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A meeting of the **Health & Social Care Integration Joint Board** will be held on **Monday, 22nd October, 2018** at **2.00 pm** in Council Chamber, Scottish Borders Council

AGENDA

Time	No		Lead	Paper
14:00	1	ANNOUNCEMENTS & APOLOGIES	Chair	<i>Verbal</i>
14:01	2	DECLARATIONS OF INTEREST <i>Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.</i>	Chair	<i>Verbal</i>
14:03	3	MINUTES OF PREVIOUS MEETING	Chair	(Pages 3 - 8)
14:05	4	MATTERS ARISING Action Tracker	Chair	(Pages 9 - 14)
14:10	5	LIVE BORDERS	Chief Executive Officer LIVE Borders	<i>Presentation</i>
14:40	6	CHIEF OFFICER'S REPORT	Chief Officer	(Pages 15 - 16)
14:50	7	FOR DECISION		
	7.1	Integration Joint Board Annual Audit Report 2017/18	Chief Financial Officer	(Pages 17 - 46)
	7.2	Alcohol and Drug Partnership Investment Plan 2018-2021	Joint Director of Public Health	(Pages 47 - 70)
	7.3	Integration Joint Board Business Cycle and Meeting Dates 2019	Chief Officer	(Pages 71 - 74)
15:25	8	FOR NOTING		

	8.1	Quarterly Performance Report	Chief Officer	(Pages 75 - 94)
	8.2	Strategic Planning Group Report	Chief Officer	(Pages 95 - 98)
	8.3	Monitoring and Forecast of the Health and Social Care Partnership Budget 2018/19 at 31 August 2018	Chief Financial Officer	(Pages 99 - 106)
15:55	9	ANY OTHER BUSINESS	Chair	
	9.1	Health & Social Care Integration Joint Board Development Session: 19 November 2018	Chief Officer	<i>Verbal</i>
	9.2	Scottish Government Medium Term Health and Social Care Financial Framework	Chief Financial Officer	<i>Verbal</i>
16:00	10	DATE AND TIME OF NEXT MEETING Monday 17 December 2018 at 2.00pm in Committee Room 2, Scottish Borders Council	Chair	<i>Verbal</i>



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 17 September 2018 at 9.30am in Committee Rooms 2 & 3, Scottish Borders Council.

Present:

(v) Cllr D Parker	(v) Dr S Mather (Chair)
(v) Cllr S Haslam	(v) Mrs K Hamilton
(v) Cllr T Weatherston	(v) Mr M Dickson
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor
Dr A McVean	(v) Mr J Raine
Mrs J Smith	Dr C Sharp
Mr D Bell	Mrs C Pearce
Mr J McLaren	Mr S Easingwood
Mr C McGrath	Mr R McCulloch-Graham

In Attendance:

Miss I Bishop	Mrs J Davidson
Mrs J Stacey	Mrs C Gillie
Mrs T Graham	Mrs S Bell

1. Apologies and Announcements

Apologies had been received from Cllr John Greenwell, Mrs Lynn Gallacher and Mr Murray Leys.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Stuart Easingwood to the meeting who was deputising for Mr Murray Leys.

The Chair on behalf of the Board thanked Cllr Helen Laing for her service as a voting member on the Board.

The Chair welcomed Cllr Elaine Thornton-Nicol as a voting member of the Board.

The Chair advised that he had received an informal positive response from the Chairman of NHS Borders in regard to potentially withdrawing the Integrated Care Fund (ICF) conditions, however the matter had yet to be formally approved by the Health Board.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 20 August 2018 were amended at page 2, last paragraph, line 1, to include “that in his opinion the” and at page 3, line 3, to read “Chair of the Community Councils Network” and at page 3, item 6 to amend the title to “Primary Care Improvement Plan (GMS Contract)” and with those amendments the minutes were approved.

4. Matters Arising

4.1 Minute 5: Chief Officer’s Report: Mrs Karen Hamilton sought feedback on the review of the Prof John Bolton work to a future meeting.

4.2 Action 31 & Action 32: Mr Robert McCulloch-Graham advised that both actions would remain delayed until a clear position had been achieved by the Health Board. In the meantime it would be referred to in the regular budget monitoring reports.

A discussion ensued which highlighted: clarification on the delay in identifying savings; the complexities of producing a financial plan within a moving landscape; the risk of producing an incomplete report; management of financial pressures in both the local authority and the health board; operational delivery of strategic decisions could be restricted by the proportion of budget finally available to the Integration Joint Board (IJB); long term direction of travel set by the strategic plan; discussions taking place between the Health Board and Scottish Government in regard to a financial recovery plan over 4-5 years; IJB Audit Committee to discuss the external auditors annual report and evaluation of the financial sustainability of the IJB later that day; and potential to issue directions to contain expense.

The Chair sought a report for the next meeting on how matters would be addressed.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker and asked that a report be submitted to the next meeting to set out how financial matters would be addressed.

5. Chief Officer’s Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted 7 day discharges; public protection; secondment of Mike Porteous; recruitment to the Chief Officer post for Adult Social Care, a Group Manager post and several Healthcare Support Worker posts; and the set aside budget.

Discussion focused on: 7 day discharge and availability of transport; set aside deliberations; and positive progress on regional work on diabetes.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

Cllr D Parker left the meeting.

6. Monitoring of the Integration Joint Budget 2018/19

Mr Mike Porteous gave an overview of the content of the report and highlighted the key elements which included: discussions between the Health Board and Scottish Government in regard to brokerage; the forecast financial position; governance around the content of the report; the Health Board financial forecast position and the financial gap; delegated functions forecast position and overspends of £6.1m; unidentified savings and £1m forecast pressures in prescribing and community hospitals; slippage on in year savings; sickness absence levels; expansion of the Hospital to Home and Craw Wood initiatives; and levels of brokerage required and key risks.

Cllr T Weatherston left the meeting
Cllr D Parker returned to the meeting.

Discussion focused on several key elements including: forecast demographic pressures; demand for dementia beds in the community; rates of sickness absence in the nursing community and how that was being addressed; acuity of patients; nursing vacancy rates; dashboard of sickness absence figures; and tendency to have legacy savings.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast financial position for the Partnership for the year to 31 March 2018/19 based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported NHS Borders in its work to secure brokerage from the Scottish Government for 2018/19 and beyond.

Cllr T Weatherston returned to the meeting.

7. Integration Joint Board Local Code of Corporate Governance

Mrs Jill Stacey presented the revised Local Code of Corporate Governance of the Scottish Borders Health and Social Care Integration Joint Board (IJB), that provided the framework for the corporate governance arrangements for delivering health and social care integration in the Scottish Borders as recommended by the IJB Audit Committee.

Cllr S Haslam left the meeting.

A robust discussion ensued which focused on several key elements including: purpose of the document; legislative requirements following local authority governance principles; responsibilities of Board members and officers; good governance relates to culture and values and the code relies on the values of the partnership organisations not the actual Integration Joint Board; the strategic plan can be used to instil and reflect the IJBs culture, values and engagement in communities and with service users; the local code was evolving and an annual review would take place and allow Board members to feed into the process; no mention of a commissioning policy given the IJB is a commissioning body; annual financial audit process includes an evaluation and assessment each year against the previous version of the local code and improvements are being made and the code will continue to evolve; and potential inclusion in the next iteration of the code of sustainable, economic and social environmental benefits.

Cllr S Haslam returned to the meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the revised IJB Local Code of Corporate Governance.

8. Health & Social Care Partnership Communications Strategy

Cllr D Parker left the meeting.

Mrs Tracey Graham gave an overview of the content of the report and highlighted: improved engagement with communities; focus on improving sign posting; and the launch of Borders Healthy Lives week.

A discussion ensued which highlighted several areas including: resources for communications were provided by both the NHS and Local Authority communications teams; #yourpart campaign and how it relates to IJB outcomes; future discussion of the partnership plan; the strategy as well as signposting should include “encouraging and collating public feedback”; developing improving relationships with the media; more focus on values and culture and the partnerships shared communications culture and behaviours; partnership to be clear about its opportunities to listen to communities and service users; strategic plan values were included in the communications strategy; and whilst there was no statutory duty to respond to journalists there was a statutory duty to engage and involve the public which should set the direction of the communications strategy.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the integrated approach to Partnership communication and the launch of the refreshed Health and Social Care Strategic Plan via the #yourpart campaign.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the communication work streams and standard operating procedures and joint working principles outlined in the Partnership Communication Strategy.

9. Quarterly Performance Report

Mr Robert McCulloch-Graham reminded the Board of the previous discussion and ratification of the report.

A discussion took place which raised several questions in regard to the report content including: how attendances in A&E were counted which was the number who turned up and the number who were admitted were explicitly linked in the reports; requested inclusion of the number of admissions that had been avoided due to SBCares or other packages of care being in place; assurance that the achievement of objective 2 is not at the expense of objective 3; if the key work of IJB is to interact and transform services and work co-productively, where was the efficacy of process to provide assurance; delay in providing delayed discharges comparison data across Scotland was due to a delay with the confirmed national data being available; in regard to co-production there were national standards for community engagement that could be used to match against as a self evaluation as well as

providing an opportunity for the public to get involved; and requested inclusion of the number of discharges in relation to the number of readmissions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified the changes to the performance report as detailed in the report submitted to the Board meeting held on 20 August 2018.

10. Joint Winter Plan 2018/19

Mr Robert McCulloch-Graham presented the joint winter plan and advised that the experience and learning from the previous winter period had been turned into actions for the coming winter period. He reminded the Board that the Integrated Care Fund (ICF) allocation had been agreed to drive forward 2 main pieces of work to relieve winter pressures in the system, namely Craw Wood and Hospital to Home.

Dr Angus McVean noted that whilst the winter plan appeared very robust he could not see any mention of primary care, GPs or District Nurses, who would be fundamental to the success of the winter plan. He further commented that he was concerned about formulating a plan without input from primary care services, although he was aware the plan was due to be submitted to the GP Sub Committee the following month. Mr McCulloch-Graham advised that there was a plan to enhance support around district nurses through Hospital to Home, to look at support to community hospitals and have a full discussion with GPs at the GP Sub Committee.

Further discussion focused on: concern around evening discharges, transport and ensuring family or carers were available; increases in social work admin to support social work 7 day a week provision; and inclusion of the transport hub and third sector support.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Joint Winter Plan 2018/19.

11. Any Other Business

Mr Colin McGrath spoke of his interpretation of legislation in regard to the Community Empowerment Act, his role as a representative of the PPF and the governance structure of the IJB. Cllr Tom Weatherston reminded the Board that every IJB across Scotland had the same voting members ie NHS Non Executives and Local Authority Elected Councillors.

12. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 22 October 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 11.46am.

Signature:
Chair

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Health & Social Care Integration Joint Board Action Point Tracker


Meeting held 27 February 2017

Agenda Item: Health & Social Care Delivery Plan

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
13	8	Tracey Logan advised that there were already strong links to Live Borders in place and she would be happy to provide an update to the IJB if it wished.	Tracey Logan	June 2017	<p>In Progress: Item scheduled for 12 February 2018.</p> <p>Update: Item rescheduled to 20 August 2018 meeting.</p> <p>Update: Item rescheduled to 17 September meeting due to holidays.</p> <p>Complete: confirmation of attendance not received. To be rescheduled to 22 October meeting.</p>	G


Meeting held 12 February 2018

Agenda Item: Inspection Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
24	6	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted the update and agreed to receive a presentation on the Public Protection Service at a Development session later in the year.	Murray Leys	December 2018	In Progress: Item scheduled for 19 November 2018.	


Meeting held 23 April 2018

Agenda Item: Scottish Borders Health and Social Care Partnership 2017/18 Winter Period Evaluation Report

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
29	9	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD welcomed the opportunity to receive a report at a future meeting on Quality and Governance from Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services and Dr Angus McVean, GP Clinical Lead.	Claire Pearce, Angus McVean	2018	In Progress: Item scheduled for 17 December 2018.	

Meeting held 28 May 2018

Agenda Item: Chief Officer's Report

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
30	6	Mr Murray Leys to provide a presentation to a future Development session on Demographics	Murray Leys	2018	In Progress: Item scheduled for 19 November 2018.	

Meeting held 11 June 2018

Agenda Item: Monitoring of the Health and Social Care Partnership Budget 2017/18 at 31 March 2018

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
31	8	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of permanent remedial savings to address the recurring resource gap experienced during both 2016/17 and 2017/18 which required additional contributions from partners at the financial year-end.	Carol Gillie	2018	<p>In Progress: Scheduled for 17 September meeting.</p> <p>Update 17.09.18: Mr Robert McCulloch-Graham advised that both actions would remain delayed until a clear position had been achieved by the Health Board. In the meantime it would be referred to in the regular budget monitoring reports.</p>	




Agenda Item: Deliverability of Health & Social Care Partnership Financial Plan Savings for Financial Year 2018/19

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
32	9	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of savings to address the resource gap in year and recurrently.	Carol Gillie	2018	<p>In Progress: Scheduled for 17 September meeting.</p> <p>Update 17.09.18: Mr Robert McCulloch-Graham advised that both actions would remain delayed until a clear position had been achieved by the Health Board. In the meantime it would be referred to in the regular budget monitoring reports.</p>	

Meeting held 17 September 2018

Agenda Item: Matters Arising

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
33	4	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted the action tracker and asked that a report be submitted to the next meeting to set out how financial matters would be addressed.	Mike Porteous	2018	<p>In Progress: Following the announcement by Scottish Government in regard to the Medium Term Health and Social Care Financial Framework an update will be provided to the next meeting.</p>	

KEY:	
	Overdue / timescale TBA
	<2 weeks to timescale
	>2 weeks to timescale
Blue	Complete – Items removed from action tracker once noted as complete at each H&SC Integration Joint Board meeting

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 22 October 2018



Report By	Robert McCulloch-Graham, Chief Officer Health & Social Care
Contact	Robert McCulloch-Graham, Chief Officer Health & Social Care
Telephone:	01896 825528

CHIEF OFFICER'S REPORT

Purpose of Report:	To inform the Health & Social Care Integration Joint Board (IJB) of the activity undertaken by the Chief Officer since the last meeting.
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Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Note the report.
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Personnel:	Not Applicable
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Carers:	Not Applicable
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Equalities:	Not Applicable
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Financial:	Not Applicable
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Legal:	Not Applicable
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Risk Implications:	Not Applicable
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Chief Officer Report

Health Lives Week

The first week in October was the Scottish Borders' first Healthy Lives Week. This was launched by the Health and Social Care Partnership, which brings together SBC, NHS Borders and the voluntary sector, and has a very important role in looking after people and helping to support them to live healthy, independent lives.

Healthy Lives Week also marked the launch of the Partnership's refreshed Strategic Plan and use of the #yourpart campaign. This focuses on three key aims: improving the health of the population; helping patient flow through the hospital; and increasing the capacity within communities to care for our population.

Establishing Healthy Lives Week was a fantastic opportunity to work with a range of partners to get the word out to people about these three objectives, and the opportunities for the public to play their part in alleviating some of the pressure on health and social care services.

Hospital to Home (H2H)

As part of the expansion of the H2H programme, interviews were held on 24 September for band 2 Health Care Support Workers. We were successful in appointing 18 people who we hope to commence work in late November. An induction plan is currently being prepared for these posts. A Physiotherapist and an Occupational Therapist also started on 1 October as part of this programme.

Winter Plan/Craw Wood

As part of the Winter Plan, we have identified a need to fund an extra 8 beds at Craw Wood however at this moment in time; the financials remain incomplete due to the partial calculation of expenditure on Craw Wood and current expenditure/commitments on the Integrated Care Fund. A formal proposal will be brought to the next meeting in November for consideration, prior to the development session.

New Posts

The two posts of Chief Officer for Adult Social Work & Social Care and Group Manager were advertised earlier this month, with a closing date of 14 October. We are hopeful to appoint after this initial round of recruitment.

Care Inspectorate

We received confirmation from the Care Inspectorate of our change of link inspector to Geoff Mark, Strategic Inspector, as of 20 September. We are currently setting up various introductory meetings as part of the handover to ensure a clear understanding of our priorities, approaches, aspirations and challenges. Stuart Easingwood, the newly appointed Chief Social Work & Public Protection Officer/Interim Service Director for Children & Young People, is also involved in this handover process.

Regional Work

I attended the Housing Sector/Health and Social Care Partnership Chief Officers Roundtable Discussion on 28 September, where IJBs were asked to refresh their Housing Statements in Spring 2019.

Rob McCulloch-Graham
October 2018

Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 22 October 2018



Report By	Mike Porteous, Chief Finance Officer
Contact	Mike Porteous, Chief Finance Officer
Telephone:	07973981394

2017/18 INTEGRATION JOINT BOARD ANNUAL AUDIT REPORT 2017/18

Purpose of Report:	The purpose of this report is to present the independent auditor's Annual Audit Report for 2017/18 to the IJB.
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> a) Note the independent auditor's 2017/18 Annual Report and the key messages it presents. b) Endorse the audited Annual Accounts for 2017/18
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Personnel:	N/A
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Carers:	N/A
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Equalities:	There are no equalities impacts arising from the report.
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Financial:	<p>No resourcing implications beyond the financial resources identified within the report.</p> <p>The report has been reviewed by the Chief Officer and approved by NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer for factual accuracy. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.</p>
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Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
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Risk Implications:	To be reviewed in line with agreed risk management strategy.
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	The key risks outlined in the report form part of the draft financial risk register for the partnership.
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Background

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. This means the IJB must prepare and publish a set of Annual Accounts at the end of each financial year”).
- 2.2 These accounts must be reviewed by an Independent Auditor who will report their findings to the IJB Audit Committee as part of their Annual Audit Report. The report presents the Auditor’s opinion of the accounts and allows them to bring any matters of concern to the committee’s attention. The Code of Audit practice sets out the four dimensions which form the scope of the audit work carried out – Financial Management / Financial Sustainability / Value for Money / Governance and Transparency.

2017/18 – Annual Audit Report

- 3.1 The key messages highlighted within the Annual Audit Report are:

2017/18 Annual Accounts

The Auditors have given the accounts an unqualified report which means they consider that the accounts meet the regulations and requirements of the Act and that they are a true and fair view of the IJB’s financial position

Financial Management and Sustainability

The IJB reported a breakeven position for the year. This was achieved with the implementation of a recovery plan during the year and additional funding of £4.52 million from partners

It was noted that there is a high level of unidentified savings within the funding allocated to the IJB from Health, and that at the time of reporting the 18/19 budgets had not been signed off.

Governance, Transparency and Best Value

The IJB has adequate governance arrangements in place to support the scrutiny of decisions by the Board. However improvements could be made – eg updating the Communications and Stakeholder Engagement Plan. The report identified the IJB’s purpose and vision was clearly outlined in its updated Strategic Plan.

Arrangements for the monitoring and reporting of risks relating to the IJB are not yet fully embedded.

The annual Performance report covered the required areas under the Act and performance reporting to the Board should continue to be further developed.

Action Plan and Risk

The report also included Appendices containing an Action Plan setting out recommendations for improvements for the IJB and a section on Risk which considered any risks identified in the audit planning process. The findings in these appendices largely reflect the fact that the IJB is still maturing in terms of its

planning, management, reporting and governance and the absence of key personnel impacted on some of these aspects.

Summary

- 4.1 The unqualified report and the acknowledgement of the existence of suitable processes and procedures provide the IJB with assurance over the financial aspects of its operation. However the report identifies a number of areas for further development which are being taken forward.
- 4.2 A copy of the 2017/18 Annual Audit Report is attached and the Annual Accounts for 2017/18 can be provided on request.

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Scottish Borders Integration Joint Board

2017/18 Annual Audit Report



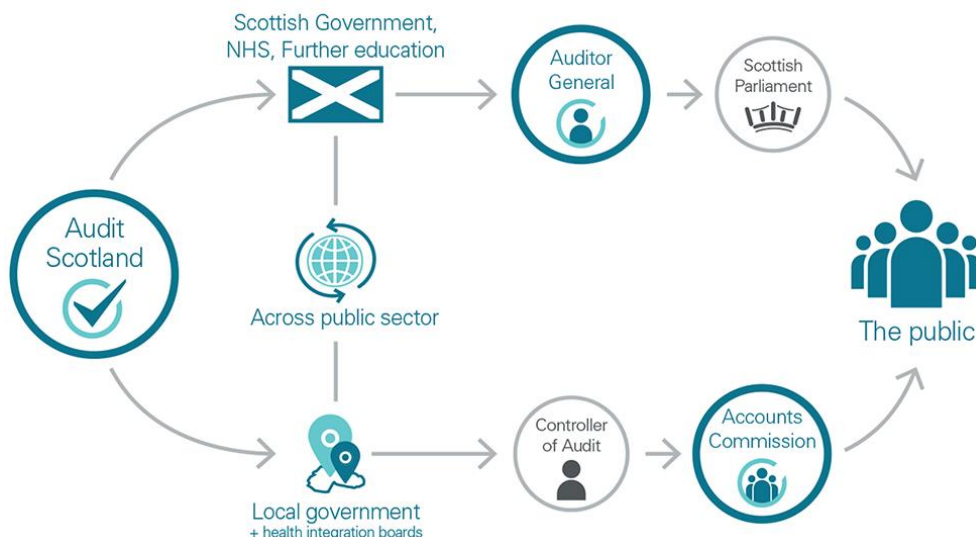
 **AUDIT SCOTLAND**

Prepared for the Scottish Borders Integration Joint Board and the Controller of Audit
September 2018

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Key messages

2017/18 annual report and accounts

- 1 In our opinion Scottish Borders Integration Joint Board's (IJB) financial statements give a true and fair view and were properly prepared.
- 2 The management commentary, remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with applicable guidance.

Financial management and sustainability

- 3 The IJB reported a breakeven position for the year. This was achieved with the implementation of a recovery plan during the year and additional funding of £4.52 million from partners.
- 4 The IJB budget for 2018/19 has not been formally approved due to the high level of unidentified savings in the proposed budget, most of which relate to healthcare services.

Governance, transparency and best value

- 5 The IJB has adequate governance arrangements in place to support the scrutiny of decisions by the board. However improvements could be made in some areas, for example by updating the Communications and Stakeholder Engagement Plan and developing a clear policy on consulting partner organisation representatives.
- 6 Arrangements for the monitoring and reporting of risks relating to the IJB are not yet fully embedded.
- 7 The annual performance report covered the required areas under the Act. Performance reporting to the Board should continue to be further developed.

Introduction

1. This report is a summary of our findings arising from the 2017/18 audit of Scottish Borders Integration Joint Board, hereby referred to as 'the IJB'.
2. The scope of our audit was set out in our Annual Audit Plan presented to the 19 March 2018 meeting of the Audit Committee. This report comprises the findings from:
 - an audit of the IJB's annual accounts
 - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#) as illustrated in [Exhibit 1](#).

Exhibit 1

Audit dimensions



Source: Code of Audit Practice 2016

3. The main elements of our audit work in 2017/18 have been:
 - an interim audit of the IJB's main financial systems (covered by service auditor assurances provided by the auditors of NHS Borders and Scottish Borders Council) and governance arrangements
 - an audit of the IJB's 2017/18 annual accounts including issuing an independent auditor's report setting out our opinions
 - consideration of the four audit dimensions.
4. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices.

5. The IJB is responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

6. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government (Scotland) Act 1973, the [Code of Audit Practice \(2016\)](#), supplementary guidance, and International Standards on Auditing in the UK.

7. As public sector auditors we give independent opinions on the annual accounts. We also review and provide conclusions on the effectiveness of the IJB's financial management and sustainability arrangements, suitability and effectiveness of corporate governance and transparency arrangements, and arrangements for securing value for money. In doing this, we aim to support improvement and accountability.

8. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice \(2016\)](#) and supplementary guidance.

9. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work and may not be all that exist.

10. Our annual audit report contains an agreed action plan at [Appendix 1](#) setting out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.

11. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can confirm that we have not undertaken any non-audit related services and therefore the 2017/18 audit fee of £24,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

Adding value through the audit

12. Our aim is to add value to the IJB by increasing insight into, and offering foresight on financial sustainability, risk and performance and by identifying areas of improvement and recommending / encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

13. This report is addressed to both the IJB and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk.

14. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2017/18 annual accounts



Main judgements

In our opinion Scottish Borders Integration Joint Board's (IJB) financial statements give a true and fair view and were properly prepared.

The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with applicable guidance.

Audit opinions on the annual accounts

15. The annual accounts for the year ended 31 March 2018 were approved on 17 September 2018. We reported within our independent auditor's report that in our opinion:

- the financial statements give a true and fair view and were properly prepared
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

16. Additionally, we have nothing to report in respect of misstatements in information other than the financial statements, the adequacy of accounting records, and the information and explanations we received.

The annual accounts are the principal means of accounting for the stewardship of the board's resources and its performance in the use of those resources.

Submission of annual accounts for audit

17. We received the unaudited financial statements on 26 June 2017, in line with our agreed audit timetable. Financial information was provided to the IJB in a timely manner from the partner authorities in order to allow officers to prepare the accounts by the statutory deadline.

18. The working papers provided with the unaudited financial statements were of a reasonable standard and finance staff provided good support to the audit team which helped ensure the final accounts audit process ran smoothly.

Risks of material misstatement

19. [Appendix 2](#) provides a description of those assessed risks of material misstatement that were identified during the planning process, wider dimension risks, how we addressed these and our conclusions. These risks had the greatest effect on the overall audit strategy, the allocation of staff resources to the audit and directing the efforts of the audit team.

Materiality

20. Misstatements are material if they could reasonably be expected to influence the economic decisions of users taken based on the financial statements. The assessment of what is material is a matter of professional judgement. It involves

considering both the amount and nature of the misstatement. It is affected by our perception of the financial information needs of users of the financial statements.

21. Our initial assessment of materiality for the annual accounts was carried out during the planning phase of the audit. We assess the materiality of uncorrected misstatements, both individually and collectively. The assessment of materiality was recalculated on receipt of the unaudited financial statements and is summarised in [Exhibit 2](#).

Exhibit 2

Materiality values

Materiality level	Amount
Overall materiality	£1.75 million
Performance materiality	£1.23 million
Reporting threshold	£35,000

Source: Audit Scotland

Evaluation of misstatements

22. There were no material adjustments to the unaudited financial statements arising from our audit. There were no individual misstatements which exceeded our reporting threshold.

Significant findings from the audit in accordance with ISA 260

23. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including qualitative aspects of the board's accounting practices. There are no significant findings arising from the audit of the IJB.

Other Findings

24. Our audit identified a number of presentational and disclosure issues which were discussed with management. These were adjusted for and are reflected in the audited financial statements.

Good practice in financial reporting

25. The annual accounts reflect many of the good practice points as set out in the Audit Scotland good practice note on '[Improving the quality of local authority accounts – integration joint boards](#)' (April 2018).

Follow up of prior year recommendations

26. We have followed up actions previously reported and assessed progress with implementation, these are reported in [Appendix 1](#) and identified by the prefix b/f (brought forward).

27. In total, seven agreed actions were raised in 2016/17. All seven actions have either not been actioned or have only partly been actioned. See [Appendix 1](#) for details.

Part 2

Financial management and sustainability



Main judgements

The IJB reported a breakeven position for the year. This was achieved with the implementation of a recovery plan during the year and additional funding of £4.52 million from partners.



The IJB budget for 2018/19 has not been formally approved due to the high level of unidentified savings in the proposed budget, most of which relate to healthcare services.

Financial management

28. As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We do this by considering several factors, including whether:

- the Chief Financial Officer has sufficient status to be able to deliver good financial management
- standing financial instructions and standing orders are comprehensive, current and promoted within the IJB
- reports monitoring performance against budgets are accurate and provided regularly to budget holders
- IJB members provide a good level of challenge and question budget holders on significant variances.

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

29. Arrangements have been put in place in the absence of a Chief Finance Officer (CFO) for a year. Recruitment proved unsuccessful and the post of CFO has recently been filled on an interim basis by a secondee. The role of CFO in an IJB is unique, in the absence of IJB accounting systems, but is significant for working with partners to drive financial strategies, promote new ways of working and to evaluate the impact of system redesign for the realisation of IJB objectives.

30. A finance officer from the council has ensured that financial monitoring reports are prepared and taken to each meeting of the IJB. From attendance at the Board and Audit Committee meetings we have observed members challenging and questioning officers on the financial position

Systems of internal control

31. The IJB does not have any financial systems of its own. All financial transactions of the IJB are processed through the financial systems of NHS Borders (NHSB) and Scottish Borders Council (SBC). The key financial systems it relies upon include general ledger, trade payables, trade receivables and payroll.

32. As part of our audit approach we sought assurances from the external auditors of NHSB and SBC (in accordance with ISA 402) and confirmed there were no

weaknesses in the systems of internal controls for NHS Borders and Scottish Borders Council that impacted on the IJB.

33. At present the transactions of the IJB are not recorded in a financial ledger, but are instead recorded in separate working papers. This was also the case in the prior year. In order to improve record keeping and allow for easier financial reporting, we continue to recommend that the IJB is set up as a separate entity in one of the partner organisation's ledgers.

[Appendix 1, Action Plan point 1](#)

Financial performance in 2017/18

34. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure for the IJB is incurred by partner bodies (Scottish Borders Council and NHS Borders) and processed in their accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the IJB.

35. During the year the original budget for 2017/18 was supplemented by additional funding from the partners of the IJB, with NHSB providing an additional £4.23 million and SBC providing £0.29 million, in order to achieve a breakeven position as summarised in [Exhibit 3](#) below. The additional funding was required due to overspends in areas including prescribing costs and older people's care. Spend on the large hospital set aside was higher than originally budgeted mainly due to non-delivery of planned efficiencies. The financial position was reported to the IJB at each of its meetings during the year so that members were kept informed of the actual position and of changes to the budget during the year.

36. Arrangements for the sum set aside for hospital acute services under the control of the IJB are not yet operating as required by legislation and statutory guidance. Guidance issued by the Scottish Government during the year confirmed that transitional arrangements agreed in 2016/17 could continue to be applied in 2017/18. In common with other IJBs, a notional figure has been agreed and included in the annual accounts.

[Appendix 1, Action Plan point 2](#)

Exhibit 3

Performance against budget

IJB budget objective summary	Original Budget £m	Revised Budget £m	Actual £m
Funding from NHS Borders	102.0	105.2	105.2
NHS Borders large hospital set-aside	19.0	24.4	24.4
Funding from Scottish Borders Council	45.7	46.6	46.6
Additional funding from SBC and NHSB (see paragraph 34 above)	0.0	4.5	4.5
Total funding	166.7	176.2	176.2

Source: Scottish Borders IJB 2017/18 annual accounts and 2017/18-2019/20 Financial Statement (plan)

Financial planning

37. The IJB allocates the resources it receives from NHSB and SBC in line with the Strategic Plan. The 2018/19 financial plan was presented to the Board in April 2018. The report identifies that the budget allocation to the IJB totals £168.37 million, which is funded by £45.84 million from SBC for social care, £102.39 million from NHS Borders for healthcare and £20.14 million healthcare set-aside.

38. The report includes a requirement to deliver £9.88 million of savings during the year in order to breakeven. This is split £7.44 million from NHSB and £2.44 million from SBC. At the time of the financial plan being presented, plans to achieve £5.24 million of the NHS savings were still unidentified. The budget was not approved at the April Board meeting due to the level of unidentified savings in the plan.

[Appendix 1, Action Plan point 3](#)

39. In August 2018 a paper was scheduled for consideration by the Board on the 2018/19 financial position. Monitoring was based on the proposed budget as the plan for the year had still not been agreed due to the level of unidentified savings. This report highlighted that the anticipated outturn for the 2018/19 financial year was an overspend of £7.06 million more than budget, mostly due to the remaining £4.81 million of unidentified savings. The financial position report was not considered by the Board at the August meeting as the meeting became inquorate before the paper could be discussed.

[Appendix 1, Action Plan points 4 & 5](#)

Reserves strategy

40. The Integration Scheme for the IJB is included within its Code of Corporate Governance. A reserves policy was agreed by the IJB in February 2017. Both these documents set out the arrangements between the partners for addressing and financing any overspends or underspends. Planned underspends in an element of the operational budget arising from specific management action may be retained by the IJB to either fund additional in year capacity or be carried forward to fund capacity in future years of the Strategic Plan. Any unplanned underspend will be returned to NHSB or SBC by the IJB either in the proportion that individual pressures have been funded or based on which service the savings relate. At the year end the IJB did not hold any reserves.

EU withdrawal

41. There remains significant uncertainty about the detailed implications of EU withdrawal (i.e. Brexit). It is critical that public sector bodies are working to understand, assess and prepare for the impact on their business in three broad areas:

- Workforce - the extent to which changes to migration and trade policies are likely to affect the availability of skilled and unskilled labour.
- Funding – the extent to which potential changes to funding flows are likely to affect the finances of the organisation and the activity that such funding supports.
- Regulation – the extent to which potential changes to regulation across a broad range of areas overseen at an EU level are likely to affect the activities of the organisation.

42. The IJB will wish to be well informed in how Scottish Borders Council and NHS Borders are working to monitor and respond to the impact of the EU withdrawal on their services. Due the uncertainties surrounding the terms of the withdrawal, currently there are no fixed plans in place in the IJB at this stage.

Part 3

Governance, transparency and best value



Main judgements

The IJB has adequate governance arrangements in place to support the scrutiny of decisions by the board. However improvements could be made in some areas, for example by updating the Communications and Stakeholder Engagement Plan and developing a clear policy on consulting partner organisation representatives.

Arrangements for the monitoring and reporting of risks relating to the IJB are not yet fully embedded.

The annual performance report covered the required areas under the Act. Performance reporting to the Board should continue to be further developed.

Governance arrangements

43. The IJB was established under The Public Bodies (Joint Working) (Scotland) Act 2014. Its role is to: oversee the development and preparation of the Strategic Plan for services delegated to it; allocate resources in accordance with the Strategic Plan and ensure that the national and local health and wellbeing outcomes are met.

44. The governance structure at the IJB consists of two layers:

- The IJB approves all decisions proposed by the Executive Management Team (EMT). The EMT consists of senior officers from NHSB and SBC, including their Chief Executives. The Board receives regular progress updates from the EMT through the Chief Officer and Chief Financial Officer as well as frequent and regular financial and performance planning and management reports.
- The EMT supports the Chief Officer to commission tests of change and/or service redesign. These are then drawn up into business cases at the operational level of the governance structure and returned to the EMT for review and decision making. The EMT also considers or supports the preparation of all reports to the IJB and advises the Chief Officer on the IJB's governance, planning, monitoring and reporting responsibilities.

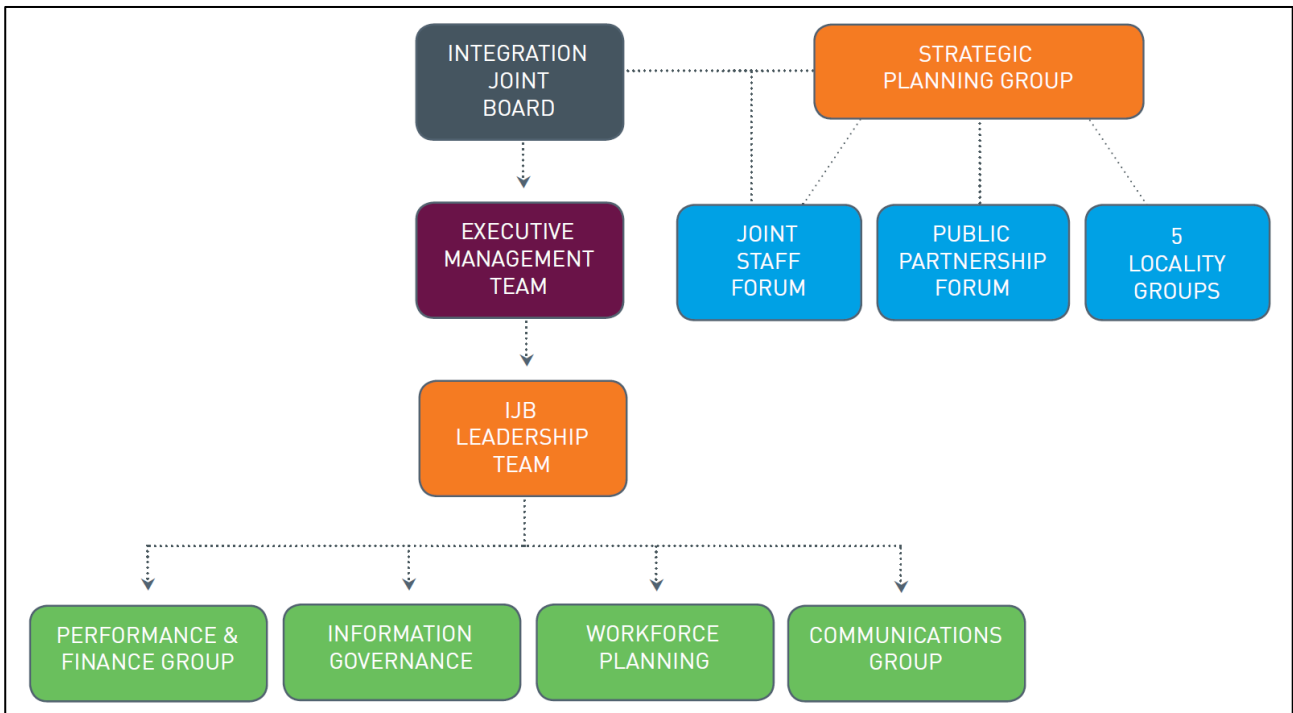
45. The Strategic Planning Group, Public Participation Forum and the Joint Staff Forum offer advice to the IJB whilst the Health and Social Care Joint Management Team provide operational support and delivery and progress reporting.

46. A summary of the structure is provided in [Exhibit 4](#) below.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

Exhibit 4

Governance structure for Scottish Borders IJB



Source: Scottish Borders Health & Social Care Partnership Annual Performance Report 2017/18

47. As part of their annual assurance report, Internal Audit found that the governance arrangements at the IJB were generally effective but identified some areas of weakness that could be improved. These included updating the Communications and Stakeholder Engagement Plan to provide clear guidance on the types of issues that consultation or engagement with the public and service users will take place in the future and when to conduct it; and developing a clear policy on what, how and when staff and their representatives within the partner organisations are consulted. Internal Audit also recommended considering making the distinction clearer between IJB strategic matters and provider operational issues when setting agendas for the benefit of the IJB Board Members.

Chief Officer and Chief Financial Officer

48. The IJB is required to have a Chief Officer under the Public Bodies (Joint Working) (Scotland) Act 2014. The Chief Officer is accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Commissioning Plan, including overseeing the operational delivery of delegated services. A new Chief Officer was appointed in October 2017 following the retirement of the previous Chief Officer in September 2017.

49. The Chief Financial Officer (CFO) is responsible for financial management and strategic planning, keeping adequate proper accounting records, providing financial monitoring reports to the IJB, and taking steps for the prevention and detection of fraud and other irregularities.

50. The CFO post was filled on an interim basis until September 2017 by a Scottish Borders Council officer. Since then, the responsibilities of the role have been covered by the Director of Finance at NHSB and the Chief Finance Officer at SBC. A recruitment campaign to appoint a new CFO was run during the year, however a lack of sufficient interest in the position meant that no appointment was made following the campaign. A new CFO has now been appointed on a 12 month secondment from August 2018.

Transparency

51. Transparency means that the general public has access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

52. The IJB's purpose and vision are outlined in its Strategic Plan. The plan outlines a number of national and local policies, strategies going forward and the key priorities going forward. The Strategic Plan sets out the actions that the partnership will take and provides a basis for measuring how well they are doing and how these are linked to the IJB's priorities and the national outcomes. The Strategic Plan has been refreshed during the year and the Strategic Plan for 2018-2021 is due to be published in September 2018.

53. Full details of the meetings held by the IJB and the Audit Committee are available through the SBC website and both meetings are open to the public to attend. This is considered good practice as not all public sector bodies offer this level of transparency, particularly when it comes to the Audit Committee.

Risk management

54. The IJB approved a risk management strategy in March 2016 which sets out: the reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities; and monitoring arrangements.

55. As reported by Internal Audit and ourselves in 2016/17, although a strategy is in place, risk management is not yet embedded in the culture of the IJB and consideration of risk is rarely documented in Board deliberations. A risk register for the IJB has been developed, but this has not been presented to the Board for consideration. This is an ongoing area of improvement with an associated Internal Audit action agreed by Management.

[Appendix 1, Action Plan point 6](#)

Internal audit

56. Internal audit provides the IJB board and Chief Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes.

57. The internal audit function is carried out by the Internal Audit service of Scottish Borders Council. We carried out a review of the adequacy of the internal audit function and concluded that it operates in accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

58. To avoid duplication of effort we consider the work of Internal Audit wherever possible. In 2017/18 we used Internal Audit's work, reported in their annual assurance report for 2017/18, as part of our wider dimension work. The report for 2017/18 provided opinions on governance, risk management and performance management arrangements at the IJB, however it did not include an overall opinion on the effectiveness of the IJB's governance framework. We have agreed with the Chief Internal Auditor that the report for 2018/19 will provide greater clarity on the overall opinion.

Standards of conduct and arrangements for the prevention and detection of bribery and corruption

59. The IJB does not have its own fraud or whistleblowing policies. It relies on the policies in place at Scottish Borders Council and NHS Borders. The IJB has responsibility for frauds incurred in relation to delegated services and should receive updates from SBC or NHSB if there are any relevant suspected or actual cases of fraud. The IJB's internal audit function receives assurances from the

internal auditors of SBC and NHSB, and reports to the IJB Audit Committee which would allow any identified issues to be reported. No instances of suspected fraud have been reported to the IJB Audit Committee in 2017/18.

Best Value and performance management

60. Best Value duties apply to accountable officers across the public sector. As part of this year's audit IJB auditors have looked at how the IJB demonstrates that it is meeting its BV duties. To achieve value for money the IJB should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

61. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end. Guidance highlights that the report should cover areas including; assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, inspection of services, and a review of the strategic commissioning plan.

62. A draft annual performance report was submitted to the IJB Board meeting in May 2018 and the final report published in July 2018. The report covers the information required by the Act and sets out the IJB's performance against its 12 key priorities for the year. Work highlighted in the report includes a continued focus on reducing unplanned admissions to hospital as well as reducing delayed discharges. This has resulted in the development of a number of discharge to assess initiatives, pathway redesigns and enablement approaches in 2017/18.

63. The IJB board receives performance reports on a quarterly basis. During the year an Integration Performance & Finance Group was formed which monitors and reports on the performance against indicators. The indicators reported to the Board have continued to develop during 2017/18, however the Internal Audit report found that reporting could still be improved by developing monitoring of: progress against national and local objectives; the quality of services it commissions for users; and value for money within commissioned services. This is an ongoing area of improvement with associated Internal Audit actions agreed by Management.

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

[Appendix 1, Action Plan point 7](#)

National performance audit reports

64. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2017/18 we published some reports which are of direct interest to the Board as outlined in [Appendix 3](#). Processes are in place to ensure that all national performance reports and their impact are considered by the Board.

Appendix 1

Action plan 2017/18

2017/18 recommendations for improvement



No.	Issue/risk	Recommendation	Agreed management action/timing
1	<p>Financial ledger</p> <p>As we reported last year the financial transactions of the IJB are currently based on transactions within the ledgers of NHSB and SBC, with the year end accounts prepared based on workings recorded in a spreadsheet.</p> <p>There is a risk that without a separate ledger for the IJB financial monitoring and reporting is not being carried out as efficiently as possible.</p>	<p>The IJB should arrange for its financial transactions to be recorded within a financial ledger in order to allow easier financial monitoring and reporting.</p> <p>Paragraph 33</p>	<p>Agreed</p> <p>Responsible Officer</p> <p>Chief Financial Officer Scottish Borders Council</p> <p>Agreed date</p> <p>31 March 2019</p>
2	<p>Hospital acute services (set aside)</p> <p>Arrangements for the sum set aside for hospital acute services under the control of the IJB are not yet operating as required by legislation and statutory guidance. In common with other IJBs, a figure has been agreed and included in the annual accounts based on the budget agreed at the start of the year. This was a transitional arrangement for 2016/17 that was agreed by the Scottish Government to continue in 2017/18.</p> <p>There is a risk that in future years the sum set aside recorded in the annual accounts will not reflect actual hospital use.</p>	<p>NHSB and the IJB should prioritise establishing revised processes for planning and performance management of delegated hospital functions and associated resources in 2018/19.</p> <p>Paragraph 36</p>	<p>Actual spend has been reported throughout 17/18.</p> <p>Director of Finance NHS Borders</p> <p>Chief Financial Officer IJB</p>
3	<p>Financial Planning</p> <p>The 2018/19 budget for the IJB requires the delivery of £9.88 million of savings during the</p>	<p>Plans to meet the required savings should be identified and the budget for the year should be approved by the IJB.</p>	<p>Plans have been presented to the Board relating to the savings required by the Council Social Work budget and elements of the NHS</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
	<p>year in order to breakeven. This is split £7.44 million from NHSB and £2.44 million from SBC. The budget was not approved by the IJB as plans to achieve £5.24 million of the NHS savings were still unidentified.</p> <p>There is a risk that the IJB is not able to develop appropriate budgets each year if full savings plans are not in place.</p>	<p>Paragraph 38</p>	<p>budgets. The remaining gap is the subject of ongoing management action and negotiation between NHS Borders and the Scottish Government regarding brokerage. The IJB has asked NHS Borders to advise them how this gap will be bridged and when that is reported will be in a position to approve the budget for 2018/19.</p> <p>Responsible Officer(s)</p> <p>Chief Financial Officer IJB and NHS Director of Finance</p> <p>Agreed date</p> <p>31 October 2018</p>
4	<p>Financial Position</p> <p>In August 2018 a paper was scheduled for consideration by the Board on the 2018/19 financial position based on the proposed budget. The anticipated outturn for the 2018/19 financial year was an overspend of £7.06 million more than budget, mostly due to £4.81 million of unidentified savings.</p> <p>There is a risk that the IJB is not able to effectively manage its expenditure within budget and additional funding is required from its partner organisations.</p>	<p>The Board should continue to monitor financial performance and ensure savings plans are in place to manage forecast overspends.</p> <p>Paragraph 39</p>	<p>Agreed. Regular monitoring reports will continue to be presented to the IJB. The next Board meeting agenda on the 17 September will contain the latest monitoring update for 2018/19.</p> <p>Responsible officer</p> <p>Chief Financial Officer IJB</p> <p>Agreed date</p> <p>17 September 2018</p>
5	<p>Governance</p> <p>The Board's August meeting became inquorate part way through the meeting meaning that papers, including financial monitoring and performance reporting, could not be considered by the Board.</p> <p>There is a risk that the Board is not able to provide effective scrutiny without sufficient prioritisation of agenda items in meetings.</p>	<p>The Board should ensure that agenda items are prioritised and that there is sufficient time at meetings to adequately scrutinise papers.</p> <p>Paragraph 39</p>	<p>There was an important issue that absolutely required debate and agreement and was therefore prioritised in the meeting. Any papers that weren't presented were put on the following meeting agenda which was in 4 weeks. The business of the IJB has increased and a decision was made to increase the frequency of the meetings. This issue is not considered a risk.</p> <p>Chief Officer IJB</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
			17 September 2018
6	<p>Risk management</p> <p>As we reported last year, although the IJB has a risk management strategy in place, and a risk register has been prepared, risk management is not fully embedded, and the risk register has not been considered by the Board.</p> <p>This is an ongoing area of improvement with an associated Internal Audit action agreed by Management.</p> <p>There is a risk that the risk management arrangements are not effective.</p>	<p>Risk management arrangements should be embedded at the Board and risk registers should be regularly reported to the Board.</p> <p>Paragraph 55</p>	<p>One ongoing Management Action agreed with Internal Audit which is being progressed.</p> <p>Responsible officer</p> <p>Chief Officer IJB</p> <p>Agreed date</p> <p>December 2018</p>
7	<p>Performance information</p> <p>Information on performance that is reported to the Board has continued to develop during 2017/18. There are still areas that could be improved, including updating the Communications and Stakeholder Engagement Plan and developing a clear policy on what, how and when staff and their representatives within the partner organisations are consulted.</p> <p>This is an ongoing area of improvement with associated Internal Audit actions agreed by Management.</p> <p>There is a risk that the board is not receiving appropriate indicators to allow monitoring of the implementation of the commissioning plan.</p>	<p>Performance indicators used should continue to be improved and aligned to the refreshed Strategic Plan.</p> <p>Paragraph 63</p>	<p>Two ongoing Management Actions agreed with Internal Audit which are being progressed.</p> <p>Responsible officer</p> <p>Chief Officer IJB</p> <p>Agreed date</p> <p>December 2018</p>

