survey responses from North Ayrshire Drug and Alcohol Recovery Services, they have had a positive experience from the service. The Q3 performance of addictions referrals to Treatment within 3 weeks (Alcohol) and Addictions referrals to Treatment within 3 weeks (Drugs) has been green for both at 97.8% and 99.0% respectively (target: 90%) (Green)
Resilience and sustainability of care at home provision	Number of services users receiving Care at Home at the end of the quarter was 2,074 against a target of 2,167 (Green)

2020/21 conclusion: The IJB remains agile in how it responds to changing requirements of transformation and in response to the requirements of COVID-19. Performance has continued to be strong throughout this challenging period. Clear actions are put in place for addressing areas of performance requiring improvements.

As the Board moves into remobilisation and recovery from the pandemic, there will be a need to continuously revisit the performance measures to ensure that they are valid and align with the updated strategic priorities once the strategic commissioning plan has been updated.

Equalities

2019/20 conclusion: Not specifically reported within our 2019/20 report.

2020/21 update: One of the five strategic priorities, as set out in the Strategic Plan 2018-21, is to tackle inequalities. Inequalities are therefore central to the IJB's priorities. These feed into a number of different targeted outcomes, nine of which are national health and wellbeing outcomes and includes one on *"Health and social care services contribute to reducing health inequalities"*. These then feed into 23 performance indicators that measure progress against the outcomes. There is regular reporting on performance to both the IJB and the Committee. By webcasting the IJB's meetings, this contributes to addressing 2 of 5 of the IJB's strategic priorities including, i) Engaging Communities and ii) Tackling Inequalities.

Whilst inequalities are central to the IJB's priorities, more can still be done to show how money spent is translating to outcomes for the area, for example how much money was spent in progressing the aim around reducing the percentage of children with a BMI percentile above 91%? Whilst quarterly performance reporting is well set out and communicates progress compared to previous quarters and an equivalent quarter from the previous year, it is not clear how much money is spent on each area, and whether the IJB is making the most of the budget. The issue of linking budgets to outcomes is discussed further on page 8.

2020/21 conclusion: Inequalities are one of the IJB's 5 strategic priorities and therefore central to what they do. As part of updating the strategic commissioning plan, the IJB should look at developing links between budget and outcomes.

Value for money (continued)

Deloitte view – Value for money

The IJB continues to have an embedded performance management culture supported by its performance management systems, which analyse data, track progress and identify actions. In addition, there is regular performance information which is provided to the Committee, IJB members, and operational managers, and is publicly reported.

The IJB remains agile in how it responds to changing requirements of transformation and based on the requirements of COVID-19. Performance has continued to be strong throughout this challenging period with clear actions are put in place for addressing areas of performance requiring improvements. As the Board moves into remobilisation and recovery from the pandemic, there will be a need to continuously revisit the performance measures to ensure that they are valid and align with the updated strategic priorities once the strategic commissioning plan has been updated.

Inequalities are one of the IJB's five strategic priorities and therefore central to what they do. As part of updating the strategic commissioning plan, the IJB should look at developing links between budget and outcomes to help demonstrate how the work being done is linked to the planned improvement in outcomes.

Best Value

It is the duty of the Board to secure **Best Value** as prescribed in Part 1 of the Local Government in Scotland Act 2003. We have a statutory duty to be satisfied that the local government bodies have made proper arrangements for securing BV.

Duty to secure Best Value

1. It is the duty of the IJB to make arrangements which secure Best Value
2. Best Value is continuous improvement in the performance of the IJB's functions
3. In securing Best Value, the IJB shall maintain an appropriate balance among:
 - a) The quality of its performance of its functions
 - b) The cost to the IJB of that performance
 - c) The cost to persons of any service provided by the IJB for them on a wholly or partly rechargeable basis
4. In maintaining that balance, the IJB shall have regard to:
 - a) Efficiency
 - b) Effectiveness
 - c) Economy
 - d) The need to make the equal opportunity requirements
5. The IJB shall discharge its duties in a way that contributes to the achievement of sustainable development.
6. In measuring the improvement of the performance of an IJB's functions, regard shall be had to the extent to which the outcomes of that performance have improved.

BV arrangements

The IJB has a number of arrangements in place to secure best value. This is evidenced through the Strategic Plan 2018-21, which has been extended by a year via the one-year Bridging Strategic Commissioning Plan 2021/22, and the Annual Performance Reporting.

As noted elsewhere within this report, the IJB has an established governance framework and strong leadership and partnership working. There is a culture of continuous improvement, which was highlighted last year as part of the North Ayrshire Council Best Value Assurance Report published in June 2020.

The IJB recognises that it must deliver services within the financial resources available and, as noted elsewhere in this report, further work is required to achieve medium to longer term financial sustainability.

In relation to the new requirements in relation to the Islands Act, North Ayrshire Council have added island assessment to its equalities and socio-economic assessment templates. As a result, every policy and strategy should now be automatically subject to island assessment. This equally applies to the IJB. This is demonstrated through the HSCP's mobilisation plan, which includes specific provisions for the islands, such as *"Island resilience (Arran & Cumbrae) additional capacity and resilience for Island Communities"*.

Deloitte view – Best Value

The IJB has sufficient arrangements in place to secure best value and has a clear understanding of areas which require further development.

Sector developments



Digital transformation

Shaping the future of European healthcare

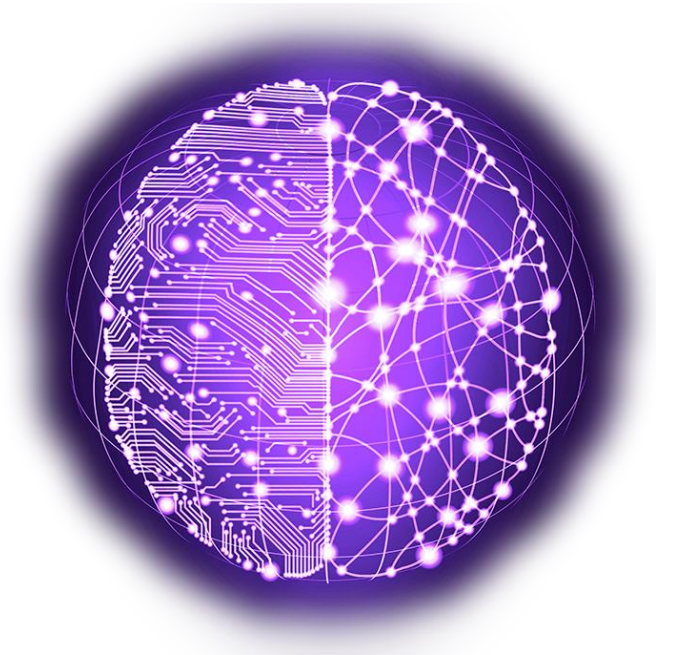
Background and overview

Digital technologies are crucial enablers for bridging the gap between demand for healthcare and the capacity of healthcare services to meet demand. Leveraging the opportunities and efficiencies offered by digital transformation is key for any organisation to remain viable and fit for the future, but for Europe's healthcare services, which are made up of multiple services and organisations, across a range of geographies and jurisdictions, the challenges and solutions are complex.

This is the third report from Deloitte UK's Centre for Health Solution's 'Shaping the future of healthcare' series. While our first two reports focused on the UK, this report surveyed 1,800 clinicians to explore the potential for digital transformation to address the current and future challenges facing healthcare systems in Europe.

Next steps

A summary of the key conclusions are provided on the following pages. The full report is available at [deloitte-uk-shaping-the-future-of-european-healthcare.pdf](#)



Digital transformation (continued)

Shaping the future of European healthcare (continued)

The drivers of digital transformation in healthcare

Healthcare systems across Europe are facing unprecedented pressure. While the quantity and quality of care has improved, the scale and complexity of healthcare needs have grown, together with public expectations of more personalised and convenient services.

At the same time, healthcare staff and resources have become increasingly constrained and the gap between supply and demand has grown. Most countries are looking to digital transformation to close this gap but progress has been slow and the digital maturity of providers, both within and between countries, varies widely.

Over the past six months, the need to respond swiftly to the COVID-19 pandemic has accelerated the use of digital health technologies, but more remains to be done to ensure the equity and sustainability of healthcare.

Perspectives of our survey of clinicians on digital transformation

To explore further, we launched a survey of 1,800 clinicians to assess the use of digital technologies across seven European countries. Its aim was to understand the views of frontline clinicians working across primary and secondary care about the challenges they face and the benefits they are seeing from technology adoption.

When asked about the current state of digitalisation in their country, the most frequently mentioned negative words were 'Slow, Complex and Bureaucratic'. The three most frequently mentioned positive words were 'Fast, Innovative and Efficient'.

Overall, those surveyed were hopeful about the future. The majority of European clinicians feel that it will take less than five years from now to achieve a fully digital healthcare system. Their expectations are also largely positive. The top three words they hope to use to describe the system in five years from now are 'Fast, Efficient, Simple'.

Digital transformation (continued)

Shaping the future of European healthcare (continued)

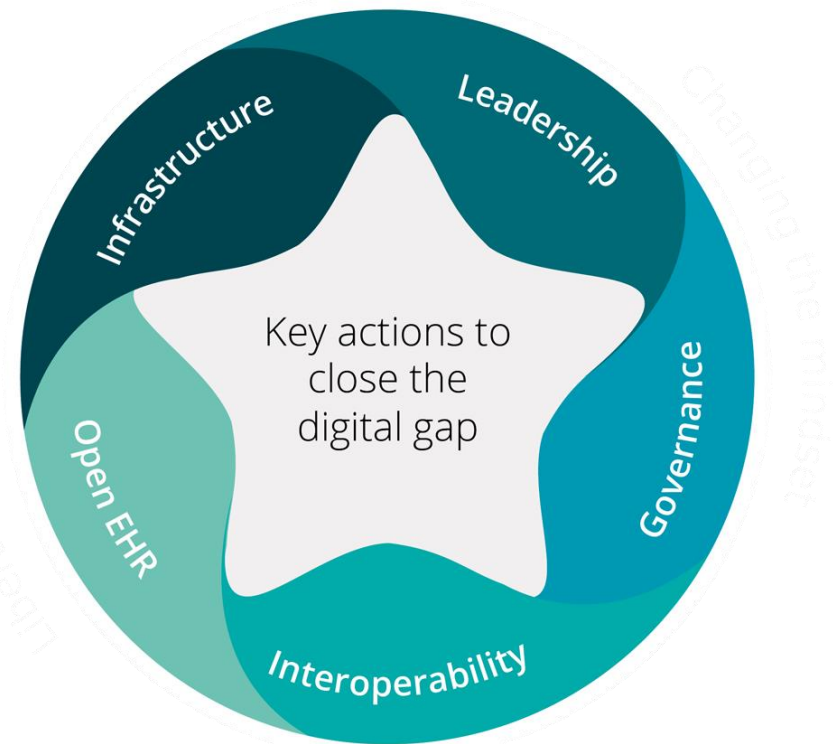
Challenges to digital transformation

Our primary research shows that the benefits from digital transformation adoption vary widely. To realise the benefits, infrastructure, cultural and operational changes are needed including improvements in the education and training of clinicians. They also need to adapt to the fact that patients are becoming better informed and more demanding than in the past.

Responses to the survey identified the top three challenges organisations face in implementing digital technologies as: bureaucracy in healthcare (57.4 per cent), the cost of technologies (50.3 per cent) and finding the right technologies (49.0 per cent).

While the responses were broadly similar across the seven countries, the top three challenges included training staff to use technology among clinicians in Italy and Portugal, and sharing patient data among those in the Netherlands.

Furthermore, majority of clinicians across Europe said that their organisation is 'very well' or 'reasonably well prepared' to adopt digital technologies, with Denmark was most prepared and Germany the least.



Independent review of adult social care

Feeley report

Background and overview

On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel of Scottish and international experts.

The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.

The Independent Review concluded at the end of January 2021 and its report, together with an accompanying short film, was published on 3 February 2021.

Next steps

The review concluded that there are three things that must change in order to secure better outcomes – 1. Shift the paradigm, 2. strengthen the foundations and 3. redesign the system. A summary of the recommendations on the following pages. The full report is available at [Adult social care: independent review - gov.scot \(www.gov.scot\)](https://www.gov.scot/adult-social-care-independent-review)



Independent review of adult social care (continued)

Feeley report (continued)

The recommendations within the report cover the following key themes



Scottish Futures Trust - New Frontiers for Smarter Working, Work and Workplace post COVID-19

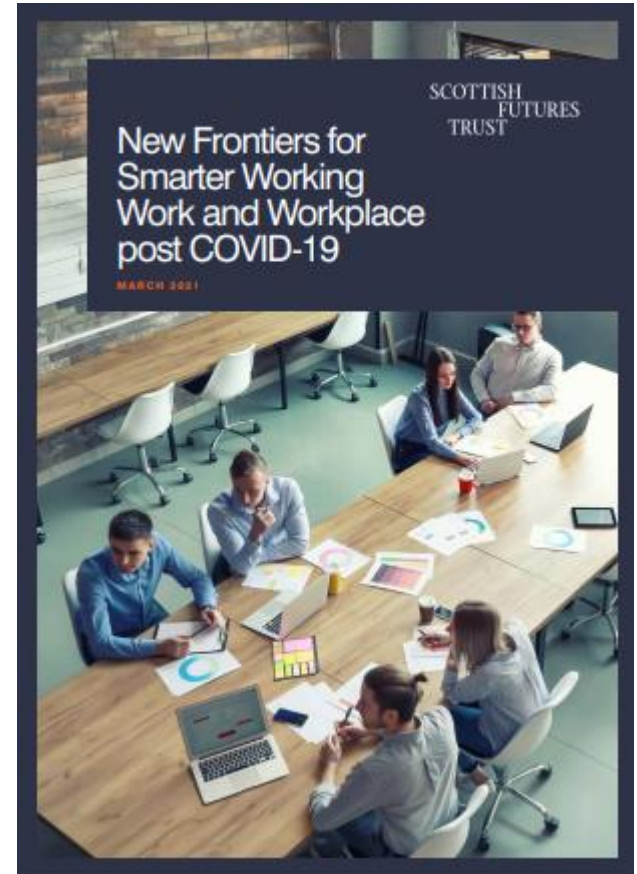
Background and overview

COVID-19 has fast-tracked a social revolution where a wider range of working choices could be on the horizon for hundreds of thousands of workers.

A new report by infrastructure experts, the Scottish Futures Trust (SFT) reveals that the workforce of the future - predominantly those who have been office based - will want to make informed choices of where and how to work most productively and more beneficially for their wellbeing.

Post the pandemic, organisations should consider the three 'Hs' of working - from Home, a nearby hub or local location, where employees can meet clients or have time to concentrate on projects, or the HQ and head office, where people can gather to socialise, brainstorm ideas or collaborate face-to-face.

The "New Frontiers for Smarter Working, Work and Workplace Report also finds that this new blended future will depend on how employers gauge the benefits from the improved working set up while ensuring the wellbeing of employees.



Next steps

The report reveals a new future for best work, productivity and wellbeing. The full report is available at

[Layout 1 \(scottishfuturestrust.org.uk\)](https://scottishfuturestrust.org.uk)

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 Performance and Audit Committee and the Board discharge their governance duties. Our report includes our work on the following:

- Financial management;
- Financial sustainability;
- Governance and transparency;
- Value for money; and
- Best value.

The scope of our work

We described the scope of our work in our audit plan.

Use of 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.


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 procedures performed in fulfilling our audit plan.

We welcome the opportunity to discuss our report with you and receive your feedback.



Pat Kenny, CPFA
For and on behalf of Deloitte LLP
Glasgow | 18 June 2021

Action plan

Recommendations for improvement

No.	Area	Recommendation	Management Response	Responsible person	Target Date	Priority
1	<i>Governance and Scrutiny</i>	IJB members would benefit from a more structured and tailored programme to specifically focus on the work of the partnership and the IJB to support their role in scrutiny and challenge. (page 20)	Planning was underway for development of a NA IJB induction programme. However, work was delayed due to COVID-19. The Scottish Government Integration team have developed a national resource which will be launched later in the year, which we will use to compliment our own programme.	Chief Finance & Transformation Officer	March 2022	Low

Action plan (continued)

Follow-up previous year actions

We have followed up the nine wider scope recommendations made in our previous years' audits and are pleased to note that three of the recommendations have been fully implemented, two have been partially implemented, and four have not been implemented. The following recommendations have either not been implemented or are only partially implemented. We will continue to monitor these as part of our 2021/22 audit work.

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2020/21Update
<i>Review of Governing Documents</i>	The key governing documents of the IJB should be reviewed and refreshed on a periodic basis to ensure that they are still fit for purpose.	A schedule of key governance documents including review timescales and responsible officers will be submitted to Committee in June 2019. Thereafter progress with document reviews will be monitored through the Committee.	Governance Manager	March 2020	Medium	<p>Partially implemented: we have sighted the updated Financial Regulations and Strategic Risk Register and therefore satisfied that this has been actioned. Improvements can still be made by creating a schedule of key governance documents including review timescales and responsible officers, to be used at each Committee for monitoring timely updating of key governance documents.</p> <p>Updated management response: Schedule of key governance documents will be developed and reported back to the Committee.</p> <p>Updated target date: September 2021</p>

Action plan (continued)

Follow-up previous year actions

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2020/21 Update
						Not implemented
<i>Set aside</i>	The IJB should continue to make progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships (see page 28).	This pan-Ayrshire work has been delayed due to the COVID-19 response, but will require to be progressed during 2020-21 to ensure the 3 partnerships can work towards a fair share of resources.	Chief Finance and Transformation Officer	March 2021	Medium	<p>Updated management comment: Progress has not been achieved in Ayrshire and Arran during the current financial year as the priority was the response to COVID-19. However preparatory work is well underway with the support of the Scottish Government, NHS Ayrshire and Arran and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards Fair Share allocations of resources. The North HSCP Chief Officer is leading the group that will progress this.</p> <p>Revised target: March 2022</p>

Action plan (continued)

Follow-up previous year action plans

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2020/21 Update
<i>Scottish Government Medium Term Financial Strategy</i>	The planned update to the Board's Medium Term Financial Plan should take account of the financial implications of the Scottish Government five-year Medium Term Financial Strategy.	Updated MTFP will be presented to the IJB in August 2019 for approval.	Chief Finance and Transformation Officer	August 2019	Medium	Not implemented: The planned update of the MTFP has been delayed to summer of 2021.
						Updated management response: It will not be possible to develop an informed medium-term financial plan beyond 2021-22, due the impact of the pandemic and also the unknown impact of the policy, legislation and funding implications of the recently published report on the Independent Review of Adult Social Care. The main unknowns to project the financial position of the IJB beyond 2021-22 relate to funding and pay related inflationary pressures, which are not yet known fully for 2021-22 therefore making future planning scenarios beyond this very difficult. The intention is to update the medium-term financial plan over summer 2021. This will cover the period 2022-23 onwards, with consideration to aligning the time period to the next iteration of the strategic plan.
						Updated target date: March 2022

Action plan (continued)

Follow-up previous year action plans (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
<i>Budgeting process</i>	<p>We recommended the following improvements to the budget setting process:</p> <ul style="list-style-type: none"> • There needs to be a link between the budgeted spend and the IJB's priorities as set out in the Strategic Commissioning Plan. • There needs to be improved links between the budget and outcomes: there is no information of the outcomes the IJB expects to be progressed (and to what extent) by the budget, which makes it difficult for the IJB to assess to what extent budgetary decisions are impacting on outcomes achieved. 	<p>The service change programme approved as part of the 2019/20 budget aligned the service change to the IJB priorities and impact on service delivery is taken into consideration. Consideration will be given to how this can be more explicit across the entirety of the IJB budget as part of the development of the MTFP. Recognition nationally (by the Scottish Government Health and Sport Committee) that there is difficulty in attributing budgets to the National Health and Wellbeing outcomes.</p>	Chief Finance and Transformation Officer	March 2020	Medium	<p>Not implemented: The planned update of the MTFP has been delayed to summer of 2021.</p> <p>Updated management response: As above in relation to the MTFP, the linking of budget to outcomes has been a challenge nationally but where this will add value this will be considered as part of the MTFP refresh.</p> <p>Updated target date: March 2022</p>

Action plan (continued)

Follow-up previous year action plans (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Medium Term Financial Plan	<p>The Medium Term Financial Plan (MTFP) should be refreshed to determine the current expected funding gap. As part of this plan, we would expect it to include:</p> <ul style="list-style-type: none"> • Scenario planning to assess the funding gap when key assumptions are adjusted. • Detailed savings plans are identified in order to reduce the projected funding gap. • A fully integrated budget to allow effective resource planning. • Integration of the set aside budget. 	<p>The 2019/20 budget was approved by the IJB in March 2019 with the MTFP to follow. Unable to present estimate for more than one-year at that time due to protracted negotiations over funding. MTFP to be refreshed over coming months and plan to take to IJB in August 2019. The MTFP has been delayed due to uncertainty around the level of funding being provided by NHS Ayrshire and Arran which has an impact of the scenario planning for the MTFP. The work in relation to set aside is being progressed on a pan-Ayrshire basis with Scottish Government support, this work is at the early stages with two planning meetings which have taken place focusing on Directions and data.</p>	Chief Finance and Transformation Officer	August 2019 (follow up with savings approval March 2020)	High	<p>Not implemented: The planned update of the MTFP has been delayed, but as noted on the previous page this will be updated during 2021.</p> <p>Updated management response: See response on page 39.</p> <p>Updated target date: March 2022</p>

Action plan (continued)

Follow-up previous year action plans (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Strategic / Transformational Planning	There should be a clear link between the Board's Strategic Plan and the MTFP to demonstrate what transformational work is to be carried out to achieve long term financial sustainability. A corporate workforce plan needs to be integral to this strategy.	Service change proposals for 2019-20 were aligned to the SP priorities. The Workforce Plan is to be presented to the IJB in May 2019.	Chief Finance and Transformation Officer	August 2019	High	Partially implemented: The planned update of the MTFP has been delayed. An interim workforce plan was issued to the Scottish Government at the end of April 2021, but a medium to longer term plan has yet to be updated. This should be prioritised alongside updating the MTFP and the strategic commissioning plan.
	A change management programme should then be put in place, with appropriate tools and templates to allow the IJB to demonstrate that the benefits are being achieved.	The MTFP will be refreshed over the coming months, plan to present to IJB in August to commence formal planning for 2020-22 budget proposals. The Change Management Programme is monitored via the Transformation Board. The Change Team support has been reviewed. Meetings with the approved lead, change team planning managers, finance lead takes place in March 2019 to agree timescales, milestones and savings trajectories.				Updated management response: The updated workforce plan has been submitted to the Scottish Government. Some Transformation Board meetings have been cancelled during 2020-21 due to priority being given to COVID-19. There were still meetings for individual projects e.g. Supported Accommodation, LD day care reviews, CM2000, Homefirst, unscheduled care hub including mental health supports which were attended by the approved leads, planning managers and finance. The 2021-22 plan is being developed and will be finalised once the 2021-22 budget is approved.
						Updated target date: March 2022

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Integration Joint Board
26th August 2020

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).

