Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care Partnership

Thursday, 14 November 2024 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 19 September 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 2023/24 Audited Annual Accounts
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the audited annual accounts for 2023-24 and the report from External Audit (copy enclosed).

5 External Audit Report 2023/2024
Submit report by Audit Scotland on the External Audit Report 2023/2024 (copy enclosed).

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

7 Meeting Dates 2025

Submit report by Caroline Cameron, Director (NAHSCP) on the proposed timetable for meetings of the IJB, PAC and SPG for 2025(copy enclosed).

8 Brighter Pathways: Re-Modelling Care Options

Submit report by Elizabeth Stewart, Head of Service (Children, Families and Justice) on the work of the Brighter Pathways transformation work (copy enclosed).

9 Social Work Duties, Available Resource and Ethical Considerations

Submit report by Scott Hunter, Chief Social Work Officer (NAHSCP) on the breadth of Social Work duties and of the current and future impact on these given the financial context (copy enclosed).

10 2024-25 – Month 6 Financial Performance

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) to provide an overview of the Integration Joint Board's financial performance as at month 6 (September) (copy enclosed).

11 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.

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.

Generally, the press and public will not be filmed. However, by entering the Council Chambers and using the press or public seating area, you acknowledge that you may be filmed and that any information pertaining to you contained in the video and oral recording of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. In making this use of your information the Council is processing data which is necessary for the performance of a task carried out in the public interest.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact dataprotectionofficer@north-ayrshire.gov.uk

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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
Jean Ford	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
Vacancy	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 19 September 2024 at 10.00 a.m. involving participation by remote electronic means and physical attendance within the Council Chambers, Irvine.

Present (Physical Participation)

Voting Members
Councillor Margaret Johnson, North Ayrshire Council (Chair)
Joyce White, NHS Ayrshire and Arran (Vice-Chair)
Councillor Anthea Dickson, North Ayrshire Council
Councillor Tom Marshall, North Ayrshire Council
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
Lynne McNiven, Public Health Representative
Iain Jamieson, Clinical Director

Stakeholder Representative
Linda McFarlane, Staff Representative

Present (Remote Participation)

Voting Members
Jean Ford, NHS Ayrshire and Arran
Marc Mazzucco, NHS Ayrshire and Arran

Stakeholder Representative
Vicky Yuill, Third Sector Representative

In Attendance (Physical Participation)

Billy Brotherston, Independent Chair of ADP
Elizabeth Stewart, Head of Service (Children, Families and Justice)
Kerry Logan, Head of Service (Health and Community Care)
Eleanor Currie, Principal Manager, (Finance)
Lee Ballantyne, Senior Manager (Strategic Planning & Transformation)
Peter McArthur, Senior Manager (Addictions)
Julie Barrett, NHS Ayrshire and Arran
Raymond Lynch, Senior Manager, (Legal Services)
Linda Taylor, Team Manager, Litigation, (Legal Services)
Craig Stewart, Committee Services Officer

Claudia Cheung, Digital, Media and Marketing Analyst

Apologies

Councillor Nairn McDonald, North Ayrshire Council
Scott Hunter, Chief Social Work Officer
Aileen Craig, IJB Monitoring Officer

1. Apologies for Absence

Apologies for Absence were noted.

2. Declarations of Interest

In terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies, Joyce White advised she was appointed as a Board Member of Phoenix Scotland in a voluntary capacity.

3. Minutes

The accuracy of the Minutes of the meeting held on 22 August 2024 were confirmed and the Minutes signed in accordance with Paragraph 7(10 of Schedule 7 of the Local Government (Scotland) Act 1973.

4. North Ayrshire HSCP Clinical and Care Governance Annual Report 2023- 24

Submitted report by Darren Fullarton, Lead Nurse/Associate Nurse Director on the North Ayrshire HSCP Clinical and Care Governance Annual Report 2023- 24. The report provided an update and overview of governance activity for the period August 2023 – August 2024 with the Annual Report set out at Appendix 1 to the report.

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

Noted.

5. 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.

6. North Ayrshire HSCP & ADP Annual Performance Management Report – Alcohol and Drugs

Submitted report by Peter McArthur, Alcohol and Drug Services on the annual performance information in relation to the partnership's Alcohol and Drug services. The Performance Management report from 1 April 2023 – 31 March 2024 was set out at Appendix 1 to the report.

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

Noted.

7. North Ayrshire HSCP & ADP Medication Assisted Treatment - Annual Report

Submitted report by Peter McArthur, Alcohol and Drug Services on the North Ayrshire HSCP & ADP Medication Assisted Treatment - Annual Report, which was set out at Appendix 1 to the report.

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

Noted.

8. 2024-25 – Month 4 Financial Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Integration Joint Board's financial performance as at month 4 (July). Appendix A to the report detailed the financial overview of the Partnership position, while Appendix B provided an overview of those service 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 (i) the overall integrated financial performance report for the financial year 2024-25 and the current overall projected year end overspend of £6.697m, reduced to £2.995m through already identified financial recovery actions; (ii) the progress with delivery of agreed savings; (iii) the actions being taken to progress financial recovery and a further recovery plan to be presented to the next meeting of the IJB; (iv) the Care at Home recovery actions set out at Appendix F to the report and (v) the remaining financial risks for 2024-25; and (b) approve the budget reductions set out at section 2.10 of the report.

9. Transformation Plan Progress Update

Submitted report by Lee Ballantyne, Senior Manager (Strategic Planning and Transformation) on the Transformation Plan Progress. The report highlighted key activity and general updates on progress made in the six months since approval.

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

Noted.

10. Strategic Risk Register

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Strategic Risk Register, set out at Appendix 1 to the report. The report provided an update on the strategic risk register, ensuring the IJB are proactive in identifying and managing the risks to the successful delivery of our Strategic Plan.

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

Noted.

11. NHS Ayrshire and Arran Delivery Plan 2024 – 2025

Submitted report for information on the NHS Ayrshire and Arran Delivery Plan 2024 – 2025.

Noted.

The meeting ended at 12:20pm.

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

Integration Joint Board
14th November 2024

Subject :	**2023/24 Audited Annual Accounts**
Purpose :	The Board is required to approve the audited annual accounts for 2023-24 for issue and to consider the report from External Audit.
Recommendation :	That the Board: (a) Note that Audit Scotland have completed their audit of the annual accounts for 2023-24 and have issued an unqualified independent report auditor's report; and (b) Approve the Audited Annual Accounts to be signed for issue.

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

1.	**EXECUTIVE SUMMARY**
1.1	The Integration Joint Board (IJB) was required to produce a set of annual accounts for 2023-24. These accounts were produced within the statutory timescale and have been subject to independent audit by the Integration Joint Board's external auditors, Audit Scotland.
1.2	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. The audit process has been completed and Audit Scotland have issued an unqualified independent auditor's report.
1.3	As part of the independent audit there were some minor presentational changes required and these have been updated in the final accounts. There are no changes to the overall financial position reported to the Performance and Audit Committee in June.

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 2023-24. 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.
2.3	The Audited Annual Accounts for 2023-24 are included as Appendix 1, these incorporate the independent auditors report. Audit Scotland are able to conclude that the Integration Joint Board's accounts present a true and fair view of the IJB's financial position.
2.4	Appendix 2 includes a letter of representation signed by the Head of Service (Finance and Transformation) as responsible officer. Audit Scotland's External Audit Annual Audit Report to members, which summarises the findings of the audit, is a separate item on the agenda.
2.5	Audit Scotland have given an unqualified opinion that the 2023-24 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. The overall financial position remains as reported to the Performance and Audit Committee in June 2024.
2.6	The Integration Joint Board are required to formally approve the Audited Annual Accounts and thereafter they will be published on the partnership website.
3.	**PROPOSALS**
3.1	The Board is invited to: (a) note that Audit Scotland have completed their audit of the annual accounts for 2023-24 and have issued an unqualified independent auditor's report; and (b) approve the Audited Annual Accounts to be signed for issue.

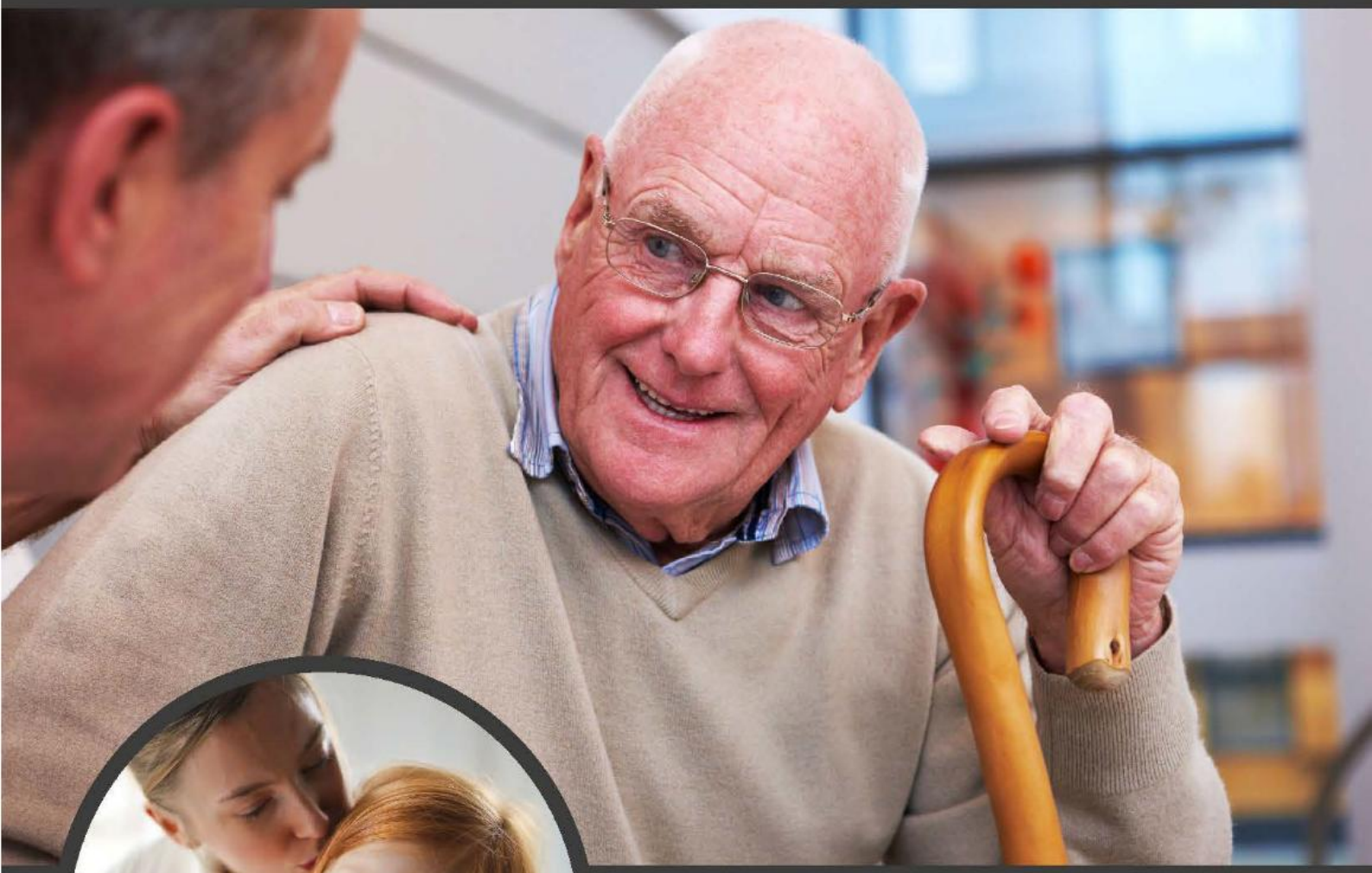
3.2	Anticipated Outcomes
	The annual accounts are a key statutory reporting requirement and can be a useful way to join up financial and service delivery performance information in a readily available public document.
3.3	Measuring Impact
	Progress against the recommendations will be reviewed by the Performance and Audit Committee during 2024-25.
4.	**IMPLICATIONS**
4.1	Financial The IJB are required to consider and approved the Audited Annual Accounts for 2023-24.
4.2	Human Resources None.
4.3	Legal None.
4.4	Equality/Socio-Economic None.
4.5	Risk 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.
4.6	Community Wealth Building None.
4.7	Key Priorities None.
5.	**CONSULTATION**
5.1	The unaudited annual accounts were advertised and made publicly available for inspection. There were no objections noted from the public inspection. The Chief Officer, Chief Finance Officer and other officers of the IJB have been consulted during the audit process as required.

Caroline Cameron
Director, Health and Social Care Partnership

For more information please contact Paul Doak, Head of Service (Finance and Transformation) (pdoak@north-ayrshire.gov.uk) or Eleanor Currie (Principal Manager, Finance) (eleanorcurrie@north-ayrshire.gov.uk)

Appendices

- Appendix 1, Audited Annual Accounts 2023-24
- Appendix 2, Letter of representation



Annual Accounts for Period Ending 31 March 2024

NORTH AYRSHIRE
Health and Social Care Partnership

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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 2024.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the period 2023-24 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 deliver services that continue to meet the needs of the people of North Ayrshire.

North Ayrshire IJB

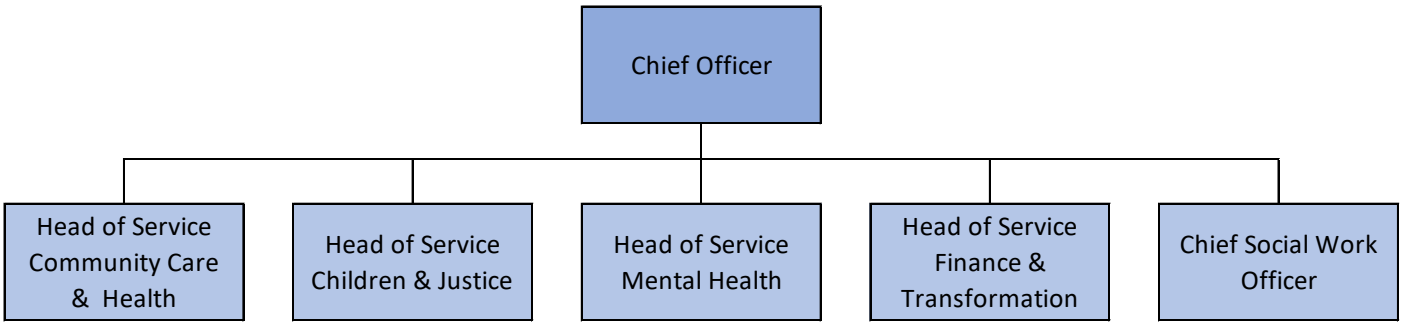
North Ayrshire Council, alongside East and South Ayrshire Councils and NHS Ayrshire and Arran established the 3 Ayrshire Integration Joint Boards on 1 April 2015. The purpose of an IJB is to improve the health and wellbeing of local people, create support within our communities and deliver joined-up care pathways for people who use health and social care services, particularly those who have complex care needs.

North Ayrshire Council and NHS Ayrshire and Arran delegate responsibility for the planning of community health and care services to the IJB. The IJB commissions services and staff from the Council and NHS and is responsible for the operational oversight of integrated services. The Chief Officer of the Health and Social Care Partnership is responsible for the operational management of integrated services.

North Ayrshire Health and Social Care Partnership (NAHSCP/the Partnership) is the service delivery organisation for functions delegated to the IJB, which is comprised of staff from both North Ayrshire Council and NHS Ayrshire and Arran, though sits as its own organisation for carrying out these delegated functions together.

The Chief Officer is supported by heads of service for each service area, including the statutory roles of the Chief Finance Officer and Chief Social Work Officer, and the wider partnership management team.

NAHSCP senior management structure



Strategic Commissioning Plan

Each Health and Social Care Partnership produces a strategic plan for carrying out integration functions over the plan period. In April 2022 the Partnership published 'Caring Together 2022-30', which is the first long-term strategic commissioning plan published by the Partnership.

It was developed using a local health and care needs assessment and a period of public engagement, which took place online due to Covid-19 restrictions at the time. The Strategic Planning Group and other key stakeholders were actively involved in the development of the plan, reinforcing the partnership nature of local health and care services.

The Partnership undertook a review of its vision, values and strategic priorities, and agreed:

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

The values that people accessing Health and Social Care Services across North Ayrshire can expect to experience: **Care, Empathy and Respect.**

In order to embody these values and achieve this vision, the plan sets out five strategic priorities:

These priorities are interlinked, and by achieving them together, the partnership aims to achieve its vision for and with the people of North Ayrshire.

Delivering the Plan

The plan identifies several key ambitions against each of these priorities, underpinning our vision for health and social care services in the future.

Delivery of the plan is underway, facilitated by several key enablers, including the Medium-Term Financial Outlook, Transformation Plan, and Participation and Engagement Strategy.

Although the plan is longer-term and in place until 2030, the partnership will review the progress and effectiveness of the plan periodically to ensure it still matches the needs of the community. The current priorities and actions will be reviewed this year which will result in a refreshed version being produced in March 2025. This will also reflect further work being carried out at a locality level to reflect the differing needs of different communities across North Ayrshire.

Implementation of the strategic plan is key for the Partnership to achieve the nine National Health and Wellbeing Outcomes as set by the Scottish Government, and reviewing the plan will ensure our services are targeting our community needs.

More information about the Strategic Plan 2022-30 can be found at: 'Caring Together' HSCP Strategic Commissioning Plan (2022-30)

North Ayrshire Today

North Ayrshire is home to an estimated 133,413 people (Census, 2022). The local area covers approximately 885 square kilometres and has a population density of c.151 persons per square kilometre.

The National Records of Scotland (NRS) provides a population projection estimate using 2018 as a baseline year, and it estimates the population will fall to 129,987 by 2030 and continue falling to reach 122,334 by 2043. Not only is the overall population projected to change, but the demographic spread is also projected to change over time with a steady reduction in the working age population. The 2022 census shows that 60.3% of the current population is aged 16-64, which is projected to decrease (using 2018 data) to 56.8% in 2030 and 54.1% in 2043. Conversely, the 65+ population is currently at 23.7% (census) and expected to rise to 27.8% in 2030 and 30.7% in 2043 (NRS). This demographic change has significant implications for local funding and spending as the number of working aged people paying taxes is decreasing, while the number of dependents is increasing.

Currently, 29.1% 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, 1.7 people in every 10 under the age of 65 has a long-term condition, whereas 8.7 people in every 10 over the age of 85 has a condition.

In contrast to the growth in the older population, the life expectancy figures for North Ayrshire have dropped in recent years. To measure life expectancy, averages are taken over a 3-year period, and for 2020-2022, female life expectancy was 79.47 years, compared to its highest point over the previous 10 years of 80.99 in 2012-14. Current male life expectancy is 74.58 compared to its high of 76.47, also in 2012-14. For both females and males, life expectancy is lower when compared to the Scottish Average.

In the latest time-period available (2019-2021), the average healthy life expectancy in North Ayrshire was 56.51 years for men and 52.07 years for women. Healthy life expectancy data is only available from 2015, and the highest for females was 57.13 in 2015-17, and for males was 58.52 in 2017-19. For women, healthy life expectancy has been steadily falling, but for men it was rising to that high point when it began to fall in recent years.

When compared against life expectancy this suggests that, while women in general will live longer than men, they will spend a greater proportion of their life in ill health. Additionally, in North Ayrshire and nationally, over the last 20 years life expectancy for males has increased more than for females, so the gap between life expectancy is gradually reducing over time.

Socio-Economic Profile

The Scottish Index of Multiple Deprivation (SIMD) 2020, reports that 74 of North Ayrshire's 186 data-zone areas are ranked in the 20% most deprived, or 39.8% of datazones in the area. An estimated 55,069 people live within these datazones which is around 41% of North Ayrshire residents.

The last reported employment figures for North Ayrshire cover the period of January 2023 to December 2023, which shows that 72.3% of the population is economically active compared with 77.5% of Scotland's population. Although this gap is quite wide, the unemployment level is currently 3.5% in both North Ayrshire and Scotland. This implies there is more economic inactivity than unemployment in the area, which may be indicative of the older population across North Ayrshire. During that time period, 22.8% of the economically inactive population was retired compared to 14.1% in Scotland, and 43% were long-term sick compared to 31.6% of Scotland.

The dependency ratio indicates the number of working aged people compared to dependents, or those under 16 and over working age. Historically 16-64 has been used as the working aged

population despite recent changes to pension age and, although many people over 65 work, the ratio is worked out based on the population alone which is a ratio recognised internationally to allow for comparisons. Currently, the dependency ratio in North Ayrshire is 65.73. which means that for every 100 working aged people, there are almost 66 dependents, compared to Scotland's ratio of 57.31. This is projected to increase to 66.2 by 2030 and 77.5 by 2043. More rural areas tend to have a higher ratio than other areas, due to the smaller working age population which is an important factor for planning and funding health and social care services that meet the needs of this population.

A snapshot of achievements during 2023-24

Enable Communities

- **North Ayrshire Alcohol and Drug Partnership Grants.** This new grant-funding process will see a total sum of £50,000 awarded to projects that can reduce alcohol and drug-related harms in North Ayrshire, which are run by statutory organisations and third sector/community organisations.
- **Locality Planning** - the HSCP has developed a new approach to our locality planning, replacing the previous Locality Planning Forums which were impacted by the restrictions during the pandemic, so it was felt a refreshed community focussed approach was required. Within each locality on the mainland, there will be a biannual locality conversation to maintain ongoing dialogue with service-users and ensure their voices are continually involved in the strategic planning process within their communities. These will be followed up by a meeting of the Locality Planning Review Group, which will analyse the results of the conversations, local data, community planning priorities and local knowledge of services within the locality. Work to develop this new locality planning process began in spring 2023, since when we have developed a new process to better integrate with community planning processes, involve a wider group of service-users, and make more use of existing data and knowledge about each area. Initial scoping Locality Conversations took place in April 2023, and the start of the new Locality Planning Process is being kicked off by the first set of Locality Conversations in April 2024, and Locality Planning Review Groups in June 2024.
- **Engagement** was conducted over the past year around the topic of transition from children to adult services with a specific focus on learning disability and mental health services. This project explored 4 phases of work. The first 3 included consultation with services, parents and carers, and young people to explore their experience of working or navigating the current systems. Phase 4 is currently underway and involves the development of a parent and carer peer support group for transition supported by the HSCP and Unity Carers Gateway. This work has been essential in capturing the views and opinions of parents, carers and young people who often experience challenges and barriers to accessing services and can at times find participation in projects such as these challenging due to the complex care needs they experience on a day-to-day basis.
- **Learning Disability Strategy** – the service is currently developing a Learning Disability Strategy, and a variety of engagement with service-users and families has been done to enable service user to participate and collect their feedback. Engagement began in late 2023 and was framed around the question of ‘What Makes a Good Life’, but other engagement with clients has taken place on specific topics such as respite provision, and mental health and wellbeing. Further work will continue in 2024/25 in order to develop the new strategy.

Develop and Support our Workforce

- **North Ayrshire Partnership Awards** - The winners of the 2023 Partnership Awards were announced at our 'Celebration of Care' event on Tuesday 20th June 2023 at the Volunteer Rooms in Irvine. The event was a fantastic celebration of the staff, teams and individuals who support or deliver health and social care in North Ayrshire - and importantly, the crucial work of people in our communities who support others to improve their health or well-being.
- **Purchase of Glenartney House**, the new staff accommodation in Brodick, Isle of Arran opened and welcomed the first guests on 22nd May 2023. The house will support the delivery of health and care services on the island by providing short-term staff accommodation for care workers within Montrose House; Care at Home staff; Medical, Nursing and Clinical staff at Arran War Memorial.
- **iMatter -** HSCP staff, both NHS and NAC employed, were asked to complete the annual iMatter survey. We had our second highest response rate at 65%, and positively the Partnership aggregate level of employee engagement was 81% – the highest it has ever been. iMatter is a key tool for the HSCP to understand and gather feedback from the integrated workforce and teams.
- **What Matters to You?** - the NAHSCP Strategic Planning Team delivered the 'What Matters to You?' conversation for 2023. The focus of engagement was on staff members, with employees being asked 'what matters to them' about working in the Partnership. In addition, staff were asked 'what one thing could they change' to make their day-to-day roles better. The focus on staff (rather than the wider public) provided an insight into the mindset of staff as they have returned to more normalised working following the pandemic. Many staff have been following the new agile working approach for some time and we were keen to learn the impact of this. A report of this engagement work was presented to PSMT in order for each service to address the concerns and feedback of staff. Each service was asked to use the feedback to create a 'make one change' action, which is currently being delivered, and there is further work ongoing to address the more common issues raised by staff.

Provide Early and Effective Support

- **Naloxone** - a new report produced by NHS Ayrshire & Arran's Prevention and Service Support Team has highlighted the positive impact of Naloxone distribution and use in North Ayrshire. This safe and easy-to-administer medication temporarily counteracts the effects of opioids, such as heroin, methadone, codeine, morphine and buprenorphine, and can save lives by reversing an overdose for 20 to 40 minutes until emergency help arrives.
- **The Promise** - there has been positive progress made in relation delivering Phase 1 of The Promise over the past three years. The foundations have been laid for progressing the change required to 2030 which will radically redesign the whole care system. Our data, both

qualitative and quantitative, shows we are making a positive impact and we will continue to drive changes in line with what our needs are at a local level and the 10-year change plan. Local activity has focused on putting strong foundations in place regarding our partnership approaches, hosting the first of our annual conferences and securing multi- agency and multi-disciplinary commitment to key actions and outcomes. A number of service and practice developments are underway and links have been made with other major projects and programmes which are related to care experienced children and young people both locally and nationally.

- The transformation from analogue to digital Community Alarm and Telecare equipment is now well under way.
- **Inspection of Irvine, Garnock Valley & Community Alarm Service** Following an unannounced inspection between 24 October and 3 November 2023 of the North Ayrshire Irvine, Garnock Valley Care at Home and Community Alarm Service, the service received the following grades :- How well do we support people's wellbeing? 5 – Very Good How good is our leadership? 5 – Very Good How good is our staff team? 4 – Good How well is our care and support planned? 4 – Good These are excellent grades for a service which has been and continues to be under extreme pressure. Inspectors in particular highlighted the passion and commitment demonstrated by staff to providing the best care possible and highlighted the excellent partnership working across District Nurses, GPs, Hospital and many others to support and meet the needs of service users.
- **Care at Home** - the IJB were presented with a review of Care at Home Service Delivery and asked to consider how the service should be delivered when the current external provider contracts end in June 2024. The outputs from the review provided an overview of both current service delivery and contractual arrangements, and historical information and data, including reflections on how the service has responded and adapted through the pandemic. The IJB were supportive of the option whereby people who choose Self Directed Support Option 3 (where the choice of support for care is arranged by the local authority) would have Care at Home services delivered entirely by the inhouse Care at Home Team.
- **Adult Support and Protection Inspection** -The quality of North Ayrshire's adult support and protection work has been described as "commendable" in a new report published by the Care Inspectorate. A joint inspection of NAHSCP, which included the roles of NHS Ayrshire & Arran and Police Scotland in the adult protection process, took place from September to December 2023 and focused on whether adults at risk of harm were safe, protected and supported. The report stated that "overall, the quality of North Ayrshire's adult support and protection work across social work and health is commendable. While there is always room for improvement, performance was strong and collaborative in every area of core adult support and protection business, including inquiries, investigations, risk assessments and protection planning.
- **Anam Cara** in Kilbirnie reopened in March 2024 following an extensive refurbishment project. The specialist dementia respite centre, which had been temporarily relocated to the vacant Taigh Mor site in Beith while the works were carried out, has undergone a complete transformation of the main garden area, including new garden furniture, with a ramp installed from the conservatory to allow better access for guests to enjoy the outdoors. A full revamp of the internal areas of the building was also carried out. Externally, the building has undergone repairs to the roof, facias, gutters and roughcast, with new

windows in the dining room area. The transformation was completed with attractive décor, furniture and soft furnishings in each room, with new TVs throughout and improved Wi-Fi across the building. The upgrade has created a welcoming and homely feel and will be a huge boost to the wellbeing of guests with dementia as well as their families and carers, who will benefit from some respite from their caring duties.

