

# Integration Joint Board Annual Report and Accounts 2023-2024







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## **Management Commentary**

## Introduction

This publication contains the financial statements of South Ayrshire Integration Joint Board ('the IJB') for the year ended 31st of March 2024. The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2023-24 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the IJB's future financial plans and the challenges and risks which we are facing from an economic and financial perspective alongside an increase in demand from an ageing population. We will continue to engage further with communities and families to build resilience, focussing on early intervention and a partnership approach to health and wellbeing.

South Ayrshire Health and Social Care Partnership ("SAHSCP/the Partnership") is the name given to the service delivery organisation for functions which have been delegated to the IJB as defined in the Integration Scheme. The IJB is a separate legal entity in its own right and is responsible for planning and overseeing the delivery of a full range of community health and social care services. The IJB is responsible for allocating the integrated revenue budget for health and social care in accordance with the Strategic Plan priorities and oversees the service delivery for functions delegated to both South Ayrshire Council and the Health Board.

Our current Strategic Plan covers the period 2021-31, is a ten year vision for integrated health and social care services which sets out our objectives and how we will use our resources to integrate services in pursuit of national and local outcomes.

Our Partnership vision is:

#### "Empowering our communities to start well, live well and age well."

We have developed a 'South Ayrshire's Wellbeing Pledge' reflecting the notion of two parties (public services and the community) contributing to a common goal. The Pledge looks to build on the amazing resilience, spirit and mutual support our communities have displayed throughout the Covid pandemic.

The IJB Strategic Plan is supported by service plans and transformation and improvement plans. These plans provide greater detail on how the services will deliver on the strategic priorities and the resources required to achieve this. The Chief Officer is responsible for the operational and strategic management of the integrated services. The Chief Officer is supported by Heads of Service in specific service areas and the directorate management team.







## Strategic Plan 2021-2031

The strategic planning period sets out strategic objectives with a ten-year outlook and was accompanied by an 18 month Bridging Operational Plan with actions finalised and presented to the IJB's Performance and Audit Committee on the 20<sup>th</sup> of February 2024. The Bridging Operational Plan was reflective of the current uncertainty within health and social care services caused by the global pandemic as well as anticipated changes in the policy landscape, and the introduction of a National Care Service.

In line with our statutory responsibility to refresh our Strategic Plan every three years, this is currently being drafted with the revised Plan due to be published in September 2024 following approval from the IJB. Alongside this a new operational plan for the forthcoming period is being developed with services to include new actions which will be in operation from September 2024 in line with the publishing of the revised Strategic Plan.

The overarching aim of the Partnership is to work together with the citizens of South Ayrshire to improve health and wellbeing and support communities to be resourceful and supportive of family, friends and neighbours. To achieve this aim, we work together with our partner organisations (including the third and independent sectors) to enable citizens to take control and take responsibility of their own health and wellbeing, recognising that ultimately, most people do not want to have to reach our services.

To deliver on our objectives we will build further on the integrated working of our health and social care teams while strengthening our partnership working with South Ayrshire Council, NHS Ayrshire & Arran, wider Community Planning Partners and our vital Third and Independent Sector. We aim to make the best collective use of our resources for the wellbeing of our communities. The Plan sets out our vision for a new partnership with communities and individuals so we can work together to achieve the best possible outcomes for the people of South Ayrshire.

We have identified seven strategic objectives that lead us to improve outcomes over the next ten years. These strategic objectives will drive services provided and commissioned by the partnership and are based on the engagement conversations we have had with our partners and the community, as well as reflecting existing commitments across the Council, the NHS and the Community Planning Partnership.

- > We focus on early intervention and talking inequality;
- > We nurture and are part of communities that care for each other;
- > We work together to give you the right care in the right place;
- > We help to build communities where people are safe;
- > We are an ambitious and effective partnership;
- > We are transparent and listen to you; and
- > We make a positive impact beyond the services we deliver.

The IJB have had another challenging year with increase in demand from demographic pressures mainly from an increasing older and frailer population. This increase in demand combined with recruitment and retention in health and social care workforce, has resulted in higher levels of delayed transfers of care (DTOC) than was anticipated. There has been a decrease of 30% DTOC from 85 on the 27th of March 2023 to 59 on the 28th of March 2024. The IJB have continued to drive forward alternative models of care to reduce admissions to hospital and facilitate early discharge. These include Hospital at Home service, Allied Health Professionals at the "Front Door" of Hospital,





Racecourse Road Intermediate Care Unit providing rehabilitation and reablement following a hospital stay.

## **South Ayrshire Demographics**

#### LOCALITIES

To make informed decisions about our strategic planning and commissioning, we need to fully understand our community which can be done using a range of population data as well as our own local intelligence. From the data, it is clear that South Ayrshire faces particular challenges of inequality and community vulnerability, and we are determined to target our services at these challenges using the resources we have at our disposal.

South Ayrshire is split into six localities:

- Ayr North and Former Coalfiled Communities
- Ayr South and Coylton
- Girvan and South Carrick Villages
- Maybole and North Carrick Villages
- Prestwick and Villages
- Troon and Villages

The purpose of planning by locality is to ensure services are delivered in local communities according to their specific need. Locality Planning Partnerships are established in each locality with their own priorities for the local area. To support the assessment of need and decision making on local serices, profiles for each locality are produced.







#### **INEQUALITIES**



In March 2021, 6.7% of the over 16 population in Ayr North were unemployed compared to only 1.7% in Prestwick.



**16.7%** (18,779 people) of South Ayrshire's population live in the **20%** most overall deprvied datazones in 2021.

23%

**23%** of South Ayrshire's children live in poverty. (after housing costs)



In 2021, the average life expectancy for males in Ayr North is **72.5** years compared to **79.3** for males who live in Troon



23% of South Ayrshire's mothersexclusively breastfeed compared to32% in Scotland as a whole.

Each locality has its own unique strengths and assets, as well as its own challenges.

Severe deprivation continues to be concentrated around the Wallacetown, Ayr North, Lochside, Whitletts, Dalmilling areas with Girvan, Barassie, Craigie, Kincaidston, Ayr Town Centre and Maybole also suffering deprivation.

By reducing inequalities, deprivation and the impact of poverty, we can make a long-term improvement to the health and wellbeing of local people.

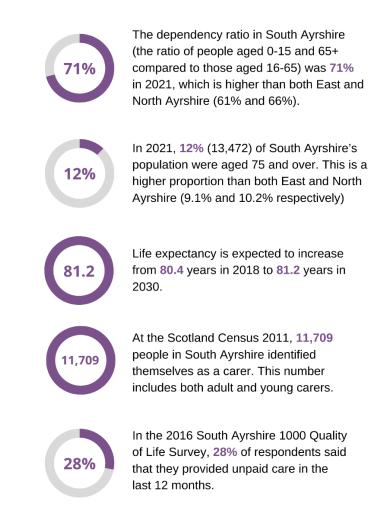


#### AGEING POPULATION

Older people are valued members of our community and contribute so much to the care of our children and families. South Ayrshire has a significantly higher proportion of older people than East and North Ayrshire.

We need to ensure that we are supporting people as they grow older to live as independently and as full a life as they can.

The HSCP needs to consider the population to ensure health and care services are equipped and able to support our ageing citizens to achieve their personal outcomes as well as supporting our unpaid carers.



#### BALANCE OF CARE

'Shifting the balance of care' is an objective for all of our services and for everyone we support: from childhood to old age.

Time spent in hospital when medically fit is an unnecessary risk to health and welfare, involving risks such as hospital acquired infection and loss of mobility.

In children's services our ambition is to keep South Ayrshire's children in South Ayrshire and with and within families where possible.





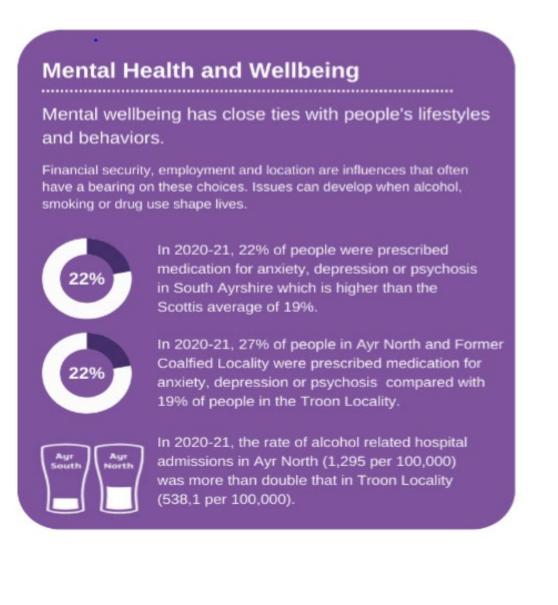


#### MENTAL HEALTH AND WELLBEING

The Covid pandemic has impacted on people's mental health and wellbeing. Evidence is increasing that the Covid pandemic has affected the mental health of sections of the population differently, depending on their circumstances.

The pandemic has widened mental health inequalities, with the groups that had the poorest mental health pre-crisis also having had the largest deterioration in mental health during lockdown.

A national study published in The Lancet in October 2020 found that being young, a woman, and living with children, especially preschool age children, have had a particularly strong influence on the extent to which mental distress increased under the conditions of the pandemic.







## Key Messages and Operational Highlights for 2023-24

The health and social care partnership has had another challenging year dealing with demographic demand pressures and workforce and capacity challenges have been key areas of concern during the year and the most significant risk to providing the best service possible. We have continued to invest in additional capacity and evaluate new models of care intended to prevent and reduce admissions to hospitals.

This year engagement with staff and communities has been a key priority to enable implementation of the Team Around the Locality Working model, providing access to services in communities to meet their specific needs. We continued to strengthen our collaborative working with Thriving Communities, Local Planning Partnerships, Voluntary Action South Ayrshire (VASA), and University West of Scotland.

Throughout the year we have seen staff, carers and volunteers nominated for awards both within the Council and NHS, as well as nationally. For some it was individuals who were nominated and others, it was teams or services. These awards are testament to the transformation and improvement activity that the teams have been progressing over the last few years.

While the numbers of delayed transfers of care (DTOC) remain high, collaborative working has allowed us to deliver our winter plan for 2023-24. There are around 61% fewer delays than this time last year. A thanks to all our teams, especially Care at Home and Reablement for their ongoing efforts to ensure people receive the care they require as quickly as possible. Moving forward every effort is being made to stabilise and, where possible, increase our capacity for both care at home and care homes. For both services the primary limiting factor in service provision remains staffing.

Despite the challenges, we continued to work towards our commitments in the strategic plan, building relationships with key partners, taking time to improve current services and implement new models of working. We continue to invest in training and expand our frontline workforce, alongside our quality improvement skills training to embed a culture of continuous improvement and provided leadership and management training to relevant staff.

