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A meeting of the
Scottish Borders Health & Social Care Integration Joint Board Audit Committee
will be held on **14 March 2022 at 2.00pm** via Microsoft Teams

AGENDA

Time	No		Lead	Paper
2.00	1	ANNOUNCEMENTS & APOLOGIES	Chair	Verbal
2.01	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	Verbal
2.02	3	MINUTES OF PREVIOUS MEETING 09.12.21	Chair	Attached
2.05	4	MATTERS ARISING Action Tracker	Chair	Attached
2.07	5	FOR DISCUSSION/DECISION		
	5.1	IJB Risk Management Update 2021/22	Chief Officer	Appendix-2022-AC1
	5.2	Audit Scotland – Recent Audit Reports of interest	Chief Officer	Appendix-2022-AC2
	5.3	Review of the 2018-23 Strategic Commissioning Plan	Chief Officer	Appendix-2022-AC3
	5.4	Audit Scotland letter to IJBs re Annual Audit Process 2021/22	Audit Scotland	Appendix-2022-AC4
	5.5	SBIJB External Audit Annual Plan 2021/22	Audit Scotland	Appendix-2022-AC5

	5.6	SBIJB Internal Audit Annual Plan 2022/23	Chief Internal Audit	Appendix-2022-AC6
3.55	6	ANY OTHER BUSINESS	Chair	Verbal
4.00	7	DATE AND TIME OF NEXT MEETING Monday 13 June 2022, 2.00pm to 4pm, via Microsoft Teams	Chair	Verbal

Membership of Committee:-

Mrs K Hamilton (Chair), Councillor T Weatherston, Councillor J Linehan, Mrs L O'Leary and Mr J Wilson

Iris Bishop, Board Secretary, Health & Social Care Integration Joint Board/Borders NHS Board
 Tel: 01896 825525 Email: iris.bishop@borders.scot.nhs.uk



Minute of the meeting of **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** held on **9 December 2021** at 1.00pm via Microsoft Teams.

Present: Mrs K Hamilton, Non Executive, NHS Borders (Chair)
Cllr J Linehan, Elected Representative, Scottish Borders Council
Cllr T Weatherston, Elected Representative, Scottish Borders Council

In Attendance: Mr C Myers, Chief Officer Health & Social Care
Mrs J Stacey, Chief Internal Auditor
Mr G Samson, Audit Scotland
Miss I Bishop, Board Secretary
Mrs S Holmes, Internal Auditor, SBC

1. Apologies and Announcements

Apologies had been received from Mrs Lucy O'Leary, Non Executive, Mr Jim Wilson, Lay member, Mr Andrew Bone, Director of Finance NHS, Mrs Gillian Woolman, Audit Scotland.

The Chair confirmed the meeting was quorate.

2. Declarations of Interest

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

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted there were none.

3. Minute of Previous Meeting

The minutes of the meeting of the Integration Joint Board Audit Committee held on 14 June 2021 were approved.

The minutes of the Extra Ordinary meeting of the Integration Joint Board Audit Committee held on 20 October 2021 were approved.

4. Matters Arising

4.1 Minutes 14.06.21: Item 4.2: The Chair enquired if any progress had been made in regard to live streaming of the Integration Joint Board (IJB) meetings. Miss Iris Bishop advised that no progress had been made in that regard.

- 4.2 Action 1:** Mrs Jill Stacey commented that she would undertake an induction session for Cllr Jenny Linehan and also put in place 30 minute Development sessions prior to each formal meeting.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the action tracker.

5. Directions Policy and Procedure

- 5.1 Mr Chris Myers provided an overview of the content of the paper and advised that the paper had been developed as a result of the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government best practice guidelines and policy updates from both Scottish Government and COSLA.
- 5.2 The Chair welcomed the paper and the role of the IJB Audit Committee in monitoring the implementation of the directions issued.
- 5.3 The Chair noted the mention of reviewing the Strategic Plan on an annual basis and enquired if the new Directions Policy would ensure that review was applied more rigorously than had been in the past. Mr Myers advised there was a statutory responsibility to review the Strategic Plan annually and refresh it every 3 years. The Strategic Implementation Plan Oversight Board had been re-launched and would focus on the process of building back the oversight of all work streams to ensure they were delivering against their objectives as set by the Strategic Plan and the IJB and that oversight would feed into the proposed informal annual review undertaken by the Audit Committee.
- 5.4 Cllr Tom Weatherston welcomed the policy, process to review decisions and that all directions would be formally issued on a standard form.
- 5.5 The Chair suggested that whilst directions had been issued over the time of the IJB, the formalisation of the process had been lacking. Mr Myers commented that whilst the IJB had been issuing verbal directions over time the challenge had been in terms of best practice and following the guidance issued. Best practice was to formally document directions and issue them at the start of the financial year to set clear planning assumptions and parameters around funding and timescales of what was being asked of the organisations involved.
- 5.6 Mrs Jill Stacey commented that the role of the Audit Committee was to provide scrutiny and governance to the IJB and the monitoring of the directions by the Committee would fulfil that remit.
- 5.7 Mrs Stacey agreed to review the IJB Audit Committee Terms of Reference in comparison with the Directions Policy to identify any changes required.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the content of the report, the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and the statutory guidance issued by the Scottish Government in January 2020 in relation to Directions.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** recommended the IJB approve the IJB Directions Policy and Procedure and IJB Directions template set out in Appendices 1 and 2 of the report.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** requested that the IJB make any necessary changes to the Audit Committee Terms of Reference to enable it to fulfil the functions as set out in the paper.

6. IJB Strategic Commissioning Approach

- 6.1 Mr Chris Myers provided an overview of the content of the paper. He advised that he had considered the strategic commissioning approach and the strategic commissioning cycle and looked at it in that context. He further commented that in terms of commissioning capacity there was a considerable amount of work to be taken forward over the next 12-18 months including: a new strategic commissioning plan; a joint needs assessment; national care service work and the strategic management of that. He emphasised that the logic behind having a Future Strategy Group resourced by both organisations was to enable the coordination and development of a strategy to report into the Strategic Planning Group (SPG).
- 6.2 The Chair noted that page 8 of the template referred to “Lothian” and Mr Myers noted the error and advised the template would be corrected.
- 6.3 The Chair sought clarification on the functioning of the Future Strategy Group and its interface with the SPG. Mr Myers explained that the formation of the Future Strategy Group was informed by the requirements to review the effectiveness of the commissioning plan.
- 6.4 Cllr Tom Weatherston welcomed the approach set out in the paper and commented that it was possible that the Elected Members on the IJB might change after the local elections to be held in May 2022.
- 6.5 Mrs Jill Stacey commented that purdah was around the restrictions on the code of conduct for Councillors on events associated with their role without electioneering and some Council meetings would be held through March and April with Cllrs remaining in post until the election in May. There would then be a post-election period where the new Council administration would be formed and Council meetings would commence from late May/early June.
- 6.6 The Chair enquired about the workforce arrangements in terms of additional personnel. Mr Myers advised that the workforce arrangements were not yet clarified.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** considered the paper and recommended that the IJB approve the following recommendations:

- That the work of the SIP Oversight Board is realigned to the Audit Committee rather than directly reporting to the IJB

- That a 'Future Strategy Group' is developed that reports into the Strategic Planning Group to develop Directions and to manage the work associated with the delivery of the new Strategic Developments over the next 12-14 months
- That the IJB endorse the approach of undertaking a comprehensive Joint Needs Assessment to inform the Strategic Commissioning Plan that will be concluded towards the end of 2022/23 to support the development of a 3 year Strategic Commissioning Plan for 2023-26
- That the Audit Committee oversee a rapid review of the Terms of Reference and a self-assessment of the IJB Committees to ensure that the IJB and these Committees are able to continue to effectively function in the context of the significant level of work required, in line with the IJB's duties outlined in the Act

7. Progress on Implementation of Internal Audit Recommendations

- 7.1 Mrs Jill Stacey provided an overview of the content of the report.
- 7.2 Cllr Tom Weatherston enquired about progress in regard to appointing a new Chief Financial Officer. Mr Chris Myers advised that the job description had been amended slightly and the post would be advertised jointly across both the Council and the NHS recruitment systems. He highlighted that the salary point for the post was different for each organisation. Both organisations were supportive of moving forward with the recruitment and advertising was expected to be early in the New Year via both recruitment systems with added advertising on social media and other professional networks.
- 7.3 Mr Myers advised the Committee that there was an expectation that the national timescale for the submission of integration workforce plans was like to be pushed back to the summer of 2022. The local interim integration workforce plan had been submitted in April 2021 to Scottish Government and their feedback was awaited. He further highlighted that a national health and social care workforce plan was being developed which was expected to refer to the national plan when published and the local interim workforce plan would align to that accordingly.
- 7.4 Mrs Stacey commented that in terms of national timelines there were monthly meetings going forward and updates would be provided as part of the internal audit follow up process.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the current status of progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance, and mitigate risks.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed to the revised due dates of 31 March 2022 for the two overdue Internal Audit recommendations requested by the new IJB Chief Officer.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted that Internal Audit will continue to monitor for completion the outstanding recommendations and will provide update reports to this Committee.

8. Progress Update on Delivery of Internal Audit Annual Plan 2021/22 for Scottish Borders Health and Social Care Integration Joint Board

- 8.1 Mrs Jill Stacey provided an overview on the content of the paper.
- 8.2 Mr Chris Myers commented that the contracts and commissioning audit had been deferred for the third quarter. He further advised that Jen Holland had been appointed as SBC Director of Strategic Commissioning and Partnership. Her role encompassed CGI, Partnerships and Live Borders as well as other commissioning elements. He also commented that Jen Holland was an integral part of the health and social care team and the procurement angle and partnership part of her role were very aligned and connected to the approach being taken forward for the IJB.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the progress made in the first six months of the year to deliver the approved Scottish Borders Health and Social Care Integration Joint Board Internal Audit Annual Plan 2021/22 (Appendix 1).

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** considered the list of Internal Audit reports by partners' Internal Auditors presented to their respective Audit Committees that are relevant to SBIJB for assurance purposes (Appendix 2), consider the assurances contained therein, and provide any commentary thereon.

9. Any Other Business

- 9.1 Cllr Tom Weatherston commented that he was frequently challenged by the public to involve them more in IJB decision making and enquired how that might be facilitated.
- 9.2 The Chair commented that the NHS were undertaking work on public engagement in relation to the IJB and the strategic commissioning plan and she recognised that it was a challenge to reach out to less engaged groups.
- 9.3 Mr Chris Myers recognised that it was hard to engage with some groups and work needed to be taken forward in partnership with people to develop a plan for people. He suggested for the IJB it was about developing the role of the SPG to ensure it was a good reflection of public expectation and if a paper was submitted to the SPG and was not supported by the SPG due to a short fall in public engagement it would not be submitted to the IJB. He referred to the commissioning approach process paper which he suggested should assist in terms of public engagement recognising that there was further work to be done on public engagement especially with hard to reach groups. He also suggested the work streams would begin to be challenged on public engagement as well.

9.4 The Chair assured the Committee that Mrs Lucy O’Leary, the current chair of the SPG, had a strong background in public engagement and was clear that the representatives on the SPGC would provide the views of the groups that they represented and not their own personal agendas.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the discussion.

10. Date and Time of Next Meeting

The Chair confirmed that the next meeting of the IJB Audit Committee would be held on Monday 14 March 2022 at 2.00pm via Microsoft Teams subject to approval of the 2022 meeting schedule by the IJB on 15 December 2021.

DRAFT


Scottish Borders Health & Social Care Integration Joint Board Audit Committee



Action Tracker

Meeting Date: 14 June 2021

Item: Scottish Borders Health and Social Care Integration Joint Board Audit Committee Annual Report 2020/21

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
1	5	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE agreed that regular information sessions should be set up on budget assurance, etc.	Jill Stacey	December 2021	Mrs Jill Stacey commented that she would undertake an induction session for Cllr Jenny Linehan and also put in place 30 minute Development sessions prior to each formal meeting.	

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Meeting Date: 9 December 2021

Item: Directions Policy and Procedure

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2	5	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE requested that the IJB make any necessary changes to the Audit Committee Terms of Reference to enable it to fulfil the functions as set out	Jill Stacey	April 2022		

Agenda Item 4

		in the paper.				
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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 IJB Audit Committee meeting

*Scottish Borders Health & Social Care
Integration Joint Board Audit Committee*



Meeting Date: 14 March 2022

Report By:	Chris Myers, IJB Chief Officer
Contact:	Jill Stacey, IJB Chief Internal Auditor (Chief Officer Audit and Risk, Scottish Borders Council) Emily Elder (Corporate Risk Officer, Scottish Borders Council)
Telephone:	
IJB RISK MANAGEMENT UPDATE 2021/22	
Purpose of Report:	To set out to members of the IJB Audit Committee, for their scrutiny and oversight, the risk management arrangements that have been applied in practice during the last 12 months.
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: <ul style="list-style-type: none"> a) Acknowledge the improvements in the application of risk management within the IJB, in accordance with the IJB Risk Management Policy and Strategy. b) Note the benefits for the IJB that accrue from more systematic and assured risk management. c) Endorse the proposal to refresh the IJB Strategic Risk Register to reflect significant and strategic local and national developments.
Personnel:	In line with the role and responsibilities, the IJB Chief Officer carries out the quarterly reviews of the IJB Strategic Risk Register, supported by SBC's Corporate Risk Officer.
Carers:	There are no direct carers' impacts arising from the report.
Equalities:	There are no equalities impacts arising from the report.
Financial:	There are no direct financial implications arising from the proposals in this report.
Legal:	Good governance will enable the IJB to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk.
Risk Implications:	Risk Management arrangements will assist the IJB in making informed business decisions and provide options to deal with potential problems in line with its agreed Risk Management Strategy within its governance arrangements.