Improving Mental and Physical Health and Wellbeing

- **Trindlemoss Day Opportunities** in Irvine has achieved a Gold Award as part of the RSPB's Wild Challenge Awards programme. Some service users been busy taking part in the scheme, which has seen them discovering, learning about, and helping wildlife in its natural habitat. Having already completed the Bronze and Silver levels, the team has worked extremely hard to achieve the highest accolade in the Gold award, with each level of the programme requiring the completion of a total of six activities.
- **A new community grief hub** has launched at Trindlemoss. Cruse Bereavement Support is working in partnership with the Co-op to bring grief resources, drop-in support sessions and compassionate community workshops to the hub, offering free support to those who are grieving and new skills to those who want to understand how to better support someone following a bereavement.
- **Creating Hope Together** - Staff from across North Ayrshire HSCP were joined by colleagues from NHS A&A, East and South HSCPs, the Third Sector and wider stakeholder partners for a suicide prevention event at Saltcoats Town Hall. The theme of the event was 'Creating Hope Together', recognising that suicide prevention is everybody's business and that we can all take action - no matter how big or small - to prevent suicide. The aims of the day were to encourage discussion and generate ideas for taking action to prevent suicide in North Ayrshire; share our knowledge so far about suicide prevention and highlight areas of good practice; inspire a call to action across all sectors to work and learn together to drive change in North Ayrshire and consider what more can be done to prevent suicide and identify the support needed to ensure everyone can play their part.
- **Communities Mental Health and Wellbeing Fund (Year 3)** - an information session was held in October to hear about the priorities and focus in Year 3, as well as to meet many of the groups and organisations who have received funding in Years 1 and 2, and to celebrate some of their successes. This was a great opportunity to network and find out about the wide range of amazing work and services that are being delivered by the Third Sector across North Ayrshire, focussing on improving mental health and wellbeing in our communities.
- **North Ayrshire Libraries were winners at the Scottish Library & Information Council (SLIC) Awards** on 3rd November for their pioneering work in supporting those recovering from problematic alcohol and/or other drug use. The awards recognise the outstanding levels of commitment, creativity and value that libraries can offer the communities they serve. The partnership between North Ayrshire Libraries and North Ayrshire Drug and Alcohol Recovery Service (NADARS) saw the creation of a safe, supported, nonclinical environment in Kilwinning Library on a weekly basis for NADARS staff, service users and their families to attend. Library staff participated in drug/alcohol awareness and Naloxone

training, delivered by the NHS Prevention and Service Support Team, with service users also being able to access a wide range of library services during the sessions.

- North Ayrshire Adult Protection, Child Protection and Alcohol and Drug Partnership teams have a new joint Facebook page, **'**North Ayrshire Protecting People Together'**,** sharing information on the work being carried out locally to protect people and what to do if someone is at risk from harm.
- An innovative new group for North Ayrshire's Recovery Development Workers has been established and met for the first time on 8 November. The North Ayrshire Recovery Development Worker Forum offers an opportunity for lived experience support workers from NAHSCP's alcohol and drug recovery service (NADARS), Service Access and Justice Services team, as well as their counterparts from Turning Point and Barnardo's, to come together and share their experiences, learn more about the work of the other services, identify training requirements or shadowing opportunities, and provide support for each other as they move forward in their roles. Staff who attended are all peer support workers with lived experience from a range of backgrounds, including alcohol and/or other drug use, gambling and mental ill health, who have all been on their own individual journeys to recovery and are now using that experience and insight to provide relatable support to others embarking on their own journey.

Tackle Inequalities

- **Financial Inclusion Strategy** - the strategy combines the powers of the Financial Inclusion services across the Council. A third sector provider was commissioned to provide independent debt advice to all North Ayrshire residents. A key outcome of the strategy has been the creation of a Financial Inclusion Partnership in North Ayrshire. The Partnership will be inclusive with representation from a range of key stakeholders such as fuel poverty advice services, employability, education and housing services, housing associations, community link workers, the Food Bank and Alcohol and Drugs Partnership.
- **Community Wealth Building** - A working group was established to take forward the Community Wealth Building agenda within the Partnership, chaired by the Head of Service (Finance and Transformation) and with senior representation from across other service areas. So far the Partnership has focussed on the first two pillars – procurement and employment – as almost all of the Partnership's financial resources are spent either on staffing costs or on purchasing services from other organisations.
- **The Carers Strategy** "Building Caring Communities 2023-25" was formally launched at Ardeer Community Centre, Stevenston in October 2023. The intent is to use the 16-month strategy period to work with Unity Gateway Carer Service, our carers and the broader sector to engage in a medium-term strategy to be ready to cover the period 2025 – 2030.
- **Additional Welfare Advice staff in GP surgeries** – Welfare Advice and Health Partnership funding allowed the continuation of additional welfare rights advisors in GP Practices in areas of multiple deprivation.

Organisational Performance

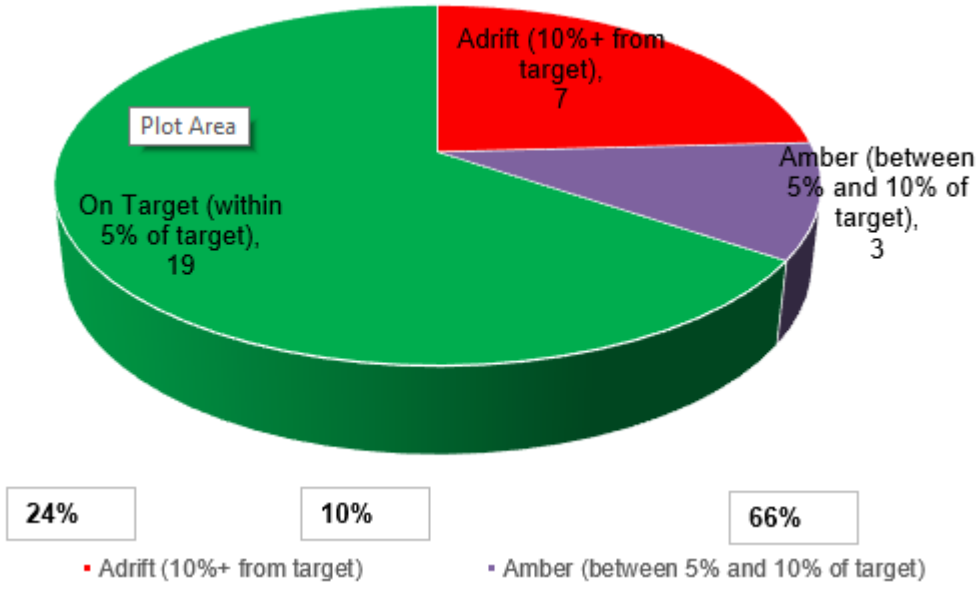
Our 2022-2030 strategic plan set of performance measures reflect the transformation of services to meet continual service improvement and demand. Where an indicator presents as being off track, commentary with proposed resolution and future mitigation is provided on how to improve future performance.

Performance reporting comprises of a series of key performance indicators and key actions, which link directly 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.

For 2023-24 the set of performance measures were agreed and presented to the Performance and Audit Committee highlighting service defined changes. 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

For the year 2023-24 there were 29 agreed performance measures across all service areas. At the time of writing, 27 measures have been collated comprising 93% of all measures reported to the end of 2023-24. Due to the time for collation and verification of the 2 outstanding Quarter 4 updates, we have included the RAG status as 'On Target' based on the annual performance to date which has been Green for all quarters. The latest Performance and Audit Committee Report shows progress against the key measures, and this is represented in the chart below.



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 2023-24 were:

- Increasing the number of Practice Reflective Learning (PRI) sessions taking place within the Children, Families, and Justice Service.

- Reducing the number of people waiting for Health and Community Care assessment.
- Reducing the number of people on the waiting list for a Care at Home service in the Community.
- Reducing the number of people on the waiting list for a Care at Home service in Hospital.
- Reducing the average length of stay in hospital for people aged 65 and over (MH).
- Absence levels remain problematic.

In relation to the PRI sessions, there is a group that meets quarterly investigating ways to improve workforce engagement to refer for practice review. The senior management team continue to promote the benefits of PRI sessions with team managers via the supervision process.

Throughout the year our Health and Community Care services continue to experience ongoing and sustained challenges in delivering frontline Care at Home Services although Quarter 4 saw the greatest improvement in performance during 2023-24. There remain ongoing workforce challenges related to sickness absence rates and vacancies within the service with a weekly absence rate of 15%. The Care at Home service continues to prioritise any available capacity to support hospital discharges and for those with the most critical needs in our community.

Annual Accounts

The Annual Accounts set out the financial statements of the IJB for the period ended 31 March 2024. 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 2023-24 have been prepared in accordance with this Code.

The Financial Plan

Strong financial planning and management is paramount to ensure our limited resources are targeted to maximise the contribution to our objectives. Delivery of services in the same way is not financially sustainable. The updated strategic plan approved for 2022-30 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 heath and care services.

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.

Financial Performance

In 2023-24 the IJB agreed a one-year balanced budget which included an overall savings requirement of £6.215m.

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. The main challenges during the year were residential placements for children, care at home, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.

From the initial budget monitoring report in month 3 the projected position has been an overspend. The Integration Scheme requires the preparation of a recovery plan if an overspend position is being projected to plan to bring overall service delivery back into line with the available resource. Heads of Service have closely reviewed expenditure and have implemented actions which have reduced some areas of overspend, however these areas of improvement have been countered by adverse movements in Care at Home, Integrated Island Services, Wards 1 and 2 at Woodland View, UNPACS and intervention services.

As a contingency there was provision of £2m non-recurring funding set aside in the reserves contribute towards the 2023-24 position and this has been applied.

The overall financial performance against budget for the financial period 2023-24 (after adjusting for new earmarked reserves) was an overall overspend of £5.464m. This consisted of £4.634m of overspend in social care services and £0.830m overspend in health services.

The table below reconciles the deficit on the provision of services of £11.218m as noted in the Comprehensive Income and Expenditure Statement to the financial outturn deficit position of £5.464m.

Reconciliation Table	22/23	23/24
(Surplus) / Deficit on provision of services	**12.504***	**11.218**
Earmarked reserves released to services during the year	(20.442)*	(8.736)
Sub Total	**(7.938)**	**2.482**
NEW Earmarked Reserve Balances	4.219	2.982
Financial Outturn (underspend)	**(3.719)**	**5.464**

* The 2022-23 audit identified a variance of £0.936 million between total IJB reserves (£17.664 million) and debtor balances due from partners' audited accounts (£16.728 million). This was not corrected in the 2022-23 accounts as further work was required to explore the reasons behind the difference. This has been corrected during 2023-24 and all 2022-23 figures impacted by this are restated and marked with an asterisk*.

The table below summarises the financial performance for 2023-24 and 2022-23. This notes the budget outturn on a managed basis (including the full allocation for North HSCP lead partnership services) and 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 £35.008m which was allocated at the end of the period to the IJB. The set aside budget is included within the financial statements.

2022-23 Budget £000	2022-23 Actual £000	Variance (Fav) / Adv £000	Service	2023-24 Budget £000	2023-24 Actual £000	Variance (Fav) / Adv £000
85,261	85,286	25	Health and Community Care	91,174	95,625	4,451
96,133	92,731	(3,402)	Mental Health	100,990	98,639	(2,351)
38,076	40,290	2,214	Children, Families and Justice	40,135	43,431	3,296
51,357	51,277	(80)	Primary Care	52,865	52,863	(2)
9,532	9,463	(69)	Allied Health Professionals	10,098	10,098	0
(175)	(6,460)	(6,285)	Management and Support Costs	12,740	11,287	(1,453)
1,194	1,197	3	Change Programme			
2,570	866	(1,704)	Chief Social Work Officer	1,852	1,317	(535)
0	0	0	Financial Inclusion	1,671	1,630	(41)
0	0	0	National Commissioned Service	3	3	**0**
283,948	**274,650**	**(9,298)**	**TOTAL EXPENDITURE**	**311,528**	**314,893**	**3,365**
(283,948)	**(283,948)**	**0**	**TOTAL INCOME**	**(311,528)**	**(311,528)**	**0**
0	**(9,298)**	**(9,298)**	**OUTTURN ON A MANAGED BASIS**	**0**	**3,365**	**3,365**

2022-23 Budget £000	2022-23 Actual £000	Variance (Fav) / Adv £000	Service	2023-24 Budget £000	2023-24 Actual £000	Variance (Fav) / Adv £000
0	1,360	1,360	Lead Partnership Allocations	0	1,117	1,117
0	**(7,938)**	**(7,938)**	**OUTTURN ON AN IJB BASIS**	**0**	**4,482**	**4,482**
0	**4,219**	**4,219**	New Earmarking	**0**	**2,982**	**2,982**
0	**0**	**0**	Draw on Reserves	**0**	**(2,000)**	**(2,000)**
0	**(3,719)**	**(3,719)**	**FINAL OUTTURN POSITION**	**0**	**5,464**	**5,464**

The main areas of variance during 2023-24 are noted below:

Health and Community Care – overspend of £4.451m mainly relates to overspends in care at home, agency costs within integrated Island Services, supplementary staffing in rehab wards and district nursing staffing costs offset by underspends in care home placements, reablement services and care packages for people with a physical disability.

Mental Health – underspend of £2.351m which relates to underspends in community mental health, non-employee costs at Trindlemoss 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 2023-24. These underspends are partially offset by an overspend in learning disability services.

Children, Families and Justice – overspend of £3.296m which is mainly related to overspends in services for care experienced children (residential care, respite care and employee costs) and services for children with a disability (residential care, respite care). These were partially offset by an underspend in the Whole Family Wellbeing Fund which will earmarked for use in 2024-25.

Management and Support Costs – underspend of £1.453m mainly relates to underspends in transition funding, an over-recovery of payroll turnover due to the level of vacant posts being higher than assumed when setting the budget and an underspend in multi-disciplinary team (MDT) funding. These underspends are partially offset by an overspend in the apprenticeship levy and the unfunded element of the pay award.

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.

The outturn of the lead partnership services for each IJB is provided below, the adjustment to the North IJB outturn reflects the impact of reallocating a share of the North lead partnership services underspend to the other two areas and receiving 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	Explanation of Outturn
North	(1,691)	Underspend	Mental health services, mainly due to vacancies and recruitment delays and underspend on the MH Recovery and Renewal Funding which is earmarked for use in 2024-25.
South	481	Overspend	Pressures from the community equipment store and continence service offset by underspends in the Family Nurse Partnership
East	(1,203)	Underspend	Underspends in the Primary Care Improvement Fund, Dental Services and AHP 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. 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 this compares to the NRAC "fair share" of resources. Ayrshire Finance Leads have now agreed a baseline methodology for set aside budgets which involves using the average of the four full years prior to the pandemic, 2016/17 – 2019/20 inclusive.

The 2023/24 actual usage information is not known until after the IJB date, so the info used is the 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**

Climate Change

The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 came into force in November 2015, as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes Integration Joint Boards established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014.

Scottish Government guidance was issued to IJBs in May 2017, setting out detail of the new duty to produce an annual climate change report. The report requires to be approved by the IJB, with returns to be submitted on the Sustainable Scotland Network (SSN) online portal by 30 November each year. The report was submitted on 1st November 2023 but the IJB haven't been asked to approve as the IJB don't have staff, fleet vehicles or property so the return refers to the North Ayrshire Council and NHS Ayrshire & Arran climate change reports.

Both North Ayrshire Council and NHS Ayrshire & Arran submit separate reports to the SSN and these are published online. As the parent bodies of the IJB, both North Ayrshire Council and NHS

Ayrshire & Arran retain responsibility for employees who are managed within the Health and Social Care Partnership. The employees, therefore, contribute to support the implementation of both bodies' Climate Change Plans. North Ayrshire IJB has no direct responsibility for employees, buildings or vehicles, which are contained within the parent bodies' reports, however full consideration of climate change implications will form part of future IJB service redesign, as part of the transformational change programme.

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. The 2023-24 outturn has reduced the general reserves to £0.357m and use of reserves cannot continue. Some areas of current overspend have been invested in as part of the 2024-25 approved budget but many of the underlying overspend areas will continue into 2024-25. Services require to address these or there will continue to be a reliance on other budgets underspending and a risk of having to seek additional funding from North Ayrshire Council and NHS Ayrshire and Arran.

Our new Transformation Plan 2024-2027, agreed by the IJB in March, sets out a number of service redesign projects which will deliver financial efficiencies to support the future budget position.

Financial outlook, risks and plans for the future 2024-25 and beyond

The Scottish Government published an updated Medium-Term Financial Strategy (MTFS) in May 2023 which covers the period to 2027-28. It compares the funding and spending scenarios to assess the scale of the challenge. The role of the MTFS is to set out Scotland's fiscal outlook over the coming years, including financial opportunities and risks that may impact on the fiscal position. In line with the recommendations of the Budget Process Review Group, the document does not set out new spending plans or explain how prioritisation decisions will be made to meet policy objectives. These decisions are made in the Scottish Government budget.

The Scottish Government's funding is comprised of five high level categories:

1. The Block Grant – this is the single largest source of funding for the Scottish Government. The Barnett Formula determines the Block Grant and annual growth is dependent on the UK Government's overall fiscal plans and its spending priorities.
2. Devolved taxes – the Scottish Government receives the revenue from these taxes, the largest of which is Scottish Income Tax. The Scottish Budget is then reduced based on how quickly revenues of the corresponding tax have grown in the rest of the UK (rUK) on a per head basis.
3. Non-domestic rates (NDR) – this revenue is raised by Local Authorities on non-domestic properties. All revenue raised is ultimately returned to Local Government via the Local Government Settlement.
4. Social Security Block Grant Adjustments – this is funding provided by the UK Government for devolved social security payments, based on the growth in expenditure on the corresponding payment in UK on a per head basis.
5. Other income and expenses – other revenue and costs including resource borrowing and associated costs as well as revenues from the Scottish Crown Estate

The MTFS notes that the funding available to Scottish Government is expected to grow steadily from £45,260 million in 2023-24 to £50,971 million by 2027-28, an overall cash increase of 12.6%

and real terms increase of 6.8%. This is due to increases in the Block Grant and significant growth in the net tax position over this period. However, these increases will vary significantly between years. Pressures on funding will be most severe in 2024-25 when overall resource funding (including NDR) is forecast to grow by only 1.2% in real terms.

The Scottish Government MTFS models three scenarios (a central resource funding outlook and an upside and downside scenario, indicating plausible alternative funding paths) and outlines the immediate and longer-term pressures on public spending which need to be considered when developing spending plans to ensure that they meet the needs of a changing population and build resilience for the future.

The Scottish Government intends to publish an updated Medium-Term Financial Strategy during 2024, alongside a refreshed Medium-Term Financial Framework for Health and Social Care. These documents were scheduled for publication in June but have been delayed due to the General Election in July. These will form the basis of the funding assumptions in the next update of our Medium-Term Financial Outlook which will cover the period 2025-2028.

Medium Term Financial Outlook

A Medium-Term Financial Outlook (MTFO) is a critical part of the strategic planning process. The financial context for public services remains very challenging and so it is vital that the IJB's strategic ambitions are set against the financial resources which are anticipated to be available.

The MTFO provides key information on the possible financial position of the IJB over future years. It identifies the financial challenges which will be faced by the IJB enabling the IJB to see the impact of current and future decisions on its medium-term financial health.

The MTFO will also be used to identify pressure points and inform decisions which are required to ensure the Partnership remains financially sustainable.

There are a range of factors which influence the financial planning of the IJB. These are considered through the MTFO and include the following:

- Demographic changes.
- Local priorities.
- Workforce challenges.
- The UK and Scottish Economy.
- Policy and Legislation.
- Cost and demand pressures.
- Available funding.

As in previous years, a Medium-Term Financial Outlook has been prepared to identify what the financial position may look like moving into 2025-26 and 2026-27.

2024-25 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 2024-25.

The specific requirements are as follows:

- Compared to 2023-24 budgets, territorial NHS Boards will receive a total increase of 4.3% for 2024-25 to cover costs related to the 2023-24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023-24.

- The Partnership receives an appropriate share of the pay award funding, and this is already included in our base budget calculation; the sustainability and NRAC funding is not shared with the IJB.
- The funding letter also notes that additional funding is expected to be provided when the 2024-25 pay award is settled and the expectation is that the IJB will receive an appropriate share of any pay award funding.
- The Health and Social Care Portfolio will transfer net additional funding of £241.5 million to Local Government to support social care and integration. The overall transfer to Local Government includes additional funding of £230 million to deliver a £12 per hour minimum pay settlement for adult social care workers in private and third sectors, in line with the Real Living Wage Foundation rate. In addition, an inflationary uplift on Free Personal Nursing Care rates (£11.5 million) is provided. These amounts are reflected in the North Ayrshire Council figures.
- The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in third and private sectors should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.
- In previous years territorial health boards have received a baseline uplift on core budgets, for example in 2023-24 this was 2%, and on that basis, there was a specific directive from Scottish Government that payments to IJBs for delegated functions delivered the same uplift. As noted, for 2024-25 the Scottish Government has committed the £100 million sustainability funding for non-pay costs, but beyond this and the NRAC funding provided in 2023-24, Boards will be expected to manage pressures within existing envelopes and there will be no new baseline funding uplift. On this basis, there is no funding uplift from NHS Ayrshire and Arran for 2024-25.

Based on the 2024-25 Finance Settlement, the Council confirmed a net contribution to the Partnership of £5.292m through its agreed budget. Some elements of this were already included in the HSCP base budget and other amounts have been assumed by the HSCP but are yet to be received. As a condition of the settlement, funding allocated to the IJB should be in addition to the 2023-24 recurring baseline position.

The NHS AA financial position for 2024-25 is very challenging and the Board remains on level 3 of the NHS Scotland Support and Intervention Framework and in formal escalation for finance, with enhanced monitoring and support.

Moving into 2024-25 the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope, this is supported by approving a balanced budget and a refreshed transformation plan.

The IJB approved a one-year balanced budget for 2024-25 on 14 March 2024. More information about the 2024-25 Budget.

This budget included new budget pressures for health and social care services totalling £16.131m. 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 £10.290m, as noted in the summary below:

Description	Social Care (NAC) £m	Health (NHS A&A) £m	Total £m
Funding Increase	(5.841)	-	(5.841)
Service Pressures	15.532	0.599	16.131
Budget Gap	**9.691**	**0.599**	**10.290**
Approved Savings	9.255	1.035	10.290
Net balanced budget	0.436	(0.436)	-

The Integration Joint Board, in common with most Public Sector bodies, is facing a period of significant financial challenge with cost and demand pressures. 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 2024-25 budget during the year, these include:

- Care at Home overspend.
- Current overspend areas, especially in low volume / high-cost services e.g. Children's residential placements, UNPACs, and supplementary staffing across community, mental health and learning disability wards.
- High levels of inflation over several years which have impacted on costs incurred directly by the Partnership and on our partner providers.
- 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.
- The expectation that performance will continue to be maintained or improved despite the significant resource challenges.
- Ongoing delivery costs of Scottish Government policy directives, particularly where these are not fully funded or inflation proofed.
- The Local Government and NHS pay awards are not settled for 2024-25; as outlined in the report, a 3% increase has been assumed for the social care workforce and for NHS it is anticipated that additional funding will be allocated once the pay award has been settled. If the pay awards are not fully funded then this will present an in-year cost pressure.
- Unearmarked reserve balances do not meet the recommended threshold of 2% of annual spend and this reduces the ability to absorb in-year variances.
- 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 and impact across the whole system, for example the financial position of NHS AA and the decisions taken to reduce the Board's deficit may have impacts on other parts of the health and care system.

These risks will be monitored during 2024-25 and the financial impact reported to the IJB through the regular financial monitoring report.

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.

The annual budget for Acute Services is £424.2m. The directorate overspent by £36.1 million at year end. This was caused by overspends on agency medical and nursing staff, together with drug expenditure, equipment and supplies. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland. Around 160 additional unfunded beds remained open across both main hospital sites during March.

There is a material underlying deficit caused by:

- Unachieved efficiency savings.
- Length of Stay (LoS) in NHS Ayrshire and Arran acute hospitals is 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.

The IJBs and the Health Board work closely in partnership to maintain service and improve performance. 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.

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 a 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.

Ayrshire Finance Leads have developed and agreed on a new model for costing the set aside arrangements, based on actual bed usage and average costs. A baseline level of usage has been agreed based on the average actual use across years 2016/17 to 2019/20, the last four years prior to the pandemic. A pan-Ayrshire Joint Commissioning Plan is currently under development; this will outline the level of acute unscheduled care provision that each of the IJBs want to commission from the Health Board.

The NHS AA Chief Executive has requested the below support from the 3 IJBs:

The development of a joint strategic commissioning plan to enable the setting of directions to provide to NHS Ayrshire and Arran for Unscheduled Care, aligned with the Set Aside resources.

Seeking the support from the 3 IJBs in the review, and onward approving and monitoring of the delivery of a Strategic Commissioning Plan in line with the provisions laid out in the Integration Schemes, as outlined below:

- The NHS Board will consult with the Ayrshire Integration Joint Boards to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such Acute Services is appropriately coordinated with the delivery of Services across the Ayrshire and Arran area. The parties shall ensure that a group including the Director for Acute Services and Chief Officers of the three Ayrshire Integration Joint Boards will meet regularly to discuss such issues.
- The initial Set Aside base budget for each Integration Joint Board will be based on their historic use of Acute Services. The actual unit cost which would apply as part of any change to activity or service redesign is dependent on the scale of change planned and requires agreement in advance by all Parties. Any redesign of service requires to be agreed across the three Integration Joint Boards and be reflected in the Strategic Plans.
- In year pressures in respect of Set Aside budgets will be managed in year by the Health Board, with any recurring over or underspend being considered as part of the annual budget setting process.

