

# Public Document Pack



**Scottish Borders Health & Social Care Integration Joint Board Audit Committee will be held on Monday 20 June 2022 at 2.00pm via Microsoft Teams**

## **AGENDA**

<b>Time</b>	<b>No</b>		<b>Lead</b>	<b>Paper</b>
2.00	1	<b>ANNOUNCEMENTS &amp; APOLOGIES</b>	<b>Chair</b>	Verbal
2.01	2	<b>DECLARATIONS OF INTEREST</b> <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>	<b>Chair</b>	Verbal
2.02	3	<b>MINUTES OF PREVIOUS MEETING</b> 14.03.22	<b>Chair</b>	Attached
2.05	4	<b>MATTERS ARISING</b> Action Tracker	<b>Chair</b>	Attached
2.06	5	<b>FOR DECISION</b>		
2.06	5.1	Annual Governance Statement 2021/22	<b>Chief Internal Auditor</b>	Appendix-22-AC-7
2.05	5.2	Internal Audit Annual Assurance Report 2021/22	<b>Chief Internal Auditor</b>	Appendix-22-AC-8
2.25	6	<b>FOR DISCUSSION/NOTING</b>		
2.25	6.1	Integrated Workforce Plan – interim update	<b>HR Officer</b>	Appendix-22-AC-9 Presentation

2.40	6.2	Primary Care Pharmacotherapy and Pharmacy support for people receiving social care update	<b>Director of Pharmacy</b>	Appendix-22-AC-10
2.50	6.3	Dementia Diagnosis – Update	<b>General Manager Mental Health &amp; LD Services</b>	Appendix-22-AC-11
3.00	6.4	Home First Reablement Service Update	<b>Associate Director of AHPs</b>	Appendix-22-AC-12
3.10	6.5	Compliance with the Public Sector Equality Duty	<b>Chief Officer</b>	Appendix-22-AC-13
3.20	<b>7</b>	<b>ANY OTHER BUSINESS</b>	<b>Chair</b>	Verbal
3.25	<b>8</b>	<b>DATE AND TIME OF NEXT MEETING</b> Monday 17 October 2022, 2.00pm to 4pm, via Microsoft Teams Monday 12 December 2022	<b>Chair</b>	Verbal



Minute of the meeting of **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** held on **14 March 2022** at 2.00pm via Microsoft Teams.

**Present:** Mrs K Hamilton, Non Executive, NHS Borders (Chair)  
Mrs L O’Leary, Non Executive, NHS Borders  
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**

- 1.1 Apologies had been received from Mr Jim Wilson, Lay member, Mr Andrew Bone, Director of Finance NHS and Mrs Gillian Woolman, Audit Scotland.
- 1.2 The Chair confirmed the meeting was quorate.

### **2. Declarations of Interest**

- 2.1 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**

- 3.1 The minutes of the meeting of the Integration Joint Board Audit Committee held on 9 December 2021 were approved.

### **4. Matters Arising**

- 4.1 **Action 1:** Mrs Jill Stacey confirmed that she had undertaken an induction session with Cllr Jenny Linehan. She further confirmed that 30 minute Development sessions prior to each formal meeting had been put in place. The action was agreed as complete.
- 4.2 **Action 2:** Mrs Jill Stacey confirmed that the Terms of Reference had been submitted to the December IJB meeting and the action was agreed as complete.

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

## **5. IJB Risk Management Update 2021/22**

- 5.1 Mr Chris Myers provided an overview of the content of the report. He drew the attention of the Committee to the changes to process around risk management for the Integration Joint Board (IJB) and the expectation that it would provide more assurance for Committee members. He proposed a refresh of the risk register of the IJB to take into account local and national updates.
- 5.2 Mr Myers commented that he had met with the Risk Team who were provided by Scottish Borders Council in relation to the existing risk register. They had recognised that the risk register reflected both strategic commissioning and operational delivery considerations. He highlighted that the delivery risks had to sit with the delivering bodies ie NHS Borders and Scottish Borders Council on their own risk registers.
- 5.3 Cllr Tom Weatherston enquired how the risk in regards to the impact of Ukraine would be managed.
- 5.4 The Chair welcomed the point and suggested each meeting might start with a recognition of the difficulties being faced in Eastern Europe. The issue would be how the risk was quantified before it was understood how it could be addressed. Currently it appeared it was being quantified by media reports and conflicting views of the political prism.
- 5.5 Mr Myers suggested it was the scale of the impact that would be the starting point which was currently unknown. He commented on the work that had taken place around Afghanistan refugees. It had been a good integrated process that was now in place that could potentially be adapted. He recognised that individuals would have been under psychological trauma and that likely would be a large element of their needs. The issue would be how the IJB would commission to support those needs. Another factor would be employment and how the IJB working alongside NHS Borders and Scottish Borders Council might support those individuals with employment opportunities.
- 5.6 The Chair commented that she expected that guidance would be issued by the Scottish Government on how to proceed and what the expectations would be of public bodies.
- 5.7 Mrs Jill Stacey commented that in considering the risk management process when the National Care Service initiative was out for consultation there had been a conversation about how to capture that as a risk management activity. It had been noted at that point in time as there was not enough information to use a systematic scoring and it had been recognised that it could pose a risk in terms of the role of the IJB and it was noted as a potential new risk. She suggested Ukraine be recognised in the same way as a potential risk.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** acknowledged the improvements in the application of risk management within the IJB, in accordance with the IJB Risk Management Policy and Strategy.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the benefits for the IJB that accrue from more systematic and assured risk management.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** endorsed the proposal to refresh the IJB Strategic Risk Register to reflect significant and strategic local and national developments.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the Ukraine risk without being able to quantify it.

## **6. Audit Scotland – Recent Audit Reports of interest**

- 6.1 Mr Chris Myers provided a brief overview of the content of the reports and highlighted that all three national reports touched on workforce as a key consideration. He referred to the social care briefing given the pressures on social care, peoples needs and demands and the real challenge around an ability to retain and recruit staff.
- 6.2 Mrs Lucy O’Leary welcomed the social care briefing and its content around value for money, and commissioning principles.
- 6.3 Mr Myers commented that a piece of work to be taken forward in the future would focus on longer term value for money and how the IJB could add value through a programme budgeting approach to commissioning instead of the current service by service approach.
- 6.4 Cllr Tom Weatherston enquired why staff who were asked to work extra shifts were not paid extra, yet the system would pay extra monies to agency staff to cover vacant shifts. He suggested it would be cheaper in the long run to pay existing staff extra to cover vacant shifts. **Mr Myers suggested he speak to the NHS Borders Director of Workforce and seek a briefing note on the matter for Cllr Weatherston.**
- 6.5 Mrs Jill Stacey commented that the Director of HR at Scottish Borders Council was working with the Director of Workforce at NHS Borders on an integrated workforce plan for the IJB. She suggested it would contain some solutions to the various workforce challenges identified including variation in terms and conditions, hours, pay, etc.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the key messages in the national audit reports.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** considered if any actions arising from those reports should be brought to the attention of the IJB.

## **7. Review of the 2018-23 Strategic Commissioning Plan**

- 7.1 Mr Chris Myers advised of the legal duty on the IJB to review the Strategic Commissioning Plan every 3 years. A review of the plan had been due and notification was required to be given to the Scottish Government to confirm a review had been undertaken. He commented that he had met with Mrs Stacey, Mrs Holmes and the Auditors and discussed the obligation and highlighted that to the IJB in December 2021.
- 7.2 A review of the plan was undertaken and updates were sought from the workstream leads on their RAG status and progress they had made with the commitments set out in the 2018-2023 plan. The paper summarised that position and he drew the attention of the Committee to the red and amber RAG status items.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the work undertaken on the SCP audit and the findings as detailed in the below report appendices.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** recommended 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.

## **8. Audit Scotland letter to IJBs re Annual Audit Process 2021/22**

- 8.1 Mr Graeme Samson introduced the letter that was to be issued at the conclusion of the annual audits and he commented that its purpose was to highlight any particular issues that came through the annual audit report and to comment on the priorities for the coming year. He drew the attention of the committee to the comments for next years audits and priorities.
- 8.2 Mrs Jill Stacey commented that the letter provided the context given the changes in timings of some of the statutory requirements that were alleviated during the pandemic which took some pressure off of the external audit process and moved the September meeting to October in order to meet the revised timescales. She suggested a similar approach maybe required for 2022.

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

## **9. SBIJB External Audit Annual Plan 2021/22**

- 9.1 Mr Graeme Samson provided an overview of the content the report and highlighted: page 5 and materiality levels; page 8; CFO appointment; planned dates and the potential to move the Audit Committee meeting in September to October to ensure there was time for concluding the audit, exhibit 6, stages we have planned for the audit; and page 14.

- 9.2 Mr Samson requested that those charged with governance be asked to bring to the auditors attention if they were aware of any actual or suspected frauds.
- 9.3 The Chair and Committee members confirmed that they were not aware of any actual or suspected frauds.
- 9.4 The Chair confirmed that the September meeting would be pushed back to October.
- 9.5 Cllr Tom Weatherston enquired about the status of the Chief Financial Officer appointment. Mr Chris Myers advised that interviews were scheduled for the following day and he was hopeful that an appointment would be made.

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

#### **10. SBIJB Internal Audit Annual Plan 2022/23**

- 10.1 Mrs Sue Holmes presented the internal audit annual plan and highlighted that financial governance had been removed and replaced with strategic commissioning and performance management. She commented that by taking out financial governance it would give the new Chief Financial Officer an opportunity to get established. Financial governance would then appear back in the next plan for 2023/24.
- 10.2 The Chair commented that in relation to performance management much focus had been on data collection instead of what was being done. She suggested the focus in future should be on what would be managed, monitored and quantified.
- 10.3 Mr Chris Myers commented that it would be helpful to have a view from the IJB on what it wanted to be monitored in regards to performance, given it was strategic and not operational and number of the metrics were issued by the Scottish Government for completion. With implementation of the issuing of directions, it was much clearer what the ask was for the contractors in terms of new projects, programmes of work, initiatives, etc. As the directions were clearer it should be easier to monitor progress against each one in a consistent format.
- 10.4 Mr Myers suggested that in regard to financial sustainability the focus for the coming year would be via the national focus of Audit Scotland and then reverting to a local focus the following year.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** approved the proposed Internal Audit Annual Plan 2022/23 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1).

#### **11. Any Other Business**

- 11.1 No further business had been identified.

#### **12. Date and Time of Next Meeting**

The Chair confirmed that the next meeting of the IJB Audit Committee would be held on Monday 13 June 2022 at 2.00pm via Microsoft Teams.

The meeting concluded at 3.08pm.

DRAFT




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






## Action Tracker

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 <b>SCOTTISH BORDERS HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE</b> 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.	Jill Stacey	April 2022	<b>Complete:</b> Terms of Reference submitted to 9 December 2021 IJB meeting.	

Key:	
	Overdue / timescale TBA
	<2 weeks to timescale
	>2 weeks to timescale
<b>Blue</b>	Complete – Items removed from action tracker once noted as complete at each H&SC IJB Audit Committee meeting

This page is intentionally left blank

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



Meeting Date: 20 June 2022

<b>Report By:</b>	Chris Myers, Chief Officer Health & Social Care
<b>Contact:</b>	Jill Stacey, IJB Chief Internal Auditor (Scottish Borders Council's Chief Officer Audit & Risk)
<b>Telephone:</b>	01835 825036
<b>ANNUAL GOVERNANCE STATEMENT 2020/21 OF THE SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD</b>	
<b>Purpose of Report:</b>	This report proposes that the IJB Audit Committee considers and approves the Annual Governance Statement 2020/21 of the Scottish Borders Health and Social Care Integration Joint Board that will be published in the Annual Report and Accounts.
<b>Recommendations:</b>	The Scottish Borders Health & Social Care Integration Joint Board Audit Committee is asked to: <ul style="list-style-type: none"> <li>a) <b>Consider</b> the details of the Annual Governance Statement 2020/21 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1) to ensure it reflects the risk environment and governance in place to achieve objectives, and acknowledges the actions identified by Management to improve internal controls and governance arrangements; and</li> <li>b) <b>Approve</b> that it be published in the Annual Report and Accounts 2020/21 of the Scottish Borders Health and Social Care Integration Joint Board.</li> </ul>
<b>Personnel:</b>	The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the approved Scheme of Integration, Constitution and Standing Orders to make sure that public business is conducted with fairness and integrity. The Board has a standalone Terms of Reference setting out its remit.  The Chief Officer is responsible for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with.
<b>Carers:</b>	There is no direct impact on carers arising from the contents of this report.
<b>Equalities:</b>	There are no direct equalities and diversities implications arising from the contents of this report.

<b>Financial:</b>	There are no direct financial implications arising from the contents of this report.
<b>Legal:</b>	<p>The Scottish Borders Health and Social Care Integration Joint Board, 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.</p> <p>The IJB is required to review the effectiveness of its existing governance arrangements against its Local Code of Corporate Governance, and prepare a governance statement and report compliance on an annual basis. This is set out in the Annual Governance Statement 2020/21.</p>
<b>Risk Implications:</b>	<p>The Annual Governance Statement 2020/21 details areas where additional work would further enhance the internal control environment, or improve risk management, and corporate governance arrangements.</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 have been used to provide assurance to the SBIJB.</p>

## 1 Background

- 1.1 The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.
- 1.2 The IJB approved a revised Local Code of Corporate Governance in September 2018, on recommendation by this Committee, which helps to ensure proper arrangements continue to be in place to meet these responsibilities. The Local Code is consistent with the principles and requirements of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) which is deemed appropriate for the IJB under the legislative framework for integration authorities.
- 1.3 Fundamentally, Corporate Governance is about openness, integrity and accountability. It comprises the systems and processes, and cultures and values by

which the authority is directed and controlled and through which it accounts to, engages with and, where appropriate, leads its communities.