Background

- 1.1 The IJB, as strategic commissioner of health and social care services, gives directions to NHS Borders and Scottish Borders Council for delivery of the services in line with the Strategic Commissioning Plan. The Scheme of Integration sets out how the managerial arrangements across the integrated arrangements flow back to the IJB and the Chief Officer. These arrangements are further supported by the IJB's Local Code of Corporate Governance.
- 1.2 Compliance with the principles of good governance requires the IJB to adopt a coherent approach to the management of risks that it faces in the achievement of its strategic objectives. A new Risk Management Policy and refreshed Risk Management Strategy were approved by the IJB on 19 August 2020, following their endorsement by the IJB Audit Committee on 9 March 2020.
- 1.3 It is important that the IJB has its own robust risk management arrangements in place because if objectives are defined without taking the risks into consideration, the chances are that direction will be lost should any of these risks materialise. The identification, evaluation, control and review of the IJB strategic risks is a Management responsibility. However, knowledge of the strategic risks faced by the IJB and associated mitigations will enable the Board members to be more informed when making business decisions.

Summary

- 2.1 In accordance with the IJB Risk Management Policy and Strategy, the IJB Chief Officer, on a quarterly basis, carries out a review of the IJB Strategic Risk Register, which sets out the strategic risks associated with the achievement of objectives and priorities within the IJB Strategic Commissioning Plan. The previous IJB Chief Officer carried out a management review of the IJB Strategic Risk Register in February, May and August 2021. The new IJB Chief Officer carried out a management review of the IJB Strategic Risk Register in December 2021.
- 2.2 The review in December 2021 reflected the first impressions of the new IJB Chief Officer while continuing to take into consideration the impacts of Covid-19 and gave reference to key policy revisions that will ultimately have a positive bearing on governance, commissioning and service delivery arrangements.
- 2.3 Reliance is placed on the risk management arrangements within the Partner organisations in respect of the operational delivery of commissioned services. As stated in the IJB Risk Management Strategy, any of these risks that significantly impact on the delivery of the IJB Strategic Commissioning Plan will be escalated to the IJB Chief Officer for consideration.
- 2.4 The Risk Management Policy and Strategy states that six monthly risk reviews should be presented to the Board in June and December each year. The disruption caused by Covid-19 during 2020 and ongoing into 2021 has meant that the first formal report of 2021 was presented to the Board in September 2021, delayed from June 2021, with the second report being presented in December 2021, as intended.

- 2.5 The six monthly risk review reports and the IJB Strategic Risk Register are intended to provide the Board with assurance that the strategic risks associated with the achievement of objectives and priorities within the IJB Strategic Commissioning Plan are being effectively managed and monitored.
- 2.6 The refreshed Strategic Commissioning Approach, Directions Policy, and plans for the development of a 3-year Integrated Workforce Plan agreed by the IJB on 15 December 2021, along with implications associated with the Scottish Government consultation on the National Care Review, provide the opportunity to refresh the IJB Strategic Risk Register to ensure it remains an effective management tool. This aim is to ensure that the IJB Strategic Risk Register clearly sets out to all stakeholders the strategic risks and the mitigating actions associated with the achievement of objectives and priorities within the IJB Strategic Commissioning Plan.
- 2.7 The IJB Strategic Risk Register will continue to be reviewed by the IJB Chief Officer on a quarterly basis with support from the SBC Corporate Risk Officer.

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*Scottish Borders Health & Social Care
Integration Joint Board Audit Committee*



Meeting Date: 14 March 2022

Report By:	Chris Myers, IJB Chief Officer
Contact:	Jill Stacey, IJB Chief Internal Auditor (Chief Officer Audit and Risk, Scottish Borders Council)
Telephone:	
AUDIT SCOTLAND – RECENT AUDIT REPORTS OF INTEREST	
Purpose of Report:	To highlight to members of the IJB Audit Committee, for their scrutiny and oversight, the national audit reports on areas of interest to the IJB by the Accounts Commission, Auditor General for Scotland, or Audit Scotland that have been recently published on the Audit Scotland website.
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: <ul style="list-style-type: none"> a) Note the key messages in the national audit reports: and b) Consider if any actions arising from these reports should be brought to the attention of the IJB.
Personnel:	This report highlights the national reports by the Accounts Commission, Auditor General for Scotland or Audit Scotland, relating to public audit in Scotland, on areas of interest to the IJB.
Carers:	There are no direct carers' impacts arising from the report.
Equalities:	There are no equalities impacts arising from the report.
Financial:	There are no direct financial implications arising from the proposals in this report.
Legal:	There are no direct legal implications arising from the contents of this report.
Risk Implications:	The role of the IJB Audit Committee includes the high level oversight of the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements including risk management. To fulfil this remit, it seeks assurance from other external scrutiny, audit and inspection agencies as outlined in this report.

Background and Main Report

- 1.1 The publications on the Audit Scotland website by the Accounts Commission, Auditor General for Scotland or Audit Scotland, relating to public audit in Scotland, are reviewed regularly by officers and those reports that may be of interest to the Committee are highlighted below for its attention.
- 1.2 The Planning for Skills report by the Auditor General for Scotland was published on 20 January 2022
[Planning for skills \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/planning-for-skills)
The Scottish Government needs to take urgent action to ensure essential progress in improving how workforce skills are planned and provided.
- 1.3 The Social Care Briefing by the Auditor General for Scotland and the Accounts Commission was published on 27 January 2022
[Social care briefing \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/social-care-briefing)
Urgent action needed to address critical issues in delivery of social care services. Action is needed now to change how Scotland's social care services are delivered so that it meets the needs, and improves the experience of, people relying on care and support.
- 1.4 The NHS in Scotland 2021 report by the Auditor General for Scotland was published on 24 February 2022
[NHS in Scotland 2021 \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/nhs-in-scotland-2021)
The Scottish Government must focus on transforming health and social care services to address the growing cost of the NHS and its recovery from Covid-19. Improving the NHS will be very difficult against the competing demands of the pandemic and an increasing number of other policy initiatives, including plans for a National Care Service.

Borders HSCP February 2022 progress against IJB Strategic Commissioning Plan outcomes

Score	Objective 1		Objective 2		Objective 3		Overall	
	No	%	No	%	No	%	No	%
Red	2	10	0	0	4	13	6	10
Amber	9	45	5	50	13	41	27	44
Green	7	35	3	30	13	41	23	37
Blanks	2	10	2	20	2	6	6	10
Total	20	100	10	100	32	100	62	100

A point in time assessment has been undertaken against the scores given for each scored deliverable and original delivery date where available in order to give a RAG status. An overview is demonstrated on this tab and details for each objective can be found in their associated tab within this document.

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

Desired Outcome	Feb 22 RAG status	Summary of activities etc	Timescales start & end date	Target Impact / Benefits	Progress against desired outcome end Feb 22	Lead delivery body	Key Risks	Controls/Actions	Outcome(s) - as listed on the 'Outcomes summary' tab	Major strategies/ programmes that the outcome(s) relates to
People will be informed and have access to the right support at the right time.	Green	We will develop local area co-ordinators (LAC) for adults and older people.	July 2017 – October 2018	Reduced demand on statutory services through increased local alternatives. Reduced waiting lists. Increased access to information and community support.	Local Area Co-ordination (LAC) service for older adults and adults with a physical disability operational from 2019 an intergrated with existing LAC Service in Borders (which provides a service to adults with a learning disability and adults who experience mental ill-health) under one management structure. Focus of team is locality working and developing inclusive communities. Delivery of LAC service in adult learning disability, adult mental health, older adults and adults with a physical disability - enablement/re-ablement, asset based approach to reduce demands on statutory services/packages of care.	Claire Veitch / Simon Burt			1,2,3,4,5,6,7,8,9	Range of 'Fit for 2024' work-streams. Older adults pathway-specifically Pathway Zero. H&SC Locality plans. 'A Connected Scotland' National Strategy for tackling isolation and loneliness.
	Yellow	After an analysis of demand, the additional funding was utilised to recruit two part-time LAC coordinators and two part time community link workers. This has enabled an improved geographical spread for the LAC service in mental health across the Borders. (Core Funding Investment)	April 2017 – March 2020	Reduced revenue costs from reduced demand.	Expansion outlined in summary of activities etc funded by PCIP for delivery of Community Link Worker (CLW) programme, funds expansion of MH LAC. Delivery of CLW service operational from March 2020. Service has only operated during the pandemic navigating the associated restrictions on service delivery & communities. Established collaborative working with Wellbeing Service & 'Renew' as partners also operating in Primary Care.	Claire Veitch / Simon Burt	Low level of referrals via GP's (Between 2020 & 2021, 43% increase in referrals into MH LAC overall). Perceived need for service and concerns re: best use of PCIP funding from GPs given low uptake.	Working with 'Renew' to pilot single referral route for GPs as means of offering more accessible referral route for GPs. Further work to continue to promote the service with GPs across the Borders. Exploring options for physical presence in GP practices as further test of change in terms of increasing use of the service.	1,2,3,4,5,6,7,8,9	GMS Contract. Forms part of the Primary Care Improvement Plan (PCIP). Contributing/linked into discussions on mental health & wellbeing in primary care funding.
Health and Social Care services reduce admission to hospital, improve health and wellbeing and reduce demand for statutory services.	Yellow	We will redesign day services with a focus on early intervention and prevention. (Transformation Programme)	April 2017 – October 2018	Reduced admissions to hospital. Improved health and wellbeing. Reduction in demand for statutory services. Reduced demands on GPs.	Following a decision at the Audit & Scrutiny Committee the IJB are leading an exploration into Day Centres/ Building based activities. This is being progressed through the Carers Workstream.	John Barrow / Stacy Patterson / Brian Paris	Nation strategy calls for a shift away from structured day services in favour of more choice and control through flexible use of SDS - Risk - Local resistance to the national policy	Involvement of broad range of stakeholders including people who use various SDS options.	The Output of this process will be a decision will be made by IJB following the exploration.	IJB Strategic Commissioning; SBC Corporate Plan; Shifting the Balance of Care and Self-Directed Support strategy; Carers Strategy. Population Needs Assessment
	Green	We are building on the work and expanding the Community Capacity Building Team (CCB) and have introduced community link workers from April 2018 to support people to access alternatives to statutory services. This is being piloted in the Central and Berwickshire areas. (Integrated Care Fund)	April 2018 – July 2019	Improved access to advice on minor health complaints. Reduced revenue costs from reduced demand.	As per box F5 - CCB Team members were job matched over to form the older adults & adults with a physical disability.	Claire Veitch / Simon Burt				
Health and Social Care services reduce admission to hospital, improve health and wellbeing and reduce demand for statutory services.	Yellow	1 Pharmacy teams are taking on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service. This includes case management, supporting long term conditions (particularly respiratory disease and diabetes), care homes and polypharmacy reviews. The work should help prevent medication-related admissions and improve the quality of disease management. 2 A clinical technician is in place to support medicines management at discharge and an ICF project (using a project manager and pharmacy technician) is testing pharmacy input to patients receiving care packages. A change in the way pharmacy services are provided to the wards is speeding up the discharge process by helping to ensure medicines are ready in advance and increasing patient contact to discuss medicine issues. Medicine reviews of patients on certain medicines know to cause acute kidney injury was set up two years ago (sick day rules). This has been shown in another NHS Board to reduce admissions. We will continue to promote this service.	April 2017 – March 2019	Reduced admissions to hospital. Improved health and wellbeing. Reduction in demand for statutory services. Reduced demands on GPs. Improved access to advice on minor health complaints.	1. PCIP Pharmacy staff work is under review. A decision whether to follow Level 1 Pharmacy technician work only or offer Level 1 - 3 GMS contract. The MoU2 released in Aug 2021 suggested moving away from the Level system and this is what we are aiming for in the next 2 months. The HB funded Pharmacy staff will be focusing on managing long term conditions and doing polypharmacy reviews as well as assisting secondary care with medication initiation and monitoring in disease management (starting imminently). 2. A B5 technician has been working to support medicines management on discharge, a project was completed and written up. The technicians funding is now under review (moving from PCIP to IJB) as well as a case being submitted to the IJB to fund the recommendations from the outcome of the project. The 'Sick day rules' being promoted is ongoing, however I am unaware of any actual review clinics taking place, a discussion is normally had with patients when initiated on these medications and a 'wallet/purse' card was available for patients to refer to if needed. I cannot comment on any changes in wards	Mhairi Struthers / Rachel Mollart / Cathy Wilson	1.Continuing with Level 1 work only and not folloing MoU2 recommendations. 2. No long term funding for Technician to continue to support discharges and social work with package of care	1. Negotiating wth PCIP Exec regarding service and gaining views of all stakeholders involved in service. Working alongside secondary care to provide a seamless transition of medication initiation and review after diagnosis locally. 2. Bid submitted to IJB to fund outcomes from project completed to fund staff that support discharge as well as social work with medicines in teh community and care home staff.	1, 2, 3,6,7	National Disease strategies (Pain, Respiratory, Diabetes, Polypharmacy, mental Health), Memorandum of Understanding 2, GP Contract 2018, Care Home Responsibility with Board, Sick Day Rules

