



south ayrshire
health & social care
partnership

Integration Joint Board Annual Report and Accounts 2021-22



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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 31 March 2022. The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2021-22 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 will face as we continue to recover and remobilise our services in response to the Covid pandemic. We will engage further with communities and families to build resilience 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 2021-2031, 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.

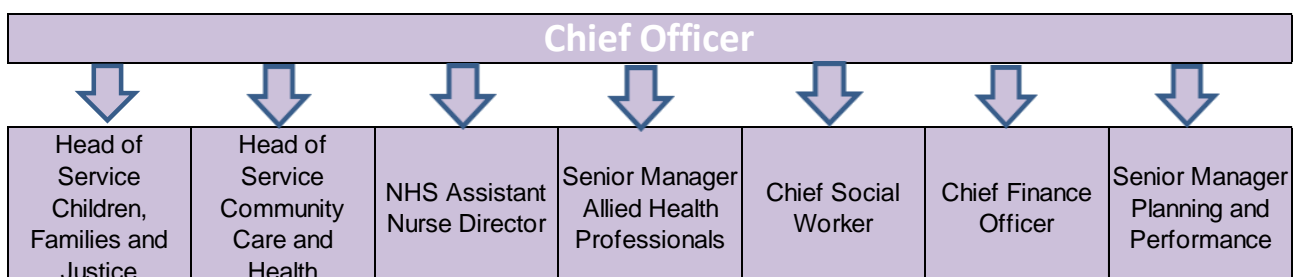
Our Partnership vision is:

“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 will look 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 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.

During the year the both the Chief Social Work Officer and the Senior Manager Planning and Performance left the HSCP, these roles have now been replaced with staff formally appointed to both roles in June 22.



Strategic Plan 2021-2031

The strategic planning period sets out strategic objectives with a ten-year outlook and is accompanied by an 18-month Bridging Operational Plan to the end of 2022. This is 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. The operational plans will be revisited on an iterative basis in response to the changing landscape.

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 tackling 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's focus this year has been the continued response and recovering from the pandemic. Operational plans were developed in line with the strategic objectives learning from the last two years. Responding to the Covid pandemic has had significant cost implications, from the outset of the pandemic we had a clear plan of action to ensure we were responding to the specific needs in our community. The Scottish Government created a local mobilisation plan (LMP) template to capture the costs in responding to the pandemic and additional costs associated with new national guidance and policies implemented during the year. The return was updated and submitted regularly during the year as the pandemic progressed.

The challenges this year in responding to the pandemic have accelerated service transformation and how services are delivered. The new Strategic Plan reflects the learnings from this year and looks to further embed use of technology for service users and patient access, review possibilities in embedding remote working and less dependence on buildings, continue to improve on deployment

of digital technology and information sharing. The pandemic has highlighted the importance in community planning and working with the voluntary sector on shared priorities.

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.

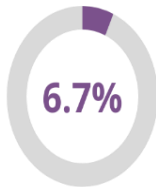
South Ayrshire is split into six localities:

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

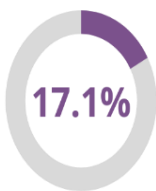
The purpose of planning by locality is to ensure services are delivered in local communities according to their specific need. Locality Planning Partnerships are established in each locality with their own priorities for the local area. To support the assessment of need and decision making on local services,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



INEQUALITIES



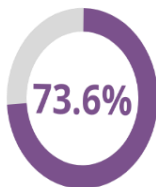
In March 2020, **6.7%** of the over 16 population in Ayr North were unemployed compared to only **1.7%** in Prestwick.



17.1% (19,257 people) of South Ayrshire's population live in the **20%** most overall deprived datazones.



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



The average life expectancy for males in Ayr North is **73.6 years** compared to **80 years** for males who live in Troon.



17% of South Ayrshire's mothers exclusively breastfeed compared to **31%** in Scotland as a whole. The figure in Troon locality was **27%** compared to **12%** in Ayr North.

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

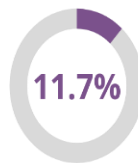
Older people are valued members of our community and contribute so much to the care of our children and families. South Ayrshire has a significantly higher proportion of older people than East and North Ayrshire.

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.

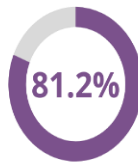
The HSCP needs to consider the population to ensure health and care services are equipped and able to support our ageing citizens to achieve their personal outcomes as well as supporting our unpaid carers.



The dependency ratio in South Ayrshire (the ratio of people aged 0-15 and 65+ compared to those aged 16-65) was **70%** in 2019, which is higher than both East and North Ayrshire (61% and 65%).



In 2019, **11.7%** (13,179) of South Ayrshire's population were aged 75 and over. This is a higher proportion than both East and North Ayrshire (8.8% and 9.9% respectively)



Life expectancy is expected to increase from **80.4** years in 2018 to **81.2** years in 2030.



At the Scotland Census 2011, **11,709** people in South Ayrshire identified themselves as a carer. This number includes both adult and young carers.



In the 2016 South Ayrshire 1000 Quality of Life Survey, **28%** of respondents said that they provided unpaid care in the last 12 months.

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.



In 2018/19, the rate of delayed discharges in South Ayrshire (19,033 per 100,000) was more than double that of Scotland (9,595 per 100,000) as a whole.



In 2018/19, the rate of potentially preventable admissions to hospital was higher in South Ayrshire (2,515 per 100,000) than Scotland (1,689 per 100,000)



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 pre school age children, have had a particularly strong influence on the extent to which mental distress increased under the conditions of the pandemic.

Mental Health and Wellbeing

Mental wellbeing has close ties with people’s lifestyles and behaviours.

Financial security, employment and location are influences that often have a bearing on these choices. Issues can develop when alcohol, smoking or drug use shape lives.



In 2018/19, 22% of people were prescribed medication for anxiety, depression or psychosis (ADP) in South Ayrshire which is higher than the Scottish average of 19%.



In 2018/19, 27% of people in Ayr North and Former Coalfield Locality were prescribed medication for ADP compared with 19% of people in the Troon Locality.



In 2018/19, the rate of alcohol related hospital admissions in Ayr North (1,488 per 100,000) was **nearly double** that in Ayr South (738 per 100,000).

Key Messages and Operational Highlights for 2021-22

The health and social care partnership has had another challenging year in continuing to respond to the Covid pandemic and adapting our operating models as we moved through the various levels of Covid restrictions. As well as building on new ways of working, developed over the past two years to meet the ongoing demand for health and social care services. Our main priority and focus remained on keeping people safe and protected and ensuring the wellbeing of our workforce. The launch of the new Strategic Plan and our new partnership agreement with Voluntary Action South Ayrshire strengthened our partnership with the third sector, demonstrating collaborative, co-produced and joined up working to support communities together.

Despite the ongoing challenges in continuing to respond to the pandemic, this year we moved towards redefining services, learning from the pandemic to meet the increase in demand for health and social care services. How we operated this year can be summed up below:-

Engagement - In preparing the new Strategic Plan the partnership had to be innovative in methods to engage meaningfully with communities and we received support from partners to do this particularly from Voluntary Action South Ayrshire (VASA). Online surveys and workshops were used to target the public, communities, the third sector and provider organisations. Individual telephone conversations were supported by VASA allowing people to directly share their views and opinions on the new Strategic Plan.

Staff wellbeing sessions have been held during the year focussing on supports needed to ensure staff resilience, the Scottish Government also provided additional funding directed to the workforce to ensure staff wellbeing.

During the year a strategy development group was set up to work on refreshing the Learning Disability Strategy reflecting the national learning disability strategy “Keys to Life” and the implications of the Independent Review of Adult Social Care also incorporating lessons learned from the pandemic. A Learning Disability League of Champions group evolved as a dedicated team to engage with people with lived experience to understand their needs and aspirations. We also commissioned services from Scottish Commission Learning Disability (SCLD) whose expertise was invaluable in shaping the new strategy. Engagement was carried out through a variety of methods including a paper and online survey, online and in-person focus groups, and interviews with staff and providers of care.

Collaborative Working - The strategic plan included a new partnership agreement with Voluntary Action South (VASA) and the Integrated Joint Board (IJB). The agreement sets out a structure for joint working, bringing localism within communities and recognising the value in the different roles each partner has to fulfil its obligations. Ultimately both partners prioritise the wellbeing of the South Ayrshire community.

South Ayrshire’s Parenting Promise 2021-2030 was written by a multi-agency group representing a broad section of services and agencies working within South Ayrshire and was presented to the Community Planning Executive and approved in December 2021. The group consisted of social work, employability and skills, education, housing and police supported by the HSCP’s Champions Board and VASA to facilitate workshops and surveys. An action plan will be developed in collaboration with all partners.

Service reviews– A number of service reviews were carried out during the year reflecting lessons learned from the pandemic, resuming service delivery and increasing capacity to meet an increase in demand. This included reviews in rehabilitation services, care at home, district nursing and adult

social care. The outcome of these reviews assisted the partnership in prioritising investment received from the Scottish Government Winter Planning Investment.

Scottish Government Investment - On the 5th of October 2021, the Cabinet Secretary announced new recurring investment of £300m to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across health and social care systems. The investment was predicated in four key principles:

1. To maximise capacity
2. Ensure staff wellbeing
3. Ensure system flow
4. Improve outcomes

The HSCP produced a [Winter 2021-22 Investment Plan](#) setting out how our share of the funding would be allocated based on the key principles aligned to our strategic priorities and to meet the specific performance indicators set by the Scottish Government. The investment includes additional capacity in care at home, mobile attendants, social workers, allied health professionals as well as investment in technology enabled care and commissioning services for carers.