The new models of service delivery implemented last year to meet demand for care in the community and reduce levels of delayed transfers of care have proved successful. This included Racecourse Road Intermediate Care Unit project, utilising the third floor of our existing care home to facilitate hospital discharge by providing a reablement service in a care home setting to reduce the level of care need for services on returning home. The Reablement Unmet Need Assessment Team (RUNAT) continued to provide targeted care to these people offering reablement support and ultimately reducing the level of care needs. Our care at home team have also increased in capacity and at the end of the financial year the team had been increased by 46% since April 23. The full benefits of this increase in capacity will be realised in 2024-25.

During 2023-24 a new stroke service was piloted, aiming to provide safer stroke assessment and rehabilitation to reduce the number of people requiring in-patient stroke beds. The pilot in South Ayrshire commissioned three beds from the care home sector this resulted in negating the need for 12 beds at Crosshouse Hospital. Investment was made in the budget for 2024-25 to further develop the service utilising care home beds and reablement care to provide those with potential to live independently at home the necessary rehabilitation support to do so.

A rehabilitation commission paper highlighted priority areas where Allied Health Professional (AHP) input would benefit in improving whole system approach to delivery care at an early stage. A review of the combined assessment unit and emergency department at Crosshouse highlighted that



patients would benefit from AHP services whether from Physiotherapy, Occupational Therapy (OT), Speech and Language Therapy (SLT) and/or Dietetics at an early stage, avoiding admission to acute wards or reducing length of stay. Three AHP's were recruited and based in Ayr Hospital this investment will be monitored in 2024-25 to confirm reduction in admissions to acute beds and reduction in length of stay.

We continue to develop supported living projects for people with a Learning Disability and our 5<sup>th</sup> core and cluster accommodation opened during 2023-24. Providing ten tenancies and one respite flat in Ayr town centre, the care and support has been commissioned from the independent sector.

Following the review of Adult Social Work Services in parallel with a review of Community Nursing Services, led by East Partnership, a new leadership and organisational structure was approved within locality teams incorporating the recommendations of both reports. With the aim to strengthen professional leadership and service quality while enabling closer working with primary care and much fuller engagement with local communities.

During 2023-24 the new structure has been implemented including a significant amount engagement in localities connecting practitioners from health and social care, the voluntary sector and individuals from localities. This strength-based model has been branded as Team Around the Locality (TATL) enabling the operational implementation of the strategic priorities set out in the IJB Strategic Plan.

The Care Inspectorate undertook and published eight separate inspections across adult services during the year. This included our respite and day care services for adults and older people and our care at home and reablement services for older people. Grades across all eight service areas inspected ranged from good to very good, highlighting the quality-of-service provision and recognising improvements in services over the last few years.

Within Children services an audit of the Signs of Safety model implementation was conducted highlighting significant improvements since baseline data taken from the same questions to parents/carers in 2021. The Signs of Safety model draws on solution focused therapy, the model empowers and enables families to make the necessary behavioural changes to live together safely. This reduces the need for more significant statutory interventions.

South Ayrshire's Children's Health, Care and Justice Service received a silver award at the iESE Public Sector Transformation Awards. The award acknowledged the work done with the Family First model which was developed from the Belmont Family First approach with South Ayrshire Education colleagues. The Family First approach has transformed the way that South Ayrshire cares for and supports children and families. Through the effective use of early intervention and keeping families together in their local schools and communities, South Ayrshire can evidence a 56 per cent reduction in the number of children removed from families and placed in expensive Out with Authority (OWA) residential placements. The Belmont Family First team have diverted 28 families (37 Young Persons) away from escalation through the care system. These are young people who could have been expected to progress into external residential care.

This award shines a light on the extremely positive and collaborative relationship that we have with Education and shows that when services get out of their silos and work together, we can achieve better outcomes for our children and their families, for less of the budget.

A consequence of a reduction in workforce capacity and lower levels of looked after and accommodated children, resulted in financial projections highlighting significant underspends.

Over the course of the year, we have continued to move forwards in meeting our strategic priorities, as reflected in the sections below.



#### We focus on prevention and tackling inequality

The development of microenterprises within South Ayrshire continued during the year working in collaboration with Ayrshire Independent Living Network (AILN) and Ayrshire Building Enterprising Activity in the Third Sector (BEATS). At the end of the year there were eleven microenterprises providing social care support with ten in the process of implementation. Support provided equated to 110 hours per week, focussing on people living with frailty. This model benefits both health and social care delivery and community wealth building by creating employment locally. The IJB approved this model to be extended further with funding of £0.114m over the next two year's provided to AILN to continue to provide engagement, marketing recruitment support, alongside support from the Council's Economic Development team with business set up to individuals.

Last year health and social care staff received training on benefits maximisation to ensure service users were in receipt of all benefits they were entitled to; this was in response to the cost-of-living crisis. This led to a mandated duty for all health and social care staff as part of the initial assessment process to refer individuals to the Information and Advice Hub for benefit maximisation. Data for the full financial year is incomplete, however from 1st of April 23 to 15th of Feb 24 575 referrals were made with £0.364m benefits allocation to those eligible.

Justice Services supervises people subject to Community Payback Orders and Parole Licences to reintegrate back into their communities and address offending behaviour. This is done alongside third sector partners such as Barnardo's who support women leaving court with housing, benefits, health care needs, etc. There are also very strong links with South Ayrshire's Alcohol Drug Partnership and the recovery community for those service users with substance use issues. A peer mentor is employed within Justice Services to support those within justice toward recovery.

#### We nurture and are part of communities that care for each other

Scottish Government Mental Health and Wellbeing fund provided £0.337m to Voluntary Action South Ayrshire (VASA) to distribute to community organisations supporting mental health and wellbeing issues including addressing social isolation and loneliness. For example, the Hope Wellbeing project has established itself in premises in Ayr High Street offering one to one and group session addressing mental health and wellbeing including bereavement support.

VASA also run a website South Ayrshire Lifeline, a local directory providing valuable information to the community on support available, volunteering opportunities and local events. Community Link Practitioners, Mental Health Practitioners and Self Help Workers are all linked to local GP Practices and provide support to individuals with lower level demands through signposting to community-led initiatives.

#### We work together to give you the right care in the right place

Racecourse Road Intermediate Care Unit (RRICU) project was evaluated during the year and permanent funding of £0.450m, approved in the budget for 2024-25. RRICU is a 12 bedded unit in our existing care home providing a reablement service for people discharged from hospital requiring a care at home service. The service was implemented in 2022 as a response to high levels of delayed transfers due to lack of capacity in the care at home services. An evaluation of the outcomes following an average 30 day stay at RRICU highlighted that 86% of service users are



discharged home with no care at home package, 4% discharged with a reduction in care package and 8% discharged with the same care package assessed on discharge from hospital. This early intervention has reduced the demand on care at home by 721 hours per week from 819 hours assessed need per week to 98 hours per week following a period of reablement.

Transitioning from Children services to Adults services has improved over the last year, following delays in transition during covid there was many young adults in their 20's remaining in children services. Following investment in 2022-23 of £0.183m and additional posts appointed in 2023-24 within the children services and a new young people in transitions protocol implemented, there has been a marked reduction in complaints from families, planning for young person begins at earliest stage and definitely by the age of 14, at the end of the year all young persons aged 20 and over had transitioned over to adult services.

In the 2022-23 budget the IJB invested £0.384m the acute Hospital at home service, to provide an alternative to hospital admission, offering short term targeted acute care to individuals in their own home or homely setting. An update on progress of the service was provided to the IJB on the 15th of November 2023, highlighting the growth of the team to 19 from 3 in Jan 2022 when the team was established, with the aim to have 19 virtual beds by November 2023 and increase to 36 beds by March 2024. Due to staffing pressures the increase to 36 beds has not materialised and as at May 2024 the team can provide acute care to a maximum of 24 patients.

#### We help to build communities where people are safe

The settlement hub continues to provide support for Unaccompanied Asylum-Seeking Children, with an increase from 11 young people in February 2023 to 20 young people being supported in December 2023. The settlement hub is multi-disciplinary led and membership includes representation across South Ayrshire Council Services and the Health and Social Care Partnership, in 2023 the membership extended to include Employability and Skills Team. The children are supported by foster carers, our own residential children's house and housing support accommodation in Ayr. The young people have successfully integrated into Education with several young people now accessing further education and four have transitioned to accommodation in Glasgow where they are successfully attending University and Higher Education.

During 2023-24 the Care Inspectorate undertook and published eight separate inspections across adult services, this included our respite and day care services for adults and older people and our care at home and reablement services for older people. The Care Inspectorate use a 6-point scale to evaluate quality where 1 is unsatisfactory and 6 is excellent. Grades across all eight service areas inspected ranged from 4 (good) to 5 (very good). Overall, the inspection outcomes are positive strengths recognised were generally people have a positive experience of health and social care, particularly in staff engagement and approaches to early intervention and prevention.

All Justice services staff are trained in the Safe & Together model which encourages services to be domestic abuse informed, supporting child well-being and safety. It also puts a focus on the abusing parent. This links well with the Caledonian System which works with men on a behaviour programme while supporting the partners and children. The Multi Agency Public Protection Arrangements (MAPPA) continue to work with registered sex offenders, ensuring robust supervision and monitoring while addressing offending behaviour.

#### We are an ambitious and effective partnership



The Practice development have continued to support the Social Work 'Grow Your Own' Programme including Post Graduate entry and Undergraduate entry which has been available across the Partnership. The programme is developing well with 15 staff registered with our first graduations expected in September 24. It is anticipated that we will have a steady flow over the next few years to support recruitment and retention of social work positions. We are preparing for another intake of 6 staff which will increase our total number to 21. We have been able to respond to challenges and support staff through the programme using the flexibility of the Open University approach.

Care at Home services are critical to the ensure people who have been assessed as needing support live independently in the community. A short life working group has been set up this year to develop a care at home commissioning plan. South Ayrshire has an ageing population that is higher than other areas of Scotland combined with less working age population. Challenges within care at home sector have been shared with the IJB over the course of the last few years, in particular the private provision of care at home has decreased from 11,000 hours to 5,500 hours since April 21. Action has been taken to develop inhouse services and increase early intervention and prevention approaches to reduce demand for community care. However there remains waiting lists for care, and delays in the hospital, from gap in capacity. This work is crucial to set out the future direction of the service and will be presented to the IJB in 2024-25.

Throughout the year we have seen staff, carers and volunteers nominated for awards both within the Council and NHS, as well as nationally. For some it was individuals who were nominated and others, it was teams or services. This included, South Ayrshire Parkinson's Team who won Innovation in Practice and overall Excellence Award at the Parkinson's Excellence Awards in Birmingham. Our Young Carers were recognised at the Great British Care Awards, making the national finals for their film "The Weekend". They continued to be recognised and won the "Championing Diversity and Inclusion" Award at the 2023 Public Service Award ceremony. The Council's Outstanding People Awards also included the Young Carers as winners in the Outstanding Improvement and Innovation category, and Belmont Family First won the Outstanding Team.

