



Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care
Partnership

Thursday, 20 March 2025 at 10:00

**Council Chambers, Cunninghame House, Irvine /
Hybrid via Microsoft Teams**

Meeting Arrangements - Hybrid Meetings

This meeting will be held on a predominantly physical basis but with provision, by prior notification, for remote attendance by Elected Members 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>.

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

The accuracy of the Minutes of the meeting held on 6 February 2024 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

4 Director's Report

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

5 North Ayrshire HSCP Clinical and Care Governance bi-annual Report 2024-25

Submit report by Darren Fullarton, Lead Nurse/Associate Nurse Director NHS on the Clinical and Care Governance bi-annual Report 2024-25 (copy enclosed).

6 2024-25: Month 10 Financial Performance

Submit report by Eleanor Currie, Interim Chief Finance Officer (HSCP) to provide an overview of the Integration Joint Board's financial performance as at month 10 (January) (copy enclosed).

7 Budget 2025/26
(copy to follow)

8 Strategic Risk Register
(Copy to follow)

9 Urgent Items
Any other items which the Chair considers to be urgent.

Webcasting

Please note: this meeting may be filmed/recorded/live-streamed to the Council's internet site and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>, 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 filmed/recorded/live-streamed.

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IJB Sederunt

Voting Members

Margaret Johnson (Chair) North Ayrshire Council
Joyce White (Vice-Chair) NHS Ayrshire & Arran

Cllr Tom Marshall North Ayrshire Council
Cllr Anthea Dickson North Ayrshire Council
Cllr Nairn Angus-McDonald North Ayrshire Council
Sharon Morrow NHS Ayrshire & Arran
Tom Hopkins NHS Ayrshire & Arran
Marc Mazzucco NHS Ayrshire & Arran

Professional Advisors

Caroline Cameron Director
Paul Doak Head of Service/Section 95 Officer
Aileen Craig IJB Monitoring Officer
Iain Jamieson Clinical Director
Scott Hunter Chief Social Work Officer – North Ayrshire
Thelma Bowers Mental Health Adviser
Darren Fullarton Associate Nurse Director/
Lead Nurse
Vacany Acute Services Representative
Dr Louise Wilson GP Representative
Sharon Hackney Lead Allied Health Professional
Lynne McNiven Public Health Representative
Wendy Van Riet Director of Psychological Services

Stakeholder Representatives

Lorna Sim Staff Rep - NHS Ayrshire and Arran
Lynda MacFarlane Staff Rep
Paul Smith Carers Representative
Clive Shephard Service User Representative
Vacancy Independent Sector Representative
Vicki Yuill Third Sector Representative



North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 6 February 2025 at 10.00 a.m.
involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.

Present (Physical Participation)

Voting Members

Joyce White, NHS Ayrshire and Arran (Vice-Chair)
Councillor Nairn Angus- McDonald, North Ayrshire Council
Councillor Anthea Dickson, North Ayrshire Council
Councillor Tom Marshall, North Ayrshire Council
Sharon Morrow, NHS Ayrshire and Arran
Tom Hopkins, NHS Ayrshire and Arran

Professional Advisers

Caroline Cameron, Director of Health and Social Care Partnership
Darren Fullarton, Associate Nurse Director/ Lead Nurse
Sharon Hackney, Lead Allied Health Professional
Eleanor Currie, Interim Section 95 Officer
Scott Hunter, Chief Social Work Officer

Stakeholder Representative

Lorna Sim, Staff Representative NHS Ayrshire and Arran
Scott Walley, Staff Representative

Present (Remote Participation)

Voting Members

Marc Mazzucco, NHS Ayrshire and Arran

Professional Advisers

Iain Jamieson, Clinical Director

Stakeholder Representative

Loretta Galloway, Unity Enterprise
Vicky Yuill, Third Sector Representative

In Attendance (Physical Participation)

Elizabeth Stewart, Head of Service (Children, Families and Justice)
Kerry Logan, Head of Service (Health and Community Care)
Thelma Bowers, Head of Service (Mental Health)
Michelle Sutherland, Partnership Facilitator (Health & Community Care)
Lee Ballantyne, Senior Manager (Strategic Planning & Transformation)
Karen Andrews, Team Manager (Governance)
Hayley Young, Senior Committee Services Officer
Claudia Cheung, Digital, Media and Marketing Analyst

In Attendance (Remote Participation)

Raymond Lynch, Senior Manager (Legal Services)

Apologies

Councillor Margaret Johnson, North Ayrshire Council (Chair)

Linda McFarlane, Staff Representative

Lynne McNiven, Public Health Representative

Aileen Craig, IJB Monitoring Officer

1. Apologies for Absence

Apologies for Absence were noted.

Caroline Cameron, Director (NAHSCP) advised that Paul Smith has been appointed as the new Carers Representative to the Board.

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

The accuracy of the Minutes of the meeting held on 12 December 2024 were confirmed and the Minutes signed in accordance with Paragraph 7(10 of Schedule 7 of the Local Government (Scotland) Act 1973.

4. Director's Report

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

Officers responded to members' questions on various aspects of the report.

Noted.

5. Fees and Charges 2025/26 - Social Care Services

Submitted report by Caroline Cameron, Director (NAHSCP) on the proposed charges for provided adult social care services for 2025/26.

Officers responded to members' questions on various aspects of the report.

The Board agreed to (a) approve proposed charges; and (b) remit the report to a meeting of North Ayrshire Council for formal ratification.

6. 2024-25 Month 9 Financial Performance

Submitted report by Eleanor Currie, Interim Chief Financial Officer (HSCP) on the Integration Joint Board's financial performance as at month 9 (December). Appendix A to the report detailed the financial overview of the Partnership position, while

Appendix B provided an overview of those services changed which did not have financial savings attached. Appendix C highlighted the movement in the budget position following the initial approved budget.

Officers responded to members' questions on various aspects of the report.

The Board agreed to (a) note the overall integrated financial performance report for the financial year 2024-25 and the current overall projected year end overspend of £5.824m, reduced to £4.415m through already identified financial recovery actions; (b) note the progress with delivery of agreed savings; (c) approve the actions being taken to progress financial recovery and a further recovery plan to be presented to the next meeting of the IJB; (d) note the remaining financial risks for 2024-25; and (e) approve the budget reductions set out at section 2.10 of the report.

7. Financial Regulations

Submitted report by Eleanor Currie, Interim Section 95 Officer (HSCP) on the updated partnership financial regulations.

Officers responded to members' questions on various aspects of the report.

The Board agreed to approve the financial regulations set out at Appendix 1 to the report.

8. Transformation Plan Q3 Progress Update

Submitted report by Lee Ballantyne, Senior Manager (Strategic Planning and Transformation) on the Transformation Plan Q3 Progress Update. The Online Tracker was set out at Appendix 1 and the Online Dashboard set out at Appendix 2 to the report.

Officers responded to members' questions on various aspects of the report.

Noted.

The meeting ended at 11:30am.

The full meeting proceedings can be viewed at <https://north-ayrshire.public-i.tv/core/portal/home>

Integration Joint Board 20th March 2025

Subject : **Director's Report**

Purpose : This report is for **awareness** to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)

Recommendation : IJB members are asked to note progress made to date.

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
CSPP	Children's Services Planning Partnership
WFWF	Whole Family Wellbeing Fund
CY CJ	Children and Young People's Centre for Justice
NCS	National Care Service
CHES	Collaboration for Health Equity in Scotland

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
2.	BACKGROUND
2.1	This report provides IJB with up to date information on recent activity across the HSCP since the last IJB. The report will also provide COVID related information by exception.

3.	CURRENT POSITION
	<u>National Developments</u>
3.1	<u>Whole Family Wellbeing Funding (WFWF) Year 2 Evaluation.</u>
	<p>Scottish Government recently published the WFWF Year 2 Process Evaluation Final Report with accompanying annexes.</p> <ul style="list-style-type: none"> • Whole Family Wellbeing Funding (WFWF) Programme - Year 2 Process and Impact Evaluation Full Report - gov.scot; and • Whole Family Wellbeing Funding (WFWF) Programme - Year 2 Process and Impact Evaluation Summary Report - gov.scot. <p>This is the final report from an evaluation of Elements 1, 2 and 3 of the Scottish Government WFWF during its second year of operation (2023-2024). The evaluation has been conducted by IFF Research, an independent research agency.</p> <p>The Year 2 evaluation examines the ongoing allocation of WFWF resources by Children’s Services Planning Partnerships (CSPPs) and highlights the progress made in delivering transformative support through collaboration with the Scottish Government. The evaluation also focuses on key factors affecting the WFWF’s core components: improving availability and access, fostering leadership and workforce development, engaging children, young people, and families in service design, and implementing a whole systems approach. CSPPs’ monitoring and evaluation of WFWF performance are also discussed. The report concludes with recommendations from IFF Research for the Scottish Government and CSPPs to guide future progress in these areas.</p>
3.2	<u>Children’s Hearing Redesign Consultation</u>
	<p>The Scottish Government recently published the independent analysis of the Children’s Hearing System Redesign consultation responses, conducted by the Children and Young People’s Centre for Justice (CYCJ). This can be accessed online at: Children’s Hearings Redesign Consultation Analysis Independent Report Commissioned by Scottish Government - gov.scot</p> <p>All responses that gave permission to do so have been published online to the Citizen Space platform, and can be accessed at: https://consult.gov.scot/children-and-families/childrens-hearing-redesign</p>