- 1.4 The CIPFA/SOLACE Framework urges authorities to review the effectiveness of their existing governance arrangements against their Local Code, and prepare a governance statement and report compliance on an annual basis.
- 1.5 Part of the IJB Audit Committee's remit is to assess the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements against the good governance framework and consider the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated. This includes to 'Be satisfied that the authority's assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it, and demonstrate how governance supports the achievements of the authority's objectives'<sup>1</sup>.

## **2 Annual Governance Statement 2020/21**

- 2.1 The Annual Governance Statement 2020/21 (Appendix 1), in compliance with the CIPFA/SOLACE Framework, provides details of the IJB's Governance Framework, the annual Review of Framework undertaken, Improvement Areas of Governance, and Overall Opinion.
- 2.2 In terms of overall corporate governance it is the Chief Officer's opinion that, although there are a few areas of work to be completed for full compliance with the Local Code, the overall governance arrangements of the IJB are operating adequately. The Annual Governance Statement 2020/21 is informed by the work of Internal Audit, External Audit and Inspection agencies, and existing governance and assurance mechanisms embedded within both NHS Borders and Scottish Borders Council.

---

<sup>1</sup> CIPFA guidance note for local authorities 'Audit Committees' (2018)

This page is intentionally left blank

# Annual Governance Statement 2021/22

## Introduction

The Annual Governance Statement explains the SBIJB's governance arrangements and system of internal control and reports on their effectiveness.

## Scope of Responsibility

The SBIJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the SBIJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the SBIJB's policies, aims and objectives. Reliance is also placed on NHS Borders and Scottish Borders Council (the partners') systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives.

The system can only provide reasonable and not absolute assurance of effectiveness.

## The Governance Framework and Internal Control System

The Board of the SBIJB comprises voting members, nominated by either NHS Borders or Scottish Borders Council, as well as non-voting members including a Chief Officer appointed by the Board.

The SBIJB's Local Code of Corporate Governance (SBIJB Local Code), which was approved by the Board in September 2018, sets out the framework and key principles which require to be complied with to demonstrate effective governance. The SBIJB Local Code reflects the changing context of integration and is consistent with the principles and recommendations of the new CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) and the supporting guidance notes for Scottish authorities. The overall aim of the Framework is to ensure that: resources are directed in accordance with agreed policy and according to priorities; there is sound and inclusive decision making; and there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

The main features of the governance framework and internal control system associated with the SBIJB Local Code's 7 core principles of good governance in existence during 2021/22 included:

### **A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting rule of law**

The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the approved Scheme of Integration, Constitution and Standing Orders to make sure that public business is conducted with fairness and integrity. The Board has a standalone Terms of Reference setting out its remit.

Reliance is placed on the values and standards set out in the codes of conduct within the employer partner organisations, which incorporate "The Seven Principles of Public Life" identified by the Nolan Committee on Standards in Public Life.

The SBIJB is dependent upon arrangements within the partner organisations for areas such as:

- ensuring legal compliance in the operation of services;
- handling complaints;
- ethical awareness training and whistleblowing policies and procedures;
- staff appointment and appraisal processes which take account of values and ethical behaviour;
- identifying, mitigating and recording conflicts of interest, hospitality and gifts; and
- procurement of goods and services which are sustainable, represent value of money and which reinforce ethical values.

Other areas where the SBIJB places significant reliance on arrangements in place within the partner organisations are set out in the remainder of the statement.

The Chief Officer is responsible for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with.

Professional advice on the discharge of duties is provided to the Board by the SBIJB Chief Officer supported by the Board Secretary.

## **B. Ensuring openness and comprehensive stakeholder engagement**

Board meetings are public unless there are good reasons for not doing so on the grounds of confidentiality. Unless confidential, decisions made by the Board are documented in the public domain.

Community engagement was encouraged as part of the development of the Scheme of Integration and the Strategic Plans which involve consultations with interested parties including members of the public.

## **C. Defining outcomes in terms of sustainable economic, social, and environmental benefits**

The vision, strategic objectives and outcomes are reflected in the Health & Social Care Strategic Plan 2018-2021 and the associated Strategic Implementation Plan, which are being reviewed and updated to reflect on-going assessment of need.

Implications are considered during the decision making process by way of the standard report template covering Personnel, Carers, Equalities, Financial, Legal, and Risk implications.

## **D. Determining the interventions necessary to optimise the achievement of the intended outcomes**

In determining how services and other courses of action should be planned and delivered the SBIJB has a statutory responsibility to involve patients and members of the public.

The Health & Social Care Strategic Plan 2018-2021 is based on consultation during its review and update and describes the planned redesign of Health and Social Care. The Strategic Implementation Plan sets out how services will be planned and delivered using the integrated budgets to achieve the strategic objectives. These are both being reviewed and updated.

The SBIJB is the strategic commissioner of health and social care services from NHS Borders and Scottish Borders Council for the delivery of services in line with the Strategic Plan. In future there will be more use of Directions as service redesign and recommissioning in line with the transformation programme is progressed in line with the new Directions Policy.

The 2022/23 Commissioning Plan aligns the SBIJB's areas of focus for commissioning over 2022/23 in line with its Strategic Plan, and improvements against the National Health and Wellbeing Outcomes.

## **E. Developing the entity's capacity, including the capability of its leadership and the individuals within it**

The SBIJB Chief Officer is responsible and accountable to the Board for all aspects of management including promoting sound governance and providing quality information/support to inform decision-making and scrutiny.

Regular meetings are held between the Chief Officer and the Chair and Vice Chair of the SBIJB. The Chief Officer also meets regularly with the Chief Executives of the partner organisations.

Members of the SBIJB Board are provided with the opportunity to attend Development Sessions relevant to their role.

There is an interim Workforce Plan 2021/22 which supports the commissioned partners of the Integration Joint Board (3-year workforce plan is being developed).

## **F. Managing risks & performance through robust internal control & strong public financial management**

The SBIJB Chief Officer has overall responsibility for the strategic commissioning of health and social care services. The SBIJB Board is responsible for key decision-making.

The SBIJB has approved a Risk Management Strategy. Improved strategic risk review and reporting to the Board have been established to embed risk management into SBIJB's culture.

The SBIJB Chief Financial Officer is responsible for the proper administration of all aspects of the SBIJB's financial affairs. Since August 2020 the SBIJB CFO role has been fulfilled jointly by the NHS Borders and Scottish Borders Council Directors of Finance. A permanent appointment has been made and post holder will commence in role August 2022.

The SBIJB's system of internal financial control is dependent upon on the framework of appropriate financial regulations, codes of financial practice, and reporting standards.

Quarterly Revenue Budget Monitoring reports are presented to the Board for monitoring and control purposes including the annual outturn.

The 2022/23 budget that is being prepared will include reference to the development of a Financial Recovery Plan with its partners. It is expected that Directions will be used to support this.



## **G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability**

SBC's Chief Officer Audit & Risk is the SBIJB Chief Internal Auditor whose role is to provide an independent and objective audit opinion on the effectiveness of the SBIJB's internal control, risk management and governance arrangements. Provision of Internal Audit services for the SBIJB by SBC's Internal Audit team is carried out in conformance with Public Sector Internal Audit Standards.

The SBIJB responds to the findings and recommendations of Internal Audit, External Audit, Scrutiny and Inspection bodies. The SBIJB Audit Committee is integral to overseeing assurance and monitoring improvements in internal control and governance.

Quarterly Performance Reports were presented to the Board for the purposes of monitoring and control. An Annual Performance Report for 2021/22 is being prepared to be presented to the Board to outline progress against strategic objectives during the year.

The Annual Accounts and Report for 2021/22 setting out the financial position in accordance with relevant accounting regulations is being prepared.

### **Review of Adequacy and Effectiveness**

The SBIJB is required to conduct an annual review of the effectiveness of its governance framework.

The review was informed by: an annual assessment by Internal Audit against the SBIJB's Local Code of Corporate Governance; Internal Audit reports for SBIJB; External Audit reports for SBIJB; relevant reports by other external scrutiny bodies and inspection agencies; and relevant partners' (NHS Borders and Scottish Borders Council) Internal Audit and External Audit reports.

In respect of the four improvement areas of governance identified by the SBIJB in 2020/21 (nos. 1-4), there has been progress made with their implementation during the year. Two recommendations are now complete (Recruit on a permanent basis to the IJB Chief Financial Officer post; Improve the clarity and transparency of Directions from the IJB to partners), and two recommendations are still in progress with extensions granted to completion dates to enable the new Chief Officer to fully implement these. These therefore continue to be noted in the section below, nos. 1-2. Two further recommendations were made by Internal Audit arising from their 2021/22 review to enhance corporate governance arrangements, nos. 3-4 below.

### **Improvement Areas of Governance**

The review activity outlined above has identified the following areas where further improvement in governance arrangements can be made to enhance compliance with the Local Code:

- 1 Develop the Workforce Planning Framework to align to Strategic Commissioning Plan.
- 2 Ensure regular updates on progress against the Ministerial Strategy Group (MSG) Self Evaluation HSCP Action Plan and Best Value Areas of Improvement.
- 3 Review and update the Communications Strategy to ensure that it remains relevant in the current environment in respect of stakeholder consultation and engagement.
- 4 Ensure the key themes of consultation and sustainability are evidenced in reports used for decision-making to enhance transparency.

The implementation of these actions to enhance the governance arrangements in 2022/23 will be driven and monitored by the SBIJB Chief Officer in order to inform the next annual review. Internal Audit work planned in 2022/23 is designed to test improvements in governance arrangements.

### **Conclusion and Opinion on Assurance**

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the SBIJB's governance arrangements and system of internal control, while recognising that improvements are required to fully demonstrate compliance with the Local Code in order for the SBIJB to fully meet its principal objectives. Systems are in place to regularly review and improve governance arrangements and the system of internal control.

This page is intentionally left blank

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



Meeting Date: 20 June 2022

<b>Report By:</b>	Jill Stacey, SBIJB Chief Internal Auditor
<b>Contact:</b>	Jill Stacey (Scottish Borders Council's Chief Officer Audit & Risk)
<b>Telephone:</b>	01835 825036
<b>SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2021/22</b>	
<b>Purpose of Report:</b>	To present the Internal Audit Annual Assurance Report for the year to 31 March 2021 for the Scottish Borders Health and Social Care Integration Joint Board (SBIJB), which includes the Chief Internal Auditor's independent assurance opinion on the adequacy of the arrangements for governance, risk management and internal control by the SBIJB of the delegated resources.
<b>Recommendations:</b>	The Health & Social Care Integration Joint Board Audit Committee is asked to: <ul style="list-style-type: none"> <li>a) <b>Consider</b> the Internal Audit Annual Assurance Report 2021/22 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1), which sets out the findings and conclusions arising from all Internal Audit work carried out during the year to 31 March 2022, consider the assurances therein, and provide any comments thereon; and</li> <li>b) <b>Consider</b> 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), and note that the SBIJB Chief Internal Auditor has taken account of these assurances to provide the statutory Internal Audit assurance to the SBIJB.</li> </ul>
<b>Personnel:</b>	The Internal Audit service to SBIJB is provided by Scottish Borders Council's Internal Audit team. The staff who performed 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 PSIAS).  The SBIJB Internal Audit Annual Plan 2021/22, approved by the IJB Audit Committee on 8 March 2021, allocated 45 days to support the delivery of the Plan. The SBIJB Chief Internal Auditor provided an update to the SBIJB Audit Committee on 9 December 2021 on the progress being made on delivery of the 2021/22 Plan.
<b>Carers:</b>	There is no direct impact on carers arising from the contents of this report.

<b>Equalities:</b>	There are no direct equalities and diversities implications arising from the contents of this report.
<b>Financial:</b>	There are no direct financial implications arising from the contents of this report.
<b>Legal:</b>	As stated in paragraph 1.1
<b>Risk Implications:</b>	<p>The PSIAS require Internal Audit to evaluate the effectiveness of the SBIJB's Risk Management arrangements and contribute to improvements in the process.</p> <p>Internal Audit provides assurance to SBIJB Management, Audit Committee and the Board on the adequacy and effectiveness of internal controls and governance within the SBIJB, including risk management, and to highlight good practice and recommend improvements.</p> <p>It is anticipated that improvements in the management and mitigation of risks will arise as a direct result of SBIJB Management implementing the Internal Audit recommendations.</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.</p>

## 1 Background

- 1.1 The Scottish Borders Health and Social Care Integration Joint Board, 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.
- 1.2 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.
- 1.3 The Public Sector Internal Audit Standards (PSIAS) require the SBIJB's Chief Internal Auditor to prepare an annual report that incorporates the opinion on the adequacy and effectiveness of Scottish Borders Health and Social Care Integration Joint Board's framework of governance, risk management and control, a summary of the work that supports the opinion, and a statement on conformance with the PSIAS.