In this joint strategic commissioning plan each IJB will consider and outline a clear framework for commissioning, at a strategic level, the urgent and unscheduled care service funded from the 'set aside' budget.

There is an ambition that the commissioning plan will indicate an expectation of service delivery that will see sustained and affordable improvement in relation to performance outcomes for the citizens of Ayrshire and assure best value to support the financial balance of urgent and unscheduled care provision through a review and system wide redesign of the preferred models of care.

Following approval by the 3 IJBs, the Plan will be enacted operationally through the mechanism of Directions by the Local Authorities and NHS Ayrshire and Arran. Given the critical performance and financial challenges, NHS Ayrshire and Arran would request the plan to be considered and approved during 2024-25. As set out in Integration Schemes the in-year pressures in respect of Set Aside budgets will be managed in-year by the Health Board.

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 worked together to develop a template for the issuing of Directions and this was implemented across the system from April 2023.

National Care Service

The legislation, which will see the introduction of a National Care Service for Scotland (NCS), has passed Stage 1 in Parliament. MSPs have voted for the general principles of the National Care Service (Scotland) Bill. A response from the Scottish Government on the Health, Social Care and Sport Committee's Stage 1 report is published online, this includes the publication of a summary Target Operating Model.

Interim response from the Scottish Government on HSCS Committees Stage 1 report on the National Care Service (Scotland) Bill

The Scottish Government intend to make a change at Stage 2 of the Bill to establish a new National Care Service Board (NCS Board), which will include as a minimum the Scottish Government, local government, the NHS, and people with lived experience. The NCS Board will provide oversight and governance of social work, social care support and community health services, with the full scope to be determined as part of the co-design process.

The intention will be for services to be planned and delivered at local level by reformed Integration Joint Boards (IJBs), which will be accountable to the NCS Board. Local authorities and the NHS will be represented at both national and local level, and will retain their existing responsibilities, staff and assets to deliver those services. Reformed IJBs are expected to be in place by 2029-2030 which is three years later than the original timescale for the NCS.

Risks

The most significant risks faced by the IJB over the medium to longer term, alongside mitigation, are summarised below. All of these risks are rated as 'high'.

Ref	Title	Mitigation
SRR01	Financial Sustainability	* Medium-Term Financial Outlook for 2024-2027 * Transformation Board overseeing the programme of service re-design. * Integrated approach to managing totality of NHS and LA resources delegated to the IJB. * Regular budget monitoring and reporting to the IJB. * The Partnership has developed a new 3-year Transformation Plan 2024-2027 which was approved by the IJB in March 2024. There is £2.2m of earmarked reserves set aside to support service change and re-design. The delivery of the plan is overseen by the Transformation Board.
SRR07	Demography and Inequality Pressures	* HSCP services work to address inequalities, for example our Money Matters service. * The Partnership will continue to work closely with partners to deliver the Fair for All pledges and progress the Fairer Food agenda. * Demography increases are factored into budget planning. * Equalities Impact Assessments considered as part of IJB decision making processes

Ref	Title	Mitigation
		* Refresh of Mental Health Ayrshire conversation priorities, locality forum/engagement sessions and Learning Disability strategy refresh * Workforce plan * Strategic plan has key focus on providing early and effective support to help people remain as healthy as possible for as long as possible.
SRR09	Local Impact of Scottish Government Policies	* Horizon scanning for policy developments through partners, professional networks including links with Scottish Government policy teams * Regular liaison with Scottish Government and COSLA senior officers * Attendance at the national Chief Officer and Chief Finance Officer networks. * Responses to consultations on potential implementation of new policy areas * Early impact assessments locally for national policies, including operational and financial service impact

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.

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. 2024-25 will see the progression of the implementation of the longer-term Strategic Plan and Transformation Plan. We will also continue the development of 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.

Conclusion

2023-24 has been an extremely challenging year for the partnership financially, driven by the cost of delivering services to meet demand across the system. There has been a requirement to make a significant draw on reserves and this is not a sustainable approach.

Our health and social care services should reflect and respond to the needs of local people. To support this, we will help to build greater capacity in our communities and provide more ways for service users and local people to share their views with us to help shape services. We are fully committed to planning and designing services together with local people, our staff and our key partners including acute health services, housing, community planning and the third and independent sectors.

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.” A new Transformation Plan 2024-2027 was agreed by the IJB in March to support the redesign of services and to assist with meeting the financial challenges ahead.

Moving into 2024-25, 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 North Ayrshire Health and Social Care Partnership website.

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.

Margaret Johnson

IJB Chair

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 2024, and its income and expenditure for the period then ended.

Paul Doak CPFA
Chief Finance Officer

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 2023/24 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 the level of resources for delegation by the Council and NHS Board for Health and Social Care Integration.
- The IJB's purpose and vision are outlined in the IJB Strategic Commissioning Plan 2022-30 which links closely to the vision of the North Ayrshire Community Planning Partnership and the Local Outcome Improvement Plan (LOIP) 2022-30 and is underpinned by an annual action plan and performance indicators. Quarterly performance reports are provided to the Performance and Audit Committee on the delivery of the values and strategic priorities set out in the strategic plan, with a formal Annual Performance Report published each year.
- The performance management framework focuses firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place.
- A risk management strategy, strategic risk register and risk appetite statement is in place for the IJB. The second version of the risk appetite statement was approved by the IJB in November 2023. The strategic risk register is updated annually, with the operational risk registers updated in line with the IJB's risk strategy.
- The Health and Care Governance Framework 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 Clinical and Care Governance Group.
- The IJB has adopted a 'Code of Conduct' for all 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 Board is in place, which recognises the significant change programme which is required to support delivery of the priorities within the new 2022-30 strategic plan. Terms of Reference are in place which detail the Board's membership, duties, authority, reporting and governance. The Board meets monthly.

The governance framework was in place during the period ended 31 March 2024.

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 2023/24.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2023/24, 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.

The approved IJB internal audit plan for 2023/24 focussed on a review of the IJB's arrangements towards workforce planning, with the assignment concluding with substantial assurance.

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.

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. 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)'.

The IJB complies with the CIPFA Financial Management Code.

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.'

During 2023/24, the Head of Service (Finance and Transformation) led on improvement work to review and tighten controls across a number of areas in the HSCP.

Developments during 2023/24

The elements noted below incorporate progress with the further actions or developments identified in the 2023/24 Annual Accounts.

Medium-Term Financial Outlook (MTFO)

As in previous years, a medium-term financial outlook was prepared covering the period 2025/26 – 2026/27 and presented to the IJB in March 2024. Full publication of the MTFO has not been provided at this time, as the Scottish Government has indicated in the Scottish Budget that its medium-term financial strategy will be updated and published in May 2024. A full update report will therefore be presented to the IJB in September 2024, covering the period 2025/26 – 2027/28.

Review of IJB key governance documents

The IJB continues to review its key governance documents on a rolling basis.

Clinical and Care Governance Group (CCGG)

Clinical and Care Governance is the system in which the HSCP is 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.

The CCGG meets on a monthly to discuss and review a number of topics, with an annual update report provided to the IJB in August 2023.

Care Home and Care at Home Oversight Arrangements

The HSCP stepped up oversight arrangements for Care Homes and Care at Home Services in North Ayrshire as part of the accountability and assurances sought by Scottish Government during the Covid pandemic; these forums have been invaluable to oversee the quality and sustainability of provision in North Ayrshire and as such both groups now remain part of the core governance structure.

These multi-disciplinary groups are made up of key clinical and care professionals who have a lead role in the oversight of care and support services based in the North Ayrshire area.

Carer's Strategy 2023-25

One of the responsibilities of the Carer's (Scotland) Act 2016 is a duty for a local carer strategy and the establishment and maintenance of an information and advice service for carers resident or caring for someone in the local authority area.

The Carer's Strategy 2023-25 "Building Caring Communities" was approved by the IJB in August 2023, with the priorities being taken forward with the new strategic partner, Unity Enterprise.

Children's Services Plan 2023-26

The Children's Services Plan 2023-26 was approved by the IJB in June 2023, and builds on the progress made since the previous Children's Services Plan 2020-23.

The Children's Services Plan is aligned to the Children's Poverty Strategy and Action Plan and Children's Rights Report, together forming the suite of children's services planning documents.

The plan identifies five priorities in order to achieve the vision “For all our children and young people to have the best start in life and for North Ayrshire to be the best place in Scotland to grow up”. These priorities are:

- The rights of children and young people are promoted and protected
- Acting early to improve what happens next
- Making Things Fairer
- Promoting good mental health and wellbeing
- Inspiring children and young people to be active.

A range of actions aligned to the Children’s Services Plan priorities are in place, with progress reporting against these actions provided in line with agreed timescales. The Scottish Government recently undertook a review of the Plan against the statutory guidance and an individual feedback report received which provides assurance of the alignment of the plan with national statutory guidance, noting areas of strength and improvement.

Equality Outcomes Plan 2022-25 / Equality Mainstreaming and Outcomes Reporting

Following the approval of the Equality Outcomes Plan 2022-25 by the IJB in March 2023, there is a specific duty within the Equality Act that the HSCP must publish a mainstreaming and outcomes report detailing how the HSCP has progressed against its Equality Outcomes.

Reporting of Equality Mainstreaming and Outcomes commenced in May 2023 with the purpose of demonstrating how, as a public sector organisation, the HSCP will mainstream equality work into day-to-day practice. This reporting demonstrates positive progress towards the mainstreaming of the Public Sector Equality Duty (PSED) and the identified Equality Outcomes. A further Equality Mainstreaming and Outcomes report was presented to the IJB in May 2024.

Transformation Plan 2024-2027

The HSCP Transformation Plan for 2024-27 was approved by the IJB in March 2024. This is an ambitious programme of change which consists of a range of improvement and reform projects across all service areas, each aiming to improve the quality of service and contribute to the long-term sustainability of health and care in North Ayrshire. The Transformation Plan links closely to the high-level aspirations which are set out in the Strategic Plan and is mapped to one or more key drivers (savings/overspend reduction, investment, improving quality and safety, and national or local policy).

The Transformation Plan will be overseen by the HSCP Transformation Board who will provide assurance on progress and effectiveness to the IJB.

Membership of IJB

Following the resignation of Bob Martin as the IJB Chair, Councillor Margaret Johnston was appointed as Chair from 1 April 2023. As a result of this, the Chair and Vice Chair positions for the Performance and Audit Committee were rotated with Marc Mazzucco being appointed Chair and Councillor Timothy Billings appointed as Vice Chair of Performance and Audit Committee.

Following the appointment of Joyce White as a member of the NHS Ayrshire & Arran Board, Joyce was appointed as the new non-Executive NHS Ayrshire and Arran member of the IJB and joined

the IJB as Vice Chair on 1 May 2023. Joyce was also appointed as Chair of the Strategic Planning Group.

In February 2024, North Ayrshire Council approved the appointment of Councillor Nairn McDonald to the IJB, replacing Councillor Robert Foster. Councillor McDonald also replaces Councillor Foster on the Performance and Audit Committee.

Chief Officers

Following successful recruitment processes during 2023, Kerry Logan was appointed Head of Service (Health and Community Care), and Elizabeth Stewart was appointed Head of Service (Children, Families and Justice).

Annual Performance Report

The IJB endorsed the Annual Performance Report for 2022/23 at the meeting in August 2023. 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.

Workforce Planning and Engagement

The HSCP published its current Workforce Plan (2022-25) in October 2022, in line with Scottish Government timescales.

The Workforce Plan focusses on the five pillars of workforce planning identified by the Scottish Government. From these, the HSCP identified our own local workforce priorities that map directly to the five pillars. They are:

- Understanding our workforce (PLAN).
- Promoting our organisation (ATTRACT).
- Investing in our people (TRAIN).
- Building our Workforce (EMPLOY).
- Growing our people (NURTURE).

The first-year progress report was presented to Performance and Audit Committee in November 2023, where positive progress against the 31 actions within the plan were noted.

The annual iMatter Staff Experience survey took place in June 2023, providing all staff the opportunity to provide feedback on their experiences of working in the Health and Social Care Partnership. Overall iMatter seeks to measure how engaged staff are in the workplace. The response rate for the 2023 survey was 65% which is the highest rate in the last 5 years, in addition the HSCP reported the highest ever employee engagement index score of 81, overall the responses demonstrated a more engaged workforce than in previous years.

Pan Ayrshire Integration Work

The Head of Service (Finance and Transformation) of the North Ayrshire IJB chaired a working group which was re-established with a view to addressing some of the more significant work

required by the proposals made in the Scottish Government Ministerial Steering Group (MSG) review of progress with integration.

The working group includes representatives from NHS Ayrshire and Arran and the three Ayrshire IJBs:

- Directions – directions have been implemented since the beginning of 2023/24 for decisions made by the IJB which impact on the service delivery of the Health Board and/or the Council.
- Joint commissioning plan and set aside budgets – work is being taken forward around the development of a joint commissioning plan by colleagues from NHS Ayrshire and Arran and the three Ayrshire HSCPs. Alongside this, Finance Leads have developed a set aside model to determine the cost of large hospital services which are being used by each of the HSCPs.

In addition, work has commenced locally to review the Integration Scheme, in close liaison with the other Ayrshire HSCPs in order to remain consistent and support the Health Board in working with all IJBs. A number of workstreams have been established, overseen by a programme board which is co-chaired by the chief executives of NHS Ayrshire and Arran and East Ayrshire Council.

Further actions for 2024/25

The IJB has identified the following actions for 2024/25 that will assist with the further strengthening of corporate governance arrangements:

- Develop commissioning plans and associated directions in relation to the acute set-aside resources.
- Support the Local Authorities and NHS Board with the requirement for a Pan Ayrshire Review of the Integration Scheme(s).
- Implement and embed a new approach to Locality engagement through the introduction of ‘locality conversations’, which will offer local people another way to engage with the Partnership around health and social care services.
- Following the development of the MTFP for 25-26 onwards and the financial challenges anticipated, develop a robust approach to developing service plans and the transformation plan to ensure future financial and service sustainability.
- Given the scale of the financial challenges and volatility of capacity and demand across services, further refine financial monitoring arrangements and ensure robust governance, reporting and development of financial recovery plans where required.
- Embed health and care governance arrangements, ensuring robust arrangements in place across all areas of service with appropriate escalations through formal governance forums, ensuring these reflect the new Health and Care Staffing Act requirements.

Assurance

Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2023/24 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 IJB Performance and Audit Committee on 24 June 2024.

Caroline Cameron	Margaret Johnson
Chief Officer	IJB Chair

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 which 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 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.

As the IJB is constituted as a Local Government body as set out by Section 106 of the Local Government (Scotland) Act 1973, it also requires to appoint an officer responsible for the proper administration of its financial affairs, the Chief Finance Officer (Section 95 Officer).

Other Officers

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

2022-23 Total Remuneration £	Name and Post Title	2023-24 Salary, fees and allowances £	2023-24 Taxable Expenses £	2023-24 Total Remuneration £
121,710	Caroline Cameron, Chief Officer 1/4/23 – 31/3/24 Employing organisation: North Ayrshire Council	129,076	0	129,076
93,413	Paul Doak Chief Finance Officer 1/4/23 – 31/3/24 Employing organisation: North Ayrshire Council	99,067	0	99,067

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

Officer	2022-23 (£)	2023-24 (£)
Caroline Cameron, Chief Officer and Chief Finance Officer	23,490	24,493
Paul Doak, Chief Finance Officer	18,029	19,120

Accrued pension benefits

Officer	Type of benefit	2022-23 (£)	2023-24 (£)
Caroline Cameron, Chief Officer and Chief Finance Officer	Pension Lump Sum	9,987 0	13,727 0
Paul Doak, Chief Finance Officer	Pension Lump Sum	40,865 65,778	47,661 69,717

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 2022-23	Remuneration band	Number of employees in band 2023-24
0	£125,000 - £129,999	1
1	£120,000 - £124,999	0
0	£95,000-£99,999	1
1	£90,000 - £94,999	0

Exit packages

There were no exit packages during 2022-23 or 2023-24.

Financial statements

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

The 2022-23 audit identified a variance of £0.936 million between total IJB reserves (£17.664 million) and debtor balances due from partners' audited accounts (£16.728 million). This was not corrected in the 2022-23 accounts as further work was required to explore the reasons behind the difference. This has been corrected during 2023-24 and all 2022-23 figures impacted by this are restated and marked with an asterisk* in the financial statements.

2022-23 Restated Exp £000	2022-23 Restated Gross Income £000	2022-23 Restated Net Exp £000	Area of Service	2023-24 Gross Exp £000	2023-24 Gross Income £000	2023-24 Net Exp £000
85,950	0	85,950	Community Care and Health	97,275	0	97,275
33,259	0	33,259	Mental Health	35,764	0	35,764
40,604	0	40,604	Children's Services and Criminal Justice	44,318	0	44,318
51,277	0	51,277	Primary Care	52,863	0	52,863
6,610*	0	6,610*	Management and Support Costs	12,849	0	12,849
1,197	0	1,197	Change Programme	1,236	0	1,236
9,514	0	9,514	Allied Health Professionals	10,098	0	10,098
104,724*	0	104,724*	Lead Partnership and Set Aside	108,607	0	108,607
867	0	867	Chief Social Work Officer	1,317	0	1,317
334,002*	**0**	**334,002***	**Cost of Services**	**364,327**	**0**	**364,327**
0	(120,549)	(120,549)	North Ayrshire Council Funding	0	(124,933)	(124,933)
0	(200,949)	(200,949)	NHS Ayrshire and Arran Funding	0	(228,176)	(228,176)
0	**(321,498)**	**(321,498)**	**Total Taxation And Non-Specific Grant Income (note 5)**	**0**	**(353,109)**	**(353,109)**
334,002*	**(321,498)**	**12,504***	**(Surplus) or Deficit on Provision of Services**	**364,327**	**(353,109)**	**11,218**

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 2023-24 there were no statutory adjustments. Note 8 to the accounts provides more detail on the movement in reserves.

Total Reserves 2022-23	**Movement in reserves**	**General Fund – Debt to NAC 2023-24**	**General Fund 2023-24**	**Earmarked Reserves 2023-24**	**Total Reserves 2023-24**
29,232	Opening balance as at 1 April	0	5,821	10,907	16,728
(12,504)*	Total Comprehensive Income and Expenditure	0	(5,464)	(5,754)	(11,218)
0	Adjustments between accounting basis and funding basis under regulations	0	0	0	**0**
(12,504)*	**Increase\ (Decrease) in period**	0	**(5,464)**	**(5,754)**	**(11,218)**
16,728*	Closing Balance as at 31 March	**0**	**357**	**5,153**	**5,510**

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 2023 £000	**Balance Sheet Description**	**Notes**	**31 March 2024 £000**
16,728*	Short Term Debtors	6	5,510
0	Long Term Creditors	7	0
16,728*	**Net Assets**		**5,510**
16,728*	Usable Reserve: General Fund	8	5,510
16,728	**Total Reserves**		**5,510**

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2024 and its income and expenditure for the period then ended.

The unaudited financial statements were authorised for issue on 24 June 2024.

Paul Doak CPFA, Chief Finance Officer, 10 October 2024

Notes to the financial statements

Note 1 – Significant Accounting Policies

General principles

The Financial Statements summarise the authority's transactions for the 2023-24 financial period and its position at the period-end as at 31 March 2024.

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 2023-24, 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.

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.

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 and a Chief Finance 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 and Chief Finance 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 the baseline at 2022-23 prices as the 2023-24 actual usage is not known until after the date of accounts signing. As such, the Set Aside sum included in the accounts will not reflect the true cost of actual hospital usage in 2023-24.

There are no material estimation uncertainties included within the Financial Statements.

Note 3 – Events after the Reporting Period

The audited annual financial statements will be authorised for issue by the Chief Finance Officer on 10 October 2024. 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 2023-24.

Note 4 – Expenditure and Income Analysis by Nature

2022-23 £000s	**Description**	**2023-24 £000s**
144,407*	Services commissioned from North Ayrshire Council	158,982
189,564*	Services commissioned from NHS Ayrshire and Arran	205,312
31	Auditor Fee: External Audit Work	33
(321,498)	Partners Funding Contributions and Non-Specific Grant Income	(353,109)
12,504*	**(Surplus) / deficit on the Provision of Services**	**11,218**

Note 5 - Taxation and Non-Specific Grant Income

2022-23 £000's	Description	2023-24 £000's
(120,549)	Funding Contribution from North Ayrshire Council	(124,933)
(200,949)	Funding Contribution from NHS Ayrshire and Arran	(228,176)
(321,498)	**Taxation and Non-specific Grant Income**	**(353,109)**

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 2022-23 or 2023-24.

The funding contribution from NHS Ayrshire and Arran shown above includes £35.008m (2022-23 £32.237m) in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

Note 6 – Debtors

31 March 2023 £000's	Description	31 March 2024 £000's
13,855*	North Ayrshire Council	5,363
2,873	NHS Ayrshire and Arran	147
16,728*	**Total Debtors**	**5,510**

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 2023 £000's	Description	31 March 2024 £000's
0	North Ayrshire Council	0
0	NHS Ayrshire and Arran	0
0	**Total Creditors**	**0**

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.

This position is summarised below:

Funding Partner	(Surplus) or Deficit on provision of services £000's	Movement in Reserves £000's	Uncommitted Surplus (funds which are not earmarked for specific purposes) £000's
North Ayrshire Council	9,036	(9,509)	(473)
NHS Ayrshire and Arran	2,182	(1,352)	830
Total	11,218	(10,861)	357

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.

The 'free' general fund balance of £0.357m is proposed to be held as a contingency balance, this equates to around 0.1% of the IJB budget for 2024-25 which is below the target level of a contingency reserve of between 2% and 4%.

Transfers Out 2022-23	Transfers In 2022-23	Balance at 31 March 2023	Area of Reserves	Transfers Out 2023-24	Transfers In 2023-24	Balance at 31 March 2024
			Earmarked Funds			
(890)	715	715	Alcohol & Drug Partnership	(715)	641	641
(511)	125	125	Mental Health Action 15	(125)	57	57
(1,856)	(157)*	(157)*	Primary Care Improvement Fund	157	0	0
0	1,719	2,219	Service Redesign / Challenge Fund	(445)	0	1,774
0	0	513	Community Living Change Fund	(136)	0	377
(13,321)	76	76	Covid19 Funding	(76)	0	0
(145)	0	0	Neighbourhood Networks	0	0	0
(41)	0	0	Mental Health Officer Development Grant	0	0	0
0	0	71	NAC Recovery and Renewal – Mental Health Element	(71)	0	0
(5)	0	0	Joint Equipment	0	0	0
(40)	0	0	Nethermains Adaptations	0	0	0
(50)	0	0	Supported Accommodation	0	0	0
0	300	300	West Road	(300)	0	0

Transfers Out 2022-23	Transfers In 2022-23	Balance at 31 March 2023	Area of Reserves	Transfers Out 2023-24	Transfers In 2023-24	Balance at 31 March 2024
(127)	0	1,065	Care at Home Capacity	(1,065)	0	0
(310)	(152)*	584*	Interim Care	(584)	0	0
0	0	50	Trauma Training	(50)	0	0
(48)	0	0	Trauma Trainer	0	0	0
(106)	804	804	Family Wellbeing Fund	(804)	1,313	1,313
(31)	0	34	Perinatal MH Nurse	(34)	0	0
(11)	0	0	Unaccompanied Asylum-Seeking Children	0	0	0
0	0	0	Wellbeing Fund	0	50	50
(644)	644	644	Multi-Disciplinary Teams	(644)	0	0
0	0	0	Breast Feeding Network	0	26	26
(144)	0	0	Health Care Support Workers	0	0	0
(2,057)	1,170	1,170	MH Recovery and Renewal	(1,170)	546	546
(4)	0	0	Medical photography	0	0	0
(28)	0	0	Data Sims	0	0	0
(56)	0	0	School Nursing	0	0	0
(109)	168	168	Buvidal	(168)	23	23
(51)	0	0	AHP Winter Funding	0	0	0
(86)	0	0	Perinatal and Infant Mental Health	0	0	0
0	0	0	Brooksby	0	5	5
(18)	18	18	Cossette Funding	(18)	4	4
(78)	0	0	Replacement Mattress Programme	0	0	0
(55)*	55*	55	Expansion of Primary Care Estates	(55)	55	55
(81)*	71*	71	GP Premises Improvements - tranches 1 and 2	(71)	63	63
(40)*	80*	80	Mental Health Wellbeing in Primary Care	(80)	81	81
(265)*	101*	101	Dental Practice Improvement	(101)	29	29
0	13	13	Childsmile	(13)	0	0
0	0	0	Appropriate Adult Scheme	0	2	2
0	0	0	Adult Tier 3 Weight Management Service	0	19	19
0	0	0	Phlebotomy	0	22	22
(128)*	42*	42	Dental Winter Preparedness	(42)	0	0
0	146	146	LD Health Checks	(126)	46	66
0	2,000	2,000	23-24 Budget Support	(2,000)	0	0
(21,336)*	**7,938**	**10,907***	**Total Earmarked**	**(8,736)**	**2,982**	**5,153**
2,321	0	0	Outstanding Debt	0	0	0
(1,427)*	0	5,821*	Unallocated General Fund	(5,464)	-	357
(20,442)*	**7,938**	**16,728***	**General Fund**	**(14,200)**	**2,982**	**5,510**

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.

2022-23 £000	Description	2023-24 £000
33,462	Expenditure on Agency Service – Lead Partnership	39,490
880	Expenditure on PPE and Test Kits from National Services Scotland	0
34,342	**TOTAL AGENCY EXPENDITURE**	**39,490**
(33,462)	Reimbursement for Agency Service – Lead Partnership	(39,490)
(880)	Reimbursement for PPE from National Services Scotland	0
(34,342)	**TOTAL AGENCY INCOME**	**(39,490)**
0	**Net Agency Expenditure Excluded from the CIES**	**0**

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.