		<p>3 Increased funding for pharmacy services through the Primary Care Transformation Fund is support and increase in capacity within GP surgeries. The ICF project will free up capacity within community pharmacies by reducing carer's reliance on medicines compliance aids which are timely to prepare and provide a safer system to support medicines management by carers.</p> <p>4 We continue to develop the role of the community pharmacist to improve health and wellbeing, reduce admissions and demand for other services, eg. BECS through Pharmacy First, medicines review, carer support and using quality improvement techniques.</p>		<p>Reduced revenue costs from reduced demand.</p>	<p>cannot comment on any changes in roles practice. 3. The PCIP Pharmacy is currently under 70% funded compare to the original budget with some of the budget being removed to fund other work streams causing a vast reduction in support and capacity in GP practices to fulfil the GP contract. Currently, the demand for medicine compliance aid is at an all time high, with many Pharmacies unable to accept any more. There are other alternatives (tick reminder charts) available but some of these cannot be used for patients on Packages of Care. 4. The Community Pharmacists are using Pharmacy First/ Pharmacy First Plus to assist with out of hours care, however, this is very location specific. The service is dependant</p>	<p>Mhairi Struthers / Rachel Mollart / Cathy Wilson</p>	<p>3. Additional funding not being allocated to the PCIP Pharmacy Service (as a priority service) from SG 4. Staff feeling undervalued and leaving the profession</p>	<p>3. Submission of quarterly returns to SG highlighting the service demands and situation. Providing PCIP with data on demand/capacity data. Assisting community pharmacies to educate patients on other ways to manage medicines other than medicines compliance aids. 4. providing education to the GP practices about these services to educate patients on alternate treatments routes.</p>	<p>4,8,9</p>	<p>GP Contract 2018,</p>
		<p>We will deliver on our partnership information our Integrated Transformation and Integrated Care Fund programmes. (Transformation Programme) (Integrated Care Fund)</p>			<p>Reviewed at Feb 2021 IJB as part of the Discharge Programme evaluation</p>					
		<p>We will deliver our three year Workforce Plan. (Core Funding Investment)</p>	<p>October 2016 – March 2019</p>			<p>Ailsa Paterson / Bob Salmond</p>				
		<p>We will shift resources from acute health and social care to community settings. (Transformation Programme) (Integrated Care Fund)</p>	<p>April 2017 – March 2020</p>		<p>Some progress has been made with regard to Implementation and subsequent mainstreaming of tests of change - transitional care provision/ Home First/STRATA/Matching Unit/etc. Beyond this however, there has been little evidence collected or demonstrated supporting reduced impact on acute services which would in turn create the ability to target efficiencies and redirect benefits realised to community based services.</p>	<p>Paul McMenamini</p>	<ul style="list-style-type: none"> Despite provision of new or developed community-based reablement or transitional care, demand for acute provision does not decrease due to unmet need, prohibiting acute rationalisation or cessation and the redirection of resources to elsewhere on care pathway. Evidence / Business Cases supporting service transformation and the redirection of resources is not wholly trusted and owned. Acute healthcare functions are not delegated to the H&SCP and as a result, the IJB has limited opportunity to strategically 	<ul style="list-style-type: none"> Review of functions delegated under Scheme of Integration Re-establishment of FF24 and Financial Turnaround Programmes Relaunch of H&SCP Transformation Programme Outcome evaluation of OPP Specifically targeted objectives within H&SCP Strategic / Commissioning Plans Agreed Business Plan of H&SC Leadership Team Costed strategic objectives Review of Scheme of Integration and functions within which are delegated to the H&SCP Integration Joint Board 	<p>9</p>	<p>Fit for 2024 Financial Turnaround / Sustainability Older People's Pathway H&SCP Transformation Programme / Fund</p>
<p>Resources are used effectively and efficiently in the provision of health and social care services.</p>		<p>We will demonstrate best value in the commissioning and delivery of health and social care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)</p>	<p>April 2017 – March 2019</p>	<p>Reduced costs through management of demand, reduced unit costs and elimination of duplication and waste.</p> <p>Scarce resources will be directed to those most in need and secure best value.</p> <p>Health and social care will continue to be affordable within a context of constrained</p> <p>Improved outcomes for patients, clients and carers. funding, increased cost and greater demand.</p>	<p>LDS Projects: Re-provision of HCSS service - re-commissioned from the market with savings of £198k to LD budget - complete LD Day support review: progressing as per project plan. Consultation has taken place. New model being designed. Plan to re-commission early summer 22. Shared Lives (LD)- end of year 2 of set up of this new service model. 13 matches achieved for 8 people. On target for placement target of 25 within 3 years. Cost avoidance model - low cash releasing savings. Complex care support (LD) - land has been agreed within Tweedbank Care village. Working with Provider to gather data to build business case. This is not a commissioned service but we have demand to purchase the service. planning for design and model of staffing with Provider. LD reviews project - increase number of LD reviews that take place. Financial savings attached. At review costs of packages may increase or decrease. Currently not on track for savings attached to project as a result of increased need identified.</p>	<p>Jen Holland / Holly Hamilton-Glover / Susan Henderson / Simon Burt / Cathy Wilson</p>	<p>HCSS - complete LD Day support- new model not affordable; delays in timeline ; lack of providers to deliver; carer respite needs not met Shared Lives - lack of carers coming forward; not cash releasing model; Complex care - timeline; model doesn't meet need; demand / outstrips capacity; LD reviews - costs of packages increase as well as decrease and savings target not met; capacity within the LD sw team to review.</p>	<p>HCSS - complete LD Day support - clear project plan; good engagement throughout project; co-productive model building and specification setting; market testing events held; provider of last resort currently SBC Shared Lives: clear project plan; active recruitment of carers; building working relationships across adult and children services; Complex care- partnership working; clear understanding of demand; part of Tweedbank Care Village programme board; project officer attached to project; business case being updated LD reviews - plan in place; reviews taken into resource panel for sign off;</p>	<p>1,2,3,4,5,6,7,8,9</p>	<p>Fit for 2024</p>

		We will invest in and realign resources to deliver our strategic priorities and disinvest from services not required. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	April 2017 – March 2019		<ul style="list-style-type: none"> • Previous achievements include the closure of Cauldshiels and investment into other mainstream services, some new, some existing. • Agreement to pilot of Millar House initiative is another example of realignment of resources to improve outcomes, increase capacity and achieve greater cost effectiveness. • Former ICF / Transformation Funded initiatives supporting OPP now mainstreamed. 	Paul McMenamin	<ul style="list-style-type: none"> • Ongoing pressure across budgets result in inability to achieve cashable savings • Increased stakeholder expectation / SG direction limits ability to disinvest from services in line with strategic intention / requirement • Insufficient transformation funding restricts ability to pilot tests of change / fund transition period 	<ul style="list-style-type: none"> • Clarity of directions from IJB to partners • Establishment of a self-sustaining transformation programme / fund • Work to better integrate strategic and operational financial planning process across H&SCP and its partner organisations • Greater evaluation / benefits realisation / return on investment • Wider delegation of functions and resources to Health and Social Care Partnership under the Scheme of Delegation. 	9	Fit for 2024 Financial Turnaround / Sustainability Older People's Pathway H&SCP Transformation Programme / Fund Targeted reviews of delegated services across social care, Mental Health (e.g. transformation programme, GRC, etc) and Primary & Community Services
		We will design and implement cost-effective alternatives to traditional, costly models of care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	April 2017 – March 2019		The Social Care and Social Work Delivery Board and FF2024 governance agenda have led a large portfolio of work to implement significant reviews of alternative models to ensure cost effectiveness Within 21-22 we have implemented significant projects within SBC with regards Social Care - We have outsourced Dovecot extra care housing to implement a more cost effective housing and care model. Implemented Upper Waverley to introduce a more cost effective models for high end dementia care further rolled out trusted assessment to eradicate unnecessary resource in carrying out assessments, opened up two Extra Care Housing Developments to allow more older people to remain at home as independently as possible reducing demand on 24 hour care and finally implemented Total Mobile in the East Area which maximises scheduling and reduces travel and admin time so more time can be focussed on care.	Jen Holland / Paul McMenamin	<ul style="list-style-type: none"> • Insufficient transformation funding restricts ability to pilot tests of change / fund transition period • Insufficient evaluation and evidence enabling redirection of resource targeting new and more cost-effective models of care • Insufficient H&SCP influence over strategic direction of non-delegated models of care 	<ul style="list-style-type: none"> • New, wholly owned Strategic Plan • Development of a new robust framework of programme evaluation • Representation / Membership of wider stakeholder group within Integration Joint Board e.g. Acute Services Executives • Review of IJB Reserves b/f and creation of a financially sustainable 2022 Transformation Fund • Additional Scottish Government allocations supporting the development of new models of care 	9	Fit for 2024 Financial Turnaround / Sustainability Older People's Pathway H&SCP Transformation Programme / Fund Strategic / Commissioning Plans
People are able to access the information they require within their own community.		We will extend the scope of the Matching Unit to source care and respite care at home to meet assessed need. (Integrated Care Fund)	June 2017 – December 2018		The service is fully operational.	Julie Glen		Fully operational	1,2,3,4,5,7,9	
		We will plan and deliver health and social care services by locality area, using the Buurtzorg model of care. (Integrated Care Fund) (Transformation Programme)	April 2017 – March 2019	<p>Quicker and more efficient planning of care and support.</p> <p>More people at home or in a homely setting including when at the end of their life.</p> <p>Reduced demand for care at home and other health and social care services.</p> <p>Reduced revenue costs from reduced demand and greater efficiency.</p>	<p>Work re-launched in January 2022. Due to staffing constraints from health board - moving away for 5 localities model to 2 Communities based model. Focus on identifying and discussing the most complex patients to discuss:</p> <ul style="list-style-type: none"> • Answer the immediate care needs of people in a community setting; • Reduce the risk of hospital admissions; and • Focus on promoting independent living for older people through reablement, rehabilitation, and rapid response. <p>Health Board has identified key staff for each community huddle. Further work needed with social work to agree on how it will be coordinated.</p>	Suzie Flower / Cathy Wilson / Brian Paris	<p>HSCP Joint Leadership, Buy-in and Commitment</p> <p>Shared understanding of outcomes and deliverables from both health and social work side</p> <p>Difficulty in planning and arranging joint meetings during challenging/high pressure time.</p>	<p>HSCP Leadership Group membership and high level principles agreed in January.</p> <p>Next meeting to take place in March 2022 to agree underlying operational principles.</p>	1,2,3,4,5,7,8,9	Older People Pathway Home First HSCP Locality Working
		We will increase the use of telecare and telehealthcare. (Transformation Programme)	October 2017 – June 2018		The COVID pandemic has prevented progress in this area due to meeting demand of everyday demands.	Paul Cathrow / Julie Glen	Risk aversion/lack of knowledge re available telecare and tec.	workstreams have now been created to review this project and establish target audience/provide input/training to SW staff and managers of social care services.	1,2,3,4,5,7	
		We will increase the provision of Housing with Care and Extra Care Housing. (Core Fund Investment)	April 2017 – March 2020		We have opened up two ECH housing provisions in 21-22 one in Duns in March 21 and one in Wilkie Gardens in Galashiels in Jan 22. Development in underway in Kelso and Hawick plans are underway.	Jen Holland				
		We will continue to review the standard of our health centres as part of the Primary Care Modernisation Programme. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Core Fund Investment)	April 2018 – March 2021		Full survey of all Health Centre Premises (Buchan Associate Report) is now complete. Identified overall capacity within Primary Care and shrtfalls in accommodation needs.	Cathy Wilson / Steph Errington	Current NHSB Estate & Project Support Resources/Team constraints which may cause delays in requests for works.	Premise Group Oversight of works and regular engagement with key stakeholders including GPs (GP Sub). Offering transparency and accountability in terms of process for premises works	1,2,3,4,5,6,7,8,9	

Health and social care services will reduce health inequalities.		The Cluster Leads is concluded, as we have to have cluster leads as part of the new contract. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Integrated Care Fund)	April 2018 – March 2021	All people newly diagnosed with dementia are offered at least one year post-diagnostic support.	Full survey of all Health Centre Premises (Buchan Associate Report) is now complete. Identified overall capacity within Primary Care and shrtfalls in accommodation needs. (see above update)	Cathy Wilson / Tim Young	Current NHSB Estate & Project Support Resources/Team constraints which may cause delays in requests for works.	To be discussed at the next Premises Group and ensure that	1,2,3,4,5,6,7,8,9	
		We will continue to deliver Post Diagnostic Support to a higher proportion of people with dementia. In the last year the NHS Mental Health Older Adult service has moved from paper to electronic records (EMIS) affording the opportunity for revision of our Post Diagnostic Support pathway which is under way. At beginning of May 2018 a revised recording template will be implemented to provide a live and interactive template for each person with a diagnosis of dementia and will allow direct national reporting and local audits to be conducted which will result in improved PDS going forward. (Core Funding Investment)	October 2017 – October 2018	Local health and social care services which are designed to meet local need. Improved standard of health centre premises. Increased community support work form improved health centres. Improved GP services. Greater focus on prevention will result in reduced revenue costs from reduced demand and increased efficiency.		Brian Paris				
		We will continue to increase appropriate GP referrals for people with dementia. Over the last year primary care colleagues have been alerted to the importance of referrals of people with a suspected diagnosis of dementia through a variety of means. Including at the November Medical Education session and a data cleansing process matching diagnoses known in mental health with the primary care dementia register. (Core Funding Investment)	October 2017 – October 2018			Brian Paris / Tim Young				

Objective 2: We will improve the flow of patients into, through and out of hospital