#### We are transparent and listen to you

Care Opinion is an online portal in which members of the public can upload comments, complaints or enquiries known as 'stories' with specific regards to services they have had contact with. During the six-month period from August 2023 to Jan 2024, twenty-four stories were evaluated by Care Opinion, and reports produced grouped into themes "what is good", "what could be improved" and "feelings". In the "what is good" category staff, carers, choice, friendly, safe, and excellent care were mentioned, in the "what could be improved" category, answer phone, proactive, short staffed and waiting was mentioned, and in the "feelings" category – happy, supported, thank you, comfortable, settled and safe were listed. This information is valuable to feedback on service delivery experiences and is used in developing service improvement plans.

The Ageing Well Strategy and Movement began in June 2023, bringing together key stakeholders from SAHSCP, Community Planning Partners, Third Sector and Champions Board representatives from the three Ageing Well Champions Boards that have been formed in Girvan, Ayr, and Troon. A range of engagement sessions have taken place including a series of webinars focussing on topics including food and nutrition, technology enabled care and transport. The engagement will inform an Ageing Well Strategy and accompanying action plan to be approve in September 2024.

There has been significant improvement in communication activities over the last two years, including appointment of a dedicated Communications Officer. To formalise communications



processes and embed our communication strategic priorities, a strategic development group has been established in January 2024. Following engagement with partners, communities, and individuals the plan is to publish a new communication strategy in mid-2024. The development of the strategy will include close partnership working with South Ayrshire Council and NHS Ayrshire and Arran.

#### We make a positive impact beyond the services we deliver

A new Digital Strategy has been drafted for approval by the IJB in June 2024, recognising that digital transformation within health and social care is essential to ensure services are more accessible, efficient, and effective. The action plan accompanying the strategy aims to support care models available which will give a commitment to leveraging digital solutions for better health outcomes and service quality in our community. This includes appraisal of the telephony system, scoping of a new case management system, further implementation of Near Me and telehealth and telecare solutions.

Actions from the workforce plan continued to make good progress with implementation of a new induction day lead by the Directorate Management Team welcoming new staff and sharing their vision for the future health and social care services. A short life working group focused on care at home recruitment reducing the onboarding process from 7 weeks to 3 weeks, an improvement necessary to increase capacity as quickly as possible in the community.

## **2023-24 Performance Achievements**

Performance reports are presented to the Performance and Audit Committee (PAC) twice a year and an Annual Performance report presented to the IJB. The Annual Performance report for 20232-24 will be submitted to Scottish Government on 31st July 2024 following agreement from the IJB.

The most recent six-monthly performance report for <u>Children's Health Care and Justice Service</u> was presented to the PAC on the 28th of May 2024. The latest six-monthly performance reports for <u>Community Health and Care Services</u> and <u>Allied Health Professional Services</u> were presented to the PAC on the 29th February 2024.

Performance from local and national indicators are measured as a RAG (Red, Amber, Green Status) and Trend Status as defined in the tables below.

|         | RAG Status     | Trend     | Status    |  |
|---------|----------------|-----------|-----------|--|
| <b></b> | No concerns    | 1mproving |           |  |
|         | Some concerns  | •         | Declining |  |
|         | Major concerns |           | No change |  |

#### Allied Health Professionals Service Performance Report

The report presented an update to PAC on the work undertaken in developing activity data to provide robust performance data and information in line with an updated improvement plan aligned to the



strategic plan. The data collected to date will be used to measure performance improvement against patient activity including referrals to all disciplines, caseloads, waiting lists, non-attendance, reviews.

#### Summary of Children's Health Care and Justice Services Performance Report

Performance for the 6 months to 31st of March 2024, highlighted no performance measures were showing major concerns, 6 had some concerns and 13 had no concerns.

Action is being taken to address the performance measures with some concerns, this includes: -

- Recurring funding to support the Breast-Feeding Peer Support service to continue and expand.
- Continue to reduce number of looked after children out with authority.
- Community Payback Order backlog continues to be addressed.
- Review of the unpaid work process to create smoother pathways.

#### CHILDREN'S HEALTH CARE AND JUSTICE PERFORMANCE SUMMARY



| Performance Indicator  | Indicator<br>Status | Trend |
|--|---------------------|-------|
| CHILDREN'S HEALTH  |                     |       |
| Percentage of Children reaching developmental milestones at the time of their 27-30 month health review  |                     |       |
| Percentage of new born babies exclusively breastfed at 6-8 weeks   |                     |       |
| Percentage of Children with a healthy weight at P1   | Ø                   |       |
| Teenage Pregnancy  | $\bigcirc$          | +     |
| LOOKED AFTER CHILDREN  |                     |       |
| Number of Children Looked After as at 1st of April 2024  | <u> </u>            | ➡     |
| CHILDREN'S HEARING SYSTEM  |                     |       |
| No. of children referred on offence or non-offence grounds   | $\bigcirc$          |       |
| CHILD PROTECTION   |                     |       |
| Percentage of CP1's received within target timescale of 10 working days from point of referral   | $\bigcirc$          |       |
| Number of children who are re-registered on the child protection register within 12 months   | <b></b>             |       |
| Percentage of core groups convened within 15 days  | $\bigcirc$          |       |
| Percentage of Planning Meetings convened within target timescale   | $\bigcirc$          |       |
| JUSTICE  |                     |       |
| Percentage of individuals subject to Throughcare Licence conditions seen by a Supervising Officer within 24 working hours  | 0                   |       |
| Percentage of Criminal Justice Social Work Reports submitted to court by 12noon on due date  | $\bigcirc$          |       |
| Percentage of Home Background/Home Leave Reports submitted within timescales   | 0                   |       |
| Percentage of individuals placed on Community Payback Orders with Offender Supervision seen within 5 days of court appearance                                    | 0                   | _     |
| Percentage of individuals placed on Community Payback Orders (unpaid work/other activity) undertaking Health & Safety nduction within 5 days of court appearance | <u> </u>            | ➡     |
| Percentage of individuals placed on Community Payback Order (unpaid work/other activity) who attend 1st work appointment within 7 days of court appearance       |                     | ➡     |
| Percentage of case reviews held within timescales  |                     |       |
| Percentage of Unpaid Work Level 1 Community Payback Orders completed within 3- month timescale (Target End Date)   |                     |       |
| Percentage of Unpaid Work Level 2 Community Payback Orders completed within 6-month timescale (Target end Date)  |                     |       |

#### Summary from Community Health and Care Services Performance Report

The report presented was a revised version following a review of existing measures and realignment of the measures against the Strategic Plan Objectives. The report no longer includes Public Health Measures, ADP Measures and Adult Support and Protection Measures as these are already reported to other governance panels and committees as part of existing reporting mechanisms.

Performance for Community Health and care services as at 31st of December 2023, highlighted one performance with major concerns, 9 had some concerns and 19 had no concerns.

Action is being taken to address the Rate of Delayed Discharges age 18+, this includes: -



- Daily reporting of Delayed Transfers of Care (DTOC) reviewed by the Integrated Discharge Team and any issues escalated to Senior Managers.
- Weekly Delayed Transfers of Care meeting includes all community teams and Senior Managers to review all delays longer than 4 weeks. F
- Fortnightly strategic meeting oversees improvement work and performance data across community and acute teams.
- Six weekly meeting is chaired by the Director for SAHSCP where strategic issues are reviewed and escalated. These meetings ensure that there is a focus at every level with effective joint working across teams and Directorates to plan actions and direct resources to areas of concern in a timely basis to minimise risk.
- A dedicated recruitment officer specially for care at home.
- Business Intelligence Analyst to support the work of the partnership to understand demand, capacity, and queue.
- Racecourse Road Intermediate Care Unit providing reablement support on discharge from hospital prior to care at home services.

#### COMMUNITY HEALTH AND CARE SERVICES PERFORMANCE SUMMARY



| Performance Indicator  | Indicator<br>Status  | Trend     |
|--|--|-----------|
| WE FOCUS ON PREVENTION AND TACKLING INEQUALITY   |  |           |
| Premature Mortality Rate   |  | -         |
| Falls rate per 1,000 age 65+   |  |           |
| Healthy Life Expectancy by Locality Improving - Females / Declining - Males                            |  |           |
| WE NURTURE AND ARE PART OF COMMUNITIES THAT CARE FOR EACH OTHER  |  |           |
| % of people referred for Post Diagnostic Dementia support who receive a minimum of one year            |  |           |
| % of Carers who are supported to continue in their caring role   |  | +         |
| WE WORK TOGETHER TO GIVE YOU THE RIGHT CARE IN THE RIGHT PLACE   |  |           |
| Rate of ED Attendances aged 18+  |  |           |
| ED Conversion Rate   | $\bigcirc$   |           |
| ED Admissions  |  |           |
| Rate of Acute Bed Days for 18+   | <b></b>  |           |
| Readmissions to Acute Hospitals with 28 days of discharge  |  |           |
| Rate of Delayed Discharges aged 18+  |  |           |
| Delayed Discharges of more than 2 weeks  |  |           |
| Rate of Mental Health Bed Days aged 18+  | 0  |           |
| Adults with Intensive Care Needs Receiving Care at Home  | <b></b>  |           |
| Proportion of people who are able to spend the last 6 months of life at home or in a community setting |  |           |
| % of adults supported to live as independently as possible   |  | +         |
| WE BUILD COMMUNITIES WHERE PEOPLE ARE SAFE   |  | •         |
| % of adults supported at home who agree they feel safe   |  | +         |
| WE ARE AN AMBITIOUS AND EFFECTIVE PARTNERSHIP  |  | •         |
| Joint Inspection Report Gradings (Care Inspectorate)   |  |           |
| No. of staff who has undertaken Quality Improvement Modules  |  |           |
| Proportion of care services graded "good" (4) or better in Care Inspectorate Inspections               |  |           |
| % of staff with completed Annual PDR's   | Under Dev  | velopment |
| Absence Rates across Service Area  |  |           |
| WE ARE TRANSPARENT AND LISTEN TO YOU   |  |           |
| SDS Payments (Proportion funding allocated to DP or PMB).  |  | •         |
| No. of People in receipt of SDS options 1 and 2  |  |           |
| No. of Carers Assessments/Support Plans completed  | 0  | _         |
| Care opinion Results   | <ul> <li>Image: Construction of the second seco</li></ul> | NI/A      |
| i-Matter Results   |  | N/A       |
| % of adults who agree that they had a say in how their help, care or support was provided              |  |           |
| Increase in the number of services users with Future Care Plans  | Under Development  |           |
| Learning Disability Social Work Satisfaction Survey Results  | $\bigotimes$   | N/A       |
| WE MAKE A POSITIVE IMPACT BEYOND THE SERVICES WE DELIVER   |  |           |
| Increase in referrals from the HSCP to the Information and Advice hub for Income Generation            |  |           |

## Improvement and Innovation Progress



Transformation is key to shaping health and care services for the future, shifting the balance of care to more early intervention and prevention approaches and community-based services with less reliance on institutional based services.