Pandemic response - Planning the response to the pandemic focussed on a whole system approach across health and social care including working with our commissioned providers and voluntary organisations. The Directorate Management Team continued to meet three times a week to plan and monitor service delivery plans in line with the various levels of Covid restrictions and resurgence of the virus over winter period. Daily and weekly reports were provided monitoring daily discharges, care home outbreaks and staffing levels. A Community Services Oversight Group (CSOG) met weekly with care home and care at home providers to offer appropriate support in dealing with the challenges presented by the pandemic.

The Scottish Government required NHS Boards and their Health and Social Care Partnerships (HSCPs) to produce remobilisation plans and local mobilisation plans (LMP) detailing the financial cost in responding and recovering from Covid. Over the course of the year the LMP was revised reflecting changes in policy, and demand for services, including meeting backlogs and increased demand. Remobilisation Plan 4 was developed in line with the Framework for NHS Scotland – Remobilise, Recover and Redesign. The plan included a Winter Planning Checklist, this was to take account the impact of winter and additional pressures from higher hospital admissions and attendances alongside staffing shortages from isolation and additional infection prevention control measures. Funding provided by the Scottish Government included:

- Increase capacity in care homes and care at home
- Surge capacity in Community Hospitals
- Personal Protective Equipment
- Staffing resources
- Provider sustainability payments
- Staff Wellbeing
- Interim care funding

Operationally over the course of the year we have continued to move forwards in meeting our strategic priorities. We have developed new ways of engaging with service users, delivering services and meeting the needs of the community.

We focus on prevention and tackling inequality

This year we invested in additional capacity at a local level working in multi-disciplinary teams linked to General Practice's to provide lower levels of interventions to ameliorate the process of frailty. Providing access to supports both clinical and social at an earlier stage will reduce risks of falls, hospital admissions and attendances. The investment was based on tools and analysis from a pilot project within one locality in collaboration with the Healthcare Improvement Scotland.

Over the course of the last two years the use of technology has become paramount in maintaining relationships, within the HSCP we have grasped this opportunity and developed new ways of engaging with people through Teams, Zoom and Near me. The technology assisted in provision of video consultations, social engagement, staff and public consultations. Service user feedback on the use of zoom to engage has been really positive and provided opportunity for social interaction that would have previously only been available from a building-based service.

Home from hospital is a service provided by the British Red Cross whose purpose is to prevent unnecessary admissions from hospital, reduce delayed discharges, promote independence and reduce isolation and loneliness. During the calendar year 2021 they supported 2,325 people in South Ayrshire home from hospital providing transport and practical support to make sure service user is safe. This initial support was followed up by a safe and well call and any additional help and support is then assessed and followed up where required.

Our reablement service continued to provide appropriate person-centred support by promoting service user recovery, independence and wellbeing through the principles of self-care and the use of timely and outcome focused intensive interventions. During the year 85% of service users requiring a package of care from hospital come through reablement, mainstream Care at home hours reduced and 40% of people did not require any care at home following a reablement intervention.

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

We created a Wellbeing Pledge Board aligned to communities building on lessons learned from the pandemic and recognition that local issues should and could be addressed by local communities. Funding was allocated to address specific needs in communities, such as impact of shielding, social isolation and loneliness, mental and physical health, bereavement and suicide prevention. The Wellbeing Pledge Board included representatives from HSCP, VASA and Health Improvement, they decided on the allocation of funding to ensure it met specific criteria and would benefit local communities. Thirteen local organisations benefitted from funding that will support wellbeing in communities.

At the outset of the pandemic VASA implemented a telephone befriending service to those shielding, this service continues to operate and is now business as usual, alongside new services developed to provide community support such as Mix and Match, Up and About to support people in the community with lower level supports to meet social isolation and physical needs.

South Ayrshire's Parenting Promise 2021-30 was launched this year, reflecting our new corporate parenting plan aligned with The Promise. Corporate Parenting activity aligns with Children's Services Planning which is an integrated strategic delivery partnership under Community Planning governance structures. The plan is written directly to young people and families in softer language. An associated action plan has been developed detailing how the promise values will be embedded into practice, commissioning and services.

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

The Covid restrictions meant not all care could be delivered in building based services, as was normal practice during the pandemic. To ensure services were still operational a blended model was introduced for Allied Health Professional services this included community visits, clinic appointments, telephone appointments and video consultations using 'Near Me'. Service user feedback on the use of telephone and video appointments was positive, this model will now feature in operational service delivery going forward.

Further embedding of a locality model to service delivery and building teams around the practice continued this year with all general practices now able to access Multi-disciplinary staff to support their work with patients including pharmacotherapy staff, mental health practitioners, Occupational Therapists, Physiotherapists, Advanced Nurse Practitioners and Community Link Practitioners. This enables patients to be seen by the most appropriate person more timeously and supporting better patient outcomes.

A new supported accommodation housing development in Fort Street, Ayr has been developed in partnership with South Ayrshire Council's Housing team. The accommodation has been specifically designed for adults with physical and mental health illnesses in South Ayrshire. The development consists of eleven 1-bedroom properties offering modern accommodation in the heart of Ayr town centre. Each new home has been designed to suit the needs of the individual, helping to support residents in a way that promotes independence as well as reducing risk. A provider has been commissioned to provide care and support in the development working with the adults in transferring them to their new homes.

We help to build communities where people are safe

The Social Isolation and Loneliness Strategy was approved by the IJB in June 2019 this included an implementation plan to take forward three key objectives namely Prevent, Respond and Restore along with delivering on national and local outcomes. Progress against the objectives has been made with various groups receiving funding from our wellbeing pledge to support social isolation, digital inclusion support was provided by mPower providing support to older people with digital connection and wellbeing plans. A one year action plan is being developed to respond to emerging needs post- pandemic.

The Scottish Government invested £15m in a Communities Mental Health and Wellbeing fund administered by third sector interfaces to provide community support for adults. South Ayrshire's £0.300m share of the funding was administered by VASA and allocated to small, grass roots, community groups and organisations following an applications process. The purpose of the funding is to support community based initiatives that promote and develop good mental health and wellbeing and mitigate and protect against the impact of distress and mental ill health within the adult population.

In 2020 the then Chief Executive of Ayrshire and Arran asked for an "Extreme Team" approach to reform for the Child and Adolescence Mental Health Service (CAMHS). The brief was to create a whole Ayrshire approach to delivering excellent Child and Adolescent Mental Health Services to the children and young people of Ayrshire And Arran, in the right place at the right time and from the right person. The extreme team was a full multi-agency Pan Ayrshire team, who gave themselves to understanding the issues which were currently impacting upon the delivery of excellence and also to create an action plan to deliver on the original brief. The extreme team was a very effective means

of addressing the issues and resulted in all the recommendations being accepted and the creation of a CAMHS implementation group to ensure all the recommendation are fully implemented

We are an ambitious and effective partnership

A review of adult social work was undertaken during the year involving a range of stakeholders from those with lived experience, staff, managers and academics. The process of review followed a framework incorporating three stages of activity designed to maintain focus and progress. These were (i) understanding the needs, rights and preferences of those using and delivering social work services, (ii) understanding the learning (iii) conditions required for change to succeed. Implementation of recommendations from the learning review will be subject to approval by the IJB in 2022-23.

A Quality Assurance Framework for Commissioned Services was developed for the HSCP to work collaboratively with all commissioned services with a clear purpose to improve the quality of life for individuals who receive care and support. This framework has been implemented and quality assurance visits to various providers has taken place over the year. If the HSCP gathers evidence or receives feedback to indicate any aspect of the social care being delivered does not meet the required standards, the HSCP will work directly with the service and any other relevant professionals to identify, implement and monitor any required improvements.

We are transparent and listen to you

Effective participation and engagement is at the very heart of achieving of the vision of the South Ayrshire Health and Social Care Partnership. During the year the partnership set up a working group to create a Communications and Engagement Strategy, this will combine the existing Participation and Engagement Strategy and the Communication Strategy. The new strategy will build on the engagement that has already taken place and ensure that the views of people who use our services and wider stakeholders are constantly shaping the way our services are delivered.

A revision of the Learning Disability Strategy was conducted gathering information from people with learning disabilities, carers, staff and partner organisations to inform the strategy. Initial consultation ran from August to November 2021 which sought to find out what areas were most important to people with learning disabilities. The information gathered was used to inform the content of the strategy. Consultation included an online and paper survey to send to people with learning disabilities, themed focus groups which covered different localities and priority areas, one to-one interviews with managers, an online staff survey, journey mapping and workshops with third sector organisation and locality planning partnerships. South Ayrshire's Adult Learning Disability Strategy 2022-27 will be presented to the IJB for approval in June 2022.

We make a positive impact beyond the services we deliver

In response to the cost of living crisis and the various funds available to help support people in the community dependent on their circumstances, we made it mandatory for all staff to undertake training on benefits. This has resulted in 50 referrals to our information and advice hub and people accessing fuel and poverty funds totalling £6,290.

As part of our Wellbeing Pledge we distributed £0.100m to support wellbeing activity in the community including social isolation and loneliness, physical activity, mental health, bereavement and suicide prevention. A small group was set up to review applications and prioritise the funding

allocations based on their ability to contribute to wellbeing , address the issues, reach the local population, value for money ad potential for sustainability.