2022-23 £000	Transactions with NHS Ayrshire and Arran	2023-24 £000
(200,949)	Funding Contributions received from NHS Board	(228,176)
0	Service Income received from NHS Board	0
189,519*	Expenditure on Services Provided by NHS Board	205,264
61	Key Management Personnel: Non-Voting Board Members	65
0	Support Services	0
(11,369)*	**Net Transactions with NHS Board**	**(22,847)**

31 March 2023 £000	Balances with NHS Ayrshire and Arran	31 March 2024 £000
2,873	Debtor Balances: Amounts due from NHS Board	147
0	Creditor Balances: Amounts due to NHS Board	0
2,873	**Net Balances with NHS Board**	**147**

2022-23 £000	Transactions with North Ayrshire Council	2023-24 £000
(120,549)	Funding Contributions received from the Council	(124,933)

2022-23 £000	Transactions with North Ayrshire Council	2023-24 £000
0	Service Income received from the Council	0
144,361*	Expenditure on Services Provided by the Council	158,934
61	Key Management Personnel: Non-Voting Board Members	64
0	Support Services	0
23,873*	**Net Transactions with the Council**	**34,065**

31 March 2023 £000	Balances with North Ayrshire Council	31 March 2024 £000
13,855*	Debtor Balances: Amounts due from the Council	5,363
0	Creditor Balances: Amounts due to the Council	0
13,855*	**Net Balances with the Council**	**5,363**

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 have been issued, but not yet adopted. At the date of

authorisation of these financial statements, the IJB has not applied the following new and revised IFRS Standards that have been issued, but are not yet effective:

- IFRS 16 Leases
- IAS 1 Presentation of Financial Statements
- IAS 12 Income Taxes
- IAS 7 Statement of Cash Flows & IFRS 7 Financial Instruments Disclosures

Adoption of the Standards listed above will not impact on the 2023/24 Annual Accounts and it is not anticipated that the adoption of the Standards will have a material impact on the financial statements in future periods.

Glossary of Terms

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

CNORIS

The Clinical Negligence and Other Risks Indemnity Scheme

COSLA

Convention of Scottish Local Authorities

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

IFRS

International Financial Reporting Standards.

ISA

International Standard on Auditing

ISD

Information Services Division Scotland

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

NRAC

NHS Scotland Resource Allocation Committee (Scottish NHS resource allocation formula)

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

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

I certify that I have audited the financial statements in the annual accounts of North Ayrshire Integration Joint Board for the year ended 31 March 2024 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 material accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the 2023/24 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the body as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 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

I conducted my 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. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 3 April 2023. My period of appointment is five years, covering 2022/23 to 2026/27. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I 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 I have performed, I 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.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my 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 there is an intention to discontinue the body's operations.

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

Auditor's responsibilities for the audit of the financial statements

My 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 my 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 decisions of users taken on the basis of these financial statements.

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

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the body;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the body;
- inquiring of the Chief Finance Officer concerning the body's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on 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.

The extent to which my 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.

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 my auditor's report.

Reporting on other requirements

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

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

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

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I 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 the Management Commentary and Annual Governance Statement

In my 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 I am required to report by exception

I am required by the Accounts Commission to report to you if, in my 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
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of my 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 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place
Glasgow, G2 1BT

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom

This document is available in other formats such as audio tape, CDF, braille and in large print. It can also be made available in other languages on request.

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Delivering care together

DIRECTOR (North Ayrshire Health & Social Care Partnership): Caroline Cameron
5th Floor, West Wing, Cunninghame House, Friarscroft, Irvine, KA12 8EE
Tel: 01294 317700

4th November 2024

Fiona Mitchell-Knight
Audit Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Fiona

North Ayrshire Integration Joint Board
Annual Accounts 2023/24

1. This representation letter is provided in connection with your audit of the Annual Accounts of North Ayrshire Integration Joint Board for the year ended 31 March 2024 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the Remuneration Report, Management Commentary and Annual Governance Statement.

I confirm to the best of my knowledge and belief and having made appropriate enquiries of the North Ayrshire Integration Joint Board, North Ayrshire Council and NHS Ayrshire and Arran, the following representations given to you in connection with your audit of North Ayrshire Integration Joint Board's Annual Accounts for the year ended 31 March 2024.

I acknowledge my responsibility and that of North Ayrshire Integration Joint Board for the Annual Accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit including minutes of all management and other meetings. All transactions undertaken by North Ayrshire Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.

Financial reporting framework

The Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (2023/24 accounting code) the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of North Ayrshire Integration Joint Board at 31 March 2024 and the transactions for 2023/24.

Legality of financial transactions

The financial transactions of North Ayrshire Integration Joint Board are in accordance with the relevant legislation and regulations governing its activities. I am unaware of any actual or non-compliance with laws and regulations.

Accounting policies and estimates

All material accounting policies adopted are as shown in the Statement of Accounting Policies included in the financial statements. The appropriateness of these policies has been reviewed and takes account of the requirements set out in the 2023/24 accounting code.

The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. There are no changes in estimation techniques which should be disclosed due to their having a material impact on the accounting disclosures.

Going concern

I have assessed North Ayrshire Integration Joint Board's ability to carry on as a going concern and concluded that it is appropriate to prepare the financial statements on a going concern basis.

Carrying value of assets and liabilities

All liabilities and contingent liabilities at 31 March 2024 of which I am aware have been recognised in the annual accounts. The assets and liabilities have been recognised, measured, presented, and disclosed in accordance with the 2023/24 accounting code. There are no plans or intentions that are likely to affect the carrying value or classification of the assets in the financial statements.

Litigation and Claims

We have made you aware that there are no known actual or possible legal claims

Fraud

I have provided you with all information in relation to

- my assessment of the risk that the financial statements may be materially misstated as a result of fraud
- any allegations of fraud or suspected fraud affecting the financial statements
- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Remuneration Report

The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Amendment Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

I confirm that North Ayrshire Integration Joint Board has undertaken a review of the system of internal control during 2023/24 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2024, which require to be reflected.

Related Party Transactions

All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2023/24 accounting code. I have made available to you the identity of all the North Ayrshire Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Events Subsequent to the Date of the Balance Sheet

I am not aware of there being any events subsequent to 31 March 2024 for which the 2023/24 accounting code requires adjustment or disclosure in the Annual Accounts.

Yours sincerely,

Paul Doak
Head of Service (Finance and Transformation)

Agenda Item 5

North Ayrshire Integration Joint Board

2023/24 Annual Audit Report

AUDIT SCOTLAND

Prepared for North Ayrshire Integration Joint Board and the Controller of Audit
November 2024

Contents

Key messages

2023/24 Annual Accounts

1. Our audit opinions on the Annual Accounts of the North Ayrshire Integration Joint Board (the IJB) are unmodified. The financial statements give a true and fair view of the financial position of the IJB.

Financial management and sustainability

2. The IJB's 2023/24 budget was overspent by £7.464 million, reduced to £5.464m after a contribution of £2.0 million from earmarked reserves. There was a net reduction of £11.218 million in total reserves. Total IJB reserves are now only £5.510 million.

3. To balance the 2024/25 budget £10.290 million of 'achievable' savings need to be realised. On top of this, the latest financial reports are projecting an overspend of £6.697 million. Recovery actions are being implemented but an additional £2.995 million of financial recovery improvement actions still require to be identified.

4. Uncommitted reserves of £0.357 million (0.1% of budget) are below the IJB's Reserves Strategy target of 2-4% of budget. It is forecast that uncommitted reserves will be depleted by 31 March 2025. This situation is not sustainable. The IJB must urgently develop a financial recovery plan to achieve financial balance and map a clear route to restore reserves to its own target level

5. Comprehensive budget monitoring reports are presented to each meeting of the IJB but financial forecasting needs to improve. A Finance Working Group has been established to scrutinise the IJB's financial position.

6. A Medium-Term Financial Outlook has been prepared to forecast the IJB's financial position for 2025-26 and 2026-27. Current modelling shows a worst-case scenario of £17.116 million of required savings over the two-year period.

7. The Transformation Board provides the strategic integration and ownership of the IJB's transformation plans. With both the governance and funding in place the IJB now needs to take forward proposals and deliver on its transformation priorities.

Vision, leadership and governance

8. The IJB has a clear strategic vision that is supported by its partners but financial and workforce plans need to align to the vision to show how it can be delivered.

9. Work to rebalance the financial risk between the Health Board and Integration Joint Boards is ongoing. A revised Integration Scheme is scheduled for consideration by the partners in 2024/25. A new model has been agreed for costing the set aside arrangements from 2024/25.

10. Governance arrangements are appropriate and are operating effectively.

Use of resources to improve outcomes

11. Performance management arrangements are effective with indicators and targets kept under review. These arrangements contribute to the IJB's Best Value duty.

12. Performance in relation to national measures shows some improvements but challenges remain in relation to delayed discharges.

13. The IJB and Health Board acknowledge that the average length of stay within the Ayrshire acute hospitals post pandemic is higher than the Scottish average. Discussions are ongoing between the IJB and partners on how the costs of these stays are met and the length of stays can be reduced.

Introduction

1. I, Fiona Mitchell-Knight (Audit Director), have been appointed by the Accounts Commission as auditor of North Ayrshire Integration Joint Board for the period from 2022/23 until 2026/27. The 2023/24 financial year was the second of my five-year appointment. My appointment coincides with the new Code of Audit Practice which was introduced for financial years commencing on or after 1 April 2022.

2. My team and I would like to thank members, senior management, and other staff, particularly those in finance, for their cooperation and assistance in this year.

3. This report summarises the findings arising from our 2023/24 audit of North Ayrshire Integration Joint Board (the IJB). The scope of the audit was set out in our Annual Audit Plan 2023/24 presented to the Performance and Audit Committee on March 1st, 2024. This Annual Audit Report comprises:

4. significant matters arising from an audit of the IJB's Annual Accounts

5. conclusions on the following wider scope areas that frame public audit as set out in the Code of Audit Practice 2021:

a. Financial Management

b. Financial Sustainability

c. Vision, Leadership, and Governance

d. Use of Resources to Improve Outcomes.

6. a review of the arrangements put in place by the IJB to secure Best Value.

7. This report is addressed to the Board of the IJB and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

Responsibilities and reporting

8. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing Annual Accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation and putting arrangements in place for governance and propriety that enable it to successfully deliver its objectives.

9. The responsibilities of the independent auditor are established by the Local Government (Scotland) Act 1973 and the Code of Audit Practice 2021, and supplementary guidance and International Standards on Auditing in the UK.

10. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management of the IJB from its responsibility to address the issues we raise and to maintain adequate systems of control.

11. This report contains an agreed action plan at Appendix 1. It sets out specific recommendations, the responsible officers, and dates for implementation. It also notes that the IJB has made good progress towards implementing the two agreed prior year recommendations relating to the Annual Accounts with one recorded as complete. For the action not yet completed (Transformation Plan), this will be taken forward during 2024/25 as noted at paragraphs 66 to 69.

Communication of fraud or suspected fraud

12. In line with ISA (UK) 240 (*The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements*), in presenting this report to the Performance and Audit Committee (P&AC) we seek confirmation from those charged with governance of any instances of actual, suspected, or alleged fraud that should be brought to our attention. Should members have any such knowledge or concerns relating to the risk of fraud within the IJB, we invite them to communicate this to the appointed auditor for consideration prior to the Annual Accounts being certified.

Auditor Independence

13. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services, therefore the 2023/24 audit fee of £33,360 as set out in our 2023/24 Annual Audit Plan remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

14. We add value to the IJB by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, arrangements to ensure the best use of resources and financial sustainability
- sharing intelligence and good practice identified.

1. Audit of 2023/24 Annual Accounts

The IJB is required to prepare Annual Accounts comprising financial statements and other related reports. These are the principal means of accounting for the stewardship of public funds.

Main judgements

Our audit opinions on the Annual Accounts of the North Ayrshire Integration Joint Board (the IJB) are unmodified.

The audited part of the Management Commentary, Annual Governance Statement and Remuneration Report were all consistent with the financial statements and properly prepared in accordance with the relevant regulations and guidance.

Key risks arising from the audit of the IJB's Annual Accounts were presented to the Performance and Audit Committee (P&AC) on 1st March 2024 in our Annual Audit Plan. There are no significant matters from that work to draw to the attention of members.

Our audit opinions on the Annual Accounts of the IJB are unmodified.

15. The IJB's Annual Accounts for the year ended 31 March 2024 were approved by the IJB on 14 November 2024. As reported in the independent auditor's report:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the Management Commentary, Annual Governance Statement and Remuneration Report were all consistent with the financial statements and properly prepared in accordance with the relevant regulations and guidance.

16. We concluded that there were no matters upon which we are required to report, by exception, to the Accounts Commission.

The unaudited Annual Accounts were received in line with the agreed audit timetable.

17. The unaudited Annual Accounts were received in line with our agreed audit timetable on 25th June 2024. The Annual Accounts submitted for audit were of a good standard and supporting working papers were reasonable. IJB staff provided good support to the audit team which helped ensure the final accounts audit process ran smoothly.

Our audit testing reflected the calculated materiality level.

18. Broadly, the concept of materiality is applied by auditors to determine whether misstatements identified during the audit could reasonably be expected to influence the economic decisions of users of the financial statements, and hence impact their opinion set out in the independent auditor's report. Auditors set a monetary threshold when considering materiality, although some issues may be considered material by their nature. It is ultimately a matter of the auditor's professional judgement.

19. Our initial assessment of materiality was carried out during the risk assessment and planning phase of the audit. This was reviewed on receipt of the unaudited Annual Accounts and is summarised exhibit 1.

Exhibit 1
Materiality levels

Materiality level	Amount
Overall materiality: This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It has been set at 2% of gross expenditure as at 31 March 2024.	£7.285 million
Performance materiality: This acts as a trigger point. If the aggregate of errors identified during the financial statements' audit exceeds performance materiality this would indicate that further audit procedures should be considered. We have assessed performance materiality at 70% of overall materiality.	£5.100 million
Reporting threshold: We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£0.365 million

Source: Audit Scotland

We have no significant findings to report on the Annual Accounts.

20. Under ISA (UK) 260 *(Communication with Those Charged with Governance)*, we communicate significant findings from the audit to the IJB, including our view about the qualitative aspects of the IJB's accounting practices.

21. The Code of Audit Practice also requires all auditors to communicate key audit matters within the Annual Audit Report under ISA (UK) 701 *(Communicating key audit matters in the Independent Auditor's Report).* These are matters that we judged to be of most significance in our audit of the financial statements.

22. We have no issues to report from the audit.

23. The qualitative aspects of the IJB's accounting practices, accounting policies, accounting estimates and accounts disclosures are satisfactory and appropriate.

24. In accordance with normal audit practice, a few presentational and disclosure amendments were discussed and agreed with management. The disclosure changes were satisfactory.

No misstatements were identified.

25. It is our responsibility to request that all misstatements, other than those below our reporting threshold are corrected, although the final decision on making the correction lies with those charged with governance.

26. There were no identified misstatements within the Annual Accounts above our reporting threshold. In addition, we have no unadjusted misstatements to report.

Our audit work responded to the risk of material misstatement we identified in the Annual Accounts.

27. We have obtained audit assurances over the identified significant risk of material misstatement in the Annual Accounts. Exhibit 2 sets out the significant risk of material misstatement to the financial statements we identified in our 2023/24 Annual Audit Plan. It also summarises the further audit procedures we performed during the year to obtain assurances over this risk and the conclusions from the work completed.

Exhibit 2
Significant risk of material misstatement in the Annual Accounts

Audit risk	Assurance procedures planned	Results and conclusion
1. Risk of material misstatement due to fraud caused by the management override of controls As stated in ISA (UK) 240 *(The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements)*, management is in a unique position to perpetrate fraud because of their ability to override controls that otherwise appear to be operating effectively.	Assurances to be obtained from the auditors of NHS Ayrshire and Arran and North Ayrshire Council on the completeness, accuracy and allocation of income and expenditure. Evaluate any significant unusual transactions outside the normal course of business.	**Results:** We obtained assurances from the auditors of NHS Ayrshire and Arran and North Ayrshire Council over the completeness, accuracy and allocation of income and expenditure. We evaluated any significant unusual transactions outside the normal course of business. **Conclusion:** We did not identify any incidents of management override of controls through our audit testing.

Source: Audit Scotland

The audited part of the Management Commentary, Annual Governance Statement and Remuneration Report were all consistent with the financial statements and properly prepared in accordance with the relevant regulations and guidance.

28. The Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 requires IJBs to prepare and publish, along with the financial statements, a Management Commentary, Annual Governance Statement, and a Remuneration Report, which are consistent with the disclosures made in the financial statements.

29. Our audit work established that these were consistent with the financial statements and prepared in accordance with relevant regulations and guidance.

2. Financial management and sustainability

Financial management means having sound budgetary processes, and the ability to understand the financial environment and whether internal controls are operating effectively. Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs.

Main judgements

The IJB's 2023/24 budget was overspent by £7.464 million, reduced to £5.464m after a contribution of £2.0 million from earmarked reserves. There was a net reduction of £11.218 million in total reserves. Total IJB reserves are now only £5.510 million.

To balance the 2024/25 budget £10.290 million of 'achievable' savings need to be realised. On top of this, the latest financial reports are projecting an overspend of £6.697 million. Recovery actions are being implemented but an additional £2.995 million of financial recovery improvement actions still require to be identified.

Uncommitted reserves of £0.357 million (0.1% of budget) are below the IJB's Reserves Strategy target of 2-4% of budget. It is forecast that uncommitted reserves will be depleted by 31 March 2025. This situation is not sustainable. The IJB must urgently develop a financial recovery plan to achieve financial balance and map a clear route to restore reserves to its own target level.

Comprehensive budget monitoring reports are presented to each meeting of the IJB but financial forecasting and needs to improve. A Finance Working Group has been established to scrutinise the IJB's financial position

A Medium-Term Financial Outlook has been prepared to forecast the IJB's financial position for 2025-26 and 2026-27. Current modelling shows a worst-case scenario of £17.116 million of required savings over the two-year period.

The Transformation Board provides the strategic integration and ownership of the IJB's transformation plans. With both the governance and funding in place the IJB now needs to take forward proposals and deliver on its transformation priorities.

Comprehensive budget monitoring reports are presented to each meeting of the IJB but financial forecasting needs to improve

30. Comprehensive budget monitoring reports are presented to each meeting of the IJB. These contain detail on the year-to-date financial position, forecast outturn for the year and, progress in delivering savings and update on financial risks of the in-year financial plan. The information is provided at timely intervals throughout the year which enables scrutiny from members.

31. Projections for the IJB financial position during the year varied significantly from actual outturn. The month 4 (July) monitoring report forecast a £4.576m overspend. Similar positions were reported for month 8 (£3.858m) and month 10 (£4.171m), however at month 12 the actual overspend was £7.464m.

32. In his month 12 financial monitoring report, the Head of Finance and Transformation reported that projecting the IJB financial position continued to be challenging during 2023/24 as there were a number of areas of uncertainty throughout the year. He also reported that a detailed review of the year-end projections identified inaccuracies in a predictive template relating to care at home costs. Action has been taken to rectify this for 2024/25.

Recommendation 1

Financial projections should be based on clear evidence and realistic assumptions.

The IJB's 2023/24 budget was overspent by £7.464 million primarily due to overspends in social care

33. The Annual Accounts show a budget overspend of £7.464 million for 2023/24, reduced to £5.464m after a contribution of £2.0 million from earmarked reserves (£4.634 million overspend in social care services and £0.830 million in health services). £4.451 million of the total overspend was in health and community care and £3.296 million was in children, families and justice. These were partially offset by underspends in mental health services and in management and support costs.

34. The main factors for the overspend were increased costs of care at home, agency and supplementary staffing costs in health and community care, and overspends in children's residential and respite care, including those for children with a disability.

35. The approved 2023/24 budget included £4.963m of savings. These were largely achieved, however savings of £0.273m relating to the reconfiguration of staffing within Children and Families were not achieved.

There was a net reduction of £11.218 million in total reserves.

36. The IJB holds general fund reserves, which are used to smooth financial variations over the years. At 31 March 2024, the general fund balance

amounted to £5.510 million compared to £16.728 million at 31 March 2023. Exhibit 3 below sets out the reserves balances of the IJB between 2021/22 to 2023/24.

Exhibit 3
IJB reserves 2021/22 to 2023/24

General Fund	2021/22 £m	2022/23 £m	2023/24 £ m
Earmarked	24.305	10.907	5.153
Outstanding debt	(2.321)		
Uncommitted (contingency)	7.248	5.821	0.357
Total reserves	**29.232**	**16.728**	**5.510**

Source: North Ayrshire IJB Annual Accounts

37. The 2023/24 budget approved the use of £1.252m of previously earmarked reserves to support a balanced budget position for 2023/24. Further earmarked reserves of £2.0m were also agreed to support the financial position during 2023/24 and were drawn down. In addition, further transfers from/to earmarked reserves of £5.484m and £2.982m respectively, together with funding of the £5.464m overspend from uncommitted reserves, resulted in the total General Fund reserves balance of £5.510m shown at Exhibit 3 above.

38. The IJB Reserves Strategy recommends that the IJB will aspire to hold between 2 and 4% of its annual budgeted expenditure as an uncommitted reserve. The uncommitted reserve balance at 31 March 2024 was £0.357 million, representing only 0.1% of the IJB'S 2024/25 budget (£314.084 million excluding the set aside budget of £35.453 million) and therefore does not meet the minimum target. This matter is discussed further at paragraphs 49-51.

The 2024/25 budget includes £10.290 million of 'achievable' savings

39. The 2024/25 budget of £349.537 million (inclusive of the estimated set aside budget of £35.453 million) was approved by the IJB in March 2024. This did not require any draw on reserves. There was a total delegated funding increase for 2024/25 of £5.941 million. However, pressures of £16.131 million were identified, resulting in a funding gap of £10.290 million. 'Achievable' savings of £10.290m were approved to cover the funding gap, £9.767 million of which were RAG classified as "green" and £0.523 million classified as "amber". Many of these savings are non-recurring in nature.

40. The Month 4 (July) financial report notes that of the £10.290 million achievable savings, £9.015m are BRAG classified as blue (complete), £0.60m as green (on track) and £0.675m as amber (mainly on track).

41. The budget proposals were developed with Board member involvement. This included an IJB Budget Working Group who scrutinised the pressures and savings proposals prior to the presentation and approval of the budget at the IJB meeting in March.

£2.995 million of financial recovery improvement actions still require to be identified for 2024/25

42. At the end of Month 4 (July 2024), the IJB reported a projected year-end overspend of £6.697m (2.0%) for 2024/25 (£5.840m in social care services and £0.857m in health services). The main variances are in Health and Community Care Services; in particular, care home placements (£0.6 million overspend), care at home (£3.3 million overspend) and residential placements (£1.0 million overspend).

43. The Integration Scheme requires that where there is a projected overspend on the IJB integrated budget, a recovery plan should be agreed to balance the overspending budget. In line with these requirements, work has continued to develop the financial recovery plan and identify further targets for financial improvements. At month 4, identified financial improvement actions amount to £3.702m, including use of the remaining uncommitted reserves balance and a reduction in care home placements. Most of these actions are non-recurring in nature. A further £2.995m of financial recovery improvement actions still require to be identified.

44. Other management actions which have been implemented include:

- • Review of expenditure authorisation levels across the Partnership
- • Staff communication in relation to discretionary/non-essential spend
- • Review of temporary posts and robust vacancy management/approval
- • Restrictions on all but essential overtime working
- • Ongoing review of future year savings or transformation programmes to identify scope for acceleration.

45. The Head of Finance and Transformation notes in his Month 4 financial report that the ability to deliver on the IJB's strategic priorities may be compromised due to the greater financial risk faced in 2024/25 and the increased focus required on financial improvement rather than service improvement. He also notes that if the IJB is unable to successfully develop a financial recovery plan to achieve financial balance, consideration may require to be given to revising the strategic commissioning plan.

46. Recurring pressures are currently being met with a combination of recurring and non-recurring solutions with an underlying recurring over-commitment. This needs to be addressed as a matter of urgency.

Recommendation 2

The IJB should ensure that savings plans are developed as a matter of urgency, identifying how the required £2.995 million of financial recovery improvement actions in 2024/25 will be achieved.

Service capacity of the Care at Home Service will be reduced with a resultant impact on workforce planning

47. The Care at Home service in North Ayrshire has a budget of £30.1m for 2024/25 and is projecting an overspend of £3.3m. This service has seen a 50% increase in the number of annual care visits in the last 4 years whilst the budget has remained relatively static in real terms. As part of the financial recovery plan, targeted savings £0.9m for the remainder of 2024/25 have been identified from the service. Most of the service cost relates to workforce and any reduction in workforce will result in reduced service capacity.

48. The required service changes include a reduction of the in-house workforce, reduction in Self Directed Support and actions related to the management of spend and approval of additional staffing costs linked to vacancies and sickness absence. It is proposed that workforce changes will be achieved by natural turnover and a targeted recruitment freeze.

49. Last year we reported that in October 2022, the Partnership published a three-year Workforce Plan 2022-25 which included an action plan intended to build the local HSCP workforce needed to meet future health and social care demand. The Plan forecast that both Social Work and Nursing workforce were expected to grow by around 10% over the three-year period of the Plan. The IJB also intends to implement further change in relation to the workforce as part of wider strategies supporting transformation.

50. As future service models emerge from the transformation activity, the current workforce plan will require to be developed further. Clear alignment will be needed with the IJB's Transformation Plan in order to ensure they adhere to the partnership's priorities over the medium and longer-term and maintain a synergy between workforce, service and financial plans.

51. Officers have advised that a report detailing progress in delivering the current workforce plan will be published later this year. The Workforce Plan for 2025-2028 will begin with the evaluation of the current plan and incorporate information from the census and labour market forecasting data to identify the future health and care needs of North Ayrshire. Work to develop the new plan will begin early next year.

Uncommitted reserves are forecast to be depleted by 31 March 2025. The IJB must urgently develop a financial recovery plan

to achieve financial balance and map a clear route to bring reserves back up to the minimum level

52. At Month 4, the IJB's projected reserves position at 31 March 2025 is shown at Exhibit 4 below. The IJB expect to draw down £4.581m of earmarked reserves during the year leaving a balance of £0.572m relating to the Service Redesign and Change Fund.

Exhibit 4
Projected IJB reserves 31 March 2025

	General Fund Reserve	Earmarked Reserves		Total
	Unearmarked	External Funding	HSCP	
	£m	£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**

Source: North Ayrshire IJB Financial Monitoring Report Month 4

53. As noted at paragraph 35 above, the uncommitted reserve balance at 31 March 2024 was £0.357 million (representing only 0.1% of the IJB'S 2024/25 budget) and will be depleted by the end of the financial year. This is contrary to the IJB's Reserves Strategy. Uncommitted reserves are required to cover unanticipated budget shortfalls and should not fall below the minimum recommended level.

54. This current position is unsustainable and poses a financial risk to North Ayrshire Council and NHS Ayrshire and Arran. The IJB must urgently develop a financial recovery plan to achieve financial balance and map a clear route to restore reserves to its own target level.

Recommendation 3

The IJB must urgently map a clear route to bring uncommitted reserves back up to its target level.

A Finance Working Group has been established to facilitate scrutiny of the IJB's financial position

55. 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 its June 2024

meeting to establish a 'Finance Working Group', chaired by the IJB Vice Chair. The Director and Heads of Service are members of the group. This meets monthly to facilitate increased oversight and scrutiny of the financial position and transformation programme as well as detailed budget planning for future financial years.

The health board has requested the strategic commission of urgent care in order that contractual directions can be put in place to make clearer the shared ambition to reduce the length of stay for all patients

56. The Head of Finance and Transformation acknowledges that one of the main areas of risk for the IJB is the wider system financial challenges, especially the financial deficit of NHS Ayrshire and Arran Health Board, and the risks around upward movement in the national framework for financial escalation.