A progress report was presented to the IJB on the 13th of December 2023, the IJB noted the outcomes of specific projects and closed off projects that were now embedded as part of business-as-usual activity. With performance against specific outcomes monitored at various levels within teams and service performance reports. Projects now complete are noted below: -

- Creation of Beattie Close, the adult core and cluster accommodation.
- Completion of new transition policy for young people moving to adult services.
- Assessment of adult out with authority placements.
- Occupational Therapy Assistants in Reablement Team to manage Unmet Assessed Need (RUNAT).
- Frailty Team Staying Ahead of the Curve.
- Microenterprise Pilot.
- Hospital at Home servicey.
- Cunningham Place independent flat for young people.
- Therapeutic Interventions within Children's Health and Care service.
- Improve access to specialist clinical assistance across AHP services.
- Improve access to information and opportunities for earlier assistance to improve health and wellbeing for individuals, families, and communities.
- Promote strength-based reablement and self-management approaches across whole system.
- Redesign models of service delivery for specialist and core rehabilitation services.
- Address the inequities relating to health weight including public health priorities undernutrition for clinical and non-clinical reasons.
- Train AHP's as non-medical prescribers.
- Improve skill mix including advanced practitioners, first contact practitioners, and a higher proportion of assistant practitioners and support workers in teams.

On the 14th of June 2023, the IJB approved a £4m Improvement and Innovation Fund created to allocate funds to specific services on a non-recurring basis with the aim to improve services to ensure future financial sustainability. Guidance and a request form to apply for funds was created and distributed to staff and added to the website. Templates include how the investment will meet the strategic priorities of the partnership and what Key Performance Indicators (KPI's) apply to enable measurement of improvement.

At the end of the financial year £3.167m had been approved on thirty-three projects. Projects are at early stages of implementation and a highlight report was presented to the IJB on the 12th of June 2024. The purpose of the highlight report is to provide high level information on the numbers of projects approved the amount committed from the fund and the projected expenditure in the year. Along with the current RAG Status of projects, R - At Risk, A - Some Concerns, G - Project on Track. The report provides any specific highlights over the period and looks activity to expect in the upcoming period. Issues and mitigations are also detailed in the report and assist in decision making and where appropriate action is required to be taken.



During 2023-24 £0.115m was spent from the fund with £1.775m projected to be spent in 2024-25 on the current approved projects. The table below is the RAG status extract form the Improvement and Innovation Fund Highlight report.

| Improvement and Innovation Projects |                    |                       |                             |                             |                                |
|-------------------------------------|--------------------|-----------------------|-----------------------------|-----------------------------|--------------------------------|
| Services                            | No. of<br>Projects | Investment<br>£'000's | RED -<br>PROJECT<br>AT RISK | AMBER -<br>SOME<br>CONCERNS | GREEN -<br>PROJECT ON<br>TRACK |
| Community Care and Health           | 20                 | 1,247                 | 0                           | 1                           | 19                             |
| ADP                                 | 1                  | 80                    | 0                           | 0                           | 1                              |
| Children's Health Care and Justice  | 3                  | 420                   | 0                           | 0                           | 3                              |
| Policy and Performance              | 4                  | 707                   | 0                           | 0                           | 4                              |
| Allied Health Professionals         | 5                  | 713                   | 0                           | 0                           | 5                              |
| Total Improvement and               |                    |                       |                             |                             |                                |
| Innovation Fund                     | 33                 | 3,167                 | 0                           | 1                           | 32                             |

## **Annual Accounts**

The Annual Accounts set out the financial statements of the IJB for the year ended 31st of 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.

## **Financial Performance**

This year's financial performance reflects the challenges in health and social care recruitment with underspends in both internal and purchased frontline health and care services.

This year's underspends are also attributed to the transformation and improvement projects focussing on early intervention approaches and providing right care in the right place.

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This year's financial reporting included regular updates on the financial impact and use of reserves to create additional capacity to meet demand, and steps taken



to mitigate against the staffing crisis impacting both health and social care services. During the year regular financial monitoring reports including progress on transformation and improvement activity, proposals to utilise reserves, virement of underspends, financial risks and any changes to the delegated budget were presented to the IJB.

Within community care and health there was significant underspends in relation to the ability to recruit to front line posts within Allied Health Professionals (AHP's), and both internal care at home and commissioned care at home services. The underspends in care at home were offset with overspends in care homes, direct payments, and costs of beds within both community hospitals.

South Ayrshire has a high dependency ratio meaning there is less of a working age population available to support the ageing population. This year the HSCP continued to work with University of West of Scotland in developing the workforce for the future, creating jobs to students to provide work experience whilst undertaking qualifications at the same time.

A national shortage of AHP's in all disciplines resulted in a higher level of vacancies than anticipated, this resulted in an underspend of £1.3m, a Pan Ayrshire recruitment campaign aimed at new graduates has been undertaken with posts being filled in the next financial year, as well as other initiatives increasing support worker roles and international recruitment.

Last year the HSCP worked to mitigate the staff shortage risk by creating new models of care delivery focussing on early intervention within the community. This includes the frailty team, RUNAT and Racecourse Road Intermediate Care Unit, with teams focussing on supporting people to reduce their level of care needs and maintaining their independence for longer, ultimately reducing the level of mainstream care required. These new models of care have now been implemented operationally following successful evaluation during the year.

There continues to be an underspend in looked after children's placements, an anticipated demand in need for foster and kinship carers has not materialised, and we have continued to provide support for children in our neighbouring authorities. This can be attributed to the Whole Family, Whole System approach including the Signs of Safety training and Functional Family Therapy.

The overall financial performance against budget for the financial year 2023-24 was an underspend of £7.292m, (£5.273m underspend in social care services and £2.019m in health services).

It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on that basis. Significant progress has been made during 2023-24 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2024-25.

Key successes for 2023-24 include:

- Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities.
- Improvement and Innovation Fund approval of £3.167m of projects and earmarking of a further £2m to the fund to continue investment in early intervention approaches.
- Continued progress with reducing the number of children placed in out with authority and family placements in 2023-24 has been achieved through transformation in Children Services.
- Investment in our internal care at home services increasing internal capacity to meet community care needs.



- Investment in new ways of working to provide care in the right place at the right time through Stroke Pilot and AHP Front Doors.
- Recurring investment in early intervention and prevention approaches including Frailty work and Racecourse Intermediate Care Unit.

Strong financial leadership will continue to be required to ensure that future spend is contained within the budget resources available, and the IJB moved into 2024-25 with an approved balanced budget.

| 2022–23<br>Budget | 2022–23<br>Actual | Variance<br>(Adv) /Fav | Service                                 | 2023–24<br>Budget | 2023–24<br>Actual | Variance<br>(Adv) /Fav |
|-------------------|-------------------|------------------------|---|-------------------|-------------------|------------------------|
| £000<br>79,807    | £000<br>76,624    | £000<br>3,183          | Community Care and Health               | £000<br>82,358    | £000<br>81,184    | £000<br>1,174          |
| 44,881            | 44,814            | 67                     | Primary Care                            | 46,083            | 46,082            | 1                      |
| 35,965            | 33,972            | 1,993                  | Mental Health Services                  | 38,363            | 36,558            | 1,805                  |
| 27,086            | 25,163            | 1,923                  | Children and Justice                    | 26,720            | 24,497            | 2,223                  |
| 3,317             | 3,456             | (139)                  | Hosted Services                         | 3,855             | 4,337             | (482)                  |
| 787               | 845               | (58)                   | Integrated Care Fund/Delayed Discharges | 781               | 675               | 106                    |
| 12,601            | 6,632             | 5,969                  | Support Services                        | 12,037            | 10,751            | 1,286                  |
| 2,476             | 2,182             | 294                    | Covid-19 Expenditure                    |                   |                   |                        |
| 206,920           | 193,688           | 13,232                 | TOTAL EXPENDITURE MANAGED BASIS         | 210,197           | 204,084           | 6,113                  |
| 30,626            | 30,626            | 0                      | Acute Hospitals                         | 28,372            | 28,372            | 0                      |
| 47,437            | 45,902            | 1,535                  | Lead Partnership Allocations            | 55,243            | 54,064            | 1,179                  |
| 802               | 802               | 0                      | Prior Years Additional Funding          | 0                 | 0                 | 0                      |
| 285,785           | 271,018           | 14,767                 | TOTAL EXPENDITURE IJB                   | 293,812           | 286,520           | 7,292                  |
| 0                 | 14,767            | (14,767)               | Allocate to Reserves                    | 0                 | 7,292             | (7,292)                |
| 285,785           | 285,785           | 0                      | TOTAL EXPENDITURE IJB                   | 293,812           | 293,812           | 0                      |
| (285,785)         | (285,785)         | 0                      | TOTAL INCOME                            | (293,812)         | (293,812)         | 0                      |
| 0                 | 0                 | 0                      | OUTTURN ON AN IJB BASIS                 | 0                 | 0                 | 0                      |

The table above summaries the financial performance for 2022-23 and 2023-24. This highlights the budgeted outturn on a managed basis and IJB as a total including the acute hospitals, set aside budget. Adjustments have been made for the net impact of the lead partnership allocations across North, South and East Ayrshire and the Earmarked balances to be carried forward into 2024-25.



The main variances during 2023-24 are noted below:

**Community Care and Health – underspend of £1.174m** mainly due to underspends within allied health professionals, this is due to national recruitment challenges. There were underspends within care at home due to workforce challenges within the sector and South Ayrshire's high dependency ratio, these underspends were offset with overspends in care homes and community hospitals.

**Mental Health Services – underspend of £1.805m** mainly due to underspends in funding allocations received for Alcohol and Drugs Partnership, and less than expected spend within Learning Disability and Mental Health community care packages.

**Children and Justice Services – underspend of £2.223m** mainly due to less than budgeted internal foster care placements and out with authority placements, adoption fees and orders were also underspent.

Hosted Services – overspend of £0.482m because of an increase in volume and costs to meet demand and supply issues of specific items of equipment.

**Support Services – underspend of £1.286m** included in this underspend is social services payroll turnover, due to recruitment challenges staff turnover is greater than expected.

**Lead Partnership – underspend of £1.179m** mainly due to funding for Primary Care services and Children and Adolescent Mental Health Services to be earmarked into 2024-25.

#### **Lead Partnership Services**

The final outturn is adjusted to reflect the impact of Lead Partnership Services. During 2023-24 agreement was reached with the other Ayrshire partnerships that in the absence of detailed service activity information and alternative risk sharing arrangements that the outturn for all Lead Partnership services, with the exception of Primary Care Improvement Fund and Action 15, would be shared across the 3 partnerships on an NRAC (NHS Resources Allocation Committee) basis most suitable for the services they lead on. For North, lead partner for Mental Health Services, allocation based on Mental Health NRAC, East lead partner for Primary Care services, allocation based on Prescribing NRAC and for South lead partner for community store, family nurse partnership and continence team allocation based on Community NRAC.