Desired Outcome	Feb 22 RAG status	Summary of activities etc	Timescales start & end date	Target Impact / Benefits	Progress against desired outcome end Feb 22	Lead delivery body	Key Risks	Controls/Actions	Outcome(s) - as listed on the 'Outcomes summary' tab	Major strategies/ programmes that the outcome(s) relates to
Resources are used effectively and efficiently in the provision of health and social care services.		We will deliver on our partnership information our Integrated Transformation and Integrated Care Fund programmes. (Transformation Programme) (Integrated Care Fund)	April 2017 – March 2019		Evaluated at IJB in Feb 2021 (Discharge Programme evaluation)					
		We will deliver our three year Workforce Plan. (Core Funding Investment)	October 2016 – March 2019			Ailsa Paterson / Bob Salmond				
		We will shift resources from acute health and social care to community settings. (Transformation Programme) (Integrated Care Fund)	April 2017 – March 2020		Some progress has been made with regard to Implementation and subsequent mainstreaming of tests of change - transitional care provision/ Home First/STRATA/Matching Unit/etc. Beyond this however, there has been little evidence collected or demonstrated supporting reduced impact on acute services which would in turn create the ability to target efficiencies and redirect benefits realised to community based services.	Paul McMenamin	<ul style="list-style-type: none"> Despite provision of new or developed community-based reablement or transitional care, demand for acute provision does not decrease due to unmet need, prohibiting acute rationalisation or cessation and the redirection of resources to elsewhere on care pathway. Evidence / Business Cases supporting service transformation and the redirection of resources is not wholly trusted and owned. Acute healthcare functions are not delegated to the H&SCP and as a result, the IJB has limited opportunity to strategically 	<ul style="list-style-type: none"> Review of functions delegated under Scheme of Integration Re-establishment of FF24 and Financial Turnaround Programmes Relaunch of H&SCP Transformation Programme Outcome evaluation of OPP Specifically targeted objectives within H&SCP Strategic / Commissioning Plans Agreed Business Plan of H&SC Leadership Team Costed strategic objectives Review of Scheme of Integration and functions within which are delegated to the H&SCP Integration Joint Board 	9	Fit for 2024 Financial Turnaround / Sustainability Older People's Pathway H&SCP Transformation Programme / Fund
		We will demonstrate best value in the commissioning and delivery of health and social care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	April 2017 – March 2019	<p>Reduced costs through management of demand, reduced unit costs and elimination of duplication and waste.</p> <p>Scarce resources will be directed to those most in need and secure best value.</p> <p>Health and social care will continue to be affordable within a context of constrained funding, increased cost and greater demand.</p> <p>Improved outcomes for patients, clients and carers.</p>	<p>LDS Projects: Re-provision of HCSS service - re-commissioned from the market with savings of £198k to LD budget - complete LD Day support review: progressing as per project plan. Consultation has taken place. New model being designed. Plan to re-commission early summer 22. Shared Lives (LD)- end of year 2 of set up of this new service model. 13 matches achieved for 8 people. On target for placement target of 25 within 3 years. Cost avoidance model - low cash releasing savings. Complex care support (LD) - land has been agreed within Tweedbank Care village. Working with Provider to gather data rto build business case. This is not a commissioned service but we have demand to purchase the service. planning for design and model of staffing with Provider. LD reviews project - increase number of LD reviews that take place. Financial savings attached. At review costs of packages may increase or decrease. Currently not on track for savings attached to project as a result of increased need identified.</p>	Jen Holland / Holly Hamilton-Glover / Susan Henderson / Simon Burt / Cathy Wilson	<p>HCSS - complete LD Day support- new model not affordable; delays in timeline ; lack of providers to deliver; carer respite needs not met Shared Lives - lack of carers coming forward; not cash releasing model; Complex care - timeline; model doesn't meet need; demand / outstrips capacity; LD reviews - costs of packages increase as well as decrease and savings target not met; capacity within the LD sw team to review.</p>	<p>HCSS - complete LD Day support - clear project plan; good engagement throughout project; co-productive model building and specification setting; market testing events held; provider of last resort currently SBC Shared Lives: clear project plan; active recruitment of carers; building working relationships across adult and children services; Complex care- partnership working; clear understanding of demand; part of Tweedbank Care Village programme board; project officer attached to project; business case being updated LD reviews - plan in place; reviews taken into resource panel for sign off;</p>	1,2,3,4,5,6,7,8,9	Fit for 2024

	<p>We will invest in and realign resources to deliver our strategic priorities and disinvest from services not required. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)</p>	<p>April 2017 – March 2019</p>	<ul style="list-style-type: none"> • Previous achievements include the closure of Cauldshields and investment into other mainstream services, some new, some existing. • Agreement to pilot of Millar House initiative is another example of realignment of resources to improve outcomes, increase capacity and achieve greater cost effectiveness. • Former ICF / Transformation Funded initiatives supporting OPP now mainstreamed. 	<p>Paul McMenamin</p>	<ul style="list-style-type: none"> • Ongoing pressure across budgets result in inability to achieve cashable savings • Increased stakeholder expectation / SG direction limits ability to disinvest from services in line with strategic intention / requirement • Insufficient transformation funding restricts ability to pilot tests of change / fund transition period 	<ul style="list-style-type: none"> • Clarity of directions from IJB to partners • Establishment of a self-sustaining transformation programme / fund • Work to better integrate strategic and operational financial planning process across H&SCP and its partner organisations • Greater evaluation / benefits realisation / return on investment • Wider delegation of functions and resources to Health and Social Care Partnership under the Scheme of Delegation. 	<p>9</p>	<p>Fit for 2024 Financial Turnaround / Sustainability Older People's Pathway H&SCP Transformation Programme / Fund Targeted reviews of delegated services across social care, Mental Health (e.g. transformation programme, GRC, etc) and Primary & Community Services</p>	
	<p>We will design and implement cost-effective alternatives to traditional, costly models of care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)</p>	<p>April 2017 – March 2019</p>	<p>The Social Care and Social Work Delivery Board and FF2024 governance agenda have led a large portfolio of work to implement significant reviews of alternative models to ensure cost effectiveness Within 21-22 we have implemented significant projects within SBC with regards Social Care - We have outsourced Dovecot extra care housing to implement a more cost effective housing and care model. Implemented Upper Waverley to introduce a more cost effective models for high end dementia care further rolled out trusted assessment to eradicate unnecessary resource in carrying out assessments, opened up two Extra Care Housing Developments to allow more older people to remain at home as independently as possible reducing demand on 24 hour care and finally implemented Total Mobile in the East Area which maximises scheduling and reduces travel and admin time so more time can be focussed on care.</p>	<p>Jen Holland / Paul McMenamin</p>	<ul style="list-style-type: none"> • Insufficient transformation funding restricts ability to pilot tests of change / fund transition period • Insufficient evaluation and evidence enabling redirection of resource targeting new and more cost-effective models of care • Insufficient H&SCP influence over strategic direction of non-delegated models of care 	<ul style="list-style-type: none"> • New, wholly owned Strategic Plan • Development of a new robust framework of programme evaluation • Representation / Membership of wider stakeholder group within Integration Joint Board e.g. Acute Services Executives • Review of IJB Reserves b/f and creation of a financially sustainable 2022 Transformation Fund • Additional Scottish Government allocations supporting the development of new models of care 	<p>9</p>	<p>Fit for 2024 Financial Turnaround / Sustainability Older People's Pathway H&SCP Transformation Programme / Fund Strategic / Commissioning Plans</p>	
<p>Health and social care services will reduce health inequalities.</p>	<p>We will continue to review the standard of our health centres as part of the Primary Care Modernisation Programme. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three-year plan from 2018/19 to 2020/21. (Core Fund Investment)</p>	<p>April 2018 – March 2021</p>	<p>Full survey of all Health Centre Premises (Buchan Associate Report) is now complete. Identified overall capacity within Primary Care and shrtfalls in accommodation needs.</p> <p>Established investment priorities via gap analysis and prioritisation exercise. (Short, Medium and Long Term priorities)</p>	<p>Cathy Wilson / Steph Errington</p>	<p>Current NHSB Estate & Project Support Resources/Team constraints which may cause delays in requests for works.</p>	<p>Premise Group Oversight of works and regular engagement with key stakeholders including GPs (GP Sub).</p> <p>Offering transparency and accountability in terms of process for premises works</p> <p>Premises Group and Programme Management</p>	<p>1,2,3,4,5,6,7,8,9</p>		
	<p>The Cluster Leads is concluded, as we have to have cluster leads as part of the new contract. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP)and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Integrated Care Fund)</p>	<p>April 2018 – March 2021</p>	<p>All people newly diagnosed with dementia are offered at least one year post-diagnostic support.</p> <p>Local health and social care services which are designed to meet local need.</p>	<p>Full survey of all Health Centre Premises (Buchan Associate Report) is now complete. Identified overall capacity within Primary Care and shrtfalls in accommodation needs. (see above update)</p>	<p>Cathy Wilson / Tim Young</p>	<p>Current NHSB Estate & Project Support Resources/Team constraints which may cause delays in requests for works.</p>	<p>To be discussed at the next Premises Group and ensure that</p>	<p>1,2,3,4,5,6,7,8,9</p>	
	<p>We will continue to deliver Post Diagnostic Support to a higher proportion of people with dementia. In the last year the NHS Mental Health Older Adult service has moved from paper to electronic records (EMIS) affording the opportunity for revision of our Post Diagnostic Support pathway which is underway. At beginning of May 2018, a revised recording template will be implemented to provide a live and interactive template for each person with a diagnosis of dementia and will allow direct national reporting and local audits to be conducted which will result in improved PDS going forward. (Core Funding Investment)</p>	<p>October 2017– October 2018</p>	<p>Improved standard of health centre premises.</p> <p>Increased community support work form improved health centres.</p> <p>Improved GP services.</p> <p>Greater focus on prevention will result in reduced revenue costs from reduced demand and increased</p>	<p>Being actively monitored</p>	<p>Brian Paris</p>				

	<p>We will continue to increase appropriate GP referrals for people with dementia. Over the last year primary care colleagues have been alerted to the importance of referrals of people with a suspected diagnosis of dementia through a variety of means. Including at the November Medical Education session and a data cleansing process matching diagnoses known in mental health with the primary care dementia register. (Core Funding Investment)</p>	<p>October 2017– October 2018</p>	<p>efficiency.</p>		<p>Brian Paris / Tim Young</p>				
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Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them

Desired Outcome	Feb 22 RAG status	Summary of activities etc	Timescales start & end date	Target Impact / Benefits	Progress against desired outcome end Feb 22	Lead delivery body	Key Risks	Controls/Actions	Outcome(s) - as listed on the 'Outcomes summary' tab	Major strategies/ programmes that the outcome(s) relates to
People will be able to access a range of community-based health and social care services.	Yellow	What Matters Hubs are now operational in all five Scottish Borders Localities, with additional less frequent more rural satellite hubs being considered for future development. (Integrated Care Fund)	October 2016 – April 2019	Reduced demand on statutory services through increased local alternatives. Reduced waiting lists. Increased access to information and community support. Reduced revenue costs from reduced demand.	Pre Covid 14 Hubs were in operation across the Borders. These were stopped during COVID. The main hubs (Hawick, Kelso, Duns, Eyemouth, Galashiels and Peebles) have been back in operation since Sept 21. Work is now underway to restart the smaller/rural hubs. These should be fully operational by June 22.	Shona MacCorquodale	Staffing Pressures, low attendance making staffing the hubs unviable.	Increased communications - Regular social media updates, local posters advertising, promoting service with GPs.	1,2,3,4,5,6,7,8,9	
People will be informed and have access to the right support at the right time.	Green	We will develop Local Area Coordination (LAC) for adults and older people.	July 2017 – October 2018		Local Area Co-ordination (LAC) service for older adults and adults with a physical disability operational from 2019 an intergrated with existing LAC Service in Borders (which provides a service to adults with a learning disability and adults who experience mental ill-health) under one management structure. Focus of team is locality working and developing inclusive communities. Delivery of LAC service in adult learning disability, adult mental health, older adults and adults with a physical disability - enablement/re-ablement, asset based approach to reduce demands on statutory services/packages of care.	Claire Veitch / Simon Burt			1,2,3,4,5,6,7,8,9	Range of 'Fit for 2024' work-streams. Older adults pathway-specifically Pathway Zero. H&SC locality plans. 'A Connected Scotland' National Strategy for tackling isolation and loneliness.
	Yellow	After an analysis of demand the additional funding was utilised to recruit two part-time Local Area Co-ordinators and two part-time Community Link Workers. This has enabled an improved geographical spread for the Local Area Coordination Service in mental health across the Borders. (Core Funding Investment)	April 2017 – March 2020		Expansion outlined in summary of activities etc funded by PCIP for delivery of Community Link Worker (CLW) programme, funds expansion of MH LAC. Delivery of CLW service operational from March 2020. Service has only operated during the pandemic navigating the associated restrictions on service delivery & communities. Established collaborative working with Wellbeing Service & 'Renew' as partners also operating in Primary Care.	Claire Veitch / Simon Burt	Low level of referrals via GP's (Between 2020 & 2021, 43% increase in referrals into MH LAC overall). Perceived need for service and concerns re: best use of PCIP funding from GPs given low uptake.	Working with 'Renew' to pilot single referral route for GPs as means of offering more accessible referral route for GPs. Further work to continue to promote the service with GPs across the Borders. Exploring options for physical presence in GP practices as further test of change in terms of increasing use of the service.	1,2,3,4,5,6,7,8,9	GMS Contract. Forms part of the Primary Care Improvement Plan (PCIP). Contributing/linking into discussions on mental health & wellbeing in primary care funding.
Health and social care services reduce admission to hospital, improve health and wellbeing and reduce demand for statutory services.	Yellow	We will redesign day services with a focus on early intervention and prevention. (Transformation Programme)	April 2017 – October 2018	Reduced admissions to hospital. Improved health and wellbeing. Reduction in demand for statutory services.	Following a decision at the Audit & Scrutiny Committee the IJB are leading an exploration into Day Centres/ Building based activities. This is being progressed through the Carers Workstream.	John Barrow / Stacy Patterson / Brian Paris	Nation strategy calls for a shift away from structured day services in favour of more choice and control through flexible use of SDS - Risk - Local resistance to the national policy	Involvement of broad range of stakeholders including people who use various SDS options.	The Output of this process will be a decision will be made by IJB following the exploration.	IJB Strategic Commissioning; SBC Corporate Plan; Shifting the Balance of Care and Self-Directed Support strategy; Carers Strategy. Population Needs Assessment
	Green	We are building on the work and expanding the Community Capacity Building Team (CCB) and have introduced community link workers from April 2018 to support people to access alternatives to statutory services. This is being piloted in the Central and Berwickshire areas. (Integrated Care Fund)	April 2018 – July 2019	Reduced demands on GPs. Improved access to advice on minor health complaints. Reduced revenue costs from reduced demand.	As per box F5 - CCB Team members were job matched over to form the older adults & adults with a physical disability.	Claire Veitch / Simon Burt				
	Yellow	1 Pharmacy teams are taking on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service. This includes case management, supporting long term conditions (particularly respiratory disease and diabetes), care homes and polypharmacy reviews. The work should help prevent medication-related admissions and improve the quality of disease management.			1. PCIP Pharmacy staff work is under review. A decision whether to follow Level 1 Pharmacy technician work only or offer Level 1 - 3 GMS contract. The MoU2 released in Aug 2021 suggested moving away from the Level system and this is what we are aiming for in the next 2 months. The HB funded Pharmacy staff will be focusing on managing long term conditions and doing polypharmacy reviews as well as assisting secondary care with medication		1. Continuing with Level 1 work only and not following MoU2 recommendations.	1. Negotiating with PCIP Exec regarding service and gaining views of all stakeholders involved in service. Working alongside secondary care to provide a seamless transition of medication initiation and review after diagnosis locally.	1, 2, 3, 6, 7	National Disease strategies (Pain, Respiratory, Diabetes, Polypharmacy, mental Health), Memorandum of Understanding 2, GP Contract 2018, Care Home Responsibility with Board, Sick Day Rules