Alongside the Wellbeing Pledge we created a Wellbeing Survey that is currently out for public consultation this is to better understand the wellbeing of the community and build on existing data. To progress this piece of work HSCP colleagues have worked with the Health Improvement Team (NHS A&A) and SAC Corporate Policy to develop a set of questions that will form the first South Ayrshire Wellbeing Survey. The questions have largely been drawn from existing surveys (e.g., Scottish Health Survey, Scottish Household and Quality of Life Survey) to ensure quality and rigour of the answer we will receive.

2021-22 Performance Achievements

Performance reports are presented to the Performance and Audit Committee twice a year and an Annual Performance report presented to the IJB. Due to the Covid pandemic, and the prioritisation of resources to manage and report on the ongoing crisis, the annual performance report for 2020-21 was presented to Performance and Audit Committee on 24th November 2021. The Annual Performance report for 2021-22 has been presented to Performance and Audit Committee on the 26th of August 2022.




This year in continuing to respond to the pandemic performance reporting was focused on specific areas that were essential to managing and directing resources to mitigate the effects of the pandemic. Daily reports on Delayed Transfers of Care were presented and reviewed by the HSCP Directorate Management Team, this ensured that managers could plan actions and direct resources to areas of concern in a timely basis in order to minimise risk. A weekly briefing report was circulated to DMT and presented at the Care Home Oversight Group (CHOG) detailing use of interim care placements, available staffed beds in care homes, care home pressures, delayed transfers of care, care at home demand including unmet need, and workforce pressures in community care and health.

Specific reports were distributed by the Scottish Government on Covid modelling, highlighting the trajectory of Covid levels in each local authority area and anticipated impact on hospital bed projections by specific health board area.













The Scottish Government reinstated the quarterly reports on volume and cost of personal and non-personal care delivered in the community. In addition, new reporting was implemented to measure unmet need, this information was collated to assist in understanding the overall demand for social care.

The additional investment from the Scottish Government announced in October 2021 was to meet specific outcomes. A quarterly report was developed and the first submission was in April 2022 for Quarter 1 2022-23. The KPI's included in the report are linked to the investments in interim care placements, care at home capacity and increase in technology enabled care. Over the course of the new financial year this will be valuable activity information that will be aligned to the financial performance.






A six monthly Children's Health Care and Justice Performance report was presented to the Performance and Audit Committee for the period to 31st Jan 2022. The RAG status for the following performance tables is defined below.

	No concerns
	Some concerns
	Major concerns






1. Children's Health

Performance Measure	Rag Status	New Data
1.1 Percentage of Children reaching developmental milestones at the time of their 27 – 30 month health review.		✓
1.2 Percentage of new born babies exclusively breastfed at 6-8 weeks.		✓
1.3 Percentage of women smoking during pregnancy.		✓
1.4 Percentage of Children in Primary 1 with no obvious dental caries.		✓
1.5 Percentage of Children in Primary 7 with no obvious dental caries.		✓
1.6 Percentage of Children with a healthy weight at P1.		✓
1.7 Teenage Pregnancy		✓
1.8 Percentage of High Risk Pregnancy initial risk assessments completed by week 24 of pregnancy.		✓
Number of measures against each service area by RAG status		
 4 out of 8	 4 out of 8	 0 out of 8
Overall RAG status for Children's Health measures.		

2. Looked After Children

Performance Measure	Rag Status	New Data
2.1 Number of Children Looked after at end of quarter		✓
Number of measures against each service area by RAG status		
 0 out of 1	 1 out of 1	 0 out of 1
Overall RAG status for Looked after Children measures.		

3. Children's Hearing System

Performance Measure	Rag Status	New Data
3.1 No. of children referred on offence or non offence grounds		✓
Number of measures against each service area by RAG status		
 1 out of 1	 0 out of 1	 0 out of 1
Overall RAG status for Children's Hearing Report measures.		

4. Child Protection

Performance Measure	Rag Status	New Data
4.1 Number of children on the Child Protection Register as at 31 st July each year		✓
4.2 Percentage of CP1's received within target timescale of 10 working days from point of referral		✓
4.3 Number of children who are re-registered on the child protection register within 12 months		✓
4.4 Children on the Child Protection Register – Percentage Primary concern identified at registration	N/A	✓
4.5 Percentage of core groups convened within 15 days.		✓
4.6 Percentage of Case Conferences convened within target timescale		✓
Number of measures against each service area by RAG status		
 3 out of 6	 1 out of 6	 1 out of 6
Overall RAG status for Child Protection measures.		

5. Justice

Performance Measure	Rag Status	New Data
5.1 Percentage of individuals subject to Throughcare Licence conditions seen by a Supervising Officer within 24 working hours.		✓
5.2 Percentage of Criminal Justice Social Work Reports submitted to court by due date.		✓
5.3 Percentage of Home Background/Home Leave Reports submitted within timescales.		✓
5.4 Percentage of individuals placed on Community Payback Orders with Offender Supervision seen within 5 days of court appearance.		✓
5.5 Percentage of individuals placed on Community Payback Orders (unpaid work/other activity) undertaking Health & Safety induction within 5 days of court appearance.		✓
5.6 Percentage of individuals placed on Community Payback Order (unpaid work/other activity) who attend 1st work appointment within 7 days of court appearance.		✓
5.7 Percentage of case reviews held within timescales.		✓
5.8 Percentage of Unpaid Work Level 1 Community Payback Orders completed within 3 months timescale (Target End Date)		✓
5.9 Percentage of Unpaid Work Level 2 Community Payback Orders completed within 6 months timescale (Target end Date).		✓
Number of measures against each service area by RAG status		
 1 out of 9	 7 out of 9	 1 out of 9
Overall RAG status for Criminal Justice measures.		

Significant improvements have been made in reducing the number of children looked after and accommodated to a rate of 15.2 per 100,000 in 2020 from a rate of 18.4 per 100,000 in 2017. South Ayrshire is more in line with the Scottish average. This improvement reflects the early intervention approaches having a direct impact on reducing the requirement for more intrusive interventions. This includes the Whole Family Whole System approach and Signs of Safety training transformation investments.










The number of children placed on the child protection register has also improved, and is less than the Scottish average. Children are placed on the child protection register when there are significant concerns for their safety. Children on the register will be subject to close monitoring and support with a multi-agency plan to effect changes to reduce risk.






There are two indicators highlighted as major concern and remedial action has been taken to address these, as noted below:

Performance Measure 4.6 Percentage of case conferences convened within target timescales – no child protection cases were convened with the 21 day timescale for the last quarter. This was due to sickness leave of the chair. There are now mitigations being put in place to extend the number of existing Service Managers who can chair case conferences when the others are unable to or unwell.

Performance Measure 5.8. Percentage of Unpaid Work Level 1 Community Payback Orders completed within 3 months Timescale (Target End Date) – unpaid work was suspended during the pandemic due to social isolation rules in place, as we moved to the various protection levels the work was reinstated but required smaller groups of service users.

Performance information drives improvement with an outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make to individuals. In our performance monitoring and reporting we show trends over time, where we are against target and where available, how we compare nationally. We monitor against all agreed national indicators, including Ministerial Steering Group Indicators (MSG) and HSCP National Health and Wellbeing Indicators, as well as a range of locally defined measures. The latest performance against the National Health and Wellbeing Indicators are shown on the following page. Please note results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to figures in previous years due to changes in survey wording and methodology.

NATIONAL INDICATORS		South Ayrshire Health and Social Care Partnership Data					Scotland Latest Data	RAG STATUS
		2017/18	2018/19	2019/20	2020/21	2021/22		
NI-1	Percentage of adults able to look after their health very well or quite well	94%	N/A	94%	N/A	91.7%	<u>2021-22</u> 90.9%	
NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%		82.3%	N/A	76.5%	<u>2021-22</u> 78.8%	
NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	77%	N/A	74.9%	N/A	75.8%	<u>2021-22</u> 70.6%	
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	85%	N/A	72.4%	N/A	63.1%	<u>2021-22</u> 66.4%	
NI-5	Total percentage of adults receiving any care or support who rated it as excellent or good	85%	N/A	80.8%	N/A	76.5%	<u>2021-22</u> 75.30%	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	88%	N/A	86.4%	N/A	77.9%	<u>2021-22</u> 66.50%	
NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	87%	N/A	81.2%	N/A	71.9%	<u>2021-22</u> 78.1%	
NI-8	Total combined percentage of carers who feel supported to continue in their caring role	36%		37.4%	N/A	33.8%	<u>2021-22</u> 29.70%	
NI-9	Percentage of adults supported at home who agreed they felt safe	85%	N/A	86.5%	N/A	76.1%	<u>2021-22</u> 79.7%	
NI-10	Percentage of staff who say they would recommend their workplace as a good place to work	72%	74%	N/A	N/A	N/A	N/A	N/A

NATIONAL INDICATORS		South Ayrshire Health and Social Care Partnership Data					Scotland Latest Data	RAG STATUS
		2017/18	2018/19	2019/20	2020/21	2021/22		
NI-11	Premature mortality rate per 100,000 persons	380 (2017)	419 (2018)	428 (2019)	435 (2020)	435 (2020)	457 (2020)	
NI-12	Emergency admission rate (per 100,000 population)	17,693	17,852	16,825	15,112	15,830	<u>2021-22</u> 11,475	
NI-13	Emergency bed day rate (per 100,000 population)	176,155	159,970	160,747	139,852	143,624	<u>2021-22</u> 105,957	
NI-14	Readmission to hospital within 28 days (per 1,000 population)	120	127	118	125	111	<u>2021-22</u> 103	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	86%	86%	88%	89%	88.1%	<u>2021-22</u> 90%	
NI-16	Falls rate per 1,000 population aged 65+	24.8	24.1	22.6	22.6	21.7	<u>2021-22</u> 22.4	
NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	87%	80.0%	80.0%	79.0%	73.5%	<u>2021-22</u> 75.8%	
NI-18	Percentage of adults with intensive care needs receiving care at home	63%. (2017)	61% (2018)	64% (2019)	64% (2020)	73.3% (2021)	64.9% (2021)	
NI-19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	967	1354	1699	892	1,387	<u>2021-22</u> 761	
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	29%	29%	28%	25%	28.8%	<u>2019-20</u> 24.2%	

There are a number of national indicators that have been challenging as a result of the demographics of the population and demand pressures. We recognise where we could do more and have invested in specific areas to improve performance. It should be noted that during this year additional recurring funding from the Scottish Government has been invested in additional community care capacity, however due to the recruitment challenges capacity has not increased to the levels anticipated.