3.3	<p><u>Online Child Protection Information Resource</u></p>
	<p>The Scottish Government has launched a new online information resource, providing information and guides about keeping children and young people safe in Scotland. This resource provides information about child protection processes and is written for children, young people and families to understand more about how child protection works in Scotland.</p> <p>Visit the ‘Keeping children safe in Scotland’ website to find out more. Downloadable versions of resources can also be accessed via the website, which can then be used offline.</p>
3.4	<p><u>National Care Service Bill Amendments</u></p>
	<p>In February 2025, the Scottish Parliament's Health, Social Care and Sport Committee initiated formal Stage 2 amendment considerations for the National Care Service (Scotland) Bill.</p> <p>The substantive outcome of this meeting was the removal of Part 1 of the National Care Service Bill, related to legislative structural change. This included agreement by the Committee to remove provisions which would have established a National Care Service, new care boards, and provided for the transfer of local authority functions, workforce and assets.</p> <p>Further changes include:</p> <ul style="list-style-type: none"> • Ministers must (rather than may) make regulations related to the provision of independent information, independent advocacy and independent advice. • Ministers may by regulations provide for a scheme that allows public health and social care services to share information. • Power for Ministers to produce and withdraw information standards, set out to whom those standards apply, as well as a duty to comply with standards.
	<p><u>Ayrshire Wide Developments</u></p>
3.5	<p><u>Ayrshire Innovation Event</u></p>
	<p>The Ayrshire Innovation in Health and Social Care Event took place on Monday 10 March 2025. This was the fourth in the series of events, to showcase examples of innovation from health and social care services across Ayrshire and nationally.</p> <p>This meeting was attended by colleagues from Public Health Scotland, who spoke about their new Innovation Strategy; the Service Design Academy, which developed the Scottish Government's approach to service design, and colleagues from South Ayrshire HSCP, who shared their new approach to Integrated Impact Assessments.</p>

Additionally, there was a brief run-through of key takeaways from the recent Digital Health and Care Scotland conference in Edinburgh.

North Ayrshire Developments

3.6 **Collaboration for Health Equity in Scotland (CHES)**

As you will be aware, North Ayrshire is embarking on a new and innovative collaboration to improve health equity in partnership with Public Health Scotland and the Institute for Health Equity, led by Professor Sir Michael Marmot, at University College London. The wide-ranging partnership will examine ways to strengthen and accelerate actions that will reduce health inequities for people living in North Ayrshire, Aberdeen City and South Lanarkshire.




The Collaboration for Health Equity in Scotland (CHES) programme focuses on using the eight ‘Marmot principles’ to deliver better health outcomes through improving the conditions in which people are born, grow, live, work and age. This was launched at an event on 25th February 2025 in the Saltcoats Town Hall where the Marmot principles were explored with a specific view to how we can deliver these principles locally. Further information is available here: [Council and partners launch vital blueprint for health](#).

3.7 **Mobile App for Care Experienced Young People**

A brand-new mobile app for care experienced young people has been launched by North Ayrshire Council.

Called ‘CE4U’ (Care Experience for You), the mobile app is free to download and acts as a hub of useful information and advice on everyday topics, including housing, travel, mental and physical health, recipes, job opportunities and entitlements.

	<p>Developed by young people for young people, the collaboration was made possible due to fortnightly Champions Board meetings that take place in our secondary schools. These drop-ins provide a safe space for care experienced pupils to get advice, plan peer events and access support.</p> <p>You can read more about the app, including how to download, in this latest news article.</p>
3.8	<p><u>North Ayrshire Recovery College Awards</u></p>
	<p>The North Ayrshire Wellbeing & Recovery College won the award for 'Best Mental Health Support Service' at the Mental Health and Wellbeing Scotland Awards 2025 on 21st February 2025.</p>  <p>The category celebrates organisations that provide exceptional help to individuals through their daily actions and activities.</p> <p>In addition, Recovery College manager Jeanette Allan picked up the 'Inspirational Leader' award at the event for her dedication to improving the mental health and wellbeing of those who use the service.</p> <p>The organisation also recently celebrated the move to its new base at Ayrshire College at an event attended by key figures, including Ayrshire College management, Recovery College leadership, service partners, staff and peers.</p> <p>The move from Ardrossan to Ayrshire College represents a significant step forward for the Recovery College, providing students with an enriched learning environment. Funded by NAHSCP, the Recovery College is one of only five such services in Scotland, focusing on self-management for mental health and providing a strengths-based approach to learning and recovery.</p>
4.	IMPLICATIONS
4.1	<p><u>Financial</u> None</p>
4.2	<p><u>Human Resources</u> None</p>
4.3	<p><u>Legal</u> None</p>

4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None
5.	CONSULTATION
	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of Consultation.

Caroline Cameron, Director
[Carolinecameron@north-ayrshire.gov.uk/01294 317723]

Appendices
Nil



**Integration Joint Board
20th March 2025**

Subject : **North Ayrshire HSCP Clinical and Care Governance bi-annual Report 2024-25**

Purpose : This report is presented to IJB Members for :-

- Awareness

Recommendation : IJB Members are asked to note the contents of the biannual Report 2024-25

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	

Glossary of Terms	
CAMHS	Child & Adolescent Mental Health Services
CCGG	Clinical Care Governance Group
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
NHS AA	NHS Ayrshire and Arran
MWC	Mental Welfare Commission
NA	North Ayrshire

1.	EXECUTIVE SUMMARY
1.1	North Ayrshire HSCP continues to have robust clinical and care governance arrangements in place to provide high quality care and support for people in North Ayrshire.
1.2	This paper provides a biannual update of governance activity for the period August 2024 – February 2025 inclusive for consideration by the Integrated Joint Board (IJB). An annual report will be provided to the IJB in July 2025.
2.	BACKGROUND
2.1	As part of the integration of health and social care services, a National Clinical and Care Governance Framework was developed. Clinical and Care Governance is the system in which the HSCP's are accountable for continuously improving quality and safeguarding high standards of care. The Partnership has developed Clinical and Care Governance arrangements in line with the commitments and requirements contained in the Integration Scheme.



2.2	<p>The Clinical and Care Governance Group (CCGG) provide assurance to the IJB that:</p> <ul style="list-style-type: none"> • Quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services • The planning and delivery of services take full account of the perspective of patients and service users • Unacceptable clinical and care practice will be detected and addressed
2.3	<p>The CCGG has a standing agenda that ensures routine consideration of:</p> <ul style="list-style-type: none"> • Public Protection • Professional Updates • Heads of Service updates • Adverse Events • Complaints/Enquiries • Inspection Reports/Action Plans/SPSO • Workforce • Consultation and Safety Action Notices • Infection Control and Infection
2.4	<p>The CCGG has had specific updates and assurance reports within this period on:</p> <ul style="list-style-type: none"> • Operational Risk Register <ul style="list-style-type: none"> ▪ CCG reviewed the 5 new risks added to the Operational Risk Register since May 2024 and agreed appropriate monitoring and escalation requirements ▪ No increase in scores for current risks on register in this period ▪ Two risks have reduced in score ▪ 5 risks removed from the register and being appropriately managed • Updates on KA Leisure Wellbeing Service <ul style="list-style-type: none"> ▪ This project supports the HSCP health and wellbeing agenda, focussing on activity for the most vulnerable groups ▪ Tiered programme with people being identified as those who would benefit from physical exercise to assist with their condition ▪ Contract is in place for one year and then will be subject to review in years two and three ▪ Monitoring visits are set with KA Leisure throughout the year ▪ In terms of data management, KA Leisure will be a pilot site for a national data set which will analyse information to gauge impact for these types of services • Allied Health Professional Update <ul style="list-style-type: none"> ▪ 5 professional groups form the AHP workforce ▪ Approximately 200 Whole time equivalent staff within AHP staff groups ▪ Speech and Language Therapy risk raised and discussed due to workforce challenges • Development of workforce reports to inform CCG of challenges and issues that may impact on quality of care • Risks in meeting statutory duties – these have been captured in Strategic and Operational Risk registers and are reported through appropriate governance routes.