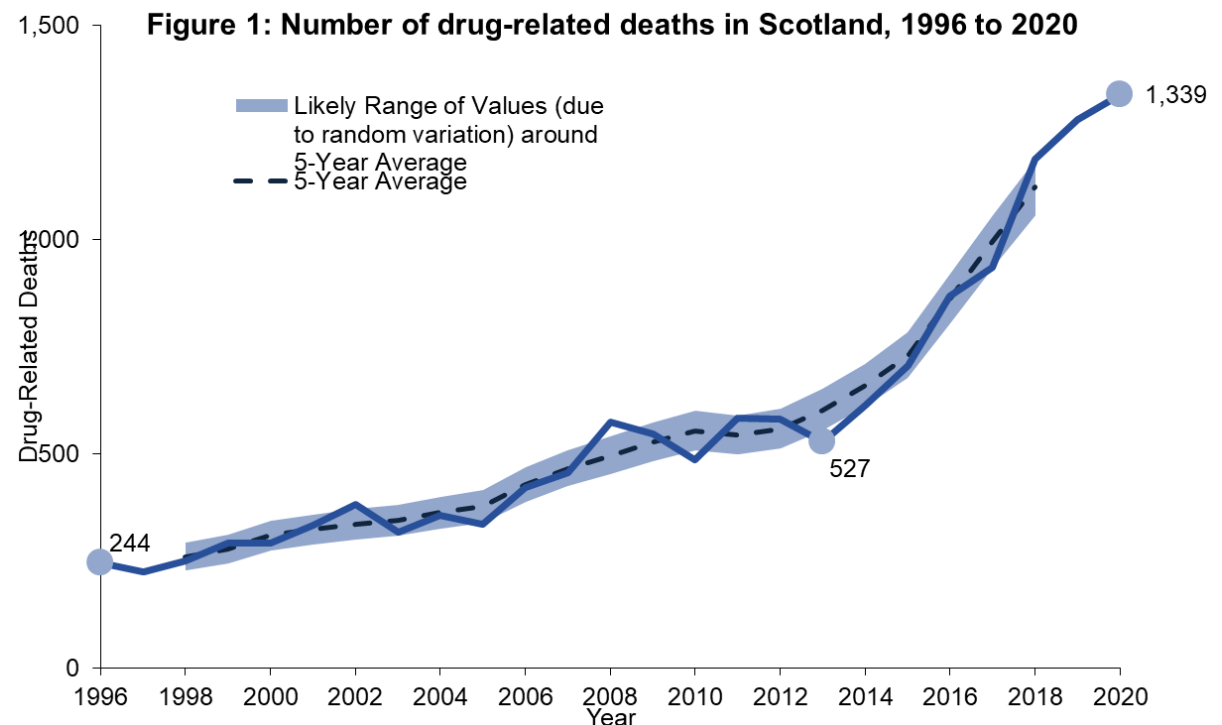
Recommendation: That members of IJB note progress made to date.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ADP	Alcohol and Drug Partnership
DRD	Drug Related Deaths
MAT	Medication Assisted Treatment
PHS	Public Health Scotland
GIRFEC	Getting it Right for Every Child
ASN	Additional Support Needs
NRAC	NHS Resource Allocation Committee
CAMHS	Child and Adolescent Mental Health Services

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
	<u>National Developments</u>
2.1	<u>A National Care Services for Scotland – consultation</u>
	<p>The First Minister set out a commitment to start formal consultation for the new National Care Service in the first 100 days of the Parliament with a view to introducing legislation in the first year of the Parliament. This programme of work will ensure the delivery of consistent, high standards of care for everyone across Scotland. Listening to people with lived and living experience to design the systems and services supporting them to live happy and fulfilled lives will be key.</p> <p>The Consultation is now live, and can be accessed here with a closing date for responses of 18th October : A National Care Service for Scotland - Scottish Government - Citizen Space (consult.gov.scot)</p>

	<p>The consultation is divided into the following themes :-</p> <ul style="list-style-type: none"> • Improving care for people • The scope of the National Care Service • Community Health and Social Care Boards • Commissioning of services • Regulation • Fair work and valuing the workforce <p>A series of Scottish Government online engagement events are being held in August, September and October to enable stakeholders, individuals and communities to come together to share their views on the National Care Service. Some of the events will cover all aspects of the consultation, and some will be themed towards specific aspects of the consultation.</p>
	<p>Locally the partnership will produce an engagement plan to involve as many people as possible through the consultation period, to ensure that people with lived and living experience can engage with the consultation in a meaningful way.</p> <p>The consultation will be promoted widely throughout our local networks, through the use of engagement packs and strategies and we will also be facilitating consultation sessions. There will also be arrangements put in place to co-ordinate a North Ayrshire IJB collective response to the consultation.</p>
2.2	<p><u>Carers (Scotland) Act 2016 (Adult Carers and Young Carers of Terminally Ill Persons : Timescales for Adult Carer Support Plans and Young Carer Statements etc) Regulations</u></p>
	<p>New regulations to support people caring for people with a terminal or progressive illness came into force on 31 July 2021.</p>
	<p>The following steps and timescales must now be adhered to where staff identify an adult or young carer who is caring for a family member or friend with a terminal illness:</p>
	<ol style="list-style-type: none"> 1. Offer an Adult Carer Support Plan or Young Carer Statement within 2 days of the carer being identified, or as soon as is reasonably practical 2. Have a substantive or 'first' conversation within 5 days of the carer accepting the offer of an Adult Carer Support Plan or Young Carer Statement 3. Produce a light touch Adult Carer Support Plan or Young Carer Statement within 5 days of the substantive discussion 4. Arrange a time to review the Adult Carer Support Plan or Young Carer Statement with the carer, offering the opportunity to complete fully.
	<p>The new regulations and directions recognise the urgency of supporting carers who are caring for people with a progressive or terminal illness but allow for carers who may not be in a position to engage immediately. You can view the updated Carers (Scotland) Act 2016 Statutory Guidance here, where you can find more information on our duty to support carers.</p>
2.3	<p><u>Drug Related Deaths Statistics</u></p>
	<p>The National Records Office of Scotland published the Drug Related Deaths (DRD) 2020 Report on 30th July 2021. The report highlighted 1,339 drug-related deaths registered in Scotland in 2020 (an increase of 5% from 2019). This is the largest number of drug-related deaths since records began in 1996. Scotland's drug-death</p>

rate continues to be over 3½ times that for the UK as a whole, and higher than that of any European country.



Greater Glasgow and Clyde had the highest drug-related death rate of all health board areas, followed by Ayrshire and Arran and Tayside.

NHS Ayrshire & Arran (A&A) – 106 deaths in 2020 compared with 108 in 2019. Comparing to 2019, both East and North Ayrshire have seen a reduction in deaths whilst there was an increase in South Ayrshire.

- North Ayrshire – 39 deaths in 2020 (compared with 41 in 2019) - 33 were males and 6 were females
- East Ayrshire – 36 deaths in 2020 (compared with 41 in 2019)
- South Ayrshire – 31 deaths in 2020 (compared with 26 in 2019)

Despite the small downward trend in North Ayrshire, every death is a tragedy and preventable, the release of the statistics is a reminder that the ongoing work in relation to reducing drug related deaths must continue at pace to save more lives.

The NA ADP continues to support the implementation of the NA DRD Prevention Improvement plan. In addition there are new initiatives being implemented during 2021/22 including, the delivery of new Medication Assisted Treatment (MAT) standards (which will ensure quicker access to treatment and increased choice of medications), new and more intensive support to individuals following a Non-Fatal Overdose, new integrated Housing First support service, a Homeless and Addiction Quality Improvement Programme (supported by Healthcare Improvement Scotland), increased mental health and advocacy support as well as enhanced support to individuals accessing and leaving residential detoxification and rehabilitation support programmes.

There are challenges for services in that there are delays in receiving patient specific information in relation to drug related deaths, the information on the 2020 deaths has only just been received. This delay in information sharing impairs our ability to prevent avoidable deaths or to quickly put in place even more proactive ways of working. The ADP will continue to escalate these concerns to the national Drug

	Deaths Taskforce and work with the Scottish Government and the Drugs Policy Unity to resolve this issue.
2.4	<u>Public Health Scotland Report</u>
	<p>Public Health Scotland (PHS) has just published the 'Frontline health and social care workers' views and experiences of the Covid-19 vaccination programme in Scotland' report, which can be found here.</p> <p>The report contains the findings of a survey which ran between 5 and 19 March 2021 and received more than 7000 responses from frontline health and social care staff.</p> <p>The survey asked questions on their views and experiences of the Scottish Covid-19 vaccination programme in their local area, and covered topics including attitudes towards Covid-19, factors influencing vaccine uptake, experiences of the vaccination process and how the programme could be improved.</p>
	<u>North Ayrshire Developments</u>
2.5	<u>Joint Inspection of Services for Children at Risk of Harm in North Ayrshire.</u>
	North Ayrshire Council have received formal notification of a multi-agency inspection for children at risk of harm in North Ayrshire.
	The inspection commenced week beginning 16 August 2021 and will conclude over a 6 month period, with a final report expected in March 2022.
	<p>The 4 statements being inspected are:</p> <ol style="list-style-type: none"> 1. Children and young people are safer because risks have been identified early and responded to effectively. 2. Children and young people's lives improve with high quality planning and support ensuring they experience nurturing and loving relationships to keep them safe from harm. 3. Children, young people and families are meaningfully and appropriately involved in decisions about their lives and can influence service planning delivery and improvement. 4. Collaborative strategic leadership, planning and operational management, ensure that high standards of service delivery are met. <p>Alison Sutherland, Head of Service for Children, Families and Justice Services is the lead for our inspection and Andrew Keir, GIRFEC & Corporate Parenting Manager, is the inspection co-ordinator and lead for Participation and Engagement.</p>
	Partnership Discussion 1 takes places week commencing 16 August and remote file reading takes place (sample of 60 files) week commencing 20 September with feedback from files expected week commencing 4 October 2021. Whilst there is no change to the inspection methodology the inspectors will adapt the approach to engagement to accommodate any Covid restrictions.
	The inspection process is a welcome opportunity to positively reflect our work in children's services and showcase our collective efforts to ensuring the best possible outcomes for our children, young people and families. We know our successes and we also know our challenges and how we have overcome these - particularly over the past 16 months.

2.6	<u>New Children's Respite Centre – Roslin House</u>
	<p>Roslin House, our brand new, purpose-built respite facility for children and young people with additional support needs, welcomed its first guests on 9th August 2021. The facility, which is adjacent to the new Lockhart ASN Campus in Stevenston, is an 8-bedroom, state of the art facility providing respite breaks for young people known to North Ayrshire Health and Social Care Partnership's Children and Families Disabilities Team as part of their care and support plan.</p>
	<p>Each en-suite bedroom is equipped with comfortable, homely furnishings and mood lighting, with rooms opening out into a fantastic, landscaped garden with a water feature, BBQ music feature and a heated hang-out den for teenagers. The facility also has an activity wing with an area for arts and crafts, a hi-tech sensory room, quiet room, a games room with sofas and TV, and a kitchen area where young people can eat together or learn cooking skills.</p>
	<p>As well as providing a comfortable, 'home from home' stay for young people, the new facility will provide a bespoke respite experience and offers a smooth transition from Children's to adult respite services in the familiar surroundings of the complex, with the adult respite facility Red Rose House being situated next door. Planning is underway to welcome the first services users to Red Rose House on 27 September.</p>
2.7	<u>Eating Disorder Service – Additional Funding</u>
	<p>On 2nd March 2020, the Scottish Government announced that eating disorder services would be subject to a national review, designed to assess and improve support for people living with an eating disorder.</p>
	<p>The National Review published in March 2021 made 15 recommendations. Recommendation 1 - Covid-19 Response, recommended providing emergency funding to NHS Boards to support services to meet the urgent needs of eating disorder patients and services as a direct result of an increase in the number and severity of eating disorder presentations related to the Covid-19 pandemic.</p>
	<p>Nationally Scottish Child and Adolescent Mental Health Services (CAMHS) eating disorder leads have reported an unprecedented increase in the number and severity of children and young people presenting with eating disorders. In the seven health boards able to present data there has been a combined 86% increase in referrals between 2019 and 2020 (range 33% - 280%). This increase is within the context of smaller year on year increases in referrals.</p>
	<p>There has also been an increase in severity of presentations with a nationally identified 220% increase in paediatric admissions reported by two of the regional adolescent in-patient units. This increase in number and severity has also resulted in an increase in adolescent psychiatric admissions. The two regional units able to provide data report a combined 161% increase in eating disorder admissions between 2019 and 2020.</p>
	<p>In Ayrshire and Arran the Eating Disorders service have reported a 55% increase in referrals with a significant proportion of these attributed to young people far exceeding demand and referral patterns in previous years.</p>
	<p>The Scottish Government announced on 18 June 2021 £5 million of funding for financial year 2021/22 to respond to the recommendations from the National Review</p>

	of Eating Disorder Services. Through the Resource Allocation Formula, NRAC, NHS Ayrshire and Arran has been allocated £328,213. Further details are awaited in relation to how the funding is to be used over the course of this financial year and will outline monitoring arrangements.
	The Eating Disorders service in Ayrshire and Arran is an all age service delivered within the governance arrangements of Lead Partnership and Senior Management leadership of CAMHS. The service has commenced a review in response to the Eating Disorders review recommendations and this has also formed part of the programme of work of the CAMHS Extreme Teams. The funding will help prioritise physical health stability, risk reduction, discharge planning and admission prevention in response to the pandemic.
2.8	<u>COVID Update</u>
	This update continues to offer assurance to IJB on the partnership's continued response to the COVID19 pandemic. The response to the pandemic continues to be recorded through the mobilisation plan.
	The partnership, along with NHS and NAC still operate on an "emergency" footing.
	<u>Updates since last IJB</u>
2.9	<u>Relaxations to Restrictions Beyond Level 0</u>
	<p>The Scottish Government announced on 6th August 2021, further, cautious relaxations to COVID-19 regulations and a retention of a range of protections effective from 9th August for care homes, care at home and supporting housing. A number of restrictions remain in place for health and social care services including physical distancing and self-isolating where guidance is under review. In the meantime a letter was issued on 6 August 2021 advising that, on a short term and interim basis, the advice issued on 15th July for Level 0 continues to apply. The letter recommended that care homes work towards further normalising visiting arrangements for people in and away from the care home.</p> <p>In practice this means increasing opportunities for meaningful contact between residents and their friends and families as much as it is possible to do in a safe and flexible way, for example moving beyond the minimum of two designated visitors and removing any very limiting time restrictions when residents are seeing others in the home.</p> <p>It also means reconnecting residents with each other and through enhanced communal and group activities. Open with Care guidance for Beyond Level 0 is still being finalised at the time of writing. The approach to sustain Level 0 advice in the meantime aims to minimise short term changes while updated advice is finalised for publication in the near future.</p> <p>Whilst enhanced measures and restrictions remain for health and social care services our services remain unable to fully re-mobilise to pre-pandemic capacity levels.</p>
2.10	<u>Enhanced Clinical and Professional Oversight Arrangements for Social Care</u>
	The Care Home Oversight Group (CHOG) in North Ayrshire was escalated to three times per week due to increasing concerns highlighted in relation to care homes in

	North Ayrshire. This was reduced back to twice weekly on 9 August after a more settled picture. The group continue to monitor and support care homes and monitor the sustainability and resilience in the social care sector.
2.11	<u>Vaccinations</u>
	<p>Based on SG Dashboard 93.2% (101,629 people) of adult population in North Ayrshire had received first dose with 78.7% (85,881 people) receiving 2nd dose.</p> <p>Overall, 93.1% (278,947 people) of Ayrshire & Arran adult population received first dose vaccination – 78% (233,722 people) second dose.</p> <p>Population in Scotland – 90% have received 1st dose with 74.6% receiving 2nd dose. Figures as at 8th August 2021.</p>
	<p>Vaccination Clinics are presently administering second dose to JCVI Cohorts 11 and 12 (18 to 39 year olds) and are expected to complete by end August.</p> <p>Additional drop-in clinics are being held to encourage take up of the vaccine.</p>
	Covid-19 vaccination of children aged 12-15 years.
	<p>The Scottish Government, guided by the clinical and scientific advice on vaccination provided by the JCVI, advise that vaccination will be offered to eligible children in the following circumstances:</p> <ul style="list-style-type: none"> Children aged 12-15 years of age with severe neuro-disabilities, Down's Syndrome, underlying conditions resulting in immunosuppression, and those with profound and multiple learning disabilities or who are on the learning disability register;
	<ul style="list-style-type: none"> Children aged 12-15 years of age who are household contacts of adults or children who are immunosuppressed, based on the potential for additional indirect protection. <p>These eligible children will be issued invitation letters and will be vaccinated in Mass Vaccination Centres in due course.</p>
	Covid Vaccine for 16/17 Year Olds.
	<p>Sixteen and seventeen-year-olds will be offered the Covid 19 vaccine in the coming weeks and will not need the consent of their parents to get a vaccine.</p> <p>The Joint Committee on Vaccination and Immunisation (JCVI) has advised that the rollout should be extended to include 16 and 17-year-olds after reviewing the latest data.</p> <p>They are expected to receive the Pfizer vaccine, which has been approved for use in the UK for people aged 12 and over.</p>
	Covid Booster & Flu Programme
	The programme will be offered in 2 stages from September, starting with those most at risk from serious disease.

	<p>Stage 1 of the booster vaccination programme for 2021 – 2022, the following groups will be offered a booster dose and the flu vaccine from September:</p> <ul style="list-style-type: none"> • Adults aged 16 years and over who are immunosuppressed • Those living in residential care homes for older adults • All adults aged 70 years or over • Adults aged 16 years and over who are considered clinically extremely vulnerable • Frontline health and social care workers
	<p>Stage 2, the following groups will be offered a booster dose as soon as practicable after Stage 1, with equal emphasis on the flu vaccine where eligible:</p> <ul style="list-style-type: none"> • All adults aged 50 years and over • All adults aged 16 to 49 years who are in an influenza or Covid-19 at-risk group • Adults household contacts of immunosuppressed individuals <p>As most younger adults will only receive their second covid-19 vaccine dose in late summer, the benefits of booster vaccination in this group will be considered at a later time when more information is available.</p> <p>Planning is now well underway to deliver the above programme including identifying suitable premises across North Ayrshire for vaccination centres, as some of the previously used facilities will not be available due to buildings returning to their original use.</p>
2.12	<u>Community Testing</u>
	<p>A four week rolling programme has been established for the siting of a symptomatic mobile testing unit across North Ayrshire. Attendance at the MTUs continue to be very positive. When notified of potential outbreak in a neighbourhood we can very quickly deploy the unit to assist citizens with easy access to symptomatic testing.</p>
	<p>As previously reported Asymptomatic Test Centres have also been established but unlike the Mobile Testing Units, attendance has been quite poor. We are therefore changing our model of delivery from static sites to mobile asymptomatic units and are hoping to receive vehicles within the next 4/6 weeks.</p>
2.13	<u>Staff Testing</u>
	<p>Lateral Flow Device Testing continues for all frontline health and social care staff who are in regular contact with users of our services.</p> <p>Staff are testing twice weekly and self-uploading results, with 24,262 results recorded at time of writing.</p> <p>Residential Children's house staff continue to undertake weekly PCR testing.</p>
2.14	<u>Anticipated Outcomes</u>
	Not applicable.

2.15	<u>Measuring Impact</u>
	Not applicable
3.	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 are key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	CONCLUSION
5.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

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

Integration Joint Board
26 August 2021

Subject: **2021-22 – Month 3 Financial Performance**

Purpose: To provide an overview of the IJB's financial performance as at Month 3 including an update on the estimated financial impact of the Covid-19 response.

Recommendation: It is recommended that the IJB:

- (a) notes the overall integrated financial performance report for the financial year 2021-22, the current overall projected year-end overspend of £1.748m and that there is no proposal to implement a Financial Recovery Plan at the current time;
- (b) notes the progress with delivery of agreed savings;
- (c) agrees the budget changes which are detailed at para 2.8 and Appendix D;
- (d) notes the updated estimated costs of the 2021-22 Covid mobilisation plan of £8.279m; and
- (e) note the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.

Glossary of Terms

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

1. EXECUTIVE SUMMARY

1.1 The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the 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, before the impact of Covid-19, is a year-end overspend of £1.748m for 2021-22. This position assumes that all Covid-19 related costs, including the element of unachieved savings of £0.138m attributable to Covid-19, will be fully funded.
1.3	<p>From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children and UnPACs within the lead partnership for mental health.</p> <p>There is confidence that this position can be improved during the year and at this stage a recovery plan is not being implemented while further work is done to investigate and challenge the most significant projected overspends. The projected overspend is well within the level of uncommitted reserves held of £4.151m so the overall financial risk is contained for 2021-22.</p>
1.4	There are follow up focus sessions arranged during August with LD services and Children's Services as they are the two areas of service with the largest projected overspend. These sessions will look at ways to reduce future spend to try and ensure future service provision can be contained within current resources.
2.	CURRENT POSITION
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	FINANCIAL PERFORMANCE – AT PERIOD 3
2.2	<p>At period 3 against the full-year budget of £261.669m there is a projected year-end overspend of £1.748m (0.7%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £1.838m in social care services and a projected underspend of £0.090m in health services.</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 £76.058m there is a projected underspend of £0.002m (0%) and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.426m. The budgeted number of permanent placements is 790 and at month 3 there are 774 placements. The projection assumes an increase of 10 in July and a further 6</p>

	<p>in August taking the total to the 790 budgeted placements. The occupancy in care homes has increased steadily following the reduction during 2020-21. Within the projection there is an assumption that placements that do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed at the current average cost of a placement. Their actual cost will not be known until the FA1 financial assessment is completed. The level of income recovered from charging orders was under recovered during 2020-21 due to the impact the pandemic had on house sales but for 2021-22 it is assumed to be online but this will be reviewed during the year.</p> <p>b) Care at home are reporting a balanced position; whilst there is a projected overspend on the budget due to additional capacity for Covid this remains in line with the costs included in the Covid funding plan. Bank staff are being offered contracts, the service are recruiting additional staff for the in-house service and also engaging with new and existing providers for additional commissioned services. The capacity for care at home will continue to grow during 2021-22 to meet the increase in demand for the service, this will be part of the Covid funding requirements and our longer-term ambition to shift the balance of care.</p> <p>c) Direct Payments are projected to overspend by £0.063m due to the waiting list for services being reduced during 2020-21.</p> <p>d) Residential Placements are projected to overspend by £0.188m due to placements transferring from adult to older people services.</p> <p>e) Carers Act funding is projected to underspend by £0.500m. This projected position assumes charges for respite are waived per the IJB 2021-22 budget paper recommendation and a contribution is made to the increased capacity for children's respite.</p>
2.4	<p>Mental Health Services</p> <p>Against the full-year budget of £80.721m there is a projected overspend of £1.320m (1.6%). The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £1.573m, included within this is overspends of £0.895m in community care packages, £0.528m in direct payments and £0.168m for residential placements.</p> <p>Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The current projection assumes the current level of commissioned support will continue for the year. Given the impact of this overspend on the overall projected outturn of the HSCP a follow up focus session with LD services will take place. This will look at ways to reduce spend including use of CM2000 data to target reviews.</p> <p>b) Community Mental Health services are projected to underspend by £0.255m included within this is underspends of £0.284m in community packages (inc direct payments) and £0.080m for residential placements.</p> <p>c) Supported Accommodation - there are potentially additional costs in relation to the upcoming supported accommodation developments. This is in relation to security,</p>

energy cost and void rent loss during the period between the builds being completed and the service users moving in.

d) The Lead Partnership for Mental Health is projecting to be online but within this online position there are variances as follows:

- A projected overspend in Adult Inpatients of £0.344m mainly due to staff in redeployment (£0.326m) following the closure of the Lochranza ward. There is also reduced bed sale income of £0.130m but this is included in the quarter 1 LMP return and will be covered by Covid-19 funding.
- UNPACS is projected to overspend by £0.863m the based on current number of placements which has increased. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. This can necessitate an UNPlanned Activities (UNPACs) placement with a specialist provider which can be out-of-area. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
- A projected underspend in MH Pharmacy of £0.160m due to continued lower substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.324m. This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time.
- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.092m in 2021-22, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2022	£1.492m
Over/(Under) Achievement	£1.092m

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

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

- Adult Community Health services £0.080m
- Elderly Inpatients £0.249m
- CAMHS £0.373m
- Mental Health Admin £0.210m
- Psychiatry £0.400m
- Psychology £0.180m

2.5	Children & Justice Services
	<p>Against the full-year budget of £36.738m there is a projected overspend of £0.936m (2.5%). The main variances are:</p> <p>a) Care Experienced Children and Young People is projected to overspend by £1.273m. The main areas within this are noted below:</p> <ul style="list-style-type: none"> • Children's residential placements are projected to overspend by £1.158m. We started 21/22 with 17 placements which included 1 in secure but this increased to 20 placements in May due to other non-residential placements breaking down and 1 previous respite placement now becoming a permanent placement taking number to 21. Since May 2 placements have ended taking current placements to 19. Of these placements it is assumed that 2 will end in September (including the 1 Secure placement) and a further 5 will end by December taking placement numbers to 12 by the end of year. Progress with plans to move children from residential placements have been impacted by Covid-19 as there has been an impact on Children's Hearings and this has limited the availability of tenancies. The impact on Children's Hearing is improving but still not back to 'normal'. • Fostering placements are projected to underspend by £0.063m based on the budget for 131 places and 137 actual placements (of which 6 are Covid related and are funded through the Covid-19 mobilisation plan) since the start of the year. The fostering service is an area we are trying to grow, and a recruitment campaign was undertaken early in 2020-21 to attract more in-house foster carers to limit the ongoing requirement for external foster placements. • Fostering Xtra placements are projected to be £0.153m underspent based on the budget for 33 placements and 26 actual placements since the start of the year. • Private Fostering placements are projected to be £0.054m overspent based on the budget for 10 placements and 11 actual placements since the start of the year. • Kinship placements are projected to overspend by £0.075m based on the budget for 353 places and 364 actual placements since the start of the year. • Adoption placements are projected to overspend by £0.095m based on the budget for 57 places and 71 actual placements since the start of the year. <p>b) Children with disabilities – residential placements are projected to overspend by £0.337m based on 7 placements which are expected to continue until the end of the year.</p> <p>c) Transport costs – projected underspend of £0.050m due to less mileage being incurred.</p>
2.6	ALLIED HEALTH PROFESSIONALS (AHP)
	AHP services are projected to underspend by £0.125m due to underspends in non-employee costs.
2.7	MANAGEMENT AND SUPPORT
	Management and Support Services are projected to underspend by £0.381m which relates to funding set aside for unscheduled care. £0.277m of this funding is

	uncommitted and £0.104m relates to the enhanced hospital social work team only incurring part year costs.															
2.8	Turnover/Vacancy Savings <p>The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:</p> <table><tr><td></td><td>Social Care</td><td>Health Services</td></tr><tr><td>Vacancy Savings Target</td><td>*(2.014m)</td><td>(0.655m)</td></tr><tr><td>Projected to March 2022</td><td>2.014m</td><td>0.740m</td></tr><tr><td>Over/(Under) Achievement</td><td>-</td><td>0.085m</td></tr></table> <p>(*the target for social care services has been increased on a non-recurring basis for 2021-22 only by £0.110m to offset the saving for the roll out of Multi-Disciplinary Teams, as no permanent reductions to the structure can be identified at this time but will be by the service from 2022-23 onwards).</p> <p>The position in the table above reflects the assumption in the current financial projections. For social care a total of £0.486m (24% of annual target) has been achieved to date. It is anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target will be online to be achieved.</p> <p>The health vacancy projection to the year-end is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.</p> <p>The main areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas. There have been no intentional plans during the pandemic to pause or delay recruitment and services have actively continued to recruit, in some areas this has proven difficult to fill posts.</p> <p>The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.</p>		Social Care	Health Services	Vacancy Savings Target	*(2.014m)	(0.655m)	Projected to March 2022	2.014m	0.740m	Over/(Under) Achievement	-	0.085m			
	Social Care	Health Services														
Vacancy Savings Target	*(2.014m)	(0.655m)														
Projected to March 2022	2.014m	0.740m														
Over/(Under) Achievement	-	0.085m														
2.9	Savings Progress <p>a) The approved 2021-22 budget included £2.528m of savings.</p> <table><tr><td>RAG Status</td><td>Position at Budget Approval £m</td><td>Position at Period 3 £m</td></tr><tr><td>Red</td><td>-</td><td>0.690</td></tr><tr><td>Amber</td><td>0.204</td><td>0.789</td></tr><tr><td>Green</td><td>2.324</td><td>1.049</td></tr><tr><td>TOTAL</td><td>2.528</td><td>2.528</td></tr></table>	RAG Status	Position at Budget Approval £m	Position at Period 3 £m	Red	-	0.690	Amber	0.204	0.789	Green	2.324	1.049	TOTAL	2.528	2.528
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Red	-	0.690														
Amber	0.204	0.789														
Green	2.324	1.049														
TOTAL	2.528	2.528														