Follow up of prior year recommendations

b/f	<p>Hospital acute services (set aside)</p> <p>Arrangements for the sum set aside for hospital acute</p>	<p>NHSB and the IJB should prioritise establishing revised processes for planning and performance management of</p>	<p>Guidance from the Scottish Government during the year confirmed that the set aside figure in the annual accounts</p>
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No.	Issue/risk	Recommendation	Agreed management action/timing
	<p>services under the control of the IJB are not yet operating as required by legislation and statutory guidance.</p> <p>In common with other IJBs, a figure has been agreed and included in the annual accounts based on the budget agreed at the start of the year. This is a transitional arrangement for 2016/17 agreed by the Scottish Government.</p> <p>There is a risk that in future years the sum set aside recorded in the annual accounts will not reflect actual hospital use.</p>	delegated hospital functions and associated resources in 2017/18.	<p>could continue to be based on the agreed notional figure.</p> <p>We will continue to monitor the position as part of the 2018/19 audit.</p> <p>See action plan point 2 above</p>
b/f	<p>Financial ledger</p> <p>The financial transactions of the IJB are currently based on transactions within the ledgers of NHSB and SBC, with the year end accounts prepared based on workings recorded in a spreadsheet.</p> <p>There is a risk that without a separate ledger for the IJB financial monitoring and reporting is not being carried out as efficiently as possible.</p>	The IJB should arrange for its financial transactions to be recorded within a financial ledger in order to allow easier financial monitoring and reporting.	See action plan point 1 above
b/f	<p>Savings in future years</p> <p>The financial statement (plan) covering 2017/18 – 2019/20 contains a large level of required savings over the period, with a significant level of these currently unidentified.</p> <p>There is a risk that the IJB is not able to develop appropriate budgets each year if full savings plans are not in place.</p>	The IJB should ensure that plans for the required savings are identified as soon as possible.	See action plan point 3 above
b/f	<p>Financial Performance</p> <p>The latest financial monitoring report from August 2017 highlighted that an anticipated outturn of £9.40 million more than budget was expected, with work on-going to implement a recovery plan.</p>	The Board should continue to monitor financial performance and ensure savings plans are in place to manage forecast overspends.	See action plan point 4 above



No.	Issue/risk	Recommendation	Agreed management action/timing
	<p>There is a risk that the IJB is not able to effectively manage its expenditure within budget and additional funding is required from its partner organisations.</p>		
b/f	<p>Chief Officer and Chief Financial Officer</p> <p>The Chief Officer and Chief Financial Officer for the IJB are both leaving their posts in September 2017, with the Chief Financial Officer having been in his post on an interim basis since April 2016.</p> <p>There is a risk that changes in key personnel impacts on the ability of the IJB to deliver its strategic objectives.</p>	<p>A Chief Officer should be appointed on a permanent basis as soon as possible.</p> <p>The interim Chief Financial Officer arrangements should be reviewed during 2017/18 to ensure the arrangement is working effectively.</p>	<p>A new Chief Officer was appointed on a permanent basis from October 2017.</p> <p>A new Chief Financial Officer has been appointed from August 2018 on a 12 month secondment.</p>
b/f	<p>Risk Management</p> <p>Although the IJB has a risk management strategy in place, risk management is not fully embedded and risk registers are not regularly produced or considered by the Board.</p> <p>There is a risk that the arrangements are not effective.</p>	<p>Risk registers should be regularly reported to the Board.</p>	<p>See action plan point 6 above</p>
b/f	<p>Performance monitoring</p> <p>Performance monitoring arrangements at the IJB have been in development during 2016/17 and regular reports have only started to be taken to the Board during 2017/18.</p> <p>There is a risk that the Board is not able to adequately monitor performance.</p>	<p>The performance monitoring arrangements in place should continue to be developed to ensure that information provided to the Board allows for effective scrutiny of performance.</p>	<p>See action plan point 7 above</p>

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual accounts and those relating our wider responsibility under the Code of Audit Practice 2016.












Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
<p>1 Risk of management override of controls</p> <p>Although we have not identified any specific risks of management override relating to the IJB, ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls in order to change the position disclosed in the financial statements.</p>	<p>Detailed testing of journal entries.</p> <p>Service auditor assurances will be obtained from the audits of Scottish Borders Council ("the council") and NHS Borders ("the health board") over the completeness, accuracy and allocation of the income and expenditure.</p>	<p>Assurances were provided by the auditors of NHSB and SBC regarding the completeness, accuracy and allocation of income and expenditure.</p> <p>No issues were identified.</p>
<p>2 Hospital Set Aside Sum</p> <p>Arrangements for the sum set aside for hospital acute services under the control of the IJB are not yet operating as required by legislation and statutory guidance. A notional figure should be agreed and included in the financial statements.</p> <p>There is a risk that the sum recorded as set aside for acute services in the annual accounts does not reflect actual hospital use.</p>	<p>Continued engagement with officers prior to the accounts being prepared to ensure that the relevant information is disclosed and the timetable is met.</p>	<p>Guidance from the Scottish Government during the year confirmed that the set aside figure in the annual accounts could continue to be based on the agreed notional figure.</p>
<p>3 Chief Financial Officer</p> <p>There is currently no Chief Finance Officer (CFO) in post. The IJB has agreed that the CFO role will be advertised and it is expected that a new CFO will be appointed from April 2018.</p>	<p>Ongoing meetings and discussions with officers</p>	<p>A new CFO was not appointed due to lack of suitable candidates. A CFO has been appointed from August 2018 on a 12 month secondment.</p> <p>See point 5 in Appendix 1.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>There is a risk that financial reporting to the IJB and preparation of the annual accounts could be adversely affected by the absence of a permanent CFO.</p>		
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
<p>4 Financial sustainability</p> <p>The latest financial monitoring report presented to the IJB in February 2018 reported a projected outturn of £175.4m against a revised budget of £166.6m, an overspend of £8.8m. This overspend relates mostly to healthcare services and a recovery plan has been prepared setting out how the forecast overspend will be addressed in order to achieve a breakeven position.</p> <p>There is a risk that overspends may require additional payments from Scottish Borders Council and NHS Borders and that there may be difficulties in producing a balanced outturn in future years. .</p>	<p>Ensure budget monitoring is robust and accurately reflects the financial position.</p> <p>Confirmation of agreement of funding and balances with host bodies.</p>	<p>Budget monitoring reports were presented to the IJB during the year. The IJB reported a breakeven position at the year end, however additional contributions totalling £4.52 million were required from partners to achieve this position.</p> <p>See points 2 and 3 in Appendix 1</p>
<p>5 Chief Officer</p> <p>The IJB has had four Chief Officers since its initial formation in February 2016, including one interim Chief Officer. The Chief Officer is a key role, responsible for the preparation, implementation and reporting on the Strategic Commissioning Plan as well as overseeing operational delivery of delegated services.</p> <p>There is a risk that the high turnover in this key governance role has delayed delivery of the IJB's Commissioning Plan.</p>	<p>Monitor arrangements during the year through discussion with officers and attendance at meetings.</p>	<p>A permanent Chief Officer has been in post from October 2017.</p> <p>No issues have been identified with the arrangements.</p>
<p>6 Care Services</p> <p>The Care Inspectorate and Healthcare Improvement Scotland published a joint report on adult health and social care services in the Scottish Borders in September 2017. This report evaluated three out of nine quality indicators as being 'weak' and</p>	<p>Monitor follow up to the agreed action plan.</p>	<p>An action plan was produced and reported to the IJB in June 2018. The plan was agreed with the Care Inspectorate and Healthcare Improvement Scotland. Meetings are regularly held with the Care Inspectorate to confirm progress with the action plan.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>identified thirteen recommendations for improvement.</p> <p>There is a risk that the IJB is not ensuring that adequate services are being delivered.</p>		<p>The IJB is taking appropriate steps to address the issues identified in the inspection.</p>

Appendix 3

Summary of national performance reports 2017/18

 2017/18 Reports		
Apr		
May		
Common Agricultural Policy Futures programme: further update		Jun  Scotland's colleges 2017
		 NHS workforce planning
Jul		
Self-directed support: 2017 progress report		Aug
Equal pay in Scottish councils		Sept
Transport Scotland's ferry services		Oct  NHS in Scotland 2017
Local government in Scotland: Financial overview 2016/17		Nov
Dec		
Jan		
Early learning and childcare		Feb
Managing the implementation of the Scotland Acts		Mar

Reports relevant to Integration Joint Boards

[*Self-directed support: 2017 progress report*](#) – August 2017

[*NHS in Scotland 2017*](#) – October 2017

Scottish Borders Integration Joint Board

2017/18 Annual Audit Report

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 22 October 2018



Report By	Dr Tim Patterson, Joint Director of Public Health
Contact	Fiona Doig
Telephone:	01835 825900

ALCOHOL AND DRUG PARTNERSHIP INVESTMENT PLAN – 2018-2021

Purpose of Report:	To seek approval for the Alcohol and Drug Partnership (ADP) Investment Plan for 2018-21.
Recommendations:	The Health & Social Care Integration Joint Board (IJB) is asked to: a) Approve this plan.
Personnel:	There will be additional staff recruited to deliver the proposals in the Investment Plan.
Carers:	A Needs Assessment will be carried out to identify potential responses to adult family members impacted by another's alcohol or drug issue.
Equalities:	A Health Inequalities Impact Assessment will be completed.
Financial:	This Investment Plan has been developed in response to additional £358,000 funding received by ADP.
Legal:	n/a
Risk Implications:	Delay in approval will risk ongoing delay in staff recruitment.

Background

Scottish Government reduced national ADP funding by £15million (22.4%) for 2017-18. Locally this was a reduction in budget of £302,608 annually. In October 2017 the Programme for Government announced an additional £20million from 2018-19. On 23 August 2018 a funding letter confirmed a Borders allocation of £358,000. The funding letter outlined priority areas for investment associated with the funding (see Para 2 below). In September 2018 Scottish Government published a draft Alcohol and Drugs Treatment Strategy which has been informed by increasing rates of drug deaths; awareness of

specific needs of particular client groups including older drug users; need to build on progress since the previous alcohol and drugs strategies.

2 Investment Priorities

The August 2018 funding letter outlines areas Scottish Government consider priority for investment as follows:

- Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services;
- Reduce waiting times for treatment and support services. Particularly waits for opioid substitution therapy (OST) including where these are reported as secondary waits under the LDP Standard;
- Improved retention in treatment particularly those detoxed from alcohol and those accessing OST;
- Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services;
- Continued development of recovery communities.
- Whole family approaches to supporting those affected by problem drug/alcohol use
- Development of advocacy services;

A three year Investment Plan is required to be submitted to Scottish Government by 26 October 2018.

3 Consultation

During July-December 2016 an external consultant was commissioned to help identify areas for savings. This work included focus groups with alcohol and drug services staff, wider stakeholder and service users and carers.

From February – June 2018 used the findings from this work to help development of a briefing paper which was discussed within alcohol and drug services to give operational insight and feedback on to identified improvement areas.

Following the funding letter two extraordinary ADP meetings have been held to develop and shape final proposals which were discussed in the form of a presentation (Appendix 1) a meeting on 5 October chaired by the Chief Officer IJB, where proposals were further discussed. The Chief Executives of NHS Borders and Scottish Borders Council are in agreement with the Investment Plan.

4 ADP Investment Plan

The proposed Investment Plan addresses Scottish Government Investment Priorities, Ministerial Priorities and local needs. Costs for each proposal are included in Table 1 below.

The following table outlines the proposed allocations of the funding. Following agreement with the IJB, further more detailed proposals will be presented to the ADP for allocation and approval.

Proposal	Annual costs (est)
1. Assertive engagement service – reduces drugs deaths; respond to non-fatal overdoses; rapid access to prescribing; alcohol pathways	£210,000
2. Children impacted by parental substance use – prevention and early intervention; parenting assessment; build capacity	£58,000

3. Recovery/community engagement – develop existing recovery work outwith Galasheils; volunteering; support ADP planning and delivery	£35,000
4. Families needs assessment – identify needs of impacted adult family members; identify and address training needs in services	£25,000 (yr 1)
5. Advocacy – access to independent advocacy	£15,000
6. Alcohol brief interventions – prevention and early intervention	£15,000
7. Capital costs for relocation	To be confirmed (yr 2)
Total	£358,000

Table 1: Investment Plan proposal and associated annual costs.

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Update on ADP Investment Priorities

Page 51

Tim Patterson
Fiona Doig

Context

- ADP funding reduction of 22.4% in 2016-17 (£15 million) (£302,608)
- Announcement of £20 million for 2018-19
- Additional £358,000 for 2018-19
- New Alcohol and Drugs Treatment Strategy – supported by 3 year Investment Plan requires submission to Scottish Government by 26.10.18

Consultation process

- External consultancy: July – Dec 2016
- Internal 'pre-work': Feb - June 2018
- ADP Extraordinary Meetings – September and October 2018

Overview of Investment Proposals

- 1 Assertive engagement service
- 2 Children affected by parental substance use (CAPSM)
- 3 Recovery
- 4 Families needs assessment
- 5 Advocacy
- 6 Alcohol brief interventions
- 7 Capital support to re-location

1. Assertive engagement service

Links to local and SG priorities

- Reduced drugs deaths (L & SG)
- Assertive outreach (L&SG)
- Reduce waiting times for treatment and support services (SG)
- Improved retention (L&SG)
- Improved access to drug/alcohol for inpatients (L&SG)

1. Assertive engagement service

Service Role

- Respond to non-fatal overdoses
- Process for rapid access to prescribing
- Alcohol pathways
- Drop-in engagement
- Naloxone

1. Assertive engagement service

Staffing

- Non-medical prescriber (nurse)
- Engagement workers x 2
- Enhanced capacity in adult services

Annual Budget

- £210,000

2. Children impacted by parental substance use

Links to local and SG priorities

- CAPSM (L)
- Children and Young People's Leadership Group (Keeping Children Safe) (L)
- Whole family approaches to supporting those affected by problem drug/alcohol use (L&SG)

2. Children impacted by parental substance use

Service role

- Prevention and early intervention
- Work with social work, drug and alcohol service
- Parenting assessments of adult referrals
- Act as a bridge between children services and adult addictions
- Build capacity of partners

2. Children impacted by parental substance use

Staffing

- Engagement workers x 1.5

Annual budget

- £58,000

3. Recovery/ community engagement

- Recovery and peer involvement (L, SG)
- Involvement of lived experience in planning of services (SG)

3. Recovery/ community engagement

Service Role

- To develop the existing recovery community to expand from Gala and use co-production with an aim of becoming self-sustaining
- To develop and sustain volunteering
- Support ADP planning and delivery

3. Recovery/ community engagement

Staffing

- Community engagement worker (potentially with lived experience)

Annual budget

- £35,000

3. Families needs assessment

Links to local and SG priorities

- Whole family approaches to supporting those affected by problem drug/alcohol use (L&SG)

3. Families needs assessment

- Proposal received: aims to engage with impacted family members and existing staff teams to identify how to improve potential supports within services.

Annual budget:

- Year 1 - £25,000
- Years 2-3 £30,000

4. Advocacy

Links to local and SG priorities

- Advocacy (SG)
- Outreach and engagement

4. Advocacy

- Service outline – work underway to review local independent advocacy model
- Staffing - would be provided as part of a larger commission –adults and children
- Annual budget - £15,000

5. Alcohol brief interventions

- Ministerial Priority/LDP target
- Service outline – reinstate LES.
Negotiate 10% increase in funding per intervention (increase from £30 to £33) at 2016-17 levels of activity 707) = £23,331 (£10,000 currently in budget)
- Annual budget - £15,000

6. Co-location (2020)

- Installation costs – Paton Street: IT, telephony, clinical space
- Ongoing costs – utilities (£5-6k est); rental for group recovery activities
- Savings – Addaction and Action for Children rent

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Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: ...22 October 2018.....

Report By	Robert McCulloch-Graham, Chief Officer Health & Social Care
Contact	Iris Bishop, Board Secretary
Telephone:	01896 825525

HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD BUSINESS CYCLE 2019

Purpose of Report:	To provide the Health & Social Care Integration Joint Board with a focused and structured approach to the business that will be required to be conducted over the coming year.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Approve the proposed meeting dates and business cycle for 2019.
Personnel:	Resource/staffing implications will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.
Carers:	Any carers implications will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.
Equalities:	Compliant.
Financial:	Resource/staffing implications will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.
Legal:	Policy/strategy implications will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.
Risk Implications:	Risk assessment will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.

Background

- 1.1 To deliver against targets and objectives, the Health & Social Care Integration Joint Board must be kept aware of progress on a regular basis.
- 1.2 Health & Social Care Integration Joint Board meeting agendas will be mainly focused on strategic, clinical and care governance and financial issues in order to facilitate strong debate of items.
- 1.3 Standing items will be submitted to the Health & Social Care Integration Joint Board in full format with verbal by exception reporting at the meeting.
- 1.4 Attached is the proposed Business Cycle for 2019 for the Health & Social Care Integration Joint Board and Development sessions. The business cycle will remain a live document and subject to amendment to accommodate any appropriate changes to timelines, legislative requirements, etc.

Summary

- 2.1 It is proposed that the Health & Social Care Integration Joint Board meet on no less than 9 occasions throughout 2019 with 2 Development sessions scheduled.
- 2.2 It is proposed the Audit Committee of the Integration Joint Board meet on no less than 4 occasions throughout 2019.
- 2.3 It is proposed that all meetings of the Health & Social Care Integration Joint Board are scheduled for 2pm to 4pm on the last Monday of the month as per the schedule below.
- 2.4 It is proposed that all meetings of the Audit Committee of the Integration Joint Board are scheduled for 2pm to 4pm, quarterly throughout the year on the second Monday of the month as per the schedule below.
- 2.5 It is proposed that there are no meetings held in July.
- 2.6 Both the Scottish Borders Council and the Borders Health Board schedules of meetings have been taken into account in order to maximise attendance.
- 2.7 All Health & Social Care Integration Joint Board meetings, development sessions and Audit Committee meetings will take place at Scottish Borders Council.

Date/Event	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
H&SC IJB Meeting	28	25	25	29		24		26	30	28		16
H&SC IJB Development Session					27						25	
H&SC IJB Audit Committee		11			13			12			11	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD BUSINESS PLAN 2019/20 (H&SC IJB)																		
2																			
3	Item	Recurrence	Owner	H&SC IJB 28.01.19	H&SC IJB Audit Committee 11.02.19	H&SC IJB 25.02.19	H&SC IJB 25.03.19	H&SC IJB 29.04.19	H&SC IJB Audit Committee 13.05.19	H&SC IJB Development Session 27.05.19	H&SC IJB 24.06.19	H&SC IJB Audit Committee 12.08.19	H&SC IJB 26.08.19	H&SC IJB 30.09.19	H&SC IJB 28.10.19	H&SC IJB Audit Committee 11.11.19	H&SC IJB Development Session 25.11.19	H&SC IJB 16.12.19	H&SC IJB January 2020
4	Minutes	each meeting	Board Secretary	Approve	Approve	Approve	Approve	Approve	Approve		Approve	Approve	Approve	Approve	Approve	Approve		Approve	Approve
5	Action Tracker	each meeting	Board Secretary	Approve	Approve	Approve	Approve	Approve	Approve		Approve	Approve	Approve	Approve	Approve	Approve		Approve	Approve
6	Financial Governance & Management	each meeting	Chief Financial Officer																
7	Internal Audit Update Report	each meeting	Chief Internal Auditor		Note				Note			Note				Note			
8	Monitoring of the Health & Social Care Partnership Budget	each meeting	Chief Financial Officer	Note		Note	Note	Note			Note		Note	Note	Note			Note	Note
9	Performance Report	each meeting	Jane Robertson	Quarterly - Note				Quarterly - Note					Quarterly - Note		Quarterly - Note				Quarterly - Note
10	Integration Care Fund Update (ICF)	each meeting	Chief Financial Officer	Note Update		Note Update	Note Update	Note Update			Note Update		Note Update	Note	Note			Note	Note
11	Inspections Update	each meeting	Chief Social Work Officer	Note		Note	Note	Note			Note		Note	Note	Note			Note	Note
12	Chief Officer Report	each meeting	Chief Officer	Note		Note	Note	Note			Note		Note	Note	Note			Note	Note
13	SPS Report for IJB	each meeting	Chief Officer	Note		Note	Note	Note			Note		Note	Note	Note			Note	Note
14														Note	Note	Note			
15	2018/19 IJB Financial Plan Budget - Delegated Functions (late Feb each year)	yearly - late Feb	Chief Financial Officer				Draft 2020/21	Approve 2020/21										Draft Budget 2021/22	
16	Issue Directions (March each year as soon as Financial Plan is agreed)	yearly - March	Chief Financial Officer					Approve Directions 20/21											
17	Financial Planning	/	Chief Financial Officer	ppt															
18	Register of Interests	yearly	Board Secretary																get
19	Festive Period Report	yearly	Chief Officer, General Manager Unscheduled Care			Note													
20	Winter Plan	yearly	Chief Officer, General Manager Unscheduled Care																
21	Code of Corporate Governance Refresh	yearly	Board Secretary											DRAFT to Note		FINAL to Approve			
22	Clinical & Care Governance Annual Report		Chief Officer, Director of Nursing, Medical Director											Approve					
23	H&SC IJB Annual Performance Report							Review Draft			Approve 2018/19							Note	
24	Chief Social Work Officer Annual Report	yearly	Chief Social Work Officer													Note			
25	IJB Annual Accounts	yearly	Chief Financial Officer													Approve			
26	Board Committee Memberships	yearly	Board Secretary													Approve			
27	Board Meeting Dates & Business Cycle	yearly	Board Secretary													Approve			
28	Alcohol and Drug Partnership Annual Report	yearly	Director of Public Health																
29	Health & Social Care Strategic Commissioning & Implementation Plan Review (2018-2021)	3 yearly	Chief Officer							Review Draft	Formal Approval							Note	
30	Health & Social Care Delivery Plan Update - Regional	/	Chief Officer										Note					Note Update	
31	Internal Audit Annual Plan	yearly	Chief Internal Auditor																
32	External Audit Annual Plan	yearly	Chief External Auditor																
33	IJB Self Evaluation	yearly	Chief Internal Auditor													Approve and undertake			Receive Internal Audit Report & Improvement Plan
34	H&SC IJB Model Publication Scheme	yearly	Chief Internal Auditor									self assessment							
35	Annual Review of Risk Register	/	Chief Officer													Approve			
36	Annual Review of IJB Terms of Reference	yearly	Board Secretary												Approve				
37	Guardianship		Adult Social Work Officer					?											
38	Hawick Mobile Dental Unit Update		Chief Officer					?											
39	Review of Winter Plan (Goes to BHB in March)	yearly	Chief Officer, General Manager Unscheduled Care																
40	IJB Meeting Cycle	/	Board Secretary																
41	Elderly Geriatric Medicine from Acute to Community	/	Chief Officer																
42	Public Sector Equality Duty	Progress Report every 2 years. Full Refresh every 4 years	Simone Doyle and Jane Robertson					2 year Progress Report to be published 2018 (4 year refresh report due 2020).											
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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 22nd Oct 2018