2.5	<p><u>Mental Welfare Commission</u></p>
	<p>The Mental Welfare Commission (MWC) for Scotland’s mission and purpose is to be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice. To achieve this mission and purpose the Commission have identified four strategic priorities:</p> <ul style="list-style-type: none"> • To challenge and to promote change • Focus on the most vulnerable • Increase their impact • Improve their efficiency and effectiveness
2.6	<p>Between August 2024 and February 2025 mental health services across Ayrshire and Arran received two announced visits from the MWC. Full reports are available for all visits, however, in summary:</p> <ul style="list-style-type: none"> • The MWC made 7 recommendations following both visits and received responses to all recommendations within 3 months of the report being published. • Action plans in response to the MWC on the recommendations were submitted back to the MWC within 3 months and are reviewed and monitored through the Mental Health Clinical and Care Governance framework. • The insights, recommendations and positive acknowledgement of the delivery of high quality care provided by the MWC review and visit process is seen as positive by our organisation. • Any improvements identified provide the clinical site, senior management and staff teams with a clear focus, helping to prioritise areas of work which in turn provides the assurance required to evidence the continued delivery of high quality care. • An annual assurance report providing details of all visits, recommendations and action plans and thematic reports will be developed by the North Ayrshire CCG and presented to the IJB and NHS Ayrshire and Arran Healthcare Governance Group in 2025.
2.7	<p><u>Inspection of Local Services</u></p>
	<p>Between August 2024 and February 2025, a total of four inspections took place by the Care Inspectorate - all four were unannounced. Full reports are available for all visits, however, in summary:</p> <ul style="list-style-type: none"> • Canmore Care Home Service: unannounced inspection on 05 August 2024. The Care Inspectorate evaluated the service as 3 (adequate) with one requirement and one area of improvement highlighted in the report. • Trindlemoss Day Opportunities Support Service: unannounced inspection 15 – 17 October 2024. The Care Inspectorate evaluated the service as 5 (very good) with one area of improvement highlighted in the report.



	<ul style="list-style-type: none"> • Montrose House Care Home Service: unannounced inspection 29 October 2024. The Care Inspectorate evaluated this service as 4 (Good). The report noted that the service had made significant improvements since the previous inspection and the service met two previous requirements and four areas of improvement since last inspection. • Supported Carers Scheme Adult Placement Service: unannounced inspection 24 – 25 October 2024. The Care Inspectorate evaluated the service as 5 (very good) for how well they support people’s wellbeing and 3 (adequate) across leadership, staff team and how care and support is planned. There was one requirement and two areas of improvement noted.
2.8	<u>North Ayrshire HSCP Risk Management Activity</u>
	<p>A quarterly report is developed by the NHS Risk Management Team and reviewed by the NA CCG. The report was reviewed and discussed at the NHS Risk and Resilience Scrutiny and Assurance Group on 24 January 2025.</p> <p>In summary, within the last quarter (Q3), a reduction in the number of adverse events were reported on the NHS Datix system. The number of adverse events with a high consequence score (4 or 5) were also lower than previous quarter.</p> <p>The HSCP continues to support and encourage all services to review and approve all adverse incidents within an appropriate time frame.</p>
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	Further meeting dates for the NA HSCP’S CCGG are planned for 2024/25, and future update reports will be provided to the Integration Joint Board.
3.2	<u>Measuring Impact</u>
	It is anticipated that through continuous quality improvement and enhanced reporting structures, the CCGG will ensure services are safe, effective, person-centred and responsive to the ongoing needs of the population.
4.	IMPLICATIONS
4.1	<u>Financial</u>
	None
4.2	<u>Human Resources</u>
	None
4.3	<u>Legal</u>
	None
4.4	<u>Equality/Socio-Economic</u>
	None



4.5	<u>Risk</u> Governance contributes to risk management and risk mitigation activities.
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> As part of the integration of Health and social care services, a National Clinical and Care Governance Framework was developed. Clinical and Care Governance is the system in which the Health and Social Care Partnership are accountable for continuously improving quality and safeguarding high standards of care.
4.4	<u>Equality/Socio-Economic</u> None
5.	CONSULTATION
	None

Caroline Cameron, Director

For further information please contact **Darren Fullarton, Lead Nurse/Associate Nurse Director**

Integration Joint Board
20th March 2025

Subject : **2024-25 – Month 10 Financial Performance**

Purpose : To provide an overview of the IJB’s financial performance as at Month 10 (January).

Recommendation : It is recommended that the IJB:

- (a) notes the overall integrated financial performance report for the financial year 2024-25 and the current overall projected year-end overspend of £4.980m which includes the recovery plan reductions anticipated until the year-end;
- (b) notes the progress with delivery of agreed savings;
- (c) notes the actions which are being taken to progress financial recovery and note the benefit of £4.002m achieved in-year; and
- (d) notes the remaining financial risks for 2024-25.

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
MDT	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
NRAC	NHS Resource Allocation Committee
PAC	Performance and Audit Committee
MHOF	Mental Health Outcome Framework
MDT	Multi-Disciplinary Team

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 end of January further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £4.980m (1.5%).
1.3	<p>From the core projections, overall, the main areas of pressure are: care at home, residential placements for children, physical and learning disability care packages, supplementary staff in wards, staff costs in Montrose House and Unplanned Activities (UnPACs) within the lead partnership for mental health.</p> <p>The main areas of movement in the reporting period are:</p> <p>Improvement:</p> <ul style="list-style-type: none"> • Ward 1 and 2 • Elderly Inpatients <p>Deterioration:</p> <ul style="list-style-type: none"> • Montrose House agency costs • Social Care payroll • Adult Inpatients • Psychiatry <p>The 2024/25 financial position has also been adversely impacted by several factors outwith the control of the IJB, these have been noted previously by the IJB and include in-year funding allocation reductions and externally negotiated contract inflation increases.</p>
1.4	<p>The Integration Scheme describes the required approach where there is a projected overspend on the IJB integrated budget, which includes the requirement to agree a recovery plan to balance the overspending budget. Only if the recovery plan is unsuccessful will the Health Board and Council consider making available interim funds. The Month 7 report presented to IJB on 12th December 2024 projected an overspend of £6.190m reduced to an estimated £3.613m based on the recovery plan estimates at that time. The IJB requested that the Chief Officer write formally to North Ayrshire Council and NHS Ayrshire and Arran to request additional in-year funding to support the remaining overspend, at that time. Those requests have been submitted to both funding bodies and acknowledged, NHS Ayrshire and Arran has confirmed they will factor the overspend into the NHS Board financial outturn position and North Ayrshire Council have acknowledged and confirmed they will take a report to Cabinet as part of their final 2024/25 revenue budget monitoring in June 2025.</p> <p>The residual overspend has changed since Month 7 and monthly updates have been provided to both NHS AA and NAC, the movement is noted below:</p>

		Month	NAC	NHS AA
		7	£2.548m	£1.065m
		9	£3.106m	£1.309m
		10	£3.180m	£1.800m
1.5	<p>The projected IJB outturn position has been adjusted to reflect the impact of Lead Partnership services. The overspend in relation to North Lead Partnership services for Mental Health is not fully attributed to the North HSCP as a share has been allocated to East and South HSCPs, similarly the impact of the outturn on East and South led services has been shared with North, both on an NRAC basis in line with the agreed risk sharing mechanism. There is a requirement for the 3 IJBs to be aware of the position for Lead Partnership services and plans to deliver services from within allocated budget, on that basis further information will be brought forward with further detail on Lead Partnership services.</p>			
1.6	<p>The current allocation from NHS AA for the Agenda for Change costs in relation to the reduced working week are currently being queried with the NHS finance team to ensure we receive our 'fair share' of the funding. The cost of covering all of the reduced hours is £1.344m versus the current funding calculation of £0.658m which would cover 49% of the costs if all of the hours were replaced, however NHS finance proposals for in-year funding for 2024/25 are at a lower level. It is important the IJB receives a fair share of funding and this is rectified before budgets are rolled forward into 2025/26.</p> <p>This funding is not yet included within the forecast outturn for services, and the final allocation basis will potentially positively impact on the outturn for NHS AA delivered services.</p> <p>Previous concerns were also raised in relation to the provision of financial information and projections from NHS AA, these have been formally raised with the NHS AA Chief Executive and work is ongoing with the HSCP and NHS AA finance teams to improve the provision of timely access to accurate information.</p>			
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 and an update on progress in terms of savings delivery.</p>			
2.2	FINANCIAL PERFORMANCE – AT MONTH 10			
	<p>At month 10 against the full-year budget of £327.384m there is a projected year-end overspend of £4.980m (1.5%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists</p>			

	<p>of a projected overspend of £3.180m in social care services and a projected overspend of £1.800m 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.</p> <p>The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work.</p> <p>Appendix F provides information on the costs of bank and agency staff as requested at the August IJB.</p>
2.3	<p>Health and Community Care Services</p>
	<p>Against the full-year budget of £92.290m there is a projected overspend of £5.678m (6.2%) (£0.063m favourable movement) and the main variances are:</p> <p>a) Care home placements – net projected overspend of £0.268m (£0.121m adverse movement).</p> <p>The budgeted number of permanent placements was 765 and at month 10 there were 779 placements which is an increase of 10 places from month 9. The projected overspend is £1.084m (£0.177m adverse) on placements including additional support costs. Within this projection there is a projected overspend on interim placements (£0.084m favourable).</p> <p>Respite placements are projected to be £0.048 under spent (£0.048m favourable). The plan to manage down the number of permanent placements to reach the target is challenging due to the need to minimise delayed discharge from hospital and to continue to support those in critical and substantial need in the community.</p> <p>The overspend is partially offset by income recovered from charging orders which is projected to be £0.816m over recovered (£0.056m favourable). This income is challenging to predict as it depends on the length of the legal process and time taken to sell the property that the charging order is registered to.</p> <p>b) Care at home is projected to be £2.635m overspent (net £0.072m adverse movement). The position reflects the cost of meeting the significant demand and level of provision for care at home support. This projection assumes all of the cover costs during month 9 in relation to sickness and festive cover arrangements were paid in month 10. The adverse movement relates to purchased care at home.</p>