## **2 Internal Audit Annual Assurance Report 2021/22**

- 2.1 The Internal Audit Annual Assurance Report 2021/22 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1) includes the SBIJB Chief Internal Auditor's independent and objective opinion regarding the adequacy and effectiveness of governance, risk management and internal controls within the SBIJB to fulfil the statutory role of Internal Audit. To ensure the annual reporting requirements of the Public Sector Internal Audit Standards (PSIAS) are met, the Report also includes a summary of the Internal Audit activity during the year that supports the opinion, and summarises the outcome of the self-assessment of the Internal Audit service against the PSIAS.
- 2.2 The Report provides assurances in relation to the SBIJB's corporate governance framework, that is a key component in underpinning the delivery of the SBIJB's strategic priorities. The Internal Audit opinion, findings and recommendations within the Internal Audit Annual Assurance Report 2021/22 for the Scottish Borders Health and Social Care Integration Joint Board have been used to inform the SBIJB Chief Officer's Annual Governance Statement 2021/22.
- 2.3 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. This includes the existing mechanisms embedded within both NHS Borders and Scottish Borders Council for provision of Internal Audit assurances to their respective Audit Committees.
- 2.4 The Appendix 2 to this report provides the list of Internal Audit reports by Partners' Internal Auditors presented to their respective Audit Committees that are relevant to SBIJB for assurance purposes with a summary of assurances contained therein. The SBIJB Chief Internal Auditor has taken account of these assurances from Partners' Internal Auditors to provide assurance to the SBIJB.

This page is intentionally left blank



Jill Stacey  
Chief Officer Audit & Risk, Scottish Borders Council  
Chief Internal Auditor, Scottish Borders Health and Social  
Care Integration Joint Board



**Auditors: Jill Stacey  
Sue Holmes  
Chris Hurt**

**Internal Audit Annual Assurance Report 2021/22**

**to**

**SBIJB Chief Officer  
and Directors of Finance NHS Borders and Scottish Borders Council**

**for**

**Scottish Borders Health and Social Care Integration Joint Board**

## 1 Introduction

The Public Sector Internal Audit Standards (PSIAS) (2017) requires that:

“The chief audit executive (SBIJB’s Chief Internal Auditor) must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement.

The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.

The annual report must incorporate:

- the opinion;
- a summary of the work that supports the opinion; and
- a statement on conformance with the Public Sector Internal Audit Standards and the results of the quality assurance and improvement programme.”

## 2 Audit Opinion on the Governance, Risk Management and Internal Control

My opinion is that, based on our reviews, risk assessments and knowledge, the SBIJB’s governance arrangements, risk management and systems of internal control are adequate. Improvements made by Management during the year have been limited by the effect of the ongoing Covid-19 pandemic response; however lessons learned from this have been noted by the new Chief Officer.

The SBIJB generally operates under good public sector practice governance arrangements including the Scheme of Integration, Local Code of Corporate Governance, and Standing Orders, as well as through Board and Committee meetings that support scrutiny and transparency of decisions made.

The Strategic Risk Register is regularly reviewed by the Chief Officer and reported during the year to the Board and the SBIJB Audit Committee who fulfil their oversight role to monitor the SBIJB’s risk management arrangements. Knowledge of the strategic risks faced by the SBIJB and associated mitigations also enables Board members to be more informed when making business decisions.

The budgetary monitoring process is sound although its value for control purposes is limited by the high level information provided to the SBIJB. Appropriate medium term financial planning arrangements are not yet finalised.

The SBIJB continues to demonstrate strategic leadership and progress the development of the Strategic Commissioning Plan for 2023-26. Progress has been made towards delivering integrated Health and Social Care services. Further work is required in order that outcomes and success can be measured.

Legislation requires that the action the delivery partners are required to undertake are set out in formal instructions (Directions) from the integration authority. A summary of Directions and Decisions made by the SBIJB during 2020/21 was published in the Annual Performance Report issued September 2021. A new Directions policy and procedure was approved by the Board on 15 December 2021 which outlines the future approach to ensure that clarity and transparency can be demonstrated and aligned to performance and financial reporting, based on best practice guidance and national expectations for issuing of directions. Directions have been issued by the SBIJB since 2 March 2022.



A new strategic commissioning process will ensure the SBIJB commission in the right way, with good co-production at the core of how the SBIJB commissions in line with the steer provided by the Strategic Planning Group (SPG). This will also support planning work over the next few years, including the joint needs assessment, public engagement and the development of the National Care Service.

A Future Strategy Group (FSG) has been developed to support the SPG in undertaking the 'analyse and plan' commissioning segments of the strategic commissioning cycle. The SPG will use this information to develop Directions as required which will be issued by the SBIJB. As the FSG reports into the SPG this will ensure that the SBIJB key partners and communities have oversight and input into all strategic commissioning plans and all Directions before they are considered by the SBIJB.

Improvements in governance and internal control will be made by Management through the full implementation of Internal Audit recommendations. The Chief Officer and SBIJB Audit Committee are aware of the improvements that are required to further enhance governance and reduce risk, including the commitment to the full implementation of Internal Audit recommendations from the previous year. Recommendations arising from this 2021/22 review have been agreed by Management as highlighted in Section 5. Internal Audit will continue to follow-up progress on their implementation and provide periodic progress reports.

### 3 Scope of the Internal Audit Annual Plan 2021/22

Our plan for 2021/22 covered: the operation of corporate governance and risk management arrangements; review of financial management arrangements; contracts and commissioning arrangements; and also follow up work on previous Internal Audit recommendations. We summarise below the work we have undertaken to obtain assurances over the arrangements in place for each area considered and our conclusions on the effectiveness and appropriateness of these arrangements.

#### Governance Arrangements

- assess the governance and risk management arrangements in place to ensure they are operating as described

#### Financial Management

- assess the arrangements for the management of financial resources delegated to the IJB

#### Contracts and Commissioning

- assess the governance arrangements in place to meet the needs of service users and alignment with the SBIJB strategic plan priorities

#### Follow up of previous Internal Audit recommendations

- follow-up of progress on areas of improvement recommended in 2020/21 audit assurance work

#### Audit planning

- renew risk assessment, develop and consult on coverage within the SBIJB Internal Audit Annual Plan 2022/23

#### 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

### 4 Summary Findings and Conclusions arising from Internal Audit Annual Plan 2021/22 Delivery

## Corporate Governance

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.

The SBIJB generally operates under good public sector practice governance arrangements supported by the SBIJB's Local Code of Corporate Governance, which is based upon the CIPFA/SOLACE 2016 Framework. The Local Code reflects the appropriate framework for effective governance of the SBIJB's business, including its role as the strategic commissioning body, i.e. setting out when responsibility lies with the Chief Officer, Chief Financial Officer and the Board or where reliance is placed on the arrangements in place at its provider partners. A high level review of the Local Code of Corporate Governance was carried out during 2021/22. Following this review we have made two recommendations. Refer to Section 5 (*Recommendations 1 and 2*).

Effective leadership is essential to the SBIJB in delivering its strategic objectives. Following the retirement of H&SC Chief Officer in October 2021 a new Chief Officer Health & Social Care was formally appointed by the SBIJB on 15 December 2021. The Chief Financial Officer (CFO) post has continued to be fulfilled jointly by the NHS Borders and Scottish Borders Council Directors of Finance during 2021/22; however, following a recruitment process a new CFO will commence on 1 August 2022.

The governance structure was amended during the year to focus on the commissioning by the SBIJB, and to facilitate a partnership approach to the delivery of health and social care services by NHS Borders and Scottish Borders Council to implement the commissioning strategy. The Terms of Reference of SBIJB Committees have been reviewed to ensure that the Board and Committees are able to continue to effectively function in line with duties outlined in the Public Bodies (Joint Working) (Scotland) Act 2014.

During the year the SBIJB commenced a review of the Scheme of Integration which, following consultation, was concluded on 31 March 2022 and has been submitted to the Scottish Government.

Our attendance at virtual Board and Committee meetings and review of the Minutes of meetings which we did not attend continues to indicate that strong leadership is in place and that the Health and Social Care partners are working together in a constructive way.

The SBIJB places reliance on the governance arrangements adopted by NHS Borders and Scottish Borders Council. This includes the existing mechanisms embedded within both NHS Borders and Scottish Borders Council for provision of Internal Audit assurances to their respective Audit Committees. Details of internal audit reports by Partners' Internal Audit providers to their respective Audit Committees and a summary of the assurances contained therein was provided to the SBIJB Audit Committee in December 2021, and further details are included as an Appendix to this report.

## **Risk Management**

Risk management is a process of identifying potential risks to the achievement of objectives in advance, analysing them and taking precautionary steps in order to mitigate those risks, thus managing the effect of uncertainty on objectives. 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 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.

As an important and integral part of good governance and system of internal controls it is crucial that risks to the achievement of outcomes are identified and managed and must be considered in all aspects of decision making. The standard template for decision-making reports to the IJB and its Committees includes a section on implications covering risk. When taking a longer-term view with regard to decision making, risks associated with the potential conflicts between the IJB's intended outcomes and short-term to medium term financial constraints are not particularly well expressed.

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. In future these reviews will be undertaken with support from the SBC Corporate Risk Officer.

In addition six monthly risk reviews are presented to the Board in June and December each year. The continued disruption caused by Covid-19 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.

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.

Reliance continues to be placed on the risk management arrangements within the Partner organisations in respect of the operational delivery of commissioned services although 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.

We have made no recommendations in respect of risk management arrangements in this report.

### **Conclusion**

The SBIJB generally operates under good public sector practice governance arrangements including the Scheme of Integration, Local Code of Corporate Governance, and Standing Orders. Risk Management arrangements are established and are effective and regular review by the Chief Officer and reporting to the SBIJB of the Strategic Risk Register is carried out.

## **Financial Management**

Financial management is concerned with the transparent reporting of financial and performance information. A strong system of financial management is essential for the successful implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability.

A Joint Financial Plan 2020-2023 was approved by the Board on 24 March 2020 which with hindsight has proved to be unrealistic, mainly due to the unforeseen effects of the Covid-19 pandemic.

The Board also approved the budget allocations from NHS Borders and Scottish Borders Council for 2021/22 which it allocates back to partners. Operational budget management includes realigning budgets where required to capture the financial consequences of Directions or service reconfiguration with the intention of having an annual budget that supports the outcomes set out in the Strategic Commissioning Plan.

Budget allocations from NHS Borders and Scottish Borders Council for 2022/23 have not been agreed and a budget has not been set. It is anticipated that this will be agreed at the SBIJB Board meeting in June 2022.

Central to integration and transformation is the successful delivery of identified transformation and efficiency projects. Both partners have ambitious savings programmes to deliver therefore monitoring and reporting of progress against the targets will ensure any areas of concern can be highlighted early and mitigating actions identified to ensure realisation of savings. The delivery of recurring savings is an area of concern, as for 2021/22 savings delivered are anticipated to be significantly less than anticipated.

The SBIJB prepares its financial statement and budget monitoring reports by consolidating financial data held within the Council's and NHS Borders' financial systems. The Board receives a financial report and commentary on a quarterly basis. Information is provided at very high level, reflecting the strategic governance role of the Board.

It was not clear how the financial management procedures provide assurance that services delivered represent value for money and that resources are being used efficiently and effectively as specified in National Outcome 9. Reliance will be placed on the value for money arrangements within the partners.

Appropriate medium term financial planning arrangements beyond 2023 are not yet finalised reflecting the delay in producing the Strategic Commissioning Plan and agreement of the partner's budget allocations for 2022/23. Discussions will take place with the new Chief Financial Officer after 1 August 2022 once in post to ensure that this will be progressed.

We have made no recommendations in respect of financial management processes in this report.

#### Conclusion

The budgetary monitoring process is sound although its value for control purposes is limited by the high level information provided to the SBIJB. Appropriate medium term financial planning arrangements are not yet fully developed.

#### ***Contracts and Commissioning***

Contracts and Commissioning is concerned with delivering the priorities identified in the Strategic Commissioning Plan (SCP).

The H&SCP is responsible for planning and commissioning integrated services and overseeing their delivery. The SBIJB, as strategic commissioner of health and social care services, gives Directions to NHS Borders and Scottish Borders Council for delivery of services in line with the SCP.

There is a statutory responsibility to review the efficacy in delivery of the strategic plan every 3 years. The SCP was due to be renewed and refreshed from April 2021, but given the uncertainties regarding the Covid-19 pandemic, and in line with Government guidance and legislation, it was deferred by agreement with the Strategic Planning Group (SPG). At the SBIJB meeting 17 February 2021, the Board approved the continuation of the SCP until April 2022. Following this, advice from the Scottish Government indicated that from a policy perspective it was reasonable to go beyond the planned April 2022 date for completion of a revised SCP to allow for comprehensive consultation to take place with stakeholders. The SBIJB endorsed the approach of undertaking a comprehensive Joint Needs Assessment to inform the SCP that will be concluded by the end of 2022/23 to support the development of a SCP for 2023-26.

The SCP is articulated through the Strategic Implementation Plan (SIP) which sets out how services will be planned and delivered using the integrated budgets to achieve the strategic objectives, through 10 priority workstreams. The Strategic Implementation Plan Oversight Board (SIP Board) has been re-launched and its focus is on the process of building back the oversight of all workstreams to ensure they are delivering against their objectives as set by the SIP and the SBIJB. A recent review of the delivery against the SIP by the IJB Audit Committee and the SIP Board, recommended that the SBIJB should focus its commissioning activities over 2022/23 on the outstanding areas that have not been delivered from the SCP.

The December 2021 meeting of the SBIJB approved changes in reporting lines within the senior management team, to support the strengthening of the strategic commissioning function of the Board. The focus is on resource and capacity to deliver and to provide a coherent governance and managerial/project oversight of the four functions driving the partnership: Resource Management and Control; Operational Management and Direction; Strategy and Commissioning; Professional and Clinical Governance. These changes will support the SBIJB in fulfilling its function as a strategic commissioning body and provide greater managerial capacity in both quality and compliance with policy.