Health and social care services reduce admission to hospital, improve health and wellbeing and reduce demand for statutory services.		2 A clinical technician is in place to support medicines management at discharge and an ICF project (using a project manager and pharmacy technician) is testing pharmacy input to patients receiving care packages. A change in the way pharmacy services are provided to the wards is speeding up the discharge process by helping to ensure medicines are ready in advance and increasing patient contact to discuss medicine issues. Medicine reviews of patients on certain medicines known to cause acute kidney injury was set up two years ago (Sick Day Rules). This has been shown in another Board to reduce admissions. We will continue to promote this service.	April 2017 – March 2019		initiation and monitoring in disease management (starting imminently). 2. A B5 technician has been working to support medicines management on discharge, a project was completed and written up. The technicians funding is now under review (moving from PCIP to IJB) as well as a case being submitted to the IJB to fund the recommendations from the outcome of the project. The 'Sick day rules' being promoted is ongoing, however I am unaware of any actual review clinics taking place, a discussion is normally had with patients when initiated on these medications and a 'wallet/purse' card was available for patients to refer to if needed. I cannot comment on any changes in wards practice. 3. The PCIP Pharmacy is currently under 70% funded compare to the original budget with some of the budget being removed to fund other work streams causing a vast reduction in support and capacity in GP practices to fulfil the GP contract. Currently, the demand for medicine compliance aid is at an all time high, with many Pharmacies unable to accept any more. There are other alternatives (tick reminder charts) available but some of these cannot be used for patients on Packages of Care. 4. The Community Pharmacists are using Pharmacy First/ Pharmacy First Plus to assist with out of hours care, however, this is very location specific. The service is dependant on Prescribing Pharmacists and a consistent staffing level	Mhairi Struthers / Rachel Mollart / Cathy Wilson	2. No long term funding for Technician to continue to support discharges and social work with package of care	2. Bid submitted to IJB to fund outcomes from project completed to fund staff that support discharge as well as social work with medicines in teh community and care home staff.	1, 2, 3,6,7	National Disease strategies (Pain, Respiratory, Diabetes, Polypharmacy, mental Health), Memorandum of Understanding 2, GP Contract 2018, Care Home Responsibility with Board, Sick Day Rules
		3 Increased funding for pharmacy services through the Primary Care Transformation Fund is support and increase in capacity within GP surgeries. The ICF project will free up capacity within community pharmacies by reducing carer's reliance on medicines compliance aids (MCAs), which are timely to prepare and provide a safer system to support medicines management by carers. We continue to develop the role of the community pharmacist to improve health and wellbeing, reduce admissions and demand for other services, e.g. BECS through Pharmacy First, medicines review, carer support and using quality improvement techniques. (Integrated Care Fund)				3. Additional funding not being allocated to the PCIP Pharmacy Service (as a priority service) from SG 4. Staff feeling under valued and leaving the profession	3. Submission of quarterly returns to SG highlighting the service demands and situation. Providing PCIP with data on demand/capacity data. Assisting community pharmacies to educate patients on other ways to manage medicines other than medicines compliance aids.	4,8,9	National Disease strategies (Pain, Respiratory, Diabetes, Polypharmacy, mental Health), Memorandum of Understanding 2, GP Contract 2018, Care Home Responsibility with Board, Sick Day Rules	
Provide people with alternatives to hospital care.		We will support Transitional Care as a model of service delivery for people over the age of 50 who no longer require in-patient care but who do require up to six weeks rehabilitation outside of a hospital environment in order to regain and retain maximum levels of independence in their own home. (Integrated Care Fund)	December 2017 – December 2018		Garden View was opened in 2018 which houses 25 Discharge to Assess transitional Care Beds which house up to 6 weeks fro rehab care.	Julie Glen / Jen Holland				
		We will support a range of models of Discharge to Assess in order to reduce delays to hospital discharge for adults who are medically fit for discharge and have not yet regained sufficiently to live independently at home. The models we are currently support includes: (a) Craw Wood Discharge to Assess residential facility for up to 15 adults. (b) Berwickshire Hospital to Home Pilot Project. (c) Hawick Hospital to Home Pilot Project. (d) Central Discharge to Asses at Home Project. (Integrated Care Fund)	December 2017 – October 2018		Garden View was opened in 2018 which houses 25 Discharge to Assess transitional Care Beds which house up to 6 weeks fro rehab care.	Julie Glen / Jen Holland / Suzie Flower / Paul Williams / Cathy Wilson				
		We will develop 'step-up' facilities to prevent hospital admissions and increase opportunities for short-term placements. (Integrated Care Fund)	April 2017 – March 2019	Reduced emergency admissions and associated bed days.	4 step up / step down beds are now open at DUNS ECH.	Julie Glen / Jen Holland / Suzie Flower / Paul Williams / Cathy				
		A review has been completed by Professor Anne Hendry regarding the existing model for community hospital and day hospital provision in the Borders. Work is now being progressed to link this with previous work undertaken by John Bolton to under a modernisation programme for the delivery of primary and community health care models. This forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Transformation Programme)	April 2018 – March 2021	Reduce readmissions to hospital. Reduced revenue costs from reduced demand.	Older People Patway PID approved in end of 2021. In Feb/Mar 2022 - Each Workstream Lead has reviewed their action plan and identified any challenges or blockages preventing progress and re-align aims and objectives. New Community Geriatrician joining in April and will help progress of	Cathy Wilson / Paul Williams / Suzie Flower	There is a risk that if we do not fully engage with clinicians, staff, public and patients in this transformation/project work stream leading to a lack of understanding of the overarching programme, people	Regular key stakeholder events/meeting including Delivery Group Regular meeting with workstream leads and identifying opportunity for joing or collaboartive working.	1,2,3,4,5,6,7,8,9	Older People Pathway

		We will redesign the way care at home services are delivered to ensure a re-ablement approach. (Transformation Programme)	March 2018 – October 2018		Work had been underway to deliver a HSCP reablement team with Home First to deliver for older people. This work has been stalled due to the pandemic. SBC are now creating an inhouse reablement service to meet the needs of all homecare clients to ensure all clients go through a reablement programme to deliver improved independent living and care outcomes	Jen Holland / Julie Glen (would suggest Paul as its currently in NHS re Home First)				
		The Distress Brief Intervention Service has now been commissioned and commenced a role out in October 2017. (Integrated Care Fund)	April 2017 – March 2019		In place	Simon Burt				
People are able to access the care and support they require within their own community.		We will extend the scope of the Matching Unit to source care and respite care at home to meet assessed need. (Integrated Care Fund)	June 2017 – December 2018		The service is fully operational.	Julie Glen		Fully operational	1,2,3,4,5,7,9	
		We will plan and deliver health and social care services by locality area, using the Buurtzorg model of care. (Integrated Care Fund) (Transformation Programme)	April 2017 – March 2019	Quicker and more efficient planning of care and support. More people at home or in a homely setting including when at the end of their life. Reduced demand for care at home and other health and social care services. Reduced Revenue Costs from reduced demand and greater efficiency	Work re-launched in January 2022. Due to staffing constraints from health board - moving away for 5 localities model to 2 Communities based model. Focus on identifying and discussing the most complex patients to discuss: • Answer the immediate care needs of people in a community setting; • Reduce the risk of hospital admissions; and • Focus on promoting independent living for older people through reablement, rehabilitation, and rapid response. Health Board has identified key staff for each community huddle. Further work needed with social work to agree on how it will be coordinated.	Suzie Flower / Cathy Wilson / Brian Paris	HSCP Joint Leadership, Buy-in and Commitment Shared understanding of outcomes and deliverables from both health and social work side Difficulty in planning and arranging joint meetings during challenging/high pressure time.	HSCP Leadership Group membership and high level principles agreed in January. Next meeting to take place in March 2022 to agree underlying operational principles.	1,2,3,4,5,7,8,9	Older People Pathway Home First HSCP Locality Working
		We will increase the use of telecare and telehealthcare. (Transformation Programme)	October 2017 – June 2018		The COVID pandemic has prevented progress in this area due to meeting demand of everyday demands.	Paul Cathrow / Julie Glen	Risk aversion/lack of knowledge re available telecare and tec.	workstreams have now been created to review this project and establish target audience/provide input/training to SW staff	1,2,3,4,5,7	
		We will increase the provision of Housing with Care and Extra Care Housing. (Core Fund Investment)	April 2017 – March 2020		We have opened up two ECH housing provisions in 21-22 one in Duns in March 21 and one in Wilkie Gardens in Galashiels in Jan 22. Development in underway in Kelso and Hawick plans are underway.	Jen Holland				
		We will develop integrated locality management. (Core Funding Investment)	June 2017 – October 2018	Decreased duplication and more streamlined and efficient delivery of health and social care services at a local level. Reduced demand on statutory services through increased local alternatives. Increased access to Information and Community Support. Reduced Revenue Costs from reduced demand and greater efficiency.	The implementation of STRATA is progressing. This referral software allows NHS, SBC, Third and Independent sector to make referrals securely and with the right information. This also builds commissioning and process improvement. Currently more duplication as STRATA needs connected to SBC/NHS systems and this is scheduled into digital programme. Commission programme approach has been established (Community Led Support, Co-production, Outcomes focused). The way in which outcomes will be met will come through IJB Commissioning directions. HSCP Senior Leadership to establish agreed what joint governance and structure over Community services would look like. This perhaps through the SBC Corporate Plan, NHS Plan, IJB	Brian Paris	Integrated Locality Management requires joint governance and agreement on the professional and operational business. This is at risk of experiencing creepage/delay in a context of high whole system pressures and National Care Service discussions	STRATA integrates organisations, processes and data from cross sector. This is progressing through clear plan and will continue. Roll-out of STRATA is happening within Hospital and Community, it is adversely impacted as it is not yet integrated into SBC or NHS systems. When this is in place much more integration and management control will be achieved. Locality Huddles are the start of integrated decision making. This needs strengthened and tasked with the question "what might an integrated management look like" in that locality.	Outcomes: peoples experience of services is more seamless	SBC Corporate plan, IJB Strategic Commissioning, Population Needs Profile, Carers Strategy, Commissioning strategy in relation to supporting people to live more independently in their own homes - shifting the balance of care.
People who use health and social care services have their dignity and right to choice respected.		We will continue to increase the number of people assessed for all Self Directed Support options. (Core Funding Investment)	April 2016 – March 2019	Improved care pathways for all care groups. Increased opportunities to have greater choice and control over planned care and support. Improved consistency and equity in the application of the resource allocation system.	All people are now assessed and have choice of all four SDS Options. It is a statutory duty. SDS Working Group is actively involved in co-producing areas of improvement to promote creativity in usage of SDS.	John Barrow / Stacy Paterson / Brian Paris	Risk is that currently difficulties in workforce and recruitment mean a more limited choice than we'd like. Commissioning and recruitment need careful evaluation as establishing one type of service may have detrimental impact on an existing service.	Actions: Continue to coproduce and promote Self-Directed Support so that it better understood. Also, growing awareness of SDS in communities prior to crisis or immediate need. Reviewing contract with Encompass to support Direct Payment employers. Introduction of Direct Payment Prepaid cards to improve funding for people and to increase level of audit and due diligence of funds.	People will have more choice and control over their care.	Self-Directed Support: My Care My Choice,