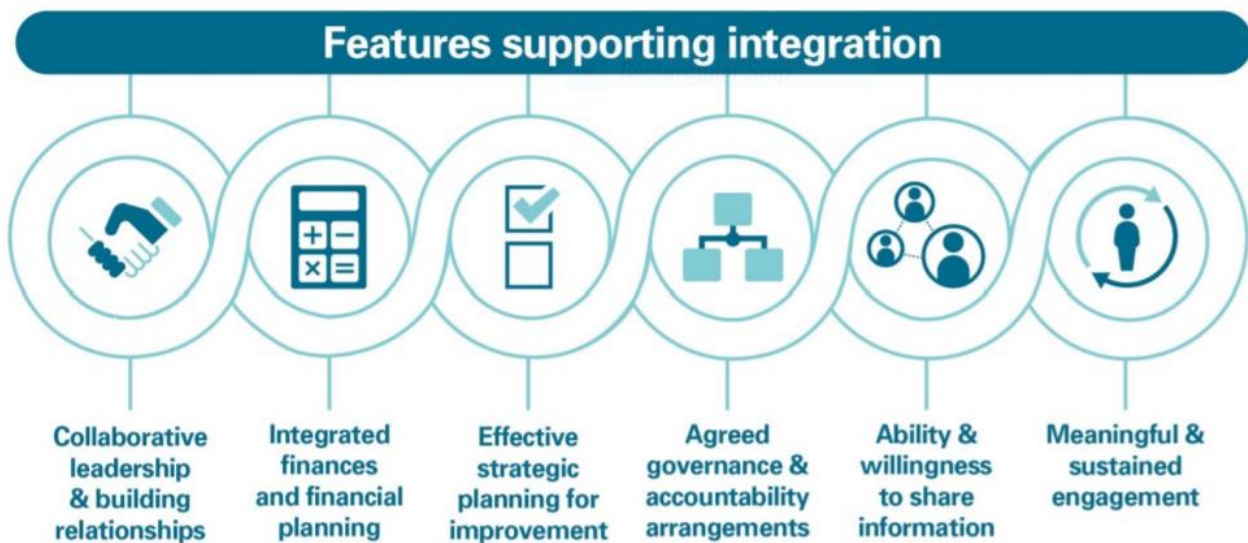
The key areas for improvement are:

- The level of resource spent on hospital stays when a patient was admitted in an emergency;
- The number of emergency admissions and readmissions to hospital within 28 days;
- The length of stay when an emergency admission; and

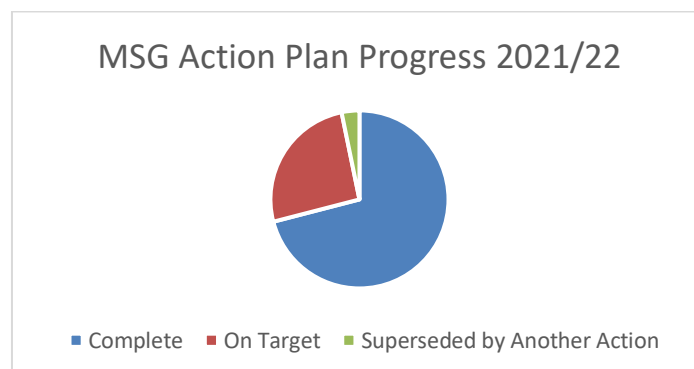
- The number of delayed discharges when a patient is fit for discharge into the community.

Ministerial Strategic Group Performance Indicators

The Ministerial Strategic Group for Health and Community Care carried out a review of progress of integration within health and social care, this involved the Health and Social Care Partnership completing a self-evaluation template. The template considered local progress on the key features of integration below.



The local evaluation, highlighted areas for improvements, an action plan was created, with 31 actions to improve performance in Collaborative Leadership and Building Relationships and Integrated Finances and Financial Planning. An Action Plan was developed, with progress being reported to the IJB Performance and Audit Committee in June 2022. Due to the priority in responding to the pandemic progress has been slower than anticipated. As at end of June 2022 22 actions were complete, and 8 were on target for completion. One has been superseded by another action.



Transformation Plan Progress

As part of the budget for 2021-22 specific transformation projects were approved with specific outcomes expected. The table below highlights progress based on a BRAG status, defined as shown.

B	Complete
R	At Risk
A	In Progress
G	On Target

Service	Project	Expected outcomes	RAG STATUS
Community Care and Health	Re-design reablement, rehabilitation and community support services.	Reduce delayed discharges Reduce demand for care homes Reduce demand for care at home	
	Increase capacity and quality of Care at Home provision.	Reduce delayed discharges Increase efficiency in allocation of care hours	
	Increase capacity and quality of Technology Enabled Care and Responder Service.	Reduce out of hours admissions Reduce transport related delayed discharges	
	Develop integrated multi-disciplinary teams around the practice.	Improve allocated resources to workload demand Positive impact on GP appointment waiting times Improve referral pathways	
	Fort Street Supported Accommodation Development	Individual dwellings created to support those with Mental Ill Health Needs	
Children Health and Justice	Belmont Family First - Intensive Family Support Service	Reduce No. of young people in external placements Reduce No. of children and young people placed on Compulsory Supervision Order Reduce No. of children placed on Child Protection Register Reduce outwith authority residential Placements	
	Whole Family, Whole Systems Approach working in partnership with education working within a school cluster to develop improved systems and processes	Reduce outwith authority fostering placements Increase inhouse fostering placements by 15 Increase kinship carers by 10	
	Signs of Safety training to embed Whole System Approach culture	No. of staff trained	
	Cunningham Place enhanced provision to provide additional capacity for crisis and continuing care	Reduce outwith authority residential placements	
	Recommissioning of Children's Community Care Services	Reduction in maverick spend	

Within Community Care and Health, there has been a significant increase during the year in delayed transfers of care. This has been a result of an increase in hospital admissions following from the pandemic people are now presenting to hospital with high levels of frailty and deteriorating health conditions. This has been compounded with a lack of capacity in the care at home and care home

sector to facilitate transfers of care back to the community. This is due to staff shortages, with issues in recruitment and retaining staff. The service and providers have been working collaboratively on recruitment drives both in person and through media to promote working in the social care sector. The care at home referral process has been redesigned with care at home team assessing the volume and times of care for individuals this new process is expected to release capacity. A new care at home framework contract was established, the contract stated that care at home providers were to use electronic monitoring and scheduling system for care home visits. The data from the system will enable the service to better understand the demand and capacity of care at home to enable resources to be prioritised accordingly.

During the year the Fort Street supported accommodation model was completed, providing 11 individual dwellings for those service users with mental ill health. A provider has been commissioned and work is progressing in transitioning the service users from their current care provision to their new homes.

Within Children and Families significant progress has been made in the Whole Family Whole System Approach. The Belmont Family First project has achieved all their outcomes with no children being placed in an external placement or on the child protection register. Over the year there no children have been placed in a secure placement and there has been a reduction of three children in outwith authority residential placements.

The Signs of Safety training has been ongoing during the year, with 90% of staff fully trained, the service is on track to train the remaining 10%.

Cunninghame Place enhanced provision was reliant on building works, this was delayed as a result of Covid, but this has now been tendered and a contractor in place to take the work forward.

Transformation plans will continue to be progressed and expected outcomes monitored during the year, with any remedial action required where necessary.

Annual Accounts

The Annual Accounts set out the financial statements of the IJB for the year ended 31 March 2022. 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 2021-22 have been prepared in accordance with this Code.

Financial Performance

This year's financial performance reflects investment allocations received from the Scottish Government to manage the financial impact of the pandemic and consequential impact on increasing demand for services.

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 of the pandemic included in the Local Mobilisation Plan (LMP) submissions to Scottish Government and updates on funding confirmation and allocations. During the year regular financial monitoring reports including progress on savings targets, financial risks and any changes to the delegated budget were presented to the IJB.

The LMP included all the additional costs associated with responding to the Covid pandemic including savings delayed as a consequence of the pandemic and shortfall in income from community care charges. During the year the costs included in the LMP were adjusted to reflect where we were in the pandemic and any changes in guidance implemented by the Scottish Government to support the public and organisations. The full year financial impact on costs included in the LMP for 2021-22 was £5.380m. Covid Reserves of £3.873m were used in the first instance to meet the costs, with a further funding allocation of £0.422m provided to meet health service related expenditure. On the 25th of February the Scottish Government allocated £619m to Integration Authorities to meet Covid costs and to support the continuing impact of the pandemic. The letter highlighted that any funding remaining at year end must be carried forward in an earmarked reserve for Covid purposes in line with usual accounting arrangements for Integration Authorities.