	<p>b) The main areas to note are:</p> <ul style="list-style-type: none"> i) Red savings of £0.450m relating to reducing children’s residential placements, £0.066m adoption allowances and £0.036m external fostering placements, all of which are projected to overspend. ii) Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the savings in relation to day care for older people and adults. These savings of £0.138m are noted as red but are expected to be funded by covid funding. iii) The confidence with some savings has reduced since the budget was set due to the ongoing impact of Covid-19, for example Care at Home related savings. <p>Appendix C (i) shows the full Transformation Plan for 2021/22 which has been agreed by the Transformation Board; the Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.</p> <p>Not all of the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future.</p> <p>Appendix C (ii) provides an overview of those service changes which do have financial savings attached to them and the current RAG status around the deliverability of each saving.</p> <p>The unachieved savings due to Covid-19 have not been reflected in the overall projected outturn position as it is assumed the savings delays would be compensated with additional funding. The delays were included in the mobilisation plan return to the Scottish Government.</p>
2.10	<p>Budget Changes</p>
	<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 D highlights the movement in the overall budget position for the partnership following the initial approved budget. It should be noted that the budget for podiatry, previously held by the East partnership, has now been devolved in 21/22 to each partnership.</p> <p>Reductions Requiring Approval:</p> <p>It is recommended that the IJB approve the specific budget reductions below:</p> <ul style="list-style-type: none"> 1) British Sign Language £0.005m – transfer to corporate services 2) Office365 Licences for Care at Home £0.017m – transfer to IT services 3) Medical Records £0.034m – transfer to acute

	<p>4) Training Grade Funding £0.044m 3- reduction in funding</p> <p>5) Respiratory Rapid Response £0.078m – contribution to a pan Ayrshire project</p>										
2.11	<p>NHS – Further Developments/Pan Ayrshire Services</p> <p><u>Lead Partnerships:</u></p> <p>The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2020-21 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. This position is currently the default for 2021-22 pending further work to develop a framework to report the financial position and risk sharing across the 3 partnerships in relation to hosted or lead service arrangements has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be allocated to East and South partnerships, similarly the impact of the outturn on East and South led services will require to be shared with North. At month 3 the MH lead partnership is projected to be online.</p> <p>East and South HSCP do not report at month 3 so the impact of their Lead Partnership services will not be known until month 4.</p> <p>The split share of the final outturn is given below.</p> <table border="1"> <thead> <tr> <th>HSCP</th><th>NRAC Share</th></tr> </thead> <tbody> <tr> <td>North</td><td>36.8%</td></tr> <tr> <td>South</td><td>30.8%</td></tr> <tr> <td>East</td><td>32.4%</td></tr> <tr> <td>TOTAL</td><td>100%</td></tr> </tbody> </table> <p><u>Set Aside:</u></p> <p>The budget for set aside resources for 2021-22 is assumed to be in line with the amount for 2020/21 (£33.054m) inflated by the 2.8% baseline uplift. The 2020/21 value was based on 2019/20 activity as 2020/21 was not considered representative.</p> <p>At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work was been delayed due to the Covid-19 response.</p> <p>The annual budget for Acute Services is £370.300m. The directorate is overspent by £0.400m.</p>	HSCP	NRAC Share	North	36.8%	South	30.8%	East	32.4%	TOTAL	100%
HSCP	NRAC Share										
North	36.8%										
South	30.8%										
East	32.4%										
TOTAL	100%										

	<p>This is a result of:</p> <ul style="list-style-type: none">• Unachieved efficiency savings• High expenditure on medical and nursing agency staff, high rates of absence and vacancy causing service pressure• High numbers of delayed discharges <p>The IJBs and the Health Board previously submitted Remobilisation Plan 3 outlining how activity will return to normal as far as is possible. We are working together now on Remobilisation Plan 4 to reflect current circumstance.</p>																																				
	COVID-19 – FINANCE MOBILISATION PLAN IMPACT																																				
2.12	Summary of position																																				
	<p>From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis during 2020-21, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process will continue during 2021-22. There is a risk that if the full cost of the Covid-19 response is not funded that the IJB may require to recover any overspend in-year.</p>																																				
2.13	Mobilisation Plan																																				
	<p>The initial 2021-22 mobilisation plan cost submission was submitted in February and estimated the costs to be £5.481m to March 2022. The quarter 1 return updated these costs to £8.279m. The costs remain estimates as the situation continually evolves and there will be updates submitted each quarter.</p> <p>The local finance mobilisation plan submission is included as Appendix E. The main areas of cost together with the movement over the period are summarised below:</p> <table><tr><th>Service Area</th><th>Initial 2021-22 Return £m</th><th>Quarter 1 Update £m</th><th>Change £m</th></tr><tr><td>Payments to Providers</td><td>0.750</td><td>2.421</td><td>1.671</td></tr><tr><td>PPE</td><td>2.000</td><td>2.000</td><td>-</td></tr><tr><td>Additional Staff</td><td>1.459</td><td>1.901</td><td>0.442</td></tr><tr><td>Mental Health</td><td>1.172</td><td>1.172</td><td>-</td></tr><tr><td>Loss of Income</td><td>0.100</td><td>0.430</td><td>0.330</td></tr><tr><td>Unachieved Savings</td><td>-</td><td>0.138</td><td>0.138</td></tr><tr><td>Other Areas</td><td>-</td><td>0.217</td><td>0.217</td></tr><tr><td>TOTAL</td><td>5.481</td><td>8.279</td><td>2.798</td></tr></table> <p>The most recent changes to estimated costs are in relation to:</p> <ul style="list-style-type: none">• Increased sustainability payments to providers based on the extension of transitional arrangements for support to September 2021; there is currently no certainty of the arrangements beyond September.	Service Area	Initial 2021-22 Return £m	Quarter 1 Update £m	Change £m	Payments to Providers	0.750	2.421	1.671	PPE	2.000	2.000	-	Additional Staff	1.459	1.901	0.442	Mental Health	1.172	1.172	-	Loss of Income	0.100	0.430	0.330	Unachieved Savings	-	0.138	0.138	Other Areas	-	0.217	0.217	TOTAL	5.481	8.279	2.798
Service Area	Initial 2021-22 Return £m	Quarter 1 Update £m	Change £m																																		
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	<ul style="list-style-type: none"> • Increased staff costs including the impact of cover costs due to long covid; • Savings delays in relation to day care for adults and older people; and • Further loss of income from charging for services as not all services have restarted.
2.14	Covid-19 Funding Position
	<p>At the outset of the pandemic there was an assurance that subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, reasonable funding requirements will be supported. This was on the basis that a process would be developed for these to be accurately and immediately recorded and shared with the Scottish Government. The basis of this reporting was drawn up and agreed with COSLA and Health and Social Care Partnerships.</p> <p>During 2020-21 various funding was awarded by the Scottish Government and the £3.479m underspend against these funding streams was earmarked by the IJB for use in 2021-22 to support Covid costs.</p> <p>The Scottish Government are continuing to work with Health Boards and IJBs to review and further revise financial estimates. This will allow identification of the necessary additional support required over and above the funding carried forward with an expectation that an allocation to bring funding up to 100% will be provided. On this basis the overall financial risk to the IJB for 21-22 is minimised. The main risk remaining being if costs increase significantly by the year-end, this is being closely monitored.</p>
2.15	Provider Sustainability Payments and Care Home Occupancy Payments
	<p>COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met.</p> <p>We have been making payments to commissioned social care providers in line with the agreed national principles for sustainability and remobilisation payments to social care providers during COVID 19.</p> <p>Care Home Occupancy Payments - we have engaged with older people's care homes in relation to care home occupancy payments and make regular monthly payments to care home providers with emergency faster payments being made if required. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.</p> <p>Sustainability payments - providers are responsible for submitting a claim for additional support to the Partnership for sustainability payments and this is assessed as to what support is required on a case-by-case basis based on the supporting evidence provided. Each case is assessed by the same group to ensure equity and consistency across providers.</p> <p>In general, all payment terms have been reduced and once any payment is agreed it is being paid quicker to assist the cash flow position of providers. The assessment of some claims has been difficult due to delays with additional information and supporting evidence being submitted to support claims, hence there are a number of claims that are in process.</p>

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

Providers in North Ayrshire are not all strictly adhering to these timescales and we are still receiving backdated claims, the commissioning team are working with providers to support them to submit claims.

The tables below show the support provided to date and the outstanding claims as at the end of June.

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	49	66
Number contacting NAC	17	9	26
Providers Supported to date	17	7	24

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	15	2	17
Value of Claims	283,384	110,534	393,918

SUPPORT PROVIDED	NCHC Care Homes	Other Services	TOTAL
	£	£	£
Occupancy Payments	551,102	0	551,102
Staffing	73,655	9,603	83,257
PPE, Infection Control	57,170	57,993	115,162
Other	7,203	8,616	15,819
TOTAL	689,129	76,211	765,340

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

The key principles of this ongoing support include:

- Understanding the reasons why care cannot be delivered, only Covid related impacts can be funded through sustainability payments;
- The 'planned care' approach of continuing to pay for undelivered care has been removed and providers and HSCPs will be required to explore opportunities for creatively delivering services in a different way, temporarily re-deploy staff into other HSCP services (voluntarily), where this is not possible providers will be required to access national supports in the first place, including the potential to furlough staff;

- Where payment for undelivered care is agreed as the only option this will be at a reduced level depending on the type of service, for example for care homes subject to the NCHC occupancy payments will be made at 80% of the rate for all vacancies, this is dependent on care homes continuing to admit new residents where it is clinically safe to do so;
- The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and
- Additional reasonable costs that are incurred as a result of Covid which cannot be covered from other funding sources will be reimbursed, including for example PPE, infection prevention control and additional staffing costs.

The current financial sustainability principles, guidance and criteria have now been extended until 30 September 2021, these were previously agreed to 30 June 2021.

2.16 RESERVES

The IJB reserves position is outlined in the table below.

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

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

	General Fund Reserves		Earmarked Reserves		Total £m
	Debt to NAC £m	Free GF £m	SG Funding £m	HSCP £m	
Opening Balance - 1 April 2021	(3.807)	4.151	5.487	0.681	6.512
Earmarked as follows:					
: Primary Care Improvement Fund			0.935		
: Mental Health Action 15			0.224		
: Alcohol and Drugs Partnership			0.336		
: Community Living Change Fund			0.513		
: Covid Funding			3.479		
: Challenge Fund				0.500	
: 2021-22 Budget Gap				0.181	

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 2021-22 from within the available resource, thereby limiting the financial risk to the funding partners.</p> <p>The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.</p>
3.2	<u>Measuring Impact</u>
	Ongoing updates to the financial position will be reported to the IJB throughout 2021-22.
4.	IMPLICATIONS
Financial:	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £261.669m there is a projected overspend of £1.748m (0.7%). The report outlines the main variances for individual services.</p>
Human Resources:	The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings.
Community Benefits:	None

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

5.	CONSULTATION
5.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>
6.	CONCLUSION
6.1	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> (a) notes the overall integrated financial performance report for the financial year 2021-22, the overall projected year-end overspend of £1.748m and that there is no proposal to implement a Financial Recovery Plan at the current time; (b) notes the progress with delivery of agreed savings; (c) agrees the budget changes which are detailed at para 2.8 and Appendix D; (d) notes the updated estimated costs of the 2021-22 Covid mobilisation plan of £8.279m; and (e) note the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.

For more information please contact:

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2021-22 Budget Monitoring Report–Objective Summary as at 30th June 2021

Appendix A

Partnership Budget - Objective Summary	2021/22 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	58,291	58,129	(162)	17,767	17,927	160	76,058	76,056	(2)
: Locality Services	24,581	24,408	(173)	5,269	5,399	130	29,850	29,807	(43)
: Community Care Service Delivery	27,270	27,448	178	0	0	0	27,270	27,448	178
: Rehabilitation and Reablement	1,838	1,869	31	1,501	1,481	(20)	3,339	3,350	11
: Long Term Conditions	2,590	2,193	(397)	8,803	9,020	217	11,393	11,213	(180)
: Integrated Island Services	2,012	2,211	199	2,194	2,027	(167)	4,206	4,238	32
MENTAL HEALTH SERVICES	25,703	27,063	1,360	55,018	54,978	(40)	80,721	82,041	1,320
: Learning Disabilities	19,844	21,417	1,573	474	474	0	20,318	21,891	1,573
: Community Mental Health	5,023	4,808	(215)	1,682	1,642	(40)	6,705	6,450	(255)
: Addictions	836	838	2	1,381	1,381	0	2,217	2,219	2
: Lead Partnership Mental Health NHS Area Wide	0	0	0	51,481	51,481	0	51,481	51,481	0
CHILDREN & JUSTICE SERVICES	32,725	33,661	936	4,013	4,013	0	36,738	37,674	936
: Irvine, Kilwinning and Three Towns	3,335	3,329	(6)	0	0	0	3,335	3,329	(6)
: Garnock Valley, North Coast and Arran	2,077	2,044	(33)	0	0	0	2,077	2,044	(33)
: Intervention Services	1,696	1,692	(4)	367	367	0	2,063	2,059	(4)
: Looked After and Accommodated Children	17,778	19,051	1,273	0	0	0	17,778	19,051	1,273
: Quality Improvement	1,117	1,199	82	0	0	0	1,117	1,199	82
: Public Protection	4,119	3,740	(379)	0	0	0	4,119	3,740	(379)
: Justice Services	2,380	2,380	0	0	0	0	2,380	2,380	0
: Universal Early Years	223	226	3	3,220	3,220	0	3,443	3,446	3
: Lead Partnership NHS Children's Services	0	0	0	426	426	0	426	426	0
PRIMARY CARE	0	0	0	49,554	49,554	0	49,554	49,554	0
ALLIED HEALTH PROFESSIONALS			0	6,851	6,726	(125)	6,851	6,726	(125)
COVID NHS	0	0	0	191	191	0	191	191	0
MANAGEMENT AND SUPPORT COSTS	4,357	4,061	(296)	7,199	7,114	(85)	11,556	11,175	(381)
OUTTURN ON A MANAGED BASIS	121,076	122,914	1,838	140,593	140,503	(90)	261,669	263,417	1,748
Return Hosted Over/Underspends East	0	0	0	0	0	0	0	0	0
Return Hosted Over/Underspends South	0	0	0	0	0	0	0	0	0
OUTTURN ON AN IJB BASIS	121,076	122,914	1,838	140,593	140,503	(90)	261,669	263,417	1,748

Detailed Variance Analysis on a Managed Basis

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	76,058	76,056	(2)	
Locality Services	29,850	29,807	(43)	<p>Older People care homes inc respite - underspend of £0.426m based on 774 permanent placements and average cost applied to Gross & Interim funded places awaiting financial assessment. No current plans for return to use of Care Home Respite.</p> <p>Independent Living Services :</p> <p>* Direct Payment packages- overspend of £0.063m on 183 current packages.</p> <p>* Residential Packages - overspend of £0.188m based on 35 packages.</p> <p>* Community Packages (physical disability) - overspend of £0.004m based on 44 packages .</p> <p>District Nursing - overspend of £0.130m largely due to additional supplies.</p>
Community Care Service Delivery	27,270	27,448	178	Care at Home (inhouse & purchased) - overspend by £0.688m overall due to increased demand in Inhouse services. Overspend Inhouse £0.430m and in purchased care £0.258m. All of the £0.688m was brought online by COVID funding.
Rehabilitation and Reablement	3,339	3,350	11	Outwith the threshold for reporting
Long Term Conditions	11,393	11,213	(180)	<p>Carers Centre - underspend of £0.500m</p> <p>Anam Cara - overspend £0.105m mainly due to employee costs due to overtime & pilot of temporary post with a view to making longer term savings in bank & casual hours.</p>
Integrated Island Services	4,206	4,238	32	Outwith the threshold for reporting
MENTAL HEALTH SERVICES	80,721	82,041	1,320	
Learning Disabilities	20,318	21,891	1,573	<p>Residential Packages- overspend of £0.168m based on 35 current packages.</p> <p>Community Packages (inc direct payments) - overspend of £1.423m based on 336 current packages.</p>
Community Mental Health	6,705	6,450	(255)	Community Packages (inc direct payments) and Residential Packages - underspend of £0.284m based on 96 community packages, 10 Direct Payments and 25 residential placements.
Addictions	2,217	2,219	2	Outwith the threshold for reporting
Lead Partnership (MHS)	51,481	51,481	0	Outwith the threshold for reporting
CHIDREN'S AND JUSTICE SERVICES	36,738	37,674	936	
Irvine, Kilwinning and Three Towns	3,335	3,329	(6)	Outwith the threshold for reporting
Garnock Valley, North Coast and Arran	2,077	2,044	(33)	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Intervention Services	2,063	2,059	(4)	Outwith the threshold for reporting
Care Experienced Children & Young People	17,778	19,051	1,273	Looked After Children placements - Overall Projected underspend of £0.096m which is made up of the following:- Kinship - Projected overspend of £0.075m. Budget for 353 placements, actual no of placements is 364. Adoption - Projected overspend of £0.095m. Budget for 57 Placements, actual no of placements is 71 Fostering - Projected underspend of £0.063m. Budget for 131 placements, actual no of placements is 132 Fostering Xtra - Projected underspend £0.153m. Budget for 33 placements, actual no of placements is 26. Fostering Respite - Projected online Private fostering - Projected overspend of £0.054m. Budget for 10 placements, current no of placements is 11 Residential School placements - Projecting overspend £1.158m, Current no of placements is 19. (Which includes 1 Secure Placement)
Head of Service - Children & Families	1,117	1,199	82	Employee Costs - Projected overspend £0.080m, however this is partially offset with underspend within Garnock Valley
Quality Improvement	4,119	3,740	(379)	Employee Costs - Projected online Transports costs - Projected underspend of £0.008m Community Packages - Projected overspend of £0.010m . Currently 94 Community Packages on establishment list Direct Payments - Projected underspend £0.003m Current no of packages is 36 Children's Residential Placements - Projected underspend £0.337m Currently 7 Residential Placements.
Justice Services	2,380	2,380	0	Outwith the threshold for reporting
Universal Early Years	3,443	3,446	3	Outwith the threshold for reporting
Lead Partnership NHS Children's Services	426	426	0	Outwith the threshold for reporting
PRIMARY CARE	49,554	49,554	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	6,851	6,726	(125)	Underpsend on non employee costs
MANAGEMENT AND SUPPORT	11,556	11,175	(381)	Underpsend in relation to the unscheduled care funding.
TOTAL OUTTURN ON A MANAGED BASIS	261,478	263,226	1,748	

Threshold for reporting is + or - £50,000

2021/22 Transformation Plan

North Ayrshire Health and Social Care Partnership

2021/22 Savings

Appendix C(i)

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

Total

2,528,000

2021-22 Savings Tracker

Appendix C (ii)

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 3	Saving Delivered @ Month 3 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
Children, Families & Criminal Justice								
1	Children and Young People - External Residential Placements	Green	0.450	Red	-	-	0.450	Currently projecting an overspend. Focus session arranged.
2	Adoption Allowances	Green	0.066	Red	-	-	0.066	Currently projecting an overspend.
3	Fostering - Reduce external placements	Green	0.036	Red	-	-	0.036	Currently projecting an overspend.
4	Community Support - Children's Care Packages	Green	0.008	Green	0.008	-	-	Achieved
Mental Health and LD Services								
5	Integration of LD/ MH Teams	Green	0.050	Green	0.050	-	-	Achieved
6	Learning Disability Day Services	Green	0.088	Red	-	-	0.088	Delayed due to Covid-19
7	Mental Health - Flexible Intervention Service	Green	0.008	Green	0.008	-	-	Achieved
Health and Community Care								
8	Care Homes	Green	0.500	Green	0.120	0.380	-	Small overspend projected - keep under review.
9	TEC Solutions	Green	0.150	Amber	-	0.150	-	Ability to make savings in this area whilst responding to the pandemic are limited.
10	Care at Home - Reablement Investment	Green	0.300	Amber	-	0.300	-	
11	Care at Home - Review	Green	0.135	Amber	-	0.135	-	
12	Day Centres - Older People	Green	0.050	Red	-	-	0.050	Delayed due to Covid-19
13	Charging Policy - Montrose House	Green	0.050	Green	0.010	0.040	-	Will be achieved.
Whole System								
14	Payroll Turnover Inflation	Green	0.057	Green	0.017	0.040	-	Assumes month 4 - 12 matches the month 1 - 3 average.
15	Business Support Review	Green	0.150	Green	-	0.150	-	Projected to be achieved.
16	Supported Accommodation	Amber	0.204	Amber	-	0.204	-	Projected to be achieved but depends on the completion date and subsequent move in date.
17	Transport	Green	0.050	Green	0.050	-	-	Achieved
18	Charging Policy - Inflationary Increase	Green	0.050	Green	0.050	-	-	Achieved
TOTAL SOCIAL CARE SAVINGS			2.402		0.313	1.399	0.690	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 3	Saving Delivered @ Month 3 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
19	Payroll Turnover Inflation	Green	0.010	Green	0.010	0	0	Achieved
20	Elderly Mental Health inpatients (lead partnership)	Green	0.116	Green	0.116	0	0	Achieved
TOTAL HEALTH SAVINGS			0.126		0.126	0.000	0.000	
TOTAL NORTH HSCP SAVINGS			2.528		0.439	1.399	0.690	

2021-22 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			100.065
Base budget adjustments	1		(0.053)
Resource Transfer	1	P	21.086
BSL Budget Correction	2	P	(0.005)
941 x CAH O365 Licences (6 months)	2	P	(0.017)
Budget Reported at Month 3			121.076
HEALTH	Period	Permanent or Temporary	£'m
Initial Approved Budget			154.659
Resource Transfer			(21.086)
Month 10-12 Adjustments			18.437
Adjust for Non-recurring funding			(20.435)
Full Year effect of Part Year Reductions			(0.057)
RX Return to reserves			1.027
Additional 1.3% Uplift			1.324
RX Cres			(0.828)
REVISED 21-22 BUDGET			133.041
Anticipate Trauma Funding	3	P	0.375
Anticipate Vet 1st Point - North HSCP	3	T	0.105
Anticipate NSAIS funding	3	P	0.634
Podiatry Re-align	3	P	0.678
RX Uplift 21.22	3	P	0.756
RX Uplift 21.22 NR	3	P	0.396
DOAC REVERSAL DRUG-NORTH	3	P	0.100
Funding transfer to Acute (Medical Records)	3	P	(0.034)
Specialist Pharmacist in Substance Misuse	3	P	0.012
Public Health Outcomes Bundle	3	P	0.242
Training Grade Funding	3	P	(0.044)
District Nursing Funding	3	P	0.119
Respiratory Rapid Response	3	P	(0.078)
Hd56 Action 15 Tranche 1	3	P	1.180
Hd69 Mat & Neo Psychological Intervention	3	P	0.123
Hd70 Perinatal & Infant MH	3	P	0.303
Hd7 MH Recovery and Renewal	3	T	2.393
Hd8 MH Support for Hosp Covid	3	T	0.103
North HSCP Covid Rmp3 M1-3	3	T	0.158
North HSCP Covid M1-3	3	T	0.034
Roundings	3	T	(0.003)
Budget Reported at Month 3			140.593
COMBINED BUDGET			261.669

Mobilisation Submission – Quarter 1

Total HSCP costs															
Total Covid-19 Costs															
£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring
Additional PPE	167	167	167	167	167	167	167	167	167	167	167	167	2,000	0	2,000
Contact Tracing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Testing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Covid-19 Vaccination	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Flu Vaccination	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Scale up of Public Health Measures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Community Hospital Bed Capacity	0	0	0	184	40	40	40	40	40	40	40	40	505	505	0
Community Hubs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Care Home Placements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Capacity in Community	81	81	139	139	139	139	139	22	22	22	22	22	968	968	0
Additional Infection Prevention and Control Costs	5	1	3	3	3	3	3	3	3	3	3	3	38	38	0
Additional Equipment and Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Staff Costs	14	16	128	146	146	153	153	153	153	153	153	153	1,521	1,521	0
Staff Wellbeing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional FHS Prescribing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional FHS Contractor Costs	6	9	8	6	6	6	0	0	0	0	0	0	42	42	0
Social Care Provider Sustainability Payments	0	0	0	225	225	225	160	160	160	0	0	0	1,155	1,155	0
Social Care Support Fund Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Payments to Third Parties	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Homelessness and Criminal Justice Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children and Family Services	18	18	18	18	18	18	18	18	18	18	18	18	217	217	0
Loss of Income	50	50	50	64	64	64	14	14	14	14	14	14	430	430	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Covid-19 Costs	340	342	514	952	808	816	695	578	578	418	418	418	6,875	4,875	2,000
Unachievable Savings	23	23	23	23	23	23	0	0	0	0	0	0	138	138	0
Offsetting Cost Reductions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Covid-19 Costs - HSCP - NHS	363	365	537	975	831	839	695	578	578	418	418	418	7,013	5,013	2,000
- 0 0 - 0 - 0 - 0 0 0 0 0 0 0 0 - 0 -															
Total Remobilisation Costs															
£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring
Adult Social Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reducing Delayed Discharge	422	422	422	0	0	0	0	0	0	0	0	0	1,266	1,266	0
Digital & IT costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Remobilisation Costs	422	422	422	0	0	0	0	0	0	0	0	0	1,266	1,266	0
- - - - - - - - - - - - - - - -															
Total HSCP Costs	785	786	959	975	831	839	695	578	578	418	418	418	8,279	6,279	2,000

Integration Joint Board
26th August 2021

Subject: **Allied Health Professions Highlight Report 2020**

Purpose: To present the Allied Health Professions Highlight report for 2020.