		The pilot phase of the Transforming Care after Treatment Programme is complete. It will continue in Tweeddale and a rollout to the rest of the Borders is commencing with Eildon. (Other External Funding)	March 2018 – December 2018	Responsibility for spend of allocated personal budget is transferred to individuals.		? Tim Young					
Resources are used effectively and efficiently in the provision of health and social care services.		We will deliver on our partnership information our Integrated Transformation and Integrated CareFund programmes. (Transformation Programme) (Integrated Care Fund)	April 2017 – March 2019		Evaluated at IJB in Feb 2021 (Discharge Programme evaluation)						
		We will deliver our three year Workforce Plan. (Core Funding Investment)	October 2016 – March 2019			Ailsa Paterson / Bob Salmond					
		We will shift resources from acute health and social care to community settings. (Transformation Programme) (Integrated Care Fund)	April 2017 – March 2019		Some progress has been made with regard to implementation and subsequent mainstreaming of tests of change - transitional care provision / Home First/STRATA/Matching	Paul McMenamin	<ul style="list-style-type: none"> Despite provision of new or developed community-based reablement or 	<ul style="list-style-type: none"> Review of functions delegated under Scheme of Integration Re-establishment of FF24 and Financial Turnaround Programmes 	9	Fit for 2024 Financial Turnaround / Sustainability Older People's Pathway	
		We will demonstrate best value in the commissioning and delivery of health and social care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	April 2017 – March 2019	Reduced costs through management of demand, reduced unit costs and elimination of duplication and waste.	Older People social care - full contract management control within procurement service and processes procedures in line with legislation regards procurement and Best Value. Care homes beds purchased in line with National Care Home rate and	Jen Holland / Holly Hamilton-Glover / Susan Henderson / Simon Burt / Cathy Wilson					
		We will invest in and realign resources to deliver our strategic priorities and disinvest from services not required. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	April 2017 – March 2019	Scarce resources will be directed to those most in need and secure best value. Health and social care will continue to be affordable within a context of constrained funding, increased cost and greater demand. Improved outcomes for patients, clients and carers.	Previous achievements include the closure of Cauldshiels and investment into other mainstream services, some new, some existing. Agreement to pilot of Millar House initiative is another example of realignment of resources to improve outcomes, increase capacity and achieve greater cost effectiveness. Former ICF / Transformation Funded initiatives supporting OPP now mainstreamed.	Paul McMenamin	<ul style="list-style-type: none"> Ongoing pressure across budgets result in inability to achieve cashable savings Increased stakeholder expectation / SG direction limits ability to disinvest from services in line with strategic intention / requirement Insufficient transformation funding restricts ability to pilot tests of change / fund transition period 	<ul style="list-style-type: none"> Clarity of directions from IJB to partners Establishment of a self-sustaining transformation programme / fund Work to better integrate strategic and operational financial planning process across H&SCP and its partner organisations Greater evaluation / benefits realisation / return on investment Wider delegation of functions and resources to Health and Social Care Partnership under the Scheme of Delegation. 	9	Fit for 2024 Financial Turnaround / Sustainability Older People's Pathway H&SCP Transformation Programme / Fund Targeted reviews of delegated services across social care, Mental Health (e.g. transformation programme, GRC, etc) and Primary & Community Services	
		We will design and implement cost-effective alternatives to traditional, costly models of care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	April 2017 – March 2019		The Social Care and Social Work Delivery Board and FF2024 governance agenda have led a large portfolio of work to implement significant reviews of alternative models to ensure cost effectiveness Within 21-22 we	Jen Holland / Paul McMenamin	<ul style="list-style-type: none"> Insufficient transformation funding restricts ability to pilot tests of change / fund transition 	<ul style="list-style-type: none"> New, wholly owned Strategic Plan Development of a new robust framework of programme evaluation Representation / Membership of wider stakeholder group within Integration Joint 	1,2,3,4,5,6,7,8,9	Fit for 2024 Financial Turnaround / Sustainability Older People's Pathway H&SCP Transformation	
		We will continue to deliver Post Diagnostic Support to a higher proportion of people with dementia. In the last year the NHS Mental Health Older Adult service has moved from paper to electronic records (EMIS) affording the opportunity for revision of our Post Diagnostic Support pathway which is under way. At beginning of May 2018 a revised recording template will be implemented to provide a live and interactive template for each person with a diagnosis of dementia and will allow direct national reporting and local audits to be conducted which will result in improved PDS going forward. (Core Funding Investment)	October 2017 – October 2018		Being actively monitored	Simon Burt / Peter Lerpiniere / Philip Grieve / Brian Paris					
		We will continue to increase appropriate GP referrals for people with dementia. Over the last year primary care colleagues have been alerted to the importance of referrals of people with a suspected diagnosis of dementia through a variety of means. Including at the November Medical Education session and a data cleansing process matching diagnoses known in mental health with the primary care dementia register. (Core Funding Investment)	October 2017 – October 2018	All people newly diagnosed with dementia are offered at least one year post-diagnostic support. Local health and social care services which are designed to meet local need. Improved standard of health centre		Brian Paris / Tim Young					

Health and social care services will reduce health inequalities.		<p>We will continue to review the standard of our health centres as part of the Primary Care Modernisation Programme. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Core Funding Investment)</p>		<p>premises.</p> <p>Increased community support work form improved health centres.</p> <p>Improved GP services.</p> <p>Greater focus on prevention will result in reduced revenue costs from reduced demand and increased efficiency.</p>	<p>Full survey of all Health Centre Premises (Buchan Associate Report) is now complete. Identified overall capacity within Primary Care and shrtfalls in accommodation needs.</p> <p>Established investment priorities via gap analysis and prioritisation exercise. (Short, Medium and Long Term priorities)</p> <p>Findings being revised into an action plan.</p>	Cathy Wilson / Steph Errington	Current NHSB Estate & Project Support Resources/Team constraints which may cause delays in requests for works.	<p>Premise Group Oversight of works and regular engagement with key stakeholders including GPs (GP Sub).</p> <p>Offering transparency and accountability in terms of process for premises works</p> <p>Premises Group and Programme Management office to agree the most appropriate way to take forward on selecting priority works with Premises Group fully taking forward short term works.</p>	1,2,3,4,5,6,7,8,9	
		<p>The Cluster Leads is concluded, as we have to have cluster leads as part of the new contract. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Core Funding Investment)</p>			<p>Full survey of all Health Centre Premises (Buchan Associate Report) is now complete. Identified overall capacity within Primary Care and shrtfalls in accommodation needs. (see above update)</p>	Cathy Wilson / Tim Young	<p>Current NHSB Estate & Project Support Resources/Team constraints which may cause delays in requests for works.</p> <p>Further work need to link in work with Buchan Associate report and the development of dementia friendly premises.</p>	To be discussed at the next Premises Group and ensure that	1,2,3,4,5,6,7,8,9	
People who provide unpaid care are supported to look after their own health and wellbeing in order to fulfil their caring role.		<p>We will continue to commission the Borders Carers Centre to undertake all carers' assessments. (Core Funding Investment)</p>	April 2017 – March 2019	<p>Improved and more consistent support for carers.</p> <p>Better understanding of the numbers of people providing informal care.</p>	<p>Recruitment of SDS/Carers Lead to interface with unpaid carers and those organisations representing or providing support, information and guidance to unpaid carers</p>	John Barrow / Stacy Paterson / Michael Curran / Brian Paris	<p>Risk that Borders Carer centre is understood as the only organisation supporting carers whereas other services and teams are involved. These connections need to be more integrated. Majority of unpaid carers are unknown to HSCP and live independently often until crisis. National statistic implies 16k unpaid carers whereas Borders Cares Centre have had contact with 2,000 people over last three years and active 600 at moment.</p>	<p>Carers Workstream and involvement of carers and borders carers centres; care panel of replacement care where all decisions are jointly made. Commissioning of services will support third and independent sectors are also in contact and providing support to carers and families eg British Red Cross, Alzheimer Scotland, Post Diagnostic Support services.....</p>	Carers have improved health and wellbeing and have choice and control in their life outside of their carers responsibilities.	

The National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through improving quality across health and social care.

Nine National Outcomes:

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5	Health and social care services contribute to reducing health inequalities.
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Outcome 7	People using health and social care services are safe from harm.
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services.

*Scottish Borders Health & Social Care
Integration Joint Board Audit Committee*



Meeting Date: 14 March 2022

Report By:	Chris Myers, Chief Officer
Contact:	Hayley Jacks
Telephone:	Via Microsoft Teams
SUMMARY OF SCOTTISH BORDERS HSCP STRATEGIC COMMISSIONING PLAN OUTCOMES AUDIT	
Purpose of Report:	To provide the Health & Social Care Integration Joint Board Audit Committee with an update on the current audit of the Strategic Commissioning Plan and its Objective outcomes.
Recommendations:	<p>The Health & Social Care Integration Joint Board Audit Committee is asked to:</p> <ul style="list-style-type: none"> a) Note the work undertaken on the SCP audit and the findings as detailed in the below report appendices. b) Recommend to the IJB that the IJB prioritises its focus on Commissioning in 2022/23 on the outcomes actions in amber and red status, in line with its obligation under the integration delivery principles and the national health and wellbeing outcomes.
Personnel:	Any impact on personnel will be as mentioned in the detail of Appendix A.
Carers:	N/A
Equalities:	This was considered under the HIIA for the development of the Strategic Commissioning Plan.
Financial:	The financial consequences of the outstanding areas will be worked through by the Chief Financial Officer to ensure affordability and continued value for money of the associated directions.
Legal:	Compliant with the Public Bodies (Joint Working) Act 2014.
Risk Implications:	There is a risk that the IJB is not able to effectively commission the outstanding areas of the Strategic Commissioning Plan.



Borders HSCP Strategic Commissioning Plan review

Background

In order to fulfil the Scottish Borders IJB's duty in line with section 37 of the Public Bodies Act, we have conducted a high level review of the current Strategic Commissioning Plan (*Appendix A*).

The outcome lead delivery bodies were asked to provide an update on the following areas across the Strategic Commissioning Plan's three objectives:

- Overall RAG status
- Progress against desired outcome as of February 2022
- Outcome key risks
- Outcome controls/actions
- Major strategies and/or programmes that the outcome relates to
-

Summary

Below is a breakdown of the current RAG status against the three SCP objectives as detailed in *Appendix A*:

	Objective 1		Objective 2		Objective 3		Overall	
Score	No	%	No	%	No	%	No	%
Red	2	10	0	0	3	9	5	8
Amber	9	45	5	50	13	41	27	44
Green	7	35	3	30	13	41	23	37
Blanks	2	10	2	20	3	9	7	11
Total	20	100	10	100	32	100	62	100

Those outcomes with a red, amber or blank status will be followed up and reported to the IJB in its next meeting.

Appendix A - Borders HSCP Strategic Commissioning Plan audit document

No.	RAG	Action	Objective 1	Objective 2	Objective 3
1		A review has been completed by Professor Anne Hendry regarding the existing model for community hospital and day hospital provision in the Borders. Work is now being progressed to link this with previous work undertaken by John Bolton to under a modernisation programme for the delivery of primary and community health care models. This forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Transformation Programme)			X
2		The Cluster Leads is concluded, as we have to have cluster leads as part of the new contract. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Integrated Care Fund)	X	X	X
3		The Distress Brief Intervention Service has now been commissioned and commenced a role out in October 2017. (Integrated Care Fund)			X
4		We are building on the work and expanding the Community Capacity Building Team (CCB) and have introduced community link workers from April 2018 to support people to access alternatives to statutory services. This is being piloted in the Central and Berwickshire areas. (Integrated Care Fund)	X		X
5		We will continue to commission the Borders Carers Centre to undertake all carers' assessments. (Core Funding Investment)			X
6		We will continue to review the standard of our health centres as part of the Primary Care Modernisation Programme. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Core Fund Investment)	X	X	X

7		We will deliver on our partnership information our Integrated Transformation and Integrated Care Fund programmes. (Transformation Programme) (Integrated Care Fund)	x	x	x
8		We will develop 'step-up' facilities to prevent hospital admissions and increase opportunities for short-term placements. (Integrated Care Fund)			x
9		We will develop Local Area Coordination (LAC) for adults and older people.	x		x
10		We will extend the scope of the Matching Unit to source care and respite care at home to meet assessed need. (Integrated Care Fund)	x		x
11		We will increase the provision of Housing with Care and Extra Care Housing. (Core Fund Investment)	x		x
12		We will support a range of models of Discharge to Assess in order to reduce delays to hospital discharge for adults who are medically fit for discharge and have not yet regained sufficiently to live independently at home. The models we are currently support includes: (a) Craw Wood Discharge to Assess residential facility for up to 15 adults. (b) Berwickshire Hospital to Home Pilot Project. (c) Hawick Hospital to Home Pilot Project. (d) Central Discharge to Asses at Home Project. (Integrated Care Fund)			x
13		We will support Transitional Care as a model of service delivery for people over the age of 50 who no longer require in-patient care but who do require up to six weeks rehabilitation outside of a hospital environment in order to regain and retain maximum levels of independence in their own home. (Integrated Care Fund)			x
14		After an analysis of demand the additional funding was utilised to recruit two part-time Local Area Co-ordinators and two part-time Community Link Workers. This has enabled an improved geographical spread for the Local Area Coordination Service in mental health across the Borders.(Core Funding Investment)	x		x

15		Pharmacy teams are taking on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service. This includes case management, supporting long term conditions (particularly respiratory disease and diabetes), care homes and polypharmacy reviews. The work should help prevent medication-related admissions and improve the quality of disease management.	x		x
16		We will continue to deliver Post Diagnostic Support to a higher proportion of people with dementia. In the last year the NHS Mental Health Older Adult service has moved from paper to electronic records (EMIS) affording the opportunity for revision of our Post Diagnostic Support pathway which is under way. At beginning of May 2018 a revised recording template will be implemented to provide a live and interactive template for each person with a diagnosis of dementia and will allow direct national reporting and local audits to be conducted which will result in improved PDS going forward. (Core Funding Investment)	x	x	x
17		We will continue to increase the number of people assessed for all Self Directed Support options. (Core Funding Investment)			x
18		We will demonstrate best value in the commissioning and delivery of health and social care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	x	x	x
19		We will design and implement cost-effective alternatives to traditional, costly models of care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	x	x	x
20		We will develop integrated locality management. (Core Funding Investment)			x
21		We will increase the use of telecare and telehealthcare. (Transformation Programme)	x		x
22		We will invest in and realign resources to deliver our strategic priorities and disinvest from services not required. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	x	x	x