57. Recurring cash releasing efficiency savings identified for 2024/25 are £19.9 million for the health board and £4.2 million for health and social care partnerships, a total of £24.1 million. The Health Board and system partners acknowledge that the average length of stay within the Ayrshire acute hospitals post pandemic is higher than the Scottish average. A Financial Improvement Group national benchmarking pack shows Ayrshire and Arran having the highest length of stay for non-elective spells in Scotland with a potential saving of £12.4 - £15.3 million per quarter. Reduction of the average length of stay will allow the closure of unfunded additional acute beds, but thereafter the core bed base.

58. Factors affecting average length of stay include complexity in acute patients, clinical confidence to discharge and delays in discharge to social care, or due to housing or waits associated this moving to downstream rehabilitation following a stroke, trauma or orthopaedic injury. The integration scheme sets out the position in relation to the set aside budget that the Integration Joint Boards should contribute financially if they are responsible for increased use of acute services.

59. Occupied bed days for unscheduled care specialties used by NHS Ayrshire and Arran's three IJBs has increased by 22,000 compared to pre-pandemic levels. Risk sharing has been an area of discussion between partners but is not supported by the IJBs. As an alternative, the health board has requested the strategic commission of urgent care in order that contractual directions can be put in place to make clearer the shared ambition to reduce the length of stay for all patients. However, it is acknowledged by the health board that a financial contribution from the IJBs in 2024/25 is unlikely given their financial challenges.

A Medium-Term Financial Outlook has been prepared to forecast the IJB's financial position for 2025-26 and 2026-27.

Current modelling shows a worst case scenario of £17.116 million of required savings over the two-year period.

60. In our Annual Audit Plan we identified the IJB's financial sustainability as a significant wider scope audit risk. Financial sustainability looks to the medium-term to consider whether the organisation is planning effectively to continue to deliver its services or the way in which they should be delivered.

61. It is acknowledged that medium-term financial planning was difficult during the pandemic and during the current period of financial uncertainty. One-year funding settlements exacerbate this. The immediate priority continues to be responding to the current and emerging service challenges.

62. The Accounts Commission's July 2024 report on Integration Joint Boards: Finance and Performance 2024 notes that there is a growing level of unmet and more complex needs and deepening challenges in sustaining the workforce, alongside increasing funding pressures. The uncertainty around the direction of the plans for a National Care Service has also contributed to the difficult context for planning and delivering effective services.

63. A Medium-Term Financial Outlook has been prepared to forecast the IJB's financial position for 2025-26 and 2026-27. Officers have confirmed that due to delays in preparation of the Scottish Government's Medium Term Financial Strategy, it has not yet been published in full however the modelling which has been carried out across best, medium and worst case was presented to the IJB in March 2024 and is outlined in Exhibit 4 below. This shows a best-case scenario of £2.844 million of required savings in total for the two years or worst case of £17.116 million of required savings.

Exhibit 4
Financial modelling - 2025/26 - 2026/27

Scenario	2025/26 £'million	2026/27 £'million	Total £'million
Best case	(1.836)	4.680	2.844
Mid case	(0.071)	6.934	6.863
Worst case	5.149	11.967	17.116

Source: NAIJB

64. The Head of Finance and Transformation noted in his report that it is highly likely that the IJB will continue to face significant budget gaps which will require to be addressed in order to set a balanced budget, particularly in 2026/27. He also noted that the Transformation Plan will form the basis of many of the cost

efficiencies which will be required to deliver financial balance beyond 2024/25. This is discussed further at paragraphs 66 to 69 below.

The Transformation Board provides the strategic integration and ownership of the IJB's transformation plans. With both the governance and funding in place the IJB now needs to take forward proposals and deliver on its transformation priorities.

65. The Accounts Commission's July 2024 report on Integration Joint Boards: Finance and Performance 2024 emphasised the need for a more significant transformation of services to achieve financial sustainability. This is becoming increasingly important as recurring savings get more difficult to identify and achieve.

66. The IJB has recognised that the challenging financial environment it is operating in will likely continue for some years to come and agreed an updated Transformation Plan 2024-27 in March 2024. The Plan is recognised by the Transformation Board as critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future. The Service Redesign and Change Fund aims to support the Transformation Plan through the redesign of services and investments in new technologies. The balance on the Fund at 31 March 2024 was £1.774 million. These funds are allocated on a non-recurring basis.

67. Currently there are 76 projects included in the Plan which are linked inked to the IJB's strategic priorities. Examples include:

- Woodland View – Workforce redesign in alignment with new models of care
- Remodelling Children's Care Options – Reconfigure model of care in children's homes
- Digital Transformation – Delivery of a programme of digital transformation
- Leadership structures – review leadership structures across the Partnership.

68. Each project is profiled over the three-year period and includes planned completion dates. It is intended that in year 1 (2024/25), project aims, deliverables and constraints will be identified Costings are also currently under development as part of the MTFO and budget development for 2025/26. Officers acknowledge that a number of the short-term initiatives will need considerable review (e.g. any reconfiguration of care) and medium and longer term initiatives (e.g. redesign of care or structures) will require policy and system redesign to realise.

69. We welcome the strategic integration and ownership of the IJB's transformation plans. With both the governance and funding in place the IJB now needs to take forward proposals and deliver on its transformation priorities. We will continue to monitor the progress of transformation at the IJB as part of our 2024/25 audit.

Financial systems of internal control operated effectively.

70. The IJB is reliant on the systems of its partner bodies, NHS Ayrshire and Arran and North Ayrshire Council, for its key financial systems including ledger and payroll. All IJB transactions are processed through the respective partners' systems and all controls over those systems are within the partner bodies rather than the IJB.

71. As part of our audit approach, we sought assurances from the external auditors of NHS Ayrshire and Arran and North Ayrshire Council. These assurances confirmed there were no significant weaknesses in the systems of internal control for either the health board or the council that could result in a risk of material misstatements to the Annual Accounts of the IJB.

Standards of conduct and arrangements for the prevention and detection of fraud and error were appropriate.

72. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. We reviewed the arrangements in place at NHS Ayrshire and Arran and North Ayrshire Council through consideration of the work by partner body auditors and found them to be adequate. The IJB has a Code of Conduct in place to which members subscribe and the Members' Registers of Interest are publicly available on the websites of the partner bodies.

73. Appropriate arrangements are in place for the prevention and detection of fraud and error. We are not aware of any specific issues we require to bring to your attention.

3. Vision, leadership and governance

The IJB must have a clear vision and strategy and set priorities for improvement within this vision and strategy.

Main Judgements

The IJB has a clear strategic vision that is supported by its partners, but financial and workforce plans need to align to show how it can be delivered.

Work to rebalance the financial risk between the Health Board and Integration Joint Boards is ongoing. A review of the Integration Scheme remains ongoing, and the final revised scheme is scheduled for consideration by the partners in 2024/25. A new model has been agreed for costing the set aside arrangements from 2024/25.

Governance arrangements are appropriate and are operating effectively.

The IJB has a clear strategic vision that is supported by its partners.

74. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare a strategic plan that sets out the arrangements in place to carry out the integration functions over the period of the plan. The Act also requires that the plan set out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes.

75. To support the IJB in achieving these responsibilities, it has established a clear strategic vision as set out in its "Caring Together "Strategic Plan 2022-2030. The plan contains five strategic objectives priorities.

- Enable communities
- Develop and support workforce
- Provide early and effective support
- Improve mental and physical health and wellbeing
- Tackle inequalities

76. The IJB provides services as set out in its Integration Scheme. The Strategic Plan objectives aim to give direction to the services provided and commissioned by the IJB and are based on its engagement with its partners and other key stakeholders together with consideration of national outcomes.

77. In 2022/23 we reported that the IJB was to refresh the Strategic Plan in 2024 to ensure it is relevant and up to date. That review is now underway and is includes the development of a new action plan together with a refresh of the main document to bring this in line with the current landscape. The updated document will be produced in March 2025.

A review of the Integration Scheme remains ongoing, and the final revised scheme is scheduled for consideration by the partners in 2024/25.

78. The Public Bodies (Joint Working) (Scotland) Act 2014 places a legal duty on councils and health boards to review the Integration Schemes at least every 5 years to consider whether any changes are necessary or desirable.

79. The IJB and its partners have agreed on a timetable for the review of the Integration Scheme. Officers from the IJB and its partners are working closely with colleagues in South and East Ayrshire Councils and with NHS Ayrshire and Arran to undertake the review. This will ensure a consistent pan-Ayrshire approach for the Integration Schemes. The review is ongoing.

80. Five sub-groups were set up relating to specific workstreams:

- scope of services delegated
- resources
- governance and legal
- care governance
- communication and engagement.

81. The output from the sub-groups and any subsequent change to the Integration Schemes will be considered by the partners, NHS Ayrshire and Arran and South and East Ayrshire Council, during 2024/25.

A new model has been agreed for costing the set aside arrangements from 2024/25

82. The funding for large hospital services is referred to as the ‘set aside’ budget – it is excluded from the payment to the Integration Joint Boards but is ‘set aside’ for direction by the IJBs through the Strategic Plan. Legislation requires that the method for determining the amount to be set aside should be included in the Integration Scheme.

83. In 2022/23 we reported that work was ongoing with the IJBs around set aside services and the development of commissioning plans as the Integration Schemes were reviewed during 2023/24.

84. Ayrshire Finance Leads have now developed and agreed on a new model for costing the set aside arrangements, based on actual bed usage and average costs. A baseline level of usage has been agreed based on the average actual use across years 2016/17 to 2019/20, the last four years prior to the pandemic. A pan-Ayrshire Joint Commissioning Plan is currently under development; this will outline the level of acute unscheduled care provision that each of the IJBs want to commission from the Health Board.

85. Following approval by the three IJBs, the Plan is expected to be enacted operationally through the mechanism of Directions by the Local Authorities and NHS Ayrshire and Arran during 2024/25.

Work to rebalance the financial risk between the Health Board and Integration Joint Boards is ongoing

86. NHS Ayrshire and Arran currently meet the increased costs of energy, e-health and all drugs (including primary care prescribing). The integration scheme sets out the position in relation to primary care prescribing, however the scheme also requires that in relation to the set aside budget, the Integration Joint Boards should contribute financially if they are responsible for increased use and risk sharing in these areas.

87. In 2022/23 we reported that work was ongoing to change the balance of the financial risk between the Ayrshire and Arran Health Board and the Integration Joint Boards in relation to primary care prescribing and overspends. Primary care prescribing budgets are currently delegated to IJBs within each local authority area in Scotland. One example where Ayrshire differs from the rest of Scotland is in relation to the risk management of over or underspends against the primary care prescribing budget. This is currently managed by the Health Board which meets the cost of overspends or retain underspends, whereas in other local authority areas the IJBs manage this risk.

88. During 2023/24, a Task Group relating to Primary Care Prescribing and led by the Health Board's Director of Finance, agreed in principle that whilst IJBs should hold full responsibility for Primary Care Prescribing, a prudent approach would be to undertake a period of learning to enable chief officers and funding partners to fully understand the implications of such a decision.

Governance arrangements are appropriate and operating effectively

89. There continues to be an increasing focus on demonstrating the best use of public money. Openness and transparency in how a body operates and makes decisions is key to supporting understanding and scrutiny. Transparency means that the public has access to understandable, relevant, and timely information about how the body is taking decisions and using resources.

90. For 2023/24 the IJB held its meetings in person. The meeting papers and minutes are available on the IJB's website. All Performance and Audit Committee meetings continued to be held remotely.

91. We consider that governance arrangements are appropriate and generally support effective scrutiny, challenge and decision-making.

4. Use of resources to improve outcomes

The IJB needs to make best use of its resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities.

Main Judgements

Performance management arrangements are effective with indicators and targets kept under review. These arrangements contribute to the IJB's Best Value duty.

Performance in relation to national measures shows an overall improving position but challenges remain with delayed transfers of care.

Performance management arrangements are effective with indicators and targets kept under review. These arrangements contribute to the IJB's Best Value duty.

92. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account.

93. We have not undertaken any specific Best Value work in 2023/24. However, based on our findings in this report, we consider that the IJB has arrangements in place to secure Best Value. This is evidenced through:

- a clear strategy (Strategic Plan 2022-30) and performance reporting, including its framework for continuous improvement.
- established governance and decision-making arrangements.
- recognition that strategic priorities must be delivered within the financial and workforce resources available.

94. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as assessing performance in relation to national health and wellbeing outcomes, financial performance, and best value, reporting on localities, and the inspection of services.

95. The Annual Performance Report 2023/24 was presented to the IJB in August 2024. The report is informative and transparent. It details in a balanced way the IJB's performance in the year, including its financial performance. It also includes a section on Best Value, including details of recent independent inspection report findings and the IJB's response.

96. The IJB has effective arrangements in place for managing and reviewing performance.

Performance in relation to national measures shows some improvements but challenges remain in relation to delayed discharges

97. There are 16 local indicators used for performance reporting by the IJB, however for comparability when assessing the performance of the IJB, we have considered the Ministerial Strategic Group for Health and Community Care (MSGHCC) measures that are used to track performance in Integration Authorities. Exhibit 5 sets out the IJB's results against these measures for 2023/24.

Exhibit 5
National performance measures (age 18+)

Measures	23/24 performance	Improving from 22/23
Emergency admissions	7.3% increase	No
Unplanned bed days (acute)	2.6% decrease	Yes
Delayed transfers of care bed days (all)	3.6% decrease	Yes

Source: North Ayrshire IJB - Annual Performance Report 2023-24

98. Performance in relation to the national measures shown above highlights both areas of improvement and areas of declining performance, with a decrease in delayed discharges bed days. The IJB and its partners are committed to continuing to improve this position going forward.

99. The Integration Joint Boards: Finance and Performance 2024 puts North Ayrshire IJB's performance into context. It uses the 23 National Health and Wellbeing Outcomes indicators. North Ayrshire scores below the Scottish average in a number of areas.

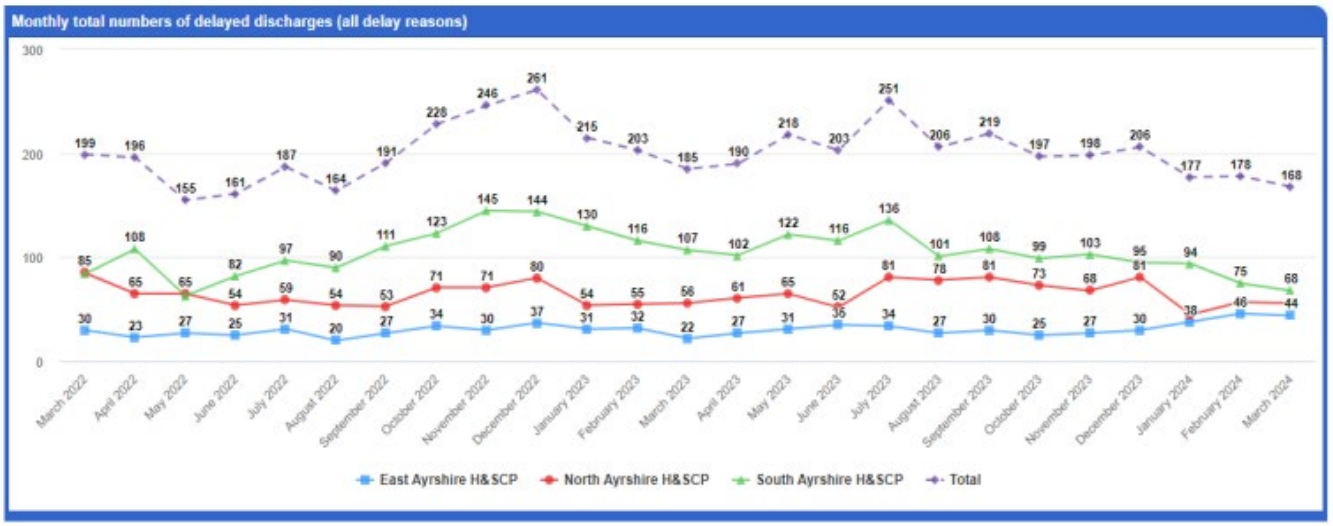
The IJB is still experiencing challenges with delayed transfers of care but is working to address the issue

100. Monthly delayed Discharge Occupied Bed Days (OBDs) for all delay reasons (see Exhibit 6) fell in North Ayrshire overall during 2023/24, however they rose towards the end of the reporting year to 44. This was still the third lowest month in the past two reporting years.

101. The national target is for no non-complex delays over 2 weeks, however in March 2024 there were 19 such delays within North Ayrshire HSCP an increase from 15 at February 2024.

Exhibit 6

Number of bed days occupied by delayed transfers of care (all reasons)



Source: NHS Ayrshire and Arran

102. Work is ongoing between the health board and the IJB's around improving performance in this area.

Appendix 1. Action Plan

2023/24 Audit Scotland recommendations

Issue/risk	Recommendation	Agreed management action/timing
1. Financial management Financial monitoring report projections during the year varied significantly from actual outturn. **Risk** Financial forecasts may not provide sufficient information to allow members to review financial performance and make informed decisions.	Financial projections should be based on clear evidence and realistic assumptions. Paragraph 32	The projection for Care at Home costs in 2023/24 was understated due to an error in the forecasting template. This was explained to the IJB at the June meeting and has been rectified for 2024/25. **Officer** Head of Service (Finance and Transformation) **Target Date** Complete.
2. Unidentified savings At the end of Month 4 (July 2024), the IJB reported a projected year-end overspend of £6.697m. Identified financial improvement actions amount to £3.702m, A further £2.995m of financial recovery improvement actions still require to be identified. **Risk** The IJB may be unable to deliver on the its strategic priorities. The current position also poses a financial risk to both North Ayrshire Council and NHS Ayrshire and Arran.	The IJB should ensure that savings plans are developed as a matter of urgency, identifying how the required £2.995 million of financial recovery improvement actions in 2024/25 will be achieved. Paragraph 46	**Accepted** **Action** Work has been ongoing since June to develop the financial recovery plan which already sets out over £5m of in-year savings and this will continue for the remainder of the financial year. The Finance Working Group has been put in place to oversee financial planning. **Officer** Head of Service (Finance and Transformation) **Target Date** 31st March 2025.
3. Uncommitted reserves The IJB Reserves Strategy recommends that the IJB	The IJB must urgently map a clear route to bring	**Accepted**

will aspire to hold between 2 and 4% of its annual budgeted expenditure as an uncommitted reserve. The uncommitted reserve balance at 31 March 2024 was £0.357 million (representing only 0.1% of the IJB'S 2024/25 budget) and therefore does not meet the lower target. In addition, uncommitted reserves are forecast to be depleted by 31 March 2025. **Risk** Without an uncommitted or contingency element in reserves, the IJB may not be able to meet unexpected events or emergencies without impacting on planned service delivery or earmarked development.	uncommitted reserves back up to the minimum level. Paragraph 54	**Action** It is acknowledged that uncommitted reserves require to be restored to the minimum recommended level. However, in the short-term, service pressures mean that this would not be achievable without implementing further reductions in service delivery that would impact on the levels of care provided and increase the levels of risk for service users. **Officer** Head of Service (Finance and Transformation).

Follow-up of 2022/23 recommendations

Issue/Recommendation	Update on agreed management action / timing
b/f 1. Debtor balances due from partners A variance of £0.936 million exists between total IJB reserves (£17.664 million) and debtor balances due from partners audited accounts (£16.728 million). The difference relates to a prior year balance which the IJB have incorrectly recorded as a North Ayrshire Council debtor balance. **Recommendation:** The board has decided not to adjust the 2022/23 accounts in relation to balances due from partner bodies. While we are satisfied this has not resulted in a material misstatement, we recommend that the	**Complete** The year end debtors/creditors balances agree with partners' audited accounts.

Issue/Recommendation	Update on agreed management action / timing
board review its approach to the calculation of these debtors.	
b/f 2. Transformation Plan The IJB needs to be clearer about how the ongoing improvement activity makes a difference to the outcomes the IJB and its partners want to achieve. **Recommendation:** The IJB and its partners need to clearly set out what achieving its intended outcomes looks like in the short, medium and longer term.	**Ongoing** The refreshed Transformation Plan includes timescales and is being overseen by the IJB's Transformation Board. We will continue to monitor the progress of transformation at the IJB as part of our 2024/25 audit.

North Ayrshire Integration Joint Board

2023/24 Annual Audit Report

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Integration Joint Board
14th November 2024

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

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.
3.	**CURRENT POSITION**
	National Developments
	Consultations
3.1	Palliative Care Strategy : Palliative Care Matters For All

	The Scottish Government have published the draft Palliative Care Strategy which is open for consultation until **10th January 2025**. Please see attached link to the https://www.gov.scot/publications/palliative-care-strategy-palliative-care-matters/ The HSCP have started preparations to collate a North Ayrshire response which will be informed by engagement across key services.
3.2	Future of Foster Care Consultation
	Scottish Government have launched a public consultation on the Future of Foster Care. The consultation is open for 15 weeks and will **close on 6 February 2025.** The purpose of the consultation is to hear your views on our proposed vision for fostering and flexible fostering approach, which seek to meet the specific and unique needs of children and young people, respond to changes in the sector and support the delivery of The Promise. The consultation also looks to understand how we can improve the status, recognition and value given to foster carers; and your views on how we can meet the challenges in the retention and recruitment of foster carers. **A link to the consultation survey on Citizen Space can be found at: Future of Foster Care**
	A programme of engagement is also being developed to support the consultation and provide the opportunity to join the discussion and share views. These engagement sessions have been arranged for - • **Children and Young People** – by Who Cares? Scotland and Barnardo's More info to follow soon, if interested please contact FosterCareConsultation@gov.scot and we will send on details in due course • **Foster Carers** – by The Fostering Network Scottish Government online consultation session for foster carers Tickets, Wed 13 Nov 2024 at 13:00 | Eventbrite Scottish Government online consultation session for foster carers Tickets, Thu 14 Nov 2024 at 10:30 | Eventbrite Scottish Government online consultation session for foster carers Tickets, Wed 20 Nov 2024 at 18:00 | Eventbrite In person by completing one of the attached booking form links below and sending it to scotland@fostering.net Places are limited and will be confirmed via a confirmation email and are on a first come first served basis. Edinburgh, 7 November, 10:00-14:00 The Future of Foster Care Consultation - Edinburgh (office.com) Glasgow, 12 November, 10:00-14:00 The Future of Foster Care Consultation - Glasgow (office.com)

	• **Professionals** Local Authority and Independent Fostering Provider & 3rd Sector Partners – by Scottish Government Fostering Consultation Engagement Session Tickets, Wed, Nov 6, 2024 at 2:30 PM | Eventbrite Fostering Consultation Engagement Session Tickets, Thu 21 Nov 2024 at 14:30 | Eventbrite Fostering Consultation Engagement Session Tickets, Tue 3 Dec 2024 at 10:00 | Eventbrite Fostering Consultation Engagement Session Tickets, Thu, Jan 30, 2025 at 10:00 AM | Eventbrite
3.3	Developing a Universal Definition of Care Experience
	The Scottish Government have launched a Consultation seeking views on the need for a universal and inclusive definition of 'care experience' and what the potential impacts of this could be.
	The Promise states that while it is not a legal term, 'care experience' is a term that has a special and different meaning for many of the people who identify with it. Ensuring that we get our terminology right and use it appropriately is important. Without this, it can mean that access to services and supports may not be readily available to those who need it, but can importantly lead to stigmatising assumptions, attitudes and behaviours that can impact on all areas of a child or young person's life, now and into the future. The Scottish Government is working with the care experienced community and partners across Scotland to progress work to develop and agree this universal definition. This consultation is the start of that conversation and closes on **10th January 2025.** North Ayrshire Council in December 2023 agreed to locally determine being Care Experienced as a protected characteristic for the purposes of Equality Impact Assessments and agreed a local definition of Care Experienced alongside this decision.
3.4	Call for Evidence – Right to Addiction Recover (Scotland) Bill
	The Health, Social Care and Sport Committee has launched its call for evidence for the Right to Addiction Recovery (Scotland) Bill. You can find more information on the Bill via the parliament website: Right to Addiction Recovery (Scotland) Bill | Scottish Parliament Website. The consultation is open until **20 December 2024.**
	The Parliament's Finance and Public Administration Committee has also launched a call for views on the Financial Memorandum of the Right to Addiction Recovery (Scotland) Bill. The deadline for responses is **Friday 20 December 2024.**

	The Committee is inviting organisations and individuals to submit written evidence on the estimated financial implications as set out in the Bill's accompanying Financial Memorandum.
	The HSCP and ADP will collate and provide a joint response to both requests.
	Other National Developments
3.5	Statutory Guidance has now been published on Part 2 and Part 3 of the United Nations Convention on the rights of the Child (Incorporation)(Scotland) Act 2024
	Statutory Guidance on Part 2 of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 Part 2 and 3 guidance and its accompanying documents have now been published on the Scottish Government website. • Statutory guidance on Part 2 of the UNCRC (Incorporation) (Scotland) Act 2024 • Clarification of inherent obligations of the United Nations Convention on the Rights of the Child (UNCRC) • Sources to guide interpretation of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024
	Statutory Guidance on Part 3 of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 • Statutory guidance on Part 3 of the UNCRC (Incorporation) (Scotland) Act 2024 There are governance arrangements in place through NHS Ayrshire and Arran and North Ayrshire Council to ensure the legislative requirements are considered, planned for and reported appropriately.
3.6	Whole Family Wellbeing Fund Newsletter
	The Autumn edition of the **Whole Family Wellbeing Fund (WFWF) newsletter** is now available to read online. It provides details on all of the projects and services supported by the WFWF and relevant contact details. Future newsletters will go into further detail about the progress made to date and future sustainability. The Whole Family Wellbeing Fund update and the associated projects highlights progress with the investments supported via the Childrens Services Strategic Partnership to enhance support for families in North Ayrshire, the multi-year national funding of £500m is currently confirmed to continue until 2026. If you have any questions, please contact Fiona Pow, Whole Family Wellbeing Fund Programme Lead, by emailing **fionapow@north-ayrshire.gov.uk**

	North Ayrshire Developments
3.7	North Ayrshire Mental Health Arts Festival
	The Scottish Mental Health Arts Festival took place during **Thursday 10 October** to **Sunday 27 October**, with a theme this year of 'In/Visible'. In North Ayrshire, the events kicked off slightly earlier on **Wednesday 2 October**, with a wide range of fantastic events throughout the month. This included a fantastic launch event hosted by award-wining Ayrshire comedian Billy Kirkwood at the Harbour Arts Centre in Irvine on **Wednesday 9 October**.
3.8	NAHSCP Partnership Awards 2024 – Winners
	The winners of the 2024 Partnership Awards were announced at our 'Promoting Wellbeing Together' event on 25th October 2024 at the Redburn Community Centre in Irvine.  The event was a fantastic celebration of the staff, teams and individuals who deliver health and social care services in North Ayrshire, as well as the crucial work of those in our communities who support people with their wellbeing, including volunteers, community organisations and charities. After an introduction from event comperes Dr Iain Jamieson (Clinical Director, NAHSCP) and Billy Brotherston (Independent Chair, North Ayrshire Alcohol and Drug Partnership), the event kicked off with a short wellbeing session delivered by Cath Brannan from YES Your Entire Self, before this year's winners were announced. You can read more about the event and find out who won on our HSCP website , or check out our official photos on the NAHSCP Facebook page. A huge congratulations to all of this year's winners and thank you to everyone who attended or helped to organise the event and make it such a big success.