Included in the LMP were costs associated with PPE, staffing, additional care home beds, additional care at home hours, provision of surge capacity at the community hospital and provider sustainability payments. The costs were scrutinised on a monthly basis to ensure only Covid related expenditure was included in the plan. Provider sustainability principles introduced by the Scottish Government were to ensure providers of social care were financially sustainable and reimbursed for any additional costs incurred as a result of the pandemic.

During the year the number of people in care homes started to increase back to budgeted placement levels. However due to the rise in delayed transfers of care, mainly as a result of increased frailty and service users presenting at hospital with higher levels of needs compared to pre-pandemic admissions, the Scottish Government provided additional funding of £1.002m to alleviate the pressure in the form of interim care placements. Within South Ayrshire we commissioned additional care home capacity with the private sector, however due to limited capacity in the market not all the funding was used resulting in an underspend.

Within community care and health there was significant underspends in relation to the ability to recruit to front line posts from budget investments and additional Scottish Government investment to increase capacity in the community care workforce. South Ayrshire has a high dependency ratio meaning there is less of a working age population available to support the ageing population. During the last two year's high levels of staff turnover have occurred due to staff retiring or taking early retirement, or moving into new roles created to meet demand in specific areas leaving gaps in front line capacity.

The lack of workforce has become a significant concern and a risk to the ability to provide services at the right time in the right place. The National Workforce Strategy for Health and Social Care in Scotland was published in March 2022 and sets out the changing demands on Health and Social Care and the workforce. All partnerships are now developing their own workforce plans based on the strategies five pillars of the workforce journey namely, Plan, Attract, Train, Employ and Nurture.

The budget for 2021-22 invested in foster and kinship placements, however the increase in demand in this area has not occurred and our foster carers have been supporting children in our neighbouring authorities. This can be attributed to the Whole Family, Whole System approach including the Signs of Safety training.

The overall financial performance against budget for the financial year 2021-22 was an underspend of £25.027m, (£17.453m underspend in social care services and £7.574m in health services). The underspends are mainly due to non-recurring funding received from the Scottish Government allocated for specific purposes and £21.680m will be earmarked in reserves for future use, as detailed in Note 8 Usable Reserves – General Fund. The balance of £3.347m is allocated in a general reserve, with £0.456m earmarked to a Change Fund in relation to approved proposals. The balance of £2.891m will be allocated to unallocated general fund. In the first instance the unallocated reserve will be utilised to meet any financial challenges in 2022-23, with investment proposals prioritised for approval to ensure future financial sustainability through transformation of 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 2021-22 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2022-23.

Key successes for 2021-22 include:

- Repayment of £1.092m, being the annual instalment of outstanding debt to the Council, leaving the final instalment of £0.802m to be paid next year;
- Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities and continued Covid recovery and renewal;
- Savings totalling £3.960m were delivered in-year, against an approved savings plan of £3.960m, £0.151m savings were delayed due to the pandemic and will be met in 2022-23;
- Progress with reducing the number of children placed in out with authority placements in 2021-22 has been achieved through transformation in Children Services;
- Reduction in need for foster and kinship carers, this will be monitored closely in line with the transformation plans;
- Increased capacity within the reablement team has helped reduce demand on mainstream services;
- Investment in services based on information and data gathered following various service reviews.

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 2022-23 with an approved balanced budget.

2020-21 Budget £000	2020-21 Actual £000	Variance (Adv) /Fav £000	Service	2021-22 Budget £000	2021-22 Actual £000	Variance (Adv) /Fav £000
63,728	62,666	1,062	Community Care and Health	72,347	69,151	3,196
44,157	44,026	131	Primary Care	43,693	43,672	21
29,146	28,871	275	Mental Health Services	31,195	29,665	1,530
24,431	23,069	1,362	Children and Justice	25,891	24,607	1,284
2,096	2,107	(11)	Hosted Services	3,274	3,334	(60)
3,256	3,057	199	Integrated Care Fund/Delayed Discharges	1,024	1,052	(28)
7,305	5,482	1,823	Support Services	11,808	8,689	3,119
12,054	8,216	3,838	Covid-19 Expenditure	17,256	5,549	11,707
186,173	177,494	8,679	TOTAL EXPENDITURE MANAGED BASIS	206,488	185,719	20,769
27,540	27,540	0	Acute Hospitals	28,311	28,311	0
43,042	41,515	1,527	Lead Partnership Allocations	46,145	41,889	4,256
1,092	1,092	0	Prior Years Additional Funding	1,092	1,092	0
257,847	247,641	10,206	TOTAL EXPENDITURE IJB	282,036	257,011	25,025
0	10,206	(10,206)	Allocate to Reserves	0	25,025	(25,025)
257,847	257,847	0	TOTAL EXPENDITURE IJB	282,036	282,036	0
(257,847)	(257,847)	0	TOTAL INCOME	(282,036)	(282,036)	0
0	0	0	OUTTURN ON AN IJB BASIS	0	0	0

The table above summaries the financial performance for 2020-21 and 2021-22. 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 2022-23.

The main variances during 2021-22 are noted below:

Community Care and Health – underspend of £3.196m mainly due to additional funding to alleviate pressures in the health and social care system. Expected outcome from investment was an increase in care at home capacity and interim care placements to reduce delayed transfers of care. The ability to recruit and commit the full allocation during the winter period was unattainable and the funding has been earmarked for use in 2022-23.

Mental Health Services – underspend of £1.530m mainly due to underspends in funding allocations received for Alcohol and Drugs Partnership, the Community Living Fund and Mental Health staffing.

Children and Justice Services – underspend of £1.284m mainly due to less than anticipated internal foster care placements and underspend in adoption orders due to court backlogs.

Hosted Services – overspend of £0.060m as a result of an increase in volume and cost of maintenance within the equipment service.

Support Services – underspend of £3.119m included in this underspend is specific funding for Hospital at Home and unscheduled care programme to be earmarked for use in 2022-23. Delays in recruitment and staff turnover also resulted in an underspend.

Covid 19 Expenditure – underspend of £11.707m additional funding of £12.731m was received from the Scottish Government at the end of the financial year to earmark into 2022-23 to meet the costs of recovery and renewal from the pandemic.

Lead Partnership – underspend of £4.256m mainly due to additional funding for Primary Care and Mental Health Recovery and Renewal to be earmarked into 2022-23.

Lead Partnership Services

The final outturn is adjusted to reflect the impact of Lead Partnership Services. During 2021-22 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 Year End Position
South	(61)	Overspend
North	6,216	Underspend
East	8,708	Underspend

The following table is a summary of the Lead Partnership/ hosted services recharges for 2021-22. 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 £0.060m 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 2021/22 £'000	Actual Expenditure 2021/22 £'000	Variance 2021/22 £'000
South Ayrshire Hosted - income North Ayrshire	(1,210)	(1,232)	22
South Ayrshire Hosted - income East Ayrshire	(1,044)	(1,064)	19
Recharges out	(2,254)	(2,296)	42
East Ayrshire Lead - Contribution South Ayrshire	31,643	29,180	2,463
North Ayrshire Lead - Contribution South Ayrshire	16,756	15,005	1,751
Recharges in	48,399	44,185	4,214
Lead Partnership/hosted services	46,144	41,889	4,256

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 actual activity in respect of 2019-20 bed days, discharges and admissions. The activity

from 2019-20 is used for this purpose as it is the last full year available dataset reflecting actual activity. Previous set aside allocation in budget monitoring reports was based on statistical information from Information Services Division (ISD) within Ayrshire and Arran Health Board. The table below highlights South Ayrshire's use of resources was above the NRAC "fair share" by £1.134m based on 2019-20 activity data.

IJB	Set Aside 2021-22 £m	NRAC %	NRAC Budget Share 2021-22 £m	Over / (Under) NRAC Fair Share £m
East Ayrshire	24.566	31.9%	27.716	(3.150)
North Ayrshire	33.980	36.8%	31.963	2.016
South Ayrshire	28.311	31.3%	27.177	1.134
Total	86.857	100%	86.857	0.00

Financial Outlook, risks and plans for the future

The financial outlook has never been more uncertain due to the following:

- Scottish Government settlement is on an annual basis;
- High levels of non-recurring funding for specific priorities;
- Rising inflation and cost of living crisis;
- Climate Change commitments;
- Economic effect of exit from European Union
- Impact of the Ukraine crisis;
- Future financial impact of the long-term effects of the pandemic are not fully understood; and
- Financial consequences associated with implementation of National Care Service.

The Scottish Government published their first Resource Spending Review since 2011 on the 31st of May 2022 highlighting continuing rising inflation and a need for greater investment to aid Covid recovery and to shield people from the impact of the cost of living crisis. The review stated the need for the public sector to reform to become more efficient, focussing on:

- Digitalisation;
- Maximising revenue through public sector innovation;
- Reform of the public sector estate;
- Reform of the public body landscape; and
- Improving public procurement.

The review confirmed the priorities remain reducing child poverty, addressing the climate crisis, building a strong and resilient economy and helping our public services recover strongly from the pandemic. The current fiscal and economic environment is now more challenging in being able to

achieve these priorities. The spending review is not a budget, but does provide information to enable planning over the course of the next five years.

The review clarifies the commitment to increase social care investment by 25% or £840m over the next 5 years as well as establishment of the National Care Service. The Scottish Government Budget for 2022-23 will provide more detail on funding allocations and the conditions attached.

The IJB's Medium-Term Financial Plan assumed future funding levels on annual uplifts of 2.6% from the Scottish Government. Expenditure levels were based on the Medium-Term Health and Social Care Financial Framework published by the Scottish Government in October 2018, which sets out the future shape of Health and Social Care demand and expenditure. The pandemic, Brexit, cost of living have all changed in the assumptions in the current Framework and the Scottish Government are working on an update to the Health and Social Care Financial Framework due in the autumn.