The allocation for Primary Care Improvement Fund (PCIF) and Action 15 was based on actual activity information. The outturn of the lead partnership services for each IJB, prior to recharging other partnerships is provided below, this includes funds to be earmarked for Action 15 and Primary Care Improvement Fund (PCIF).



| IJB   | £'000 | Lead Partnership<br>Year End Position |  |
|-------|-------|---------------------------------------|--|
| South | (482) | Overspend                             |  |
| North | 1,691 | Underspend                            |  |
| East  | 1,203 | Underspend                            |  |

The following table is a summary of the Lead Partnership/ hosted services recharges for 2023-24. The recharges out are NRAC allocations of budget and actuals charged to East Ayrshire and North Ayrshire for services lead by South Ayrshire. The variance represents their share of the £0.482m hosted services overspend. The recharges in are NRAC allocations of budget and actuals charged to South Ayrshire for services lead by East Ayrshire and North Ayrshire. The variance is represented in the Lead Partnership underspend.

| IJB  | Annual Budget<br>2023/24<br>£'000 | Actual<br>Expenditure<br>2023/24<br>£'000 | Variance<br>2022/23<br>£'000 |
|--|-----------------------------------|---|------------------------------|
| South Ayrshire Hosted - income<br>North Ayrshire     | (1,425)                           | (1,602)                                   | 177                          |
| South Ayrshire Hosted - income<br>East Ayrshire      | (1,229)                           | (1,383)                                   | 154                          |
| Recharges out  | (2,654)                           | (2,985)                                   | 331                          |
| East Ayrshire Lead - Contribution South Ayrshire     | 38,861                            | 38,490                                    | 371                          |
| North Ayrshire Lead - Contribution<br>South Ayrshire | 19,037                            | 18,561                                    | 476                          |
| Recharges in   | 57,898                            | 57,051                                    | 847                          |
| Lead Partnership/hosted services                     | 55,244                            | 54,066                                    | 1,178                        |

## Set Aside

The Integration Scheme establishes that pressures in respect of large hospital set aside budgets will be managed in-year by NHS Ayrshire and Arran. The set aside allocation for this financial year is based on baseline of activity of average bed days in the four years 2016-17 to 2019-20 (pre-



pandemic activity). The baseline bed days are costed based on actual 2022-23 actual costs. The table below highlights South Ayrshire's use of resources in Set Aside 2023-24 allocation was above the NRAC Budget "fair share" by £0.328m.

| IJB            | Set Aside<br>2023-24<br>£m | NRAC<br>% | NRAC Budget<br>Share<br>2023-24<br>£m | Over / (Under)<br>NRAC Fair<br>Share<br>£m |
|----------------|----------------------------|-----------|---------------------------------------|--|
| East Ayrshire  | 26.216                     | 31.9%     | 28.581                                | (2.365)                                    |
| North Ayrshire | 35.008                     | 36.8%     | 32.971                                | 2.037                                      |
| South Ayrshire | 28.372                     | 31.3%     | 28.043                                | 0.328                                      |
| Total          | 89.596                     | 100%      | 89.596                                | 0.000                                      |

## Financial Outlook, risks and plans for the future

The financial outlook remains uncertain due to the following financial and operational risks and pressures:

- Scottish Government settlement is on an annual basis;
- High levels of non-recurring funding for specific priorities;
- Pay pressures including NHS Pay Reform;
- Contract inflation pressures (National Care Home Contract, children's contract's, commissioned services including adult social care pay uplift);
- Workforce capacity issues impacting on delivery increased demand and complexity of care; and
- Financial consequences associated with implementation of National Care Service.

The Scottish Government published their programme for <u>Government - Equality</u>, <u>Opportunity</u>, <u>Community</u> in September 2023. This set three missions for the government to deliver:

- Equality Tackling poverty and protecting people from harm.
- Opportunity Building a fair, green and growing economy.
- Community Delivering efficient and effective public services.

The programme recognised the challenges in recruitment and retention in the social care sector, with greater investment in the social care sector as a priority particularly in the hourly pay rate with a commitment to increase hourly pay to a minimum of £12 for adult social care workers and workers in early learning and childcare within the private, third and independent sector.

The creation of an Improvement and Innovation fund approved by the IJB on the 14<sup>th</sup> of June 2023, is being used to investment in specific areas of need to alleviate financial pressures in future years, focussing on early intervention and prevention and tackling the recruitment challenges.

It is imperative that to manage the risks effective planning and managing of resources is prioritised. The uncommitted reserves balances this year will provide a cushion for any financial uncertainties that arise during 2024-25 and onwards.



The IJB does not have direct responsibility for assets including buildings and vehicles. South Ayrshire Council's net zero policy is aligned to the Scottish Government, aiming to achieve a 75% decrease in emissions by 2030. In the development of the new supported accommodation and enhancement of Cunninghame Place Children's house sustainable energy was used. This will feature in future planning of buildings and in the procurement of greener vehicles for use in the health and social care partnership.

Following on from engagement with communities during this year our new locality-based teams will use the valuable insight of local needs, to identify where investment can be made to meet pressures. This will involve commissioning different types of service in relation to local needs.

Workforce retention and recruitment is a significant risk at present, resulting in underspends where we have been unable to recruit. This year we hope to see the benefits in our engagement with the local colleges and outcomes of the new courses developed to support students to gain employment within the health and social care.

We plan to continue to build on our partnerships with Community Planning, VASA, Pan-Ayrshire HSCP's, Ayrshire College as well as Housing and Education to shape health and social care services specific to local needs.

Caring for Ayrshire a programme of transformation lead by NHS Ayrshire and Arran and the three Ayrshire IJB's to meet the vision of providing care as close to home as possible provides opportunities in development of new ways of working learning from the pandemic and delivering services that meet the needs in the localities within South Ayrshire.

The Ayrshire Growth Deal and benefits in Community Wealth Building are critical to supporting the local economy in the recovery and renewal phase of the pandemic. The focus on community strength and resilience can deliver improved outcomes in our localities.

The tables below summaries the risk and effect of the risks along with how we plan to mitigate these risks.



| RISK                | Non-Recurring Funding   | Demographic Pressures   |
|---------------------|---|---|
| POTENTIAL<br>EFFECT | - Failure to plan medium<br>to long term  | - Demand exceeds resources available  |
| MITIGATION          | <ul> <li>Improvement and<br/>Innovation Fund</li> <li>Medium Term Financial<br/>Forecast</li> <li>Performance data</li> <li>Participation in SG,<br/>COSLA, CFO groups</li> </ul> | <ul> <li>Teams Around the<br/>Locality</li> <li>Demand Management</li> <li>Locality Planning</li> <li>Early Intervention and<br/>Prevention</li> </ul>  |
| RISK                | Workforce Retention and<br>Recruitment  | Rising Inflation and Cost of<br>Living Crisis   |
| POTENTIAL<br>EFFECT | -Failure to deliver services<br>and meet demand   | Reduction in purchasing of services, leading to unmet need  |
| MITIGATION          | <ul> <li>Workforce Plan</li> <li>Staff Wellbeing</li> <li>Focussed Recruitment</li> <li>Training incentives</li> <li>Community Wealth<br/>Building</li> </ul>                     | <ul> <li>Engagement with<br/>independent providers</li> <li>Build Community Capacity<br/>and Wellbeing         <ul> <li>support for carers</li> <li>Increase staff knowledge<br/>on available support for<br/>people</li> </ul> </li> </ul> |



## 2024-25 Budget

The approved budget included funding increases delegated from the local authority partner based on specific commitments set out in the Scottish Government finance settlement. The outcome of the settlement is shown below, with pressures to be funded in adult social care wage uplifts to commissioned services and free personal care. The Scottish Government allocations announced in the budget for NHS were to provide recurring funding for 2023-24 pay pressures no uplifts have been provided for 2024-25. Scottish Government have committed to passing on funding for NHS Pay Award based on the finalised pay deal for 2024-25.

|  | SAC     | NHS A & A | Total   |
|--|---------|-----------|---------|
|  | £m      | £m        | £m      |
| Funding Increase Delegated from Partners | (6.665) | 0.000     | (6.665) |
| Pressures to be Funded                   | 8.734   | 2.002     | 10.736  |
| Use of Reserves                          |         | (1.500)   | (1.500) |
| Savings to be achieved                   | (2.330) | (0.241)   | (2.571) |
| Budget Transfer                          | (0.261) | 0.261     | 0.000   |

The budget balanced this year with use of reserves allocated to support the continuation of the additional beds at Biggart Hospital and use of interim care beds, this is to provide capacity this year to support delayed transfers of care. Savings of £2.571m were also approved to achieve a balanced budget, these will be monitored throughout the year as part of the budget monitoring process.

As noted in the table above there is a budget transfer required of £0.261m from the Council side to the NHS budget to meet the cost of the services the IJB will commission from the NHS.

Included in the budget was an updated forecast of the budget gap to 2027-28, as noted in the table below. This is based on updated assumptions that future funding allocations will be for specific commitments, and any increase in demand and demographic pressures will require to be funded from savings.

| BUDGET GAP |                         |          |       |        |  |  |
|------------|-------------------------|----------|-------|--------|--|--|
| Actual     |                         | Forecast |       |        |  |  |
| 2024-25    | 2025-26 2026-27 2027-28 |          |       | TOTAL  |  |  |
| £m         | £m                      | £m       |       |        |  |  |
| 4.071      | 6.357                   | 4.984    | 4.556 | 19.968 |  |  |

**Climate Change** 



The IJB has no direct responsibility for buildings or vehicles, these remain under the remit of the partner bodies', NHS Ayrshire and Arran and South Ayrshire Council. In line with the Climate Change (Scotland) Act 2009, partners complete an Annual Climate Change report and submit to the Sustainable Scotland Network (SSN) online portal. The report covers a variety of information on climate change activity, governance arrangements and emissions data for buildings and vehicles managed and maintained by each partner body.

The IJB as a public body also has a duty to submit an Annual Climate Change report, the latest 2022-23 report was submitted in November 2023. This report refers to each partner bodies' responsibilities and decisions with respect to the climate change agenda.

Although the IJB do not have direct responsibility for buildings or vehicles, consideration is given to climate change implications when redesigning and developing services.

#### Conclusion

The IJB has successfully overseen the delivery of all core services whilst managing workforce shortage challenges. The implementation of new services continues to shift the balance of care to the community. Whilst workforce challenges remain our main risk area, all efforts are being taken to address and mitigating actions taken.

The financial position this year, whilst reflecting underspends due to lack of capacity in some areas, continued improvement and transformation in services focussing on early intervention and prevention and delivering models of care within the community has also resulted in underspends.

Moving into 2024-25, financial planning and continued effort in improving services through redesign and early intervention and prevention will ensure the IJB remains financially sustainable over the medium to long term.

The Medium-Term Financial Forecast for 2024-2028 outlines current improvement projects aligned to the Strategic Plan. The Improvement and Innovation Fund will be used over this time period to invest in areas to continue to drive forward improvements and meet the needs of local communities.