Report By	Robert McCulloch-Graham, Chief Officer for Integration
Contact	Sarah Watters, Policy, Performance & Planning Manager, SBC
Telephone:	01835 826542

**QUARTERLY PERFORMANCE REPORT, AUGUST 2018
(DATA AVAILABLE AT END SEPTEMBER 2018)**

Purpose of Report:	To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest data available, at the end of September 2018. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Revised Strategic Plan 2018 -2021
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Recommendations:	Health & Social Care Integration Joint Board is asked to: a) Note and approve any changes to performance reporting; b) Note the key challenges highlighted.
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Personnel:	<i>n/a</i>
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Carers:	<i>n/a</i>
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Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process. Performance information supports the strategic plan.
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Financial:	<i>n/a</i>
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Legal:	<i>n/a</i>
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Risk Implications:	<i>n/a</i>
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Background

- 1.1 For the last IJB meeting in August 2018, the Integration Performance and Finance Group (IPFG) took the opportunity to revisit the structure and content of performance reporting for the IJB, and provided the IJB with a paper that explained the rationale for the inclusions of indicators under the 3 objectives in the revised plan:
 - keeping people healthy and out of hospital (Objective 1)
 - getting people out of hospital as quickly as possible (Objective 2)
 - building capacity within Scottish Borders communities (Objective 3)
- 1.2 Although the proposals were accepted by the IJB, it was noted that the measures are very “hospital” focussed, something that the IPFG is aware of. The measures selected however, are from robust, reliable data sources, and can (in most cases) be compared nationally which is of benefit to both the IJB and to services. Ultimately, whether or not people end up in hospital, how quickly they get out of hospital and whether or not they get re-admitted to hospital is a reflection of how effective the *totality* of services within the Health and Social Care Partnership are integrated and focussed on improving outcomes for individuals.
- 1.3 NHS National Services Scotland’s Information Services Division (ISD) is currently working with all Local Authorities (LA) across Scotland to develop consolidated, consistent and robust reporting in relation to Social Care, through what is called the “Source” return. Initial submissions were made by LAs in July 2018, for the period January to March 2018, and data is currently being reviewed and refined. The Source return will be further developed during 2018/19 with a view to quarterly submissions being made by LAs around a range of measures relating to social care. The IPFG will ensure that any relevant measures, as they develop (with the capacity to benchmark), are proposed to the IJB for inclusion in this report.
- 1.4 In addition to the Source return, there are opportunities for the Borders to contribute (further) to progress the development of other national “non acute” NHS data sets, from which it should ultimately be possible to derive additional measures around service use, for example, the Community Health Activity Dataset (CHAD).
- 1.5 The IJB’s Strategic Planning Group expressed concern about the lack of population health measures, to support Objective 1. Scottish Borders Council (SBC) is currently undertaking a Household Survey, which closes in late September. Although the survey is being conducted on-line, it has also been made available in paper format and promoted extensively through local media. A number of questions have been asked about people’s general health and will provide a good baseline for future survey work, supporting Objective 1 in the Strategic Plan. SBC intends to undertake the survey every two years but has also taken the opportunity, during the survey process, to recruit to and re-establish a People’s Panel that can be used for more focussed work between surveys e.g. around specific topics pertaining to health and social care.
- 1.6 In addition to the indicators that are presented to the IJB on a quarterly basis, a broader range of indicators are collected and reviewed on a regular basis within services, at relevant partnership groups and at the Health and Social Care Leadership Group. Indicators within the IJB report, and the various “layers” that sit underneath, ensure that not only the national requirements for data and information

are met e.g. when the national Ministerial Steering Group (MSG) requires performance information but that services are able to be managed effectively and focused on continuous improvement.

- 1.7 The IPFG is developing its Performance Management Framework that will articulate the various reporting “layers” and should provide IJB members with the assurance that data and performance information is being used to inform continuous improvement across the wide breadth of services that sit within the Health and Social Care Partnership. Given this breadth, it would be impossible to cover all service areas in the high level IJB reporting but the IPFG will ensure that areas of strategic focus are covered as effectively as possible and this may involve the addition or amendment of indicators over time.
- 1.8 The IPFG will always endeavour to present the latest available data and for some measures, there may be a significant lag whilst data is checked, cleansed and then released publicly, which increases robustness and allows for national comparators. Work is ongoing within the group to improve the timeliness of data where possible and to explore the pros and cons of using unverified but timelier local data.
- 1.9 There are two appendices to this report:

Appendix 1 provides a very high level, “at a glance” summary for EMT and the IJB aligned with the revised Strategic Plan;

Appendix 2 provides further details for each of the measures presented in Appendix 1, including performance trends and analysis.

Summary of Performance

- 2.1 Borders has demonstrated a positive trajectory in relation to A&E waiting times over the last few months (now sitting at almost 92% at end June), although the 95% target has not been met during 2018 (which is also the case for Scotland), and has worked hard over the last quarter to maintain performance in some challenging areas e.g. rate of bed days associated with delayed discharge.
- 2.2 Although rate of emergency admissions has fluctuated over the last 4 quarters, it is showing a downward (+ve) trend over the longer term. The rate of emergency admissions *for Scottish Borders residents aged 75+* has generally been decreasing over the longer term but there has been an increase over the last 4 quarters. In relation to spend on emergency hospital stays, Borders has consistently performed slightly better than Scotland. However, there has been a gradual increase since 2014/15. As with other Health and Social Care Partnerships, we are expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.
- 2.3 Quarterly occupied bed day rates for emergency admissions in Scottish Borders *residents age 75+* have fluctuated over time but are lower than the Scottish averages (however, occupied Bed Days in Borders is only in general/acute hospital beds such as Borders General Hospital and does not include bed days in the four Borders’ community hospitals). Quarterly rate of bed days associated with delayed discharges came back down to 204 in Q1 2018/19 (after rising to 273 during Q2

2017/18). % of patients satisfied with care, staff & information in BGH and Community hospitals remains high, taken from the “2 minutes of your time” survey done at BGH and community hospitals.

- 2.4 Quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated over the longer term, but has remained under 11 per 100 discharges from hospital, slightly higher than the Scottish average. The gap has now narrowed, due in part to improvements in the accuracy of NHS Borders' data coding. Scottish Borders quarterly data has been provided in relation to end of life care and is showing an improvement over the longer term, with Borders now comparable to Scotland. Latest available data from Carers Centre shows an increase in completed Carer Support Plans, and improvements in how carers are coping as a result of having a plan in place (assessed using a questionnaire with carers, pre and post plan).
- 2.5 The revised Strategic Plan 2018 - 21 and its Implementation Plan provide more details on actions and timescales, many of which go beyond 2018 due to their transformational nature.
- 2.6 Given the many elements of integrated care, the wide range of services delegated to the Health and Social Care Partnership, and national changes in policy and direction, it is anticipated that performance reporting to the IJB will further develop over time. Performance reporting will increasingly align to and support the revised Strategic Plan and will be overseen by the IPFG.



CHANGING HEALTH & SOCIAL CARE FOR YOU

Working with communities in the Scottish Borders for the best possible health and wellbeing

SUMMARY OF PERFORMANCE FOR INTEGRATION JOINT BOARD OCTOBER 2018

This report provides an overview of quarterly performance under the 3 strategic objectives within the revised Strategic Plan, with **latest available data at the end of September 2018**. A number of annual measures that have been updated recently are included in the [Annual Performance Report 2017/18](#)

+ve trend/Scottish Borders compares well to previous period/to Scotland	-ve trend/some concern from previous period or when compared to Scotland	Little change/little difference over time/to Scotland
KEY		

HOW ARE WE DOING?

OBJECTIVE 1

We will improve health of the population and reduce the number of hospital admissions.

EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS, ALL AGES) 28 admissions per 1,000 population (April - June 2018) Little change over 4 Qtrs Higher than Scotland	EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+) 86.8 admissions per 1,000 population Age 75+ (April - June 2018) -ve trend over 4 Qtrs Similar to Scotland	ATTENDANCES AT A&E 7,966 attendances (April - June 2018) -ve trend over 4 Qtrs Trend similar to Scotland	£ ON EMERGENCY HOSPITAL STAYS 23.7% of total health and care resource , for those Age 18+ was spent on emergency hospital stays (Jan - March 2018) -ve trend over 4 Qtrs Lower than Scotland
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Main Challenges

Although rate of emergency admissions has fluctuated over the last 4 quarters, it is showing a downward (+ve) trend over the longer term. The rate of emergency admissions for Scottish Borders (SB) residents aged 75+ has generally been decreasing over the longer term but there has been an increase over the last 4 quarters. In relation to spend on emergency hospital stays, Borders has consistently performed slightly better than Scotland. However, there has been a gradual increase since 2014/15. As with other Health and Social Care Partnerships, we are expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.

Our plans during 2018 to support this objective

Develop Local Area Co-ordination; redesign day services; continue Community Link Worker pilot in Central and Berwickshire areas; expand the scope of the Matching Unit, the "hospital to home" project (which is working to support frail elderly patients in their own homes) and Neighbourhood Care to focus on keeping people out of hospital.



OBJECTIVE 2

We will improve the flow of patients into, through and out of hospital.

A&E WAITING TIMES (TARGET = 95%)	NO. OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)	RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)	NUMBER OF DELAYED DISCHARGES ("SNAPSHOT" TAKEN 1 DAY EACH MONTH)	RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE
91.8% of people seen within 4 hours	10,523 bed days for admissions of people aged 75+	876 bed days per 1000 population Age 75+	17 over 72 hours 11 over 2 weeks (July 2018)	204 bed days per 1,000 population Aged 75+
(June 2018)	(April - June 2018)	(April - June 2018)		(Jan - March 2018)
+ve trend over 4 Qtrs (although lower than target)	Little change over 4 Qtrs	-ve trend over 4 Qtrs	+ve trend over 4 Qtrs	Little change over 4 Qtrs
Similar to Scotland		Lower than Scotland (although see note*)		Higher than Scotland

*Occupied Bed Days in general/acute hospital beds such as Borders General Hospital. This does not include bed days in the four Borders' community hospitals.

"TWO MINUTES OF YOUR TIME" SURVEY, CONDUCTED AT BGH AND COMMUNITY HOSPITALS				(April - June 2018)
SATISFACTION WITH CARE & TREATMENT	96.3%	STAFF UNDERSTANDING OF WHAT MATTERED	96.9%	PATIENTS HAD INFO AND SUPPORT NEEDED 93.4%
Little change over 4 Qtrs		Little change over 4 Qtrs		Little change over 4 Qtrs

Main Challenges

Improving trend in relation to A&E, although the 95% target is not yet being met (also the case for Scotland). Quarterly occupied bed day rates for emergency admissions in SB residents age 75+ have fluctuated over time but are lower than the Scottish averages (although see note above*). Quarterly rate of bed days associated with delayed discharges back down to 204 in Q1 18/19. % of patients satisfied with care, staff & information in BGH and Community hospitals remains high.

Our plans during 2018 to support this objective

Continue to support a range of "Hospital to Home" and "Discharge to assess" models to reduce delays (for adults who are medically fit for discharge); develop "step-up" facilities to prevent hospital admissions and increase opportunities for short-term placements, as well as a range of longer term transformation programmes to shift resources and re-design services.

OBJECTIVE 3

We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them.

EMERGENCY READMISSIONS WITHIN 28 DAYS (ALL AGES)	END OF LIFE CARE	CARERS OFFERED SUPPORT PLANS V COMPLETE	SUPPORT FOR CARERS: change between baseline assessment and review. Improvements in self- assessment
10.6 per 100 discharges from hospital were re-admitted within 28 days (April - June 2018)	87.9% of people's last 6 months was spend at home or in a community setting	175 offered 52 completed	Health and well-being Managing the caring role Feeling valued Planning for the future Finance & benefits
(April - June 2018)	(Jan - March 2018)	(June - August 2018)	(June - August 2018)
-ve trend over 4 Qtrs Higher than Scotland	Little change over 4 Qtrs Similar to Scotland	+ trend over 4 months	+ trend over 4 months

Main Challenges

Quarterly rate of emergency readmissions within 28 days of discharge for SB residents has fluctuated over longer term, but has remained under 11, higher than the Scottish average. Gap has narrowed, due in part to improvements in the accuracy of NHS Borders' data coding. SB quarterly data has been provided in relation to end of life care- the national comparator is annual data. Latest available data for Carers shows an increase in completed assessments & Carer support plans.

Our plans during 2018 to support this objective

Further development of "What Matters" hubs; Support for Transitional Care as a model of service delivery for people 50+; redesign of care at home services to focus on re-ablement; increase provision of Extra Care Housing; roll out of Transforming Care after Treatment programme; ongoing commissioning of Borders Carers Centre to undertake assessments and care support plans.



Scottish Borders
Health and Social Care
PARTNERSHIP

Quarterly Performance Report for the
Scottish Borders Integration Joint Board October 2018

SUMMARY OF PERFORMANCE:
DATA AVAILABLE AT END SEPTEMBER 2018

Structured Around the 3 Objectives in the Revised Strategic Plan

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Objective 2: We will improve patient flow within and outwith hospital

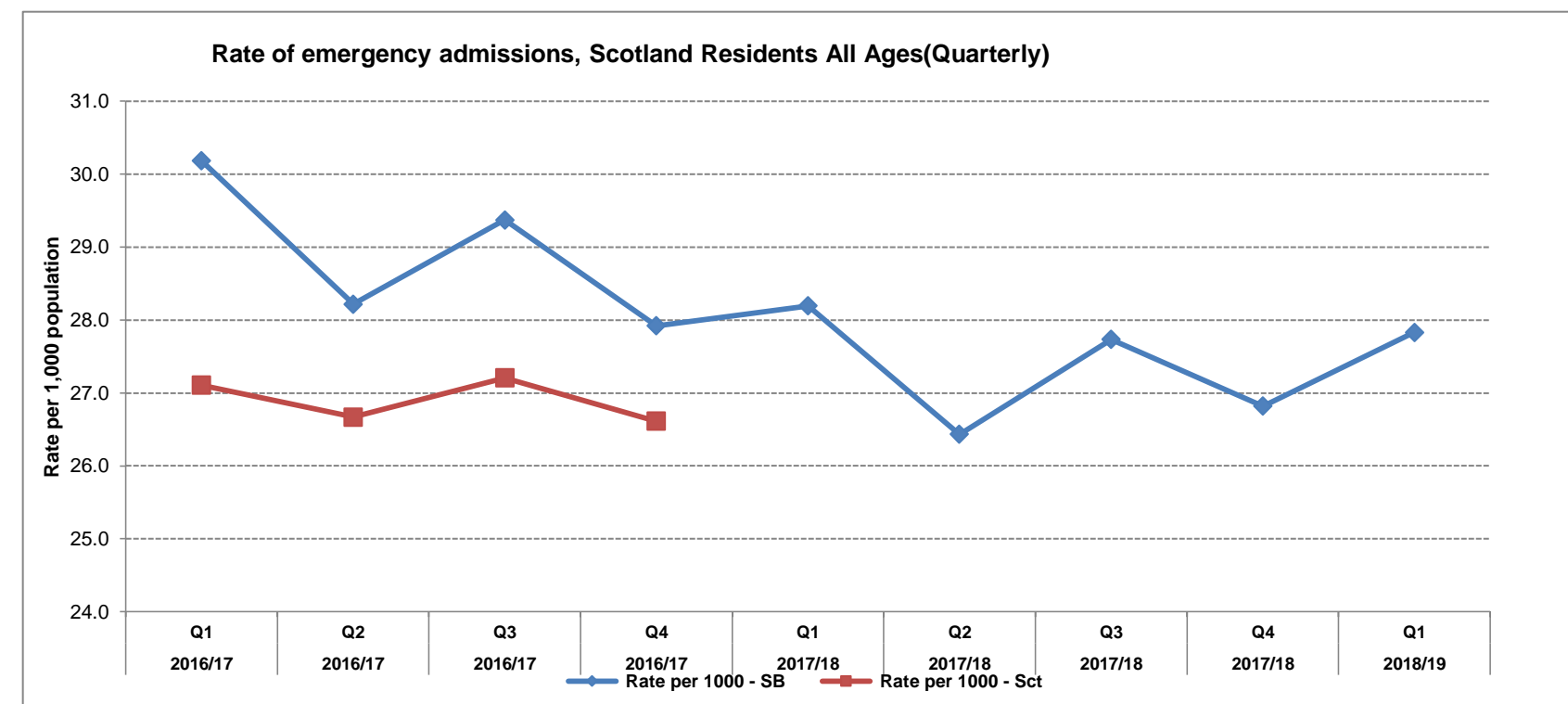
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Emergency Admissions, Scottish Borders residents All Ages

Source: MSG Integration Performance Indicators workbook (SMR01 data)

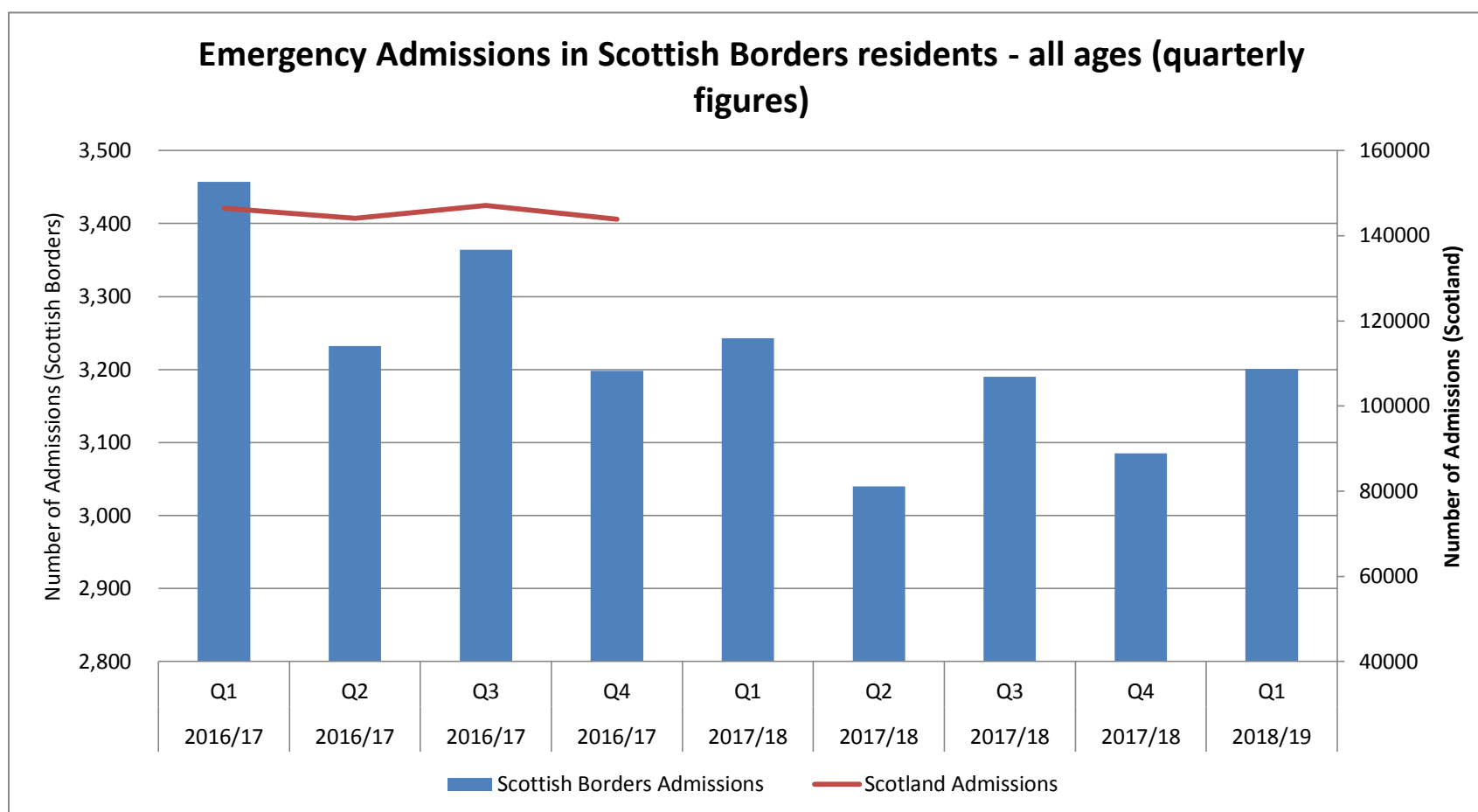
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Number of Emergency Admissions, All Ages	3,457	3,232	3,364	3,198	3,243	3,040	3,190	3,085	3,201
Rate of Emergency Admissions per 1,000 population All Ages	30.2	28.2	29.4	27.9	28.2	26.4	27.7	26.8	27.8



Emergency Admissions in Scottish Borders residents - all ages (quarterly figures)

Source: MSG Integration Performance Indicators workbook (SMR01 data)

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Scottish Borders Emergency Admissions - All Ages	3,457	3,232	3,364	3,198	3,243	3,040	3,190	3,085	3,201
Scotland Emergency Admissions - All Ages	146,501	144,134	147,501	143,831					



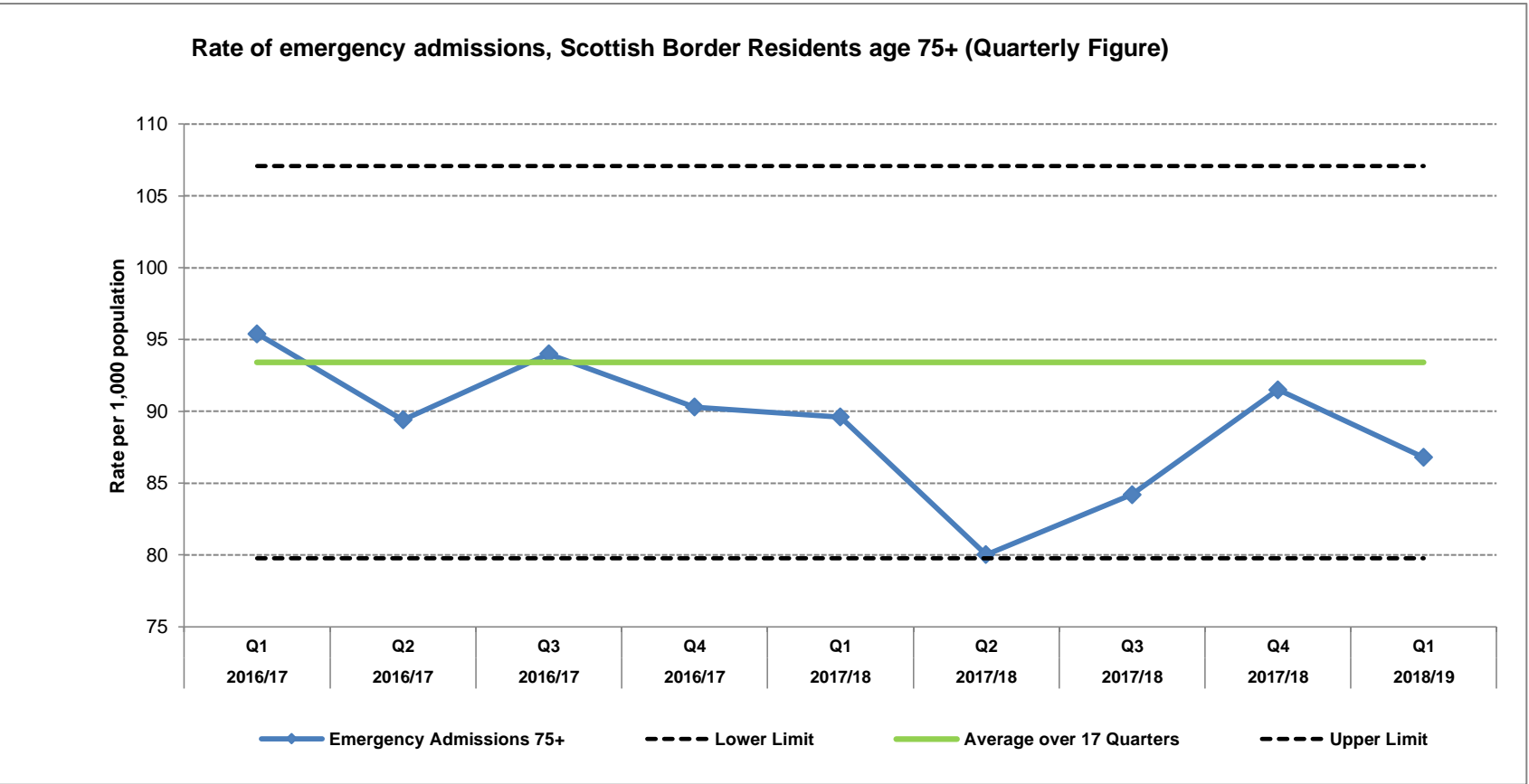
How are we performing?