Recommendation: It is recommended that the IJB note the content of the AHP Highlight report (Appendix 1) and endorse the AHP Service objectives for 2021/22 outlined within the attached report.

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

1.	EXECUTIVE SUMMARY
1.1	The attached report provides detail on the activity of Allied Health Professions (AHPs) in North Ayrshire Health and Social Care Partnership (HSCP) during 2020 and the first half of 2021
1.2	<p>The 2020 AHP Highlight report further sets out collective objectives for AHP services in North Ayrshire for 2021/22, aligned to the North Ayrshire Health and Social Care Partnership bridging strategic plan as follows :</p> <ul style="list-style-type: none"> • Progress the remobilisation of Allied Health Professional services, • Adopt key pandemic learning to improve patient access and treatment • Maintain staff well being
2.	BACKGROUND
2.1	In North Ayrshire, AHPs encompass several different professional groups – Dietetics Occupational Therapy, Physiotherapy, Podiatry, and Speech and Language Therapy - working as part of multi disciplinary teams across health and social care, hospital and community settings, and across all stages of the life curve.
2.2	<p>The 2019 AHP Highlight report was brought to the Integration Joint Board in July 2020. It set out the following priority areas for AHPs in 2020 - AHPs will :</p> <ul style="list-style-type: none"> • Continue to maximise the AHP contribution to Multi Disciplinary working; • Progress a Quality Improvement and Risk Management approach to waiting times; • Implement access to quality supervision for all AHPs; • Continue to prioritise the wellbeing of AHP staff;

	<ul style="list-style-type: none"> Progress the collation of simple, consistent, and robust service performance data, to ensure planning decisions are informed; Continue to embrace any opportunities presented by advancement in digital technology.
2.3	<p>The attached 2020/21 Highlight Report provides update against each of these priority areas. It reinforces the ongoing contribution that AHPs make to enhance the lines of the people of North Ayrshire, the improvement culture that has been embraced among team members, and the ways in which AHPs continue to work alongside a wide range of partners; to support recovery, wellbeing, self management and promote independence.</p> <p>The report highlights the flexible way that AHP services adapted to meet emerging demand through the COVID-19 pandemic, and provides example of the ways in which AHP activity supports achievement of the North Ayrshire health and social care partnership strategic ambitions.</p>
2.4	<p>The 2020 AHP Highlight report further sets out collective objectives for AHP services in North Ayrshire for 2021/22 as follows :</p> <ul style="list-style-type: none"> Progress the remobilisation of Allied Health Professional services, Adopt key pandemic learning to improve patient access and treatment Maintain staff well being
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	The attached Highlight report seeks to assist the IJB in understanding the contribution that AHPs make for the people of North Ayrshire, as part of multi disciplinary teams, and provide assurance around future direction of service focus.
3.2	<u>Measuring Impact</u>
	Systems to record AHP performance and impact will continue to be refined, with regular reports to the Director of North Ayrshire HSCP, and the North Ayrshire Health and Care Governance group.
4.	IMPLICATIONS

Financial:	Nil
Human Resources:	Nil
Legal:	Nil .
Equality:	Nil
Children and Young People	The attached report highlights the contribution of AHPs for the people North Ayrshire, including children and young people.
Environmental & Sustainability:	Nil

Key Priorities:	The attached report outlines the contribution of AHPs in North Ayrshire to the priorities articulated in the HSCP's Strategic Plan
Risk Implications:	Nil
Community Benefits:	Nil

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	The attached report has been developed in consultation with the AHP Leadership team in North Ayrshire. The HSCP senior management team, and North Ayrshire HSCP Health and Care Governance Group have been consulted in the collation of the attached report.
6.	CONCLUSION
6.1	<p>The attached AHP Highlight Report</p> <ul style="list-style-type: none"> • Provides highlight of the contribution of AHP services for the people of North Ayrshire • Provides a summary of the challenges faced in 2020 • Outlines the objectives for North Ayrshire AHP services for 2021/22 <p>The IJB are asked to :</p> <ul style="list-style-type: none"> • Note the content of the attached 2020 AHP Highlight report • Endorse the AHP Service objectives for 2021/22 as outlined within the attached report

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ALLIED HEALTH PROFESSIONS

HIGHLIGHT REPORT 2020



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Submitted for IJB approval August 26, 2021

Introduction

In North Ayrshire, the Allied Health Professions (AHPs) encompass several different professional groups – Dietetics, Physiotherapy, Podiatry, Occupational Therapy and Speech and Language Therapy – working as part of multi-disciplinary teams across health and social care; hospital and community settings, and across all stages of the life curve.

AHPs provide services across the North Ayrshire mainland, Arran and Cumbrae; within the Ayrshire Central Hospital campus – including inpatient and outpatient services at Douglas Grant Rehab Centre and Woodland View – and within communities, including day centres, care homes, people's own homes, social service premises, primary care, education premises and community facilities.

Last year, as with all services, the Allied Health Professions (AHPs) in North Ayrshire Health and Social Care Partnership faced the challenges of the Covid 19 pandemic. This report provides an update on the professional groups led under the umbrella term of AHP and highlights the contribution and achievements of these professional groups in 2020, as well as some of the key challenges and service aims moving forwards.

The priority areas set out for focus in 2020 were agreed as:

- **Continue to maximise the AHP contribution to multi- disciplinary working**
- **Progress a Quality improvement and Risk Management approach to waiting times**
- **Implement access to quality supervision for all AHPs**
- **Continue to prioritise the well -being of AHP staff**
- **Progress the collation of simple, consistent and robust service performance data, to ensure planning and decisions are informed**

This year, the 2020 AHP Highlight Report provides an update against those priority areas. It highlights progress and successes over the last year, and summarises the key challenges faced in 2020.

Despite the restrictions of the pandemic, AHP services worked tirelessly to ensure services were maintained to meet the needs of our population. The effects of shielding and increased demand as a result of this are still being realised well into 2021.

In line with the North Ayrshire Bridging Plan, we have categorised and themed our achievements over

2020 around the following areas:

- Transformation and Service Improvement
- Effective Partnership
- Covid 19 Pandemic Impact

This report will provide a brief update against each of the priority areas set for AHP services in 2020, before going through each of the above in turn.

Update on 2020 AHP Service objectives and achievements

Continue to maximise the AHP contribution to multi- disciplinary working:

Work is ongoing around working closer together between health and social care services. The use of Microsoft Teams has created more opportunities for staff to liaise online and removed barriers of arranging face to face meetings.

As part of the early response to the pandemic there was a greater requirement for AHP staff to collaborate with local partners. This has fostered stronger positive relationships which has developed and utilised the strengths of local communities.

Progress a Quality Improvement and Risk Management approach to waiting times:

Work has continued to improve access to AHP services with specific quality improvement approaches progressed around access to occupational therapy services and to speech and language therapy for children and young people.

While the pandemic has undoubtedly increased the challenge around this, there are strong plans in place to continue to progress this approach.

Implement access to quality supervision for all AHPs:

Access to quality supervision continued to be a priority for AHP services during 2020/21, particularly in light of rapid changes to pause some services, and alongside the need for redeployment to areas of greatest need within the system.

In addition to continued input to national work on AHP supervision, work has continued locally to spread an approach which ensures every AHP has access to quality supervision with a focus on well-being, performance, quality and continuous professional development. A staff survey undertaken in late 2020 highlighted that 83 per cent of AHPs working in North Ayrshire regularly participated in supervision. A targeted action plan is under development to raise this position further.

Continue to prioritise the well-being of AHP staff:

Within North Ayrshire, local AHP staff were instrumental in establishing and running a well-being hub on the ACH site for all NAHSCP and health staff. The hub has provided support, solace and space with over 1500 visits from staff from across North Ayrshire during the pandemic, many of which were AHPs.

This work and the focus across the organisation has highlighted the importance of looking after our staff, resulting in permanent funding for further development of hubs across Ayrshire and Arran including Ayrshire Central.

Progress the collation of simple, consistent and robust service performance data to ensure planning and decisions are informed:

In readiness for the implementation of the Health and Care Staffing (Scotland) legislation, and aligned with the local Caring for Ayrshire focus, AHP services undertook a significant piece of work in early 2021, with the aim of reaching a better understanding of the relationship between demand and capacity in eight priority areas of service delivery.

Working in conjunction with the National AHP Workforce Lead at Healthcare Improvement Scotland, and the AHP Specialist Workforce Lead at NHS Education Scotland, the common staffing methodology was used. This work has provided useful local information on AHP workforce which is currently being explored within the Health and Social Care Partnership.

The learning from this approach will also contribute to the shape of future national AHP workload measurement methodologies.



Continue to embrace any opportunities presented by advancement in digital technology:

The requirement from the Covid 19 pandemic to revert to online and telephone consultations for service users has resulted in the rapid implementation of new digital solutions and processes. AHP staff have embraced these changes and utilised the opportunities this has brought.

This paper will now provide highlights of achievement over the last 18 months under the headings used within the NAHSCP strategic bridging plan. IoRN 2 (Indicator of Relative Need) data has been used across intermediate care and rehabilitation – demonstrating the impact of service on people's levels of independence.

1. AHP transformation and service improvement

There has been a requirement to undertake and develop new ways of working. The following are relevant examples of work undertaken:

Children and Young People

- The Speech and Language Therapy (SLT) team embarked on a quality improvement project in September 2020 with the aim being that by August 1, 2021, 80 per cent of those children seeking support from the NAHSCP Children and Young People (CYP) SLT service will be offered the appropriate intervention within 18 weeks of request for assistance. The primary drivers included early access to service, providing a range of interventions at Universal, Targeted and Specialist level, collaborating with health and education colleagues and a focus on team capacity and throughput. The project is ongoing and will continue into 2022. Progress has been supported by an uplift in staffing; two permanent Band 5 posts and 1 Band 6 post have joined the team.
- In line with Ready to Act, the SLT team has been developing targeted interventions in order to ensure families have access to the right intervention at the right time. These include:
 - Weekly, virtual drop-in sessions which can be accessed by parents, health and education staff
 - Programme for parents of children with language difficulties titled ICAN Make Language Fun, where four sessions of intervention are delivered over a six-week period
 - Trial of virtual webinars for parents who have a concern regarding the development of their child's speech, language and communication skills. Topics included Early Language Strategies, Stammering and Speech Sound Development
- Several members of the SLT team undertook training in January and February 2021 which allows staff to use the various training packages to train education staff on strategies and approaches to use to support participation and inclusion for CYP with various speech, language and communication needs. This will be delivered in schools to build capacity and support for the pupils.
- EMIS has been adopted as a referral management system within the CYP SLT team. All team members have received training and on-going support as required from the AHP Business Unit. It is hoped this system will generate robust statistics on referral and discharge rates and wait times.

The team presented posters at the NHS Ayrshire and Arran QI event in May 2021 and the NHS Scotland Event in June 2021. The titles of these posters were:

- **Collaboration with Classroom Assistants across North Ayrshire**
- **Emergent Role Speech and Language Therapy Student Placements**

- Physiotherapy to align with Ready to Act ambition of Early Intervention and Prevention, where a new model for referral to physiotherapy has been developed in conjunction with Health Visitor (HV) colleagues. This aims to reduce waiting times and offers access to the physiotherapy service to allow appropriate intervention at the optimum stage of the child or young person's development. This supported QI project will be shared with the East and South Health and Social Care Partnerships to facilitate equitable Physiotherapy service provision across Ayrshire. Extended joint working with HV colleagues allows sharing of knowledge and enhances opportunities for cascading universal messages. Children who require targeted and specialist therapy input are identified through this joint working.
- All premature babies were historically routinely followed up by physiotherapy in the community and at the multidisciplinary neurodevelopmental clinic. Now the babies are only seen at the Neuro Developmental Clinic, which offers a single point of contact where the multidisciplinary team can highlight those babies requiring specialised intervention. As a result of this screening, only babies who require ongoing physiotherapy input will be seen in the community. This streamlining of the service allows targeted intervention and prevention to maximise the benefit to the child.
- Paediatric physiotherapy involvement in development of suction guidelines for children with neuro-disability in both acute and community settings.

During the first few months of lockdown, the Children and Young People's Occupational Therapy (CYPOT) service within North Ayrshire identified the potential risk to highly vulnerable CYP who have experienced Adverse Childhood Experiences (ACEs) such as:

- **Abuse (physical, emotional, sexual)**
- **Neglect (physical, emotional)**
- **Household dysfunction (parent/carer with mental health challenges, domestic violence, separation/divorce, incarcerated relative, substance abuse)**

Adult Health and Community Care Services

- The adult Speech and Language Therapy (SLT) Service has extended the skill mix of its staffing resource, with a new SLT Assistant coming into post in March 2020 working with inpatients and outpatients.

- **Work has continued to promote early access to AHPs and preventative approaches:**

- SLT information is available on the NHS Ayrshire and Arran public facing website, including information on accessing SLT services as well as information to support self-management.

- Development of SLT app on NHS A&A app to inform and support self-management and signpost to services/information, with information on augmentative and alternative communication and for adults with acquired communication difficulties.

- Voice information sessions have moved to a digital platform on the A&A YouTube channel and are provided to individuals referred to SLT.

The Dietetic Service has reviewed its GP clinic processes and procedures to ensure all clinic referrals are seen more timeously and in the right place.

There was a rapid move from face to face working and attending GP clinics to digital (telephone or video) consultations in early stage of covid response, using Near Me and a variety of online assessments and consultations. This resulted in reduction in waiting times and easier to access to dietetic clinics for patients.

- Review of ways of working for Dietetic clinics to increase throughput of referrals and spread of workload.

- Significant increases in referrals and caseloads from June 2020 when referral rates began to return to pre covid rates and face to face interventions (where necessary) restarted, coupled with staff isolation/shielding, resulted in challenges to balance capacity and demand.

- Increased use of Microsoft Teams for staff meetings and supervision.

- Deployment of staff to assist in North Ayrshire community hubs as well as retaining substantive roles.

- **Basic Footcare Training is being provided to over 100 + nursing staff at Crosshouse CAU to raise awareness of the importance of good foot health, being able to assess and forward onwards to Podiatry Service where applicable with the key aim of supporting rehabilitation and ultimately improving delayed discharge. Pilot to be rolled across other wards and Ayr Hospital.**



- **Re-launch of Basic Footcare Training for Care Homes pan Ayrshire alongside care home work.**

The Occupational Therapy (OT) team have worked collaboratively with the Multi-Disciplinary Team (MDT) to develop a Sleep Training Package for Professionals.

A successful session was delivered to registrars and Occupational Therapy staff (working within adult services).

Allied Health Professions (AHPs) will make a significant contribution to the implementation of the Major Trauma Network, due to go live in the West of Scotland on August 30, 2021. Through the development of enhanced care pathways across the entire patient journey, AHPs will contribute to improved outcomes for people further to neurological trauma. This will be supported through an increased bed complement within the Douglas Grant Rehabilitation Ward and increases in the AHP/nursing workforce, enabling earlier access to rehabilitation programmes maximising the rehabilitation potential.

- Joint Brooksby and Beechview Health and Therapy Team (HaTT) regular service development meetings have progressed to bring services together to offer a more aligned service. Both teams are working to establish shared MDT initial assessment paper work, shared referral prioritisation framework, a clear falls pathway, and have identified a frailty score indicator tool to use across both teams. HaTT are also trialling IoRN2 as an outcome measure.
- Occupational Therapy within the Older People Service at Woodland View continues to provide personalised, occupations focussed rehabilitation. Introduced gardening sessions to promote social interaction and enable participation in meaningful activity. The use of outdoor space has helped to promote active recovery, rehabilitation and improved health and well-being. Gardening sessions have enabled positive joint working between all members of the MDT in addition to patients and their families who have kindly made donations to the garden.
- A joint approach has been trialled to support the loan of equipment during hospital stay from North Ayrshire Community Stores to Woodland View inpatients following Occupational Therapy assessment of need.
- Occupational Therapy team is supporting a Return to Practice placement.
- Occupational Therapy within neuro team is developing sleep hygiene resources and strategies.
- Application of trauma-informed approaches.
- Occupational Therapy is providing online personalised fatigue management programmes, applying cognitive behavioural and energy effectiveness techniques to lifestyle for people with multiple sclerosis. Aiming to consolidate resources to reduce the impact of fatigue in people with



other neurological and long-term conditions.

- Aiming to embed multidisciplinary goal setting into practice for all stroke patients.
- Occupational Therapy provide 1:1 staff training on Constraint Induced Movement Therapy. Aiming to develop an online learning package for all stroke therapists.
- Within Stroke Occupational Therapists have introduced a new standardised assessment tool, The Box and Block Test, and have completed a successful trial with GRASP (Graded Repetitive Arm Supplementary Programme) and embedded into practice.
- Occupational Therapy has introduced the Train Station Project into Redburn Ward. Wooden place names (using Ayrshire train lines) are spaced along the ward corridor to encourage mobility goals and promote recovery from visual neglect. This encourages continued rehabilitation by ward staff.
- Ongoing roll out of Home-Based Memory Rehabilitation within Occupational Therapy in elderly mental health (EMH).
- Occupational Therapy continues to embrace digital transformation, enabling improved patient experiences and outcomes across the service.
- All outpatient Occupational Therapy records now on EMIS.
- Aiming to consolidate the availability and use of therapeutic apps for physical health conditions within Occupational Therapy.
- Digital Environmental visits are embedded into everyday practice, which positively impacts on therapists' time and has greatly improved the involvement of carers in discharge planning.
- Prioritise staff health, well-being and feedback. Supporting and safeguarding staff members' return to work. Promote daily well-being walks and the use of outdoor space for staff.
- Ongoing physiotherapy service development within the multidisciplinary Beechview and Brooksby Health and Therapy Teams to further align both services, develop mutual documentation and service delivery standards.
- Working with community physiotherapy staff across Ayrshire to develop an online resource for Care

Home staff in Ayrshire. This resource will include advice and basic early interventions in areas such as seating, walking aids, falls prevention and mobility for care home residents.

Podiatry continues to perform a key role across Ayrshire and Arran, providing support and expertise to people with a foot health related matter.

- Devolution of Podiatry Services Project with final approval March 2021. As of April 1, the Podiatry Service pay and non-pays budgets aligned to respective HSCP areas. This new model provides opportunity to support leadership and skill development at all levels within the podiatry staff group skill mix and succession plan for the future workforce needed to deliver on Caring for Ayrshire in the next 10 years. This model aligns with the national Transforming Roles agenda which places specialist, advanced practice and consultant AHP roles at the centre of a modern and realistic medicine driven Health and Social Care Service.
- Podiatry continues to maximise the AHP contribution to MDT working, e.g. all lower limb wounds currently under District Nursing teams transferred to Podiatry.
- Continued to prioritise the well-being of staff; staff feedback and actions prioritised.
- 70 per cent service transferred from Trakcare to EMIS.

The Intermediate Care team (ICT) has continued to embrace new ways of working with the majority of staff working from home. This has resulted in a review of ways of working and how referrals are dealt with and an increase in the use of digital platforms.

The ICT Team continues to prevent hospital admissions by responding rapidly to referrals and through enhanced ICT can provide and support to people in their own homes.

Mental Health Services

- Physiotherapy CAMHS secondment – scoping physio role in autism diagnosis pathway and wider CAMHS team. Setting up National CAMHS physio forum. This is already proving effective and the outcomes of this secondment will show need for continued physio staffing within CAMHS. Aspiration to establish physio roles in CAMHS on ongoing basis.
- There is an ongoing review of community eating disorder services in NHS AAA. Physiotherapy currently have no staff in this service, but evidence, including information from the national physio



eating disorders network, shows the benefit of this and we will work to develop the physio role in this area.

- Successful physiotherapy bid for funding for three Covid19 recovery money posts – due to start summer 2021 until March 2022 – to review Physio community adult physical anxiety management services, physio input to elderly long stay wards and scope role of rotational b5 post in learning disabilities.
- Recruited to B3 LD physio TI post to release qualified physio staff time to see patients in LD assessment and treatment ward at Woodland view – PDSA cycles of change regarding input ongoing.
- Successful audit cycles in East LD physio re the introduction of patient management database to improve flow through LD physiotherapy services – now being rolled out through other LD services across Ayrshire.
- MH and LD physiotherapy staff surveyed other physio staff across Ayrshire to gauge staff confidence in working with patients with LD/MH conditions and to identify training needs. Work ongoing to deliver on results.
- Review of team meeting format – introduced bulletin style meeting with more time for targeted discussion and service improvement – being reviewed on regular PDSA cycles.
- Introduction and delivery of regular clinical and line management supervision at all levels within LD/MH physio services, following group and individual formats dependent on staff need.

The Dietetic mental health service has undergone a rapid move from face to face working to digital (telephone or video) consultations in early stage of covid response, using Near me and a variety of online assessments and consultations. This resulted in reduction in waiting times and easier to access to Dietetic clinics for patients.

- Increased staff absence due to staff isolation and shielding resulting in the remaining staff stretched to meet increased demand.
- Redeployment of Dietetic staff to assist in acute services in conjunction with retaining current roles.
- Funding secured for two posts within Dietetic Mental Health for Woodland View inpatients and adult community mental health, with recruitment under way.

- Dietitian within CAMHS has completed her FBT training (Family Based Treatment) specifically for eating disorder (ED) treatment.
- Learning Disability dietitians co-chairing national Dietetic Learning Disabilities forum.

2. AHPs will ensure effective partnership working

AHPs continue to work collaboratively with partners and service users. Some examples of this are:

Children and Families

- Speech and Language Therapy (SLT) funding secured from education which has allowed for the development of an attainment project with a focus on supporting children and young people with speech, language and communication needs in targeted mainstream schools and ASN provisions. This has been developed in collaboration with colleagues from educational psychology and schools. Funding has been extended to March 2022 and work is supported by SLTs at Band 5, 6 and 7 on a part-time basis.
- The SLT service manager and one team lead have contributed to the Early Years Review in collaboration with health and education colleagues.
- Preliminary discussions have taken place between SLT and Health Visiting Team Leads with a view to establishing a working group focused on collaborative practice.
- One SLT team member has provided information sessions to educational psychologists, teachers and Early Years practitioners on SCERTS (Social Communication, Emotional Regulation, Transactional Support for individuals with Autism Spectrum Disorder). Discussions have taken place with education colleagues on developing a working party to help embed this framework in to practice across North Ayrshire. The same team member has been linking with SLT colleagues in other health board areas to share practice.
- Work undertaken by the SPIN team has been recognised by colleagues in other areas including Educational Psychology in Inverclyde and Speech and Language Therapists in Argyle and Bute. These colleagues are interested in replicating work undertaken with ICAN toolkits and Communication Champions in their own areas.
- SLT from the Professional Learning Academy offered training to students at Ayrshire College on

Speech Sounds and Phonological Awareness which 65 students attended virtually.