The SBIJB also approved the development of a Future Strategy Group (FSG) on 15 December 2021 to enable the co-ordination and development of a strategy to report into the SPG. Their remit is to analyse and plan for commissioning as part of the strategic commissioning process, and to review the effectiveness of the commissioning plan. The FSG will not replicate the work of the SPG, but will develop the detail for the SPG to scrutinise and steer.

The new Directions Policy and Procedure will ensure consultation through the SPG on new Directions before they are considered by the SBIJB. Appropriate use of the Directions Policy and Procedure should reduce the level of risk to the SBIJB, NHS Borders and Scottish Borders Council. Five Directions have been issued by the SBIJB to 31 March 2022. The IJB Audit Committee has agreed to take on the role of monitoring and reviewing implementation of Directions to provide assurance to the SBIJB that Directions are being delivered, and escalate any key delivery issues to the SBIJB. The IJB Audit Committee will also maintain independent oversight of progress against the SCP and provide assurance to the SBIJB thereon. Changes to the IJB Audit Committee's terms of reference were subsequently approved by the SBIJB.

#### Conclusion

The SBIJB continues to demonstrate strategic leadership and progress the development of the Strategic Commissioning Plan for 2023-26. Progress has been made towards delivering integrated Health and Social Care services. Further work is required in order that outcomes and success can be measured.

#### ***Follow up of 2020/21 Recommendations***

There were four recommendations in the 2020/21 Internal Audit Annual Assurance Report, and an update on progress with these was provided to the SBIJB Audit Committee 9 December 2021. Two recommendations are complete, and two recommendations are still in progress with extensions granted to completion dates to enable the new Chief Officer to fully implement these.

Recommendations 2020/21	Current Status
<b>1 Corporate Governance – Chief Financial Officer</b>	<b>Medium</b>
The Chief Financial Officer role is being fulfilled jointly by the NHS Borders and Scottish Borders Council Finance Directors. Steps are still required to recruit to the IJB CFO role on a permanent basis.	Complete
<b>2 Strategic Planning and Directions</b>	<b>Medium</b>
A detailed annual report setting out the Directions that the IJB has made to partner organisations would ensure that clarity and transparency can be demonstrated and aligned to performance and financial reporting.	Complete
<b>3 Workforce Planning</b>	<b>Medium</b>
The Health and Social Care Partners should develop the Workforce Planning Framework and the full Workforce Plan in order to support the delivery of the new SBIJB Strategic Commissioning Plan.	Workforce Planning guidance was published by the Scottish Government in December 2019. A local interim integration workforce plan was submitted to Scottish Government in April 2021. The national timescale for the submission of the 3 year joint workforce plan is 31 July 2022. A Direction to commence this work was issued in December 2021. Work is ongoing.  Responsible Owner: Chief Officer                      Completion Date: July 2022
<b>4 Corporate Governance – MSG Actions / Best Value Areas of Improvement</b>	<b>Medium</b>
Updates on progress against the MSG Self Evaluation HSCP Action Plan and Best Value Areas of Improvement should be provided to the SBIJB Audit Committee every 6 months.	Following the submission of the SBIJB’s Ministerial Strategy Group (MSG) self-assessment, an action plan was presented to the IJB Audit Committee in March 2020, with progress reports due every six months. Whilst there has been progress on actions, formal updates on progress of the consolidated MSG improvement actions and Best Value areas of improvement action plan have not yet been provided. The Chief Officer is currently updating this.  Responsible Owner: Chief Officer                      Completion Date: October 2022

**5 Action Plan**

Recommendations in reports are suggested changes to existing procedures or processes. The rating of each recommendation reflects our risk assessment of non-implementation, being the product of the likelihood of the risk materialising and its impact. The ratings are:

**High** – Arising from a finding which leaves the IJB open to a very high risk of not achieving its strategic objectives, and where the risk is sufficiently significant to require immediate action within one month of formally raising the issue.

**Medium** – Arising from a finding which leaves the IJB open to significant risk of not achieving its strategic objectives requiring reasonably urgent action within three months of formally raising the issue.

**Low** – Arising from a finding which leaves the IJB open to moderate risk of not achieving its strategic objectives requiring action within six months of formally raising the issue to improve efficiency, effectiveness and economy of operations.

## Recommendations 2021/22

## Agreed action owner and timescale

1 Corporate Governance – Communications/Consultation	Medium	
The Communications Strategy requires review (last reviewed 2018) to ensure that it remains relevant in the current environment.	Responsible Owner: Chief Officer	Completion Date: 31 December 2022
2 Corporate Governance – Decision making	Low	
Report templates used for decision making should include specific sections for consultation and sustainability to demonstrate that these areas have been adequately considered.	Responsible Owner: Board Secretary	Completion Date: 31 September 2022

## 6 Public Sector Internal Audit Standards (PSIAS)

The 2020/21 External Quality Assessment and 2021/22 Self-Assessment of practices against the professional standards PSIAS (2017) have both indicated that Scottish Borders Council’s Internal Audit function conforms with the requirements within the 13 Assessment Areas of the Definition of Internal Auditing, the Code of Ethics, the Attribute Standards and the Performance Standards. This includes the production of this report to communicate the results of its audit work during the year for the Scottish Borders Health and Social Care Integration Joint Board.

This page is intentionally left blank



Below is the list of Internal Audit reports by partners' Internal Audit providers (SBC Internal Audit for Scottish Borders Council; Grant Thornton for NHS Borders) that have been presented in the second half of 2021/22 to their respective Audit Committees, which are relevant to SBIJB for assurance purposes, with a summary of assurances contained therein.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
Scottish Borders Council Audit and Scrutiny Committee  21 November 2021  (Source: Agenda, Reports and Minutes published on website modern.gov)	HR Policy Framework	To assess the HR Policy Framework (including Gifts & Hospitality and Register of Interests) and evaluate whether there is a comprehensive programme in place to review, update and develop relevant policies, procedures and guidelines, including the rollout to employees.	<p>Substantial assurance. The HR service has adapted and implemented new HR policies and procedures to suit the new circumstances with the Covid pandemic. There is a comprehensive revision timetable for the updating of HR policies. All new and revised HR policies follow a House Style.</p> <p>Minor improvements were agreed: catch-up on the backlog of overdue reviews; explore options for Gifts &amp; Hospitality Registers and Registers of Interest being included in a future Business World system enhancement; and explore the capabilities of the Intranet with regards to its search facility and updating of version control details.</p>
	Business Continuity Framework	To assess the process for setting, testing, reviewing and updating Business Continuity plans (including ICT disaster recovery strategies and plans) to ensure the delivery of business critical services across the Council, that they are aligned with needs, and that they are fit for purpose.	<p>Limited assurance. The 'Business Continuity function' within Emergency Planning team presently lacks sufficient resource to support all Managers across Council Services to effectively manage and maintain robust Business Continuity Plans (BCPs) and prevent critical single points of failure. There has been no full blown IT Disaster Recovery testing during the term of the CGI contract. A programme of testing has not been developed to validate the effectiveness of BCPs. Lessons learned from the Covid pandemic response provide some opportunity to make improvements.</p> <p>Four Medium recommendations designed to build resource capacity and capture the learning from the Covid pandemic response within the Business Continuity Framework.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
<p>Scottish Borders Council Audit and Scrutiny Committee</p> <p>14 February 2022</p> <p>(Source: Agenda, Reports and Minutes published on website modern.gov)</p>	<p>Financial Policy Framework</p>	<p>To assess the Financial Policy Framework, and evaluate whether there is a comprehensive programme in place to review, update and develop relevant Financial Regulations, Policies, Procedures, Guidelines, and any associated Codes of Practice, including the rollout to employees.</p>	<p>Substantial assurance. The Financial Regulations is the overarching policy which governs all financial activity within the Council and was published in November 2018. The associated policies and procedures are the responsibility of three Services: Financial Services, Pensions &amp; Investments, and Procurement &amp; Commissioned Services. All relevant policies and procedures relating to Pensions &amp; Investments and Procurement &amp; Commissioned Services were current, available on the Intranet, and had specified Review Timescales. The current Financial Regulations are under review and a revised version is to be presented to Council for approval on 22 February 2022.</p> <p>A minor improvement was agreed to ensure Review Timetables are in place and all policies/procedures are available and published on the Intranet (Financial Services).</p>
	<p>Digital Strategy</p>	<p>To ensure at a high level that the Digital Strategy is aligned to Council priorities and business requirements. This included a review of the client relationship and contract management with CGI to assess compliance with Service Delivery and terms and conditions.</p>	<p>Substantial assurance. In September 2020 the Council agreed to extend its strategic IT partnership with CGI. Significant work ensued to develop the Digital Strategy and detailed analysis work had been undertaken to assess how the opportunities identified by the Digital Strategy should be prioritised. In February 2021 the Council approved the Digital Strategy which was designed to realise the vision of Scottish Borders becoming a Smart Rural Region. The Digital Strategy sets out to support Council Priorities, Corporate Objectives and business requirements principally by establishing principles and providing a framework against which specific projects can be assessed. The contribution of CGI has been critical to defining the Digital Strategy and shaping its delivery. Overall the Digital Transformation Programme has not yet reached the stage where the Digital Strategy is translated into operational plans.</p> <p>One Medium recommendation to improve the efficacy of governance arrangements to achieve objectives.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
Scottish Borders Council Audit and Scrutiny Committee 14 March 2022 (Source: Agenda, Reports and Minutes published on website modern.gov)	Follow-Up Review of Completed Internal Audit Recommendation s	To provide an update on the results of the Follow-Up Review which included a sample check on the adequacy of new internal controls for Internal Audit Recommendations marked as completed by Management in the period January to December 2021.	For the 6 Internal Audit recommendations in the sample (ICT Security 1 Medium-rated; Risk Management 2 Medium-rated; Scottish Government Support Grants 3 Medium-rated), the evidence that was provided by Management indicated that all 6 Internal Audit recommendations had been implemented satisfactorily and the action taken had the desired outcome of improving internal control and governance, and reducing risk. This provides assurance of evidence-based continuous improvement.
	Internal Audit Charter	To define the purpose, authority and responsibility of the Internal Audit activity, consistent with the Definition of Internal Auditing, the Code of Ethics and the Standards in the PSIAS.	The Internal Audit Charter has been updated in conformance with the PSIAS for approval by the SBC Audit and Scrutiny Committee to ensure that Internal Audit is tasked to carry out its role in accordance with best practice.  NB The Internal Audit Charter is applicable to the work carried out for SBIJB by the SBC Internal Audit function.
	Internal Audit Strategy and Annual Plan 2022/23	To set out the Chief Audit Executive's strategy for discharging the Internal Audit role and providing the statutory annual assurance opinions, and propose the planned programme of Internal Audit work for the year.	The Internal Audit Strategy to meet the Internal Audit Charter and the proposed Internal Audit Annual Plan 2022/23 that sets out the range and breadth of audit areas and sufficient work within staff resources to enable the CAE to prepare the annual assurance opinions. Key components of the audit planning process include a clear understanding of the functions, associated risks, and assurance framework.  NB The Internal Audit Strategy is applicable to the work carried out for SBIJB by the SBC Internal Audit function, associated with the SBIJB Internal Audit Annual Plan 2022/23.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
<p>NHS Borders Audit Committee</p> <p>13 September 2021</p> <p>(Source: Minutes of meeting received on request)</p>	<p>Audit Follow Up Report</p>	<p>Follow up on progress by Management with the implementation of Internal Audit recommendations.</p>	<p>Attention was drawn to sections of the report which highlighted outstanding actions against previous audits, including the risk status of these actions and those items overdue for completion. The timescales for a number of incomplete actions had been revised following review by executive leads.</p> <p>The Audit Committee agreed that the Board Executive Team review the slippage on timelines and assess if this is becoming an issue, and provide an update to the December 2021 meeting to address this if found to be more than a short term issue.</p>
	<p>Internal Audit Plan Update Report</p>	<p>Performance against Plan</p>	<p>An update was provided on progress with the Internal Audit Plan for 2021/22. It was highlighted where the timings of some audits had been changed from their original schedule, where there were additions or deletions of audits from the Plan for valid reasons, and where amendments had been made to scopes of some audits to cover areas of risk and assurance requested by Management or Audit Committee.</p>
	<p>Internal Audit Report – Governance During Covid-19 and Remobilisation and Recovery</p>	<p>Planned assurance audit.</p>	<p>The audit had concluded Partial assurance with improvement required and that one medium finding, three low findings and one advisory finding had been reported. The Audit Committee were appraised of the findings as well as the areas of good practice which had been found to be in place.</p>
<p>NHS Borders Audit Committee</p> <p>15 November 2021</p> <p>(Source: Minutes of meeting received on request)</p>	<p>No Internal Audit reports considered at this meeting.</p>		

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
NHS Borders Audit Committee 15 November 2021 (Source: Minutes of meeting received on request)	Audit Follow Up Report	Follow up on progress by Management with the implementation of Internal Audit recommendations.	The status of 31 recommendations had been reviewed, noting that 13 had been completed, 12 were not yet due for closure, 4 have a revised timescale from Management, and 2 were overdue with no updates or revised timescales having been received. There had been good engagement with Management and steady progress in implementing actions.
	Internal Audit Plan Update Report	Progress against Plan	Since the last meeting two audits had been undertaken, namely Mandatory and Statutory Training which was currently out for Management comments and Endowment Fund Controls which had been issued to Management. It was noted that the plan was on track and there was sufficient resource to deliver this.

The SBIJB Chief Internal Auditor has taken account of these assurances from partners' Internal Audit providers to provide Internal Audit assurance to the SBIJB.