The quarterly number of emergency admissions for Scottish Borders residents (all ages) has fluctuated since the end of the 2014/15 financial year, but shows an overall decrease since the first quarter of 2016/17. The corresponding quarterly rate per 1,000 population has come down from over 30 per 1,000 to around 28 by the end of the first quarter in 2018/19. Historically, rates for the Borders have been higher (worse) than the Scottish averages, but have been progressively brought down towards the average. Once official statistics on emergency admission rates for 2017/18 are published for Scotland, we will be able to show the Scotland comparators in these performance reports.

Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery (SMR01 data)

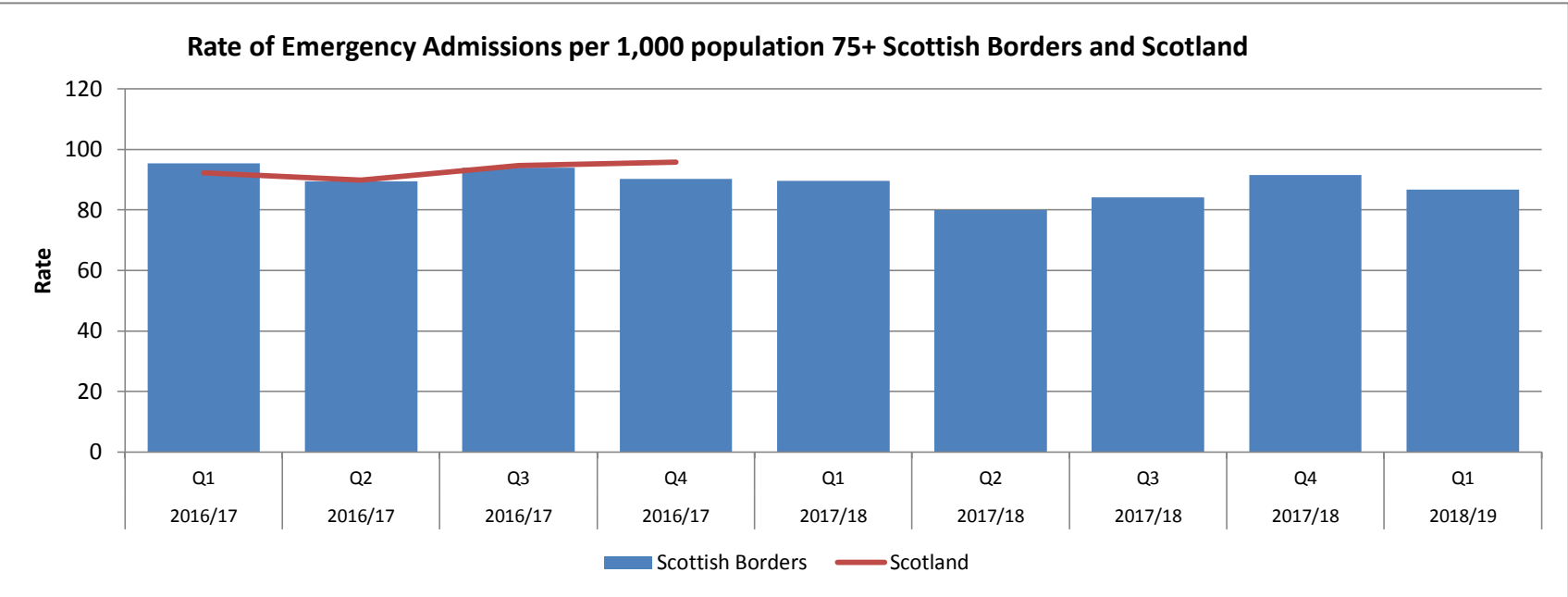
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/17	Q4 2017/18	Q1 2018/19
Number of Emergency Admissions, 75+	1,125	1,054	1,107	1,065	1,074	959	1,009	1,096	1,040
Rate of Emergency Admissions per 1,000 population 75+	95.4	89.4	94.0	90.4	89.6	80.0	84.2	91.5	86.8



Emergency Admissions comparison, Scottish Borders and Scotland residents age 75+

Source: NSS Discovery (SMR01 data)

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Rate of Emergency Admissions per 1,000 population 75+ Scottish Borders	95.4	89.4	94.0	90.3	89.6	80.0	84.2	91.5	86.8
Rate of Emergency Admissions per 1,000 population 75+ Scotland	92.3	89.8	94.7	95.8					



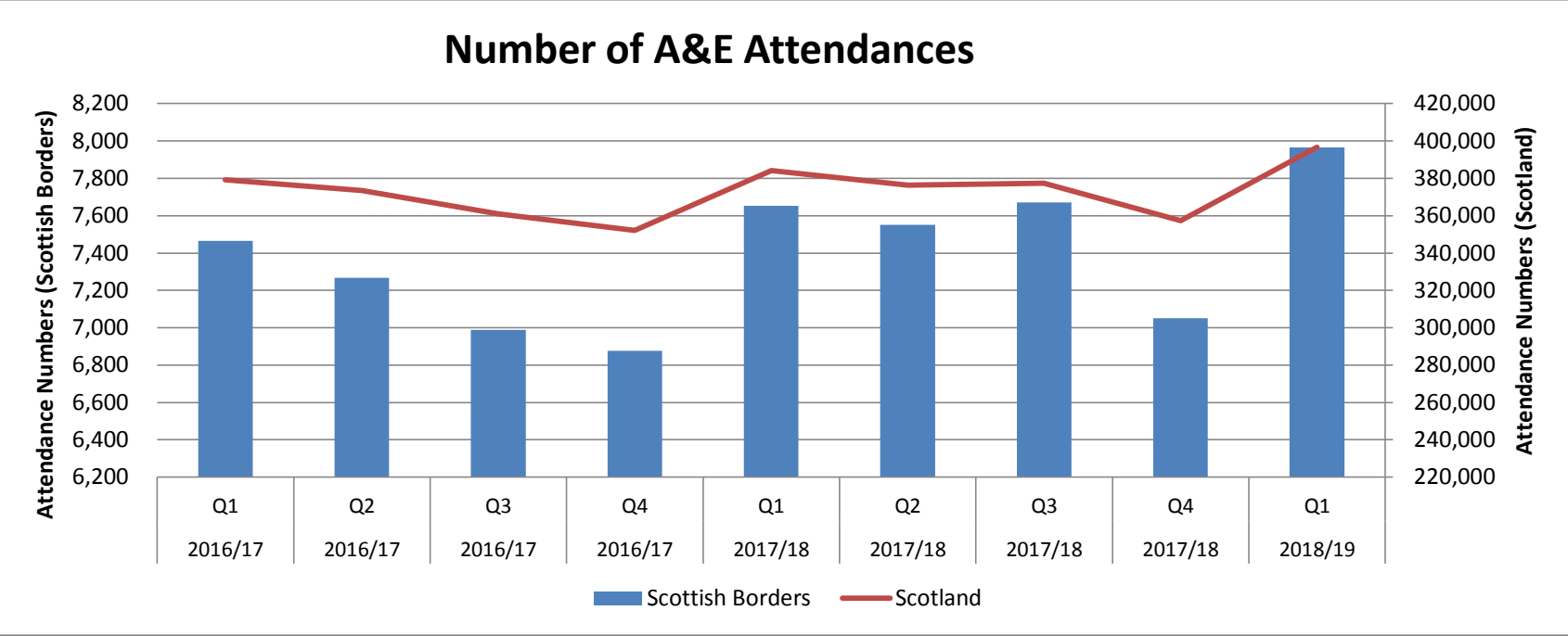
How are we performing?

The rate of emergency admissions for Scottish Borders residents aged 75 and over has generally been decreasing since the second quarter of 2016/17. However, the Borders rate has been higher than the Scottish average until the second quarter of 2016 (July-Sept).

Number of A&E Attendances

Source: MSG Integration Performance Indicators workbook (data from NHS Borders Trakcare system)

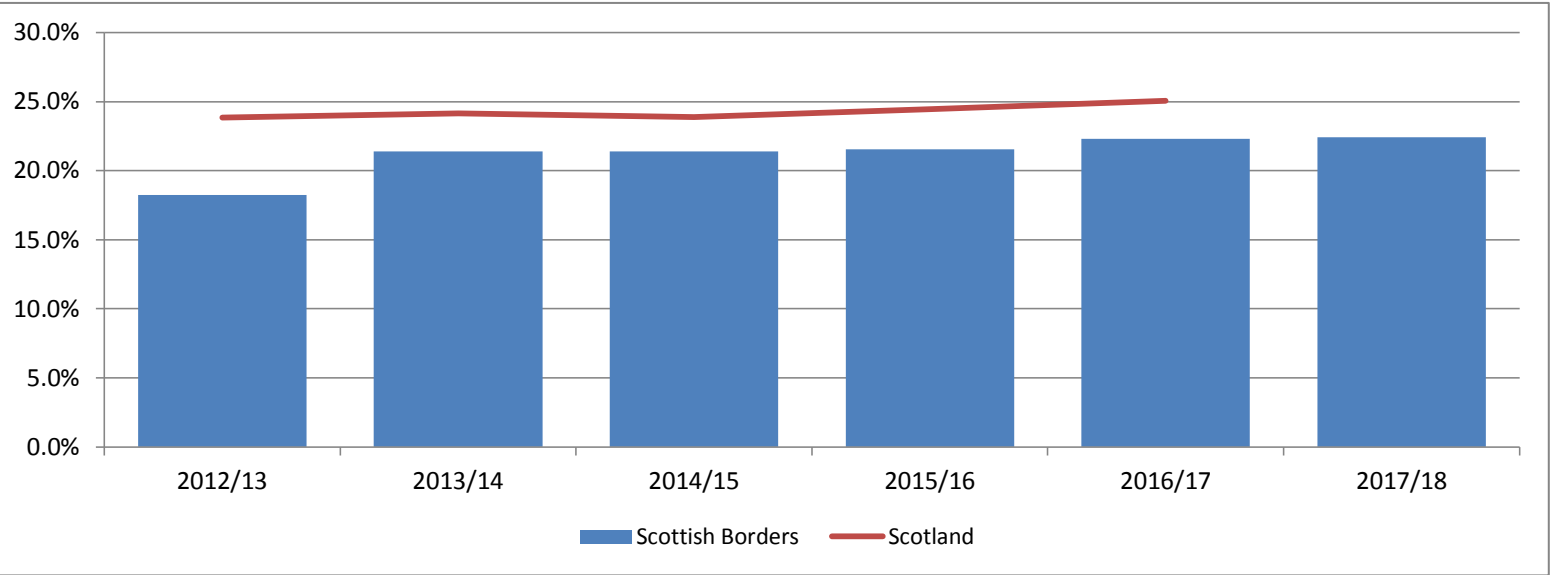
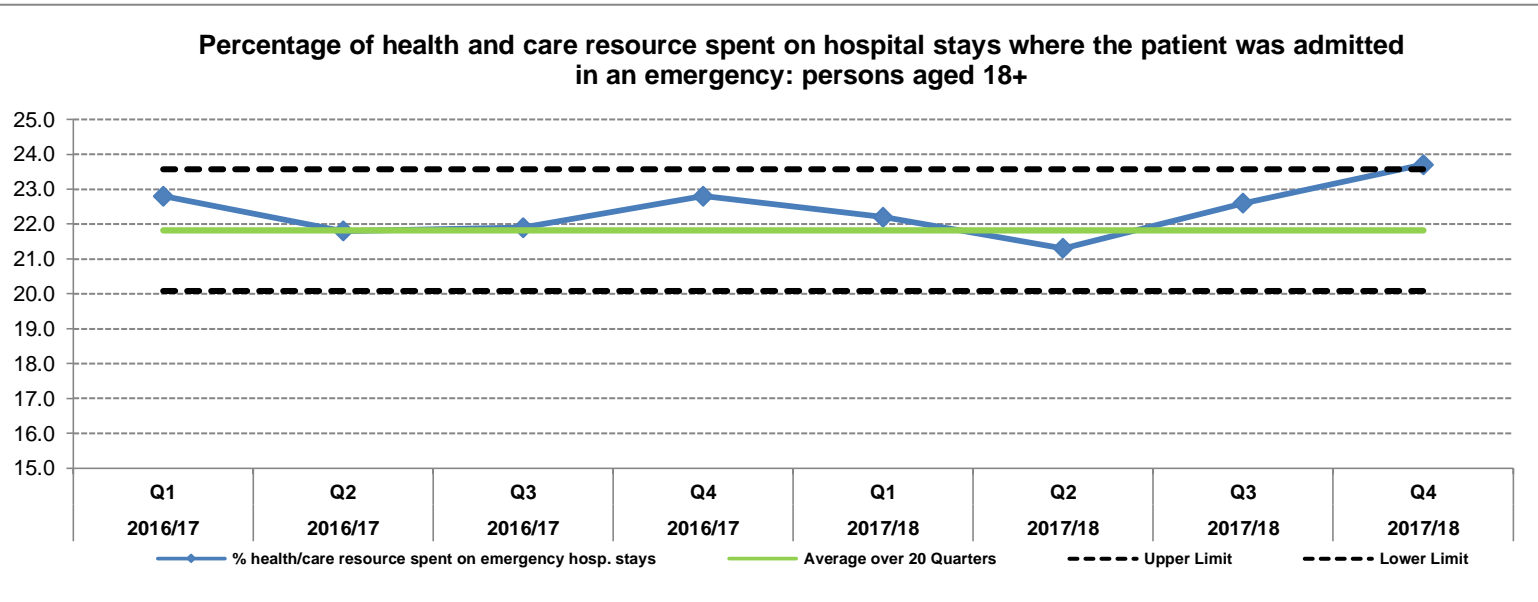
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Number of Attendances, Scottish Borders	7,465	7,266	6,989	6,876	7,654	7,550	7,670	7,051	7,966
Number of Attendances, Scotland	379,254	373,584	360,953	352,210	384,076	376,287	377,477	357,401	396,748



Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency: persons aged 18+

Source: Core Suite Indicator workbooks

	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
% of health and care resource spent on emergency hospital stays (Scottish Borders)	22.8	21.8	21.9	22.8	22.2	21.3	22.6	23.7



How are we performing?

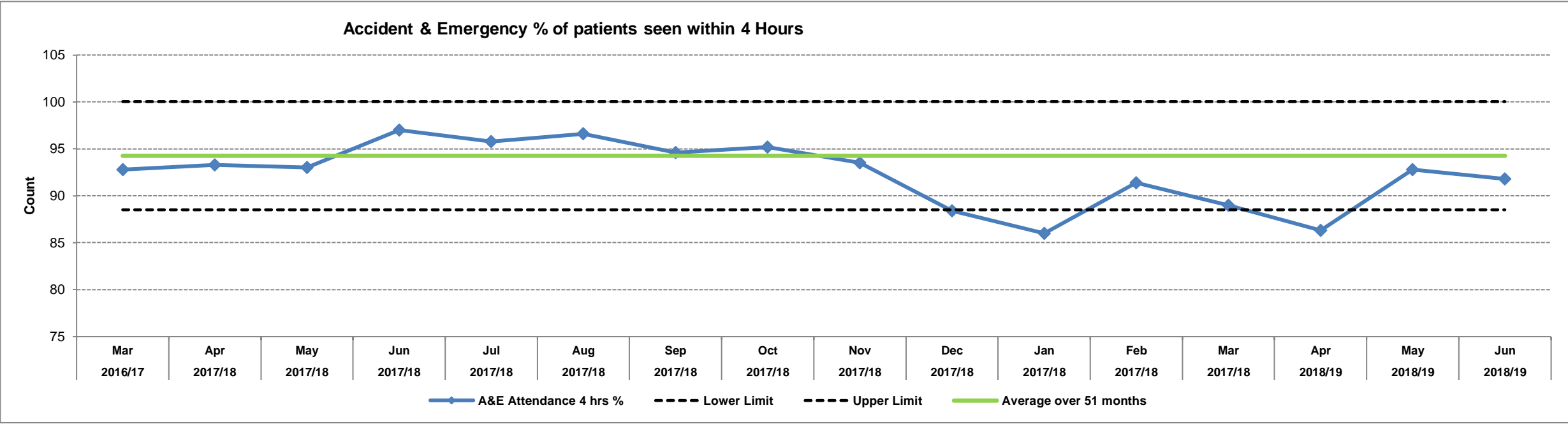
Scottish Borders has consistently performed slightly better than Scotland. However, there is no obvious downward (improving) trend, in fact, there has been a gradual increase since 2014/15. As with other Health and Social Care Partnerships, Scottish Borders is expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.

Objective 2: We will improve patient flow within and out with hospital

Accident and Emergency attendances seen within 4 hours- Scottish Borders

Source: NHS Borders Trakcare system

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Number of A&E Attendances seen within 4 hours	2,401	2,567	2,679	2,556	2,515	2,571	2,661	2,599	2,405	2,624	2,395	2,143	2,455	2,546	2,747	2,793
% A&E Attendances seen within 4 hour	92.8%	93.3%	93.0%	97.0%	95.8%	96.6%	94.6%	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%	86.3%	92.8%	91.8%



How are we performing?

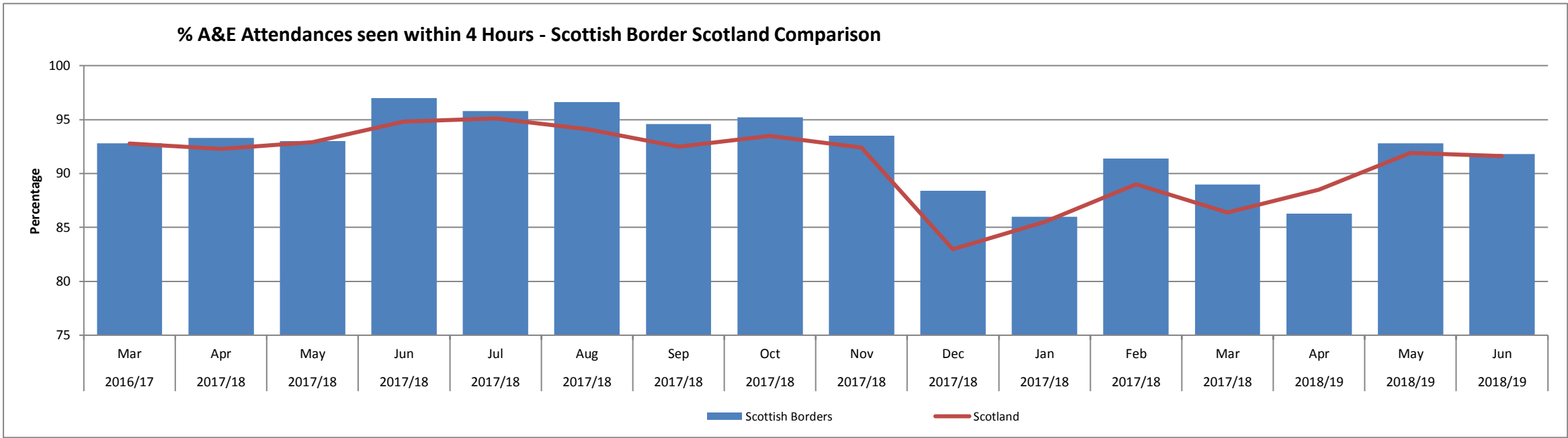
Patients attending A&E and the Acute Assessment Unit (AAU) are routinely discharged within 4 hours. NHS Borders is working towards consistently achieving the 98% local stretch standard.

The 95% standard was achieved in June, July and August 2017. The main cause of breaches has been delays waiting for bed availability and reflects ongoing challenges in the discharge of complex patients.