	<p>c) Physical Disability Services – projected overspend of £0.730m (£0.037m favourable) split as follows: £1.240m over in residential placements, £0.158m under in direct payments and £0.352m under in community care packages.</p> <p>d) Integrated Island Services is projected to overspend by £0.584m (£0.062m adverse) The most significant variance is a projected overspend at Montrose House of £0.415m (£0.085m adverse movement) which relates to the net overspend on agency staff (i.e. net of underspend on employee costs) and overspends across property, supplies, admin and transport. A new contract to procure agency nursing staff commenced in November. Payments due under the NHS contract have been made in Period 10 & 11 and the full benefit of the lower rates will be seen in 2025-26.</p>
	<p>e) Specialist Rehab wards – projected overspend of £0.006m (£0.033m adverse movement) (Redburn ward £0.133m overspend and Douglas Grant £0.127m underspend). The overspend is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.</p> <p>f) Wards 1 and 2 – Projected overspend of £0.677m (£0.213m favourable movement). The overspend is due to increased use of bank and supplementary staffing.</p> <p>g) District Nursing – projected to overspend by £0.071m (no movement) mainly due to an overspend on nursing supplies.</p> <p>h) Equipment and Adaptions – projected overspend of £0.330m (no movement) including an overspend on the supply of stairlifts.</p>
2.4	Mental Health Services
	<p>Against the full-year budget of £109.794m there is a projected overspend of £2.695m (2.5%) (adverse movement of £0.208m) prior to the re-allocation of the Lead Partnership variance to East and South HSCP. The main variances are:</p> <ul style="list-style-type: none"> • Learning Disabilities are projected to overspend by £0.696m (£0.080m favourable movement) across community care packages, direct payments and residential placements. This improvement reflects the positive impact of assertive reviews of care packages and increased clawbacks from direct payments. • Community Mental Health services are projected to underspend by £0.289m (£0.031m adverse) across community care packages, direct payments and residential placements. The main reason for underspend is the availability and capacity of adult community providers to deliver new packages of care.

- There is a projected underspend of £0.075m (no movement) in relation to the cost of Hospital Based Complex Continuing Care (HBCCC), this reflects the impact of change in provision for these services.
- The Lead Partnership for Mental Health is projected to be £2.357m overspent (£0.262m adverse movement) and the main variances are as follows:
 - Adult Inpatients – overspent by £0.121m (£0.016m adverse) due to overspends in supplementary staff for enhanced observations (1:1 and 2:1) and use of bank staff. There is a favourable impact from the opening of the adult mental health assessment hub which has seen the adult inpatient areas with reduced occupancy.
 - The UNPACS (Unplanned Activities) budget – projected overspend is £1.060m (£0.160m adverse movement) based on current placements. The adverse movement is partly due to a new case in England who will require repatriation to North Ayrshire. UnPACS 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. There are no local NHS secure facilities for women, people with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACS placement with a specialist provider which can be out-of-area. The nature of mental health UNPACS spend is that it is almost exclusively on medium- or long-term complex secure residential placements which are very expensive so a small change in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. 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 and furthermore remitted to the High Cost Care Package Group. A new group has been established to review the UnPACS budget and placements with a wider service representation.
 - Learning Disability Services – projected to underspend by £0.132m (£0.061m adverse movement). The adverse movement is due to an increased use of bank and agency staff in Ward 7A. This position is after recharging other areas on a cost basis for two outwith authority placements which have incurred additional costs in relation to usage of supplementary staffing due to sustained enhanced observations. There is a risk in relation to recovering this income as the two areas receiving the charges are currently refusing to pay and legal advice is being sought. The projected income due from prior and the current year is £2.308m. This risk has also been highlighted to NHS AA.

- Elderly Inpatients – projected overspend of £0.451m (£0.075m favourable movement) due to the use of supplementary staffing. The elderly mental health wards continue to operate at full occupancy and at times with waiting lists, with several patients who are on enhanced observations and bank costs remain high.
- Eating Disorders – projected to overspend by £0.104m (no movement) due to the staffing level being higher than the funding allocation. This will be considered alongside the overall resource allocation in future years.
- Psychiatry – is projected to overspend by £0.450m (£0.100m adverse movement) due to the use of agency staff and junior doctors. A mitigation plan has been developed which will see this overspend significantly reduce moving into 2025/26.
- MH Pharmacy – is projected to overspend by £0.658m (no movement) due to increased demand and cost of medicines and in particular the cost of Buvidal, further detail on this area of pressure has been shared at the Finance Working Group. This has also been shared with East and South Ayrshire IJBs following the FWG for consideration of how to manage this moving into next financial year.
- Innovation Fund – projected underspend of £0.108m (no movement) due to slippage within some of the projects and not all of the funding has been allocated.
- 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 £0.200m (no movement). Further information is included in the table below:

Vacancy Savings Target	(£1.116m)
Projected to March 2025	£1.316m
Over/(Under) Achievement	£0.200m

2.5 Children and Justice Services

Against the full-year budget of £44.421m there is a projected overspend of £1.558m (3.5%) (£0.072m favourable movement) and the main variances are:

- a) Care Experienced Children and Young People is projected to overspend by £1.896m (£0.144m favourable). Some of these costs are offset by the contribution from the Home Office for Unaccompanied Asylum-Seeking Children which is detailed below. The main areas within this are noted below:

	<ul style="list-style-type: none"> • Following budget investment of £4m the children’s residential placements are overspent by £1.748m (£0.037m favourable) based 28 placements in month 10. This demonstrates a reduction of 9 places since the start of the financial year. There are a number of factors leading to this challenging position: <ul style="list-style-type: none"> • We have 32 places available in our internal children’s houses, due to demand these have been operating at 100% occupancy or over for some time, leading to increased use of external placements where residential care is required. • The requirement to support Unaccompanied Asylum-Seeking Children (UASC) under the National Transfer Scheme and to support trafficked young people who have been identified in North Ayrshire. • A number of young people in residential care have requested Continuing Care, whereby a young person can remain in their placement until age 21. • Where appropriate young people are placed to meet their educational needs, the cost of Residential School Placements in the most cases is shared 50/50 with Education services. • Contractual inflation has increased the projected costs of residential places which is outwith the control of the service. <p>Children’s Services are continuing to work with other services including Education and Housing to address the challenges through the work of the ‘Brighter Pathways’ Programme Board and associated workstreams..</p> <ul style="list-style-type: none"> • Looked After and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.723m underspent (£0.007m adverse). • Children with disabilities – there is a net projected overspend of £0.537m (£0.043m favourable movement) across residential placements, direct payments and community packages. The favourable movement is due a reduced projection in community packages.
	<ul style="list-style-type: none"> • Residential respite – placements are overspent by £0.143m (no movement). These short-term placements are used to prevent an admission to full time care or to avoid placement breakdown. • Employee costs – are projected to overspend by £0.114m (£0.046m favourable movement), largely due to staffing levels in the children’s houses and regrading of posts. <p>b) Head of Service – is projected to underspend by £0.719m (£0.071m adverse movement). This consists of a projected overspend due to the planned saving of £0.223m in relation to the staff reconfiguration in the children’s houses which was not achieved in 23-24 and this is offset by the grant funding in relation to Unaccompanied Asylum-Seeking Children (UASC), which is projected to amount</p>

	<p>to £0.922m (£0.025m adverse movement) and which contributes to costs incurred across a number of C&F service areas. The adverse movement in the grant income is due to a backlog with the UASC claims and the actual income was less than assumed.</p> <p>c) C&F Health Team – is projected to overspend by £0.284m (no movement) mainly in relation to the Band 6 to 7 regrade for Health Visitors and the progression of posts up the Band 7 scale. Some provision for this has been incorporated into budget pressures for 2025/26.</p>
2.6	ALLIED HEALTH PROFESSIONALS (AHP)
	The non-employee costs element of the AHP services are projected to be on-line. All underspends in employee costs have contributed to payroll turnover.
2.7	CHIEF SOCIAL WORK OFFICER
	This is projected to overspend by £0.037m.
2.8	MANAGEMENT AND SUPPORT
	<p>Management and Support Services are projected to underspend by £3.678m (£0.777m favourable) and the main areas of variance are:</p> <ul style="list-style-type: none"> • There is projected slippage on the LD and MH transition funding of £0.961m (£0.019m favourable) due to delays in children transitioning into adult services and actual costs being less than estimated. This involves complex planning by services with service users and families and can change over time based on assessed need when moving into adult services. • The 2024-25 budget included a budgeted deficit on the social care side of £0.437m which is offset by a budgeted surplus of £0.437m on the health side of the budget. The net impact is neutral, but Appendix A shows this position for each element. • The £0.100m saving in relation to recovery and rehab will not be achieved. • There were favourable movements across various budget lines which resulted in a £0.050m favourable movement (£0.050m favourable movement). • The recovery plan actions in relation to the reserves and service redesign funds totalling £0.873m are now reflected in the projection. • An over-recovery of payroll turnover of £1.300m (£0.286m adverse) for social care services and an over-recovery of payroll turnover of £0.417m for health services as outlined in the table below. <p>The turnover targets and achievement for the financial year for Health and Social Care services outwith the Lead Partnership is noted below:</p>

	Social Care	Health
Vacancy Savings Target	(£3.301m)	(£1.522m)
Projected to be achieved by March 2025	£4.601m	£1.939m
Over/(Under) Achievement	£1.300m	£0.417m

The areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas. As part of the recovery plan, the vacancy scrutiny group has been enhanced with the Heads of Service and professional leads attending. Each post is scrutinised and filled only where deemed necessary with a recruitment freeze now implemented for all non-essential posts. This has led to an increase in the level of turnover when projected to the year end.