This page is intentionally left blank

**DIRECTIONS FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD**

Directions issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

<b>Reference number</b>	SBIJB-160222-1
<b>Direction title</b>	Development of a Scottish Borders HSCP Integrated Workforce Plan, including support of immediate workforce sustainability issues
<b>Direction to</b>	NHS Borders and the Scottish Borders Council
<b>IJB Approval date</b>	Approved at the Integration Joint Board on 2 March 2022
<b>Does this Direction supersede, revise or revoke a previous Direction?</b>	No – new direction
<b>Services/functions covered by this Direction</b>	All delegated services, provided by NHS Borders, Scottish Borders Council and by partner providers
<b>Full text of the Direction</b>	<p>To continue to progress the development of a Scottish Borders Health and Social Care Partnership Integrated Workforce Plan in line with the national timescales set out below, ensuring that the plan takes into account:</p> <ul style="list-style-type: none"> <li>• Scottish Government integrated workforce planning expectations</li> <li>• The immediate workforce sustainability issues faced by the HSCP, including existing workforce gaps and any service shortfalls, the increased risks of workforce, internal and partner supplier failure and future market for care (Strategic Risks: IJB003, IJB006 and IJB007), and how to promptly resolve these challenges locally</li> <li>• Future workforce needs, based on meeting need, including additional demand and any backlogs associated to Covid-19</li> <li>• Plans for sustainable integrated workforce models across health and social care</li> <li>• Improved training, development, recruitment and retention across health and social care</li> <li>• Affordability in the context of the financial constraints across the IJB, NHS Borders and Scottish Borders Council</li> </ul> <p>As part of this process, it is expected that:</p> <ul style="list-style-type: none"> <li>• There will be full and appropriate consultation and engagement with all stakeholders, including (but not exclusively) appropriate staff, partnership; professional, independent sector, educational institutions (e.g. Borders College, NES, Universities), partner reference groups, the IJB Joint Staff Forum and the Strategic Planning Group</li> <li>• The HSCP Integrated Workforce Plan will be considered for final approval at the Integration Joint Board prior to submission to the Scottish Government</li> </ul> <p>Out of scope: The development of a plan for Unpaid Carers will be undertaken in the IJB’s Carers Workstream, and as such should be considered as out of scope of the Integrated Workforce Plan.</p>
<b>Timeframes</b>	<p>To start by: With immediate effect</p> <p>To conclude: It is expected that the report will come to the Integration Joint Board for ratification by 15 June 2022 for submission to the Scottish Government following IJB ratification by the 31 July 2022 at the latest in line with current national timescales. Should the national timescales be adjusted then the IJB may consider a change to reporting timescales.</p>
<b>Links to relevant SBIJB report(s)</b>	<p>Items 6.3 Strategic Risk Register Update and 6.5 Integrated Workforce Plan:  <a href="https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;Mid=6088&amp;Ver=4">https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;Mid=6088&amp;Ver=4</a></p>
<b>Budget / finances allocated to carry out the detail</b>	It is expected that the development costs of the Integrated Workforce Plan will be covered by the arrangements under the Scheme of Integration

<b>Outcomes / Performance Measures</b>	<ul style="list-style-type: none"> <li>• Aligns to all National Health and Wellbeing Outcomes and Integration Planning Principles</li> <li>• Improved workforce retention rates</li> <li>• Reduced workforce vacancy rates</li> <li>• Reduced sickness absence rates</li> <li>• Improved staff governance, satisfaction and engagement</li> <li>• Increased levels of need met</li> </ul>
<b>Date Direction will be reviewed</b>	At IJB Audit Committee on 12 September 2022



# Scottish Borders HSCP Integrated Workforce Plan

Page 41

Workforce Plan Delivery Group Presentation Update

## Content:

- Progress to date
- Current status
- Delivery against the IJB Direction
- Risks and mitigations to delivery of the IJB Direction
- Next steps

# Progress to date

- Integrated Workforce Planning (IWP) group established
- Sub group established to co-produce HSCP workforce plan
- Scottish Government guidance used to inform workforce plan
- Awareness and greater understanding of the complexity of cross sector workforce and cross sector working
- Workforce plan layout created, presented to and agreed by IWP
- Key Information and statistical template has been circulated to key stakeholders for completion and return
- Stage 1 of Equality, Human Rights and Fairer Scotland Duty Impact Assessment completed



# Current status

- Awaiting responses of Key Information and statistical data from stakeholders. Deadline for returns 15<sup>th</sup> June 2022.
- National statistics gathered for workforce plan:
  - Borders populations
  - Estimated working population
  - Dependency ratio
  - Estimated number of people retiring (age profile)
- Continuous population of Workforce plan and incorporation of Scottish Government guidance and IJB direction.

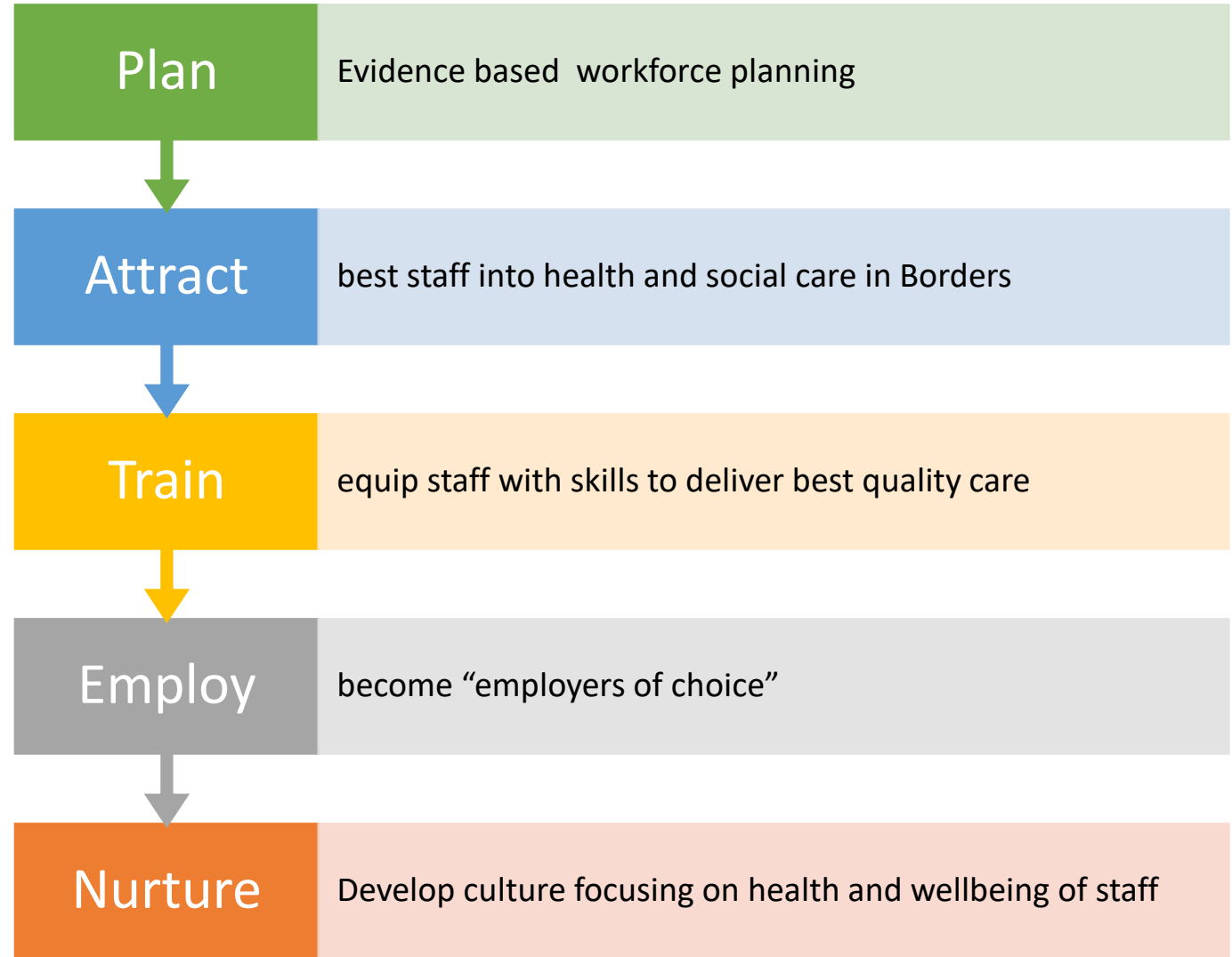


# Delivery Against the IJB Direction



Direction	Delivery
Meet Scottish Government guidance and business/financial expectations	The Workforce Plan Delivery Group will ensure that the deliverables for the direction are conveyed within the 5 Pillars Action Plan section of the Integrated Workforce Plan - taking into account the Scottish Government guidance and the IJB direction.
Address immediate workforce sustainability issues including workforce gaps	
Future workforce needs, including additional demand and backlogs from Covid-19	
Plans for developing sustainable integrated workforce models	
Improved recruitment and retention	
Improved training and development	
Affordability	

# Five Pillars



# Delivery of Workforce Plan



Integrated Joint Board (IJB)

Integrated Workforce Planning Group

Workforce Plan Delivery Group

- Meet Scottish Government guidance and business/financial expectations
- Address immediate workforce sustainability issues including workforce gaps
- Future workforce needs, including additional demand and backlogs from Covid-19
- Affordability

## Workstream Work Groups

<p><b>Plan</b> e.g. Developing Sustainable Integrated Workforce models</p>	<p><b>Attract</b> e.g. Integrated Recruitment &amp; Retention</p>	<p><b>Train</b> e.g. Integrated Training &amp; Development</p>	<p><b>Employ</b> e.g. making H&amp;SC orgs in the Borders Employers of choice</p>	<p><b>Nurture</b> e.g. focussing on health and wellbeing of staff while ensuring sustainability /filling workforce gaps</p>
<p>Lead &amp; Team?</p>	<p>Lead &amp; Team?</p>	<p>Lead &amp; Team?</p>	<p>Lead &amp; Team?</p>	<p>Lead &amp; Team?</p>

# Risks and mitigations to delivery of the IJB Direction



## Risks

- **Time constraints:**
  - Collate and analyse data
  - Workstreams not established in time to develop plans, actions and potential solutions by the October deadline.
  - Services not engaging and replying to data requests to meet deadlines.
- **Affordability and resources to support:**
  - Recruitment, retention and challenges to maintaining staff numbers including workforce gaps
  - training and development and challenges releasing staff
  - additional demand and backlogs from Covid-19
  - Brexit Impact
- **Integration & Implementation:**
  - Develop Integrated solutions
  - Integration of workforce data across NHS, SBC and independent sectors

## Mitigations

- Workstreams to look at migrations once established to ensure the development of a sustainable integrated workforce for the short, medium and long term.



# Next steps



- Workstreams established with Leads and initial actions identified
- Analysis of Key Information and statistical templates returned by key stakeholders
- Draft Integrated Workforce Plan to be considered at Integrated Workforce Planning Group on 8<sup>th</sup> July
- Stages 2 and 3 of Equality, Human Rights and Fairer Scotland Duty Impact Assessment to be undertaken and submitted with final draft

## Key Dates:

- Draft to SG by 31<sup>st</sup> July 2022
- Final report published by 31<sup>st</sup> October 2022

# Questions & Comments

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



Meeting Date: 20 June 2022

<b>Report By:</b>	Mairi Struthers, General Practice Clinical Pharmacy Service Co-ordinator
<b>Contact:</b>	Mairi Struthers, General Practice Clinical Pharmacy Service Co-ordinator
<b>Telephone:</b>	<a href="mailto:mairi.struthers@borders.scot.nhs.uk">mairi.struthers@borders.scot.nhs.uk</a>
<b>PRIMARY CARE PHARMACOTHERAPY AND PHARMACY SUPPORT FOR PEOPLE RECEIVING SOCIAL CARE UPDATE</b>	
<b>Purpose of Report:</b>	To update the IJB Audit Committee on the current status of the pharmacotherapy service.
<b>Recommendations:</b>	The Health & Social Care Integration Joint Board Audit Committee is asked to:  a) <b>Note</b> the update.
<b>Personnel:</b>	As detailed below.
<b>Carers:</b>	Not applicable.
<b>Equalities:</b>	Not applicable for this update paper.
<b>Financial:</b>	As detailed below.
<b>Legal:</b>	The IJB Strategic Implementation Plan 2018-22 notes that 'Pharmacy teams will take on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service.'
<b>Risk Implications:</b>	As detailed below.

**IJB Strategic Implementation Plan 2018 -2022 Update SBAR**

**Situation**

The IJB Strategic Implementation Plan 2018-22 notes that 'Pharmacy teams will take on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service (in progress in line with 17). 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.'

As this item has been classed as red (both as pharmacotherapy level 1 services are not being provided, and there is currently no social care polypharmacy service - recognising a paper is going to the IJB on this), an update paper on the following at the IJB Audit Committee on 20 June 2022 is requested:

- Progress to date
- Current status
- Delivery requirements in line with the IJB Strategic Implementation Plan and MoU2
- Risks and mitigations to delivery the IJB Strategic Implementation Plan and MoU2
- Next steps

## **Background**

The Memorandum of Understanding was updated (MoU2) around July 2021 and the focus was to be Level 1 with Level 2 & 3 “in tandem”.

Given the resource to deliver the GP GMS contract is estimated to be 50% of the required amount for full delivery, there was an acceptance locally that without more funding the pharmacotherapy service would not be able to deliver the full service. GP’s were surveyed in March 2022 and the overwhelming response is that practices wished for pharmacotherapy service (GPCP team) to deliver as much Level 1 service as is able within the financial envelope. As such the listed tasks of case management, supporting long term conditions, care homes and polypharmacy reviews are only likely to occur to a level one service within current funding envelope and as per the practice survey result.