3.9	Carer Positive Employer 10th Anniversary Awards
	North Ayrshire Council has been shortlisted as a finalist in the Best Employer for Communications and Awareness Raising category at the above awards which took place on **Wednesday 13th November 2024 in Edinburgh City Chambers.**
3.10	Scottish Healthcare Awards 2024 Finalist
	Mhairi Coutts, MS Specialist Nurse has been shortlisted as a finalist for the Scottish Healthcare Awards in the Developments in the Management of Multiple Sclerosis category. The award ceremony takes place on 20th November in Glasgow, congratulations and good luck to Mhairi.
3.11	Accessible Book and Story Festival
	Staff and customers of Trindlemoss Day Opportunities presented a workshop at the Accessible Book & Story Festival, which took place at the Scottish Storytelling Centre in Edinburgh last month. The festival session allowed the group to share their experiences of working with ShowWorks Theatre to produce an innovative performance piece around the theme of 'being and becoming', an initiative that was funded through Creative Scotland's Participatory Arts and Mental Health Fund and The Baring Foundation, in partnership with the Mental Health Foundation.  You can read more about the 'What Comes Next' project and the festival event in our NAHSCP Website
3.12	NDD Support
	NAHSCP are running a series of events that will provide an opportunity for parents and carers of a child or young person with a diagnosed or suspected neurodevelopmental difference (NDD) to learn more about a recent report that was developed following engagement sessions with parents and carers regarding NDD support earlier this year. These sessions will also offer a chance to hear more about the work being undertaken across North Ayrshire and provide further feedback.

	The events are open to members of the public, as well as those who attended our previous engagement sessions. Each session will last 2 hours and refreshments will be provided. **Monday 25 November:** Bridgend Community Centre, Kilbirnie – 1.30pm to 3.30pm **Thursday 28 November:** Brodick Town Hall, Arran – 10.30am to 12.30pm **Monday 2 December:** Saltcoats Town Hall – 1.30pm to 3.30pm **Tuesday 3 December:** Largs Memorial Church Hall – 1.30pm to 3.30pm **Thursday 5 December:** Fullarton ConneXions, Irvine – 1.30pm to 3.30pm Places can be booked via the NEST website.
3.13	Mental Health Nursing Celebration Event
	On the 11th October the Mental Health Senior Nurse Team held an event to celebrate mental health nursing at the Riverside Lodge Hotel in Irvine. These events are held every 6 months and continue to receive positive feedback from attendees. The day was very well attended by staff from across Ayrshire and Arran mental health services; both community and inpatient teams. The day was opened by the Associate Nurse Director for Mental Health, Addiction and Learning Disability who introduced Mark Richards, Associate Chief Nursing Officer for Scotland to provide an update and discussion around the National Review of Mental Health Nursing with feedback on consultation with mental health nurses from across Scotland, including many of the mental health nurses working in Ayrshire and Arran. Opinions gathered from the consultation highlighted that building therapeutic relationships with patients was one of the central duties of a mental health nurse and it emphasized the important role that mental health nurses take in planning and supporting transitions through care and services. Mark advised that common themes had emerged from the responses and that consideration was taking place of how best to bring people together to address the recommendations from the review to ensure they were implemented successfully. Presentations were then delivered by various mental health nurses on: • **The Newly Qualified Nurse Programme** • **The Mental Health Unscheduled Care Assessment Hub,** • **Integrating Mental Health & Alcohol & Drug Liaison Teams into ED and CAU settings** • **Recovery Focused Care in a Low Secure Ward** • **The new Infant Mental Health Team.**

	Posters were also showcased from several mental health teams as well as Police Scotland and 3rd sector organisations. NEST gave a vibrant talk on their service based within East Ayrshire and invited staff to participate in drumming, with enthusiastic participation from everyone. The event then closed by celebrating the Flying Start Graduates being presented with their certificates	
4.	**IMPLICATIONS**	
4.1	Financial None	
4.2	Human Resources None	
4.3	Legal None	
4.4	Equality/Socio-Economic None	
4.5	Risk None	
4.6	Community Wealth Building None	
4.7	Key Priorities 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
14th November 2024

Subject :	**Meeting Dates 2025**
Purpose :	To advise members of the proposed timetable for meetings of the IJB, PAC and SPG for 2025. This report is for **approval.**
Recommendation :	That IJB agree the dates for meetings of the Integration Joint Board, Performance and Audit Committee and Strategic Planning Group for 2025.

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
IJB	Integration Joint Board
PAC	Performance and Audit Committee

1.	**EXECUTIVE SUMMARY**
1.1	The schedule of meetings for the Integration Joint Board (IJB) and Performance and Audit Committee (PAC) is required for the forthcoming year.
2.	**BACKGROUND**
2.1	The IJB in agreed in September 2021 to reduce to 8 meetings during 2022 to avoid the council recess periods and the period of purdah during the local government elections in May 2022.
3.	**PROPOSALS**
3.1	<u>IJB</u> The number of IJB meetings for 2023 was reinstated to 9 meetings per year, with ad hoc private sessions arranged as and when required. The 2024 dates followed that same frequency, however the number of meetings in 2025 has been reduced to 7 to align with budget reporting timetables.
3.2	<u>Performance and Audit Committee</u> The Performance and Audit Committee will continue to meet on a quarterly basis.

3.3	Strategic Planning Group In 2025, it is proposed that the Strategic Planning Group meetings take place quarterly, reducing to 4 meetings per year. SPG members recently completed a survey on their views on the frequency, venues, membership and hybrid capabilities. The results from this survey are currently being analysed and will be published in due course.	
3.4	As in previous years, the timing of all meetings has taken budget reporting and performance schedules into consideration and the timetable has been created to avoid clashes with key NHS and Council meetings, avoiding some recess periods of the Council.	
3.5	The proposed dates for IJB, SPG and PAC meetings are detailed below. The schedule of meetings is attached in Appendix 1.	
	Integration Joint Board	**Performance and Audit Committee**
	6th February 2025	21st February 2025
	20th March 2025	27th June 2025
	1st May 2025	5th September 2025
	19th June 2025	28th November 2025
	21st August 2025	
	25th September 2025	
	13th November 2025	
	11th December 2025	
4.	**IMPLICATIONS**	
4.1	Financial None.	
4.2	Human Resources None	
4.3	Legal None	
4.4	Equality/Socio-Economic None	
4.5	Risk None	
4.6	Community Wealth Building None	
4.7	Key Priorities None	
5.	**CONSULTATION**	
	Consultation has taken place with the Chair and Vice Chair, IJB and Chair, PAC as well as other relevant officers on the proposed timetable.	

Caroline Cameron, Director

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

Appendix 1

NORTH AYSHIRE HEALTH AND SOCIAL CARE PARTNESHIP
MEETING SCHEDULE 2025

INTEGRATION JOINT BOARD / PERFORMANCE AND AUDIT COMMITTEE

Integration Joint Board (10.00 a.m.)	**Performance and Audit Committee (10.00 a.m.)**
6th February 2025	21st February 2025
20th March 2025	27th June 2025
1st May 2025	5th September 2025
19th June 2025	28th November 2025
21st August 2025	**Strategic Planning Group**
25th September 2025	**To be confirmed.**
13th November 2025	
11th December 2025	

Integration Joint Board
14th November 2024

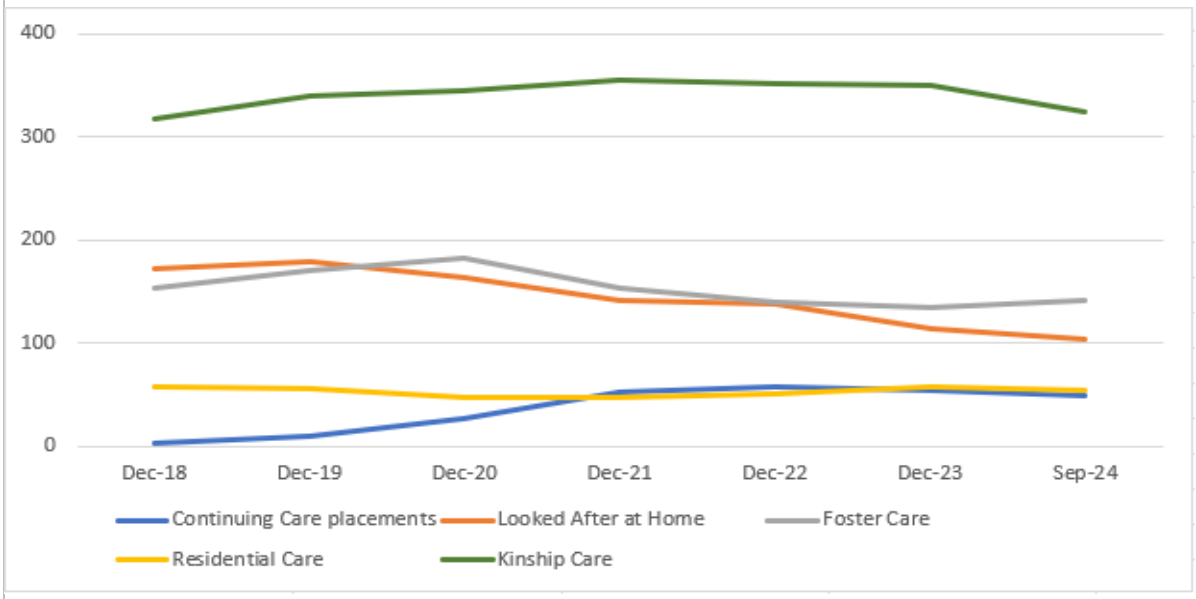
Subject:	**Brighter Pathways: Re-Modelling Care Options**
Purpose:	To provide an update the IJB on the work of the Brighter Pathways transformation work which was to address: 1. Current pressure on placement availability and accommodation for care leavers. 2. To shift the balance of care from high-cost external residential resources to family-based care or internal residential resources. 3. To build capacity and provide more local resources and choice to young people who require to be looked after with increased family-based care.
Recommendation:	The Integration Joint Board are asked to: • Note the progress and ongoing work of the Brighter Pathways Programme.

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	

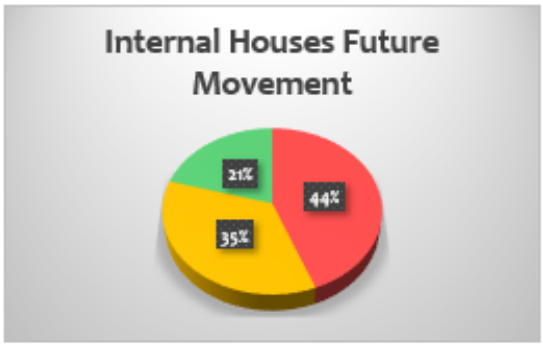
Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	**EXECUTIVE SUMMARY**
1.1	The Brighter Pathways transformation programme has been progressing since April 2024 with the establishment of a Programme Board which provides appropriate governance and representation across a range of agencies and is supported by a dedicated Programme Manager. The transformation and service developments are being delivered through focussed workstreams focussing on the following areas: 1. Housing and Throughcare 2. Fostering and Kinship 3. Education including Residential School Placements 4. Internal Children's Houses – Model of Care 5. Early Intervention and Crisis/Intensive Support Pathways 6. Strategic Needs Assessment/Data/Workforce 7. Best Practice Models and Research

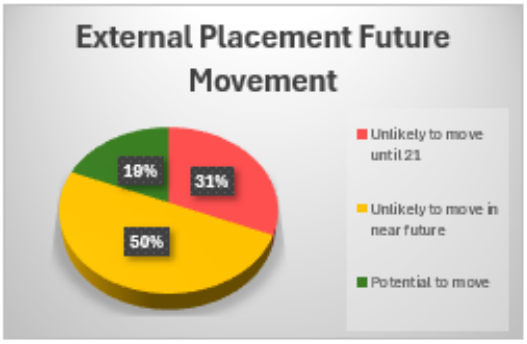
	This report provides an update on progress since the last update to the IJB in May 2024. The workstreams are at various stages and position papers with recommendations for areas of improvement and developments are being considered.
1.2	Positive progress has been made in focussing on the immediate opportunities to identify alternative care options for children and young people in residential care and there has been positive movement. The longer-term systemic changes required to our local care system are being developed in parallel, updates on each of these areas are provided in the report, noting that many of these remain as active areas of work with many expected to bring forward proposals and outputs in March 2025.
1.3	The work of the Brighter Pathways Programme Board is closely aligned with The Promise development plan and the work of the Corporate Parenting Steering Group which is responsible for overseeing the six Corporate Parenting duties, ensuring that each corporate parent upholds the rights and safeguards the wellbeing of Care Experienced people.
2.	**BACKGROUND**
2.1	**Children's Placements**
	"Looked After Children" …at 18 per one thousand of the local 0 to 18 population, North Ayrshire still has one of the highest national rates of looked after children and young people, ranking fourth highest in Scotland. The national rate for children looked after is 12.3 per one thousand.
	Over the last couple of years there have been notable decreases specifically in children and young people being looked after at home, with friends/relatives, and with foster carers. However, the number of formerly Looked After young people requesting to stay in their placement under Continuing Care is increasing. In September 2024 there were 55 young people in these placements, which is one of highest rates in the country. This will likely increase further as young people are choosing to remain in their care setting longer and up until aged 21.
	Overall, the number of Looked After Children has steadily reduced over the last few years but the numbers in residential care have not followed the same trend, and the number of requests for Continuing Care has increased significantly. This reflects the decline in foster care provision and a reliance on residential care. Positively the number of Kinship placements has increased over the same period. The graph below illustrates the movement/trends from 2018 until September 2024.



2.2	**External Residential Care/ Care & Education**
	At present there is a significant overspend associated with Children's Residential Placements, both within the HSCP and Education. The overspend predominately relates to costly external Residential Placements.
	There are currently 31 full time external placements. These placements are costly and do not always deliver the best outcomes for children, young people, and their families.
	The HSCP acknowledges that some children will always require more specialist resources due to their needs and complexity, and in some situations an external residential placement will be unavoidable.
	Proactive work is underway to identify those young people where there may be opportunities to bring them back from External Residential Care. In September 2024, the service identified 6 young people where it was deemed to be in their best interests to leave their current external placement and either return to an internal children's residential placement, transition to independent living or to be rehabilitated back to the care of a family member. As a result to date, 3 young people have moved on from external placements, 2 more are planned to exit their residential placement by the end of November 2024 and one young person is currently waiting the allocation of a tenancy.
	The charts below illustrate children in internal residential and those in external residential care. These evidence the structured approach to categorising and ongoing review of the support needs of young people in care and projected length of time they require to be accommodated, which support future planning and to give an indication of the scale of moves which may be possible.



- Red Placements (PO& Continuing Care) = **15**
- Amber Placements (All other Legal status) = **12**
- Green Placements (Plans for Potential Move) = **7**
- Red Placement Associated Costs = £ **1,951,560** Per Year



- Red Placements (PO & Continuing Care)= **10**
- Amber Placements (All other Legal Status)= **16**
- Green (Plans for Potential Move) = **6**
- Red Placement Associated costs= **£2,799,581** Per Year

RED: Young people likely to remain in care until 21, either due to Permanence Orders or requests for Continuing Care.

AMBER: Young people with no significant changes to care plan, but efforts will continue to support their return to family or independent or supported living.

GREEN: Young people who have the potential to return home or transition to independent living.

2.3	**Financial Impact**
	The financial resources associated with Children's Residential Placements are substantial and represent a significant pressure on the Partnership's available budget.
	In 2024/25, the budget for external residential places amounts to £6.4m and it is projected at Month 6 (September) that the year-end outturn will be in the region of £8.5m. A non-recurring budget increase of £4m was agreed by the IJB for 2024/25 and it is currently planned to reduce this over the next 2 financial years as the Brighter Pathways programme achieves success. The future years budget setting process will require consideration of the appropriate budget aligned with the assessment of possible moves for young people, financial modelling is being worked through to inform this.
	It should also be noted that many of the external places are commissioned through frameworks managed by Scotland Excel and that significant inflationary increases have been agreed during 2024/25, well in excess of the budget provision which was made to support the implementation of the Living Wage within Children's services. It is currently estimated that contract inflation has added £0.339m to the cost of these places. External placements are costly and are not necessarily the best outcome for all young people, Children's Services as part of the Brighter Pathways work are clear on our ambition to exhaust all other alternatives for children and young people with

	future External Placements being the last resort or required because of specific individual circumstances.
3.	**WORKSTREAM UPDATES**
	Areas of progress from workstreams:
3.1	**Throughcare and Housing Workstream**
	The workstream acknowledged that significant improvements were necessary to improve the process and joint working between social work and housing, to ensure young people leaving care were allocated suitable and appropriate housing when they were ready to leave their care setting. There have been situations where young people in residential care were approaching 21 years of age and there was no allocation of housing, or a transition plan, for these young people.
	To address these issues, social work and housing colleagues will revise the Housing Protocol to include clear processes for care leavers in terms of housing allocation, and an escalation process if there is a delay in young people receiving a housing offer. Housing and Throughcare are having regular meetings to discuss young people's housing applications and track progress or delay. A draft version of a revised Housing Protocol will be completed by February 2025.
	There have been developments and an update to the supported care scheme as an alternative option for UASC and young people moving on from residential care, or an alternative to residential care for young people over 16. It is hoped that the new website and digital approaches to recruitment of carers will lead to more interest in supported care for young people over 16, which could support some young people to move on from residential care. The programme board and PSMT have also agreed an increased allowance for supported carers.
	The workstream is also considering models of supported accommodation which support young people over 16 to move on to independent living, with appropriate support. This would provide a stepping stone for young people moving on from care to equip and prepare them for independent living. There have been discussions with providers and proposals for a commissioned service for six young people. This would be targeted for young people from external and internal residential care. Options continue to be explored and considered through the programme board.
3.2	**Foster Care**
	Our aspiration is that children who require alternative care are best placed in family-based care and we require several new foster carers to meet the current demand for children of all ages.

	The biggest challenge facing the fostering sector today is the retention and recruitment of high-quality foster carers who can meet the needs of children in care. A lack of available foster carers, in the right place at the right time, means children are missing out on vital support. Children in need of care are at risk of being moved away from their communities, hobbies, siblings, having to change schools and leave behind what is important to them, which has a detrimental impact on their wellbeing, stability and development.
	The Fostering Service has lost 59 interim carers over the last two years, this is due to resignations, de-registrations and change of role of carers. The service has a target to recruit six new carers per year, however this has not been achieved over the last five years. The service has only recruited two new interim foster carers this year and there are no pending new approvals in 2024. The service has seen a significant reduction in the number of enquiries from potential foster carers and is currently at the lowest number for five years.
	Within the foster care workstream, recruitment of foster carers was a priority area that required urgent attention. There have been consultations with the Council Advertising Network, an organisation who specialise in supporting public bodies with digital marketing campaigns. They have extensive experience and specialise in Foster Carer recruitment campaigns, and digital user experience, and have expertise in this area. The organisation currently delivers campaigns for 40 local authority fostering services throughout the UK.
	In Scotland, Fife Council have also recently begun collaborating with the Council Advertising Network on digital advertising. They have had remarkable success in increasing their number of enquiries (64 enquiries in first 3 months of 2024), however we are, as yet, unsure of how many of these have been converted to approved foster carers.
	There have been testimonies and information from other Local Authorities who have worked with Council Adverting Network who have increased their enquiries and led to an increase in the number of approved quality foster carers.
	This proposal would assist in the recruitment and approval of foster carers and would potentially lead to cost savings if we increased fostering resources. This would also prevent children being placed within high-cost external providers. Average annual placement costs are : • Internal fostering provision £23k. • External fostering provision £60k. • Internal residential provision £125k • External residential care £248k
	Evidence has shown that traditional advertising from Local Authorities most often drives potential fosterer carers to internet search engines such as Google, where they will look up fostering in North Ayrshire. Invariably, this leads them straight to the independent agencies rather than our current website, and we miss out on potential carers.

	At present, when Googling 'Fostering North Ayrshire,' the first three results returned are for Barnardo's, Foster Plus and FCA Scotland. This will vary at any given time, however because the Independent Fostering Agencies (IFA) pay to ensure they are high in the rankings, we will always appear behind at least some of them.
	A digital advertising campaign employing the same techniques as the IFAs could help us to counteract this problem and would put the service on an equal footing with independent providers.
	The programme board and PSMT have approved the funding for the Council Advertising Network to support foster care recruitment. This development will also provide a separate webpage for the fostering service that will improve user experience and journey, alongside targeted digital recruitment strategies that have proven to be successful, with increased recruitment activity and conversions to approved quality foster carers.
3.3	**Revised Fostering Schemes**
	To further address the recruitment and retention issues of foster carers in North Ayrshire, work is ongoing to devise new fostering schemes which will replace the two schemes that have been in place since 2011. There has been consultation and feedback from current approved carers on the rewards and challenges of foster care and any areas that would provide better support and prevent them considering leaving fostering. The feedback from carers will be used to inform the new fostering schemes in North Ayrshire. It is anticipated that the new fostering schemes will be implemented in March 2025.
3.4	**Education including Residential School Placements**
	This workstream is still in its preliminary stage and the next step will be to provide a position paper and recommendations and actions for improvements. Education colleagues and social work staff have been sharing information on supports to children on the edge of care, or children who require additional support or specialist educational resource and scoping out barriers and opportunities and how best we can support children and families. The workstream has collated data to ensure any recommendations are evidence and data driven. The initial discussions have focused on improved joint working between social work and education and how we can fully utilise internal resources to prevent children requiring external education and care placements.
3.5	**Internal Children's Houses – Model of Care**
	This workstream will review the current model of care within internal residential houses to inform any redesign or change to the delivery of high-quality residential care within North Ayrshire. This workstream is also in the initial stages and a position paper will be completed in March 2025 with recommendations.

	It is recognised that our internal houses are currently significantly challenged because of high numbers of young people supported, with a current focus on moving on young people where we can, we expect to stabilise the houses and thereafter have the opportunity to assertively review the model of care.
3.6	**Early Intervention and Crisis/Intensive Support Pathways**
	Within this workstream we have mapped out all of the services within North Ayrshire from education, third sector and social services, to analyse any gaps and explore how families become aware of services provided out-with the partnership. There is also some caution regarding some services that have short term funding, and the impact this will have on children and families who are supported by the services when the funding ends.
	The focus of the group has been on early intervention and early help to prevent children requiring support from the partnership and statutory services. There will also be a focus on crisis and intensive support to children and families to sustain children with their parents/carers and prevent children being accommodated, or their family-based care placement disrupting. There has been benchmarking with other Local Authorities to explore alternative models for crisis and intensive support to consider new ways of working or change to current services. There will be a position paper and recommendations presented to the programme board by March 2025.
3.7	**Strategic Needs Assessment/Data/Workforce**
	Within the workstream there is ongoing collection of data from numerous sources, Public Health, SCRA, Education and HSCP data analyst. A paper will be produced by March 2025 with the current and future demographic and data to inform future resources and staffing levels. The workstream will project and model likely future need of care settings for children and young people.
3.8	**Best Practice Models and Research**
	The focus of this workstream was on residential care and family-based care, data was indicating that there was a high number of children in internal residential care and external residential care, who had previously been in kinship care and internal foster care provision. Furthermore, there was also a number of children in external residential care who were previously cared for within internal children's houses. The workstreams focus is on how best we can support foster carers, kinship carers and internal residential houses to better support children and young peoples with complex needs and behaviours, with an objective to sustain their placement and provide better outcomes and prevent escalation to external high-cost resource.
	To date the following areas have been progressed:

	• Psychological consultation and clinical support to one of the residential houses as a pilot to support staff to manage specific children's behaviours. This will be evaluated and considered for other houses and for children in foster care.
	• New referral process implemented for referrals to Rosemount (crisis/intensive support service) for children in foster care whose placement is fragile and at risk of disrupting. The new referral process was to address the following:
	
	  • Intervention and role clarification.
	  • Touch points, sharing of information, progress/difficulties.
	  • Mechanism to review and measure intervention.
	  • Prevent duplication of role.
	  • Less confusion for carers/clarity of different roles.
	  • Increased joint working.
	
	There is ongoing work within this workstream and a position paper with recommendations will be produced by March 2025.

4.	**PROPOSALS**
4.1	For the IJB members to be fully aware of the areas of progress and ongoing activity of the Brighter Pathways transformation work.
4.2	<u>Anticipated Outcomes</u>
	• Scrutiny and oversight of all external residential placements • To improve local resources and range of choices for young people leaving care. • To improve long term outcomes for young people/ care leavers • Review current service provision to ensure it meets current context, changing landscape and demographic of young people and families. • Support innovation in supporting children to remain in family-based care, with parents, foster carers, or kinship carers. • Review and analyse the effectiveness of the preventative, early intervention and community-based supports for children, young people and families.
4.3	<u>Measuring Impact</u>
	The Project Board will be tracking the progress of work plans or developments within the workstreams. There will be analysis of data and a needs analysis to project future demands for supports and services and how services need to be delivered. This will be an ongoing process that will review all young people within internal and external residential resources and their pathway to a supported community-based alternative or independent living.

5.	IMPLICATIONS
5.1	Financial As part of the programme of work there will be recommendations for short term investment and future re-alignment of financial support in specific areas with a view to longer term financial sustainability for the IJB. As noted, whilst financial outcomes are not the main driver for the change programme which is focussed on quality outcomes for young people and families, there is an underlying overspend in external residential placements which requires to be addressed. Recognising the work and time required to make the changes, the IJB provided for an additional £4m of resource as a budget pressure in 2024-25 to support this cost pressure, with an expectation of this reducing over time.
5.2	Human Resources Any possible impact on staff due to re-modelling or service redesign will be explored fully in the workstreams and project board and affected staff, and Human Resources will be consulted.
5.3	Legal There is legislation and policy that govern looked after and care experienced children and young people and the programme of work will adhere to the legislative frameworks and relevant policies and regulations. Legal services will be consulted on any legal matters that arise throughout the programme of work.
5.4	Equality/Socio-Economic The aspirations of the programme board are in line with the vision of The Promise to address the inequality of outcomes experienced by our children and young people who have been, or are in, the care system. If the ambitions of The Promise are realised, not only will there be improved outcomes but also a reduction, and ideally, an elimination of the inequity that exists between care experienced children and young people and children and young people with no experience of care.
5.5	Risk The programme board has a risk log to identify any identified risks from each service represented on the board. When trying to project and plan resources for looked after children there is an element of uncertainty as children who require alternative care are usually in a crisis situation and their admission to care is unplanned with limited opportunity to plan and seek appropriate resource. Trafficked young people are spontaneous arrivals and it is unknown how many we will need to support in the near future.