The IJB's Medium-Term Financial plan will be updated in 2022-23 and will consider additional funding pressures, provide an update on funding arrangements including all non-recurring funding allocations, as well as savings requirements and updates on financial assumptions.

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 2022-23. Plans to invest in transformation activities to provide for financial sustainability in the future will be presented to the IJB for approval.

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 also in the procurement of greener vehicles for use in the health and social care partnership.

The current transformation plan will continue to focus on reducing delayed discharges and demand for care at home through early intervention and reablement approaches across health and social care this will impact on reducing unscheduled admissions to hospital and consequently reduce delayed discharges. Additional capacity in the community to deliver health and care services is essential to ensure system flow, financial investment has been forthcoming in this area, however the challenges are in recruiting and retaining staff.

Understanding our demographics and demand for services is essential in being able to prioritise the allocation of resources, this year we invested additional resource in the performance and planning team to assist with gathering and analysing data in relation to demand and capacity. This year we plan to use this methodology to address our demographic pressures identifying at a local level where the demands are and secure capacity to meet demands. This will involve commissioning different types of service in relation to local needs.

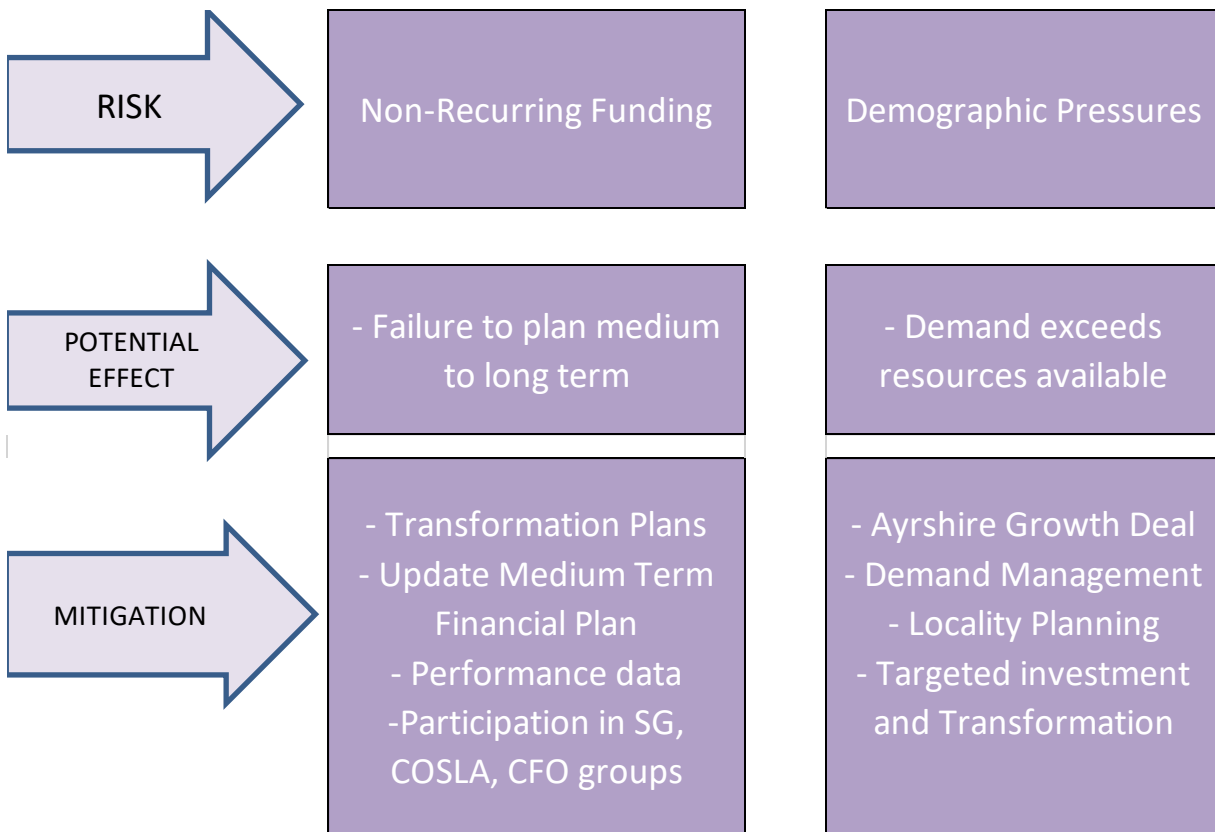
Workforce retention and recruitment is a significant risk at present, resulting in underspends where we have been unable to recruit. An updated long-term workforce plan is being developed and this will inform our resource requirements in line with changes in activity. The HSCP has been working with the local college in developing ways to support students to gain employment within the health and social care. New courses have been developed in collaboration with the college and our Allied Health Professionals in order to provide locally based training opportunities and a career in specific professions. Further plans are being explored with the college to promote careers in health and social care.

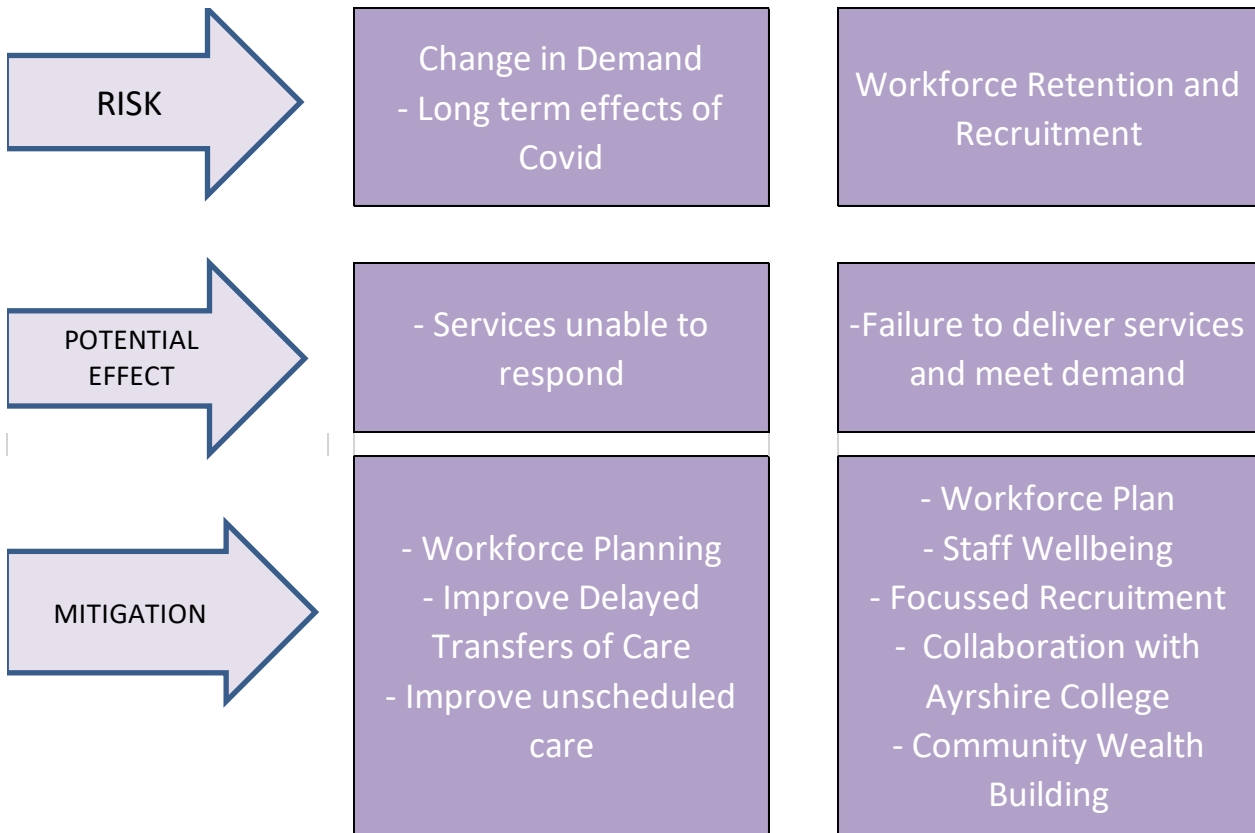
We plan to continue to build on our partnerships with Community Planning, VASA, Pan-Ayrshire HSCP's, Ayrshire College as well as Housing and Education to shape health and social care services specific to local needs.

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.





2022-23 Budget

The approved budget included funding increases delegated from both partners based on a number of conditions and requirements 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, free personal care, supporting carers, demand and demographic growth. Investment in social care included recurring allocations for adult social care wage uplifts implemented in 2021-22 and 2022-23. Additional recurring funding was also provided in the budget for additional community care and social work capacity announced in the Winter Planning investment on 25th October 2021.

	SAC £m	NHS A & A £m	Total £m
Funding Increase Delegated from Partners	14.205	2.610	16.815
Pressures to be Funded	13.538	3.277	16.815
Total Savings Required	(0.667)	0.667	0.000

The budget balanced this year without the need to make efficiencies due to the levels of investment made in community care and health services to build capacity and ensure the adult social care workforce are paid an increased hourly rate.

Conclusion

The IJB has successfully overseen the delivery of all core services in responding to the pandemic as well as achieving savings and transforming services. The engagement with communities during the year has been invaluable in shaping the services for the future. Learnings from this year's engagement, transformation and collaborative working puts us in a good place to develop future financially sustainable services.

Moving into 2022-23, financial planning is essential in managing the use of the Covid reserves in line with Scottish Government expectations and any policy changes in use of PPE and Provider Sustainability Payments.