% A&E Attendances seen within 4 Hours - Scottish Border and Scotland Comparison

Source: NHS Borders Trakcare system

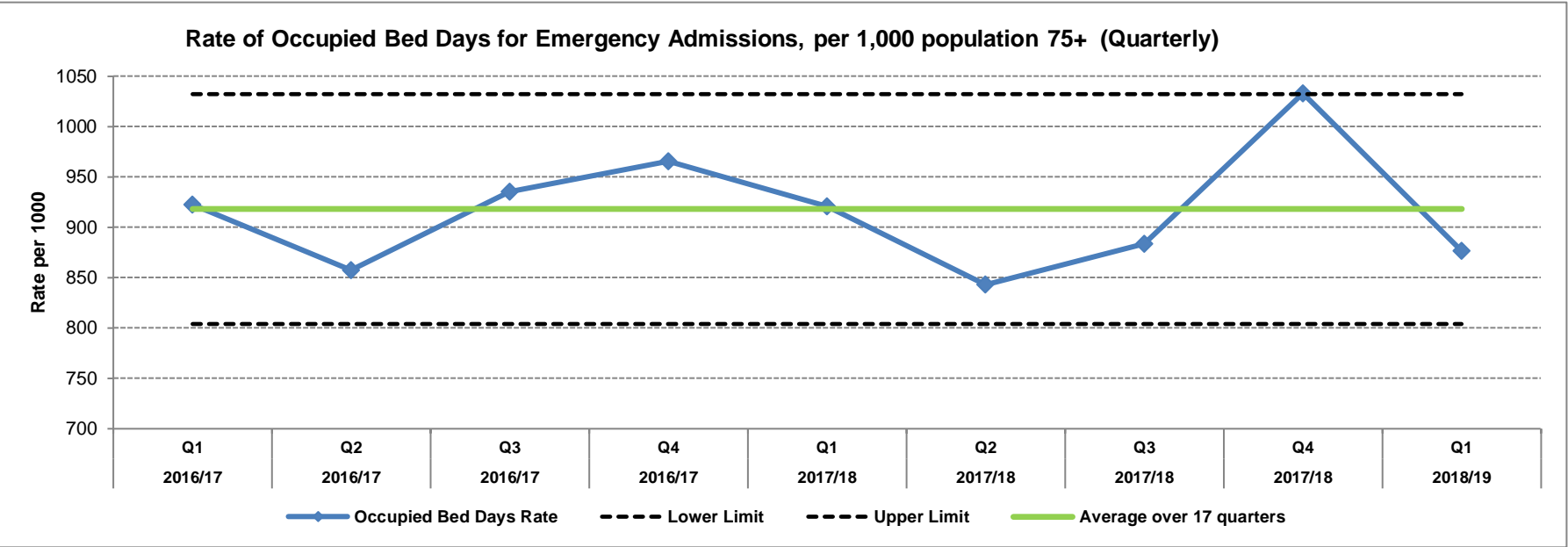
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
% A&E Attendances seen within 4 hour Scottish Borders	93.3%	93.0%	97.0%	95.8%	96.6%	0.946	0.952	0.935	88.4%	86.0%	91.4%	89.0%	86.3%	92.8%	91.8%
% A&E Attendances seen within 4 hour Scotland	92.3%	92.9%	94.8%	95.1%	94.1%	0.925	0.935	0.924	83.0%	85.5%	89.0%	86.4%	88.5%	91.9%	91.6%



Occupied Bed Days for emergency admissions, Scottish Borders Residents age 75+

Source: NSS Discovery (SMR01 data)

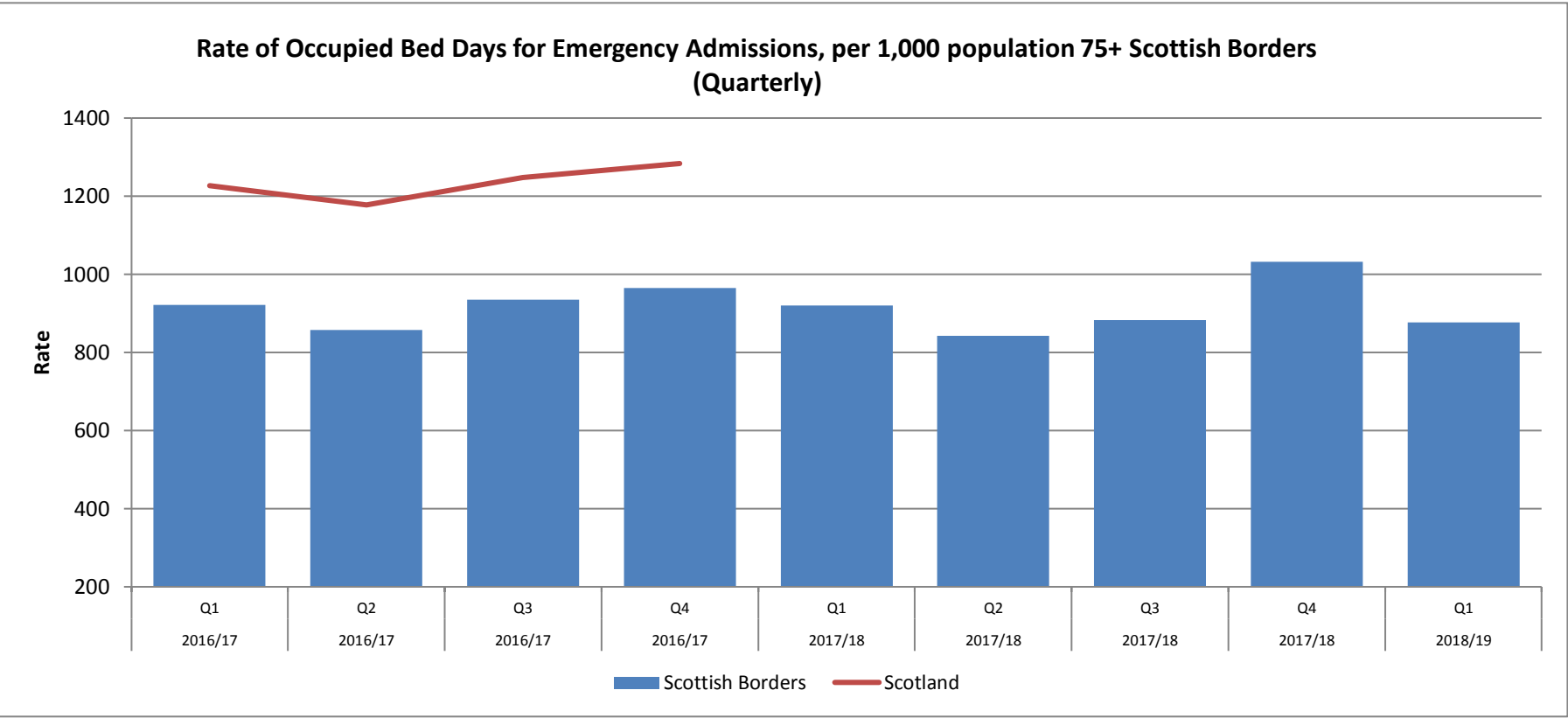
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/17	Q4 2017/18	Q1 2018/19
Number of Occupied Bed Days for emergency Admissions, 75+	10,877	10,109	11,028	11,387	11,035	10,103	10,582	12,377	10,523
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	922	857	935	966	921	843	883	1033	876



Occupied Bed Days for emergency admissions, Scottish Borders and Scotland Residents age 75+

Source: NSS Discovery (SMR01 data)

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	922	857	935	965	921	843	883	1033	876
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1,227	1,178	1,248	1,284					



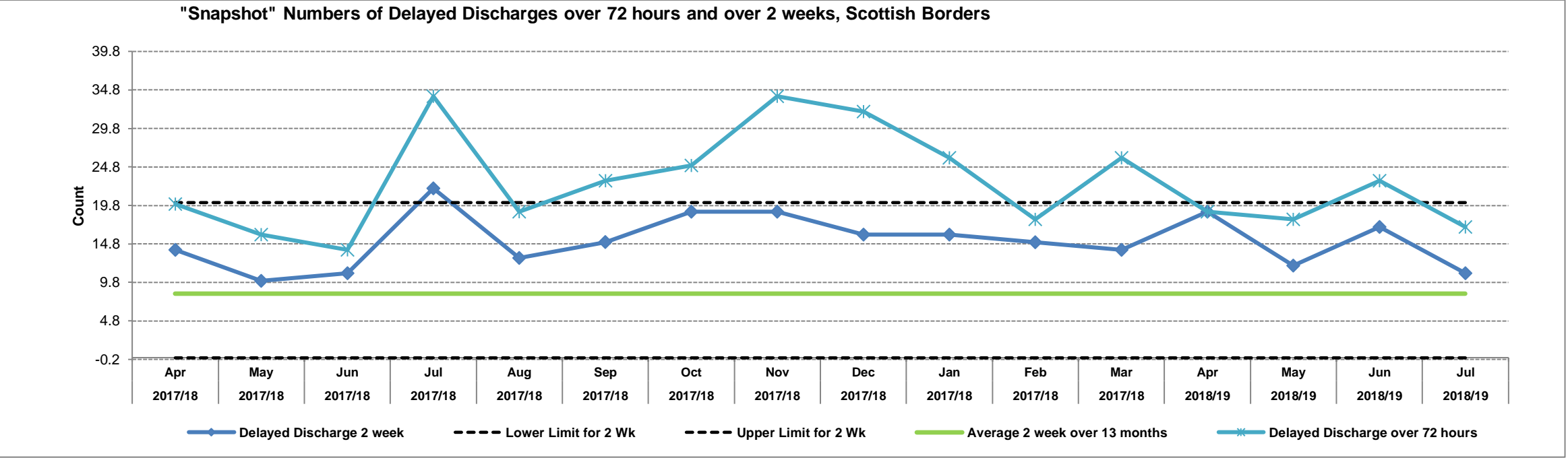
How are we performing?

The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75 and over have fluctuated over time but are lower than the Scottish averages. The Scottish rate has only twice gone below 1,200 per 1,000 population, while the Scottish Borders rate has never gone above 1,000 per 1,000 population. However, it should be noted that this nationally-derived measure does not include bed-days in the four Borders' Community Hospitals, which will be at least part of the reason for the Borders rates appearing lower than the national averages.

Delayed Discharges (DDs)

Source: EDISON/NHS Borders Trakcare system

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Number of DDs over 2 weeks	10	11	22	13	15	19	19	16	16	15	14	19	12	17	11
Number of DDs over72 hours	16	14	34	19	23	25	34	32	26	18	26	19	18	23	17



Please note the Delayed Discharge over 72 hours measurement has recently been implemented from April 2016.

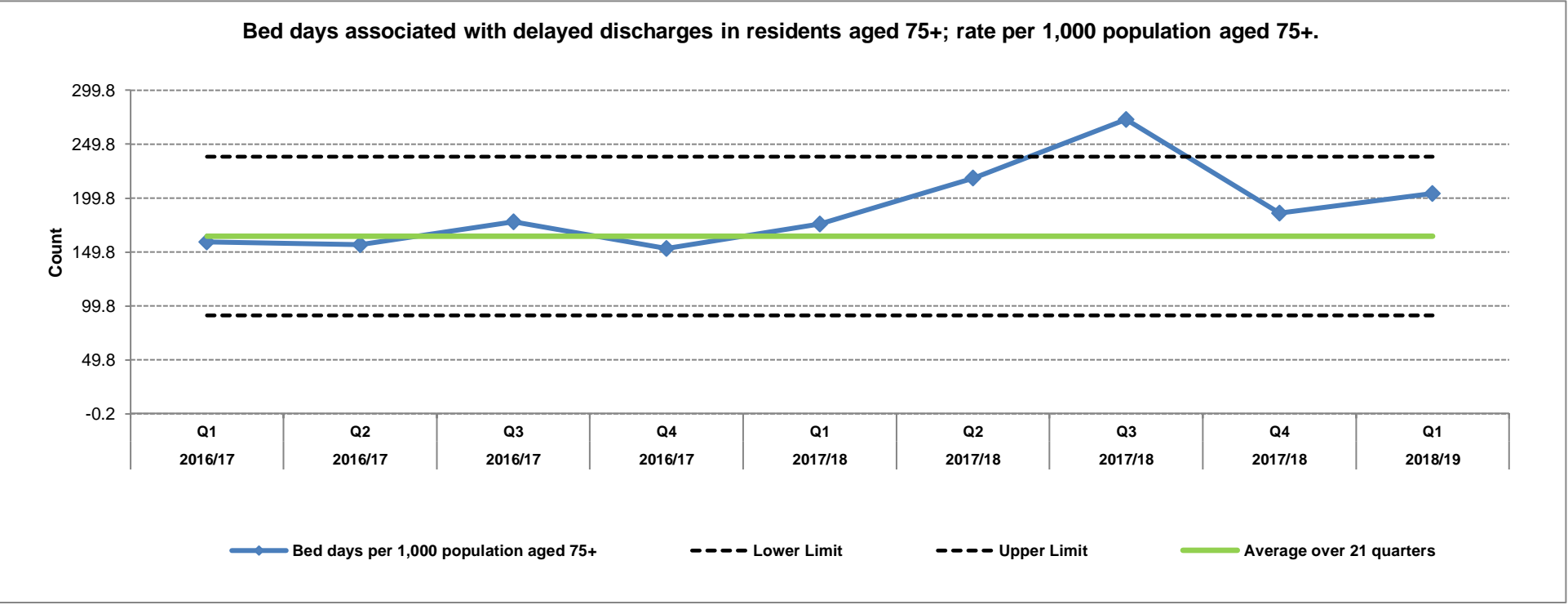
It has been overlayed on this graph as an indicator of the new measurement (light blue line) however as data is limited we cannot provide a statistical run chart for this.

The DD over 2 weeks measurement has several years of data and has been plotted on a statistical run chart (with upper, lower limits and an average) to provide additional statistical information to complement the more recent 72 hour measurement.

Bed days associated with delayed discharges in residents aged 75+; rate per 1,000 population aged 75+

Source: Core Suite Indicator workbooks

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Bed days per 1,000 population aged 75+	159	157	178	153	176	218	273	186	204



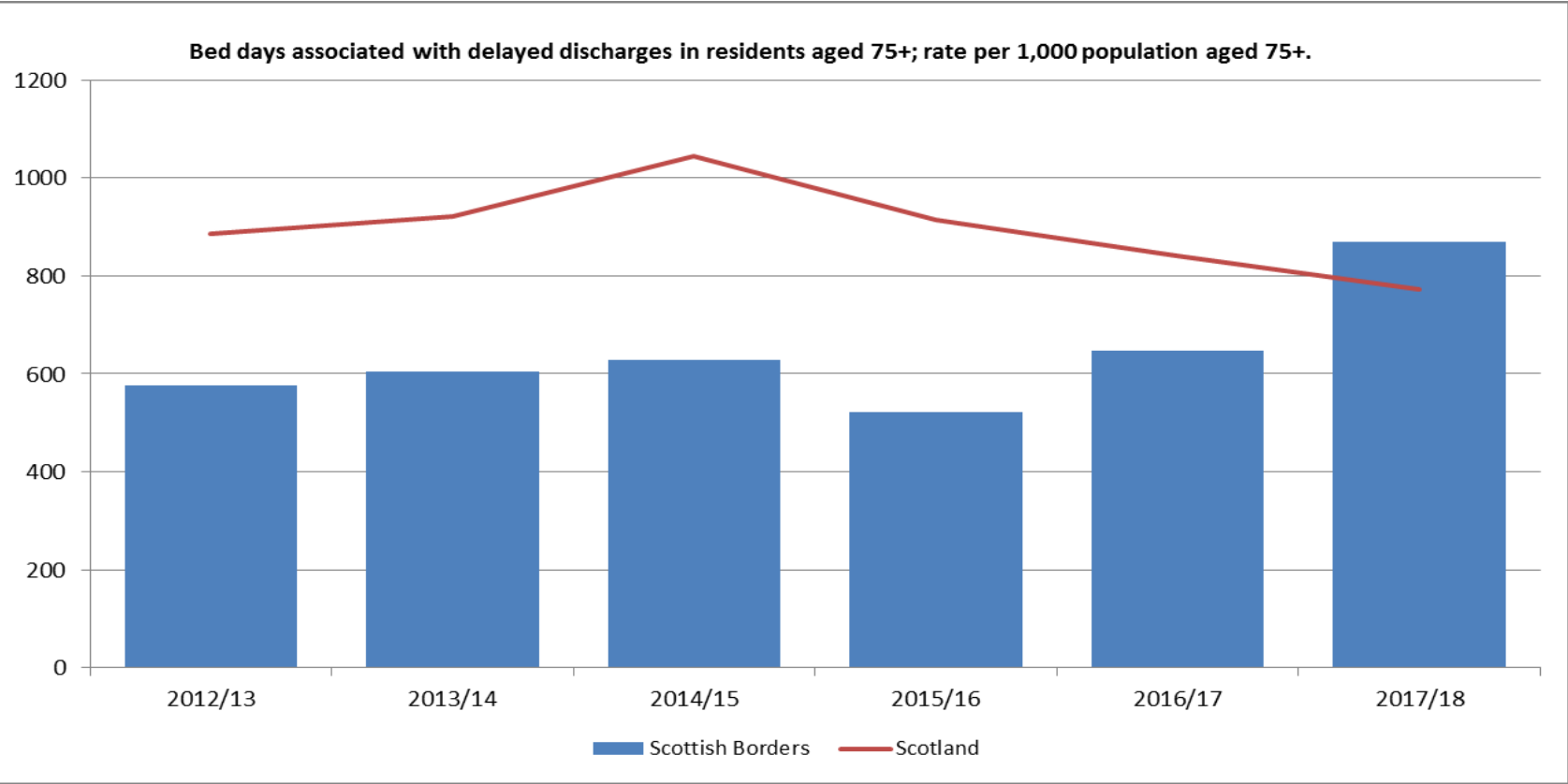
How are we performing?

The quarterly rate of bed days associated with delayed discharges for Scottish Borders residents aged 75 and over has fluctuated since the start of the 2013/14 financial year, but has generally remained around 100 to 200 per 1,000 residents. However, the rate for the middle two quarters of 2017/18 was higher than any previous quarter, increasing to over 200 per 1,000 residents for the first time.

Scotland / Scottish Borders comparison of bed days associated with delayed discharges in residents aged 75+

Source: Core Suite Indicator workbooks

	2012/13	2013/14	2014/15	2015/16	2016/17*	2017/18*
Scottish Borders	575	604	628	522	647	869
Scotland	886	922	1044	915	842	772



How are we performing?

Up to 2016/17, rates for the Scottish Borders were lower (better) than the Scottish average. However, in 2017/18 the Borders' rate was higher than Scotland's.

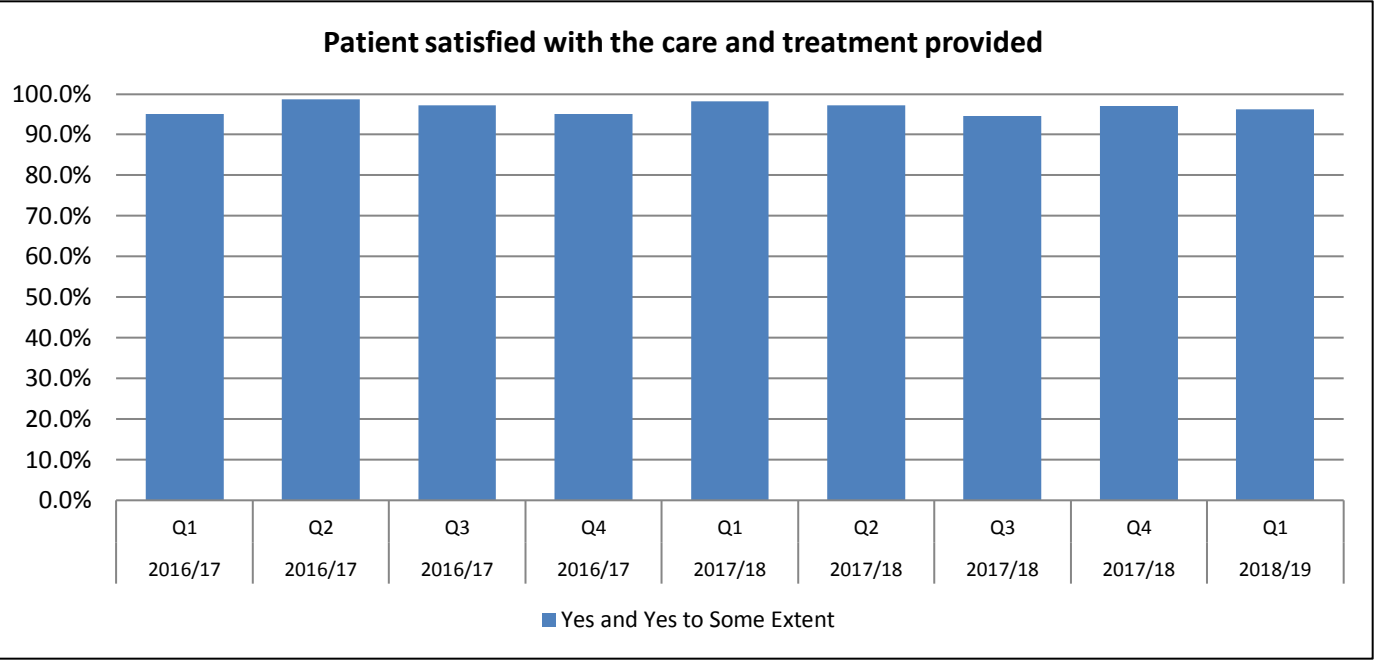
*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for

BGH and Community Hospital Patient/Carer/Relative '2 Minutes of Your Time' Survey

Source: NHS Borders

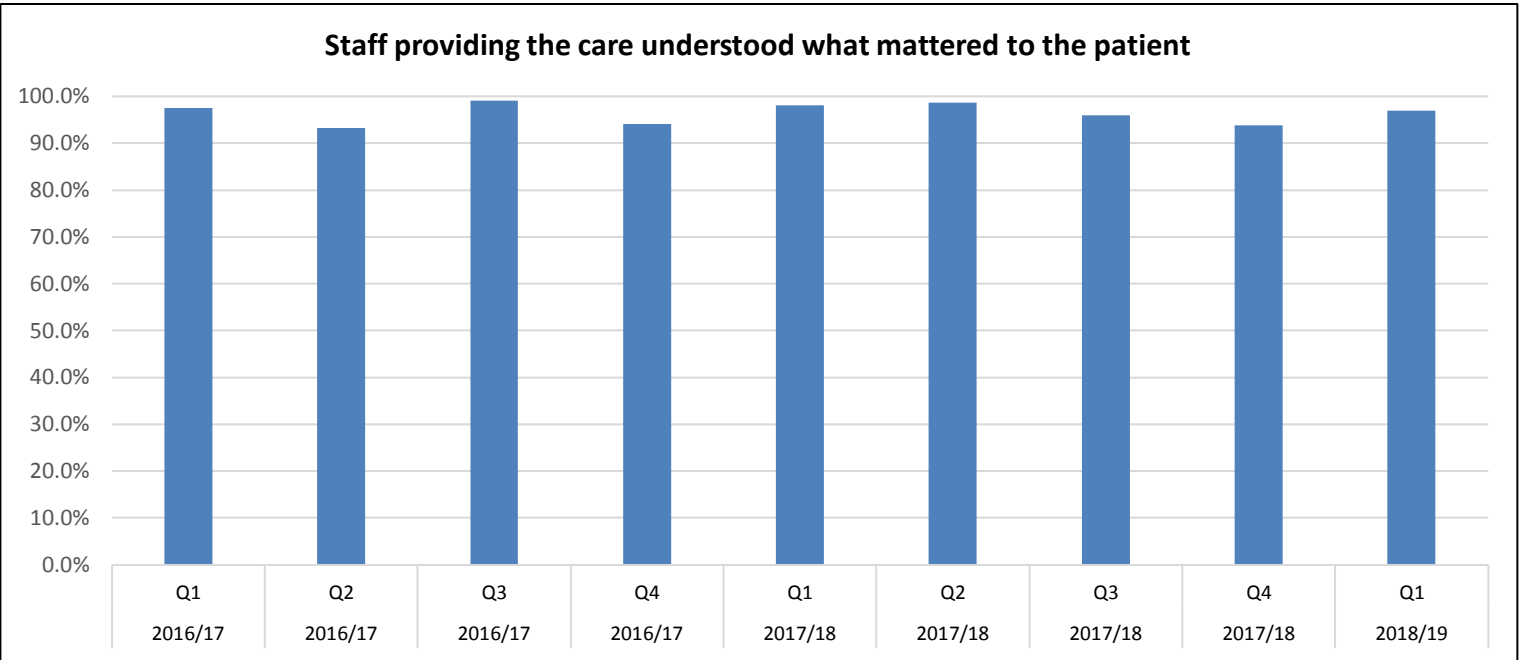
Q1 Was the patient satisfied with the care and treatment provided?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Patients feeling satisfied or yes to some extent	232	160	105	116	105	206	141	135	156
% feeling satisfied or yes to some extent	95.1%	98.8%	97.2%	95.1%	98.1%	97.2%	94.6%	97.1%	96.3%



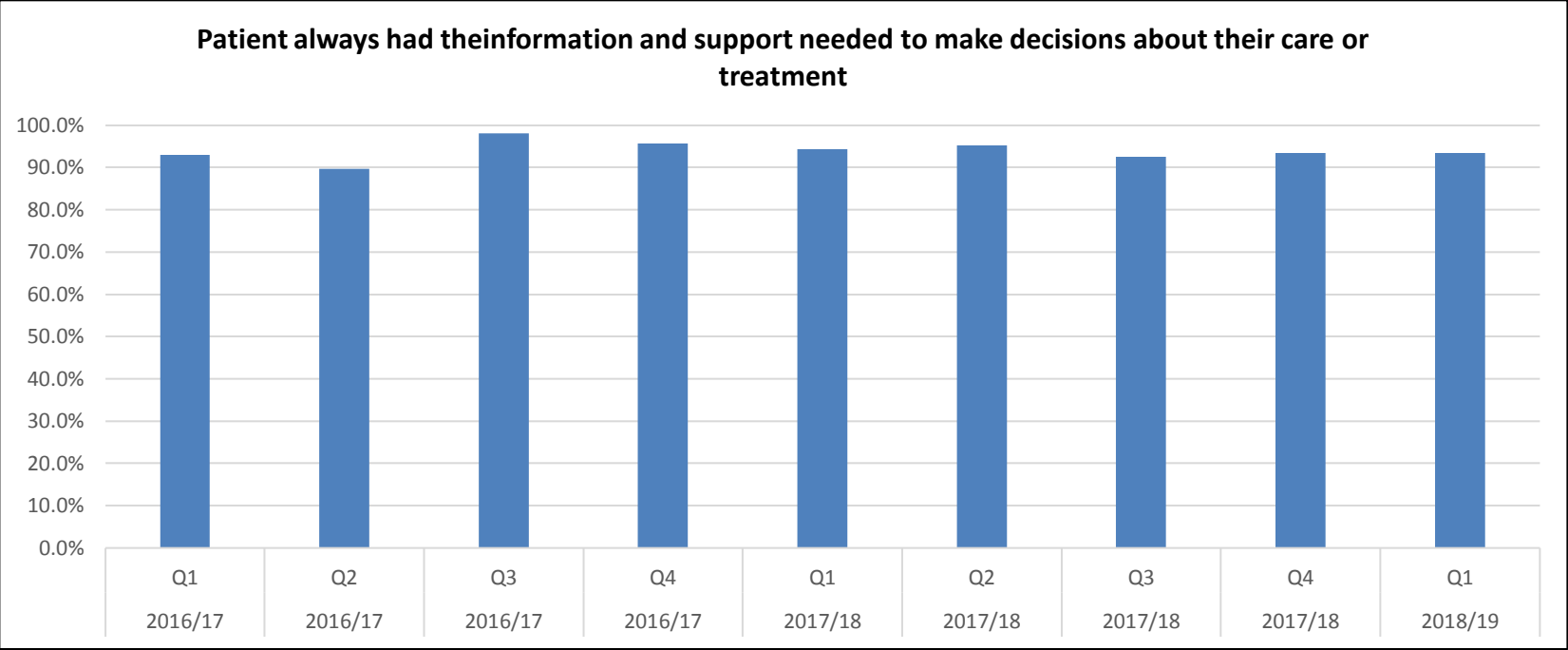
Q2 Did the staff providing the care understand what mattered to the patient?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Staff providing the care understood what mattered to the patient, or yes to some extent	238	151	106	113	105	213	144	135	158
% understood what mattered or yes to some extent	97.5%	93.2%	99.1%	94.2%	98.1%	98.6%	96.0%	93.8%	96.9%



Q3 Did the patient always have the information and support needed to make decisions about their care or treatment?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q14 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Patients always had the information and support needed to make decisions about their care or treatment, or yes to some extent	226	147	101	111	99	200	137	129	141
% always had information or support, or yes to some extent	93.0%	89.6%	98.1%	95.7%	94.3%	95.2%	92.6%	93.5%	93.4%



How are we performing?