	The current care system we are operating with is under significant pressure with capacity issues within foster care and residential care and limited options to support care leavers. The risk of not embarking on the programme of work and transformational change, could lead to increased costs of external provisions and further overspend.
5.6	<u>Community Wealth Building</u> None.
5.7	<u>Key Priorities</u> The work of the Programme Board fully aligns and supports the work of: • The Promise – Plan 21-24. • The United Nations Convention on the Rights of the Child (UNCRC). • Kinship Care Strategy. • Getting it Right for Every Child (GIRFEC). • North Ayrshire Council's Corporate Parenting Plan 2023-2026. • Children's Services Plan 2023 -26. The proposal and recommendations support the spirit of The Children and Young People (Scotland) Act 2014, which outlines the need for appropriate accommodation for young people over 16 years of age, to support them to prepare for independent living.
6.	**CONSULTATION**
	Throughout the programme of work there will be ongoing consultation and collaboration with service areas, national bodies, third sector colleagues and consultation and co-production with service providers, young people, families, and carers, many of whom are represented at the Project Board or through the Workstreams.

Caroline Cameron
Director, HSCP

For further information please contact Elizabeth Stewart, Head of Service, Children, Families and Justice, on 01294 317727

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 9

Integration Joint Board
14th November 2024

Subject:	**Social Work Duties, Available Resource and Ethical Considerations**
Purpose:	The purpose of this report is to advise IJB on the breadth of Social Work duties and of the current and future impact on these given the financial context.
Recommendation:	IJB is asked to consider the contents of this report and note the complex interface between statutory duties, available resource and ethical considerations.

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
SSSC	Scottish Social Services Council
GIRFEC	Getting it Right for Every Child
GIRFE	Getting it Right for Everyone

1.	**EXECUTIVE SUMMARY**
1.1	This report outlines a number of key issues for the IJBs consideration relating to: • Social Work legislation • Resources • Eligibility • Assessment • Governance
1.2	The interface between the complex Social Work legislative and policy context is described along with the impact of reducing resource and increasing complexity on practice.
1.3	Critically the paper identifies risks in relation to the ability of North Ayrshire to continue to meet its statutory Social Work duties in light of the financial situation. Alongside this, the impact of the current years budget and emergence of waiting lists is noted along with the impact of this on residents and their loved ones.

2.	**BACKGROUND**
2.1	"Social Work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing". *The global definition of Social Work approved by the International Federation of Social Workers, July 2014.*
2.2	Social Work encompasses a diverse range of services provided to children and families, adults, and those in the criminal justice system. In Scotland, local authority Social Work departments or Health and Social Care Partnerships deliver these services with the aim of supporting some of the most vulnerable people in society and improving the quality of their lives. The needs of people requiring Social Work services is hugely varied. Therefore, Social Work services encompass many levels of care, support, and protection for people at different periods in their lives or continuously throughout their lives. Most Social Work and social care resources are directed towards adult services, mostly on care services for older people (65 years+). Alongside residential care and care at home, other adult social work services include mental health services, addiction support, help for adults with disabilities, dementia and Alzheimer's support, provision of mobility aids and re-ablement services, as well as supporting refugees and victims of trafficking. Social Work services also provide services to children and young people to help support and protect vulnerable children and their families. These services include child protection, support for families, kinship care, adoption and fostering services, residential child care, mental health services, support for young people in the justice system, children with disabilities and child refugees. Criminal justice Social Work involves a range of services to the criminal justice system. Social work is involved in diversion from prosecution, implementation of Social Work orders and deferred sentences, and statutory or voluntary support and supervision to those serving prison sentences both before and after release. In North Ayrshire all social work services are delivered via the Health and Social Care Partnership.
2.3	In day-to-day practice social workers support people to meet their needs and to protect them from harm; they collaborate with family members, friends and others who are also trying to provide support; and sometimes they must engage with people who have been assessed as posing a risk to others. All social workers must abide by the conditions of registration, central to which are the Scottish Social Services Council (SSSC) Codes of Practice. North Ayrshire Council and NHS AA must also comply with the SSSC Codes of Practice for employers which places responsibilities for training and governance amongst other things. Breaches of the code can lead to prosecution.

2.4	All public authorities in Scotland, including Integration Joint Boards, must comply with the public sector equality duty set out in the Equality Act 2010. This duty places an obligation on public authorities to take action to eradicate discrimination and to pro-actively promote equality of opportunity. While Social Work activity is not the sole domain of those with protected characteristics the principle of equality and a commitment to anti discriminatory practice is central to all Social Work practice.
2.5	Social Work Legislation
	The cross-cutting nature of Social Work means that it is regulated by a complex and constantly evolving statutory framework. Key pieces of **legislation** include:
(i)	Social Work (Scotland) Act 1968 • The landmark piece of legislation established the foundational structure for present day social work in Scotland. It placed the duty on local authorities for the organisation and provision of services to promote individual and social welfare through advice, guidance and support. The Act brought together legislation for children and adults in need, and probation. The legislation also established the Children's Hearing System, to make decisions ensuring the safety and wellbeing of vulnerable children and young people through the Children's Panel.
(ii)	NHS and Community Care Act 1990 • Introduced a specific statutory framework for community care which forms the cornerstone of community care law. It aimed to oversee the policy aim of shifting the balance of care from hospitals and institutions to community-based settings. It places a duty on local authorities to assess the need for 'community care services' and enhanced the duty to secure the provision of welfare services. It applies to the elderly, those with disabilities and those suffering from mental/physical health problems.
(iii)	The Children (Scotland) Act 1995 • This is the key Act in relation to children's services. It defines parental responsibilities and rights in relation to children and set out decisions about family matters. For example, where children should live when parents separate. It also placed a responsibility on local authorities to protect and promote children's welfare and to prepare children's services plans. It gave local authorities additional duties and powers to respond to the requirements of children 'in need' and 'looked after' by them. The Act also set the framework for the current Children's Hearing system and measures for children requiring compulsory care and supervision. It also made amendments to the Adoption (Scotland) Act 1978.
(iv)	The Criminal Procedure (Scotland) Act 1995 • Gave local authorities duties in relation to offenders. They have a duty, in certain circumstances, to provide social enquiry reports to assist courts in the disposal of cases. They also have to supervise certain non-custodial sentences. There are specific provisions in relation to child offenders and those suffering from mental health problems.

(v)	Adults with Incapacity (Scotland) Act 2000 • Provided for decisions to be made on behalf of adults who lack legal capacity to do so themselves because of mental disorder or inability to communicate. The decisions concerned may be about the adult's property or financial affairs, or about their personal welfare, including medical treatment. The Act gave Mental Health Officers (social workers who deal specifically with people with mental disorders) specific duties.
(vi)	The Regulation of Care (Scotland) Act 2001 • Changed the registration and inspection of social and independent health care services together with the social care and childcare workforce. It established the Scottish Commission for the Regulation of Care (the Care Commission) and the Scottish Social Services Council. The Act also gave Ministers the power to produce National Care Standards for care services.
(vii)	Community Care and Health (Scotland) Act 2002 • Introduced changes to the delivery of residential and non-residential care services. It provided for the introduction of free personal care for the elderly and the regulation of charging for home care services. The Act also enabled a number of schemes to promote choice in care provision, included measures to enable greater joint working between NHS and local authorities and contained measures to increase the rights of carers.
(viii)	Mental Health (Care and Treatment) Scotland Act 2003 • This Act allowed people to receive care and treatment for their mental disorder when they are, or have been, involved in criminal proceedings, and provided for a number of different court orders. Mental Health Officers have particular duties under the Act.
(ix)	Adoption (Scotland) Act 1978, Adoption (Inter-Country Aspects) Act 1999 ,Adoption and Children (Scotland) Act 2007 • Regulated the systems of adoptions. They gave duties to local authorities to provide and maintain a service for parties to adoption. They made provision for adoption orders and freeing orders for adoption. The Adoption and Children Act 2007 modernised the provisions of the Adoption Act 1978. It introduced permanence orders for long term fostering arrangements, extended the adoption support services framework, and allowed for the introduction of a national system of care allowances
(x)	Adult Support and Protection (Scotland) Act 2007 • Introduced new provisions for the protection of adults at risk of abuse, including inspection and investigation powers for local authorities and a range of interventions.
(xi)	Protection of Vulnerable Groups (Scotland) Act 2007 and Disclosure (Scotland) Act 2020 • Amended the system for vetting and barring those working with children and vulnerable adults. The Act established the Protection of Vulnerable Groups (PVG) scheme that people working with children and vulnerable adults must join in order to be vetted for work. The Disclosure Act 2020 modernised the disclosure system

(xii)	Public Services Reform (Scotland) Act 2010 • Established the Care Inspectorate (CI), the scrutiny body which inspects, regulates, handles complaints and supports improvements to social care and social work services. This single regulatory body carries out the work previously done by Her Majesty's Inspectorate of Education (HMIE), the Social Work Inspection Agency (SWIA) and the Care Commission (CC)
(xiii)	Social Care (Self-directed Support) (Scotland) Act 2013 • This Act aims to ensure that people with care needs and carers are given more choice and control over how these needs are met. It requires local authorities to offer certain self-directed support (SDS) to people who have been assessed and require community care services. This Act increases the personalisation of services.
(xiv)	The Children and Young People (Scotland) Act 2014 • The Act makes a number of provisions relating to the rights of children and young people. The Act puts into legislation the principles of the UN Charter on the Rights of the Child (UNCRC). The Act focusses child services on improving the wellbeing of children. Every child has access to a named person to provide information, advice or support and contact services where appropriate. Local authorities and health boards must develop a children's service plan in cooperation with other service providers.
(xv)	Public Bodies (Joint working) (Scotland) Act 2014 • This legislation aimed to improve the integration between health and social care services. Health boards and local authorities are held jointly accountable for outcomes. The legislation created new Integration Authorities (IA). IAs are responsible for governance, planning and resourcing of local health and social care services, where previously these were managed separately by NHS Boards and local authorities. The Act also aimed to shift more care from acute settings to community settings. Local authorities and health boards are also allowed to integrate other services like children's health and care services as well as criminal justice social work.
(xvi)	The Community Justice (Scotland) Act 2016 • Where previously community justice authorities (CJAs) coordinated local services for offenders and their families, this Act created a system of national leadership and oversight for community justice services. The new body, Community Justice Scotland, is responsible for this support and is funded by, and responsible to, Scottish ministers
(xvii)	Carers (Scotland) Act 2016 • This legislation improved the rights for unpaid carers. The Act aims to ensure consistent support for the health and wellbeing of carers and young carers. The duty for local authorities is extended to ensure careers are provided support based on their individual needs, meeting the local eligibility criteria. Carers should have a specific support plan to identify carers' needs. Local authorities are required to give information and advice to carers to give support before reaching a crisis point. The legislation aims to support carers to make caring more sustainable, so carers can continue to care if they wish. Local authorities must also consider whether support should include a break when planning carer support needs.

2.6	Social Work (Scotland) Act 1968
	The 1968 Social Work (Scotland) Act recognises the central role of the local authority in determining where there is a need for the provision of community care services and how such need should be met. The legislation, as amended in 1990, describes assessment as a two-stage process: first the assessment of needs and then, having regard to the results of that assessment, the local authority shall decide whether the needs of that person call for the provision of services (12A of the Social Work (Scotland) Act 1968).
	In North Ayrshire requests for **assessment** primarily come in the front door via the service access team or through locality duty services as people currently in receipt of services circumstances change. Requests for assessment mainly come from people directly, their relatives or friends, GP's, District Nurses, Hospital staff, Housing Officers and Police Scotland colleagues through vulnerable children or vulnerable adult notifications. The assessment usually occurs through direct contact with people in their home and allows the Social Worker, and others e.g. Occupational Therapists, to understand the individuals care needs and how they can best be met. The assessment should take into account the persons wishes, any risks and protective factors as well as any health, cultural or spiritual considerations. In adult services a single shared assessment is used while children's services utilise the Signs of Safety model. There is no fixed time to undertake an assessment as the issues and complexities vary however some assessments do have indicative timescales particularly in relation to public protection practice.
2.7	Assessment - Activity/Demand
	Data gathered as part of the accessing services learning review has established that there are 150 different types of assessment activity within the CareFirst recording system. The top 15 assessment activities for the Jan – June period in 2023 and 2024 are shown below. These dates were provided to allow comparison: Total

2023		2024	
Jan - Mar	Apr-Jun	Jan - Mar	Apr-Jun
26,377	24,243	24,786	24,978

Assessment Type	2023
SA Initial Referral	4115
SA Action Outcome	4108
Money Matters Referral/Outcome Form	3699
Restart/Decrease or Cancellation	3203
New Service Request/Increase of Service	3173
Money Matters Allocation Form	3058
Money Matters Closure/Outcomes Form	3000
Team Manager Allocation Form	2944
OT Requisition Form	2425
Section Payments	2133
MAASH Initial Referral	2002
MAASH Referral Outcome	2000
OT - Specialist Request	1977
Team Manager Closure / Transfer Form	1894
Adult Concern Report	1475

Assessment Type	2023
SA Initial Referral	4115
SA Action Outcome	4108
Money Matters Referral/Outcome Form	3699
Restart/Decrease or Cancellation	3203
New Service Request/Increase of Service	3173
Money Matters Allocation Form	3058
Money Matters Closure/Outcomes Form	3000
Team Manager Allocation Form	2944
OT Requisition Form	2425
Section Payments	2133
MAASH Initial Referral	2002
MAASH Referral Outcome	2000
OT - Specialist Request	1977
Team Manager Closure / Transfer Form	1894
Adult Concern Report	1475

Assessment Type	2024
SA Action Outcome	3560
SA Initial Referral	3560
Money Matters Referral/Outcome Form	3460
Team Manager Allocation Form	3445
Restart/Decrease or Cancellation	3289
New Service Request/Increase of Service	3233
Money Matters Allocation Form	2884
OT Requisition Form	2718
Money Matters Closure/Outcomes Form	2533
Section Payments	2102
MAASH Referral Outcome	2020
MAASH Initial Referral	2008
Team Manager Closure / Transfer Form	1826
OT - Specialist Request	1782
Adult Concern Report	1607

The use of eligibility criteria applies to the second stage of the assessment process; these are used by councils to determine whether a person assessed as needing social care requires a service to be put in place to meet those needs. These are described further at 2.8.

Charging for services is common within the realms of adult services and a financial assessment is also carried out where service provision carries a charge, personal care services are provided free of charge. Other governance structures are in place to prioritise access to services and resources. These include the funding groups in adult services and the high-cost package group amongst others.

2.8	Eligibility Criteria
	National **eligibility criteria** for social care were agreed by the Scottish Government and COSLA in 2009 and the criteria were explicitly designed to apply consistently across all adult care groups. It is recognised that the use of eligibility criteria as a means of managing demand for social care is imperfect and unless properly deployed can result in resources being narrowly focused on individuals with acute needs or on specific client groups. There is also evidence that inappropriate application of eligibility criteria can hinder person-centred and outcome focused assessment and support planning.
	NAHSCP has a **locally agreed eligibility criteria** that it uses, set by the IJB which defines service access at the **substantial or critical** level only. These criteria should be referred to by managers and practitioners as part of any assessment process. The criteria follow the description of the national eligibility framework which employs a four criterion approach, categorising risk as being critical, substantial, moderate or low.
	• **Critical Risk:** Indicates that there are major risks to an individual's independent living or health and well-being and likely to call for the immediate or imminent provision of social care services. • **Substantial Risk:** Indicates that there are significant risks to an individual's independence or health and wellbeing and likely to call for the immediate or imminent provision of social care services. • **Moderate Risk:** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an on-going basis or they may simply be manageable over the foreseeable future without service provision, with appropriate arrangements for review. • **Low Risk:** Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.
	Following on from this the National Standard Eligibility Criteria set out factors to be taken into account in prioritisation of **urgency**. **Urgency Level** — **Descriptor** **Immediate** — required now or within approximately 1 to 2 weeks **Imminent** — required within 6 weeks **Foreseeable future** — required within next 6 months **Longer Term** — required within the next 12 months or subsequently
	Alongside the eligibility criteria there are clear **definitions of personal and nursing care**. These are important as they provide the framework for the types of support that we have a statutory duty to provide.

	• Personal care includes areas such as; support with personal hygiene, issues with mobility, food preparation and support at mealtimes, and assistance with dressing or getting in or out of bed however the list is quite lengthy and can be found in schedule 1 of the act *(social care not ordinarily charged for)* here, Community Care and Health (Scotland) Act 2002. Help with housework, laundry or shopping or services out with the home including social supports, and attending day care centres, are not defined as personal care services and may be chargeable, these are sometimes referred to as non-personal care services. These services can be arranged by the local authority and are subject to a financial assessment. Work is underway to refresh the local guidance around personal care to provide increased clarity. • Nursing care is care that involves the knowledge or skills of a qualified nurse and includes activities such as administering injections and managing pressure sores
2.9	Context
	Since the adoption of substantial and critical assessed need as the threshold for accessing services in North Ayrshire there have been a number of significant changes in relation to the **operating context and the financial context** along with the emergence of a more progressive approach to service design and delivery based around people and place.
	There has been considerable demographic change with an ageing local population, greater numbers of people living with multiple long-term conditions, increasing numbers of children with an identified disability along with an increased complexity of need across all age groups. This is further exacerbated by the broader societal impact of austerity, covid and the broader effects of poverty which has compounded the range of difficulties society is facing.
	Alongside this social context available resources have also become more constrained with demand far outstripping both financial and human capacity. Managing infinite human need within finite resources has always been part and parcel of balancing Social Work demand and capacity. How this is clearly articulated and delivered with transparency is critical for our public and their loved ones, our staff and our elected members. The difference between equity and equality is a central concept in the delivery of Social Work's task of challenging discrimination. Equality means each individual or group of people is given the same resources or opportunities. Equity recognises that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.
	Financial settlements have resulted in significant pressures on budget as a result of the changes noted above and inflationary pressures. Excluding COVID-19 funding from Scottish Government, local authorities have had funding reductions in real terms, by 4.2 per cent from 2013-14 to 2020-21, according to the Accounts Commission. These funding reductions have put pressure on local authority services including social work. Increasing amounts of funding are ring-fenced for specific projects to meet Scottish Government priorities, and the Accounts Commission say this leaves local authorities with less flexibility to meet unforeseen needs. Despite reduced overall local authority funding, funding for social work has increased in recent years, accounting for a growing proportion of local authority funding. Expenditure on social work services has also been increasing but is increasing by more in absolute terms. Within the post covid context inflationary pressures have also contributed with budgets having lost £6.2m of value if settlements had kept pace with the retail price index, £320m being the actual budget versus £326.2m if it had kept pace.

	The current year deficit is the present-day manifestation of the cost of care, which continues to increase, and complexity of demand outlined in this paper. Projected figures show no signs of the health and social care system being in a place to resource itself to meet society's needs, and within the North Ayrshire context it is not impossible to imagine a time in the near future, where like others, we find ourself in a position where we will not be able to meet our statutory duties. This is often a difficult message for our public to hear when the political messaging defines high levels of investment, increasing expectations and performance defined within small parameters.
2.10	<u>Policy Drivers</u>
	At a national level a range of **policy drivers** continue to seek to deliver improved outcomes. The key drivers include:
	• Early intervention and prevention has been a major driver in policies in education, health, justice, and early years for some time. Prevention and early intervention usually refer to actions taken to avoid more intrusive or intensive services later. These principles are present throughout policy on social work, particularly since the Christie Commission report in 2011 which recommended prioritising prevention and early intervention. The delivery of this policy is through the national programmes, GIRFEC (Getting it Right for Every Child) and GIRFE (Getting it Right for Everyone). • The Promise reflects the work needed to change the care system to improve the wellbeing and outcomes for children and young people. The Independent Care Review concluded in 2020 and the Scottish Government accepted all of the recommendations, with all political parties pledging to 'Keep the Promise'. The promise sets out the vision for children to grow up loved, safe and respected. • The Mental Health Strategy 2017 – 2027 outlines the Scottish Government's aim of achieving parity between mental and physical health. The strategy recognises poor mental health is the responsibility of more than the NHS, but that the wider public services must work collectively to improve mental health.
	• The Scottish Government's 2022 Visions for Justice in Scotland outlines its aims for criminal justice. There is a continued focus on shifting towards more community-based alternatives to prison. For example, through unpaid work as part of Community Payback Orders (CPOs) or Drug Treatment and Testing Orders (DTTOs). • A key aspect of the Scottish Government's approach to tackling alcohol and drug misuse is a joined-up approach and embedding work on drug deaths and harm across other aspects of policy including mental health, homelessness, and justice to address underlying issues. Part of this joint up approach is the use of Alcohol and Drugs Partnerships which brings together local NHS boards, local authorities, police and voluntary sector organisations to collaboratively address drug and alcohol issues

	• Social care for adults and children with care needs is primarily delivered through self-directed support, where eligible individuals are given the opportunity to choose how they receive care, this choice is made following a formal assessment of need. Care may be delivered by local authorities or commissioned from private or third sector organisations. Social work services include the assessment and arrangement of care and support for people who need it. Anyone can ask for, and has a legal right to, an assessment from their local authority. The local authority's social work department must then carry out an assessment of needs in collaboration with the supported person and other relevant individuals. Social work staff assess someone's level of need and desired outcomes, which will include any medical conditions or disabilities, and what support is already in place. Social work staff may also provide advice and alternatives to those who do not meet the eligibility criteria.
	• Delayed discharges are a national concern, and the national Collaborative Response and Assurance Group (CRAG) chaired by the Cabinet Secretary for NHS Recovery, Health and Social Care, on behalf of NHS and Local Authority Chief Executives and is attended by integration authority Chief Officers. The Group meets weekly. A national maximum level of delayed discharges of 34.6 per 100,000 adults is targeted to be achieved by 30 October 2024.
2.11	<u>Governance</u>
	The description of issues above is stark in terms of the impacts of policy, legislation and reducing resource which leads us to reflect upon **governance** issues. In any organisation there is a systemic relationship between purpose, measures and method. The operational context as defined at present is seeing a huge increase in failure demand i.e. demand in the system caused by a failure to do something right for the service user. Solutions to move away from failure demand and promote self-care for the majority are central to the review of the front door which is reporting early in 2025. Some emergent themes that contribute to this paper and the broader required conversation include:
	• Long held assumptions about service specialisation and front/back office functions are now shown to be drivers of failure demand and don't give a better experience of support. • The delivery of health and social care services cannot be framed as transactional and a focus on transaction drives transactional activity. • Shared services are inefficient as they slow down activity and points of error increase the opportunity for error and associated failure demand.
	A different future for the delivery of Social Work and social care is emerging as can be seen in the recent work in Gateshead and the more established approaches in Wigan and Bournemouth amongst others. Our current way of accessing help requires our residents to have phone conversations and / or form-filling, they may then be visited by several people, repeatedly subjected to the same "assessment" questions, then referred on to others, to then be scrutinised at funding panels and offered a service that doesn't always entirely meet needs.

	Stepping back and looking at current systems, you can see that much of the activity is bureaucratic and doesn't materially help people resulting in high levels of failure demand through repeated returns to ask for help. These returns are then treated as "new cases" and the experience is repeated. This is the cycle that must be stopped if Social Work and social care services are to be sustainable in the long term. While regulators, boards, elected members and the public value order, the reality of effective Social Work and social care provision is complicated. People's experiences and needs differ, one size will never fit all and there will always be variance in the system. Providing effective care frequently requires a relationship that can work constructively through uncertainty. Meeting people's needs shouldn't be, but currently is, constrained by budgets, service availability and packages.
	Many care services such as those in Gateshead and Wigan have now learned what an effective service entails. John Seddon, a prominent scholar in the systems thinking field describes it as: *"In brief: Everyone who puts up their hand is visited (no forms), and the focus is on what matters in their terms. What emerges is a course of action involving a range of actors, unconstrained by conventional structures, specialisms or measures. The outcome is better care at lower cost, greater capacity as failure demand is switched off, and falling demand".*
	All of us, public and practitioners need to understand that contrary to the national narrative, demand for social care isn't rising, counting only original demands it is stable in North Ayrshire – of approximately 12,000 weekly calls to the HSCP only 2,000 relate to new demands. The volume of transactions however *is* rising, but that is due to high volumes of failure demand. The opportunity to provide better care at lower costs is huge, if fostered by constructive, knowledgeable governance and leadership.
2.12	Transformation
	A range of **transformation** activity which has been approved by the IJB is well underway. The scale and scope of the transformation work is not insignificant, and the leadership team are progressing these with regular updates to various governance groups.
	The issue highlighted at the budget setting earlier in the year in relation to waiting lists is now impacting on our communities and remains exacerbated within the context of the delayed discharge issue. As noted in these discussions Social Work services have established a range of systems to have oversight of the waiting lists and needs associated. I am confident this oversight allows us to respond where necessary however, the levels of risk being held within the Partnership services is significant and at a higher level than we have seen before. The stress and distress caused by delays in service delivery are real for our community and our workforce and without a real shift to early intervention the cycle, particularly within older adult services, is going to remain with us.
3.	**PROPOSALS**
3.1	**Anticipated Outcomes**
	None
3.2	**Measuring Impact**
	None

4.	IMPLICATIONS

Financial:	None
Human Resources:	None
Legal:	This paper sets out a range of key pieces of legislation and the statutory duties that fall on North Ayrshire Council and onwards to the Health and Social Care Partnership. The list of Social Work legislation and associated duties is much larger than those key pieces.
Equality:	This paper begins to describe the difference between equity and equality and of the potential impact of the current context on residents of North Ayrshire.
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	This paper links to the HSCP and Council Strategic Plans and Priorities. It reflects the HSCP priorities in relation to enabling communities, providing early and effective support, improve mental and physical health and wellbeing and tackling inequalities.
Risk Implications:	This paper begins to identify known and emerging risk that is significant to our communities, the Council and the HSCP. The worsening resource context coupled with significant structural issues means that the level of operational risk being carried is at the highest level I can recall. The risks projecting into the future indicate that it is a real possibility that North Ayrshire will not have the resources available to provide all Social Work services that is has a statutory duty to do so.
Community Benefits:	None

5.	CONSULTATION
5.1	This paper has been shared with members of the Partnership Senior Management Team.
6.	**CONCLUSION**
6.1	This paper begins to describe the complex interface between Social Work legislation, policy, resourcing and our communities. The continuing pressures and projections on available resource indicate potential for continuing waits for service and the associated risks this then presents for communities and services. The risks projecting into the future also indicate that there is a real possibility that in future years North Ayrshire will not be able to provide all Social Work services that is has a statutory duty to do so.