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

2.9 Savings Progress

a) The approved 2024-25 budget included £10.290m of savings.

BRAG Status	Position at Budget Approval £m	Position at Month 10 £m
Red	-	0.586
Amber	0.523	-
Green	9.767	-
Blue	-	9.704
TOTAL	10.290	10.290

b) The main area to note is that the red savings in relation to care homes and recovery and rehab will not be achieved in 2024-25.

Appendix B provides an overview of those service changes which do have financial savings attached to them and the BRAG status around the deliverability of each saving.

2.10 Budget Changes

The Integration Scheme states that *“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.... without the express consent of the Integration Joint Board.”* Appendix C highlights the movement in the budget position following the initial approved budget.

There are no reductions requiring approval in month 10.

2.11	<p>Pan Ayrshire Lead Partnership services and Large Hospital Set Aside</p>
	<p>Lead Partnerships: - The IJB position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis.</p> <p>The outturn in relation to North Lead Partnership services is not fully attributed to the North IJB as a share is allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services is shared with North. At Month 9 the MH lead partnership is projected to overspend by £2.357m (£0.772m NRAC share for East and £0.674m for South).</p> <p><u>South HSCP (month 9 info)</u> – projected overspend of £0.617m of which £0.228m will be allocated to North. The variance is mainly due to an overspend of £0.431m in the community store. This includes the costs of replacing mattresses, repairs and maintenance contract and equipment costs. There is also a projected overspend of £0.181m in the continence service and an overspend £0.004m in the Family Nurse Partnership.</p> <p><u>East HSCP (month 9 info)</u> - projected underspend of £0.225m (£0.025m favourable) in total (of which £0.083m will be allocated to North). The main variances are:</p> <p><u>Allied Health Professions</u></p> <p>There is a projected underspend of £0.338m (£0.302m at month 6) on AHPs services hosted by East Ayrshire for the current year, which mainly relates to staffing savings in Physiotherapy / MSK and Podiatry services and is partially offset by increased Orthotics costs.</p> <p><u>Primary Care and Out of Hours Services</u></p> <p>There is a small projected underspend of £0.010m (£0.064m projected underspend at month 6) on the Primary Care Lead Partnership budget, with additional costs in Out of Hours services £0.347m (£0.321m at month 6), with work ongoing to mitigate increased costs as far as possible over the course of the 2024/25 financial year and going forward, as well as additional Primary Care contracting and support costs £0.037m (£0.027m projected underspend at month 6). These additional costs are offset by a projected underspend in Dental services totalling £0.439m (£0.344m month 6), where staffing numbers are running at less than establishment. Recruitment over the remainder of the financial year has the potential to impact further on the projected outturn position at month 9. In addition, there are projected additional Primary Medical Services costs £0.092m (£0.058m projected underspend at month 6). This mainly relates to updated information on staffing costs, including maternity, paternity and sick leave costs.</p>

Prison and Police Healthcare

The £0.021m projected overspend at month 9 is largely due increased staffing costs due to recruitment to vacant posts, as well as increased prescribing costs (£0.101m overall projected underspend at month 6).

Other Services

The £0.102m (£0.106m at month 6) projected overspend is due to increased Area Wide Evening Services costs, mainly due to additional staffing costs including high use of bank staff, which will require to be further addressed going forward.

Set Aside: - Work has been undertaken with partnerships to progress and develop set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Joint Commissioning Plans and overall progression towards fair share allocations of resources.

Further work has been undertaken through the Ayrshire Finance Leads group to establish baseline resources for each partnership and how these compare to the NRAC “fair share” of resources. Ayrshire Finance Leads have now agreed a baseline methodology for set aside budgets which involves using the four full years prior to the pandemic, 2016/17 – 2019/20 inclusive.

The HSCPs require to agree their final share of the baseline with each other, however the aggregate will remain unchanged. The table below shows the cost of the historic baseline at 2022/23 prices.

IJB	Baseline at 2022/23 prices (£)
East	26,215,888
North	35,007,962
South	28,371,789
Total	89,595,639

The annual budget for Acute Services is £461.5 million. The directorate overspent by £29 million after 10 months. This was caused by overspends on agency medical and nursing staff, together with drug expenditure including the New Medicines Fund, equipment and supplies. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland. Whilst unfunded beds remained open across both main hospital sites during October, progress is now being made in reducing these with commensurate financial improvement expected to follow.

There is a material underlying deficit caused by:

	<ul style="list-style-type: none"> • Unachieved efficiency savings • Length of Stay (LoS) and emergency admission rates in NHS Ayrshire and Arran acute hospitals are above the Scottish average. • High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure. • Delayed transfers of care and high acuity of patients. <p>The IJBs and the Health Board work closely in partnership to maintain service and improve performance. Initial work has commenced to develop a joint strategic commissioning plan for the provision of unscheduled care services, which will outline these services will be delivered over the medium-term using the set aside resources available. This will support a shift in the balance of care into the community and support a reduction in the number of acute beds.</p>
2.12	FINANCIAL RISKS
	<p>There are a number of financial risk areas that impact or may impact on the financial position.</p> <ul style="list-style-type: none"> • The announcements by Scottish Government in relation to public sector finances and in-year spending reductions will impact on current and future funding, including for 2024-25 pay awards, which have been settled for local government and NHS but the 25-26 position is unclear. • Continued growing demand for services. • Staff recruitment and retention challenges across a number of service areas. • The provider market and the ongoing ability to source packages of care for service users and to respond to ongoing concerns re financial sustainability from providers. • The expectation that performance will continue to be maintained or improved despite the significant resource challenges, for example the joint mission for delayed discharge improvement. • Ongoing delivery costs of Scottish Government policy directives, particularly where these are not fully funded or inflation proofed – with in-year funding allocations for example the Mental Health Outcomes Framework • The ongoing review of the Integration Scheme. • Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this. • The wider system financial challenges, especially the financial position of NHS Ayrshire and Arran Health Board, their financial deficit and the risks around further escalation in the national framework for financial escalation. North Ayrshire IJB have already discussed our position in relation to the request for payment for delayed discharges last financial year.

- The recurring underlying levels of overspend which may impact on the Partnership’s ability to continue to sustain service levels in the future.
- The IJB free general fund reserves are estimated to be fully used during this financial year, leading to an increased risk of requiring additional in-year financial contributions from NHS Ayrshire and Arran and North Ayrshire Council to break even.
- High risk areas of low volume / high-cost services areas e.g. Children’s residential placements, Learning Disability care packages and complex care packages;
- Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs and the impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas.
- The use of supplementary staffing for enhanced observations across a number of service areas and the use of high-cost agency staff to support frontline service delivery in areas where there are recruitment challenges.
- Agenda for Change Pay Reform programme – including Nursing Band 5-6 re-grade, protected learning time and reduction to the working week. Non-recurring funding has been provided to NHS AA to meet costs associated with this but as noted the HSCP are challenging the proposed allocation methodology for pass through funding.
- External contract uplifts and frameworks, for example Scotland Excel inflationary increases for children’s service are significantly higher than assumed.
- There is a risk in relation to recovering recharge income in relation to the LD Assessment and Treatment patients from outwith Ayrshire.

These risks will continue to be monitored during 2024-25 and moving into 2025-26.

2.13 RESERVES

The IJB reserves position is summarised in the table below.

	General Fund Reserve	Earmarked Reserves		Total
	Unearmarked	External Funding	HSCP	
	£m	£m	£m	
Balance – 1 April 2024	0.357	3.379	1.774	5.510
Anticipated Drawdown	(0.357)	(3.379)	(1.202)	(4.938)
Balance – 31 March 2025	-	-	0.572	0.572

The £1.774m HSCP earmarked reserve relates to the Service Redesign and Change Fund which is fully committed across 2024/25 and 2025/26. A further review will be undertaken of the 2025/26 balance alongside consideration of the budget.