The refresh of the Medium-Term Financial Plan is key to understanding availability of financial resources alongside expected demand and service redesign, this will be developed in conjunction with the workforce plan. This will enable the IJB to prioritise transformation and invest in areas of greater need tackling inequalities and focussing on prevention and intervention. Performance data combined with financial impact will be essential to understanding demand trends and capacity within our own or commissioned services.

As outlined in the risks above, the levels of non-recurring funding and lack of flexibility in funding allocations require planning to optimise the use of the funding provided and take a longer-term view on workforce planning to tackle the recruitment and retention issues. The workforce plan is key in planning how we will deliver services to meet the demands of health and care needs in South Ayrshire.

General reserves are available for investment and clear parameters have been set for use of these reserves to ensure investment is prioritised based on delivering services which are financially sustainable over the longer term and align with the IJB's strategic priorities.

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
14 September 2022

Tim Eltringham
Chief Officer
14 September 2022

Lisa Duncan
Chief Finance Officer
14 September 2022

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 14 September 2022.

Signed on behalf of the South Ayrshire Integration Joint Board

Linda Semple
Chair of the IJB
14 September 2022

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 31 March 2022 and the transaction for the period covering 1 April 2021 to 31 March 2022.

Lisa Duncan

Chief Finance Officer

14 September 2022

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.

This Annual Governance Statement has also been informed by the CIPFA Guidance Bulletin 06 – 'Application of the Good Governance Framework 2020/21'. This guidance concerns the impact of the continuing Covid pandemic on governance in local government bodies and the requirements of the Delivering Good Governance in Local Government Framework 2016 CIPFA and Solace (the Framework). It also takes account the introduction of the CIPFA Financial Management Code 2019 during 2020/21.

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 Governance Framework

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 2021-22 are summarised below:

- **The IJB**, comprising all IJB Board members, is the key decision-making body. The IJB have continued to meet during the year online, 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 Performance and Audit Committee** 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 2nd edition 2018).
- 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 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.
- **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.
- **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 Locality Planning Partnerships are currently subject of review within the context of broader Community Planning development work which will strengthen their function, influence and representation.
- **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. This was to ensure that public protection matters were being considered through the pandemic and recovery periods. Since Jan 22 the meetings have been reduced to four times annually. In addition to its business COG established a range of public protection Covid related sub groups – Child Protection, Adult Protection, Violence against Women & Justice, Alcohol and Drugs – these groups brought together key agencies, worked to address emerging issues and coordinate responses, they also provided a direct route into COG to escalate any issues requiring immediate executive support.
- **South Ayrshire Health and Social Care Directorate Management Team (DMT)** meets on a regular basis and has increased its frequency over the course of the pandemic. Often meeting daily to discuss operational response during the initial stages and further pandemic waves, the group have continued to meet three times per week.
- 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 Launch of the Strategic Plan, the Learning Disability Strategy refresh and Multi-Disciplinary Team working.

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.

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 30th of June 2022.

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 Auditors 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 31 March 2022 and in the period after the year-end to date;

- The NHS Ayrshire & Arran Health Board's assurance taken from audit work undertaken to date by the appointed internal auditors, Grant Thornton LLP;
- Work undertaken by the partners' external auditors; and
- Chief Internal Auditor's knowledge of the Board's activities for the year 2021-22.

Based on the above, reasonable assurance can be provided over the framework of governance, risk management and control and that adequate controls were in place, and were operating throughout the IJB in 2021-22.

Review of Governance Arrangements

Internal audit activity during the year was undertaken in accordance with the revised annual internal audit plan. The 2021-22 internal audit plan included a review of the IJBs Risk Management Arrangements. The objective of this review was to obtain assurance that there are adequate arrangements in place within the IJB to manage risk. Testing has concluded and the report presented to Performance and Audit Committee on the 30th of June 2022. The internal control assessment can therefore be included in the overall annual audit opinion. Findings conclude that a reasonable assurance opinion can be given on the system of control.

Progress on Actions

This year has resulted in a delay to some of the actions identified in last year's annual accounts, mainly due to resources focussed on the pandemic.

- The Pan-Ayrshire directions work has stalled this year due to other priorities. Financial modelling of fair shares has been completed and based on 2019-20 activity data. During 2021-22 the plan was to use this data modelling and update for 2021-22 activity with full implementation anticipated to be in April 22, this has not been possible due the fluctuations in activity as a result of the pandemic. This will be reviewed in 2022-23 along with any recommendations following the National Care Service consultation.
- The Risk Register has been designed and is regularly updated and reviewed at the Performance and Audit Committee. Risk and Resilience meetings take place every quarter with officers from the HSCP, Council and NHS Ayrshire and Arran.
- Quality assurance and communications posts have been filled. These roles will have had a positive impact on governance and drive the development of the HSCP's Quality Assurance Framework for commissioned services, and providing clear and transparent communications to the public including improved social media presence, internal communications and a dedicated Health and Social Care Partnership website.

Further Actions

The IJB has identified the following actions for 2022–23 that will assist with the further strengthening of corporate governance arrangements:

- Continue to support the Pan-Ayrshire work on developing Directions for Lead Partnership services and implementing new processes defined during the year;
- Develop commissioning plans and Directions in relation to the acute set-aside resources;
- Put in place a plan to review, on a rolling basis, IJB key governance documents, including for example Directions, Standing Orders, Scheme of Delegation and Financial Regulations;
- Annual revision of the Medium-Term Financial Plan reflecting latest intelligence and assumptions to support and inform future funding modelling and scenarios. This will be developed following publication of the Health and Social Care Financial Framework during the year;

- Undertake an assessment of the extent to which financial management arrangements comply with the requirements of the CIPFA Financial Management Code 2019; and
- Integrated Joint Board member training to be rolled out

Conclusion and Opinion on Assurance

Subject to the above actions, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2021–22 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 at the IJB on the 30th June 2021.

Tim Eltringham

Chief Officer

14 September 2022

Linda Semple

Chair of the IJB

14 September 2022

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. Following a change in Council Portfolios, at the IJB meeting of the 25th of June 2020 Councillor Julie Dettbarn was appointed as Chair of the IJB replacing Councillor Brian McGinley, and Linda Semple was appointed as Vice Chair, replacing Councillor Julie Dettbarn.

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 IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB. Therefore, no remuneration disclosures are provided for the Chair or Vice Chair.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Senior Officers of the IJB

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

Chief Officer

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

Other Officers

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

Total remuneration 2020-21 £	Name and post title	Salary, fees and allowances * £	Taxable expenses £	Total remuneration 2021-22 £
118,905	Tim Eltringham Chief Officer	119,211	0	119,211
60,245	Lisa Duncan Chief Finance Officer	61,612	0	61,612
179,149	Total	180,823	0	180,823

*The salary, fees and allowances above include the £500 "Thank You" payment from the Scottish Government

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.

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.

In Year pension contributions				Accrued pension benefits	
	Year to 31/03/2021 £	Year to 31/03/2022 £		Difference from 31/03/2021	As at 31/03/2022
Tim Eltringham			Pension	2,903	65,358
Chief Officer	22,949	23,155	Lump Sum	865	109,287
Lisa Duncan			Pension	1,275	2,645
Chief Finance Officer	11,627	12,005	Lump Sum	0	0
Total	34,576	35,160	Pension	4,178	68,003
			Lump Sum	865	109,287

Number of employees in 2010–21	Remuneration band	Number of employees in 2021–22
1	£115,000–£119,999	1
1	£60,000 - £64,999	1

Exit Packages

There have been no exit packages in 2020-21 or 2021-22.

Tim Eltringham
Chief Officer
14 September 2022

Linda Semple
Chair of the IJB
14 September 2022

Financial Statements

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

2020-21	Service	2021-22		
Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure
£000		£000	£000	£000
68,468	Community Care and Health (incl Covid Costs)	72,760	-	72,760
70,432	Primary Care	72,192	-	72,192
44,304	Mental Health Services (incl Covid Costs)	44,989	-	44,989
23,609	Children and Justice Services (inc Covid Costs)	25,834	-	25,834
3,057	Integrated Care Fund/Delayed Discharges	1,052	-	1,052
9,523	Support Services (incl Covid Costs)	11,689	-	11,689
27,540	Acute Hospitals	28,311	-	28,311
27	IJB Operational Costs	28	-	28
246,960	Cost of Services	256,855	0	256,855
(78,124)	South Ayrshire Council Funding	-	(86,919)	(86,919)
(178,631)	NHS Ayrshire & Arran Funding	-	(188,434)	(188,434)
(256,755)	Total Taxation And Non-Specific Grant Income (note 5)	-	(275,353)	(275,353)
(9,795)	(Surplus) or Deficit on Provision of Services	256,855	(275,353)	(18,498)

The Financial Performance section of the Management Commentary highlights the outturn is £25.025m less than the budget delegated to the IJB. The Comprehensive Income and Expenditure Statement has taken account of £6.527m expenditure incurred this year from funding allocated in 2020-21 and held in reserves, resulting in a surplus on provision of services of £18.498m.

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.