## **Action**

### Progress to date

General Practice Clinical Pharmacy team (GPCP Team) were working in practices covering level 1 – 3 dependent on practice priorities, which would have included long term disease reviews. The service was not fully delivering any of the levels; however, there was no indication in the original MOU of what ‘full’ delivery was. Since 2018 the GPCP team has been delivering some elements of service Levels 1, 2 and 3 to all practices.

The paper that was submitted to the IJB in June regarding care home and care @home support from pharmacy has been agreed and this will assist in the delivery of this as part of the IJB Strategic Implementation Plan but not within the GPCP Team

### Current Status

At the May PCIP Exec meeting it was agreed that the level 1 tasks would be the focus of the GPCP team going forward with a delivery date of April 2023. The agreed list of tasks was:

1. IDL’s
2. Acute scripts
3. Hospital OP requests (emails and letters)
4. Serial prescribing queries
5. MARS sheets/ instalment dispensing
6. Medicine reconciliation
7. Medicine shortages queries

### Delivery requirements

In line with the agreement from PCIP Exec, a review of GPCP resource is currently underway and practices will be notified of the resource they will receive in the next week. In order to maximise the available hours, the team are being encouraged to work remotely from hubs to reduce travel time.

The original plan estimated that the resource requirement was 1 wte per 5,000 population. From July, the actual resource is 1wte per 7,600. To be able to deliver against MOU2 the GPCP Team require a review of the skill mix of the team as well as an increase in funding to employ more pharmacists, and pharmacy technicians and add pharmacy support staff to the team. Additional resource will enable the GPCP team to support Practices with long term condition reviews and monitoring, including care homes.

Funding for the social care polypharmacy service has now been approved and recruitment to the posts will commence.

### Risks and Mitigation

Focusing on Level 1 only work will mean that the Strategic Implementation Plan and MoU2 delivery will not be fulfilled as Level 2 and 3 work will not be progress by the GPCP team.

As part of the quality and efficiency prescribing programme, 6 wte pharmacy support staff have been employed by the Pharmacy department. These staff are supporting the practice teams to modernise the repeat prescribing process. This work will have a direct benefit for practices and the GPCP team by support achievement of some of the requirements of Level 1.

A Universal Prescribing Policy was approved by the PCIP Exec and all practices are implementing this. The policy will standardise the way all practices manage the repeat prescribing process and will increase the efficiency of the GPCP team

Delivery of a care @ home service and some support to care homes will be progressed with the acceptance of the paper submitted to the IJB as previously mentioned in this SBAR. The project lead will review the options in order to maximise recruitment.

### Next Steps

The GPCP team will continue to provide a Level 1 service only to practices with hope of a review of this after the delivery date of April 2023.

A senior pharmacy technician will take up a post in the care @ home team in July.

### **Recommendation**

This action in the Strategic Implementation Plan remains red - 'Pharmacy teams will take on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service (in progress in line with 17). 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.'

This page is intentionally left blank

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



Meeting Date: 20 June 2022

<b>Report By:</b>	Simon Burt, General Manager MH&LD
<b>Contact:</b>	Simon Burt, General Manager MH&LD
<b>Telephone:</b>	<a href="mailto:simon.burt@borders.scot.nhs.uk">simon.burt@borders.scot.nhs.uk</a>
<b>DEMENTIA DIAGNOSIS – UPDATE FOR IJB SCRUTINY COMMITTEE</b>	
<b>Purpose of Report:</b>	To update the IJB Audit Committee on the current status of dementia diagnosis.
<b>Recommendations:</b>	The Health & Social Care Integration Joint Board Audit Committee is asked to:  a) <b>Note</b> the update.
<b>Personnel:</b>	As detailed below.
<b>Carers:</b>	Not applicable.
<b>Equalities:</b>	Not applicable for this update paper.
<b>Financial:</b>	As detailed below.
<b>Legal:</b>	The IJB Strategic Implementation Plan 2018-22 notes that: <i>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)</i>
<b>Risk Implications:</b>	As detailed below.

## Dementia Diagnosis – Update for IJB Scrutiny Committee

Author – Simon Burt, General manager

Date – 16<sup>th</sup> June 22

### Situation

The IJB Strategic Implementation Plan 2018-22 notes that:

***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)***

This paper is an update for the IJB Audit Committee in relation to the above objective.

### Background

It's firstly important to set out that Secondary Care Mental Health Services are reliant upon referrals from Primary Care i.e. GPs in order to provide a dementia diagnosis. There have been a number of initiatives looked at over the years to try to address the low referral rates from GP's to secondary care requesting a dementia diagnosis of patients. These include governmental requirements with financial incentives and projects in particular practices.

Historically, following the publication of Scotland's First Dementia Strategy (2010) and through the second Strategy (2013) there was a significant emphasis on improving the quality of care through earlier diagnosis and response. The HEAT target at this time required 50% of predicted prevalence.

The register was held in Primary Care, but working in collaboration with NHS Borders and Alzheimer's Scotland a number of initiatives were tried:

- Multiple sessions working with GP's to emphasise the importance of early diagnosis.
- A part-time GP was employed by NHS Borders specifically to assess and promote timely diagnosis of people suspected of having dementia but not needing to attend the GP – people identified by District Nurses, Pharmacy, Social Work.
- Liaison Nurses working in to community hospitals and BGH were supporting dementia diagnosis while an inpatient, whether by GP or medical Consultant.
- Liaison Psychiatry Nurses working into residential and nursing care settings promoting and supporting diagnosis with GP's.
- A trial memory clinic was established for a period at Kelso for GP's to refer people who did not require secondary care but for whom memory was a concern.
- The Delirium Clinic was established in the BGH for follow-up appointments of people post discharge to monitor cognitive function.
- An extensive programme of signposting and raising awareness was undertaken with Alzheimer's Scotland including Dementia Café's, supermarket stands and Pop-up Shops.
- GP's undertaking annual health checks would include a memory assessment.



Each of these had varying degrees of success, but the Scottish Borders never sustained the 50% of prevalence target.

### Assessment

MHOAS (Mental Health Older Adults Service) have little jurisdiction in being able to increase the number of referrals for people with (or suspected of having) Dementia. Over the last 10 years there have been a number of initiatives put in place to try to address this challenge with little or no increase in outcome as detailed above.

In addition the data we are receiving nationally would suggest a lack of accuracy as the latest information from Scottish Government recent communication from Public Health Scotland States:

***“Currently, the estimated and projected diagnosis rates for dementia in Scotland are only available for years 2014-2020. Therefore, the percentage of people estimated to be newly diagnosed with dementia who were referred for post-diagnostic support cannot be calculated for 2021/22 at this time.”***

Government information on the development of predictions of diagnosis rates can be found in full at <https://www.gov.scot/publications/estimated-projected-diagnosis-rates-dementia-scotland-2014-2020/>

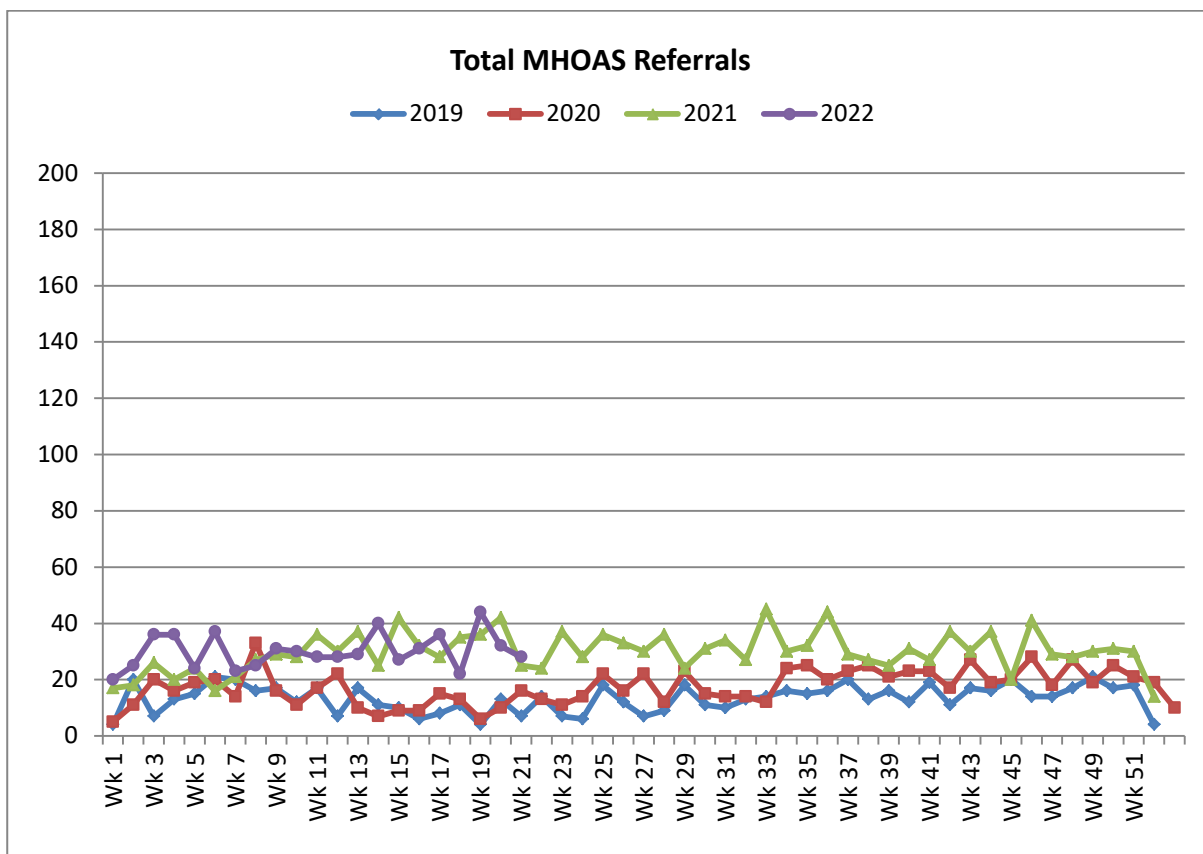
Like many parts of Scotland, Scottish Border has a low diagnostic rate in comparison to the figure predicted. However, as indicated in the table below that rate is not significantly different to the rest of the country with Scottish Borders sitting at the middle of the table from a percentage perspective..

<b>Tab 5: by Health Board</b>			
<b>Financial Year of Diagnosis:</b>	<input type="text" value="2019/20"/>		
<b>NHS Board</b>	<b>Estimated Number of People Newly Diagnosed with Dementia</b>	<b>Number of People Referred to PDS</b>	<b>Percentage of Estimated Number of People Diagnosed with Dementia Referred to PDS</b>
NHS Ayrshire & Arran	1,516	645	42.5%
NHS Borders	511	204	39.9%
NHS Dumfries & Galloway	706	414	58.6%
NHS Fife	1,367	800	58.5%
NHS Forth Valley	1,055	419	39.7%
NHS Grampian	1,958	679	34.7%
NHS Greater Glasgow	3,636	1,578	43.4%

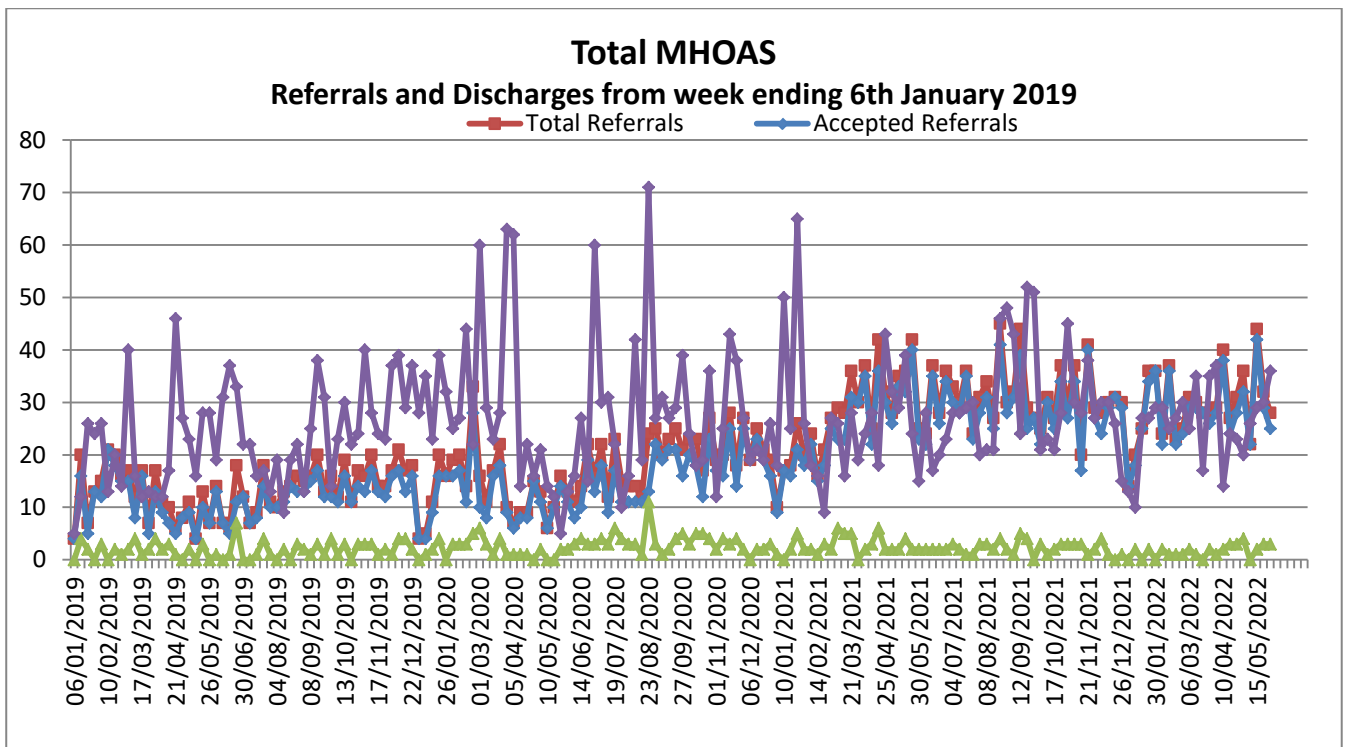
& Clyde			
NHS Highland	1,358	493	36.3%
NHS Lanarkshire	2,163	1,041	48.1%
NHS Lothian	2,722	1,186	43.6%
NHS Orkney	95	35	36.8%
NHS Shetland	84	58	69.0%
NHS Tayside	1,689	555	32.9%
NHS Western Isles	130	37	28.5%
<b>Scotland</b>	<b>18,989</b>	<b>8,144</b>	<b>42.9%</b>

Source: Estimated and Projected Diagnosis Rates for Dementia in Scotland paper: 2014-2020.