23		We will redesign day services with a focus on early intervention and prevention. (Transformation Programme)	x		x
24		We will redesign the way care at home services are delivered to ensure a re-ablement approach. (Transformation Programme)			x
25		We will shift resources from acute health and social care to community settings. (Transformation Programme) (Integrated Care Fund)	x	x	x
26		What Matters Hubs are now operational in all five Scottish Borders Localities, with additional less frequent more rural satellite hubs being considered for future development. (Integrated Care Fund)			x
27		A clinical technician is in place to support medicines management at discharge and an ICF project (using a project manager and pharmacy technician) is testing pharmacy input to patients receiving care packages. A change in the way pharmacy services are provided to the wards is speeding up the discharge process by helping to ensure medicines are ready in advance and increasing patient contact to discuss medicine issues. Medicine reviews of patients on certain medicines known to cause acute kidney injury was set up two years ago (Sick Day Rules). This has been shown in another Board to reduce admissions. We will continue to promote this service.			x
28		Increased funding for pharmacy services through the Primary Care Transformation Fund is support and increase in capacity within GP surgeries. The ICF project will free up capacity within community pharmacies by reducing carer's reliance on medicines compliance aids (MCAs), which are timely to prepare and provide a safer system to support medicines management by carers. We continue to develop the role of the community pharmacist to improve health and wellbeing, reduce admissions and demand for other services, e.g. BECS through Pharmacy First, medicines review, carer support and using quality improvement techniques. (Integrated Care Fund)			x

29		We continue to develop the role of the community pharmacist to improve health and wellbeing, reduce admissions and demand for other services, eg. BECS through Pharmacy First, medicines review, carer support and using quality improvement techniques.	x		
30		We will plan and deliver health and social care services by locality area, using the Buurtzorg model of care. (Integrated Care Fund) (Transformation Programme)	x		x
31		The pilot phase of the Transforming Care after Treatment Programme is complete. It will continue in Tweeddale and a rollout to the rest of the Borders is commencing with Eildon. (Other External Funding)			x
32		We will continue to increase appropriate GP referrals for people with dementia. Over the last year primary care colleagues have been alerted to the importance of referrals of people with a suspected diagnosis of dementia through a variety of means. Including at the November Medical Education session and a data cleansing process matching diagnoses known in mental health with the primary care dementia register. (Core Funding Investment)	x	x	x
33		We will deliver our three year Workforce Plan. (Core Funding Investment)	x	x	x

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09 February 2022

Christopher Myers
Chief Officer
Scottish Borders Integration Joint Board
Education Centre
Borders General Hospital
MELROSE
TD6 9BS

Dear Christopher

Annual Audit Report 2020/21

As you know, the annual audit process continues to be a critical part of the assurance framework for local government with appointed auditors for Integration Joint Boards (IJBs) reporting their annual audit work to the IJB and to me as Interim Controller of Audit. It is central to our ability to provide assurance to the Accounts Commission, and the public more widely, on how IJBs are using public money. The Covid-19 pandemic continued to pose significant challenges during the 2020/21 audit year and it is hard to overstate the enormous efforts IJBs have made in leading and supporting local communities and vulnerable individuals over this period.

In that context, the fact that we have managed to complete the vast majority of IJB annual audits within the revised timescales is testament to the enormous adaptability, professionalism and commitment of IJBs and external audit teams. At the outset of the pandemic, we said we would be pragmatic and flexible in our approach, while ensuring that quality was not compromised. I hope you agree that your external auditor has continued to deliver on that commitment.

I want to thank you and your colleagues for helping us get through another enormously challenging audit year, which, among many other things, involved auditing remotely again. It is important that the process of assurance and improvement continues and, working together, I believe we have managed to achieve that this year. However, auditors have observed, overall, that during this challenging period there has been an increase in both the number and significance of adjustments required between the unaudited and audited accounts. Linked to this, auditors have noted financial capacity issues in a number of IJBs and highlighted the difficulties this has caused in both the preparation and audit of the financial statements. I welcome the improvements that IJBs have committed to in the audit report action plans to ensure the 2021/22 accounts presented for audit are of a good quality. It is important that the process of assurance and improvement continues and, working together I believe we have managed to achieve that this year and will do so again.

Looking ahead, the audit year for 2021/22 will continue to be challenging as we look to recover from the effects of the pandemic. Due to the impact of Covid-19, the planning guidance recognises that meeting the normal completion dates for 2021/22 audits is not generally feasible. Having consulted with the stakeholders, the target reporting deadline for the completion of IJB audits is 31 October 2022. Colleagues within Audit Scotland's Audit Services

team have highlighted that ongoing conditions and deferred work from last year have impacted the planning and scheduling of the 2021/22 audits requiring them to make the difficult decision to prioritise local government 2021/22 work. They have asked me to share those priorities with you as follows:

- Councils and Local Government Pension Funds
- Integration Joint Boards
- Other bodies

It is important to highlight that these priorities sit within the wider public audit landscape where the deadline for completing NHS audits is 31 August 2022 and for the majority of other bodies is 31 December 2022. As always, the production of complete, good quality accounts, supported by robust working papers, prompt responses to audit queries and working to agreed timetables will support the delivery of an efficient and timely audit whilst minimising pressures on finance teams at a busy and demanding time of year.

I am confident that the relationships audit teams have with their IJBs stand us in good stead to deliver excellent audit work again this year. I encourage you to engage with your external auditors to learn any lessons from this last years' experience, recognising that remote audit is likely to be a continuing feature of how we work in future.

You will also be aware that the Accounts Commission is developing its approach to auditing Best Value in IJBs. The Commission, supported by Audit Scotland, will continue to engage with IJB colleagues in 2022 as that development work progresses.

Yours sincerely



Antony Clark
Interim Controller of Audit

Scottish Borders Integration Joint Board

Annual Audit Plan 2021/22



 AUDIT SCOTLAND

Prepared for Scottish Borders Integration Joint Board

March 2022

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Introduction

Summary of planned audit work

1. This document summarises the work plan for our 2021/22 external audit of Scottish Borders Integration Joint Board ('the IJB'). The main elements of our work include:

- obtaining assurances on the effectiveness of key controls within the main accounting systems, including testing of IJB related transactions, at the two partner bodies (Scottish Borders Council and NHS Borders)
- an audit of the annual accounts and provision of an Independent Auditor's Report
- an audit opinion statutory information published within the annual accounts including the Management Commentary, the Annual Governance Statement and the Remuneration Report
- consideration of arrangements in relation to the audit dimensions: financial management, financial sustainability, governance and transparency and value for money that frame the wider scope of public sector audit
- consideration of Best Value arrangements.

Impact of Covid-19

2. The coronavirus disease (Covid-19) pandemic has had a significant impact on public services and public finances, and the effects will be felt well into the future.

3. The Auditor General for Scotland, the Accounts Commission and Audit Scotland continue to assess the risks to public services and finances from Covid-19 across the full range of our audit work, including annual audits and the programme of performance audits. The well-being of audit teams and the delivery of high-quality audits remain paramount. Changes in our approach may be necessary and where this impacts on annual audits, revisions to this Annual Audit Plan may be required.

Adding value

4. We aim to add value to Scottish Borders Integration Joint Board through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we will help the IJB promote improved standards of governance, better management and decision making and more effective use of resources. Additionally, we attend meetings of the Audit Committee and actively participate in discussions.

Respective responsibilities of the auditor and Scottish Borders Integration Joint Board

5. The [Code of Audit Practice \(2016\)](#) sets out in detail the respective responsibilities of the auditor and the IJB. Key responsibilities are summarised below.

Auditor responsibilities

6. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 and the [Code of Audit Practice](#) (including [supplementary guidance](#)) and guided by the Financial Reporting Council's Ethical Standard.

7. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the audited body to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Scottish Borders Integration Joint Board responsibilities

8. The IJB is responsible for maintaining accounting records and preparing financial statements that give a true and fair view.

9. Also, the IJB has the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance that enable them to deliver their objectives.

Managing the transition to 2022/23 audits

10. Audit appointments are usually for five years but were extended to six years due to Covid-19. 2021/22 is the final year of the current appointment and we will work closely with our successors to ensure a well-managed transition.

Financial statements audit planning

Materiality

11. Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

Materiality levels for the 2021/22 audit

12. We assess materiality at different levels as described in [Exhibit 1](#). The materiality values for the IJB are set out in [Exhibit 1](#).

Exhibit 1

2021/22 Materiality levels

Materiality	Amount
Planning materiality – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1.75% of gross expenditure for the year ended 31 March 2022 based on the latest financial monitoring report for 2021/22.	£3.75 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this would indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 65% of planning materiality.	£2.44 million
Reporting threshold (i.e. clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 3% of planning materiality.	£110 thousand

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

13. Our risk assessment draws on our cumulative knowledge of the IJB, its major transaction streams, key systems of internal control and risk management processes. Also, it is informed by our discussions with management, meetings with internal audit, attendance at committees and a review of supporting information.

14. Based on our risk assessment process, we identified the following significant risk of material misstatement to the financial statements. These are risks which have the greatest impact on our planned audit procedures. [Exhibit 2](#) summarises the nature of the risk, the sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurance over the risk.

Exhibit 2

2021/22 Significant risk of material misstatement to the financial statements

Significant risk of material misstatement	Sources of assurance	Planned audit response
<p>1. Risk of material misstatement due to fraud caused by the 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>Owing to the nature of this risk, assurances from management are not applicable.</p>	<ul style="list-style-type: none"> • 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. • Evaluate significant transactions outside the normal course of business.

Source: Audit Scotland

15. As set out in International Standard on Auditing (UK) 240: The auditor's responsibilities relating to fraud in an audit of financial statement, there is a presumed risk of fraud over the recognition of income. There is a risk that income may be misstated resulting in a material misstatement in the annual accounts.

The IJB is wholly funded by NHS Borders and Scottish Borders Council. We have assessed that the risk of material misstatement arising from fraud over income is limited. This limitation is to such an extent that we have rebutted the risk of fraud over income from our significant audit risks.

16. In line with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, as most public-sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. We have rebutted the risk of material misstatement caused by fraud in expenditure in 2021/22 as we do not consider this to be a significant risk for the IJB. This is on the basis that all transactions are processed by the partner bodies rather than the IJB directly and that all expenditure is undertaken by the partners who are public sector bodies.

17. We have not, therefore, incorporated specific work into our audit plan in these areas over and above our standard audit procedures. Our audit testing will maintain an oversight of any unusual transactions or accounting entries.

Audit risk assessment process

18. Audit risk assessment is an iterative and dynamic process. Our assessment of risks set out in this plan may change as more information and evidence becomes available during the progress of the audit. Where such changes occur, we will advise management and where relevant, report them to those charged with governance.

Audit dimensions and Best Value

Introduction

19. The [Code of Audit Practice](#) sets out the four dimensions that frame the wider scope of public sector audit. The Code of Audit Practice requires auditors to consider the adequacy of the arrangements in place for the audit dimensions in audited bodies.

Audit dimensions

20. The four dimensions that frame our audit work are shown in [Exhibit 3](#)

Exhibit 3

Audit dimensions



Source: Code of Audit Practice

21. In summary, the four dimensions cover the following:

- **Financial management** – financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.
- **Financial sustainability** – as auditors, we consider the appropriateness of the use of the going concern basis of accounting as part of the annual

audit. We will also comment on financial sustainability in the medium/longer term. We define this as medium term (two to five years) and longer term (longer than five years).

- **Governance and transparency** – 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.
- **Value for money** – value for money refers to using resources effectively and continually improving services.

Best Value

22. Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will consider and report, where necessary, on these arrangements at the IJB.

Audit dimension risks

23. We have identified audit risks in the areas set out in [Exhibit 4](#). This exhibit sets out the risks, sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurances over the risks.

Exhibit 4

2021/22 Audit dimension risks

Description of risk	Sources of assurance	Planned audit response
<p>Financial management – Chief Financial Officer</p> <p>The Chief Financial Officer (CFO) is responsible for financial management and strategic planning, keeping proper accounting records, providing financial monitoring reports, and taking steps for the prevention and detection of fraud and other irregularities. The IJB does not have a permanent CFO in post, with the role currently being covered by the Director of Finance at NHS Borders and the Director of Finance and Corporate Governance at Scottish Borders Council.</p>	<p>Ongoing monitoring and reporting of IJB budget to the board during the year.</p> <p>Recruitment of permanent CFO currently underway.</p>	<ul style="list-style-type: none"> • Ongoing discussions and meetings with management • Monitor compliance with financial management expectations in the absence of a CFO.

Description of risk	Sources of assurance	Planned audit response
<p>There is a risk that financial management and reporting to the IJB and preparation of the annual accounts could be adversely affected if a permanent CFO is not employed.</p>		
<p>Financial management – 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. A notional budget has been agreed and included in the annual accounts in previous year in line transitional arrangements agreed by the Scottish Government.</p>	<p>A Set Aside group, to ensure compliance with the national legislation and statutory guidance, is to be established. The IJB Chief Financial Officer will be the responsible officer.</p> <p>The work of this group will be aligned with the wider IJB commissioning plan, led by the IJB Chief Officer.</p>	<ul style="list-style-type: none"> • Ongoing discussions and meetings with management to monitor progress with the working group.
<p>Financial sustainability</p> <p>There remains uncertainty around financial sustainability as the wider impact of Covid-19 is not yet known. In addition, there is a projected shortfall of £6.3 million against the required efficiency savings of £9.2 million agreed as part of the 2021/22 budget for the IJB.</p> <p>There is a risk of added financial pressure in subsequent years as budgets become increasingly constrained.</p>	<p>Regular monitoring and reporting to the Integration Joint Board on the financial position.</p>	<ul style="list-style-type: none"> • Review financial monitoring reports to assess the financial position, including progress in realising efficiency savings by each partner. • Confirm and assess the steps taken to determine and agree future savings requirements with partner bodies.