The 2 Minutes of Your Time Survey is carried out across the Borders General Hospital and Community Hospitals and comprises of 3 quick questions asked of patients, relatives or carers by volunteers. There are also boxes posted in wards for responses. The results given here are the responses where the answer given was in the affirmative or 'yes to some extent'. Percentages given are of the total number of responses.

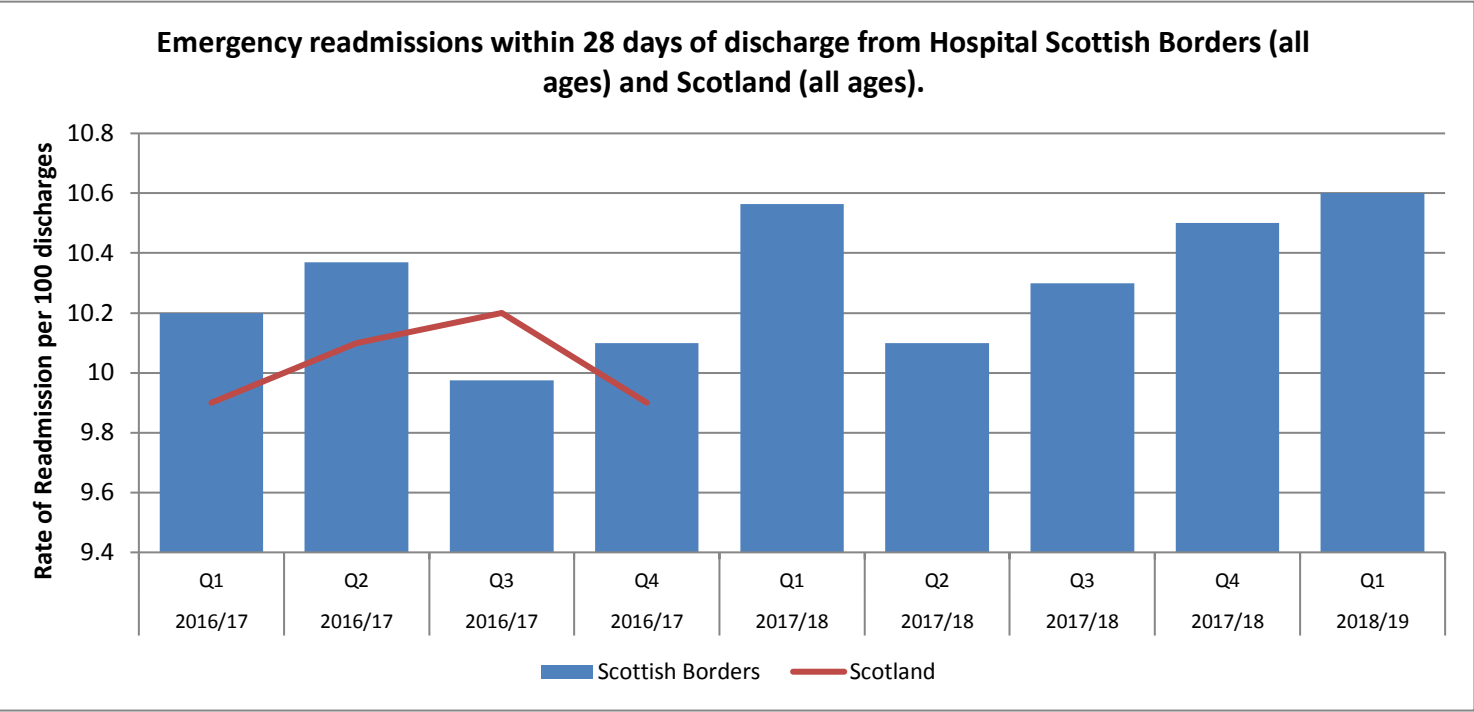
The positive response averages for the last 7 quarters are 96.5% for question 1, 96.7% for question 2 and 93.8% for question 3.

Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Emergency readmissions within 28 days of discharge from hospital, Scottish Borders residents (all ages)

Source: ISD LIST bespoke analysis of SMR01 and SMR01-E data (based on "NSS Discovery" indicator but here also adding in Borders Community Hospital beds).

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
28-day readmission rate Scottish Borders (per 100 discharges)	10.2	10.4	10.0	10.1	10.6	10.1	10.3	10.5	10.6
28-day readmission rate Scotland (per 100 discharges)	9.9	10.1	10.2	9.9					



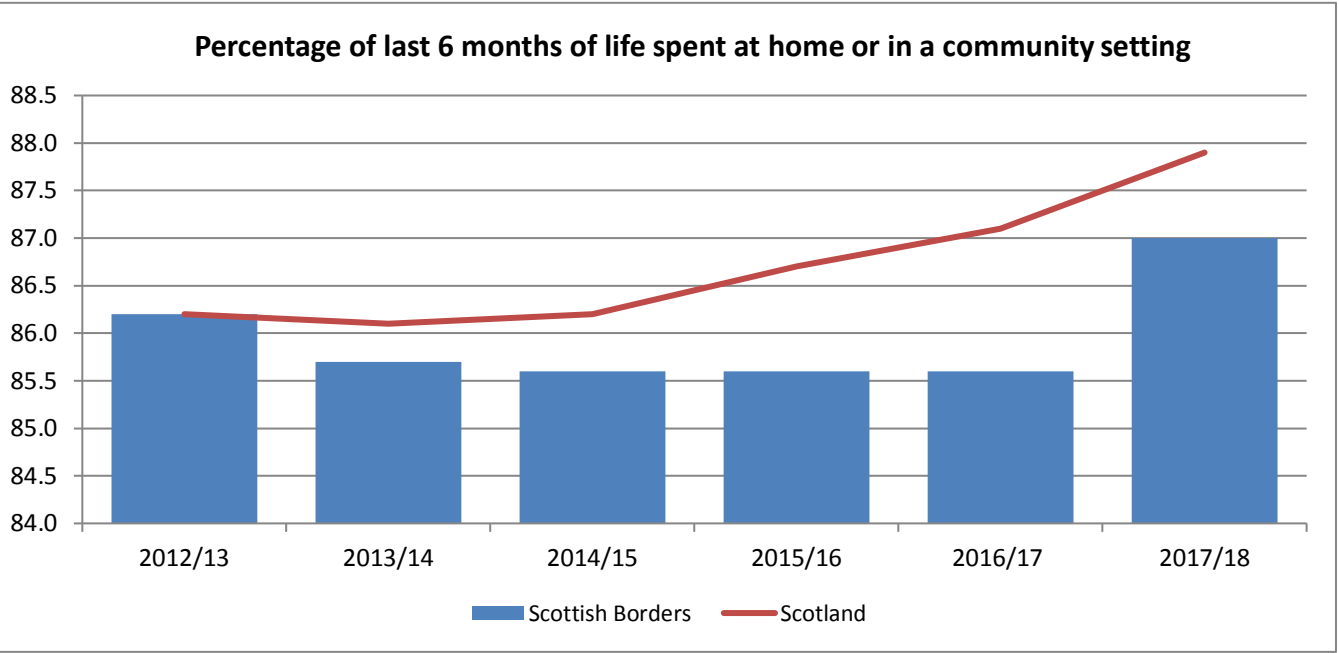
How are we performing?

The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year, but has generally remained under 11 readmissions per 100 discharges. The Borders rate has usually been higher than the Scottish average. The gap has slightly narrowed over time, although at least in part this will reflect improvements in the accuracy of NHS Borders' data coding.

Percentage of last 6 months of life spent at home or in a community setting

Source: Core Suite Indicator workbooks

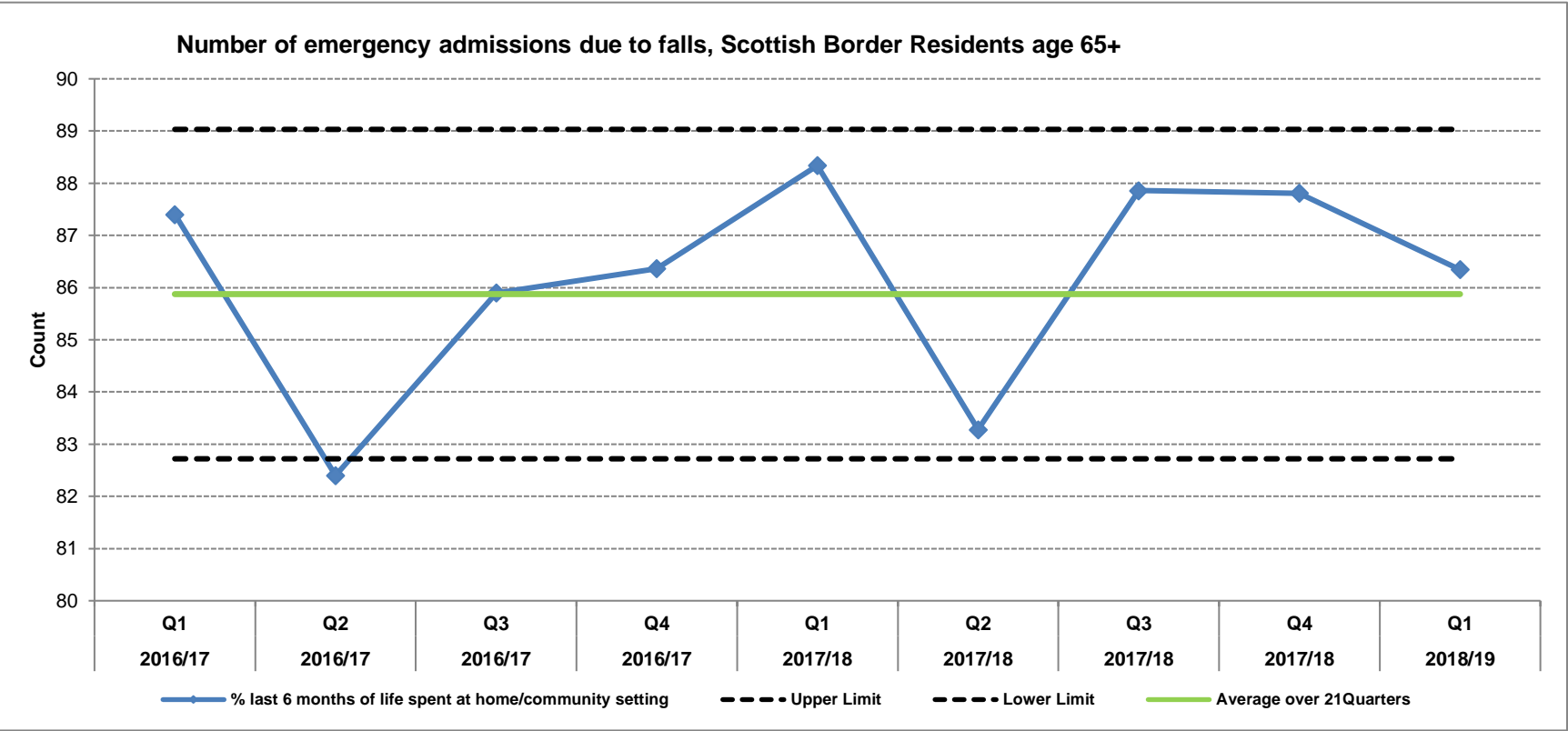
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Scottish Borders	86.2	85.7	85.6	85.6	85.6	87.0
Scotland	86.2	86.1	86.2	86.7	87.1	87.9



Percentage of last 6 months of life spent at home or in a community setting

Source: Core Suite Indicator workbooks

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
% last 6 months of life spent at home or in a community setting Scottish Borders	87.4%	82.4%	85.9%	86.4%	88.3%	83.3%	87.9%	87.8%	86.3%



How are we performing?

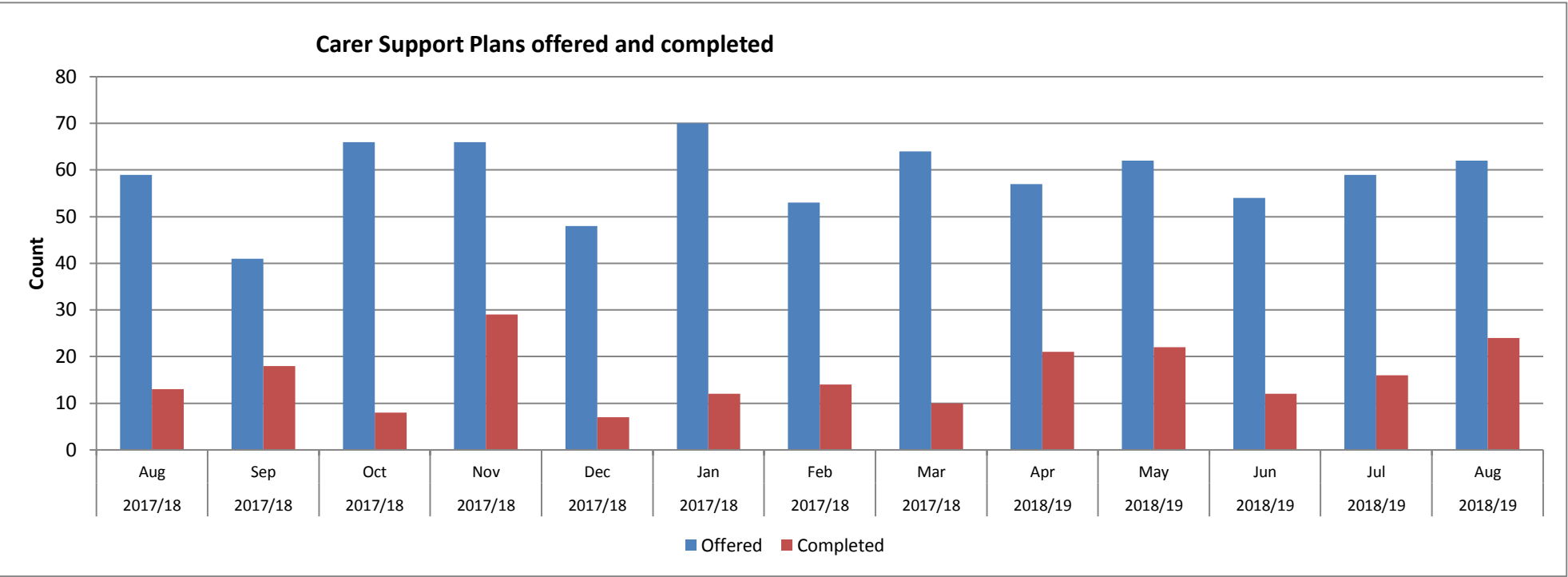
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average, which is gradually increasing.

In addition to the annual measure around end of life care, local quarterly data has been provided in relation to last 6 months of life (for Scottish Borders only). However, the very “spikey” nature of the figures requires the Integration Performance Group to investigate this measure further to explore the reasons for the fluctuations and assess its usefulness and accuracy within this performance scorecard. It may be that the figures need to be treated on a “provisional” basis.

Carers offered and completed Carer Support Plans

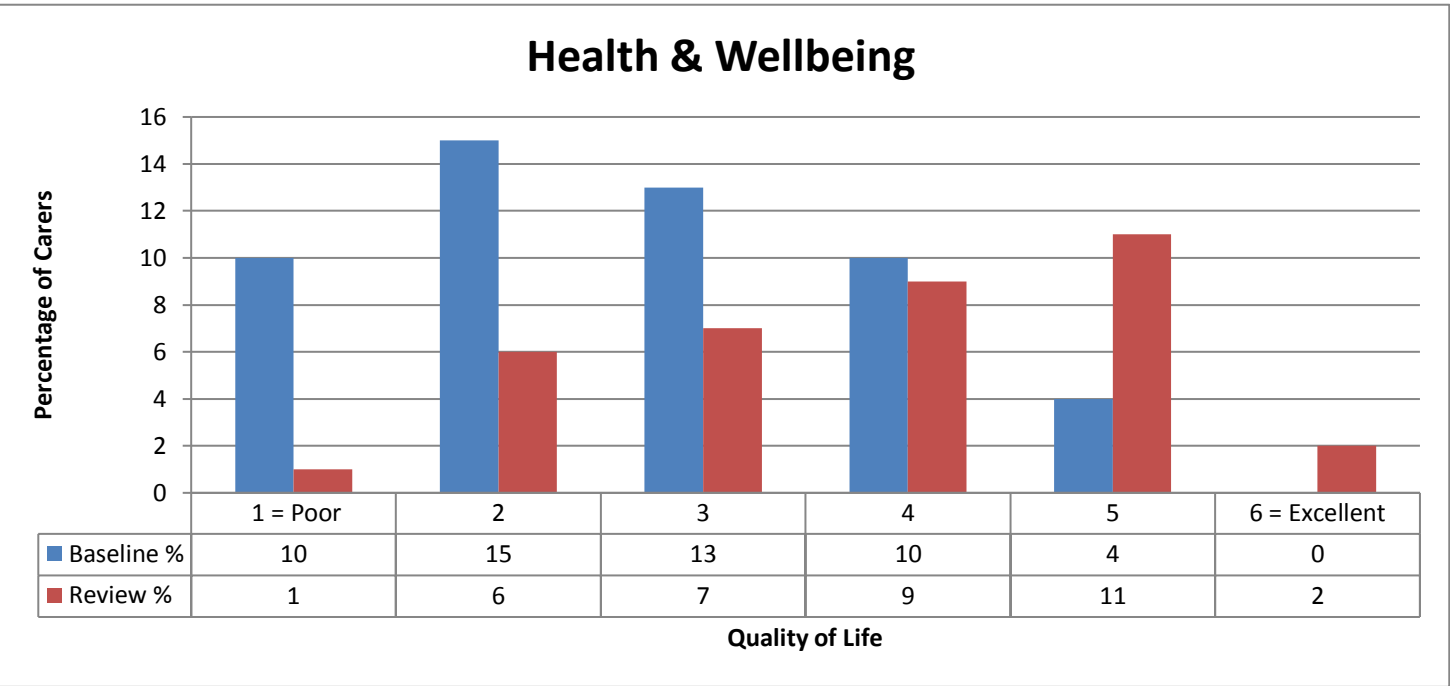
Source: Mosaic Social Care System and Carers Centre

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Assessments offered during Adult Assessment	59	41	66	66	48	70	53	64	57	62	54	59	62
Assessments completed by Carers Centre	13	18	8	29	7	12	14	10	21	22	12	16	24



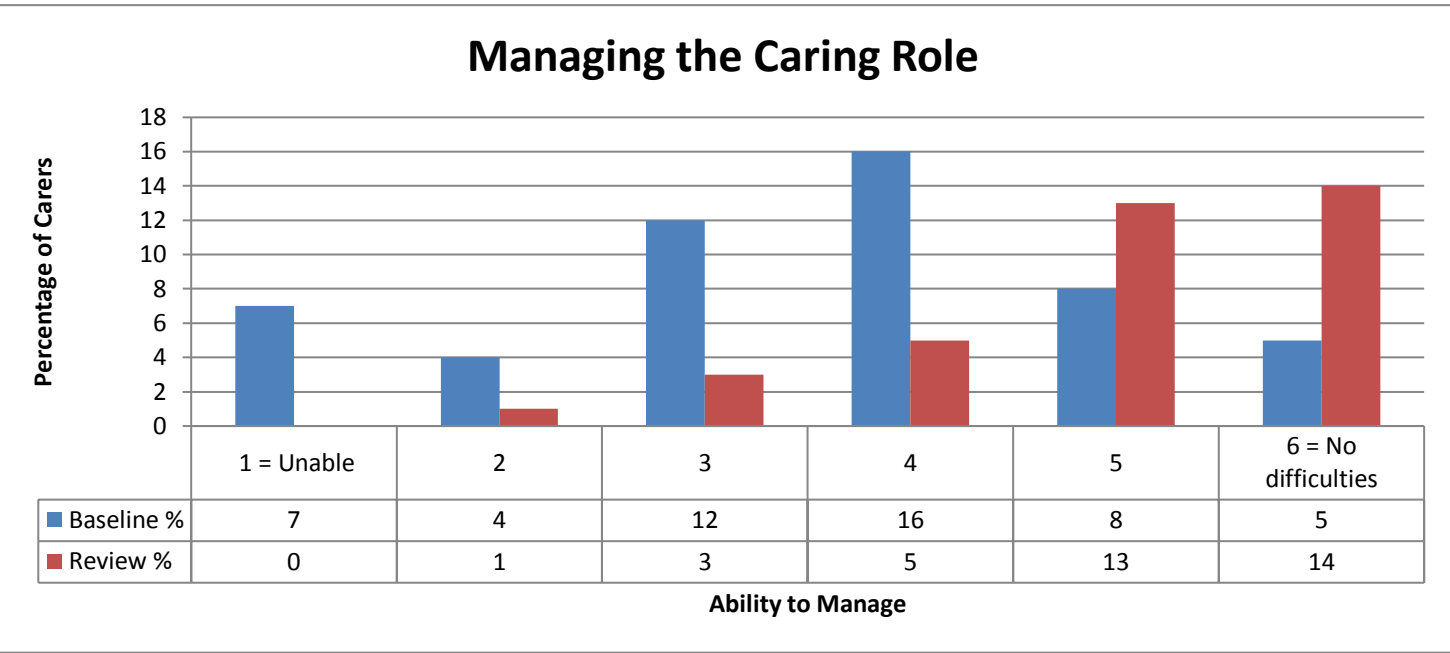
Health and Wellbeing

I think my quality of life just now is:



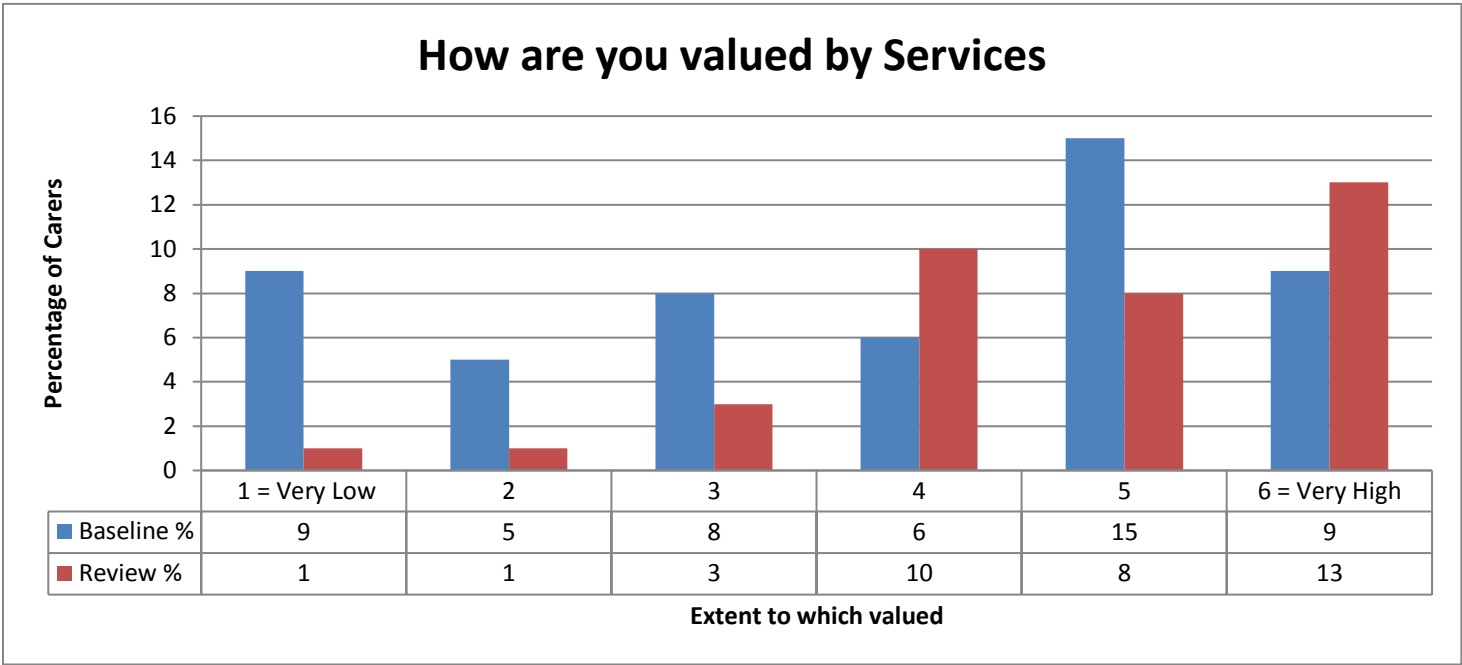
Managing the Caring role

I think my ability to manage my caring role just now is:



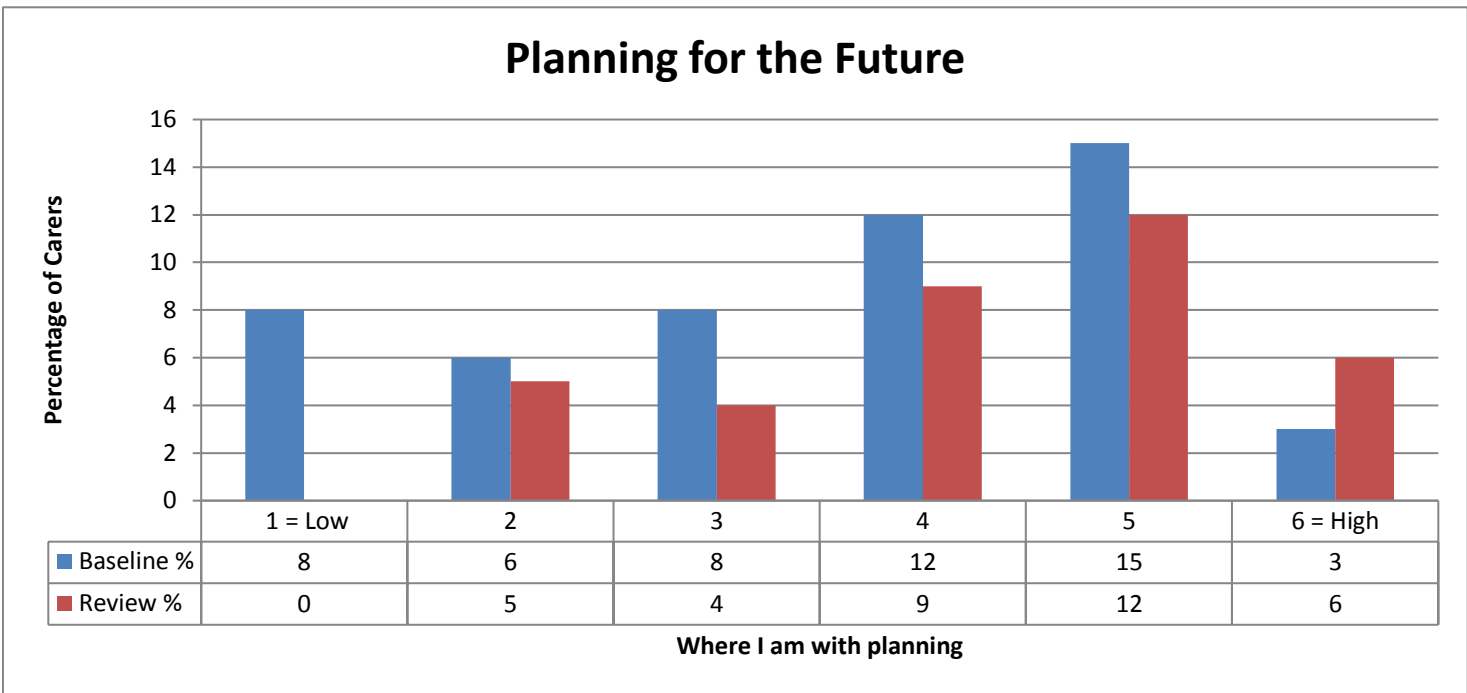
How are you valued by Services

I think the extent to which I am valued by services just now is:



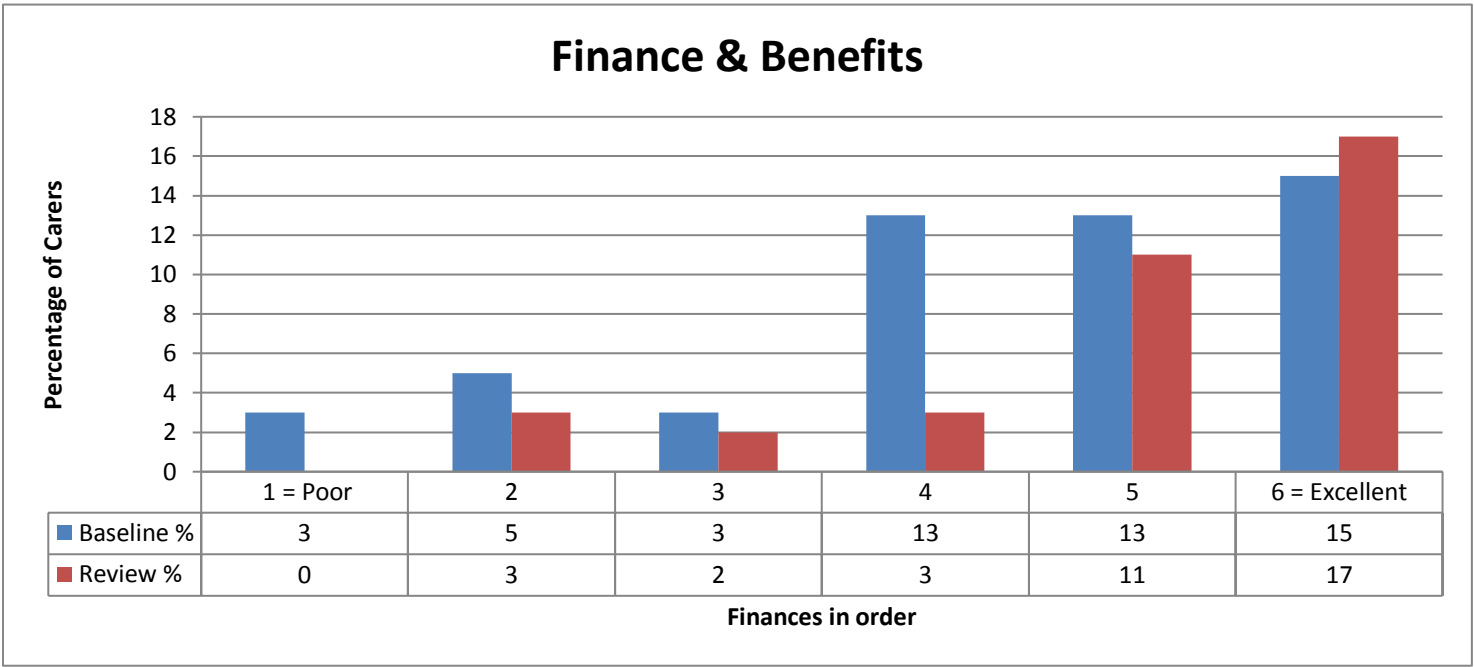
Planning for the Future

I think where I am at with planning for the future is:



Finance & Benefits

I think where I am at with action on finances and benefits is:



How are we performing?

A Carers Assessment includes a baseline review of several key areas which are reviewed within a 3 month to 12 month period depending on the level of need and the indicators from the initial baseline. This information is collated to measure individual outcomes for carers. Data for Quarter 4 2017/18 shows improvement between the baseline and review surveys in nearly all respects. There are just two exceptions to this – the questions under caring choices around Carers’ social lives and feelings as to whether their lives have been put on hold.

Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: Monday 22 October 2018



Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Louise Ramage, PA to Chief Officer Health & Social Care
Telephone:	01896 825571 / 01835 826685

STRATEGIC PLANNING GROUP REPORT

Purpose of Report:	To update the Integration Joint Board on the work of the Strategic Planning Group.
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Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Note this report
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Personnel:	N/A
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Carers:	N/A
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Equalities:	N/A
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Financial:	N/A
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Legal:	N/A
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Risk Implications:	N/A
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Purpose

The purpose of this report is to update the Integration Joint Board (IJB) on any key actions and issues arising from the Strategic Planning Group (SPG) meeting held Wednesday 5 September 2018.

SPG Key Actions & Issues

Communications Strategy

Tracey Graham gave a verbal update on the development of the Health & Social Care Partnership (HSCP) Communications Strategy, advising of the new formalised approach to the framework of communications activity that is already underway. The 3 key work streams of the Communications Strategy are:

1. Maximising the use of the new #yourpart campaign effectively where appropriate
2. Corporate communications support
3. Internal communications activity

A HSCP Communications Group has been established and meets on a monthly basis with both SBC and NHS representation; feedback will be given through EMT.

LD Service Strategic Commissioning Plan

Susan Henderson gave an overview of the Learning Disabilities Service Strategic Commissioning Plan and distributed hard copies of the 'Transitions for young people with learning disabilities – Information Pack'. These will be distributed to local schools between now and the end of December 2018.

This information pack was produced to in partnership with family carers and third sector to provide clarity for all service users. Additionally, this is an invaluable tool for staff. Key areas of this work were highlighted, including the Transitions Pathway for young people moving from children's services to adult services. Signposts to other resources are also included.

Susan Henderson advised it is currently in the testing phase, with 13 randomly selected families trailing the strategy along with a single point of contact in the service.

Mental Welfare Commission – Right to Advocacy Report

Simon Burt introduced the response to the recommendations set by the Mental Welfare Commission (MWC) in the 'The Right To Advocacy' report, for noting.

A stakeholder group has been established to work through the recommendations. It was advised the Scottish Borders are doing well in relation to these recommendations, with areas of further development identified.

JOPS Update

Michael Murphy discussed the revised Older Person Inspection Improvement plan originally produced in 2017. Amendments have been made to the existing plan to ensure there is ongoing reporting on each recommendation, with an associated numerical target as proof of completion. A new code has also been added for items that are on track but not yet complete. The existing plan shows that 70% of the actions are now complete, with those outstanding on track or experiencing a varying degree of delay. Completed actions will still be monitored to ensure continued and sustained impact.

Michael Murphy advised he regularly attends meetings with the link inspectors from the Care Inspectorate (CI) and they are pleased with the progress to date. There is an expectation CI will undertake another inspection by the end of the year, with a revised theme.

The progress of the plan will be reported to the Strategic Planning Group (SPG) every 2 months, the Integration Performance & Finance Group (IPFG) every 6 weeks and the HSCP Leadership Team every 2 months.

Primary Care Improvement Plan

Rob McCulloch-Graham gave an overview of the new GP contract, necessitating the production of the Primary Care Improvement Plan (PCIP), which will result in a fundamental change of how people access primary care. It is a requirement of the General Medical Services (GMS) contract that the plan focus on 6 key areas as detailed in the plan, which will be overlooked by the newly formed Primary Care Strategy Group (PCSG). The 3 year plan will be developed and revised on a 6 monthly basis. Scottish Government have issued 70% of the funding to implement the plan, with the remaining 30% to be issued when implementation steps are shown.

The plan was approved by the GP Sub Committee and the IJB, with a Direction issued to the Health Board to implement the plan in late August.

Carer Involvement

Gordon Patterson from Borders Carers Centre presented a paper about the engagement of third sector in some aspects of joint planning and service reviews.

Various discussions ensued with the agreement that working in isolation is not best practice and the support of the third and voluntary sectors are vital. Further discussion on this matter is being arranged.

CAMHS Update

Simon Burt gave a CAMHS performance update. It was advised the performance has not consistently met the 18 week HEAT target set by Scottish Government since August 2017. This has been due to a combination of factors including management restructures, ongoing recruitment issues and the introduction of EMIS electronic patient records.

A particular band 6 nursing vacancy has been unsuccessfully advertised 4 times; however another advertisement has just concluded which may produce a suitable candidate. A contingency plan of developing a band 5 into a guaranteed band 6 promotion will be implemented.

A recovery plan has been discussed with Scottish Government. At the moment 40 patients are waiting over and above the 18 week HEAT target despite the waiting lists reducing from 193 in June to 145 currently. Assurance was provided that positive progress is being made and this issue is being treated as an urgent priority.

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 22 October 2018



Report By	Mike Porteous, Chief Finance Officer
Contact	Mike Porteous, Chief Finance Officer
Telephone:	07973981394

**MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP
BUDGET 2018/19 AT 31 AUGUST 2018**

Purpose of Report:	The purpose of this report is to update the IJB on the forecast year end position of the Health and Social Care Partnership for 2018/19 based on available information to the 31 st of August.
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> a) Note the forecast financial position for the Partnership for the year to 31 March 2018/19 based on available information b) Support the Chief Officer and Chief Finance Officer of the IJB in compiling and agreeing a recovery plan with the Directors of Finance for NHS Borders and Scottish Borders Council.
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Personnel:	There are no resourcing implications beyond the financial resources identified within the report. Any significant resource impact beyond those identified in the report that may arise during 2018/19 will be reported to the Integration Joint Board.
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Carers:	N/A
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Equalities:	There are no equalities impacts arising from the report.
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Financial:	<p>No resourcing implications beyond the financial resources identified within the report.</p> <p>The report has been reviewed by the Chief Officer and approved by NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer for factual accuracy. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.</p>
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Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Risk Implications:	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.

Background

- 2.1 The report relates to the forecast position on both the budget supporting all functions delegated to the partnership (the “delegated budget”) and the budget relating to large-hospital functions retained and set aside for the population of the Scottish Borders (the “set-aside budget”).
- 2.2 It sets out the current forecast position on both the delegated and set-aside budgets at 31 August 2018, assuming levels of delegation are accepted by the Board, identifying key areas of financial pressure and proposals for their mitigation. The forecast position is drawn from the most recent updates presented to Scottish Borders Council and the Board of NHS Borders.

Overview of Monitoring and Forecast Position at 31 August 2018

- 3.1 The IJB is forecast an overspend of (£7.3m) for the year to 31 March 2019. An increase of (£0.7m) from last months forecast. **Appendix 1** provides a breakdown of the forecast position by service within Function.

Healthcare Functions

- 3.1 The forecast for delegated healthcare functions remains unchanged from last month at an overspend of (£5.8m). The non delivery of (£4.8m) unidentified savings is single biggest pressure within the forecast overspend. Further pressures are forecast within prescribing services and community hospitals and as a result of slippage on agreed savings plans. Collectively these pressures increase the forecast by (£1.0m). The Chief Officer is working with Service leads to identify in year and recurring actions to address these pressures as part of the Financial Recovery Plan.

Social Care Functions

- 3.2 The forecast for Social Care delegated functions at month 5 is an overspend of (£0.775m). Significant demographic pressures and increased agency costs across all services are driving the forecast position. Increased income is offsetting the impact of these rising pressures however the forecast position represents a significant adverse movement from last month. The forecast also reflects an element of under delivery of savings against the £2.048m target within the Financial Plan. Work is underway to identify additional savings to mitigate the forecast overspend with the initial focus on reviewing and reassessing packages of care.

The delegated health and social care budget also assumes the (£7.3m) Social Care Funding provided by Scottish Government via NHS Borders will be fully deployed to

support living wage policy delivery and additional care packages as previously approved.

Large Hospital Functions Set-Aside

- 3.3 The Set-Aside functions continue to forecast an overspend of (£0.7m) for the year. The overspend is driven by patient acuity, high levels of sickness absence and the impact of delayed discharges. Ongoing action to manage the levels of one to one support and address the sickness levels are in place. .

Delivering Financial Balance

- 4.1 The overspends reported by the IJB in the past have been met through additional allocations from the constituent partner organisations. The positive progress made in the ongoing discussions between NHS Borders and Scottish Government regarding Brokerage provides a suitable level of assurance that additional Health funding will be available in year. In keeping with previous years additional Council funding will be made available to address any overspend reported at the end of the year.
- 4.3 The key to delivering recurring financial balance is the identification and implementation of robust schemes to deliver savings and shift the balance of care from acute to community care. This is more challenging in an environment of restricted funding, increasing demographic growth and cost pressures.
- 4.4 Under the Scheme of Integration the Chief Officer and the Chief Financial Officer of the IJB are required to work with the relevant finance officer of the constituent authority to identify a recovery plan. This plan should reflect the work ongoing within the Partner organisations to deliver transformational change.
- 4.5 Given the forecast position is based on all known information to the end of month 5, and given the magnitude of the unidentified savings and recurring pressures within the forecast any recovery plan is unlikely to identify sufficient saving actions to bring spend in line with budget by 31 March 2019. The recovery plan will require a longer timescale to identify, cost and present proposals for the delivery of savings to achieve break even. A recovery plan will be presented to the IJB for discussion at a future meeting.

Risk

- 5.1 The risk that brokerage will not be forthcoming has been mitigated through the discussions to date between NHS Borders and Scottish Government.
- 5.2 The management of ongoing risks relating to the delivery of in year and recurring identified savings, prescribing spend and winter pressures is key to ensuring the current forecast does not increase.
- 5.3 There is a risk that a recovery plan may not identify sufficient actions to bring spend in line with current budget levels. The plan must explore all options across the partnership and produce an integrated plan.

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MONTHLY REVENUE MANAGEMENT REPORT



Summary	2018/19	At end of Month:	August
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	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	20,216	7,493	20,986	20,981	5	The overall forecast has increased by £0.7m from last month. The increase falls entirely within Social Care services. The pressures forecast against Health services last month are unchanged.
Joint Mental Health Service	15,422	6,603	16,201	16,295	(94)	
Joint Alcohol and Drug Service	530	262	546	533	13	
Older People Service	19,281	2,892	19,924	20,473	(549)	
Physical Disability Service	3,322	1,118	3,408	3,635	(227)	
Unidentified Savings	(1,239)	0	(4,814)	0	(4,814)	
Generic Services	91,094	33,614	91,274	92,199	(925)	
Large Hospital Functions Set-Aside	20,138	10,198	22,661	23,348	(687)	
Total	168,764	62,180	170,186	177,464	(7,278)	

MONTHLY REVENUE MANAGEMENT REPORT



Delegated Budget Social Care Functions 2018/19 At end of Month: **August**

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	16,644	6,010	17,426	17,421	5	The overspend is driven by demographic pressures and increased agency costs in Older People's services and a significant rise in tennancy costs within Physical Disabilities.
Joint Mental Health Service	2,108	792	2,170	2,212	(42)	
Joint Alcohol and Drug Service	173	50	173	160	13	
Older People Service	19,281	2,892	19,924	20,473	(549)	
Physical Disability Service	3,322	1,118	3,408	3,635	(227)	
Generic Services	4,708	2,063	4,923	4,898	25	
Total	46,236	12,925	48,024	48,799	(775)	

MONTHLY REVENUE MANAGEMENT REPORT



Delegated Budget Healthcare Functions	2018/19	At end of Month: August
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	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	3,572	1,483	3,560	3,560	0	The overspend primarily relates to the significant level of unidentified savings within the delegated functions. Pressures within Prescribing and staffing costs across the Community Hospitals are driving the overall forecast up by a further £1m.
Joint Mental Health Service	13,314	5,811	14,031	14,083	(52)	
Joint Alcohol and Drug Service	357	212	373	373	0	
GP Prescribing	21,700	9,624	22,490	22,790	(300)	
Unidentified savings	(1,239)	0	(4,814)	0	(4,814)	
Generic Services	64,686	21,927	63,861	64,511	(650)	
Total	102,390	39,057	99,501	105,317	(5,816)	

MONTHLY REVENUE MANAGEMENT REPORT



Large Hospital Functions Set-Aside **2018/19** **At end of Month:** **August**

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Accident & Emergency	2,003	1,131	2,519	2,604	(85)	The forecast for Set-Aside functions has not changed from last month. Patient acuity and high levels of sickness absence are the main drivers
Medicine & Long-Term Conditions	11,847	6,221	13,645	14,042	(397)	
Medicine of the Elderly	6,288	2,846	6,497	6,702	(205)	
Total	20,138	10,198	22,661	23,348	(687)	