#### 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 https://www.south-ayrshire.gov.uk/health-social-care-partnership

Linda Semple Chair of the IJB 11th September 2024 Tim Eltringham Chief Officer 11th September 2024 Lisa Duncan Chief Finance Officer 11th September 2024



## **Statement of Responsibilities**

#### **Responsibilities of the Integration Joint Board**

The Integration Joint Board 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 of (section 95 of the Local Government (Scotland) Act 1973). In this IJB, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective user of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far, as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved at a meeting of South Ayrshire Integration Joint Board on 11th September 2024.

Signed on behalf of the South Ayrshire Integration Joint Board.

Linda Semple Chair of the IJB 11th September 2024



## **Statement of Responsibilities**

#### **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 Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies that were reasonable and prudent;
- Made judgements and estimates that were reasonable and prudent;
- Complied with legislation; and
- Complied with the local authority code (in so far it is compatible with legislation).

The Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the South Ayrshire Integration Joint Board as at 31st March 2024 and the transactions for the period covering 1st April 2023 to 31st March 2024.

Lisa Duncan Chief Finance Officer 11th September 2024



### **Annual Governance Statement**

#### Introduction

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control. This is in line with the Code of Corporate Governance and meets the requirements of 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 IJB has adopted governance arrangements consistent with the requirements of the Delivering Good Governance in Local Government Framework 2016 CIPFA and Solace (the Framework).

#### Scope of Responsibility

South 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 also placed on NHS Ayrshire and Arran Health Board and South Ayrshire systems of internal control that support compliance with both organisations' policies and practices as well those of the IJB. Such systems 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 South 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.



The Board of the IJB comprises voting members, nominated by either South Ayrshire Council or NHS Ayrshire and Arran Health Board, as well as a non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework in place during 2023-24 are summarised below:

- **The IJB,** comprising all IJB Board members, is the key decision-making body. The IJB have met in person this year, with members of the public invited via social media with contact information provided and then a link to the online meeting sent to enable attendance. The IJB has two sub-committees The Performance and Audit Committee (PAC) and the Strategic Planning Group (SPAG).
- The Performance and Audit Committee (PAC) considered all matters in relation to Internal and External Audit, Risk Management and Performance and operates in accordance with "Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA 2<sup>nd</sup> edition 2018). The Chairperson for the PAC is nominated and agreed by the IJB and will be one of the IJB voting members form the alternative host organisation to that of the Current Chair of the IJB.
- The Strategic Planning and Advisory Group (SPAG) has a role in linking locality planning groups to the strategic planning cycle of the IJB. The group advise on content of Strategic Plan and review and comment on the development of policies across the full range of delegated functions. In line with the Terms of Reference of SPAG the Chairperson will be the Vice Chairperson of the IJB.
- Since May 2022, the IJB Chairperson has been Linda Semple (NHS Voting Member) and Councillor Lee Lyons (SAC Voting Member) has been Vice Chair. Therefore, in line with the Terms of Reference for SPAG, Councillor Lyons was the Chairperson as a Council member. Councillor Hugh Hunter held Chairperson of PAC.
- At its meeting in October 2023 South Ayrshire Council agreed to nominate Councillor Hugh Hunter as Vice Chair of the IJB, replacing Councillor Lyons in this role. Consequently, Councillor Hunter moved to be Chairperson of SPAG leaving the Chairperson of PAC.
- At the IJB meeting on the 15<sup>th</sup> of November 2023, Councillor Hunter, and Councillor Lyons both nominated Councillor Ramsay to take up the position of Chairperson of the Performance and Audit Committee. This nomination was approved, and Councillor Ramsay chaired the next PAC meeting on the 5<sup>th</sup> of December 2023.
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of delegation to officers and financial regulations.
- The IJB Financial Regulations were updated in 2023-24 and added to the HSCP website and sent out to all budget holders who returned a signed confirmation of understanding that they will adhere to the financial and procurement regulations and policies of both the NHS Ayrshire and Arran and South Ayrshire Council.
- The Integration Scheme established between South Ayrshire Council and NHS Ayrshire and Arran Health Board to integrate Health and Social Care services is the constitutional basis of



the South Ayrshire IJB. The scheme sets out the process to determine financial contributions by partners to the IJB. This has been supplemented by directives from the Scottish Government for Health and Social Care Integration.

- During 2023-24 work a Programme Board was set up to provide strategic direction and ensure a consistent Pan-Ayrshire approach was taken to the review and refresh of the Schemes of Integration which are currently in place between the 3 Ayrshire Councils and NHS Ayrshire and Arran. Membership of the programme board consisted of the Chief Executives, IJB Chief Officers (in an advisory capacity) and the Health Board's Director of Transformation and Sustainability as well as the Chairs of each of the sub-groups.
- Five sub-groups were set up relating to specific workstreams scope of services delegated, resources, governance and legal, care governance and communication and engagement.
- Output from the sub-groups and any subsequent change to the Integrations Schemes will be considered by the NHS Board and South Ayrshire Council during 2024-25.
- Locality Planning Partnerships have been established in six localities within South Ayrshire, and allow for more direct, locality-focused liaison with the community in relation to the planning of health and care services and feed into the work of the Strategic Planning Advisory Group. The Partnerships aim towards changing balance of care by growing capacity in local communities and developing local assets to help deliver the National Outcomes for Health and Social Care.
- The Health and Care Governance Group chaired by the Director of Health and Social Care, continued to meet online during the year. The group is supported by a Social Work Governance Group and NHS sub-structures.
- The Social Work Governance Group (SWGB) chaired by the Chief Social Work Officer and was established this year contributing to the overall Health and Care Governance Framework which shows the way in which accountability for the quality of health and social care services is monitored and assured and how professional accountability is organised in South Ayrshire. The SWGB comprises Social Work Professional Leads and supports the discharge of the function of the Chief Social Work Officer by fulfilling a governance function for all social work and social care services.
- The South Ayrshire Chief Officers Group (COG) offers the primary governance for public protection matters in South Ayrshire. The group consists of the Chief Executives of SAC and NHS Ayrshire & Arran as well as the Divisional Commander from Police Scotland. The COG is supported by a range of officers including the Chief Officer, Chief Social Work Officer and the Nurse Director as well as independent chairs from APC and CPC. The COG meet monthly during the peak of the pandemic. The COG meets four times annually.
- South Ayrshire Health and Social Care Directorate Management Team (DMT) meets on a regular basis and has continued as three times a week to discuss operational and strategic matters.
- The IJB has adopted a "Code of Conduct for Members of Devolved Public Bodies" for all its board members and a register of members' interests has been established. There have been



regular briefing sessions this year keeping members up to date and informed of specific pieces of work. This year this included presentations on the Team Around the Locality, Getting it Right For Everyone, governance reporting, system pressures and improvement and redesign work, winter preparedness, public protection, microenterprises, and the Alcohol and Drug Partnership learning review.

#### The System of Internal Control

The governance framework described operates on the foundation of internal controls. The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is supported by NHS Ayrshire & Arran and South Ayrshire Council in relation to the operational delivery of health and social care services. In particular, these systems include:

- Financial regulations and codes of financial practice;
- Comprehensive budgeting systems;
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts;
- Setting targets to measure financial and other performance;
- Formal project management disciplines; and
- 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 (CIPFA 2016) and the CIPFA Code of Practice on Managing the Risk of Fraud and Corruption.

#### **Review of Adequacy and effectiveness**

The Chief Internal Auditor of the IJB is also the Chief Internal Auditor of South Ayrshire Council and 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.

Internal Audit operates in accordance with the Public Sector Internal Auditor Standards (PSIAS) requirements and is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

PSIAS requires that a Quality Assurance and Improvement Programme (QAIP) is developed and maintained to provide assurance that internal activity is conducted in accordance with an Internal Audit Charter, that it operates in an efficient and effective manner and that it is perceived to be adding value and improving operations. Internal Audit operates within the Internal Audit Charter, approved by South Ayrshire Council's Audit and Governance Panel on the 22nd March 2023.



The QAIP covers all aspects of Audit Services, including periodic internal self-assessments and fiveyearly External Quality Assessments (EQA). Since the PSIAS came into effect in April 2013, annual self-assessments have been performed by the Chief Internal Auditor, and one EQA (2018), has been completed and reported to the Council's Audit and Governance Panel. The service was externally assessed as 'generally conforms' with PSIAS in 2018 and an action plan prepared. The actions were full implemented and self- assessments since then confirm the service 'fully conforms'. A second EQA is currently ongoing and the results of this assessment will be included in the next IJB annual report together with the results of the most recent self-assessment

It is the responsibility of the Chief Internal Auditor to provide an annual internal audit opinion on the overall adequacy and effectiveness of the framework of governance, risk management and control. The Chief Internal Auditor presented her opinion to the Performance and Audit Committee on the 28<sup>th</sup> May 2024.

The IJB uses the systems of the Council and NHS Ayrshire & Arran to manage its financial records. The main objectives of the IJB's framework of internal control systems are:

- to ensure adherence to management policies and directives in order to achieve the organisation's objectives;
- to safeguard assets;
- to ensure the relevance, reliability and integrity of information, so ensuring as far as possible the completeness and accuracy of records; and
- to ensure compliance with statutory requirements.

Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the partners of the IJB are continually seeking to improve the effectiveness of its governance arrangements and systems of risk management and internal control.

The Chief Auditor's Opinion on the overall adequacy and effectiveness of South Ayrshire Integration Joint Boards framework of governance, risk management and control was informed from the following sources:

- The audit work undertaken by South Ayrshire Council's Internal Audit and Corporate Fraud team in previous years, during the year to 31st March 2024 and in the period after the yearend to date;
- The NHS Ayrshire & Arran Health Board's assurance taken from audit work undertaken to date by the appointed internal auditors, Azets during the year to 2023-24. Azets internal audit methodology is aligned to PSIAS;
- Work undertaken by the partners' external auditors; and
- Chief Internal Auditor's knowledge of the Board's activities for the year 2023-24.

Based on the above, reasonable assurance can be placed on the adequacy and effectiveness of the IJB's framework of governance, risk management and control arrangements for the year ending 31st March 2024.



The internal audit function activity during the year was undertaken in accordance with the approved annual internal audit plan. The plan included a follow up review of Performance Monitoring and a review of Workforce Planning

The objective of the follow up review was to obtain assurances that all actions from the 2022-23 IJB Performance Monitoring audit review had been implemented. Testing has concluded for this assignment and the draft report is currently being agreed with management, no significant issues were identified during audit testing. The internal control assessment can therefore be included in the overall annual audit opinion. A copy of the final report will be shared with IJB Members once agreed with management.

The objective of the Workforce Planning audit review was to obtain assurance that Health and Social Care Partnership workforce planning complies with Scottish Government and SAC guidance and is aligned to HSCP IJB 2021-31 Strategic Plan. The audit also sought to obtain assurance that implementation of the action plan within the HSCP Workforce Plan 2022-2025 is adequately monitored and reported.

The audit concluded that a sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited (substantial assurance).

## **Progress on Actions**

This year has resulted in steady progression to some of the actions identified in last year's annual accounts.