- Physiotherapy are working closely with HV colleagues. Joint visiting improves communication and offers optimum service for children/YP and families.
- The SPIN team has produced a bump to baby video and developed and delivered a bump to baby webinar, an early years resource pack and a health visitor's resource pack. An abstract regarding this project has been submitted to the CYPIC QI Awards 2021.
- Paediatric physiotherapy continues to maximise the AHP contribution to MDT working as part of the neurodevelopmental clinic.
- Ongoing joint working with paediatric physiotherapy and podiatry to develop pathways to streamline the referral system and improve the CYP journey.
- Close working by Physiotherapy with nursing colleagues for the development of the suctioning guideline.
- The Children and Young People's Occupational Therapy (CYPOT) service are participating within a collaborative working group with the Early Years Inclusion Support Service (EYISS) to improve joint working for pre-school children and young people transferring into Primary One with additional support needs.
- The Occupational Therapy (OT) service have successfully piloted an advice line for professionals. This has ensured allocated time for clinicians to deal with telephone enquiries linked to new Requests for Assistance (RFA).



Adult Health and Community Care Services

- A secondment opportunity has been developed for a new post in Speech and Language Therapy working as part of the MDT on MH wards at Woodland View.
- A new full-time SLT Band 6 inpatient post for neuro rehab and major trauma will allow SLT to be embedded into the MDT in Douglas Grant Rehabilitation Ward.
- Links have been formed with the newly established Care Home Liaison Team in order to maximise

how we cascade information and resources and build stronger working relationships with partners in care homes across North Ayrshire.

- Training has been delivered to AHP colleagues in the use of Talking Mats.
- Ongoing joint working with community occupational therapy (OT) colleagues to allow support with HaTT occupational therapist completing specification request for major housing adaptation for rehab patients.
- Team supporting the induction of new OT staff joining council teams – shadow visits to HaTT.
- HaTT assisted stroke outpatient service at beginning of pandemic by telephone contact establishing contact, raising awareness of situation and identifying needs.
- Occupational Therapy have promoted a rehabilitation culture within Douglas Grant ward. To enable completion of required patient intervention sessions which need assistance from two carers, Occupational Therapy have carried out joint therapy sessions with nursing staff on a regular basis. This has facilitated a greater awareness of the role of the OT, patient challenges within home environment and transition planning.
- Occupational Therapy are aiming to introduce a patient peer support group in conjunction with Chest Heart & Stroke within Redburn ward to reduce social isolation
- Occupational Therapists within EMH are working alongside North Ayrshire Council colleagues to assist in implementation of the LACL's (Allen Cognitive Level Screen) tool when assessing someone with Dementia for stairlift provision.
- Occupational Therapy have worked creatively and collaboratively to continue to provide quality practice placements. Offered shared student placement across health and social care.
- The North Community Physiotherapy Service has been delivering walking aid competency training to selected non-physiotherapy staff from Oct 2020. This competency training was well established for physiotherapy support workers but has been extended to OTs and nurses in the two Health and Therapy Teams. This enables nurses and occupational therapists to issue or replace sticks and wheeled zimmers if they see a need whilst delivering their own clinical interactions. Patients therefore receive their walking aid promptly, are safer sooner and in a few cases need no further involvement with



physiotherapy. This competency training has started to roll out to the North Ayrshire Community OT service too.

- Dietetics continue to work collaboratively with community colleagues both health and social care to ensure service users' needs are met to keep them well in their own homes.

Mental Health Services

- The Mental Physiotherapy service has registered with TURAS learn as suicide skills educator, and working with choose life co-ordinators in Ayrshire, developed and delivered staged training for physio staff in vascular services and MH/LD services.
- DSIL (dementia specialist improvement lead) trained MH physio working with Dementia trainer and providing input to the dementia carers academy. Second physio successfully recruited to DSIL course to support this.
- Learning Disability Physio worked with the CSP to set up a network of hydrotherapy practitioners across Scotland and succeeded in getting national agreement from ARHAI/Scottish Government to accept CSP hydro guidelines to achieve and direct local agreement to reopening of hydrotherapy pool and restarting of hydrotherapy sessions locally. Working group established to continue this.
- Learning Disability Physios working with PAMIS and other postural care providers to influence the national postural care strategy, and leading local rollout of this.
- Dietetics have developed and undertaken a bespoke programme within Ward 5 for clients undergoing addictions rehabilitation, which has evaluated well to date.
- Dietetics have continued with group education sessions for Learning disabilities clients within the assessment and treatment unit.

3. AHPs in North Ayrshire will continue to embrace the challenges and opportunities from the Covid 19 pandemic

Despite continued high demand from the remobilisation of services post pandemic, AHPs will strive to adapt to challenges and embrace new ways of working. During the initial phases of the pandemic, some services were paused allowing staff to focus on supporting colleagues and priority patients.

There was a swift move to the use of Digital Platforms, i.e. Near Me for consultations and Microsoft Teams for staff meetings. Both brought opportunities and challenges, however these practices have now become the 'new normal' and are part of everyday practice.

Some of our achievements through Covid:

- **Redeployment of staff to acute areas to support ITU and respiratory services**
- **Weekend working to support ward nursing staff in hospitals**
- **Continued community visits to support the most vulnerable with ongoing use of PPE**
- **Quick reopening of paused services whilst continuing to sustain service needs**
- **Rapid embracing and ongoing use of digital technologies**

Some examples of this work are as follows:

- Speech and Language services took a snapshot from April to June 2021. 450 Near Me appointments were offered to children and a further 100 were offered to parents.
- In addition to meetings and consultations, training has been offered in many areas for staff and service users.
- The use of Near Me for swallowing assessments through an innovative SLT project partnering with an online training organisation. This has provided free access to online training modules for our partners in Cooriedoon, Montrose House and Arran War Memorial Hospital to support the development of skills in nursing staff. Access to these modules and additional SLT led coaching sessions are upskilling staff to become remote swallow partners, allowing SLT to undertake eating and drinking assessments using Near Me. This work was presented at a national conference in May 2021.
- Provision of stroke self-management and support group via Zoom video platform in conjunction

with Chest Heart & Stroke.

- Working from home for all services and flexible working patterns to support working families whilst continuing to deliver a remote and face to face community service.
- Many staff redeployed to acute services from MH – although challenging in MH/LD wards, this has improved communication between acute services and MH/LD services, enhancing the patient journey.
- Introduction and roll out of new Peoplesafe lone worker system across team from Feb 2021.
- Introduction and ongoing roll-out of Practice Supervision to support staff despite service pressures.
- Regular Team meetings for staff on Teams.
- Many AHP staff training as vaccinators and continue to do this in addition to their core roles.
- The successful ongoing training of student practitioners throughout the pandemic.
- Change of work practice with staff working weekends to assist with accommodation issues due to social distancing.
- Assessment and Treatment service move to Woodland Views involved the training of all ward staff on healthy eating/general well-balanced diet for patients within unit.
- Podiatry staff during crisis situation supported acute sites providing personal care working alongside nurse colleagues.
- Approximately 9 staff completed vaccination modules to support mass vaccination centres pan Ayrshire outwith Podiatry hours.
- A group of SLT Band 5s used quality improvement methodology to develop a Near Me Digital Project for Children with Speech Sound Disorders. Feedback highlighted this was received positively by parents and children. The team are now in Cycle 3 where the focus is on upskilling other staff through a weekly digital drop-in session and skill sharing at staff meetings.



- Introduction of Walk and Talk to provide physical activity, support anxiety management and reduce social isolation.
- The Occupational Therapy team worked in collaboration with the Green Health Partnership to provide purposeful occupation during lockdown through provision of green activities and craft activities via door-stop deliveries.

AHP Workload and Workforce Exercise

A focussed piece of work was undertaken in early 2021 to assist AHP services to better understand their current capacity as they began to mobilise out of the Covid-19 pandemic, whilst also beginning to think through the future shape of such services aligned to local strategy - such as the North Ayrshire Health and Social Care Partnership strategic plan and Caring for Ayrshire agendas.

The service areas of greatest concern in terms of resource versus demand were identified in a paper presented to the Ayrshire Covid 19 Workforce Planning Group (now Workforce Planning and Improvement Group) in August 2020, and progressed through this approach. From a North Ayrshire perspective, these service areas included:

- Primary Care Dietetics
- AHP input to the Adult Community Mental Health Team
- Children and Young People Speech and Language Therapy Service
- AHP input to Adult Community Hospital inpatient services – neurological, stroke services and general adult rehabilitation
- Adult Community Rehabilitation

Data was triangulated from multiple sources, using common staffing methodology to provide a robust snapshot of the current position within AHP services.

Safety Huddle Template :

The Covid-19 AHP Safety Huddle template was co-produced using improvement methodology by the Chief Nursing Officers Directorate Health & Care staffing team, Scottish Government advisors and volunteer clinical stakeholders from across Scotland.

It was developed in the absence of AHP workload tools to provide a consistent mechanism for AHP teams to identify and articulate staffing requirements in real time, mitigate risk and escalate if required.

This template was completed for two weeks in April 2021 to provide a real time snapshot of the clinical areas previously highlighted.

Professional Judgement Tool:

The Professional Judgement tool is completed based on the users' retrospective professional judgement of how many staff (registered, experienced registered, and unregistered) were required to safely provide the care or input required in a clinical area over a set timeframe.

This tool was completed retrospectively at the end of each session, for the same 2 weeks in April 2021 as the safety huddle template, in the clinical areas previously highlighted.

Indicators of quality and local contextual information were also considered in drawing conclusions around the workforce position for the previously detailed areas. The outputs and implications of this exercise are now being discussed within the Partnership Senior Management Team.

4. Key challenges experienced in 2020

- The AHP workforce comprises mainly of small teams, which are sensitive to unplanned leave, with limited capacity to cover planned leave at times.
- Continuous high demand for AHP services, with waiting times in some areas.
- Unmet need in certain areas – which is not always simple to quantify.
- Collection of service performance data in a simple, time efficient manner.
- Limited administrative capacity.
- The duration of recruitment processes, and recognition that some posts have proved difficult to recruit to.
- Much less support for children and families during lockdown which could affect children and young people.

COVID related challenges for staff and patients:

For staff these include:

- **Staff shortages due to self- isolation.**
- **Limitations to practice of digital consultations and unable to assess some patients face to face.**
- **Impact on staff well-being of the extended pandemic with the need to continue services.**

For patients these include:

- **Inability to see clinicians face to face.**
- **Longer waiting times with some services being paused.**
- **Less access to support services.**

5. Plans and priorities for 2021

The AHP Service priorities for 2021 align to the NAHSCP Strategic Bridging Plan, and are to:

- Progress the remobilisation of Allied Health Professional services
- Adopt key pandemic learning to improve patient access and treatment
- Maintain staff well-being.

This will be undertaken by:

- Developing AHP workforce baseline, including professional headcount, service demand and performance.
- Improving access to AHP services through MDT processes to ensure service users access required treatment in an appropriate timescale. This includes the use of effective digital technology/Near Me/Teams.
- Monitoring the well-being of AHP staff.

Integration Joint Board
26th August 2021

Subject: **Strategic Plan 2022-30 Development**

Purpose: To provide IJB with an update on the intended approach to developing the longer-term Strategic Plan from 2022 to 2030.

Recommendation: The IJB to approve and support the development and engagement proposals to support the creation of a longer-term Strategic Plan.

Glossary of Terms

The Partnership	North Ayrshire Health and Social Care Partnership
HSCP	Health and Social Care Partnership
SPG	Strategic Planning Group
CPP	Community Planning Partnership
LPF	Locality Planning Forums
LP	Locality Partnerships
PSMT	Partnership Senior Management Team

1.	EXECUTIVE SUMMARY
1.1	Following the publication of the Partnership's Strategic Bridging Plan (2021-22), preparations are now underway for the further development of a longer-term plan that will support the direction of the Partnership from April 2022 until March 2030.
1.2	Over the coming months, we will undertake a series of stakeholder engagement exercises and policy development, building on the intentions and ambitions outlined in the Bridging Plan.
1.3	Following the engagement sessions and key policy development, the partnership will seek to produce a more interactive and engaging publication format utilising graphical and rich art approaches, as well as short videos and animations.
1.4	This approach was reviewed by both the PSMT on 29 th July and SPG on 3 rd August where senior leaders and stakeholders provided both their support and commitment for this work moving forward.
2.	BACKGROUND
2.1	The Partnership published its Bridging Strategic Plan in April 2021. Its aim was to provide strategic continuity between April 2021 and March 2022 following the expiration of the previous plan (Let's Deliver Care Together 2018-21) and offer the Partnership scope to better understand the impact of the Covid-19 Pandemic on our communities and services.

2.2	It is still the intention for the Partnership to publish a longer-term plan in April 2022 that will inform our strategic direction to 2030.
2.3	This time period brings the Partnership's strategic plan into alignment with both the Local Outcome Improvement Plan (LOIP) and Caring for Ayrshire development.
2.4	The development of the Strategic Bridging Plan offers a strong starting position for further development of a longer-term plan. The Bridging plan helpfully sets out a set of proposed longer-term strategic ambitions and highlights the Partnership's key policy development areas.
2.5	<p>The review activity to be undertaken to inform a longer-term plan includes:</p> <ul style="list-style-type: none"> • Reviewing the Partnerships' vision and values, • Reviewing the identified long-term ambitions with a view to updating the existing strategic priorities, • Update the Partnership's needs assessment to offer service demand forecasts and likely impact of Covid-19 • Review the Partnership's strategic performance framework • Update essential policies including: <ul style="list-style-type: none"> • Locality priorities with locality Planning Forums and joint working opportunities with CPP Locality partnerships, • Medium Term Financial Plan, 5-year commissioning plan and Transformation Plan, including the impact of Covid-19 remobilisation, • Carers Strategy, • Older People's strategy, • Caring for Ayrshire Priorities, • Partnership People's strategy (including 3-year Workforce plan and Organisational Development Plan), • Equality Outcomes, • Participation and Engagement strategy, and • New digital strategy.
2.6	Going forward, it is intended that to effectively develop the new plan we collaborate with staff, service users, commissioned services, families and unpaid carers to co-produce engagement methods and approaches which ensure involvement of key groups.
3.	PROPOSALS
3.1	<p>Proposals for the development of the longer-term plan can be covered in two areas</p> <ul style="list-style-type: none"> • Content development • Publication format
3.2	<i>Content Development</i>
3.2a	Through development of the bridging plan, the key development groups to support the production of a new plan have already been established and it is proposed that these structures will continue to be used. Reporting to the Strategic Planning Group, the Strategic Plan Development Group and the Engagement Oversight Group will be used to oversee the development of the key areas as listed above, engaging with stakeholders, partners, and service areas as appropriate.
3.2b	Planning sessions will be organised with each service area (Children Families and Justice, Mental Health, Learning Disability and Addictions, Health and Community

	Care, and Business Support) to identify and confirm ambitions over the next three to five years.
3.2c	In addition, front line teams and practitioners will be invited to develop HSCP team story boards (images, cartoons and team rich-art) or other suitable coproduced engagement methods to ensure their voices are included in the plan.
3.2d	Locality Planning Forums are now in the later stages of reviewing local priorities. A report paper will now be finalised and submitted to LPF chairs for validation before submission to PSMT and SPG.
3.2e	During the North Ayrshire Wellbeing Conversation, there was significant interest in being part of the 'Care Improvement Network' which will develop into a wide-ranging engagement resource for the HSCP. Work will be undertaken to identify members experiences of health and social care, and areas of interest for future engagement work. It is envisaged that network members can be tasked with specific pieces of engagement work, within their locality, to help inform change and improvement activity across all Partnership services. The Network will be invited to participate in the review of the Partnership's Vision, Values and Strategic Priorities.
3.2f	A joint IJB/SPG/LPF member session will be arranged to review and finalise the Partnership's strategic intentions.
3.3	Publication format
3.3a	It is agreed that the traditional use of designed and published plans can be effective in some areas, but are not truly inclusive, easily accessible, or interactive. Anecdotally, it is felt that traditional published documents are rarely read out with key-stakeholder groups.
3.3b	It is proposed to develop a more interactive art/graphical based strategic plan document with graphics and storyboards, that will be co-produced by local people and stakeholders.
3.3c	An example of a more visually appealing medium is the short comic published by Scottish Government to help explain how the Scottish Index of Multiple Deprivation (SIMD) works. See appendix A.
3.3d	This will be accompanied by a short film highlighting the partnership's vision and key priorities. Local artists and film makers have been identified for possible support.
3.4	<p>The proposed timeline for development is as follows:</p> <ul style="list-style-type: none"> • June and July 2021 – develop methods and identify costs of supporting resources for future PSMT approval (completed). • August to October – develop HSCP team story boards (images, cartoons and team rich-art). • August to December – develop involvement of LPFs, Care Improvement Network, wider public engagement and develop public story boards. • September to December – Deliver planning sessions with Service Management Teams. • December 2021 - joint IJB/SPG/LPF member session to review and finalise the Partnership's strategic intentions. • January 2022 – Produce storyboards and film (with subtitles and sign language so fully accessible).

	<ul style="list-style-type: none"> • March 2022 – Launch with museum launch/Harbour Arts centre. • April 2022 to March 2030 - interactive plan produced with supporting 3-year implementation plans/Policy re-fresh.
3.5	<u>Anticipated Outcomes</u>
	<p>In terms of the Partnership's statutory obligations, the longer-term strategic plan will ensure North Ayrshire continues to meet its obligations in achieving the nine National Health & Wellbeing Outcomes, and other identified outcomes throughout its duration.</p> <p>In relation to the development proposal, it is anticipated that through the suggested approach, the longer-term plan will be produced through close collaboration with local people, members of staff and key stakeholders. Hopefully this will imbue a stronger sense of ownership with the plan.</p> <p>In addition, it is anticipated the more graphically appealing and interactive publication methods proposed will ensure the plan reaches a wider population.</p>
3.6	<u>Measuring Impact</u>
	<p>North Ayrshire HSCP has a robust performance, commissioning and financial management framework incorporating multiple levels of scrutiny. This includes:</p> <ul style="list-style-type: none"> • Publishing an Annual Performance Report • Bi-annual joint performance review meetings with the Chief Executive of both North Ayrshire Council (NAC) and NHS Ayrshire and Arran • Quarterly Performance and Audit Committee Reports/Meetings, including benchmarking across Scotland, • Medium Term Financial Plan • Strategic Plan progress reports to Strategic Planning Group • National Scottish Government returns on workforce and commissioning. <p>It is also anticipated that the reach of the published plan can be monitored through digital means (hits on website, number of views, etc).</p>
4.	IMPLICATIONS
Financial:	The Strategic Plan will be aligned to the updated Medium-Term Financial Plan
Human Resources:	The impact on workforce will be considered in the new Partnership People's strategy that is under development.
Legal:	In publishing this plan, the IJB are complying with the legal obligation to produce a new strategic plan with set timescales.
Equality:	An Equality Impact report will be completed on the new Strategic Plan prior to completion to ensure our intentions do not discriminate or adversely impact on any protected group. In addition, a revised set of Equality Outcomes will also be published along with the new Strategic Plan and will be mainstreamed into service.
Children and Young People	In the development of this strategy, input will be sought from all service areas, including Children, Families and Justice Services. As such, all implications for children and young people will be accounted for and considered. The findings of the forthcoming children's' inspection will also be reflected.

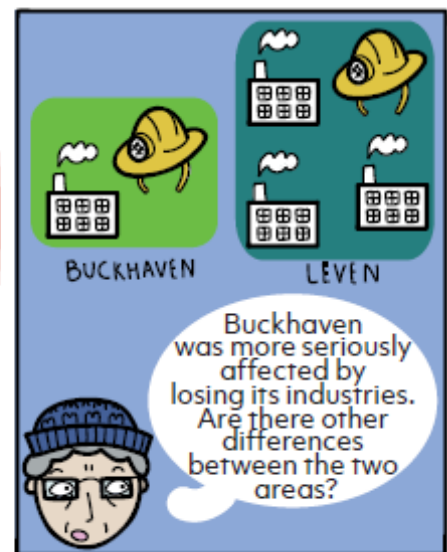
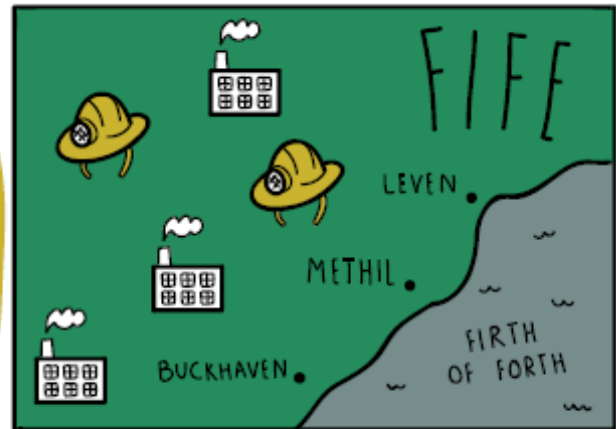
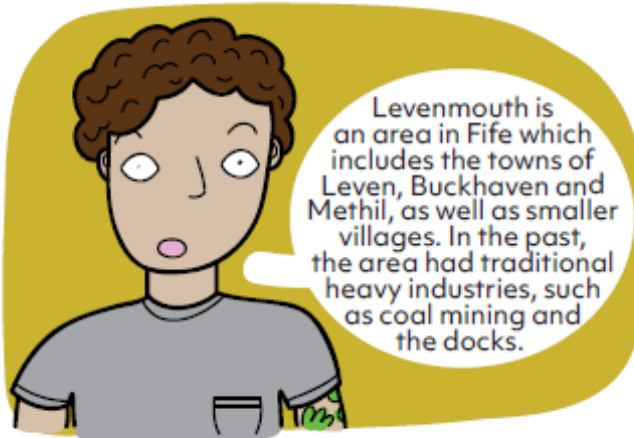
Environmental & Sustainability:	In terms of sustainability, the strategic plan will set out the importance of delivering health and care service while still operating within the identified financial envelope.
Key Priorities:	The five strategic priorities established in 2015 have continued into the Bridging plan, along with the revised longer-term ambitions. The 5 strategic priorities and longer term ambitions will be subject to consultation and review as part of this development. Following consultation, IJB will be asked to agree and approve a revised set of key priorities.
Risk Implications:	N/A
Community Benefits:	We anticipate that through full support of our Locality Planning Forums and ensuring action on their identified locality priorities, we can achieve better outcomes for local people.

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	Consultation has taken place with PSMT and the SPG in the development of the approach to the new Strategic Plan and a significant programme of consultation will be carried out during the preparation of the Plan.
6.	CONCLUSION
6.1	<p>This report highlights the proposed development activity of the Partnership's Strategic Plan 2022-30.</p> <p>In summary it is proposed to:</p> <ul style="list-style-type: none"> • Undertake a wide series of collaborative engagement with service users, staff, service areas and other key stakeholders • Develop a more visually interactive format for publication.

For more information, please contact Michelle Sutherland on 01294 317751 or msutherland@north-ayrshire.gov.uk or Scott Bryan on (01294) 317747 sbryan@north-ayrshire.gov.uk

A PLACE IN TIME



Integration Joint Board
26 August 2021

Subject: Remobilisation of Day Services for Older People

Purpose: To present the IJB with the outcome of consultation on the delivery of day services for older people in North Ayrshire and to outline proposed changes for the remobilisation for both in-house and external day service provision.