Source: Audit Scotland

Reporting arrangements, timetable, and audit fee

Reporting arrangements

24. Audit reporting is the visible output for the annual audit. All Annual Audit Plans and the outputs, as detailed in [Exhibit 5](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

25. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officers to confirm factual accuracy.

26. We will provide an independent auditor's report to the IJB and the Accounts Commission setting out our opinions on the annual accounts. We will provide the IJB and the Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

27. [Exhibit 5](#) outlines the target dates for our audit outputs, and we aim to issue the independent auditor's report by the Audit Scotland deadline of 31 October 2022. We acknowledge this will be challenging due to the ongoing pressures and uncertainties caused by Covid-19.

Exhibit 5 2020/21 Audit outputs

Audit Output	Target date	Audit Committee Date
Annual Audit Plan	31 March 2022	14 March 2022
Independent Auditor's Report	31 October 2022	12 September 2022
Annual Audit Report	31 October 2022	12 September 2022

Source: Audit Scotland



Timetable

28. To support an efficient audit, it is critical that the timetable for producing the annual report and accounts for audit is achieved. We have included a proposed timetable for the audit at [Exhibit 6](#) that has been discussed with management.

29. Covid-19 has had a considerable impact on the conduct and timeliness of the audit. We recognise that it is in the best interests of public accountability to get the reporting of audited accounts back to pre-pandemic timelines. To this end, 2021/22 is a transition year with the reporting deadline brought forward by one month relative to the two prior years. We are identifying ways to work more efficiently to expedite the 2021/22 audits whilst at the same time maintaining high standards of quality.

30. We will continue to work in close partnership with management with clarity over timescales and the requirement for high quality unaudited accounts and supporting working papers. Progress will be discussed with management and finance officers over the course of the audit.

Exhibit 6 Proposed annual report and accounts timetable

 Key stage	 Provisional Date
Consideration of the unaudited annual accounts by those charged with governance	13 June 2022
Latest submission date for the receipt of the unaudited annual report and accounts with complete working papers package.	30 June 2022
Latest date for final clearance meeting with the Chief Finance Officer	2 September 2022
Agreement of audited and unsigned annual accounts	5 September 2022
Issue of Annual Audit Report to those charged with governance.	9 September 2022
Approval of audited unsigned annual accounts by the IJB Board	21 September 2022
Independent Auditor's Report signed	22 September 2022

Source: Audit Scotland

Audit fee

31. The audit fee for the 2021/22 audit of Scottish Borders IJB is £27,960 (2020/21: £27,330). In determining the audit fee, we have taken account of the risk

exposure of the IJB, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit.

32. Where our audit cannot proceed as planned through, for example, late receipt of unaudited annual report and accounts, the absence of adequate supporting working papers or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises out with our planned audit activity.

Other matters

Internal audit

33. International standards on Auditing (UK) 610: *Considering the work of internal audit* requires us to:

- consider the activities of internal audit and their effect on external audit procedures;
- obtain an understanding of internal audit activities to inform our planning and develop an effective audit approach that avoids duplication of effort;
- perform a preliminary assessment of the internal audit function when there is scope for relying on internal audit work which is relevant to our financial statements' responsibilities; and
- evaluate and test the work of internal audit, where use is made of that work for our financial statements responsibilities to confirm its adequacy for our purposes.

34. Internal audit is provided by the internal audit service at Scottish Borders Council and is overseen by the Chief Officer of Audit & Risk at the council who is the appointed Chief Internal Auditor for the IJB.

35. From our initial review of the internal audit plans, we do not plan to use internal audit's work to support our financial statements' responsibilities. We intend to review the findings of internal audit reports which will help inform our wider dimensions work.

Independence and objectivity

36. Auditors appointed by the Auditor General for Scotland or Accounts Commission must comply with the [Code of Audit Practice](#) and relevant supporting guidance. When auditing the financial statements, auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual *'fit and proper'* declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland's Ethics Partner.

37. The engagement lead (i.e. appointed auditor) for Scottish Borders IJB is Gillian Woolman, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the

independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of the IJB.

Quality control

38. International Standard on Quality Control (UK) 1 (ISQC1) requires a system of quality control to be established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

39. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the [Code of Audit Practice](#) (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards, Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

40. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time, and this may be directed to the engagement lead.

Scottish Borders Integration Joint Board

Annual Audit Plan 2021/22

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www.audit-scotland.gov.uk/accessibility

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*Scottish Borders Health & Social Care
Integration Joint Board Audit Committee*



Meeting Date: 14 March 2022

Report By:	Jill Stacey, IJB Chief Internal Auditor (Chief Officer Audit and Risk, Scottish Borders Council)
Contact:	Sue Holmes, Principal Internal Auditor, Scottish Borders Council
Telephone:	
SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD INTERNAL AUDIT ANNUAL PLAN 2022/23	
Purpose of Report:	To gain approval to the proposed Internal Audit Annual Plan 2022/23 for the Scottish Borders Health and Social Care Integration Joint Board, to enable the SB IJB Chief Internal Auditor to prepare an annual opinion on the adequacy of the overall control environment of the integration authority.
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: a) Approve the proposed Internal Audit Annual Plan 2022/23 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1).
Personnel:	The Internal Audit service to SBIJB is provided by Scottish Borders Council's Internal Audit team. Staff assigned to perform the SBIJB Internal Audit work hold relevant professional qualifications and have the necessary experience, knowledge, skills and competencies (such as the Code of Ethics set out in the Public Sector Internal Audit Standards (PSIAS)) needed to deliver the plan.
Carers:	There are no direct carers' impacts arising from the report.
Equalities:	There are no equalities impacts arising from the report.
Financial:	There are no direct financial implications arising from the proposals in this report.

Legal:	<p>The Scottish Borders Health and Social Care Integration Joint Board (SBIJB), established as a separate legal entity as required by the Public Bodies (Joint Working) (Scotland) Act 2014, is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Scottish Borders partnership area, based on resources which have been delegated to it by the partners, Scottish Borders Council and NHS Borders.</p> <p>The SBIJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration. The establishment of robust Risk Management and Audit arrangements is one of the key components of good governance and will be critical to the capacity of the SBIJB to function effectively.</p>
Risk Implications:	<p>Key components of the audit planning process include a clear understanding of the SBIJB's functions, associated risks, and potential range and breadth of audit areas for inclusion within the plan. As in previous years, the SBIJB Internal Audit Annual Plan 2022/23 has been informed by the risks, controls and mitigation actions as set out within the SBIJB's Strategic Risk Register to ensure that Internal Audit plans are risk-based and provide relevant assurance. Furthermore, SBIJB's Chief Officer has been consulted and the Audit Plan has been informed by key developments at both a national and local level and other relevant background information, for example the Strategic Plan. Discussions with the SBIJB's Chief Officer and Chief Finance Officer (when appointed) will continue on a regular basis to ensure Internal Audit assurance meet the needs of the SBIJB and Management and other key stakeholders.</p> <p>The PSIAS require Internal Audit to evaluate the effectiveness of the SBIJB's Risk Management arrangements and contribute to improvements in the process. Each Internal Audit assignment will be risk-based and will test the SBIJB's management of risk.</p> <p>The SBIJB Internal Audit Annual Plan 2022/23 should be considered to be flexible and will be subject to periodic review, and amended as required, to ensure it reflects any new arrangement or changing risks and priorities. Any amendments relating to the SBIJB Internal Audit Annual Plan 2022/23 will be brought to SBIJB Audit Committee for approval.</p> <p>In addition to its own governance arrangements, the SBIJB places reliance on the governance arrangements adopted by NHS Borders and Scottish Borders Council, the partners. Where appropriate, existing mechanisms embedded within both NHS Borders and Scottish Borders Council will be used to provide assurance to the SBIJB.</p>

Background

- 1.1 The key standards within the Public Sector Internal Audit Standards (PSIAS) which relate to the preparation of the internal audit plan are summarised below:
- No. 2010 – Planning which states that “the chief audit executive must establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals”
 - No. 2020 – Communication and Approval which states that “the chief audit executive must communicate the internal audit activity’s plans and resource requirements, including significant interim changes, to senior management and the board for review and approval. The chief audit executive must also communicate the impact of resource limitations.”
- 1.2 The CIPFA Publication ‘Audit Committees 2018’ states that “The audit committee should seek to make best use of the internal audit resource within the assurance framework. In particular, the audit committee should seek confirmation from internal audit that the audit plan takes into account the requirement to provide an annual internal audit opinion that can be used to inform the Annual Governance Statement. Specific activities will include:
- Approving (but not directing) the risk-based plan, considering the use made of other sources of assurance.”
- The CIPFA Publication also states that “The committee will wish to seek assurance from the HIA that appropriate risk assessment has been carried out as part of the preparation of the internal audit plans when they are presented.”

2 Internal Audit Annual Plan 2022/23

- 2.1 The Internal Audit service to the Scottish Borders Health and Social Care Integration Joint Board (SBIJB) is provided by Scottish Borders Council’s Internal Audit team. Internal Audit resources are outlined in the Council’s Internal Audit Annual Plan 2022/23 to be approved by SBC’s Audit and Scrutiny Committee on 14 March 2022. A total of 45 days have been allocated to provide Internal Audit services to the SBIJB, which reflects the Council’s contribution of corporate support resources.
- 2.2 The Internal Audit Charter and Internal Audit Strategy, presented for approval at the same meeting of Scottish Borders Council Audit and Scrutiny Committee, are applicable for the provision of Internal Audit services to SBIJB. Those documents set out respectively the conformance of the Internal Audit team to the PSIAS standards and the approach to the planning, delivery and reporting of Internal Audit activity associated with the SBIJB.
- 2.3 The Internal Audit work for 2022/23 has been informed by the risks, controls and mitigation actions as set out within the SBIJB’s Strategic Risk Register to ensure that Internal Audit plans are risk-based and provide relevant assurance for the SBIJB.
- 2.4 The Internal Audit Annual Plan 2022/23 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1) includes sufficient work to enable the SBIJB Chief Internal Auditor to prepare the statutory independent and objective audit opinion to the year ending 31 March 2023.

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SBIJB Internal Audit Annual Plan 2022/23

Ref	Category	Audit	Commentary
1.	Assurance	Internal Control, Governance and Risk Management	<p>Continuous audit approach to follow up on implementation of actions of areas of improvement set out in the Annual Governance Statement 2021/22. Annual evaluation of the SBIJB's corporate governance arrangements in place to deliver services to meet the needs of service users and the strategic priorities for health and social care integration.</p> <p>Specific review of the IJB's risk management arrangements including the planned refocus of the Strategic Risk Register to reflect the IJB's strategic commissioning role and to align with the revised Strategic Commissioning Plan.</p> <p>Review with Management the 7 core principles to refresh the SBIJB Local Code of Corporate Governance for consideration by the SBIJB Audit Committee prior to Board approval.</p> <p>Prepare an annual assurance report for SBIJB Management and SBIJB Audit Committee that includes the statutory Internal Audit opinion on the adequacy of the SBIJB's arrangements for risk management, governance and internal control for delegated resources. This will be used to inform SBIJB's Annual Governance Statement.</p>
2.	Assurance	Strategic Commissioning	<p>Assess the SBIJB's corporate governance arrangements in place to redesign service delivery to meet the needs of service users and align with Strategic Plan priorities, with a focus on commissioning arrangements to inform strategies and plans.</p> <p>Evaluate the implementation of the Directions policy to ensure that clarity and transparency can be demonstrated to partner organisations, and aligned to performance and financial reporting.</p> <p>Review progress with the development of the Workforce Planning Framework and the full Workforce Plan to support the delivery of redesigned services commissioned by the SBIJB which fit with strategic priorities for health and social care integration.</p>
3.	Assurance	Performance Management	<p>Assess whether there is appropriate alignment of performance measures in the SBIJB's Performance Management Framework to key priorities and outcomes of the Strategic Plan and validate the evidence of improvement of health and wellbeing within the Scottish Borders through integrating health and social care services.</p> <p>Review and evaluate the source systems, data and processes to produce the Annual Performance Report required by the Scottish Government.</p>

Ref	Category	Audit	Commentary
4.	Other	Recommendations Follow Up Review	Follow-up progress by Management with implementation of Audit Actions by the agreed date relating to areas of improvement recommended in 2021/22 audit assurance work and check on the adequacy of new internal controls.
5.	Other	Partners' assurance	Review assurance from partners' Internal Audit providers, i.e. Grant Thornton for NHS Borders and in-house team for Scottish Borders Council, that is relevant to health and social care integration through their work undertaken and presented to their respective audit committees.
6.	Other	Administration of Audit Scotland Reports	Monitor publication of Audit Scotland and other national reports and co-ordinate submission by Management of relevant national reports to the SBIJB Audit Committee / Board that give rise to introducing best practice arrangements or lessons learned from other organisations to enable Management to evidence improvements in health and social care integration practices on a continuous basis.
7.	Other	Audit Committee Self-Assessment	Provide assistance to the Chair in undertaking a self-assessment of the SBIJB Audit Committee against the CIPFA best practice guidance.
8.	Other	Attendance at Boards / Committees	Attend IJB meetings and other relevant forums to observe planning, approval, monitoring and review activity of business and performance. Prepare for and attend SBIJB Audit Committee meetings.
9.	Other	Audit Planning for 2023/24	Review strategic risks and audit universe, develop and consult on proposed coverage within the SBIJB Internal Audit Annual Plan 2023/24.
		Total 45 days	