Further detail on the reserves is given in Appendix D.

2.14	Financial Recovery Plan
	<p>The IJB set a balanced budget for 2024/25 on 14th March 2024. This did not require any draw on reserves but did include the approval of £10.290m of savings to achieve financial balance.</p> <p>Following the finalisation of the 2023/24 outturn position, the IJB agreed some initial recovery actions at the meeting in June 2024. In line with the requirements of the integration scheme, work has continued to develop the financial recovery plan and identify further targets for financial improvements. The recovery plan savings achieved are outlined in full at Appendix E. This appendix also outlines the draft 2025-26 opening position, as some of the areas of recovery will have a recurring impact on the budget position, with the impact on the 2025-26 opening position estimated to be £1.595m. This will require to be addressed as part of the 2025-26 budget planning.</p> <p>Since the initial recovery plan was agreed in June 2024 there has been a £4.002m reduction in costs, whilst the full benefit of this has not been realised in-year in the bottom line outturn, it has supported the delivery of mitigating a further deterioration to the position introduced through other in-year unexpected financial pressures.</p> <p>Services will continue to work towards implementing the recovery plan to deliver cost reduction targets while carefully managing the level of risk.</p> <p>MANAGEMENT ACTIONS/CONTROLS:</p> <p>Other management actions which have been implemented include:</p> <ul style="list-style-type: none"> • Review of expenditure authorisation levels across the Partnership and escalation of specific decisions to senior officers. In particular, a new governance group has been introduced, involving the Director and Heads of Service, to oversee the agreement of higher value packages of care (above £40,000 per annum). • Staff communication in relation to discretionary/non-essential spend. • Review of temporary posts and robust vacancy management/approval. The vacancy scrutiny group now has representation from all of the Heads of Service and a recruitment freeze will be implemented for all but essential frontline posts. • Restrictions on all but essential overtime working. • Ongoing review of future year savings or transformation programmes to identify scope for acceleration. • Maximise opportunities from the recently reopened Independent Living Fund (ILF) Scotland.

GOVERNANCE:

- In order to facilitate greater scrutiny of the financial position and the delivery of the financial recovery plan during 2024/25, the IJB agreed at the June meeting to establish a 'Finance Working Group', chaired by the IJB Vice Chair. The Director and Heads of Service will be members of the group. This will meet monthly to facilitate increased oversight and scrutiny of the financial position and transformation programme as well as detailed budget planning for future financial years. Meetings have now been scheduled to the end of the year.

To date the Finance Working Group has met six times and covered:

- Care at home
- Care homes
- Charging income
- Financial inclusion
- An overview of the 24/25 budget
- Brighter Pathways project
- Addictions Prescribing
- Medium-Term Financial Outlook
- 2025/26 Budget Outlook
- Delayed discharge performance and improvement actions
- Community OT – Aids and Adaptations
- Budget Planning for 2025/26

The Finance Working Group acknowledged the efforts being made by the senior management team and services and notes the progress being made to work towards a sustainable financial position for the partnership.

- Strengthened support from Finance Team to front line services and increased engagement with Heads of Service and Senior Management Teams, including line by line reviews of all budget areas. Review and enhancement of frequency and level of financial information provided to support oversight and decision making in line with financial constraints, with an added focus on areas of underspend to maximise opportunities to delay or stop spend and contribute to the overall financial challenge.

INTEGRATION SCHEME

The Integration Scheme describes the required approach where there is a projected overspend:

The Chief Officer will deliver the Outcomes within the total delegated resources (paid and Set Aside) and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the

approval of the Integration Joint Board. If the recovery plan is not successful the Parties will consider making interim funds available based on the agreed percentage contribution for joint responsibilities, as outlined above, with repayment in future years on the basis of a revised recovery plan agreed by the Parties and Integration Joint Board.

The Month 7 report presented to IJB on 12th December 2024 projected an overspend of £6.190m reduced to an estimated £3.613m based on the recovery plan estimates at that time. The IJB requested that the Chief Officer write formally to North Ayrshire Council and NHS Ayrshire and Arran to request additional in-year funding to support the remaining overspend, at that time. Those requests have been submitted to both funding bodies and acknowledged, NHS Ayrshire and Arran has confirmed they will factor the overspend into the NHS Board financial outturn position and North Ayrshire Council have acknowledged and confirmed they will take a report to Cabinet as part of their final 2024/25 revenue budget monitoring in June 2025.

The residual overspend has changed since Month 7 and monthly updates have been provided to both NHS AA and NAC, the movement is noted below:

Month	NAC	NHS AA
7	£2.548m	£1.065m
9	£3.106m	£1.309m
10	£3.180m	£1.800m

3. PROPOSALS

3.1 Anticipated Outcomes

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to deliver services in 2024-25 mitigating the impact on the financial position, thereby limiting the financial risk to the funding partners.

The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with the delivery of the transformation plan.

3.3 Measuring Impact

Ongoing updates to the financial position have been reported to the IJB throughout 2024-25, the final outturn position for 2024-25 will be reported to the IJB in June 2025.

4. IMPLICATIONS

4.1 Financial

The outturn is a projected overall year-end overspend of £4.980m (1.5%). The report outlines the main variances for individual services. The IJB unearmarked reserve balance is projected to be zero by the end of the financial year. This current position poses a financial risk to North Ayrshire Council and NHS Ayrshire and Arran and also for the IJBs financial position moving into 2025-26.

4.2	<p><u>Human Resources</u></p> <p>The report highlights vacancy or turnover savings achieved during the year. 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. Tight vacancy scrutiny management arrangements are in place for the HSCP and will require to remain in place moving into 2025-26.</p>
4.3	<p><u>Legal</u></p> <p>None.</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>None.</p>
4.5	<p><u>Risk</u></p> <p>Para 2.12 highlights the financial risks.</p> <p>The report falls in line with the agreed risk appetite statement which is a low-risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a high-risk appetite in relation to finance and value for money.</p> <p>The 'financial viability of the HSCP' risk on our strategic risk register has increased the risk score to reflect the 23/24 outturn and current projected 24/25 overspend.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>None.</p>
4.7	<p><u>Key Priorities</u></p> <p>The ability to deliver on our strategic priorities may be compromised due to the greater financial risk faced in 2024-25 and the increased focus required on financial rather than service improvement. This will be kept under close scrutiny throughout 2024-25. If we are unable to successfully develop a financial recovery plan to achieve financial balance, consideration may be given to revising the strategic commissioning plan accordingly.</p>
5.	CONSULTATION
5.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.
5.2	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.

Caroline Cameron, Director

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2024-25 Budget Monitoring Report–Objective Summary as at 31st January 2025

Appendix A

Partnership Budget - Objective Summary	2024/25 Budget									Over/ (Under) Spend Variance at Period 9 £'000	Movement in variance from Period 9 £'000
	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	72,661	77,348	4,687	19,629	20,620	991	92,290	97,968	5,678	5,741	(63)
: Locality Services	30,419	31,529	1,110	5,624	5,696	72	36,043	37,225	1,182	1,139	43
: Community Care Service Delivery	38,180	40,871	2,691		0	0	38,180	40,871	2,691	2,681	10
: Rehabilitation and Reablement	2,062	2,432	370		0	0	2,062	2,432	370	359	11
: Long Term Conditions	913	954	41	9,812	10,622	810	10,725	11,576	851	1,041	(190)
: Community Link Workers	331	331	0	0	0	0	331	331	0	(1)	1
: Integrated Island Services	756	1,231	475	4,193	4,302	109	4,949	5,533	584	522	62
MENTAL HEALTH SERVICES	34,295	34,708	413	75,499	77,781	2,282	109,794	112,489	2,695	2,487	208
: Learning Disabilities	25,788	26,484	696	564	564	0	26,352	27,048	696	776	(80)
: Community Mental Health	6,467	6,178	(289)	1,793	1,793	0	8,260	7,971	(289)	(320)	31
: Addictions	2,040	2,046	6	1,943	1,943	0	3,983	3,989	6	11	(5)
: HBCCC	0	0	0	353	278	(75)	353	278	(75)	(75)	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	70,846	73,203	2,357	70,846	73,203	2,357	2,095	262
CHILDREN & JUSTICE SERVICES	39,243	40,477	1,234	5,178	5,502	324	44,421	45,979	1,558	1,630	(72)
: Irvine, Kilwinning and Three Towns	3,040	3,072	32	0	0	0	3,040	3,072	32	37	(5)
: Garnock Valley, North Coast and Arran	3,138	3,189	51	0	0	0	3,138	3,189	51	48	3
: Intervention Services	1,689	1,685	(4)	0	0	0	1,689	1,685	(4)	(6)	2
: Care Experienced Children & Young people	27,397	29,293	1,896	0	0	0	27,397	29,293	1,896	2,040	(144)
: Head of Service - Children & Families	1,091	372	(719)	0	0	0	1,091	372	(719)	(790)	71
: Justice Services	2,472	2,472	0	0	0	0	2,472	2,472	0	0	0
: C&F Health Team	416	394	(22)	4,447	4,754	307	4,863	5,148	285	284	1
: Lead Partnership NHS Children's Services	0	0	0	731	748	17	731	748	17	17	0
CHIEF SOCIAL WORK OFFICER	1,598	1,635	37	0	0	0	1,598	1,635	37	16	21
PRIMARY CARE	0	0	0	53,830	53,821	(9)	53,830	53,821	(9)	(9)	0
ALLIED HEALTH PROFESSIONALS	0	0	0	10,914	10,914	0	10,914	10,914	0	0	0
MANAGEMENT AND SUPPORT COSTS	9,821	6,630	(3,191)	4,716	4,229	(487)	14,537	10,859	(3,678)	(2,901)	(777)
OUTTURN ON A MANAGED BASIS	157,618	160,798	3,180	169,766	172,867	3,101	327,384	333,665	6,281	6,964	(683)