- Financial modelling of fair shares has been incorporated into the Integration Scheme review which has progressed this year with recommendations from the sub-groups complete, further work to be completed on commissioning plan for set aside resources.
- During the year focus remained on Delayed Transfer of Care performance with operational meetings daily and strategic meetings on a fortnightly basis.
- During the year a Business Intelligence Team Lead commenced employment, this will provide leadership and additional capacity in data interpretation and performance reporting.
- The IJB were kept up to date on actions being taken to mitigate DTOC, with regular updates in the Chief Officers report, IJB Briefings and reports to Performance and Audit Committee.
- The IJB self-evaluation exercise recognised the need to strengthen engagement with the IJB on specific priorities to assist in longer term decision making, during the year briefings were presented to IJB with the focus on critical areas and actions taken eg. Winter Preparedness, Team Around the Locality, Getting it Right for Everyone and Micro enterprises.

## **Further Actions**

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



- Progress further the Commissioning Plan for the set aside budget;
- Update and implement any approved recommendations from the Integration Scheme Review
- Ensure actions identified in the audit of internal controls are completed and training provided prior to 2024-25 assessment of internal controls;
- Continue to monitor actions to improve performance with particular attention to areas highlighted as concerning in the 2023-24 Performance Achievements section of this report;
- Undertake an assessment of the extent to which financial management arrangements comply with the requirements of the CIPFA Financial Management Code 2019; and

## **Conclusion and Opinion on Assurance**

Subject to the above actions, and based on 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 South 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 Integrated Joint Board on the 12th June 2024.

Tim Eltringham Chief Officer 11th September 2024 Linda Semple Chair of the IJB 11th September 2024

## **Remuneration Report**

Introduction



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

In May 2021 the IJB agreed to extend the council's term of office in holding the IJB Chair by one year. This was agreed by all members of the Board and allows for continuity of membership as well as bringing IJB membership in line with the 2022 local government elections. The extension is in keeping with the IJB's standing orders and in line with the legislation (which allows for either the Council or NHS to hold the position of chair for a maximum of three years).

The integration scheme Section 2.4.2. states "The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding three years and carried out on a rotational basis. The term of office of the first Chairperson and Vice Chairperson will be for the period to the local government elections in 2017, thereafter the term of office of the Chairperson and Vice Chairperson will be for a period of two years."

The most recent Chairperson was nominated by South Ayrshire Council and served a period of 3 years which is the maximum allowed. On the 15th of June 2022, the IJB nominated a Chairperson drawn from NHSAA nominees to the IJB and the View Chairperson was drawn from the SAC nominees to the IJB. Linda Semple was appointed the new IJB Chairperson and Lee Lyons the new IJB Vice Chairperson. It was agreed the term of office for the Chairperson and Vice Chairperson be 3 years.

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.





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

#### **Chief Officer**

The appointment of an Integration Joint Board Chief Officer is required by section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 which includes the statement "an Integration Joint Board is to appoint, as a member of staff, a chief officer". The Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

#### **Other Officers**

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below. Both the Chief Officer and the Chief Finance Officer are employed by South Ayrshire Council.

| Total remuneration<br>2022–23<br>£ | Name and post title                  | Salary, fees and<br>allowances *<br>£ | Taxable expenses<br>£ | Total remuneration<br>2023–24<br>£ |
|------------------------------------|--------------------------------------|---------------------------------------|-----------------------|------------------------------------|
| 121,232                            | Tim Eltringham<br>Chief Officer      | 133,376                               | 0                     | 133,376                            |
| 63,746                             | Lisa Duncan<br>Chief Finance Officer | 69,132                                | 0                     | 69,132                             |
| 184,978                            | Total                                | 202,509                               | 0                     | 202,509                            |

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

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



| Total                            | 36,851                     | 39,084                     | Lump Sum | 109,287             | 121,695             | 12,173                           |   |   |
|----------------------------------|----------------------------|----------------------------|----------|---------------------|---------------------|----------------------------------|---|---|
|                                  |                            |                            | Pension  | 72,377              | 84,551              | 12,173                           |   |   |
| Chief Finance Officer            |                            | 10,010                     |          |                     | Lump Sum            | 0                                | 0 | 0 |
| Lisa Duncan                      | 12,578                     | 13,343                     | Pension  | 4,049               | 5,871               | 1,822                            |   |   |
| Chief Officer                    |                            |                            | Lump Sum | 109,287             | 121,695             | 12,407                           |   |   |
| Tim Eltringham                   | 24,273                     | 25,742 —                   | Pension  | 68,328              | 78,680              | 10,352                           |   |   |
|                                  | Year to<br>31/03/2023<br>£ | Year to<br>31/03/2024<br>£ |          | As at<br>31/03/2023 | As at<br>31/03/2024 | Difference<br>from<br>31/03/2023 |   |   |
| In Year pension<br>contributions |                            |                            |          | pensio              |                     |                                  |   |   |

#### **Disclosure by pay bands**

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

| Number of<br>employees in band<br>2022–23 | Remuneration band   | Number of<br>employees in<br>2023–24 |
|---|---------------------|--------------------------------------|
| 0   | £130,000 - £134,999 | 1                                    |
| 1   | £120,000 - £124,999 | 0                                    |
| 0   | £65,000 - £69,999   | 1                                    |
| 1   | £60,000 - £64,999   | 0                                    |

## **Exit Packages**

There have been no exit packages in 2022-23 or 2023-24.

Tim Eltringham Chief Officer 11th September 2024 Linda Semple Chair of the IJB 11th September 2024



# **Financial Statements**

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

|                      | 2022-23      |                    |  |                      | 2023-24      |                    |
|----------------------|--------------|--------------------|--|----------------------|--------------|--------------------|
| Gross<br>Expenditure | Gross Income | Net<br>Expenditure | Service  | Gross<br>Expenditure | Gross Income | Net<br>Expenditure |
| £000                 | £000         | £000               |  | £000                 | £000         | £000               |
| 79,526               | -            | 79,526             | Community Care and Health                                | 84,723               | -            | 84,723             |
| 77,952               | -            | 77,952             | Primary Care   | 83,237               | -            | 83,237             |
| 51,522               | -            | 51,522             | Mental Health Services                                   | 54,528               | -            | 54,528             |
| 25,993               | -            | 25,993             | Children and Justice Services                            | 25,414               | -            | 25,414             |
| 845                  | -            | 845                | Integrated Care Fund/Delayed Discharges                  | 675                  | -            | 675                |
| 7,659                | -            | 7,659              | Support Services   | 10,718               | -            | 10,718             |
| 30,626               | -            | 30,626             | Acute Hospitals  | 28,372               | -            | 28,372             |
| 31                   | -            | 31                 | IJB Operational Costs                                    | 33                   | -            | 33                 |
| 274,154              | 0            | 274,154            | Cost of Services   | 287,700              | 0            | 287,700            |
| -                    | (95,348)     | (95,348)           | South Ayrshire Council Funding                           | -                    | (94,280)     | (94,280)           |
| -                    | (169,931)    | (169,931)          | NHS Ayrshire & Arran Funding                             | -                    | (191,059)    | (191,059)          |
| 0                    | (265,279)    | (265,279)          | Total Taxation And Non-Specific Grant Income<br>(note 5) | -                    | (285,339)    | (285,339)          |
| 274,154              | (265,279)    | 8,876              | (Surplus) or Deficit on Provision of Services            | 287,700              | (285,339)    | 2,361              |

The Financial Performance section of the Management Commentary highlights the outturn is  $\pounds 2.361$ m less than the budget delegated to the IJB. The Comprehensive Income and Expenditure Statement has taken account funding held in reserves allocated in 2023-24.

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

The **Movement in Reserves Statement** shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. Note 8 Useable Reserve – General Fund provides detail of specific movements in reserves during the year. The General Fund Balance at the end of last financial year, included £4m Improvement and Innovation Fund, this has now been moved to Earmarked Reserves as the fund is committed for the purposes of Improvement and Innovation.



| Movement in Reserves   | General Fund<br>Balance 2023–24 | Earmarked<br>Reserves<br>2023–24 | Total Reserves<br>2023–24 |
|--|---------------------------------|----------------------------------|---------------------------|
|  | £000                            | £000                             | £000                      |
| Opening balance as at 1 April 2023                                       | 7,297                           | 12,532                           | 19,829                    |
| Total Comprehensive Income and Expenditure                               | (3,060)                         | 699                              | (2,361)                   |
| Adjustments between accounting basis and funding basis under regulations | 0                               | 0                                | 0                         |
| Increase or (decrease) in year   | (3,060)                         | 699                              | (2,361)                   |
| Closing Balance as at 31 March 2024                                      | 4,237                           | 13,231                           | 17,468                    |

The closing balance in the General Fund on  $31^{st}$  March 2023 of £11.843m included £4m Improvement and Innovation Fund and £0.546m committed improvement projects, as these funds are committed, they have been moved in the opening balance to Earmarked Reserves. General Fund opening balance as at 1<sup>st</sup> April 2023 restated as £7.297m and Earmarked Reserves £12.532m from £7.986m.

| Movement in Reserves   | General Fund<br>Balance 2022–23 | Earmarked<br>Reserves<br>2022–23 | Total Reserves<br>2022–23 |
|--|---------------------------------|----------------------------------|---------------------------|
|  | £000                            | £000                             | £000                      |
| Opening balance as at 1 April 2022                                       | 7,024                           | 21,680                           | 28,704                    |
| Total Comprehensive Income and Expenditure                               | 4,819                           | (13,695)                         | (8,876)                   |
| Adjustments between accounting basis and funding basis under regulations | 0                               | 0                                | 0                         |
| Increase or (decrease) in year   | 4,819                           | (13,695)                         | (8,876)                   |
| Closing Balance as at 31 March 2023                                      | 11,843                          | 7,986                            | 19,829                    |

The **Balance Sheet** shows the value of the IJB's asset 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<br>£000 |                              | Notes | 31 March 2024<br>£000 |
|-----------------------|------------------------------|-------|-----------------------|
| 19,829                | Short Term Debtors           | 6     | 17,468                |
| 0                     | Short Term Creditors         | 7     | 0                     |
| 19,829                | Net Assets                   |       | 17,468                |
| 19,829                | Usable Reserve: General Fund | 8     | 17,468                |
| 19,829                | Total Reserves               |       | 17,468                |

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

The draft annual accounts were authorised for issue on the 12th of June 2024 and the audited annual accounts will be authorised for issue on the 11th September 2024.

Lisa Duncan Chief Finance Officer 11th September 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 year and its position at the year-end as at 31st March 2024.

The South 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 annual accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

#### Accruals of expenditure and income

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

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

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

## Funding

The IJB is primarily funded through contributions from the statutory funding partners, South Ayrshire Council and NHS Ayrshire & Arran. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in South 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 31st March is represented as a debtor or creditor on the IJB's Balance Sheet.

## **Employee benefits**

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

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement at 31st March is accrued, for example in relation to annual leave earned but not yet taken.

#### Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves. The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31st 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 & Arran and South Ayrshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

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

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

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

#### VAT Status

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

#### **NOTE 2 – Critical Judgements and Estimation Uncertainty**

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

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 Financial Statements in 2023-24 is based upon work undertaken by the Ayrshire Finance Leads group to establish the baseline resource for each Partnership and how this compares to the NRAC 'fair share' of resources. A model has been created to update Set Aside activity and values on a quarterly basis, to map activity data (bed days, admissions, discharges) against costs across the six specialties at the various Acute services locations. The Set Aside values included in the 2023-24 Annual Accounts are



based on baseline activity levels of average bed days in the four years 2016-17 to 2019-20 (pre-pandemic years) at actual costs 2023-24, the Set Aside figure included in the accounts does not reflect the true cost of actual activity for 2022-23.

• On behalf of all IJBs within the NHS Ayrshire and Arran area, the IJB acts as the lead partner for the Community Equipment Services, Continence Services and Family Nurse Partnership. 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.

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 11<sup>th</sup> September 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; and
- 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.



| 2022–23<br>£000's |  | 2023–24<br>£000's |
|-------------------|--|-------------------|
| 115,871           | Services commissioned from South Ayrshire Council            | 117,327           |
| 158,086           | Services commissioned from NHS Ayrshire & Arran              | 170,164           |
| 167               | Other IJB Operating Expenditure                              | 176               |
| 31                | Auditor Fee: External Audit Work                             | 33                |
| (265,279)         | Partners Funding Contributions and Non-Specific Grant Income | (285,339)         |
| 8,876             | (Surplus)/Deficit on the Provision of Services               | 2,361             |

## NOTE 5 – Taxation and Non-Specific Grant Income

| 2022–23   |  | 2023–24   |
|-----------|--|-----------|
| £000's    |  | £000's    |
| (95,348)  | Funding Contribution from South Ayrshire Council | (94,280)  |
| (169,931) | Funding Contribution from NHS Ayrshire & Arran   | (191,059) |
| (265,279) | Taxation and Non-specific Grant Income           | (285,339) |

The funding contributions from the partners shown above include 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.

The funding contribution from NHS Ayrshire & Arran shown above includes £28.372m (2022–23  $\pm$ 30.626m) 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<br>£000's |                        | 31 March 2024<br>£000's |
|-------------------------|------------------------|-------------------------|
| 16,057                  | South Ayrshire Council | 15,449                  |
| 3,772                   | NHS Ayrshire & Arran   | 2,019                   |
| 19,829                  | Total Debtors          | 17,468                  |

Amounts owed from 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<br>£000's |                        | 31 March 2024<br>£000's |
|-------------------------|------------------------|-------------------------|
| 0                       | South Ayrshire Council | 0                       |
| 0                       | NHS Ayrshire & Arran   | 0                       |
| 0                       | Total Creditors        | 0                       |

## **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 IJB held £13.231m in reserves as at 31st March 2024, earmarked for specific planned expenditure as detailed, this includes the Improvement and Innovation Fund of £5.811m committed to be used over three-year period to invest in specific projects aimed to support future financial



| sustainability. At the end of the year there was balance of £4.237m remaining unallocated in the |  |
|--|--|
| General Fund.  |  |

| 2022-23                        |                             |                         |                             | 2023-24                                      |                             |                         |                             |
|--------------------------------|-----------------------------|-------------------------|-----------------------------|--|-----------------------------|-------------------------|-----------------------------|
| Balance at<br>31 March<br>2022 | Transfers<br>Out<br>2022-23 | Transfers In<br>2022-23 | Balance at 31<br>March 2023 |  | Transfers<br>Out<br>2023-24 | Transfers In<br>2023-24 | Balance at 31 March<br>2024 |
| £000's                         | £000's                      | £000's                  | £000's                      |  | £000's                      | £000's                  | £000's                      |
|                                |                             |                         |                             | Earmarked Funds                              |                             |                         |                             |
| 502                            | (502)                       | 423                     | 423                         | ADP  | (423)                       | 193                     | 193                         |
| 1,543                          | (1,543)                     | 0                       | 0                           | PCIF   | 0                           | 203                     | 203                         |
| 477                            | (477)                       | 370                     | 370                         | Primary Care Other                           | (370)                       | 231                     | 231                         |
| 182                            | (182)                       | 0                       | 0                           | Action 15                                    | 0                           | 110                     | 110                         |
| 1,735                          | (1,735)                     | 809                     | 809                         | Mental Health Recovery and<br>Renewal        | (809)                       | 461                     | 461                         |
| 11,713                         | (11,713)                    | 291                     | 291                         | Covid 19                                     | (291)                       | 0                       | 0                           |
| 410                            | (410)                       | 371                     | 371                         | Community Living Fund                        | (371)                       | 132                     | 132                         |
| 5,118                          | (5,118)                     | 5,722                   | 5,722                       | Approved Earmarked                           | (6,897)                     | 7,265                   | 6,090                       |
| 1,518                          | (1,518)                     | 4,546                   | 4,546                       | Improvement and Innovation<br>Fund Committed | (1,039)                     | 2,304                   | 5,811                       |
| 23,198                         | (23,198)                    | 12,532                  | 12,532                      | Total Earmarked                              | (10,200)                    | 10,899                  | 13,231                      |
| 5,506                          | (444)                       | 2,235                   | 7,297                       | Unallocated General Fund                     | (5,180)                     | 2,120                   | 4,237                       |
| 5,506                          | (444)                       | 2,235                   | 7,297                       | Total General Fund Reserves                  | (5,180)                     | 2,120                   | 4,237                       |
| 28,704                         | (23,642)                    | 14,767                  | 19,829                      | Total Reserves                               | (15,380)                    | 13,019                  | 17,468                      |

## **NOTE 9 – Agency Income and Expenditure**

On behalf of all IJBs within the NHS Ayrshire & Arran area, the IJB acts as the lead manager for Community Equipment Services, Continence Services, Family Nurse Partnership and Technology Enabled Care 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 arrangements is shown below.



| 2022-23 |   | 2023-24 |
|---------|---|---------|
| £000's  |   | £000's  |
| 3,317   | Expenditure on Agency Service - Lead Partnership                                  | 3,855   |
| 5       | Expenditure on PPE received from National Services<br>Scotland                    | 0       |
| 257     | Expenditure on Testing Kits received from National Services Scotland              | 0       |
| (3,317) | Reimbursement for Agency Services - Lead Partnership                              | (3,855) |
| (5)     | Reimbursement on PPE received from National Services<br>Scotland                  | 0       |
| (257)   | Reimbursement on Testing Kits received from Scottish Government and Uk Government | 0       |
| 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 South 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.

There are key management personnel employed by NHS Ayrshire & Arran and South Ayrshire Council; these costs are included in the expenditure on services provided. The non-voting Board members employed by the Council and Health Board include the Chief Officer, Chief Finance Officer, Chief Social Work Officer, representatives of primary care, nursing and non-primary care services; and a staff representative. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by NHS Ayrshire & Arran and South 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.



| (11,746)  | Net Transactions with NHS Board                       | (20,790)          |
|-----------|---|-------------------|
| 84        | Key Management Personnel: Non-Voting Board<br>Members | 88                |
| 15        | Auditor Fee: External Work                            | 17                |
| 158,086   | Expenditure on Services Provided by NHS Board         | 170,164           |
| (169,931) | Funding Contributions received from NHS Board         | (191,059)         |
| 2022-23   | Transactions with NHS Ayrshire & Arran                | 2023-24<br>£000's |

| 31-Mar-23 | Balances with NHS Ayrshire & Arran          | 31-Mar-24 |
|-----------|---|-----------|
| £000's    |   | £000's    |
| 3,772     | Debtor Balances: Amounts due from NHS Board | 2,019     |
| 0         | Creditor Balances: Amounts due to NHS Board | 0         |
| 3,772     | Net Balances with NHS Board                 | 2,019     |

| 2022-23<br>£000's | Transactions with South Ayrshire Council                   | 2023-24<br>£000's |
|-------------------|--|-------------------|
| (95,348)          | Funding Contributions received from South Ayrshire Council | (94,280)          |
| 115,871           | Expenditure on Services Provided by South Ayrshire Council | 117,327           |
| 15                | Auditor Fee: External Work                                 | 16                |
| 84                | Key Management Personnel: Non-Voting Board<br>Members      | 88                |
| 20,622            | Net Transactions with South Ayrshire Council               | 23,151            |



| 31-Mar-23<br>£000's | Balances with South Ayrshire Council                        | 31-Mar-24<br>£000's |
|---------------------|---|---------------------|
| 16,057              | Debtor Balances: Amounts due from South Ayrshire<br>Council | 15,449              |
| 0                   | Creditor Balances: Amounts due to South Ayrshire<br>Council | 0                   |
| 16,057              | Net Balances with South Ayrshire Council                    | 15,449              |

## NOTE 11 – VAT

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

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

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

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

## **NOTE 12 – Accounting Standards Issued Not Yet Adopted**

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that has been issued but not yet adopted.

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:

- Amendments to IAS 8 Accounting Policies, Changes in Accounting Estimates and Errors
- Amendments to IAS 1 Presentation of Financial Statements
- Amendments to IAS 12 Income Taxes
- Amendments to IFRS 3 Business Combinations

The IJB does not expect that the adoption of the Standards listed above will have a material impact on the financial statements in future periods. In relation to IFRS16: Leases has been deferred to be effective from 1st April 2024. These arrangements are held in either NHS Ayrshire and Arran or South Ayrshire Council and will be included in their financial statements in future periods.





# **Glossary of Terms**

Although the terminology used in the Annual Accounts is intended to be self-explanatory, it may be helpful to readers 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.

## IAS

International Accounting Standards

## **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.

#### **PSIAS**

Public Sector Internal Audit Standards.

#### **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.

## SOLACE

Society of Local Authority Chief Executives.

## The Code

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



This information can be made available, on request, in braille, large print or audio formats and can be translated into a range of languages. Contact details are provided below.

درخواست کرنے پر بیہ معلومات نامیناافراد کے لئے اُبھرے حروف ،بڑے حروف یا آڈیومیں مہیا کی جاسکتی ہے اور اسکامختلف زبانوں میں ترجمہ بھی کیا جاسکتا ہے۔ رابطہ کی تفصیلات ینچے فراہم کی گئ ہیں۔

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Niniejsze informacje mogą zostać udostępnione na życzenie, w alfabecie Braille'a, w druku powiększonym lub w formacie audio oraz mogą zostać przetłumaczone na wiele języków obcych. Dane kontaktowe znajdują się poniżej.

Faodar am fiosrachadh seo fhaighinn, le iarrtas, ann am braille, clò mòr no clàr fuaim agus tha e comasach eadar-theangachadh gu grunn chànanan. Tha fiosrachadh gu h-ìosal mu bhith a' cur fios a-steach.

# South Ayrshire Health and Social Care Partnership

Tel: 01292 612419 Email: <u>sahscp@south-ayrshire.gov.uk</u>