For more information please contact Scott Hunter, Chief Social Work Officer on 01294 324451 or scotthunter@north-ayrshire.gov.uk

Integration Joint Board
14th November 2024

Subject :	**2024-25 – Month 6 Financial Performance**
Purpose :	To provide an overview of the IJB's financial performance as at Month 6 (September).
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 £5.611m, reduced to £2.905m through already identified financial recovery actions; (b) notes the progress with delivery of agreed savings; (c) approves the actions which are being taken to progress financial recovery and that a further recovery plan will be presented to the next IJB; (d) notes the remaining financial risks for 2024-25; and (e) approves the budget reductions which are detailed at paragraph 2.10

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

NORTH AYRSHIRE
Health and Social Care Partnership

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 September 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.

It should also be highlighted that the NHS Ayrshire and Arran finance department have not been able to provide updated financial projections for month 6 and the position for Health delivered services reflects the month 4 position. There is a risk therefore of movement in the projections from Health for month 7, noting that with restrictions on spend in place this may be a welcomed favourable movement.

1.2 The projected outturn is a year-end overspend of £5.611m (1.7%) for 2024-25, reduced to £2.905m through already identified financial recovery actions. There is an increasing risk to achieving financial balance during 2024-25, the projected outturn position is summarised below with the residual risk following already identified financial improvement actions:

		Split	
	TOTAL	**Health/ NHS AA**	**Social Care/NAC**
Projected Overspend @ mth6	**£5.611m**	£0.812m	£4.799m
Less Financial Recovery Plan Projections	**£2.706m**	£0.369m	£2.337m
Residual Risk	**£2.905m**	£0.443m	£2.462m

1.3 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.

1.4 The main movements in the overall projected position and recovery plan are summarised below:

Improvement:

- Payroll turnover – social care £1.336m
- Care at home £0.562m
- LD care packages £0.126m
- Integrated Island Services £0.214m

Deterioration:

- Children's residential places (inflationary increases) £0.486m

	• Care Home places (inc interim places) £0.513m (including £0.156m in relation to the increase in the National Care Home Contract rate for the Agenda for Change pay award).
1.5	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. NHS Ayrshire and Arran and North Ayrshire Council are not in a financial position to make interim funds readily available, therefore it is imperative that the IJB continues to support the process of development of the Financial Recovery Plan and the actions required to work towards financial balance by the year-end.
1.6	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.
1.7	The 2024/25 financial position is being adversely impacted by several factors outwith the control of the IJB. • Formal confirmation by The Scottish Government of the 2024/25 funding for the Mental Health Outcome bundle saw a 3.5% reduction from 2023/24 which equates to £0.350m and the service are currently working through the implications of this reduction. It is expected that this can be managed within the carry forward reserves from 2023/24 so there is no impact on 2024/25 but the service is exploring the implications of bringing spend within budget in 2025/26. • Children's residential placement contract inflation – Scotland Excel negotiate rates for several national framework contracts and the rates agreed to date are significantly higher than the 5.94% increase assumed as part of the Scottish Living Wage increase. Rates which are agreed to date are included in the projection and those still to be agreed are assumed to have an increase based on the average of rates agreed to date. Overall, the estimated impact is an increase to the projection of £0.486m. Local Government Pay Award Shortfall – the additional cost of the 2024/25 local government pay award is estimated to be £0.900m. It is unknown at this stage of this will be fully funded and the potential cost is not included in the month 6 projected outturn.

2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.
2.2	**FINANCIAL PERFORMANCE – AT MONTH 6**
	At month 6 against the full-year budget of £321.135m there is a projected year-end overspend of £5.611m (1.7%). 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 £4.799m in social care services and a projected overspend of £0.812m in health services. Appendix A provides the financial overview of the Partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets. 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. Appendix F provides information on the costs of bank and agency staff as requested at the August IJB.
2.3	**Health and Community Care Services**
	Against the full-year budget of £89.939m there is a projected overspend of £6.143m (6.8%) (£0.094m adverse movement) and the main variances are: a) Care home placements - the budgeted number of permanent placements was 765 and at month 6 there were 793 placements. The projected overspend is £1.072m (£0.458m adverse) on permanent placements (including £0.156m in relation to increased NCHC rates to reflect the recently agreed nursing pay award), £0.208m (£0.208m adverse) on interim placements and respite placements are projected to be online (no change). 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. Income recovered from charging orders is projected to be £0.703m over recovered (£0.153m favourable movement). 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.

	b) Care at home is projected to be £2.672m overspent (£0.582m favourable movement). The position reflects the cost of meeting the significant demand and level of provision for care at home support. The favourable movement is due to the impact of the care at home recovery plan including the holding of vacancies and improved sickness absence rates. Earlier in the financial year it was more difficult to accurately project the cost of the in-house service due to the phased move of services in-house, more recent months provide a settled financial baseline from which more accurate projections can be estimated, providing greater confidence in the projected outturn position. c) Physical Disability Services – projected overspend of £0.790m (£0.108m adverse) split as follows: £1.116m over in residential placements, £0.050m over in direct payments and £0.376m under in community care packages. d) Integrated Island Services is projected to overspend by £0.539m (£0.214m favourable movement). The most significant variance is a projected overspend at Montrose House of £0.422m (£0.136m favourable movement) which relates to the net overspend on agency staff (i.e. net of underspend on employee costs). A new contract to procure agency nursing staff commences in November which will reduce the hourly costs moving forward and this is reflected in the projection.
	e) Specialist Rehab wards – projected overspend of £0.126m (no movement) (Redburn ward £0.152m overspend and Douglas Grant £0.026m underspend). The overspend is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support. f) Wards 1 and 2 – Projected overspend of £0.762m (no movement) due to use of supplementary staffing.
2.4	**Mental Health Services**
	Against the full-year budget of £107.398m there is a projected overspend of £0.968m (0.9%) (favourable movement of £0.101m) prior to the re-allocation of the Lead Partnership variance to East and South HSCP. The main variances are: • Learning Disabilities are projected to overspend by £0.788m (£0.126m favourable movement) across community care packages, direct payments and residential placements. This improvement reflects the positive impact of assertive reviews of care packages. • Community Mental Health services are projected to underspend by £0.380m (£0.031m favourable) 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 £0.106m (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 £0.658m overspent (no movement) and the main variances are as follows:
    - Adult Inpatients – overspent by £0.442m due to overspends in supplementary staff for enhanced observations (1:1 and 2:1) and use of bank staff.

    - The UNPACS (Unplanned Activities) budget – projected overspend is £0.679m based on current placements and an allowance for one further placement. The actual cost of the future placements may be different from the estimated cost assumed in the projection. 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. 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. 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 £0.538m. 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.

    - Elderly Inpatients – projected overspend of £0.415m 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.

- MH Pharmacy – is projected to overspend by £0.585m due to increased demand and cost of medicines.

- Innovation Fund – projected underspend of £0.112m 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 £0.819m in 2024-25. Further information is included in the table below:

Vacancy Savings Target	(£1.116m)
Projected to March 2025	£1.935m
Over/(Under) Achievement	£0.819m

2.5 **Children and Justice Services**

Against the full-year budget of £43.839m there is a projected overspend of £1.688m (3.85%) (£0.554m adverse movement) and the main variances are:

a) Care Experienced Children and Young People is projected to overspend by £2.051m (£0.682m adverse movement). The main areas within this are noted below:

- Following budget investment of £4m the children's residential placements are overspent by £1.898m (£0.359m adverse movement) based on 31 placements at month 6. This demonstrates a reduction of 6 places since the start of the financial year. There are a number of factors leading to this challenging position:

  - We have 32 places available in our internal children's houses, due to demand these have been operating at 100% occupancy 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 by £0.339m which is outwith the control of the service. 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. This forms part of the Transformation Plan which was approved at the March IJB and an update on this programme of work is included separately on the agenda. . • Looked After and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.761m underspent (£0.033m adverse movement). • Children with disabilities – there is a net projected overspend of £0.582m (£0.326m adverse movement) across residential placements, direct payments and community packages. The adverse movement is largely linked to inflation (£0.147m) and increased package costs (£0.101m) where estimated costs were used in previous periods.
	• Residential respite – placements are overspent by £0.135m (£0.077m adverse 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 £0.172m (adverse movement of £0.044m), largely due to staffing levels in the children's houses. b) Head of Service – is projected to underspend by £0.675m (£0.151m favourable movement). This consists of a projected overspend due to the planned saving of £0.233m 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, which is projected to amount to £0.964m (£0.145m favourable movement) and which contributes to costs incurred across a number of C&F service areas. c) C&F Health Team – is projected to overspend by £0.246m (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.
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 be on-line.

NORTH AYRSHIRE
Health and Social Care Partnership

2.8	**MANAGEMENT AND SUPPORT**
	Management and Support Services are projected to underspend by £2.787m (£1.494m favourable) and the main areas of underspend are: • There is projected slippage on the LD and MH transition funding of £0.786m (£0.186m 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. • An over-recovery of payroll turnover of £1.836m (£1.336m favourable) for social care services and an over-recovery of payroll turnover of £0.296m (no movement) for health services as outlined in the table below. The turnover targets and achievement for the financial year for Health and Social Care services outwith the Lead Partnership is noted below:

	Social Care	**Health**
Vacancy Savings Target	(3.301m)	(1.522m)
Projected to be achieved by March 2025	5.137m	1.818m
Over/(Under) Achievement	**1.836m**	**0.296m**

	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 a significant increase in the level of turnover when projected to the year end. The Health element of vacancy savings will be updated in month 7. 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**	**Position at Month 6**

	£m	£m
Red	-	0.111
Amber	0.523	0.475
Green	9.767	-
Blue	-	9.704
TOTAL	**10.290**	**10.290**

b) The main area to note is that the red savings have increased since month 4 as the saving in relation to Montrose House looks unlikely to be achieved.

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.

Reductions Requiring Approval:

Ref	Description	Amount (£000)
1	ICT Budget transfers	(5)
2	Transfer to FM services re cleaning post at West Road	(10)

2.11 **Pan Ayrshire Lead Partnership services and Large Hospital Set Aside**

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.

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 6 the MH lead partnership is projected to overspend by £0.658m (£0.215m NRAC share for East and £0.188m for South).

South HSCP – projected overspend of £0.581m of which £0.215m will be allocated to North. The variance is mainly due to an overspend of £0.512m 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 £0.074m in the continence service and an underspend £0.006m in the Family Nurse Partnership **East HSCP -** projected underspend of £0.360m in total (of which £0.133m will be allocated to North). The main variances are: Allied Health Professions (Lead Partnership) There is a projected underspend of £0.302m (£0.431m at month 4) on AHP 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. Primary Care and Out of Hours Services (Lead Partnership) There is a small projected underspend of £0.064m (£0.023m projected overspend at month 4) on the Primary Care Lead Partnership budget, with additional costs in Out of Hours services £0.321m (£0.371m at month 4), 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 £0.027m (£0.024m at month 4). These additional costs are offset by a projected underspend in Dental services totalling £0.344m (£0.219m at month 4), 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 6. In addition, there is a small saving on Primary Medical Services costs £0.058m (£0.152m at month 4). Prison and Police Healthcare (Lead Partnership) The £0.101m (£0.043m at month 4) projected underspend at month 6 is largely due reduced staffing costs. Other Services (Lead Partnership) The £0.106m (£0.243m at month 4) 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 this compares 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 2023/24 usage is now available as is Q1 of 2024/25 and these has been presented to Ayrshire Finance Leads for validation. The HSCPs require to agree their final share of the baseline with each other, however the aggregate will remain unchanged. **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 £435.0m. The directorate overspent by £16.8m after 6 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. 164 additional unfunded beds remained open across both main hospital sites during September. There is a material underlying deficit caused by: • 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. 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.
2.12	**FINANCIAL RISKS**
	There are a number of financial risk areas that impact or may impact on the financial position. • The recent 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 recently been settled for local government and NHS but the funding position is not yet clear. • 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. • 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. • 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. • 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. • 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 meet costs associated with this but it is unclear whether this will be sufficient. • Scot Excel inflationary increases for children's service are significantly higher than assumed. These risks will continue to be monitored during 2024-25.

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	**£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; of this total only £0.096m currently remains uncommitted with the balance being committed to investment in an early intervention approach within Children and Families social work and supporting the delivery of the transformation programme across 2024-25 and 2025-26.

Further detail on the reserves is given in Appendix D.

2.14	**Financial Recovery Plan**
	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. Following the finalisation of the 2023/24 outturn position, the IJB agreed some initial recovery actions at the meeting in June. 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 current plan is outlined in full at Appendix E. There has been progress towards some of the targets, and these are already reflected in the current projected outturn of £5.611m overspend. Further work is required to deliver on the balance of these targets as well as the additional targets which have now been identified. Services will work towards implementing the recovery plan to deliver on these cost reduction targets while carefully managing the level of risk. This will include the preparation of equality impact assessments. It is recognised that there needs to be further savings identified to move towards a breakeven position. Any decisions to implement changes which have significant impact on service delivery and the wider system will be discussed at the Finance

	Working Group before being brought back to the IJB for further approval as part of the financial recovery plan. MANAGEMENT ACTIONS/CONTROLS: Other management actions which have been implemented include: • 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 three times and covered care at home, care homes, charging income, financial inclusion, an overview of the budget and the Brighter Pathways project. The next meeting will review Complex Care, Addictions Prescribing and an update to the Medium-Term Financial Outlook. • 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.

There is an increasing risk to achieving financial balance during 2024-25, the projected outturn position is summarised below with the residual risk following already identified financial improvement actions and illustrates the current estimated risk exposure to the IJBs funding partners:

		Split	
	TOTAL	Health/NHS AA	Social Care/NAC
Projected Overspend @ mth6	**£5.611m**	£0.812m	£4.799m
Less Financial Recovery Plan Projections	**£2.706m**	£0.369m	£2.337m
Residual Risk	**£2.905m**	£0.443m	£2.462m

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 from within the available resource, 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 will be reported to the IJB throughout 2024-25.

4.	**IMPLICATIONS**
4.1	Financial The outturn is an overall year-end overspend of £5.611m (1.7%). The report outlines the main variances for individual services. There IJBs unearmarked reserve balance is projected to be zero by the end of the financial year and there is an ongoing risk in relation to the £2.905m of the overspend where financial recovery improvement actions require to be identified. This current position poses a financial risk to North Ayrshire Council and NHS Ayrshire and Arran.
4.2	Human Resources 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.
4.3	Legal None.
4.4	Equality/Socio-Economic None.
4.5	Risk Para 2.12 highlights the financial risks. 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. 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.
4.6	Community Wealth Building None.
4.7	Key Priorities 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.
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 30th September 2024 — Appendix A

Partnership Budget - Objective Summary	2024/25 Budget									Over/ (Under) Spend Variance at Period 4	Movement in variance from Period 4
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**71,123**	**76,174**	**5,051**	**18,816**	**19,908**	**1,092**	**89,939**	**96,082**	**6,143**	**6,049**	**94**
: Locality Services	30,440	31,937	1,497	5,366	5,410	44	35,806	37,347	**1,541**	879	662
: Community Care Service Delivery	36,664	39,469	2,805			0	36,664	39,469	**2,805**	3,476	(671)
: Rehabilitation and Reablement	2,063	2,390	327			0	2,063	2,390	**327**	17	310
: Long Term Conditions	917	934	17	9,459	10,373	914	10,376	11,307	**931**	924	7
: Community Link Workers	338	338	0	0	0	0	338	338	0	0	0
: Integrated Island Services	701	1,106	405	3,991	4,125	134	4,692	5,231	**539**	753	(214)
MENTAL HEALTH SERVICES	**34,206**	**34,624**	**418**	**73,192**	**73,742**	**550**	**107,398**	**108,366**	**968**	**1,069**	**(101)**
: Learning Disabilities	25,694	26,482	788	556	555	(1)	26,250	27,037	**787**	916	(129)
: Community Mental Health	6,485	6,105	(380)	1,739	1,738	(1)	8,224	7,843	**(381)**	(411)	30
: Addictions	2,027	2,037	10	1,899	1,899	0	3,926	3,936	**10**	12	(2)
: HBCCC	0	0	0	353	247	(106)	353	247	**(106)**	(106)	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	68,645	69,303	658	68,645	69,303	**658**	658	0
CHILDREN & JUSTICE SERVICES	**38,924**	**40,366**	**1,442**	**4,915**	**5,161**	**246**	**43,839**	**45,527**	**1,688**	**1,134**	**554**
: Irvine, Kilwinning and Three Towns	3,021	3,075	54	0	0	0	3,021	3,075	**54**	32	22
: Garnock Valley, North Coast and Arran	3,123	3,154	31	0	0	0	3,123	3,154	**31**	43	(12)
:Intervention Services	1,700	1,704	4	0	0	0	1,700	1,704	**4**	(1)	5
: Care Experienced Children & Young people	27,131	29,182	2,051	0	0	0	27,131	29,182	**2,051**	1,369	682
: Head of Service - Children & Families	1,064	389	(675)	0	0	0	1,064	389	**(675)**	(524)	(151)
: Justice Services	2,472	2,472	0	0	0	0	2,472	2,472	**0**	0	0
: C&F Health Team	413	390	(23)	4,203	4,449	246	4,616	4,839	**223**	215	8
: Lead Partnership NHS Children's Services	0	0	0	712	712	0	712	712	**0**	0	0
CHIEF SOCIAL WORK OFFICER	1,559	1,558	(1)	0	0	0	1,559	1,558	**(1)**	12	(13)
PRIMARY CARE	0	0	0	53,109	53,109	0	53,109	53,109	**0**	0	0
ALLIED HEALTH PROFESSIONALS			0	10,306	10,306	0	10,306	10,306	**0**	0	0
MANAGEMENT AND SUPPORT COSTS	9,608	7,576	(2,032)	4,407	3,652	(755)	14,015	11,228	**(2,787)**	**(1,293)**	(1,494)
FINANCIAL INCLUSION	970	891	(79)	0	0	0	970	891	**(79)**	**2**	(81)
OUTTURN ON A MANAGED BASIS	**156,390**	**161,189**	**4,799**	**164,745**	**165,878**	**1,133**	**321,135**	**327,067**	**5,932**	**6,973**	**(1,041)**

Partnership Budget - Objective Summary	2024/25 Budget									Over/ (Under) Spend Variance at Period 4	Movement in variance from Period 4
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Return Hosted Over/Underspends East	0	0	0	0	(215)	(215)	0	(215)	**(215)**	(215)	0
Return Hosted Over/Underspends South	0	0	0	0	(188)	(188)	0	(188)	**(188)**	(188)	0
Receive Hosted Over/Underspends South	0	0	0	0	215	215	0	215	**215**	204	11
Receive Hosted Over/Underspends East	0	0	0	0	(133)	(133)	0	(133)	**(133)**	(77)	(56)
OUTTURN ON AN IJB BASIS	**156,390**	**161,189**	**4,799**	**164,745**	**165,557**	**812**	**321,135**	**326,746**	**5,611**	**6,697**	**(1,086)**

North Ayrshire Health and Social Care Partnership
2024/25 Savings

Social Care:

Description	Deliverability Status at budget setting	Deliverability Status at Month 6	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	Amber	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 6	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**	**Amber**	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	24.861
Realign Girfec Team To Connected Communities	1-3	P	(0.073)
ICT Budget Transfers	1-3	P	(0.006)
CJSW Funding 2425	1-3	T	0.053
Children's 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	(0.010)
Roundings	1-3		0.010
Social Care Budget Reported at Month 6			**156.390**

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			(24.861)
North Superannuation 24/25 uplift	1		1.134
MH: Anticipate Hollybush Combat Stress 24/25	1		1.424
MH: Anticipate Delivery of Veteran Funding 24/25	1		0.105
MH: Anticipate Perinatal MH, Infant MH (inc 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 Foxgrove North	2		0.033
24-25 Breast Feeding – North	2		0.005
24-25 Huntingtons North	2		0.005
24-25 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
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)
Prescribing (Ambush) North Rx	3		1.573
Prescribing (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
Anticipated budgets assumed in the report but not yet allocated	4		2.045
Health Budget Reported at Month 6			**164.745**
TOTAL COMBINED BUDGET			**321.135**

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

FINANCIAL RECOVERY PLAN	£m	£m	£m	
Projected Overspend at Month 6			5.611	
SERVICE AREA	Cost reduction target	Achieved in projected outturn	Still to be achieved	Target set?
Health and Community Care				
Reduce care home placements in line with budget saving	(0.700)	0.000	(0.700)	June IJB
Reduce CAH capacity/delay recruitment/in-house efficiencies	(0.850)	(0.582)	(0.268)	June IJB
Community Wards - reduce supplementary staffing and review bed capacity	(0.500)	(0.247)	(0.253)	June IJB
MH and LD (North Ayrshire)				
Freeze adult community support approvals outwith transitions	0.000	0.000	0.000	June IJB
Respite provision - ensure use of in-house capacity is maximised	0.000	0.000	0.000	June IJB
HBCCC mitigation plan	(0.106)	(0.106)	0.000	August IJB
MH and LD (Lead Partnership)				
Ward staffing (adults/elderly inpatients)	(0.300)	0.000	(0.300)	August IJB
Psychiatry (use of agency)	(0.312)	(0.312)	0.000	August IJB
CEDS/CAMHS	(0.202)	(0.202)	0.000	August IJB
North Ayrshire share (38.6%)	(0.314)	(0.198)	(0.116)	
Children and Families				
Reduce children's external placements - early reduction from Brighter Pathways work	(0.500)	(0.500)	0.000	June IJB
Additional target re-residential placements	(0.500)	(0.229)	(0.271)	August IJB
Additional target re-residential placements	(0.225)	0.000	(0.225)	September IJB
Reduce investment in C&F social work via service redesign fund	(0.300)	0.000	(0.300)	September IJB
Cross Partnership				
Vacancy management and temporary posts	(0.500)	(0.500)	0.000	June IJB
Use of remaining reserve balance	(0.357)	0.000	(0.357)	August IJB
Review of earmarked reserves	(0.216)	0.000	(0.216)	September IJB
	Target	Achieved	Outstanding	
	(5.068)	(2.362)	(2.706)	
Remaining projected overspend			2.905	

Bank and Agency Costs to Month 6

Appendix F

Bank and Agency Costs

1) NHS

		Bank		Agency		
		4863 (Registered)	4864 (Unregistered)	4853 (Registered)	4854 (Unregistered)	TOTAL
AAC074	NORTH CORE SLT ADULT		8,393			**8,393**
AAC403	WARD 1 WOODLANDS VIEW	34,920	225,803			**260,722**
AAC406	WARD 2 WOODLANDS VIEW	26,513	155,470			**181,983**
AAC410	ACH REDBURN REHAB WARD NRS	4,978	61,525			**66,503**
AAC412	ACH DOUGLAS GRANT REHAB WD NRS	8,280	36,613			**44,893**
AAD401	WARD 3 WOODLANDS VIEW NURSING	24,023	183,094	1,589	709	**209,415**
AAD402	WARD 4 WOODLANDS VIEW NURSING	27,339	154,288		185	**181,812**
AAH047	NEW CLONBEITH NURSING(JURA)	70,510	52,118			**122,628**
AAH415	WVIEW THE GLEN ECT		1,797			**1,797**
AAH417	WVIEW WARD 10 ACUTE MH NRS	30,213	42,330			**72,543**
AAH423	WVIEW WARD 8 ACUTE MH NRS	18,861	431,987		251	**451,100**
AAH460	WARD 5 WOODLANDS VIEW	13,856	17,339			**31,195**
AAH466	WVIEW WARD 7B REHAB MH NRS	2,103				**2,103**
AAH492	NEW DUNURE NURSING(CLONBEITH)	29,391	83,451			**112,842**
AAT001	TRINDLEMOSS	38,661	87,076			**125,737**
AAW047	ARRAN HOSPITAL NURSING	16,496	21,877	13,091		**51,465**
ACA405	CAMHS MANAGEMENT	1,943				**1,943**
ACN004	PACKAGE OF CARE (P) - CY		15,313			**15,313**
ACN012	PACKAGE OF CARE (P) - AMG		36,067			**36,067**
ACN013	PACKAGE OF CARE (P) - LMO		4,884			**4,884**
ACP002	NC POC TEAM 2		259			**259**
ACP003	NC POC TEAM 3		1,199			**1,199**
ACA412	CAMHS UNSCHEDULED CARE	3,287				**3,287**
ACF002	EARLY YRS-C/F TEAM 2	290				**290**
ACF051	IMMUNISATION NURSING	11,321	7,237			**18,558**
ACN000	ARRAN HV	316				**316**
ACN047	ARRAN DN	235				**235**
ADN000	THREE TOWNS DN	7,927		161		**8,088**
ADN033	IRVINE DN	13,138				**13,138**
ADN042	NORTH WEST COAST DN	4,037	99			**4,136**
ADN075	GARNOCK VALLEY DN	58,839				**58,839**
ADN080	NORTH DN TEAM LEADERS	4,286				**4,286**
ALA047	LADY MARGARET NURSING	9,159	4,116			**13,275**
AMA408	PREVENTION + SERVICES SPT TEAM	1,481				**1,481**
AML146	LD HEALTH CHECKS	73,240				**73,240**
AML392	NORTH CLDT		429			**429**
AML402	LDS MANAGEMENT	4,190				**4,190**
AML442	NORTH PARTNERSHIP ADMIN MH			13		**13**
AML500	MHS INPATIENT MGT	16,335				**16,335**
AMN412	CMHT NURSING-NORTH AYRSHIRE		8,054			**8,054**
AMN415	WVIEW WARD 7C FORENSIC REHAB N	5,340	72,642			**77,982**
AMN419	DAY ACTIVITIES TEAM	227				**227**
AMN425	INTENSIVE COMMUNITY NURSING TEAM	21,003				**21,003**
AMN431	ADULT MENTAL HEALTH LIASION TEAM	2,295				**2,295**
AMN433	PCMHT NORTH	1,663				**1,663**
AMN446	WVIEW WARD 6 LOW SECURE NRS	37,984	117,628			**155,611**
AMN454	WARRIX AVE	12,933	19,271			**32,204**
ANP074	NORTH CORE SLT PAEDS		1,483			**1,483**
AMN468	ACTION 15 - ADULT LIAISON	5,410				**5,410**
ANU632	ICFN - COMMUNITY PHLEBOTOMY		6,877			**6,877**
AWV438	WVIEW WARD 7A LD A+T NRS	11,497	382,852	1,588	5,379	**401,316**
AXC407	WVIEW WARD 9 ACUTE MH NRS	22,091	101,402			**123,494**
AXC418	WVIEW WARD 11 ACUTE MH NRS	46,675	155,589		257	**202,521**
	TOTAL	**723,286**	**2,498,562**	**16,442**	**6,782**	**3,245,072**

2) SOCIAL CARE

	Month 6 Agency Cost
Montrose House	498,029
Acm - Irvine	1,188
Mh Acm	54,708
Ld Acm	15,852
TOTAL	**569,777**