Recommendation: IJB to approve the recommendations :-
 (i) agree to deliver a blended approach to day service delivery, utilising resources to reduce the building-based day services to allow re-investment in capacity to deliver outreach;
 (ii) approve Option 2 to re-open traditional day services in 4 of the 5 day service buildings, closing one of the in-house day service buildings in the Three Towns locality;
 (iii) approve the continued provision of day services by Alzheimer's Scotland within the Harbour Centre Ardrossan.
 (iv) note that these proposals fully deliver the savings associated with the day services review
 (v) note that the revised model will be formally evaluated after a 6 months period of reopening to determine effectiveness of service delivery and impact on unmet need and to identify any further improvements

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

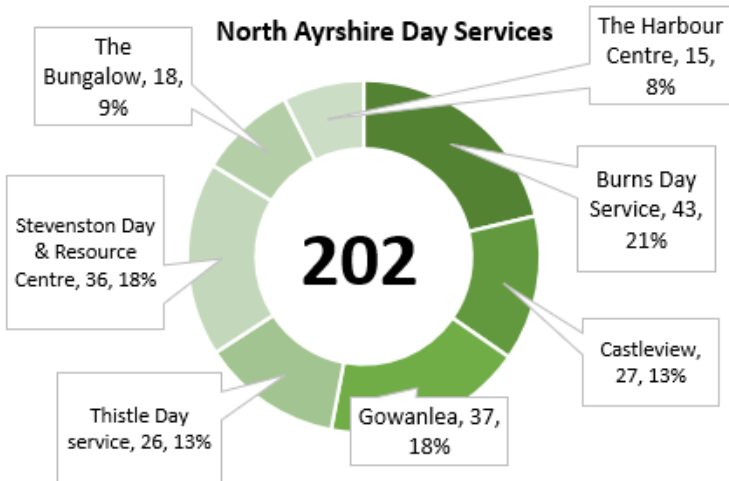
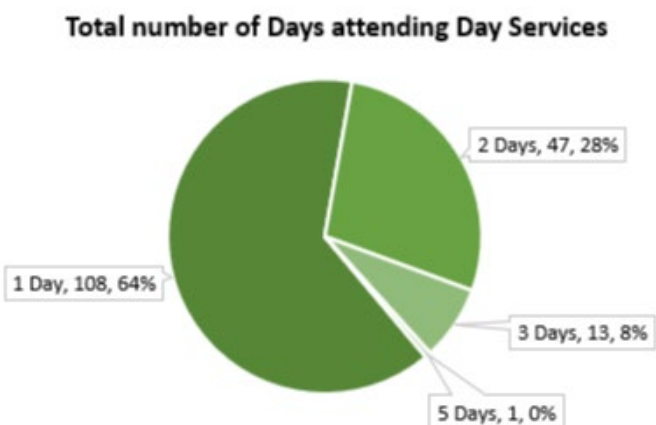
1.	EXECUTIVE SUMMARY
1.1	As a result of the COVID-19 global pandemic North Ayrshire Health and Social Care Partnership (NAHSCP) closed day services for Older People in March 2020 on a temporary basis to ensure the safety of the older people who attended the service. These services have remained closed and as a result the partnership took the opportunity to review the current model of day services and explore possible alternative personalised approaches. This review has also taken place in consideration of day service savings which were previously agreed by the IJB.
1.2	The remobilisation of day services focussed on effective engagement with staff, service users, families, carers, and an external provider. A focus group was also convened with a number of professionals across different areas of the partnership to discuss the (i) the model pre-pandemic; (ii) options for remobilisation and (iii) the demand/need for services. It is expected that changes following remobilisation will be for an initial period of 6 months, with ongoing review from the focus group to determine effectiveness of any changes made to service delivery. It is recognised that engagement has taken place during the pandemic and there remain multiple complexities in the needs of older people in the community, therefore there will be specific focus on continuous review of the effectiveness of day services delivery and

	<p>how this is impacting unmet need and outcomes for those using the service. There will be a particular focus as part of that review of transport provision and exploration of short breaks opportunities.</p>
1.3	<p>The review also considered the risk associated with the remobilisation of day services, which are particularly concentrated at this time around staffing. Day services staff have been deployed throughout the pandemic in supporting a number of frontline social care services, including Care at Home and PPE operations (delivery, co-ordination, etc). There are dependencies on this due to the current workforce arrangements, and any immediate/early return to day services provision would have an impact on the support being provided to these critical frontline services due to current staffing difficulties. Vacancies in day services have not been filled during the period of closure, there are currently 15 staffing vacancies across day services, a number of which would require to be recruited to facilitate full opening.</p>
1.4	<p>Two options for the in-house provision were presented to Partnership Strategic Management Team on 5 August for consideration. These were :-</p> <ol style="list-style-type: none"> 1. Re-opening of the HSCP's inhouse day services as per the traditional service delivery model pre-pandemic. 2. Re-opening of traditional day services in 4 of the 5 day service buildings, and closing one of the day service buildings in the 3Towns locality, to facilitate continuation of the blended approach to service delivery. <p>The previous model of day service delivery did not maximise the capacity at day services, there were waiting lists for individuals awaiting placement and no flexibility to adapt the rigid building-based service to provide support to individuals in a person-centred way.</p> <p>There are benefits of a blended approach to day service delivery through supporting more individuals via remote support and outreach visits. To deliver a blended approach there is a requirement to utilise resources to reduce the building-based day services to allow re-investment in capacity to deliver outreach.</p>
1.5	<p>Taking the feedback from consultation and the focus group into consideration, the recommendation is to re-open in line with Option 2. For the in-house delivery model this would be a positive enhancement on the current day services model in North Ayrshire, and will open up day service supports to those in the wider community. There are currently 3 day services within the Three Towns locality, with only 1 day service in each of the other localities in North Ayrshire, therefore the recommendation would be to close one of the day services in the Three Towns where there is already existing availability of alternative day services provision, the capacity of which is able to fully meet the needs of the individuals on the waiting list.</p>
1.6	<p>The report recommends the continued external provision of commissioned day services by Alzheimer's Scotland within the Harbour Centre Ardrossan. The HSCP continue discussions with Alzheimer's Scotland on their proposed new model and the alignment of this with our own day services. Further meetings are expected to take place with representatives from Alzheimers Scotland in the coming weeks to discuss options for remobilisation.</p>
1.7	<p>There are a number of dependencies for the re-opening of Older People's day services in North Ayrshire, particularly around workforce and premises therefore timescales remobilisation will remain linked to this. However, it is expected there could be a phased re-opening with the Alzheimers Scotland service to re-open,</p>

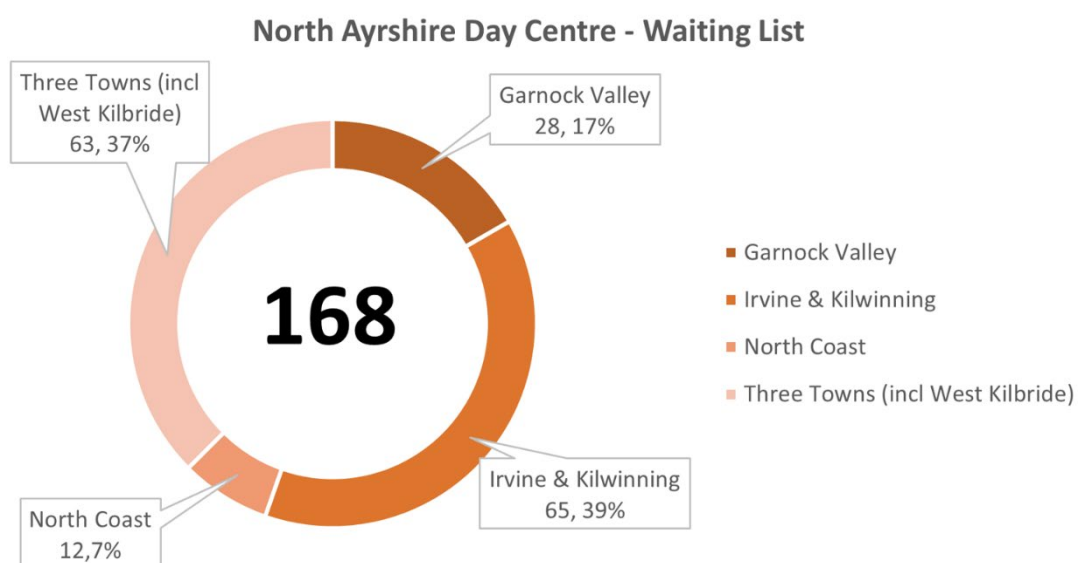
	depending on the outcome of outstanding discussions, as soon as approval is received from the Partnership. In-house day services would be expected to re-open from January 2022, however there may be some opportunity for phased re-opening towards the end of 2021 dependent on the outcome of recruitment and workforce redeployment. Outreach provision will continue to be delivered by Partnership staff in an ongoing basis until day services are fully remobilised.																								
2.	BACKGROUND																								
2.1	<p>Day services in North Ayrshire provide activities and support for adults assessed as requiring support who may feel isolated and lonely, have mobility issues and would benefit from regular social contact with others with transport provided from the person’s home to the day centre if appropriate.</p> <p>The aim of day services is:</p> <ul style="list-style-type: none">• to provide a safe, flexible, therapeutic and homely environment for service users, their families and significant others, according to their assessed care needs; and• to provide the highest possible quality social care and act in the best interest of people, by maximising their independence and helping them participate fully in their family and community. <p>The Partnership’s in-house day service provision is delivered within identified day service premises which are open 9am to 4.30pm, Monday to Friday, staffed by specially trained professionals. There are five-day services on the mainland in North Ayrshire which are operated by the Partnership.</p>																								
2.2	<p>The current capacity of the mainland in-house day services based on pre-pandemic staffing and model of delivery is detailed below:</p> <table><tr><th>Day Service</th><th>Locality</th><th>Capacity per day</th><th>Total weekly places</th></tr><tr><td>Burns</td><td>Irvine</td><td>30</td><td>150</td></tr><tr><td>Gowanlea</td><td>Kilbirnie</td><td>24</td><td>120</td></tr><tr><td>Thistle</td><td>Stevenston</td><td>12</td><td>60</td></tr><tr><td>Castleview</td><td>Ardrossan</td><td>12</td><td>60</td></tr><tr><td>Stevenston Day Care and Resource Centre</td><td>Largs</td><td>16</td><td>80</td></tr></table>	Day Service	Locality	Capacity per day	Total weekly places	Burns	Irvine	30	150	Gowanlea	Kilbirnie	24	120	Thistle	Stevenston	12	60	Castleview	Ardrossan	12	60	Stevenston Day Care and Resource Centre	Largs	16	80
Day Service	Locality	Capacity per day	Total weekly places																						
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2.3	<p>In addition to the Partnership operated day services, there were two externally provided day services located in North Ayrshire which are operated by Alzheimer’s Scotland. These were located at the Bungalow, Irvine and the Harbour Centre, Ardrossan. The capacity of Alzheimer Scotland’s day services based on pre-pandemic staffing and model is detailed below:</p> <table><tr><th>Day Service</th><th>Locality</th><th>Capacity per day</th><th>Capacity per week</th></tr><tr><td>The Bungalow</td><td>Irvine</td><td>8</td><td>40</td></tr><tr><td>The Harbour Centre</td><td>Ardrossan</td><td>8</td><td>56</td></tr></table>	Day Service	Locality	Capacity per day	Capacity per week	The Bungalow	Irvine	8	40	The Harbour Centre	Ardrossan	8	56												
Day Service	Locality	Capacity per day	Capacity per week																						
The Bungalow	Irvine	8	40																						
The Harbour Centre	Ardrossan	8	56																						

	<p>The Partnership currently funds the provision of these day services alongside funding provided by Alzheimer's Scotland. The Bungalow day service in Irvine is not able to re-open as part of remobilisation plans as Alzheimer's Scotland no longer have access to the building and no alternative premises have been sourced. The Partnership has been engaging with representatives from Alzheimer's Scotland since early 2021 in relation to the remobilisation exercise and future day service provision for Alzheimer's Scotland in North Ayrshire, with a proposal of future Alzheimer's Scotland's future day service delivery being considered by the partnership.</p>
3.	CURRENT SITUATION
3.1	<p>The Partnership is committed to promoting independence across all areas of service provision and seeks to ensure as many people live as independently as possible within their own communities.</p> <p>In line with the aspirations of the Partnership's Strategic Plan, the Partnership is developing modern, flexible, financially sustainable approaches that will support people and their carers to remain independent and enabled to lead fulfilling lives.</p>
	<p>The Partnership's vision statement is that "all people who live in North Ayrshire are able to have a safe, healthy and active life" and the Partnership's values are:</p> <ul style="list-style-type: none"> • Put you at the centre • Treat you with respect • Care • Be inclusive • Embody honesty • Demonstrate efficiency • Encourage innovation
3.2	<u>Aims and Objectives</u>
	<p>The aims of the remobilisation of day services for older people in North Ayrshire are:</p> <ul style="list-style-type: none"> • Supporting people to be as personally independent as possible within their own home and community • Complimenting the Partnership's 'Home First' approach • Ensure people's needs and outcomes are met • Re-opening of older people day services post COVID 19 to meet the needs of those awaiting day service provision, including all individuals on the waiting list • Preparing for transforming social care taking account the outcomes of the independent adult social care review • The remobilisation is aligned to Caring for Ayrshire
	<p>Within North Ayrshire, in 2018, there was a total population of 135,280 people, and 22% were aged over 65. The demographic projections of the rise in older people and the pressure on budgets and changing expectations, means that services may have to be redesigned to meet demand and minimise unmet need within our older population. We also need to ensure that our service capacity is aligned to meet the needs of the individuals who require to access services.</p>

3.3	<u>Workforce</u>
	<p>There are 46 posts associated with the Partnership's inhouse older people day services within North Ayrshire including transport staff who provide transport to the majority of service users to and from the day centres. During the pandemic day services staff have been redeployed to support the Partnership's PPE operations, including organisation/distribution/delivery of PPE COVID 19 testing kits. Staff have also been redeployed to the Partnership's Care at Home service and a small number of day services staff, mostly due to restrictions on daily working activities, remain linked to the day service for the purpose of outreach and virtual support.</p>
	<p>At the present time, there are currently 15 vacant posts both temporary and permanent across all older people day services in North Ayrshire due to staff sourcing and finding alternative employment in the last 12-month period. There will require to be a programme of recruitment for a number of posts linked to day services including one Senior Day Care Officer, Day Care Officers and Driver/Escorts. This recruitment would normally take approximately 12 weeks due to timescales for advertising and traditionally day service vacancies have attracted a high level of applicants.</p> <p>However, at this current time recruitment is particularly challenging within the Health and Social Care sector, and it is recognised that there will be potential impacts on other critical areas of service delivery by this programme of recruitment. Therefore, remobilisation will have dependencies upon the current deployment of the day services workforce and the success of recruitment.</p>
	<p>Day services staffing compliment consists of: -</p> <ul style="list-style-type: none"> • Day Care Co-ordinator • Senior Day Care Officers • Day Care Officers • Drivers • Day Care Escorts <p>As we emerge from the pandemic, the Partnership will need to ensure that its day service provision is fit for purpose and that the people we support receive individual person-centred care which delivers positive outcomes.</p>
3.4	<u>Day Services Delivery during Pandemic</u>
	<p>At the onset of the pandemic all North Ayrshire older people's day services were temporarily closed with day services suspended, however, telephone engagement support and contact has been offered throughout this period and remains in place. Over 14,000 telephone contacts have been made to 253 day service users since the beginning of the pandemic in March 2020. At the time of writing, there are currently 123 day service users in receipt of telephone support with approximately 110 telephone contacts made on a weekly basis.</p>
	<p>Individuals previously attending day services have had a package of alternative supports put in place where required as per assessed care needs to ensure their continued wellbeing and to ensure their direct care needs are met. Furthermore, Partnership day services staff commenced a programme of outreach including respite and regular wellbeing checks and support due to critical needs of service users in North Ayrshire which became apparent throughout the pandemic. Over 3,900 day services outreach visits have been undertaken by the Partnership since the beginning</p>

	of the pandemic to a total of 51 Service Users. At the time of writing, there are 47 individuals in receipt of outreach support visits with approximately 65 day services outreach visits taking place on a weekly basis.																								
	The outreach support service has been a success and extremely well received and was expanded from minimal levels of weekly outreach visits in August / September 2020 when it was identified that the needs of people in the community was reaching crisis point.																								
	A number of the partnership’s day services staff have been redeployed to support the creation and delivery of the Partnership’s social care PPE hub including the distribution of this and will require to return to their substantive roles as day services re-open. The partnership will require to recruit to resource the PPE hub on a more sustainable basis, planning for this is underway. Day service staff contribution and flexibility has been invaluable in terms of supporting the wider community care service delivery including Care at Home throughout the pandemic.																								
3.5	<u>Demand</u>																								
	<p>As at March 2020, there were 202 people (this figure includes those attending Alzheimer’s Scotland day services) attending mainland day services across North Ayrshire with the breakdown of this detailed below:</p> <div><p>North Ayrshire Day Services</p><table border="1"><thead><tr><th>Service Location</th><th>Number of People</th><th>Percentage</th></tr></thead><tbody><tr><td>The Bungalow</td><td>18</td><td>9%</td></tr><tr><td>Stevenston Day & Resource Centre</td><td>36</td><td>18%</td></tr><tr><td>Thistle Day service</td><td>26</td><td>13%</td></tr><tr><td>Gowanlea</td><td>37</td><td>18%</td></tr><tr><td>Castleview</td><td>27</td><td>13%</td></tr><tr><td>Burns Day Service</td><td>43</td><td>21%</td></tr><tr><td>The Harbour Centre</td><td>15</td><td>8%</td></tr></tbody></table></div>	Service Location	Number of People	Percentage	The Bungalow	18	9%	Stevenston Day & Resource Centre	36	18%	Thistle Day service	26	13%	Gowanlea	37	18%	Castleview	27	13%	Burns Day Service	43	21%	The Harbour Centre	15	8%
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	<p>The number of days people attended the Partnership’s day services as at 2020 (excluding Alzheimer’s Scotland day services) is detailed below:</p> <div><p>Total number of Days attending Day Services</p><table border="1"><thead><tr><th>Number of Days</th><th>Number of People</th><th>Percentage</th></tr></thead><tbody><tr><td>1 Day</td><td>108</td><td>64%</td></tr><tr><td>2 Days</td><td>47</td><td>28%</td></tr><tr><td>3 Days</td><td>13</td><td>8%</td></tr><tr><td>5 Days</td><td>1</td><td>0%</td></tr></tbody></table></div>	Number of Days	Number of People	Percentage	1 Day	108	64%	2 Days	47	28%	3 Days	13	8%	5 Days	1	0%									
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There are currently 168 people on the waiting list for the Older Peoples day services on the mainland as outlined below however this can change on a weekly basis:



3.6 Options for Remobilisation

The options considered and discussed with service users as part of the engagement for the remobilisation of day services for older people in North Ayrshire included:

1. No change and continue with traditional day services model that was operational pre-pandemic including existing transport arrangements.
2. Continue with outreach services currently being delivered with no re-opening of day services buildings.
3. Mix of traditional day services delivery model and outreach service delivery model.

3.7 Stakeholder Engagement

The remobilisation of day services for older people focussed on carrying out effective engagement with staff, service users, families / carers and other relevant professionals, and an external Provider to assist with informing future delivery of the service. Various engagement methods were undertaken to capture views, for example, surveys and telephone calls.

Stakeholder Feedback – Staff/Service User/Carer Engagement

Telephone survey interviews with service users who currently receive or received day service provision and their contacts or carers took place during March and April 2021. Interviewees were asked about the benefits of day service centres when they were open, how outreach/telephone support was working just now and about possible ways forward to remobilise day services.

A total of 73 interviews were conducted as follows:

Day Service Centre	Number and (%age) of interviews
Burns	22 (50%)
Castlevie	10 (40%)
Gowanlea	12 (35%)

	<p>Stevenson 12 (40%)</p> <p>Thistle 9 (45%)</p> <p>Bungalow 4 (49%)</p> <p>Harbour Centre 4 (40%)</p> <p>TOTAL 73 (42%)</p>
	<p>Opinions and viewpoints were not unanimous but there were clear and consistent messages from the 73 survey interviews of carers and service users:</p> <ul style="list-style-type: none"> Fully re-opening day services safely would be the most favourable action for most interviewees based on the feedback received. COVID 19 safety and vaccinations were often mentioned in this context. A few interviewees saw full reopening as desirable but unlikely in the immediate term. A few found it undesirable at this time (mostly for COVID 19 safety reasons). A partial reopening or a mixed model would be welcomed or acceptable to most interviewees – being “a step in the right direction” or a “blessing” - and a way to gain some of the benefits of fully opened services. The COVID 19 requirements and restrictions would of course still be relevant.
	<p>The above two possibilities provide the main reported benefits to service users:</p> <ul style="list-style-type: none"> Getting out the house/having something to look forward to. Being in company and social interaction Stimulation – motivational, mental and physical <p>And to carers:</p> <ul style="list-style-type: none"> Time to themselves Being happy and confident that their loved one was spending time positively (being cared for, entertained, stimulated, safe etc) Enhanced interaction or motivation at home following the service user attending a day service centre.
	<p>It is worth noting at this time that a decision was taken only to provide this level of engagement with current day service users due to the uncertainty of future plans and to manage expectations of future delivery. However, a professional’s focus group also took place to ensure there was consideration of the needs of the wider population in North Ayrshire, including those who do not currently receive day service supports.</p>
	<p>An online survey was issued to day service staff, to gather staff views and feedback about:</p> <ul style="list-style-type: none"> The day services before the pandemic restrictions. Things just now. Thoughts and ideas on possible ways forward. <p>Twenty-six full responses were received to the staff survey, with views gathered from a mix of staff including day care officers, escorts and drivers.</p>

	<p>The overall feedback from staff is summarised below:</p> <ul style="list-style-type: none"> • Staff reported similar benefits to those identified by service users and carers. • Staff suggested a few improvements including supporting waiting list members, offering alternatives to day services and improvements to transport (more drivers, more accessible vehicles). • Staff expressed similar views to service users and carers – noting that not everyone gets outreach and outreach and telephone calls are not always as effective as attending the service.
	<p>Remobilising services – these options were put forward based on the initial feedback gathered from service user engagement:</p> <ul style="list-style-type: none"> • Option one: Reopen day services fully – returning to what was on offer before, or almost exactly what was on offer before. People would mostly attend via minibus, roughly the same number of days etc. <ul style="list-style-type: none"> ▪ There was a range of views in terms of how feasible staff saw this with staff reporting that they, and service users, were looking forward to re-mobilising services, including considering changes to transport, opening hours, catering, numbers of service users and use of space. • Option two: A partial opening with outreach; - people attend the Day Service environment less frequently and/or with a limited number of activities/provisions AND they receive the outreach/telephone calls support that has been available recently. <ul style="list-style-type: none"> ▪ Staff, like many service users and carers, felt this provided a good starting point to remobilise services. Respondents noted staff the importance of flexibility and staff training. • Option three: Alternative mixed approach – a re-mobilising of Day Service provision and with a different outreach approach. This different outreach might include the opportunity for at-home outreach, day trips, doorstep visits etc - and other support away from home rather than only within the Day Service environment) <ul style="list-style-type: none"> ▪ There were positive responses to this way forward but also less positive views from staff, linked to the uncertainty of how this might operate. Respondents underlined the importance of planning and thinking through this approach.
	<p>Additional considerations about these approaches:</p> <ul style="list-style-type: none"> • Some respondents noted the opportunity for refreshing day services and investing in day services, using staff strengths; others expressed a preference for returning to, broadly, what was on offer previously. • Key considerations that staff respondents expressed further re-engagement with service users, safe working for service users and staff, and providing a fuller service in good time.
3.8	<p><u>Stakeholder Feedback – Professionals Focus Group</u></p>
	<p>A focus group was convened with a number of professionals from various areas of service to discuss the day services model pre-pandemic, options for remobilisation and the demand/need for services based on each professionals own expertise within their particular service area. This included representation from the Partnership's Social Work locality teams, Community Care Service Delivery team, AHP Services</p>

	including District Nursing/Community Physiotherapy and Senior Reablement Occupational Therapist, Dementia Trainer, Dementia Nurse Consultant, Dirrans Unit Manager, Self-Directed Support & Unpaid Carers Policy Manager and North Ayrshire Council Housing Strategy representatives.
	<p>The feedback from the focus group is summarised below:</p> <ul style="list-style-type: none"> • A number of people involved in the assessment process for accessing day services felt that people within North Ayrshire often declined day services support due to the traditional day services model pre-pandemic and therefore an opportunity to access alternative day services support would be welcomed and may widen this to others within the community. • Resoundingly from the professionals focus group, a mixed model was the preferred option as this would potentially support unmet need within the community that currently doesn't benefit from day service provision due to the traditional model. • There was strong feedback regarding the significant role that day services plays in supporting both service users and their carers to maintain living in their community as independently as possible and a number of comments made regarding people who may have accessed longer term care settings at an earlier stage because of the lack of day services during the pandemic. • Consideration for short-term placements both for emergency/crisis intervention and rehabilitation. The previous day services model traditionally supported longer term placements which limited flexibility around changing needs and support for carers at a time of crisis or increased need. The focus group were very supportive of a model which allows for increased flexibility, for example supporting additional days for short periods for carer fatigue, short breaks etc. • Better use of day services buildings for multi-disciplinary working including links with AHP services such as reablement and for advice and guidance on self-management of conditions within the community. • There may be a demand for a 7-day model with better choice and flexibility including Self-Directed Support options. • Strong sense of motivation to do something different and also consideration of criteria around different levels of service, use of day services to provide avenues to access other community supports and various types of outreach i.e. day trips. • Opportunities to build strategic links between the Partnership including other community care services, Housing and Connected Communities.
3.9	<u>Risks/Dependencies</u>
	There are risks associated with the remobilisation of day services for older people which need to be considered:

	<ul style="list-style-type: none"> • A number of day services buildings have been utilised during the pandemic, due to physical distancing guidance, and are being occupied by other services including Children and Families for contact, Addictions services and Moving and Handling for the delivery of mandatory training to frontline social care staff. The re-opening of these buildings will impact on the services who are currently utilising the buildings, sufficient notice will require to be given to services to make alternative arrangements. • Partnership day services staff have been redeployed as part of the business continuity arrangements within community care therefore there is a risk that other areas of the service which have not fully recovered from the pandemic will be impacted when staff require to return to their substantive posts. This will particularly affect the partnership's Care at Home service and PPE arrangements.
	<ul style="list-style-type: none"> • There are currently gaps in the day service workforce, due to staff changes since March 2020, and there will require to be a programme of recruitment to the day service staff team before services can remobilise. Health and Social care services are experiencing significant workforce challenges, particularly in relation to recruitment and retention, therefore there may be difficulties achieving the required level of staffing. • If the agreed option is to change the current model service delivery, Care Inspectorate variation and agreement to change current registration(s) may be required. • Delivery of day services is during set times with no flexibility i.e. staff do not work the weekend therefore may not be flexible with current contractual arrangements to meet any changes in delivery times without a requirement for fuller staff consultation. Subsequently there may be additional costs to any change in opening times as this was suggested by those consulted in the context of being in addition to current service delivery and not as a replacement or an alternative. • In relation to transport the current risk assessment only allows for 4 people plus the driver on existing day services vehicles at any one time and all passengers are required to wear a mask. This will have significant impact on numbers should there be no further changes to this restriction at the point of day services reopening, and may limit access where individuals cannot tolerate the wearing of masks. Recent changes to this guidance is under review. • Further COVID 19 changes, peaks and restrictions including impact on opening arrangements and staffing which could be affected by requirements to isolate.
3.10	<u>Benchmarking</u>
	<p>Benchmarking was carried out with 3 other local authorities in Scotland including Falkirk Council, South Ayrshire Council and East Ayrshire Council with information received from Falkirk Council and South Ayrshire Council as summarised below:</p> <p>Falkirk Council's model will be to meet the identified outcomes for older people in Falkirk by providing a comprehensive range of opportunities from support to access mainstream community support to providing people with high care needs ongoing specialist care, which will prevent institutionalisation.</p>
	<p>South Ayrshire Council day services offer a tiered approach to support that will be more person centred than traditional day services, with flexibility and potential for people to move through the different levels of support or even receive more than one level of support depending on individual needs and circumstances.</p>

	The recommended day service delivery in North Ayrshire, as detailed within this report, is aligned with the planning and delivery models in similar Local Authorities.
4	PROPOSALS
4.1	<u>In House Provision</u>
	<p>This report, based on the findings contained within, would summarise that older people day services within North Ayrshire are a vital service and support in achieving the Partnership's strategic aims of "all people who live in North Ayrshire are able to have a safe, healthy and active life". Engagement has widely confirmed that older people's day service provision has been greatly missed during the pandemic and staff, service users, families, carers and all professionals consulted would welcome a re-opening of day services at the earliest opportunity. In recognition of the feedback this report would propose the following.</p>
	<p>Re-opening of day services in the traditional building-based setting for 4 of the 5 day service buildings with one of the day service buildings to be closed. It is proposed that one of the day services located in the Three Towns locality would close, due to the concentration of day services within this locality. There are currently 3 day services options in the Three Towns – Castleview in Ardrossan, Thistle in Stevenston and Alzheimer's Scotland day service. Based on the current waiting list levels, and changes in service attendance during the pandemic, the service is confident that the capacity across the remaining 4 day inhouse day services would be sufficient in meeting the current service demand. There may also be opportunities to increase the capacity within the remaining Three Towns day service establishment in the future if required, however this would be dependent on risk assessment and Care Inspectorate approval. Communication has commenced with colleagues within Property Management and Investment to identify a preferred closure option based on the condition and suitability of the two in-house buildings in the Three Towns (Castleview and Thistle).</p>
	<p>By closing one of the day service buildings within the Three Towns, this would allow the opportunity for enhancing the staffing compliment and transport provision within the remaining day services to facilitate an alternative model of service delivery moving forward. The proposed model would include the ongoing provision of four traditional day service buildings which would satisfy the needs and wishes of those service users that have been engaged with during this process – by implementing a referral and capacity management plan of only allocating one place per service user this would ensure no reduction in the number of people who can attend day services and would in fact maximise day services attendance opportunities. This would also provide an opportunity to enhance staffing across the remaining four day services to introduce a mixed model to day services which has also been identified through this engagement process and professional focus group. The current day services staffing models are based on 100% traditional, building based day service delivery and this does not allow any scope or flexibility for the various proposed options including outreach, trips, multi-disciplinary working, short-term placements and intervention and support for accessing other community services.</p> <p>It is recognised that this move would be the first step in this model and there would require to be ongoing engagement and review for a period of six months following re-opening regarding longer term future service delivery. The service would propose to continue to utilise the professional focus group as a mechanism for analysis and review of changes made to service provision, and the impact of this on the needs of</p>

	those in the community. Ongoing service user and staff engagement would also be undertaken throughout this period.																								
	There would require to be initially a comprehensive programme of recruitment and subsequent training for both new and existing day care staff to develop the workforce with particular focus on infection control and health and safety measures. Initial risk assessments have been undertaken for the day service buildings and transport, and there would be a requirement to operate a reduced service at approximately 30% of pre pandemic capacity due to current restrictions and guidance, with a view to moving to maximum capacity when restrictions allow.																								
	Planning for the re-opening would also include individual plans for delivery in the event of any subsequent requirements to close, or reduce service delivery, on both a short term and medium to longer term basis to ensure planned delivery of alternative supports in these circumstances where required, for example should staffing reach levels below minimal requirements then digital/outreach support may be offered at these times.																								
	It is expected that in order to meet the aims and objectives of this review, including supporting 'Home First' approach and delivering on unmet need, that Day Services placements would only be offered at one day per service user to ensure the scope of day services provision is maximised to as many individuals as possible in the community. Furthermore, this option would introduce a cohort of short-term day service placements in each day service to support meeting identified needs such as crisis intervention and rehabilitation. This would also seek to build on and strengthen links with housing colleagues, communities and AHP colleagues, including introduction of support and advice for self-management of health and wellbeing which would benefit from the outreach more flexible delivery approaches.																								
	In addition to the capacity numbers detailed below, it is anticipated that this model of delivery would have capacity to deliver up to a maximum of 28 outreach visits/105 hours of outreach support on a weekly basis across North Ayrshire.																								
	The engagement and remobilisation did not identify any different models of transport at this time, however, this would require ongoing review and link to the wider transport policy currently being reviewed and developed.																								
	It has been identified that this proposed model of service delivery would fully meet the financial savings approved by the IJB as part of the review of older people's day services.																								
	<p>There are currently 168 individuals on the waiting list for inhouse day services in North Ayrshire. This can change on a weekly basis dependent on service user needs and circumstances, however the table below details the proposed future capacity and current waiting list requirements within the Partnership's day services.</p> <table><tr><th>Locality</th><th>Capacity per day</th><th>Total weekly places</th><th>Waiting List</th></tr><tr><td>Irvine</td><td>30</td><td>150</td><td>65</td></tr><tr><td>Garnock Valley</td><td>24</td><td>120</td><td>28</td></tr><tr><td>Three Towns *</td><td>12</td><td>60</td><td>63</td></tr><tr><td>North Coast</td><td>16</td><td>80</td><td>12</td></tr><tr><td>TOTAL</td><td>82</td><td>410</td><td>168</td></tr></table>	Locality	Capacity per day	Total weekly places	Waiting List	Irvine	30	150	65	Garnock Valley	24	120	28	Three Towns *	12	60	63	North Coast	16	80	12	TOTAL	82	410	168
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TOTAL	82	410	168																						

	<p>*the waiting list figure for the Three Towns includes individuals residing in West Kilbride, there would be flexibility to access the North Coast Day Service</p> <p>Based on the total capacity across all of the day services as detailed in the table above, there would be sufficient day services places available to support the current assessed need as per pre pandemic attendance levels and the current waiting list (dependent on individual risk assessment). Traditionally, service users from West Kilbride would access one of the day services based in the Three Towns locality however this period of closure has allowed for a review of traditional ways of working including operational matters relating to transport and provision of placement. In doing so transport will be used more flexibly and efficiently to offer a range of day service placements across the localities to ensure choice and maximum day service attendance.</p> <p>There are options available to increase the capacity within the remaining Three Towns day service as this was reduced pre-pandemic due to changes in staffing levels, however there is scope to consult with the Care Inspectorate with a view to increasing daily capacity levels. Furthermore, with the ongoing provision of external day services by Alzheimer's Scotland, there will be further choice for service users to access the day service in Ardrossan.</p>
	<p>This model at full capacity would support sufficient daily placements to ensure all service users who previously attended the Partnership's inhouse day service in March 2020 and all of those on the waiting list (providing needs can be met due to each day service risk assessment) could be offered a one day placement. This model would also continue to offer outreach solutions to a number of those individuals who will no longer be able to return to traditional day services provision due to change in care needs during the course of the pandemic. Whilst in the first instance, placements would be offered at a level of one day, the service is confident that the flexibility available with the blended model would support where increased needs are identified and promotion of maximum use of the day service to support more than one days attendance where available.</p>
4.2	<p>External Provision</p>
	<p>Alzheimer's Scotland, in consultation with the Partnership, have provided a proposal for their future service delivery model within North Ayrshire. This model provides an opportunity for some savings and an interim arrangement for service delivery whilst the commissioning and procurement process is undertaken for longer term delivery. Alzheimer's Scotland have been engaging with the Partnership since early 2021 and are very keen to re-open their day services in North Ayrshire, with a number of Alzheimer's Scotland day services open elsewhere in other Partnership areas at a significantly reduced capacity level.</p>
	<p>A summary of this proposal is Alzheimer's Scotland will operate their provision of day services from the Ardrossan day service building (The Harbour Centre). Service users who previously attended The Bungalow in Irvine have been advised that this service will not be re-opening. Service delivery will be a mixture of attendance in the day service building setting, wellbeing visits and digital supports. Day service provision will be delivered in sessions of up to 3 hours, rather than previous full day attendance, beginning at a reduced capacity level and building up to 3 sessions per day of up to 3 service users over 7 days. Alzheimer's Scotland will no longer be offering transport as part of this model based on feedback received during their own programme of engagement.</p>

	This report recommends the continued provision of day services by Alzheimer's Scotland within the Harbour Centre Ardrossan, however there are outstanding queries regarding the proposed model and costing provided by Alzheimer's Scotland in terms of value for money, transport provision and the change from full day provision, these continue to be worked through in partnership with the HSCP.	
	It is expected that the service users who previously attended The Bungalow day service in Irvine, which is affected by closure, will be offered alternative day service provision within either the Harbour Centre, Ardrossan, or one of the Partnership's inhouse day services.	
4.3	<u>Anticipated Outcomes</u>	
	It is anticipated that the outcome of this remobilisation will allow for a return to day service provision for older people in North Ayrshire, which has now been suspended for a period of 17 months. This will provide a return to much needed supports for service users in North Ayrshire. While this will provide options to support current identified day service requirements, and pre pandemic levels of unmet need, this will also present an opportunity for supporting the wider community with the blended approach to flexible day service delivery.	
4.4	<u>Measuring Impact</u>	
	The service will continue with an ongoing programme of stakeholder engagement – including engagement with day service staff, service users, carers and care providers, to gather feedback on changes made to the day service model. There will be continuation of a professionals focus group to review and measure impact, and support any further developments going forward. A evaluation report will be presented to the IJB during 2022.	
5.	RECOMMENDATIONS	
	This report, in consideration of current needs across Health and Community Care Services, would recommend supporting the continued model of both Partnership delivered and externally commissioned day services provision in North Ayrshire.	
	The recommendation would be to reopen in line with the adapted inhouse and externally commissioned models for day services which would be a positive enhancement on the current day services model in North Ayrshire, whilst potentially opening up access to day service supports to those in the wider community. Whilst this would require the closure of one day service building, there would be no associated staffing implications due to the current vacancies within the service and all staff who may be displaced by this would have the opportunity of placement in an alternative Partnership day service.	
6.	IMPLICATIONS	
Financial:		The full £50k saving approved by the IJB as part of the budget to be delivered from the review of day services will be fully achieved through this model, with an over-delivery of savings estimated to be £30k, dependant on finalising staffing and commissioned service costs.
Human Resources:		Engagement with staff has been undertaken, there will require to be recruitment to address gaps in staffing in line with plans to re-open. Given the level of vacancies

	in the services there will be minimal impact on existing staff, the small number of staff in the Three Towns day service being closed will be offered an alternative nearby location. Day service staff have been extremely flexible in being re-deployed across services during the period of closure.
Legal:	Potential
Equality:	An EIA has been completed in relation to these proposals.
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	This report, based on the findings contained within, would summarise that older people day services within North Ayrshire are a vital service and support in achieving the Partnership's strategic aims of "all people who live in North Ayrshire are able to have a safe, healthy and active life".
Risk Implications:	The risk implications are detailed within the report.
Community Benefits:	The revised model of services will allow for greater outreach from day services into the community and will open up opportunities to build strategic links between the Partnership including other community care services, Housing and Connected Communities.

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

5.	CONSULTATION
5.1	The options were considered and discussed with service users, staff and health and social care professionals group as part of the engagement for the remobilisation of day services for older people in North Ayrshire.
5.2	The PSMT endorsed the recommendations within this report at their meeting held on 5 August 2021.
6.	CONCLUSION
6.1	IJB are asked to approve the recommendations within the report which will support the service to take forward operational plans to allow day services to re-open.

For more information please contact Kerry Logan, Senior Manager HCC on [01294 310222] or [klogan@north-ayrshire.gov.uk]

Integration Joint Board 26th August 2021

Subject: **Appointments**

Purpose: To appoint North Ayrshire Council's recently appointed Head of Democratic Services as the Integration Joint Board's Monitoring Officer in terms of the Ethical Standards in Public Life etc. (Scotland) Act 2000.

Recommendation: It is recommended that with immediate effect, Aileen Craig, Head of Democratic Services of North Ayrshire Council is appointed as the Integration Joint Board's Monitoring Officer in terms of the Ethical Standards in Public Life etc. (Scotland) Act 2000 and, the Chief Officer seeks approval of the appointment from the Standards Commission.

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

1.	EXECUTIVE SUMMARY
1.1	This report seeks the appointment of Aileen Craig, the newly appointed Head of Democratic Services of North Ayrshire Council as the IJB's Monitoring Officer.
2.	CURRENT POSITION
2.1	The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 requires the Board to appoint a Standards Officer. In broad terms, the role of this statutory post is to support compliance with the Code of Conduct for Members of Devolved Public Bodies. More detail on the role of the Monitoring or Standards Officer is set out in the attached Advice Note issued by the Standards Commission on the Role of a Standards Officer in Respect of the Ethical Standards Framework.

2.2	The IJB's Monitoring Officer was previously the Council's Head of Democratic Services and Monitoring Officer. In an exceptional case, there could, at least in theory, be the potential for a conflict of interest between the two Monitoring Officer roles. However, in practice the advantages of ensuring consistency of advice between the two bodies, and of ensuring the IJB has an experienced Monitoring Officer more than outweigh this. Andrew Fraser, the current postholder retired from work on 23 July 2021.
2.3	Aileen Craig has been appointed as Head of Democratic Services and Monitoring Officer of North Ayrshire from 19 July 2021. Aileen is the Council's previous Senior Manager (Legal Services), and in that role, as well as her previous Council post had extensive experience of dealing with social care legal issues. It is recommended that Aileen is appointed as the IJB's Monitoring Officer with immediate effect.
2.4	<p>As the Board has no employees the 2003 Regulations also require the Standards Commission to approve the appointment. The Standards Commission has agreed an approval process with the Scottish Government's Directorate for Health and Social Care Integration, under which the Chief Officers of IJBs are requested to provide the following information:</p> <ul style="list-style-type: none"> • A summary of the Standards Officer's key responsibilities; • The name of the nominated individual; • Whether the nominated individual is an existing Monitoring or Standards Officer; and • The steps they have taken to assure themselves of the individual's suitability.
3.	PROPOSALS
3.1	It is recommended that (1) with immediate effect, Aileen Craig, Head of Democratic Services of North Ayrshire Council is appointed as the Integration Joint Board's Monitoring Officer in terms of the Ethical Standards in Public Life etc. (Scotland) Act 2000 and (2) the Chief Officer seeks approval of the appointment from the Standards Commission.
3.3	<u>Anticipated Outcomes</u>
	The appointment of a Monitoring Officer of the IJB is a statutory requirement, which help to ensure accountability and supports good governance.
3.4	<u>Measuring Impact</u>
	The impact of this post is in terms of accountability and good governance which in turn supports effective leadership and delivery of services.

4.	IMPLICATIONS	
Financial:	There are no financial implications for the IJB	
Human Resources:	Any implications are set out in the report	
Legal:	The appointment of a Monitoring Officer is a statutory requirement under the Ethical Standards in Public Life etc. (Scotland) Act 2000. Any appointment requires to be approved by the Standards Commission.	
Equality:	There are no significant implications, although the appointment supports compliance with equalities obligations.	
Children and Young People	There are no significant implications	
Environmental & Sustainability:	There are no significant implications although the appointment supports compliance with environmental obligations.	
Key Priorities:	The appointment supports accountability and good governance which in turn supports of all the key priorities.	
Risk Implications:	There are risks in terms of the HSCP and IJB operating without the Monitoring Officer post, but the processes set out in this report are aimed at minimising these risks in the shortest achievable timescale.	
Community Benefits:	There are no community benefits.	

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

5.	CONSULTATION	
5.1	There has been consultation with the Chief Executives of NAC and NHS, and the report was prepared in liaison with the Chief Officer of the IJB.	
6.	CONCLUSION	
6.1	This report advises the IJB on the appointment of its Monitoring Officer and the IJB Auditor	

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



INTEGRITY IN PUBLIC LIFE

ADVICE ON THE ROLE OF A STANDARDS OFFICER IN RESPECT OF THE ETHICAL STANDARDS FRAMEWORK

1. Introduction

- 1.1 This Advice Note, issued by the Standards Commission for Scotland (Standards Commission) aims to outline the role and responsibilities of a Standards Officer operating within a Schedule 3 devolved public body, within the ethical standards framework. While this Advice Note aims to assist Standards Officers and others by providing information about the duties Standards Officers may be expected to discharge within the ethical standards framework, it is not intended to be prescriptive, as the Standards Commission recognises that governance and staffing arrangements are entirely a matter for each devolved public body to determine.
- 1.2 The Standards Commission further acknowledges that, unlike the role of a Council's Monitoring Officer, the Standards Officer of a devolved public body has limited responsibilities as specified within the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Amendment Regulations 2003 (Scottish Statutory Instrument 2003/135). It may be that there is not an individual within a devolved public body who has the specific job title of 'Standards Officer'. This Advice Note is, therefore, aimed at any individual who is either solely, or jointly, responsible for undertaking the duties and responsibilities outlined below, regardless of whether or not they have the formal title of Standards Officer.

2. Background

- 2.1 The Standards Commission's functions are provided for by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the 2000 Act), as amended by the Scottish Parliamentary Commissions and Commissioners etc. Act 2010. The 2000 Act created an ethical standards framework whereby councillors and members of devolved public bodies are required to comply with Codes of Conduct, approved by Scottish Ministers.
- 2.2 The role of the Standards Commission is to:
- Encourage high ethical standards in public life. This includes promoting and enforcing the Codes of Conduct and issuing guidance to councils and devolved public bodies.
 - Adjudicate on alleged breaches of the Codes of Conduct, and where a breach is found, to apply a sanction.

- 2.3 Individual Codes of Conduct, which are based on a Model Code of Conduct, have been created and approved for all devolved public bodies described within Schedule 3 of the 2000 Act. Codes of Conduct currently apply to the following categories of public bodies:
- National Bodies (for example, the Scottish Legal Aid Board).
 - Regional Bodies (for example, Highlands and Islands Enterprise).
 - National Health Service Boards.
 - Health & Social Care Integration Joint Boards.
 - Further Education Colleges.
 - National Parks.
 - Regional Transport Partnerships.
- 2.4 Complaints about potential breaches of the Codes of Conduct are investigated by the Commissioner for Ethical Standards in Public Life in Scotland (ESC). Following the completion of an investigation, the ESC will submit a report to the Standards Commission.
- 2.5 The Standards Commission will review the report and determine whether to:
- direct the ESC to carry out further investigations;
 - hold a Hearing; or
 - do neither.
- 2.6 The Standards Commission holds Hearings to determine whether there has been a breach of their respective Code of Conduct by a councillor or member of a devolved public body concerned. If the evidence presented to the Standards Commission's Hearing Panel supports, on the balance of probabilities, that a breach of the Code had occurred the Hearing Panel will then determine the sanction to be applied, in accordance with the 2000 Act.

3. Members of the Devolved Public Body

- 3.1 The Standards Officer is responsible for ensuring that appropriate training is given to Members on the Ethical Standards Framework, the Members' Code of Conduct, and the guidance issued by the Standards Commission. This includes ensuring training is provided on induction and also on a periodic basis thereafter.
- 3.2 The Standards Officer should contribute to the promotion and maintenance of high standards of conduct by promoting awareness of the Members' Code of Conduct. The Standards Officer can also providing provide advice and support to Members on the interpretation and application of their Code of Conduct.
- 3.3 Under Scottish Statutory Instrument 2003/135, the Standards Officer is responsible for ensuring the body keeps a Members' Register of Interests. The Standards Officer should ensure the Register of Interests is maintained and that a reminder to update entries on the Register of Interests is issued to members at least once a year.
- 3.4 While it is a Member's personal responsibility to ensure that all relevant interests are recorded, the Standards Officer should try to ensure that members are aware of what constitutes a registrable interest under the Code and, further, that they are aware that any changes must be recorded within one month. The Standards Officer should also ensure reminders incorporating a note to the effect that the statutory requirement is to update entries on the Register of Interests within one month of any change, are issued to elected members at least once a year.
- 3.5 The Standards Officer should also ensure that members are aware that they have an obligation under their Code of Conduct to ensure gifts and hospitality are also registered within one month.

- 3.6 The Standards Officer should ensure that there are procedures in place to provide for a consistent approach in respect of seeking and recording declarations of interest at the start of all meetings of the body (and any committee or sub-committee thereof).
- 3.7 The Standards Officer might consider it useful to ensure that all relevant officers are aware of, and familiar with, the requirements of their Member's Code of Conduct.
- 3.8 The Standards Officer may have an investigatory role if local resolution is attempted in respect of complaints or concerns made about a member's conduct.
- 3.9 The Standards Officer may be required to report to the Board from time to time on matters relating to the Ethical Standards Framework. The Standards Officer may report any concerns about compliance with the Code of Conduct to the Chief Executive.
- 3.10 The Standards Officer should provide support to the body's Governance or Standards Committee, if such a committee has been established.

4. The Standards Commission

- 4.1 The Standards Officer will be the principal liaison officer between the body and the Standards Commission, and may assist the Standards Commission whenever necessary in connection with any Hearings concerning a member of the body and in all matters relevant to the ethical standards framework.
- 4.2 The Standards Officer should try to attend events arranged by the Standards Commission in order to be kept up to date with all relevant developments in respect of the ethical standards framework and to help keep the Standards Commission abreast of any issues or trends that emerge.
- 4.3 The Standards Officer should familiarise themselves with the content of the Standards Commission's Professional Updates and should ensure these are circulated to members. The Standards Officer should also regularly review the Standards Commission's decisions and advise members of any relevant learning points that have arisen at recent Hearings.
- 4.4 The Standards Commission expects Standards Officers to assist it in its work to promote the ethical standards framework by engaging in any of its consultations and by circulating and promoting any Guidance and Advice Notes it has produced to members and fellow officers.
- 4.5 The Standards Officer may be asked to assist the Standards Commission in making arrangements to run external training events on the Model Code of Conduct. The Standards Officer should encourage members to attend any such events.
- 4.6 The Standards Officer should be the point of contact for the Standards Commission and should advise the Standards Commission if they are leaving their post.

5. The ESC

- 5.1 The Standards Officer will be the principal liaison officer between the body and the ESC and should assist the ESC whenever necessary in connection with the investigation of complaints against a member of the body. This includes providing information and evidence within the timescales as requested and making arrangements for interviewing any officers or other members as required. Timely responses to requests from the ESC will assist in keeping to a minimum the time taken to conclude an investigation.

- 5.2 If local resolution in respect of complaints or concerns made about a member's conduct is deemed inappropriate in the circumstances or is unsuccessful, the Standards Officer may be responsible for reporting any alleged breach of the Code of Conduct to the ESC.

6. Other Standards Officers

- 6.1 The Standards Officer may wish to try to develop relationships with other Standards Officers to share knowledge, experience and information about best practice.



Data control and version information				
Date	Action by	Version Updated	Current version	Brief Description
07/01/2016	LJ	N/A	V1.0	Introduction of Advice Note
13/12/2018	LJ	V1.0	V1.1	Minor changes to format and structure
08/02/2019	EM	V1.1	V1.2	Replace CESPLS with ESC
12/02/2019	LJ	V1.2	V1.3	Minor change to paragraph 3.1 to refer to training as being 'periodic' as opposed to 'regular'.
18/03/2021	LJ	V1.3	2021 v1.0	Minor amendments following review.

Integration Joint Board
26th August 2021

Subject: **Appointment : IJB Auditor**

Purpose: To note the appointment of North Ayrshire Council's Chief Internal Auditor as IJB Auditor.

Recommendation: IJB note the appointment of Laura Miller as the new North Ayrshire Council Chief Internal Auditor, and IJB Auditor.