We are confident that we are currently assessing everyone referred for diagnosis with the first appointment being within 9 weeks of referral. The team offers nurse led clinics where we also undertake cognitive testing and report findings to senior medical staff before a diagnosis is given. The charts below demonstrate a consistency in referral to the service throughout the pandemic with some peaks at the end of lock down periods. These referral rates include new referrals for diagnosis, re-referrals for those with a diagnosis requiring specialist input, post discharge and functional illness.



The figure below showing data at 2/6/2022 (Not all referrals to the team will be for dementia diagnosis)



## Recommendations

It continues to be challenging (without additional resources) to increase the flow of referrals for diagnosis. We are reliant on primary care prior to referral to:

- Identify those experiencing cognitive decline
- Ruling out physiological causation for presentation of confusion
- Carrying out physical screening (bloods etc)

The Scottish Government currently asks that we provide data on the delivery of PDS as indicated in the tables within this paper. What we could improve is our reporting of the actual number of diagnosis locally compared to the anticipated prevalence rates nationally. To that end we will:

- Develop EMIS reports to demonstrate the number of new diagnosis of dementia to then compare and demonstrate the number and % of patients receiving PDS (not all patients chose to receive PDS)

We have recently been awarded additional funding to focus on Post Diagnostic Support. We will be recruiting an Advanced Nurse Practitioner post and part of their role will be to work with the Dementia Nurse Consultant to:

- Draw up an engagement/awareness raising plan with GP practices with the aim of increasing referrals for dementia diagnosis

Primary care colleagues have advised the following recommendations:

- Early involvement with GPs as key stakeholders on development of Dementia Strategy. Including invitation to Vision and Outcomes setting workshop.
- Presentation at GP MEET and GP Sub (education).

- Follow up with GP Clusters (referral numbers regularly shared with groups) and opportunity to gain feedback on service
- Link with Community Link Workers to encourage uptake and Social Prescribing to promote referral to the service

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



Meeting Date: 20 June 2022

<b>Report By:</b>	Paul Williams (Associate Director Allied Health Professions)
<b>Contact:</b>	<a href="mailto:Paul.williams@borsders.scot.nhs.uk">Paul.williams@borsders.scot.nhs.uk</a>
<b>Telephone:</b>	07812462720
<b>HOME FIRST REABLEMENT SERVICE UPDATE</b>	
<b>Purpose of Report:</b>	To provide an update to members of the IJB Audit Committee on the current status of the Home First Reablement service. This report will outline the current position of the service regarding activity, governance and finance. It will outline next steps, alongside current risks and mitigations.
<b>Recommendations:</b>	<p>The Health &amp; Social Care Integration Joint Board Audit Committee is asked to:</p> <ul style="list-style-type: none"> <li>- <b>Note</b> the current positive impacts of the Home First service in line with IJB strategic aims and National Health and Wellbeing Outcomes.</li> <li>- <b>Note</b> the significant ongoing challenges relating to service demand, unmet need and financial affordability.</li> <li>- <b>Note</b> the ongoing work to deliver robust clinical and staff governance, maximise efficiencies, and to move toward an integrated reablement approach.</li> <li>- <b>Consider</b> that a future business case is likely to be required to be brought to the IJB Board if the ongoing demand cannot be met through the mitigations and developments discussed below.</li> </ul>
<b>Personnel:</b>	At present the Home First service workforce comprises of NHS Occupational Therapists, Physiotherapists and Reablement Health Care Support workers (HCSW). Future models of service delivery are likely to require skillmix review of HSCW banding. Moving towards an integrated approach to reablement with SBCares will inevitably involve discussion regarding scope and responsibility of roles across the HSCP. Partnership, HR, and staff have been involved in any discussion regarding future workforce plans.
<b>Carers:</b>	Home First is heavily dependant on the appropriate use of care within the community in order to maximise reablement capacity. Ongoing discussions are required to ensure the most efficient use of non-registered care, education for family support, and appropriate assessment of long term care is embedded within the service.

<b>Equalities:</b>	An EQIA will be required if a proposed integrated approach is developed.
<b>Financial:</b>	See section 3.6 below. Home First currently cannot meet the full clinical demand within the existing service budget. Identifying potential efficiencies through an integrated approach will confirm any future funding gap between demand and capacity.
<b>Legal:</b>	Any future integrated service provision will require to fit with relevant legislative commitments across the HSCP
<b>Risk Implications:</b>	See risk/ mitigation section below

## 1 Situation

- 1.1 Home First currently sits as the only non-bed based intermediate care service within the HSCP. Following commissioning from the IJB through transformation funds, the service has transitioned over its 4 year existence from a nursing led, care – focussed service to an Allied Health Professional (AHP) led reablement service. The management structure has also evolved and since May 2020 the service now sits within the AHP operational and governance structures.
- 1.2 Home First seeks to deliver on the following aims from the IJB Strategic Implementation Plan (2018-22):
  - *“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.*
  - *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*
  - *We will redesign the way care at home services are delivered to ensure a re-ablement approach*
  - *We will increase the use of telecare and telehealthcare”*
- 1.3 In addition, IJB direction in 2017 (appendix 2017-46) was for *“both the Council and NHS Borders, to work together to plan and introduce a new process whereby patients can be safely discharged from hospital to either their home, or a facility which can provide a homely setting. A full assessment of their care needs can then be undertaken, in a more appropriate environment.”*
- 1.4 This paper seeks to provide an update on the impact of this service in the context of the Covid-19 pandemic, ongoing whole system pressures, and future service plans.

## 2 Background

- 2.1 Following initial IJB transformation funding, the Home First service moved to baseline funding following the Discharge Evaluation brought to the IJB in March 2021. The discharge evaluation noted areas of good practice and recommendations for improvement. These included:

- Move towards needs- based locality working
- Develop the leadership and governance around the service
- Seek to deliver and integrated reablement approach across the HSCP
- Home First must be viewed in the context of 'whole system flow' and not in isolation.

2.2 How these recommendations have been implemented is noted in the assessment section below.

2.3 The challenges of the pandemic period have been felt within the Home First service. Workforce resilience challenges have impacted with service with numerous extended periods of staffing absence >20%, and numerous occasions where reablement activity stopped in order to meet critical care needs that could not be met by other services. This impacted not only the capacity of the service, but also the quality of reablement that has been provided and the associated outcomes. As one of the few services able to support hospital discharge, the Home First service has had to regularly work outwith its referral criteria in order to facilitate hospital discharges, whilst also unable to discharge patients from the service due to the lack of care at home provision in the community. This has again taken the service away from its commissioned aims and has diluted potential positive impacts.

2.4 In light of the Discharge Evaluation recommendations, in 2021 the Home First service commenced a service review and options appraisal process. The main outcomes were:

- The service is valued and considered indispensable by stakeholders within Acute setting, Primary Care and Social Care.
- User feedback through Care Opinion and patient experience team is extremely positive
- Both NHS Borders and the HSCP would like the service to be able to deliver greater capacity to a wider cohort of patients which requires reviewing the skillmix within the service.
- The service should develop capacity to focus on admission prevention.
- The service is not currently affordable and unable to meet current demand or increased future demand with current financial budget.

### **3 Assessment**

#### Current status

3.1 The service currently sits within the AHP organisational structure and is delivered by Occupational Therapists, Physiotherapists and Reablement Healthcare Support workers with a funded establishment of 38 wte. This workforce delivers reablement across the entirety of the Scottish Borders. Whilst historically using a centralised model, the service is transitioning to a locality and needs based approach.

3.2 The service currently meets all 9 of the National Health and Wellbeing Outcomes as illustrated below:

<b>Outcome</b>	<b>Comment</b>
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	This is the primary function of Home First by utilising a reabling approach promoting independence and self management in order to support individuals to live at home or in a homely setting.
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.	As per outcome 1.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	The move towards an integrated approach will provide a more seamless experience with reduced duplication and inefficiency.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	A reabling approach enabling physical and social independence are inextricably linked to perceived quality of life.
5. Health and social care services contribute to reducing health inequalities.	Home First is seeking to move to a needs based model which will focus on health inequalities.
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.	Providing education and support to unpaid carers is a fundamental component of Home First approach.
7. People who use health and social care services are safe from harm.	Patient safety remains the central pillar of clinical governance and is reported through HSCP governance structures.
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.	The ongoing review of the Home First service has included significant staff engagement and are being actively included in future models of service delivery.
9. Resources are used effectively and efficiently in the provision of health and social care services	The service review process has identified potential financial and clinical efficiency opportunities and will continue align to HSCP strategic direction.

3.3 Below is a summary of service activity and outcomes over a 12 month period:



	Monthly average (May 2021- June 2022)
Weekly Referrals	19.5
Service caseload	112
Initial care requirement (visits per day)	1.9
Discharge care requirement following 6 weeks reablement (visits per day)	0.8
Initial length of visit required (mins)	29
Discharge length of visit required (mins)	9
Total patient numbers	956
Number of patients with ongoing long term care needs	141
Delays held within service	13
Length of average delays held within service (days)	25.1

- 3.4 Over a 12 month period the service has reduced the potential demand on long term care needs by approximately 1051.6 visits and equating to 318 hours of ongoing care. Had the service not being holding social care delays an additional 156 patients could have accessed the service to receive similar benefits.
- 3.5 The service is therefore meeting the commissioned aims of reducing ongoing care requirements through reablement and Discharge to Assess. However recent hospital audit (DOCA+) has demonstrated that there is a significant demand that is not currently met within the service. In May 2022, the DOCA+ audit in BGH and Community Hospitals demonstrated that there were an additional 20 patients on that day who did not require a hospital bed and could be supported by Home First if capacity was available. Recent unscheduled care improvement work has also identified an potential 42 additional patients over a 4 week period who would not have needed hospital admission had there been additional AHP resource within the Emergency Department (RAD team) and capacity within Home First.
- 3.6 The financial position within the Home First service has remained challenging. An initial service budget of £1.2 million has been overspent by approx £260k in 20/21 and 21/22. This lack of affordability has been driven predominantly by £100k annual travel expenses and incremental drift and pay uplifts that were not factored into the original budget.
- 3.7 In order to become financially viable the service requires to reduce staffing wte by approx 18% which would equate to a reduction in service caseload by approx 22 patients. This is not seen as desirable or realistic by HSCP service level stakeholders. The re-aligning of Home First to embed within community AHP structures has been driven predominantly from a clinical and staff governance perspective, however will provide some financial efficiencies. These efficiencies however are likely to be modest in light of the current demand/ capacity gap. If the number of ongoing delays with the service awaiting long term care were addressed, this would mitigate the loss of capacity in a financially viable service.

#### 4 Next Steps

- 4.1 Following re-alignment to AHP service structures the service is currently under a period of grip and control to review and establish processes and procedures in line with Clinical Governance and Staff Governance. Operationally this will lead to improved referral and triage processes which will improve efficiencies and service resilience. Moving to a locality needs based approach to service delivery rather than a centralised service delivery model will allow closer multi-agency working and allow for variation across the Borders localities. This change will also bring the service in line with impending Safe Staffing legislation.
- 4.2 The Scottish Government 'Discharge without Delay' Programme has identified Home First as an important service and interface in the whole-system journey. The impact of a lack of long term care provision in the community and the knock on effect of delays within the Home First service have been identified as an important bottleneck in our current system causing a reduction in reablement capacity. Home First will continue to be a key stakeholder in future Discharge without Delay work.
- 4.3 Home First must move to a focus on admission prevention in order to address the whole system pressures currently facing our HSCP system. National data suggests that an intermediate care service should have approx 40% of its caseload identified as 'admission prevention/ avoidance". This compares to approximately 10% within the Home First service over the last 12 months. The aforementioned challenges regarding current hospital based demand, care at home provision and service capacity limit this development.
- 4.4 The IJB directive to deliver an integrated service alongside SB Cares is currently underway. The Home First options appraisal process identified an integrated approach as potentially the most cost effective service delivery model however it remains unlikely that all current service demand would be met through this approach. A significant benefit of an integrated reablement approach would be regarding the level of service resilience obtained from a significantly larger pool of staff, and potentially a much smoother transition from reablement to long term care where necessary.