Partnership Budget - Objective Summary	2024/25 Budget									Over/ (Under) Spend Variance at Period 9 £'000	Movement in variance from Period 9 £'000
	Council			Health			TOTAL	Budget	Budget		
	Budget	Revised Outturn	Over/ (Under) Spend Variance	Budget	Revised Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Return Hosted Over/Underspends East	0	0	0	0	(772)	(772)	0	(772)	(772)	(686)	(86)
Return Hosted Over/Underspends South	0	0	0	0	(674)	(674)	0	(674)	(674)	(599)	(75)
Receive Hosted Over/Underspends South	0	0	0	0	228	228	0	228	228	228	0
Receive Hosted Over/Underspends East	0	0	0	0	(83)	(83)	0	(83)	(83)	(83)	0
OUTTURN ON AN IJB BASIS	157,618	160,798	3,180	169,766	171,566	1,800	327,384	332,364	4,980	5,824	(844)

**North Ayrshire Health and Social Care Partnership
2024/25 Savings**

Social Care:

Description	Deliverability Status at budget setting	Deliverability Status at Month 10	2024/25 Saving	Description of the Saving
Children, Families & Criminal Justice				
Service redesign	Amber	Blue	0.123	Restructure areas of specialist service provision including substance use and corporate parenting, embedding the roles and functions of those teams within our locality-based early intervention approaches and strategic planning including engagement.
Community Care & Health				
Review of Day Care provision	Amber	Blue	0.100	Carry out a review and streamline day care provision.
Sensory Impairment Team	Green	Blue	0.062	Remove the dedicated management post and realign the team into core social work teams.
Care Home places	Green	Red	0.375	Reduce the number of funded care home places by 15, leaving budgetary provision for 765 places at average cost.
Charging for community alarm provision to sheltered housing tenants	Amber	Blue	0.200	Introduce a charge for community alarm provision in council sheltered housing units to ensure an equitable approach across all housing tenures.
Montrose House capacity	Green	Red	0.111	Restrict the capacity at Montrose House care home to the current level of residency.
Support Services and Partnership-wide savings				
Voluntary Early Release	Green	Blue	0.174	Recurring savings achieved by the release of back-office staff through the council's voluntary early release scheme.
Carers Strategy funding	Green	Blue	0.384	Utilise the remaining Carer's Strategy funding to invest in respite provision and short breaks for carers and to support existing investments in services which support unpaid carers.
Increase to charging	Green	Blue	0.131	Increase charges for non-residential care by 10% and charges for residential care by 5%
Remove vacant posts	Green	Blue	0.280	Remove a number of vacant posts across support services.
Employers' superannuation contributions	Green	Blue	7.238	Align the budget to the new employer superannuation contribution rates from 1st April 2024.
Payroll Turnover	Green	Blue	0.077	Increase targets for payroll turnover through the recruitment process.
TOTAL SOCIAL CARE SAVINGS			9.255	

Health:

Description	Deliverability Status at budget setting	Deliverability Status at Month 10	2024/25 Saving	Description of the Saving
Hospital Based Complex Continuing Care (HBCCC) provision	Green	Blue	0.500	Align the budget to the level of ongoing need for HBCCC provision.
Increase recharge to East Ayrshire for beds at Woodland View	Green	Blue	0.021	Apply an inflationary increase to the recharge to East Ayrshire HSCP.
Community Recovery and Rehab provision	Amber	Red	0.100	Review and streamline a range of current provisions to remove duplication.
Enhanced ICT	Green	Blue	0.100	Carry out a review of the service delivery model and release recurring staffing savings.
Payroll Turnover	Green	Blue	0.314	Increase targets for payroll turnover through the recruitment process.
TOTAL HEALTH SAVINGS			1.035	
TOTAL NORTH HSCP SAVINGS			10.290	

2024-25 Budget Reconciliation

Appendix C

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			156.190
Adjustments to baseline			(0.574)
Less Resource Transfer 23/24			(24.640)
Revised Budget			130.976
Resource Transfer 24/25	1-3	P	25.169
Realign Girfec Team To Connected Com	1-3	P	(0.073)
ICT Budget Transfers	1-3	P	(0.006)
CJSW Funding 2425	1-3	T	0.053
Childrens Living Wage Allocation	1-3	T	0.525
ICT Budget Transfers	6	P	-0.002
ICT Budget Transfers	6	P	-0.003
Post Realigned from the Policy, Performance & Elections Team	6	P	0.059
Transfer to FM Services re Cleaning Services at West Road	6	P	-0.01
Transfer to Capital re West Road	7	T	-0.281
Transfer from NAC Commercial Waste	7	T	0.007
ICT Budget Transfers	9	P	-0.002
Summer Activities EMF Q2 & Q3 Draw-Down	9	T	0.002
Pay Award 24/25	9	P	1.057
Scottish Disability Allowance	9	P	0.134
Transfer from Housing re Domestic Abuse Alarms	10	P	0.017
Roundings	10	T	-0.004
Social Care Budget Reported at Month 10			157.618
HEALTH	Period	Permanent or Temporary	£'m
Initial Budget exc set aside			157.894
Add Resource Transfer 23/24			24.640
Month 10-12 Adjustments and adjusting for the full year impact of part years amounts and temporary funding.			(0.033)
Revised Budget		P	182.501
Add resource Transfer 24/25			(25.169)
North Superannuation 24/25 uplift	1		1.134
MH: ANTICIPATE HOLLYBUSH COMBAT STRESS 24/25	1		1.424
MH: ANTICIPATE DELIVERY OF VETERAN SPECIFIC 24/25	1		0.105
MH: ANTICIPATE PERINATAL MH, INFANT MH (INCL MNPI) 24/25	1		0.750
Training grade ADJ - April	1		0.063
Pecos Nurse Post	1		(0.018)
Script Switch To Pharmacy	1		(0.002)
Breastfeeding Pay Award - South	2		0.005
Nest - South	2		0.066
24-25 Bwg Foxgrove North	2		0.033
24-25 E Bwp Breast Feeding - North	2		0.005
24-25 E Bwp Huntingtons North	2		0.005
24-25 E Bwp Nest North	2		0.066
Phlebotomy Admin Returned	2		0.005
23-24 - 50% North Share to East - Tier 3 Weight Management	2		(0.077)
24-25 North Share to East - Tier 3 Weight Management	2		(0.022)
Anticipate Adp Afc Pay Uplift	3		0.091
Anticipate Adp Drug Prevalence	3		0.084
Anticipate Adp Lived & Living Exp	3		0.013
Anticipate Adp Mat	3		0.250

HEALTH	Period	Permanent or Temporary	£'m
Initial Budget exc set aside			157.894
Anticipate Adp National Mission	3		0.296
Anticipate Adp Residential Rehab	3		0.134
Anticipate Adp Whole Family Approach	3		0.094
Training Grade Adj - Jun	3		(0.054)
Ambush North Rx	3		1.573
Ambush North Rx Cres	3		(1.477)
24-25 North Budget Paper - Office 365 (to East)	3		(0.073)
24-25 North Budget Paper - Prison Pharm Contract (to East)	3		(0.093)
South Mat Funding - Psychiatrist	3		0.029
Hd198: Early Intervention In Psychosis/ Body Image And Social Media Resource	3		0.242
Hd203: Digital Mental Health Programme Licence & Support	3		0.005
Reduction to the Working Week (mth 2 - 4)	4		0.105
Post to medical records	4		(0.037)
HD107: breast Feeding project funds	4		0.056
BBV	4		0.280
Rww 1/2 Hour Overtime M5	5		0.006
Min Anp Allocation	5		0.020
MI: Nr Prog - Mappa	5		0.004
Training Grade Adj - August	5		0.051
Training Grade Vac Adj - August	5		(0.025)
MH: Return Hollybuth anticipated budget back to reserves 24/25	5		(1.424)
HD271: Combat Stress Clinical services for Veterans	5		0.583
Reduction to the Working Week 1/2 Hour Overtime M6	6		0.002
Hd283 24-25 Pharmacy Tariff Red	6		(0.031)
Reduction to the Working Week 1/2 Hour Overtime M7	7		0.003
Afc Partnership Pay Award	7		4.710
Training Grade Adj - October	7		(0.026)
24-25 E Bwp Huntington's North - Return To East	7		(0.005)
Mh - Afc Reform Reduced Working Week	7		0.037
Pharmacy Tarrif reduction reinstated	7		0.031
Return Anticipated MDT	7		(0.316)
MDT reduction by SG	7		0.179
Anticipated budgets assumed in the report but not yet allocated	7		1.724
Rww 1/2 Hour Overtime M8	8		0.002
Ret Antic Mdt 24-25 Alloc Correct	8		(0.017)
Virement No. 14: North Mdt Funds To Arran Medical Group	8		(0.041)
HD231: PDS Dementia	8		0.094
Mh: Return Afc Partnership Pay Award	8		0.146
Fund RX Overspend at M8	8		0.396
Rww Worked November Paid December	9		0.001
MH: ALLOCATE MAT STANDARDS - MAT 7 PRIMARY CARE (PAN AYRSHIRE) PHARMACIST	9		(0.042)
MH: ADP 24/25 - ABI to East	9		(0.010)
HD413: Veterans Specific Services - Combat Stress	9		0.010
Medical Pay Award Part 1	9		0.804
Med Pay Award - December	9		0.182
Fund Rx Overspent At M9	9		0.325
Roundings	9		0.001
Health Budget Reported at Month 10			169.766
TOTAL COMBINED BUDGET			327.384