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

1.	EXECUTIVE SUMMARY
1.1	This report asks the IJB to note the appointment of Laura Miller as the Council's Chief Internal Auditor. Laura will assume the role of IJB Auditor with effect from 19 th August 2021, as it was previously agreed that the Chief Internal Auditor of North Ayrshire Council would undertake this role.
2.	CURRENT POSITION
2.1	Laura Miller has been appointed as North Ayrshire Council's Chief Internal Auditor with effect from 19 th August 2021. As previously agreed, this role will also undertake the role of IJB Auditor.
3.	PROPOSALS
3.2	It is recommended that IJB agree to Laura Miller, NAC Chief Internal Auditor undertaking the role of IJB Auditor with effect from 19 August 2021.
3.3	<u>Anticipated Outcomes</u>
	The appointment of the IJB Auditor will ensure accountability and support good governance.
3.4	<u>Measuring Impact</u>
	The impact of this post is in terms of accountability and good governance.

4.	IMPLICATIONS	
Financial:		None
Human Resources:		None
Legal:		None
Equality:		None
Children and Young People		N/A
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	

5.	CONCLUSION	
5.1	This report advises the IJB on the appointment of Laura Miller as the IJB Auditor.	

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

**North Ayrshire Health and Social Care Partnership
Performance and Audit Committee**

**Friday 25 June 2021 at 10.00 am
involving participation by remote electronic means**

Present

Councillor Timothy Billings, North Ayrshire Council (Vice-Chair)
Mhairi Kennedy, NHS Ayrshire and Arran (Chair)
John Rainey, NHS Ayrshire and Arran
Louise McDaid, Staff Representative, North Ayrshire

In Attendance

Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Paul Doak, Head of Service (Finance and Transformation)
Eleanor Currie, Principal Manager (Finance)
Anne-Marie Fenton, Interim Chief Internal Auditor
Neil McLaughlin, Manager (Performance and Information Systems)
Kerry Logan, Senior Manager (Health and Community Care)
William Lauder, Senior Manager Inpatient (Mental Health) and Forensic Services
Coenraad Balfourt, Deloitte (External Auditors)
Angela Little, Committee Services Officer

Apologies for Absence

Caroline Cameron, Director
David Donaghy, Staff Representative, NHS Ayrshire and Arran

1.	Apologies	
	The Committee noted apologies and were advised that Marie McWaters, Carers Representative had stepped down from the IJB and IJB PAC.	
2.	Declarations of Interest	
	There were no declarations of interest in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.	
3.	Minutes/Action Note	
	The accuracy of the Minutes of the meeting held on 5 March 2021 were confirmed and the Minutes signed in accordance with Paragraph 7(a) of Schedule 7 of the Local Government (Scotland) Act 1973.	

3.1	<p>Matters Arising from previous meeting</p> <p>The Committee was advised that the following areas had been delayed as a result of Covid:-</p> <ul style="list-style-type: none"> • Commissioning Strategy with Care Home Providers – at its meeting on 17 June 2021, the IJB agreed that an update on the Commissioning Strategy be provided to a future meeting; • Q3 delayed discharges (pre/during Covid and remobilisation) will be included in the Q1 report to the next meeting; • Performance Report – a full review of measures will be undertaken and be reported in the Q1 report to the next meeting; • Community based support actions highlighted at a previous audit are now complete and an update will be circulated for information to the Committee; • Locality Model – the 6 Locality Planning Partnerships are currently reviewing their priorities and this information will inform the Locality Model – report to next meeting; • Directions – a pan-Ayrshire meeting has been arranged to agree a consistency of approach; and • CSWO Annual Report – a report on trends around overdose/ suicide was referred from the IJB. Confirmation on when this will be available is required. <p>The Committee agreed (a) that the Director confirm which meeting the following reports will presented to:- Commissioning Strategy, CSWO Annual Report – trends around overdose/suicide; (b) a report on the Locality Model be provided to the next meeting; and (c) an update on the community based support actions be circulated to Members.</p>	(a) + (b) Caroline Cameron; (c) Eleanor Currie
4.	2019-20 Performance Report – Quarter 4	
	<p>Submitted report by Neil McLaughlin, Performance and Information Systems Manager on the performance monitoring information for the Partnership in delivering the strategic priorities as set out in the strategic plan and against the national outcomes.</p> <p>The Quarter 3 Performance Report was appended to the report and provided a high-level overview of the progress being made in delivering the strategic priorities as set out in the HSCP 3-year strategic plan. Appendix 1 gave details of MSG Trajectories within Rates. All Performance Measures were outlined at Appendix 2 and Appendix 3 provided information on workforce absence. Appendix 4 presented the Partnership Budget Objective Summary and a Glossary of Acronyms was set out at Appendix 5 to the Quarter 4 report.</p>	

	<p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • Clarification on the senior officer responsible for each red actions; • Revision of the measurement 'Children accessing direct payments', advice provided to parents on the four payment options that are available to them; • Prevention and early intervention to provide respite support and care to families to have their children remain at home and within their communities; • Continuous review of performance indicators, with a monthly review, a mid-way review and annual review undertaken; • A review of the BMI indicators, performance measures and targets that is being undertaken to examine whether there is clarity around the clinical and the epidemiological definition which would have an impact on the figures; • The BMI figure that is artificially low as a result of the low number of home visits made during the pandemic • Support that is offered to families on diet and nutrition, including the Jumpstart Tots programme; • Timescale details that will be included in future reports; • Supports in place to encourage breastfeeding, a positive UNICEF assessment around breastfeeding and funding that has been secured for an Infant Feeding Support Nurse; • The target for Liaison Services to see referrals within 60 minutes that will be reviewed; • Well-Being at Work policy introduced by the Council to encourage staff to take regular breaks, holidays and time off and use supports available to maintain their health and well-being; and • A 3 Year Workforce Plan that is being prepared and will emphasis well-being at work. <p>Noted.</p> <p>John Rainey left the meeting at this point.</p>	
5.	Follow up of Internal Audit Actions	
	<p>Submitted report by Anne-Marie Fenton, Interim IJB Chief Internal Auditor on internal audit actions due for completion on or before 31 March 2021 and not yet complete. Appendix 1 to the report outlined three outstanding actions, including the most recent information from the responsible officers and the proposed new timescales for completion.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • Updates to Pentana that record revised timescales to ensure these timescales are pursued; 	

	<ul style="list-style-type: none"> • A pan-Ayrshire meeting on 21 July 2021 to progress work on directions and an update that will be provided to the next meeting; and • A draft lead partnership report that had been prepared and will be revised to include remobilisation and transformation funds that are now available. <p>Noted.</p>	<p>C. Cameron</p> <p>C. Cameron</p>
6.	Internal Audit Reports Issued	
	<p>Submitted report by Anne-Marie Fenton, Interim IJB Chief Internal Auditor on the findings of relevant Internal Audit work. Appendix 1 to the report outlined the review of IJB Governance Arrangements from the 2020/221 plan. The Audit Report from the NHS Ayrshire and Arran Internal Auditor, Grant Thornton, on Mental Health Services at Woodland View Hospital was attached at Appendix 2 to the report.</p> <p>Members asked questions and were provided with further information in relation to:</p> <ul style="list-style-type: none"> • The Governance Map that illustrates some of the decision-making mechanisms and inter-relationships of the IJB that will be circulated to the Committee; • A review of the Scheme of Delegation that is being undertaken by Legal Services; • Management of Aggression training in Wards 9,10 and 11 that had been impacted by the pandemic and that training had resumed at the end of May. <p>Noted.</p>	<p>K. Andrews</p>
7.	Internal Audit Annual Report 2021/21	
	<p>Submitted report by Anne-Marie Fenton, Interim IJB Chief Internal Auditor on the work of Internal Audit during 2020/21 for North Ayrshire IJB and an opinion on the governance, risk and internal control environment of the IJB.</p> <p>The Committee was advised that potential audit topics for the following year would be explored and reported to the next meeting of the Committee.</p> <p>Noted.</p>	<p>A-M. Fenton</p>

8.	Unaudited Annual Accounts 2021-21	
	<p>Submitted report by Paul Doak, Head of Service (Finance and Transformation) on North Ayrshire IJB's Unaudited Annual Accounts for 2020-21 which require to be submitted to External Audit and published by 30 June 2021.</p> <p>The full Unaudited Accounts were detailed within Appendix 1 to the report. Following the audit of the accounts by Deloitte, the Audited Annual Accounts will be submitted to the IJB for approval in August 2021 and will be accompanied with the External Audit findings as part of the audit.</p> <p>Members asked questions and were provided with further information in relation to the £5.293m debt to the Council and the repayment of £1.486m as per the agreed repayment plan</p> <p>The Committee agreed to approve (a) the Annual Governance Statement for 2020-21 contained within the Unaudited Annual Accounts; (b) the Accounting Policies which have been adopted in the preparation of the Annual Accounts; and (c) the Unaudited Annual Accounts to the period 31 March 2021 and to submit them to Deloitte for formal audit.</p>	P. Doak
9.	Deloitte - 'Audit Dimensions and Best Value'	
	<p>Submitted report by External Auditors Deloitte on the 'Audit Dimensions and Best Value' for the year ended 31 March 2021. The scope of the audit work was risk based and proportionate, and covered the four audit dimensions of Financial Management, Financial Sustainability, Governance and Transparency and Value for Money. Responsibilities in relation to Best Value had been incorporated into the audit work. Appendix 1 to the report outlined the purpose of the report and responsibility statement. The Action Plan with recommendations for improvement was attached at Appendix 2 to the report.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • Progress in achieving savings that is detailed in the Financial Monitoring report; • Work that will be done to update the Medium Term Financial Plan; • A small draw on reserves to achieve financial balance; • An Induction Training programme for IJB members that is planned to be completed by March 2022; and 	

	<ul style="list-style-type: none"> A minor amendment to the work planned by the Health Board's internal auditors resulting in resources being redirected to an alternative project on Delayed Discharges and will be reported to the September meeting. <p>Noted.</p>	A-M. Fenton
	The meeting ended at 11.50 a.m.	

DRAFT

Minutes of North Ayrshire Strategic Planning Group Meeting

Held on Tuesday 3rd August 2021, 10:00am

Virtually on Microsoft Teams Platform

Present:

Councillor Robert Foster (Chair)
Bob Martin (Vice Chair)
Scott Bryan, Strategic Planning, Policy, and Inequalities Officer, NAHSCP
Michael McLennan, Partnership Engagement Officer, NAHSCP
Janet McKay, Garnock Valley Locality Lead
Elaine McClure, Portfolio Programme Manager, NHS A&A
Trudi Fitzsimmons (Housing Representative), NAC
Elaine Young, Public Health Representative
Jacqueline Greenlees, Planning Officer, Policy and Performance
Vicki Yuill, Arran CVS & Arran Locality Lead
Clive Shephard, Confederation of North Ayrshire Community Associations
Allison McAllister, Library & Information Manager, NAC
Alison Chalmers, TSI Health and Social Care Engagement and Development Officer
Louise McDaid, Staff Representative
Sharon Bleakley, NHS Healthcare Improvement Scotland
Louise Wilson, GP Representative
Louise Gibson, Deputy AHP Senior Manager/Dietetic Service Manager NAHSCP
Paul Doak, Head of Finance and Transformation NAHSCP
Thelma Bowers, Head of Service Mental Health NAHSCP
Roseanne Burns, Senior Manager Children, Families & Justice Services NAHSCP
Betty Saunders, Contract and Commissioning Manager NAHSCP
Kirsty Calderwood, Child Protection Committee Lead Officer NAHSCP
Kate Smith, Governance Officer NAHSCP

Apologies Received:

Alison Sutherland, Head of Service, Children and Families & Justice Services, NAHSCP
Darren Fullarton, Assistant Nurse Director NAHSCP
David Donaghey, NHS Staff Representative
Elizabeth Stewart, Interim Chief Social Work Officer NAHSCP
Councillor John Sweeney, Three Towns Locality Lead
Lorna McGoran, Primary Care Development Manager
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Ruth Betley, Senior Manager Island Services NAHSCP
David Thomson, Interim Head of Service H&CC/Associate Nurse Director/Lead Nurse
Caroline Cameron, Director, NAHSCP
Fiona Comrie, KA Leisure
Kevin Milton, Mental Health Representative
Lynne McNiven, Public Health
Councillor Anthea Dickson

Item No	Item	Action
1.	Welcome and Introductions	
	Councillor Foster, as returning Chair, opened the meeting and thanked Bob Martin for chairing the group for the past two years. Bob will now take on the role of vice-chair to the group. Councillor Foster also welcomed new attendants to today's meeting – Paul Doak, Head of Service for Finance and Transformation; Michael McLennan, Partnership Engagement Officer; Trudi Fitzsimmons, attending on behalf of Jacqueline Cameron; Alison Chalmers, attending on behalf of Vicki Yule and Kate Smith, minuting the meeting on behalf of Louise Harvie. Apologies for the meeting were also noted.	



2.	Minutes of Meeting held on 25th May 2021	
	The minutes from the previous meeting were circulated and agreed to be an accurate reflection.	
Focus on: Young People		
3.	Kirsty Calderwood was in attendance at today's meeting to provide two presentations. Both were shared with the Group on screen.	
3a.	NACPC Child Sexual Abuse Strategy Presentation	
	<p>Kirsty spoke about the background to the Strategy which was launched in April 2021. It is a three-year strategy and it was in the pipeline for development for some time. The plan has now been implemented.</p> <p>The presentation gave an overview of the strategy and its current status. This included:</p> <ul style="list-style-type: none"> • The strategy's vision and who it is for; • The aims of the strategy which is overseen by the Child Protection Committee – prevent, protect, support and recover. • Multi-agency plan working with colleagues in schools, communities, external providers to increase awareness. • The procurement of a service for under-13s in North Ayrshire. • How it will happen – ongoing media campaigns, publicity materials, community champions and hubs, raising awareness in schools, learning opportunities. • Access to awareness modules to ensure all know how to access support. <p>Kirsty reiterated that child protection procedures remained the same. The Strategy clarifies how young people and children can be helped and supported in a different way.</p> <p>The Strategy is an ongoing work in progress and any queries can be emailed to Kirsty at cpc@north-ayrshire.gov.uk</p>	
3b.	Discussion	
	<p>Councillor Foster thanked Kirsty and acknowledged the huge piece of work to bring the strategy together. Discussion followed with the following noted:</p> <ul style="list-style-type: none"> • Elaine Young will ask the person in charge of the NHS Better Health Hubs to get in touch with Kirsty to discuss how to link in with NHS staff. • Thelma Bowers highlighted the need to be mindful of the impact the strategy will have on statutory services and how we learn and strengthen existing services to ensure a joined-up approach. • Scott Bryan suggested it would be beneficial to engage with Locality Planning Forums as this could be a key mechanism to get the message out within communities and share the strategy. • Vicki Yule advised that Alison Linton had previously attended a Children's Services Providers Forum and shared a link with them to the strategy. This was shared within Vicki's own teams and also with other Third Party Providers – Kirsty will send the link to Scott to distribute to the group in order to promote the strategy. 	<p>EY/KC</p> <p>SB/KC</p> <p>KC/SB</p>
3c.	Young People Suicide Prevention Taskforce	
	The second presentation was then given. Kirsty spoke about the background to the Taskforce and its current status, along with future development plans. The presentation highlighted the support the Taskforce can give through provision of Resources, supporting staff with feelings of isolation, having a co-ordinated response and providing guidance and clarity after young death by suicide.	

	<p>The Taskforce does not replace normal routine procedural processes but can provide a short term input where needed.</p> <p>The Young People's Strategic Suicide Prevention Group has been in place for three years and was formed in response to the number of young people who had died in North Ayrshire over an 18-month period, with the priority of preventing further deaths. This group now meets every three months. The operational group changed its name to the Young People's Suicide Taskforce and they meet monthly, chaired by Kirsty. The key was to have a multi-agency group prioritising the prevention of further deaths occurring. The Taskforce works directly with young people with schools at the centre. There is a Head Teacher on the group which is integral to the process.</p> <p>Significant developments to date include:</p>	
	<p><u>Crisis Response</u></p> <p>Development of crisis response process with a crisis response activated when a young person under 18 dies from suicide. This is constantly reviewed as each death is different and provides a key contact for police in the aftermath of a death and allows for wellbeing checks for all affected, at regular intervals.</p>	
	<p><u>13 Ways Campaign</u></p> <p>Developed, reviewed and shared by young people, providing 13 ways to help friends and support them. Been launched and used on regular occasions and embedded within schools. Preparation work also taking place to participate in Suicide Prevention Week.</p>	
	<p>Future developments include data collection, bereavement support and post suicide support, building on 13 ways campaign, pathways and co-ordination for young people attempting suicide, continue to raise awareness of Taskforce. There are three standing items at meeting which are information sharing/good practice/general; crisis response review and adult deaths with significant impact.</p> <p>Anyone who requires any further information can email Kirsty at cpc@north-ayrshire.gov.uk</p>	
3d.	Discussion	
	<p>Councillor Foster again thanked Kirsty for her presentation. A full discussion then took place on suicide prevention.</p> <p>Sustaining momentum with the 13 ways campaign was crucial and having this support when a young person dies from suicide is of great benefit. The Strategic Group had provided a really firm foundation which was key in terms of responders and support when tragic incidents happen.</p> <p>The work of the group was commended and there was an enormous amount of learning for North Ayrshire to take into the pan-Ayrshire group.</p> <p>The National Gallery for Scotland is again working with young people in North Ayrshire to put on an exhibition showcasing young people's artwork, focussing on celebrating life. This is through youth recovery funds.</p> <p>There are good follow up systems in place following emergency department presentations. The Child and Adolescent Specialist Substance Team (CASST) is working and supporting children from aged five to 21.</p>	



	<p>Drug overdose is the main reason for young people presenting at emergency departments. There has been a 25% increase in referrals to CASST in recent weeks and there is scope to link in with young people and have a forum for staff to work together to share experience and provide support.</p> <p>It is also important for colleagues in Primary Care to be aware of pathways for young people presenting at emergency departments to make GPs aware of plans in place. Thelma Bowers agreed to take this forward and look at ways to strengthen links.</p> <p>Anything locality groups can do to promote and keep the momentum going is also important. The emphasis has to be on prevention and engaging with parents to give them the necessary tools to help and support them. The Young Person Taskforce pathway focuses on this by early engagement with young people and families to prevent multiple presentations at emergency departments.</p> <p>There is a potential for funding around community investment to be used in localities and the best way to do this is something that can be looked at. There may also be further funding announcements in relation to suicide prevention work from the National Mental Health funding currently available and North Ayrshire will be well placed to target additional resources.</p> <p>Engagement with those with lived experience, through Recovery Development Worker and a Modern Apprentice, working with young people who have drug and alcohol abuse issues, is also ongoing. Engagement so far with the Recovery Worker has been 100%, highlighting the benefits of this approach.</p>	TB/LW
Focus on: Locality Planning Forums		
5.	<u>LPF Development Update</u>	
	<p>Since January 2021, LPFs have been undertaking a series of development sessions with the aim of strengthening their role through:</p> <ul style="list-style-type: none"> • providing greater clarity of the function of the forums • supporting LPF members to better understand their role • undertaking a review of LPF priority area areas <p>The most recent sessions took place during May and June 2021 and were focussed on reviewing and identifying locality priority areas.</p>	
	<p>To support this, data presentations were provided to highlight key information in relation to health and social care. This helped discussion among members to identify priority areas, many of which were shared across localities. A further follow-up questionnaire allowed for values to be placed against those identified priority areas</p>	
	<p>Three clear top level priority area areas emerged across all LPFs:</p> <ul style="list-style-type: none"> • Improving Mental Health and Wellbeing • Reducing Social isolation and loneliness (all ages) • Tackling Drug Related Deaths/alcohol and drug use <p>However, a number of other priority areas were also identified, but not initially prioritised by all LPFs. For example, Recovering from COVID or enabling financial inclusion, were mentioned by some LPFS, but not all.</p>	
	An interim report has been developed by the Partnership's Organisational Development Officer outlining the identified priority areas and has been	



	<p>distributed to all LPF Chairs, GPs and Lead Officers in the first instance, with follow up meetings being arranged to confirm these.</p> <p>This will give the opportunity to consider if an identified priority area in another locality is also applicable to them and what local solutions might mean.</p> <p>The updated report will be presented to PSMT and SPG with a recommendation to develop meaningful locality action plans to address all priority area areas.</p> <p>The three priorities identified are not stand alone and close alignment and integrated working with colleagues in community planning is important as there are limits to what can be achieved by the Partnership on its own.</p>	
5a.	LPF Input	
	<p><u>North Coast</u> The North Coast update covered much of what was discussed in the LPF Development Update. Following the two presentations at today's meeting Louise McDaid felt it would be useful to get a breakdown in analysis of drug deaths and young people suicides for each locality. This could help focus what locality priorities should be. Scott advised we do not currently have the information broken down this way but he will request this.</p> <p>Louise also advised of a forthcoming online Gambling Anonymous event being held in September. She is attending along with Scott Bryan and would be happy to provide feedback at a future SPG meeting. This will be added to the agenda for the next meeting in September, if the event has taken place before the meeting takes place.</p>	<p>SB</p> <p>Future agenda</p>
	<p><u>Irvine</u> Louise Gibson reiterated that the two most recent development meetings had been helpful in determining themes and priorities. In Irvine, SIMD Data highlighted that depression rates in Irvine were higher than in other localities in North Ayrshire. Meetings to link in with LPF and locality planning will continue as agreed working together going forward is key. Michael McLennan, the new Partnership Engagement Officer will attend the next meeting, providing an opportunity for LPF members to meet him.</p>	
	<p><u>Arran</u> The report from a meeting held on 17th June was circulated with Papers. Vicki Yule provided highlights from the report:</p> <ul style="list-style-type: none"> • Short life working group to be formed from previous participants to develop questions to be put out to the community on priorities. • Arran and Cumbrae issues will be highlighted in the next national report. • Scottish Government consulting on "Island Bond" looking at island depopulation – locality groups will be involved in discussions • Work continuing in developing "Dementia Friendly Arran" with a number of sponsors supporting the work to look at making the island a dementia friendly community. • Young people summer activities are being held with wellbeing camps taking place • There had been one recent suicide on Arran and a spike in numbers about seven years ago confirmed that the link to poverty was not always the case. 	
	<p><u>Garnock Valley</u> The LPF also been involved in determining key priorities. Janet McKay agreed that joint working is important. Also agreed on the importance of</p>	



	strong data in developing priorities, for example 47% single households in Garnock Valley shows the importance in tackling social isolation, or the number of drug admissions to hospitals highlights need to tackle drug abuse. This is important for the direction of travel in the Garnock Valley. Janet sent thanks to Alana Black, Evaluation Officer for providing and presenting the data.	
	<u>Kilwinning</u> Currently no Chair for LPF however will continue to take forward development work and highlighting priorities.	
	Scott reiterated the value of the data pulled together by Alana Black, Evaluation Officer to all the LPFs and thanked her for her work in providing this.	
Focus on: Strategic Plan 2022-2030		
6.	Strategic Plan Development	
	A copy of a Paper which had gone to the Partnership's Senior Management Team was circulated with the Papers for today's meeting.	
	<p>The Strategic Bridging Plan provides a good foundation going forward and sets out the work required to inform the longer-term plan, including:</p> <ul style="list-style-type: none"> • Reviewing the Partnerships' vision and values, • Reviewing the identified long-term ambitions with a view to updating the existing strategic priorities, • Updating the Partnership's needs assessment to offer demand forecasts and likely impact of Covid-19 • Updating essential policies including: • Collaborating with staff, service users, commissioned services, families and unpaid carers to coproduce engagement methods and approaches which ensure involvement of key groups, to meet our equalities outcomes. • Reviewing the Partnership's strategic performance framework <p>A whole system approach will be taken with staff, stakeholders and partners to develop longer term ambitions to 2030.</p>	
	<p>Existing development groups and mechanisms will be remobilised to progress the new plan development e.g. Strategic Oversight Group and Engagement Oversight Group. Engagement sessions and development sessions will be held to develop priorities. Planning sessions are proposed with each HSCP service area to identify and confirm ambitions over the next three to five years.</p> <p>LPFs are in the later stages of reviewing local priorities and a report paper, when finalised, will be submitted to LPF Chairs for validation prior to going to the SPG and Partnership Senior Management Team.</p> <p>The intention is that, once established, members of the Care Improvement Network will be invited to take part in the review of the Partnership's vision, values and strategic priorities.</p> <p>It is proposed to use graphics, storyboards, short films and animations to develop a more visual and interactive Strategic Plan document, and look to engage with local people to develop this approach. An example of a short comic published by the Scottish Government to help explain how SIMD works was included in the report which went to PSMT, as an example of how this could look.</p>	



Focus on: Future Meetings		
7.	<u>Future Agenda Items</u> Feedback on future agenda items to be provided direct to Michelle Sutherland, Scott Bryan or Louise Harvie. <ul style="list-style-type: none"> • Performance Update • Feedback from Gambling Anonymous Event 	
	<u>2021</u> <i>Tues 28th September (10am – 12)</i> <i>Tues 23rd November (10am – 12)</i>	