Movement in Reserves	General Fund Balance 2021–22	Earmarked Reserves 2021–22	Total Reserves 2021–22
	£000	£000	£000
Opening balance as at 1 April 2021	3,851	6,355	10,206
Total Comprehensive Income and Expenditure	3,173	15,325	18,498
Adjustments between accounting basis and funding basis under regulations	0	0	0
Increase or (decrease) in year	3,173	15,325	18,498
Closing Balance as at 31 March 2022	7,024	21,680	28,704

Movement in Reserves	General Fund Balance 2020–21	Earmarked Reserves 2020–21	Total Reserves 2020–21
	£000	£000	£000
Opening balance as at 1 April 2020	0	411	411
Total Comprehensive Income and Expenditure	3,851	5,944	9,795
Adjustments between accounting basis and funding basis under regulations	0	0	0
Increase or (decrease) in year	3,851	5,944	9,795
Closing Balance as at 31 March 2021	3,851	6,355	10,206

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 2021 £000		Notes	31 March 2022 £000
10,206	Short Term Debtors	6	28,704
0	Short Term Creditors	7	0
10,206	Net Assets		28,704
10,206	Usable Reserve: General Fund	8	28,704
10,206	Total Reserves		28,704

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Boards as at 31 March 2022 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 1 July 2021 and the audited financial statements will be authorised for issue on 14 September 2022.

Lisa Duncan
Chief Finance Officer
14 September 2022

Notes to the Financial Statements

Note 1 – Significant Accounting Policies

General principles

The Financial Statements summarise the authority's transactions for the 2021-22 financial year and its position at the year-end as at 31 March 2022.

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 2021–22, 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 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

Employee benefits

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

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

Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves. The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

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 2019/20 was based upon Information Services Division Scotland (ISD) 2018/19 activity data at 2017/18 prices with a 7.5% uplift applied. The Set Aside figure included in the IJB accounts for 2021-22 is based upon actual hospital activity in 2019-20, this is the last full year of such activity. The Set Aside sum included in the accounts will not reflect actual hospital usage in 2021-22.

- 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, Family Nurse Partnership and Technology Enabled Care services. It commissions services on behalf of the three Ayrshire IJBs and reclaims the costs involved. This arrangement is treated as an agency arrangement. In the absence of an alternative agreement or approach being outlined in the Integration Scheme, the recharges across the partnerships for lead services are based on an NRAC share of costs, this may not reflect the actual cost of delivering services to the population in the three areas.

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 14th September 2022. 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.

NOTE 4 – Expenditure and Income Analysis by Nature

2020–21		2021–22
£000's		£000's
103,831	Services commissioned from South Ayrshire Council	109,963
142,945	Services commissioned from NHS Ayrshire & Arran	146,705
157	Other IJB Operating Expenditure	159
27	Auditor Fee: External Audit Work	28
(256,755)	Partners Funding Contributions and Non-Specific Grant Income	(275,353)
(9,795)	(Surplus)/Deficit on the Provision of Services	(18,498)

NOTE 5 – Taxation and Non-Specific Grant Income

2020–21		2021–22
£000's		£000's
(78,124)	Funding Contribution from South Ayrshire Council	(86,919)
(178,631)	Funding Contribution from NHS Ayrshire & Arran	(188,434)
(256,755)	Taxation and Non-specific Grant Income	(275,353)

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 £28.311m (2020–21 £27.045m) in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contribution from the NHS Ayrshire and Arran also includes £12.377m allocation from Scottish Government to meet any ongoing covid costs incurred within services delegated to the IJB as detailed in the Integration Scheme.

NOTE 6 – Debtors

31 March 2021		31 March 2022
£000's		£000's
8,129	South Ayrshire Council	21,132
2,077	NHS Ayrshire & Arran	7,572
10,206	Total Debtors	28,704

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 2021 £000's		31 March 2022 £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.

Action 15, Primary Care Improvement Fund (PCIF) and ADP (Alcohol and Drugs Partnership) are Scottish Government allocations which require to be carried forward for use in future years. Lead Partnerships also received additional funding for Primary Care and Mental Health Recovery and Renewal this has also been earmarked for use in future years.

In February 2022 the Scottish Government allocated specific funding to meet the continued costs in responding and recovering from the pandemic, £11.713m has been earmarked for this specific purpose. Community Living funding of £0.410m was allocated from the Scottish Government to be used to improve services and outcomes for delayed discharges for people with complex needs. During the year the IJB has approved specific funds to be earmarked for expenditure expected to be incurred during this financial year and specific winter funding investment balance earmarked in line with Scottish Government expectations.

The IJB held £21.680m in reserves at the 31st of March 2022, earmarked for specific planned expenditure as detailed. Change Fund allocations previously approved by the IJB are £1.518m, with the balance of £5.506m remaining unallocated.

2020-21				2021-22			
Balance at 1 April 2020	Transfers Out 2020-21	Transfers In 2020-21	Balance at 31 March 2021		Transfers Out 2021-22	Transfers In 2021-22	Balance at 31 March 2022
£000's	£000's	£000's	£000's		£000's	£000's	£000's
Earmarked Funds							
169	(169)	42	42	ADP	(42)	502	502
89	(89)	732	732	PCIF	(732)	1,543	1,543
				Primary Care Other	0	477	477
153	(153)	204	204	Action 15	(204)	182	182
				Mental Health Recovery and Renewal	0	1,735	1,735
0	0	4,073	4,073	Covid 19	(4,073)	11,713	11,713
0	0	410	410	Community Living Fund	(410)	410	410
0	0	894	894	Approved Earmarked	(894)	5,118	5,118
411	(411)	6,355	6,355	Total Earmarked	(6,355)	21,680	21,680
				Change Fund Committed	1,062	456	1,518
0	0	3,851	3,851	Unallocated General Fund	(1,234)	2,889	5,506
0	0	3,851	3,851	Total General Fund Reserves	(172)	3,345	7,024
411	(411)	10,206	10,206	Total Reserves	(6,527)	25,025	28,704

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 HSCP operated a PPE hub which distributed stock to South Ayrshire Council staff, external providers and carers. This stock was issued to the hub at no charge by NHS National Services Scotland. This was done under an agency arrangement and the estimate stock issued was £0.076m. As the IJB was acting as an agent regarding PPE transactions it does not recognise any income, expenditure or closing stock of PPE in the annual accounts.

Testing Kits were used during the year to test frontline workers, these were supplied by UK Government with distribution managed by NHS National Services Scotland. This was done under an agency arrangement with the amount of stock issued at a cost of £4.019m.

The Scottish Government provided £500 "Thank You" Payments to all health and social care workers, the expenditure incurred this year was in relation to social care employees within Council services provided and commissioned. NHS staff received their payment last financial year.

The amount of expenditure and income relating to the agency arrangements is shown below.

2020-21 £000's		2021-22 £000's
2,096	Expenditure on Agency Service - Lead Partnership	3,274
631	Expenditure on PPE received from National Services Scotland	76
751	Expenditure on Testing Kits received from National Services Scotland	4,019
0	Expenditure on £500 "Thank You" Payment to social care workers	1,828
(2,096)	Reimbursement for Agency Services - Lead Partnership	(3,274)
(631)	Reimbursement on PPE received from National Services Scotland	(76)
(751)	Reimbursement on Testing Kits received from Scottish Government and Uk Government	(4,019)
0	Reimbursement on £500 "Thank You" Payment to social care workers from Scottish Government	(1,828)
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.

2020-21 £000's	Transactions with NHS Ayrshire & Arran	2021-22 £000's
(178,631)	Funding Contributions received from NHS Board	(188,434)
142,534	Expenditure on Services Provided by NHS Board	146,705
13	Auditor Fee: External Work	14
79	Key Management Personnel: Non-Voting Board Members	79
(36,005)	Net Transactions with NHS Board	(41,636)

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.

31-Mar-21 £000's	Balances with NHS Ayrshire & Arran	31-Mar-22 £000's
2,077	Debtor Balances: Amounts due from NHS Board	7,572
0	Creditor Balances: Amounts due to NHS Board	0
2,077	Net Balances with NHS Board	7,572

2020-21 £000's	Transactions with South Ayrshire Council	2021-22 £000's
(78,124)	Funding Contributions received from South Ayrshire Council	(86,919)
103,831	Expenditure on Services Provided by South Ayrshire Council	109,963
13	Auditor Fee: External Work	14
79	Key Management Personnel: Non-Voting Board Members	79
25,799	Net Transactions with South Ayrshire Council	23,138

31-Mar-21 £000's	Balances with South Ayrshire Council	31-Mar-22 £000's
8,129	Debtor Balances: Amounts due from South Ayrshire Council	21,132
0	Creditor Balances: Amounts due to South Ayrshire Council	0
8,129	Net Balances with South Ayrshire Council	21,132

NOTE 11 – VAT

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

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

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

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

NOTE 12 – Accounting Standards Issued Not Yet Adopted

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that has been issued but not yet adopted. The IJB considers that there are no such standards which would have an impact on the 2020-21 financial statements.



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

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 یہ معلومات نابینا افراد کے لئے ابھرے حروف، بڑے حروف یا آڈیو میں مہیا کی جاسکتی ہے اور اسکا مختلف زبانوں میں ترجمہ بھی کیا جاسکتا ہے۔ رابطہ کی تفصیلات نیچے فراہم کی گئی ہیں۔

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ਇਹ ਜਾਣਕਾਰੀ ਮੰਗ ਕੇ ਬੋਲ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਸਣਨ ਵਾਲੇ ਰਪ ਵਿਚ ਵੀ ਲਈ ਜਾ ਸਕਦੀ ਹੈ, ਅਤੇ ਇਹਦਾ ਤਰਜਮਾ ਹੋਰ ਬੋਲੀਆਂ ਵਿਚ ਵੀ ਕਰਵਾਇਆ ਜਾ ਸਕਦਾ ਹੈ। ਸੰਪਰਕ ਕਰਨ ਲਈ ਜਾਣਕਾਰੀ ਹੇਠਾਂ ਦਿੱਤੀ ਗਈ ਹੈ।

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

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