24-25 IJB Reserves Position

Appendix D

Area of Reserves	Balance at 31 March 2024	2024-25 Anticipated Draw Downs	Projected Balance at 31 March 2025
Earmarked Funds			
: Alcohol & Drug Partnership	641	(641)	0
: Mental Health Action 15	57	(57)	0
: Service Redesign / Challenge Fund	1,774	(1,202)	572
: Community Living Change Fund	377	(377)	0
: Family Wellbeing Fund	1,313	(1,313)	0
: Wellbeing Fund	50	(50)	0
: Breast Feeding Network	26	(26)	0
: MH Recovery and Renewal	546	(546)	0
: Buvidal	23	(23)	0
: Brooksby	5	(5)	0
: Cossette Funding	4	(4)	0
: Expansion of Primary Care Estates	55	(55)	0
: GP Premises Improvements - tranches 1 and 2	63	(63)	0
: Mental Health Wellbeing in Primary Care	81	(81)	0
: Dental Practice Improvement	29	(29)	0
:Appropriate Adult Scheme	2	(2)	0
:Adult Tier 3 Weight Management Service	19	(19)	0
: Phlebotomy	22	(22)	0
: LD Health Checks	66	(66)	0
Total Earmarked	5,153	(4,581)	572
Unallocated General Fund	357	(357)	0
General Fund	5,510	(4,938)	572

Financial Recovery Action Plan

Appendix E

<u>SERVICE AREA</u>	<u>TOTAL ACHIEVED</u>
<u>Health and Community Care</u>	
Reduce care home placements in line with budget saving	(0.200)
Reduce CAH capacity/delay recruitment/in-house efficiencies	(0.850)
Community Wards - reduce supplementary staffing and review bed capacity	(0.450)
<u>MH and LD (North Ayrshire)</u>	
HBCCC mitigation plan	(0.075)
<u>MH and LD (Lead Partnership)</u>	
Ward staffing (adults/elderly inpatients)	(0.300)
CEDS/CAMHS	(0.098)
North Ayrshire share (38.6%)	(0.154)
<u>Children and Families</u>	
Reduce children's external placements - early reduction from Brighter Pathways work	(0.900)
Reduce investment in C&F social work via service redesign fund	(0.300)
<u>Cross Partnership</u>	
Vacancy management and temporary posts	(0.500)
Use of remaining reserve balance	(0.357)
Review of earmarked reserves	(0.216)
TOTAL RECOVERY PLAN SAVINGS ACHIEVED (NA Share)	(4.002)
Non-Recurring (reserves and vacancy management)	(1.373)
Recurring Savings	(2.629)
Projected Overspend 24/25 - M10	4.980
<i>Full Year Impact:</i>	
Brighter Pathways	0.850
Care at Home	0.850
Montrose House Agency Staff	0.300
Care Homes - into line with placements	0.268
Care Packages - LD & MH - full year impact 24-25 reductions	0.407
Equip and Adapt	0.330
Share of Lead Partnership	0.380
Other areas	0.056
Residual 25-26 opening position	1.595

Bank and Agency Costs to Month 10

Appendix F

Bank and Agency Costs M1-10 2024-25

1) NHS

NORTH CORE SLT ADULT
 WARD 1 WOODLANDS VIEW
 WARD 2 WOODLANDS VIEW
 ACH REDBURN REHAB WARD NRS
 ACH DOUGLAS GRANT REHAB WD NRS
 WARD 3 WOODLANDS VIEW NURSING
 WARD 4 WOODLANDS VIEW NURSING
 NEW CLONBEITH NURSING(JURA)
 WVIEW THE GLEN ECT
 WVIEW WARD 10 ACUTE MH NRS
 WVIEW WARD 8 ACUTE MH NRS
 WARD 5 WOODLANDS VIEW
 WVIEW WARD 7B REHAB MH NRS
 NEW DUNURE NURSING(CLONBEITH)
 MH BED MANAGEMENT
 TRINDLEMOSS
 ARRAN HOSPITAL NURSING
 CAMHS MANAGEMENT
 CAMHS UNSCHEDULED CARE
 EARLY YRS-C/F TEAM 2
 IMMUNISATION NURSING
 ARRAN HV
 PACKAGE OF CARE (P) - CY
 PACKAGE OF CARE (P) - AMG
 PACKAGE OF CARE (P) - LMO
 ARRAN DN
 NC POC TEAM 2
 NC POC TEAM 3
 THREE TOWNS DN
 IRVINE DN
 NORTH WEST COAST DN
 GARNOCK VALLEY DN
 NORTH DN TEAM LEADERS
 NORTH AHP MANAGEMENT TEAM
 LADY MARGARET NURSING
 PREVENTION + SERVICES SPT TEAM
 MH UNPACS (PRIVATE)
 LD HEALTH CHECKS
 NORTH CLDT
 LDS MANAGEMENT
 NORTH PARTNERSHIP ADMIN MH
 MHS INPATIENT MGT
 CMHT NURSING-NORTH AYRSHIRE
 WVIEW WARD 7C FORENSIC REHAB N
 DAY ACTIVITIES TEAM
 INTENSIVE COMMUNITY NURSING TEAM
 ADULT MENTAL HEALTH LIASION TEAM
 PCMHT NORTH
 WVIEW WARD 6 LOW SECURE NRS
 WARRIX AVE
 ACTION 15 - ADULT LIAISON
 NORTH CORE SLT PAEDS
 FORENSIC PSYCHOLOGY
 ICFN - COMMUNITY PHLEBOTOMY
 WVIEW WARD 7A LD A+T NRS
 WVIEW WARD 9 ACUTE MH NRS
 WVIEW WARD 11 ACUTE MH NRS
 ADULT EAST
 ADULT SOUTH

	Bank		Agency				TOTAL
	4863 (Registered)	4864 (Unregistered)	4853 (Registered)	4854 (Unregistered)	4865 (Agency Locum Consultant)	4867 (Agency Locum Spec Registrar)	
							-
	56,737	333,629					390,366
	36,934	349,321					386,254
	9,501	96,421					105,922
	17,631	47,499	530				65,660
	37,015	289,730	1,589	709			329,043
	34,683	210,514		185			245,382
	110,373	112,343					222,717
		1,989					1,989
	36,700	62,843					99,544
	34,381	673,589		251			708,220
	19,694	21,856					41,549
	4,901						4,901
	35,345	152,405					187,750
	3,708						3,708
	64,034	184,672	582	379			249,667
	23,337	24,372	13,091				60,800
	1,943						1,943
	8,591						8,591
	290						290
	61,852	44,371					106,223
	506		161				667
		22,276					22,276
		71,022					71,022
		6,752					6,752
	1,401						1,401
		2,875					2,875
		3,080					3,080
	16,206						16,206
	23,114						23,114
	6,942	99					7,042
	91,532						91,532
	4,286						4,286
		9,876					9,876
	13,465	6,999					20,464
	1,481						1,481
							-
	114,150						114,150
		429					429
	6,153						6,153
			13				13
	27,551						27,551
		8,689					8,689
	11,781	98,298					110,079
	227						227
	38,656						38,656
	2,554						2,554
	3,802						3,802
	65,744	199,697					265,441
	18,203	32,155					50,358
	26,064						26,064
							-
	2,062						2,062
		8,986					8,986
	21,097	751,908	4,525	20,316			797,846
	34,318	172,839		379			207,536
	57,842	213,211		257			271,310
					62,786		62,786
					77,070	111,301	188,370
	1,186,789	4,214,745	20,492	22,476	139,856	111,301	5,695,659

2) SOCIAL CARE

Month 10 Agency Cost

Montrose House	505,485
Children Acn - Irvine	1,188
Mh Acn	129,421
Ld Acn	35,404
TOTAL	671,498