## 5 Risks/ Mitigations

<b>Current Risk</b>	<b>Mitigation</b>	<b>Risk Matrix Grading</b>
<u>Patient and Staff safety</u> <ul style="list-style-type: none"> <li>- Historically the service has lacked robust clinical escalation processes, specifically regarding out of hours support. This creates a risk to both patients and HCSW who are currently lone working outwith core hours.</li> </ul>	<ul style="list-style-type: none"> <li>- SOPs and clinical escalation policy currently being drafted</li> <li>- Review of service structure regarding out of hours professional support and escalation.</li> </ul>	Medium
<u>Ongoing lack of long term care at home provision</u> <ul style="list-style-type: none"> <li>- At present 10-15% (50% in Tweeddale locality) of Home</li> </ul>	<ul style="list-style-type: none"> <li>- Engagement with wider locality based work across the HSCP to improve multi-</li> </ul>	High

<p>First caseload have been discharged from service but are delayed and awaiting long term care.</p> <ul style="list-style-type: none"> <li>- Reduction in reablement and Discharge to Assess capacity with associated outcomes</li> <li>- Inability to deliver admission prevention</li> </ul>	<p>disciplinary communication and use of resources.</p> <ul style="list-style-type: none"> <li>- Re-emphasis on service criteria as a reablement service.</li> </ul>	
<p><u>Unsustainable workforce and service demand</u></p> <ul style="list-style-type: none"> <li>- Service demand and patient complexity is increasing. The complexity and frailty of the population has changed throughout the pandemic and pre-pandemic workforce/ capacity is no longer able to meet clinical demand.</li> <li>- The service needs to have the appropriate permanent workforce and skillmix. At present the service is predominantly staffed with Band 2 HCSW and it has been identified that Band 3 staff are required to fulfil the clinical demands of the service.</li> <li>- This is currently not achievable within the current service budget</li> </ul>	<ul style="list-style-type: none"> <li>- AHP service leads utilising breadth of skillmix across locality teams to ensure most efficient use of resources.</li> <li>- Ongoing discussion with Partnership and HR regarding skillmix and any future organisational change process.</li> <li>- Use of winter funding slippage to address short-term staffing gaps</li> <li>- Further future business case required due to increasing demand?</li> </ul>	High
<p><u>Home First embedded within AHP locality structure</u></p> <ul style="list-style-type: none"> <li>- Requires significant service development regarding governance/ SOPs/ processes.</li> <li>- Competing clinical demands across multiple services – community hospitals, long term condition management, falls prevention, Home First reablement</li> </ul>	<ul style="list-style-type: none"> <li>- Investment has been made from core AHP budgets to support locality based approach by appointing additional AHP leadership roles at the expense of other AHP services.</li> <li>- Existing AHP governance processes in place with which to align new developments</li> <li>- Use of clinical prioritisation and triage process to alongside ongoing review to ensure all service needs are</li> </ul>	Low

	met.	
<p><u>Unable to move towards an Integrated Reablement service</u></p> <ul style="list-style-type: none"> <li>- Achieving financial affordability alongside whole system benefits and ultimately improved patient experience and outcomes are currently dependant on achieving an integrated approach to reablement unless further significant investment is provided.</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing discussions and work to develop an integrated reablement service are ongoing.</li> </ul>	High
<p><u>Lack of Palliative Care pathway</u></p> <ul style="list-style-type: none"> <li>- Due to a lack of alternative, Home First currently finds 5-10% of its caseload supporting palliative care patients. These patients do not meet reablement criteria and have increasing care needs over time rather than reducing care needs. This does not fit with the current model of service provision</li> </ul>	<ul style="list-style-type: none"> <li>- An NHS Borders Palliative Care review has been established and is required to identify an appropriate pathway for this patient group.</li> </ul>	Medium
<p><u>Whole System Pressure</u></p> <ul style="list-style-type: none"> <li>- Home First remains a small part of large system. Whilst performing an important role, Home First does not have the ability to address the issue of delayed discharges without the ongoing transformation of services within Acute, Primary Care and Social Work and Social Care.</li> </ul>	<ul style="list-style-type: none"> <li>- The 'Discharge without Delay' programme is seeking to take a whole system approach to reviewing processes across the HSCP.</li> </ul>	Medium

## 6 Recommendations

The IJB audit committee is asked to:

- Note the current positive impacts of the Home First service in line with IJB strategic aims and National Health and Wellbeing Outcomes.
- Note the significant ongoing challenges relating to service demand, unmet need and financial affordability.

- Note the ongoing work to deliver robust clinical and staff governance, maximise efficiencies, and to move toward an integrated reablement approach.
- Consider that a future business case may be required to be brought to the IJB Board if the ongoing demand cannot be met through the aforementioned mitigations and developments.

This page is intentionally left blank



## **DISCHARGE TO ASSESS – IJB DIRECTION**

### **Aim**

- 1.1 To introduce a new policy of discharging patients from hospital to undertake an assessment of need at home or at least in a homely setting.
- 1.2 To direct the Health and Social Care Partnership, and in particular Scottish Borders Council and NHS Borders to determine an operational model, which will enable a Discharge to Assess policy.
- 1.3 The new policy will aim to reduce the time patients spend waiting for discharge after being declared medically fit to do so.

### **Recommendation**

- 2.1 The Health & Social Care Integration Joint Board (IJB) is asked to **approve** the issuing of a Direction to NHS Borders and Scottish Borders Council to introduce a policy of Discharge to Assess.
- 2.2 Under this new “Direction” the IJB would request the Health and Social Care Partnership to provide a detailed and costed proposal to the IJB for the introduction of such a policy over the Winter period of 17/18.
- 2.3 That a review of the methodology be undertaken in June 2018 and a report brought to the IJB with further recommendations based on the experience of the first six months of “Discharge to Assess” practice.

### **Background**

- 3.1 The number of patients “stranded” in hospital had improved last year. This year however has seen a return to the figures of 2014/15. The number of bed days associated with delayed discharges for residents over 75 years, was 647 in August of this year compared with 522 in August 2016.
- 3.2 In terms of bed days lost, when analysed per head of the population, these figures are amongst the worst in Scotland. This is clearly an avoidable financial pressure. In many areas of Scotland efficiencies have been achieved by adopting a version of discharge to assess, which reduces stays in acute hospital beds as well as ensuring that people arrive back in their own home or their new home sooner.
- 3.3 In addition, we are fully aware that any additional days spent in a hospital setting increase the risk of secondary infections as well as increasing dependency levels. This makes discharge more complex, difficult and costly for health and social care and has a significant impact on the overall capacity of the hospital.

## Summary

- 4.1 This paper puts forward an instruction from the IJB to both the Council and NHS Borders, to work together to plan and introduce a new process whereby patients can be safely discharged from hospital to either their home, or a facility which can provide a homely setting. A full assessment of their care needs can then be undertaken, in a more appropriate environment.
- 4.2 The IJB, under the powers of the Public Bodies (Joint Working) Act 2014, can issue “Directions” to either or both, the Local Authority or Health Board, within the delegated functions outlined within the scheme of integration. *See appendix A. “Good Practice Note, Directions from Integration Authorities to Health Boards and Local Authorities.*
- 4.3 This instruction will substantially change current practices of assessment of care needs in an acute hospital setting. Where appropriate and possible, patients will be discharged from an acute hospital bed either to their own home or to an identified discharge to assess facility, where an assessment of strengths and critical needs will be undertaken.

## Risk

- 5.1 The success of this policy is reliant on the provision of resources and facilities being able to keep pace with discharge flow both from hospitals and from assessment facilities. Whilst an element of this can be controlled through operational management processes, there will remain potential difficulties with sourcing longer term placements in a care home and packages of support to enable independence at home to be achieved sooner rather than later. Further work is required by the Council and contracted partners to secure increased capacity in care at home provision.

<b>Policy/Strategy Implications</b>	Introduction of a new policy of discharging patients to assess within the community.
<b>Consultation</b>	This proposal is for a trial period over this winter. Depending on the outcome of this test, consultation would be more appropriate in the spring of 2018.
<b>Risk Assessment</b>	A risk assessment will be undertaken through the plans designed to implement the “Discharge to Assess” policy.
<b>Compliance with requirements on Equality and Diversity</b>	This policy will target those patients most likely to benefit from an assessment in a specialist discharge to assess facility. The overall policy direction of discharge to assess will apply equally where possible.
<b>Resource/Staffing Implications</b>	There are no implications within this paper. However further funding bids will need to be considered by the IJB as the Health Board and the Local Authority progress their plans.



**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Robert McCulloch-Graham	Chief Officer Health & Social Care		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Robert McCulloch-Graham	Chief Officer Health & Social Care		

This page is intentionally left blank

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



Meeting Date: 20 June 2022

<b>Report By:</b>	Chris Myers, Chief Officer Health & Social Care
<b>Contact:</b>	Chris Myers, Chief Officer Health & Social Care
<b>Telephone:</b>	By MS Teams
<b>COMPLIANCE WITH THE PUBLIC SECTOR EQUALITY DUTY</b>	
<b>Purpose of Report:</b>	To outline the position relating to the Scottish Borders Health and Social Care Integration Joint Board's compliance with the Public Sector Equality Duty, and to note the steps being taken to ensure full compliance
<b>Recommendations:</b>	<p>The Health &amp; Social Care Integration Joint Board Audit Committee is asked to:</p> <ol style="list-style-type: none"> <li>a) <b>Consider</b> the report and the attached letter from the Equality and Human Rights Commission</li> <li>b) <b>Note</b> the steps that are being taken to ensure that a full refresh of the progress report is undertaken in 2022 and so that the Integration Joint Board could ensure full compliance with the Public Sector Equality Duty</li> <li>c) <b>Review</b> progress against delivery of the Public Sector Equality Duty in December 2022</li> </ol>
<b>Personnel:</b>	<p>Reduced assurance that the IJB is:</p> <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics and creating an environment in which individual differences and the contributions of all staff are recognised and valued;</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people;</li> <li>• Taking steps to reduce underrepresentation of people with particular protected characteristics and increase the diversity of our workforce, both at an organisational level and within different job roles; and</li> <li>• Taking a zero tolerance approach to intimidation, bullying or harassment, recognising that all staff are entitled to a working environment that promotes dignity and respect for all.</li> </ul>
<b>Carers:</b>	As above
<b>Equalities:</b>	Progress will be made against the following duties:

	<ol style="list-style-type: none"> <li>1. Duty to report on mainstreaming the equality duty</li> <li>2. Duty to publish equality outcomes and report progress</li> <li>3. Duty to assess and review the equality impact of policies and practices</li> </ol>
<b>Financial:</b>	None
<b>Legal:</b>	The Equality and Human Rights Commission has indicated that the Scottish Borders Integration Joint Board is not currently fulfilling its Public Sector Equality Duty Compliance. This will be rectified as soon as possible.
<b>Risk Implications:</b>	Reduced assurance that the IJB is appropriately discharging its duties, and improving outcomes.

## Situation

On Friday 10<sup>th</sup> June, the Equality and Human Rights Commission Scotland wrote to the Chief Officer of the Integration Joint Board to notify him that following an examination of the Integration Joint Board's website, that from their perspective, the Scottish Borders Integration Joint Board has failed to comply with the following public sector equality duties:

1. Duty to report on mainstreaming the equality duty
2. Duty to publish equality outcomes and report progress
3. Duty to assess and review the equality impact of policies and practices

The letter from the Equality and Human Rights Commission Scotland is included in the annex.

## Background

All public authorities in Scotland, including Integration Joint Boards, must comply with the [public sector equality duty](#) set out in the Equality Act 2010.

The duty places an obligation on public authorities to take action to eradicate discrimination and to pro-actively promote equality of opportunity.

The duty has a two tier structure - a general duty set out in the Equality Act 2010, and specific duties set out in Regulations made by Scottish Ministers.

## Assessment

The requirement was for a progress report every 2 years and a full refresh every 4 years.

The Scottish Borders Health and Social Care Integration Joint Board undertook a progress report in April 2018 and this was discussed in the Integration Joint Board, but a full refresh or a progress report were not carried out in 2020, even though these were originally part of the 2020 business plan. In 2020, resources were re-directed to respond to the start of the Covid-19 pandemic.

A full refresh of the progress report was then scheduled for April 2021 and moved on to July 2021 and then September 2021, but again this was interrupted by the Covid-19

response. As a result, a full refresh is now on the business plan for 2022, and a progress report will be provided in 2024.

There was a full discussion on the Scottish Specific Public Sector Duty that the Integration Joint Board has as a Listed Public Authority at the Integration Joint Board's Strategic Planning Group on the 4th May 2022, and it was agreed that work would continue on this basis via a nominated Integration Joint Board lead with previous experience of working to deliver this in another Health and Social Care Partnership. This individual has been identified and they will work to ensure that a full refresh is undertaken in 2022 and so that the Integration Joint Board could ensure full compliance with the Public Sector Equality Duty, including in the areas noted by the Equality and Human Rights Commission Scotland.

In addition, the Integration Joint Board Chief Officer will respond to the Equality and Human Rights Commission, outlining the background, progress and plans, and will offer to meet. The Integration Joint Board Chief Officer will ensure close liaison with the Equality and Human Rights Commission throughout this process.

### **Recommendation**

The Health & Social Care Integration Joint Board Audit Committee is asked to:

- a) Consider the report and the attached letter from the Equality and Human Rights Commission
- b) Note the steps that are being taken to ensure that a full refresh of the progress report is undertaken in 2022 and so that the Integration Joint Board could ensure full compliance with the Public Sector Equality Duty
- c) Review progress against delivery of the Public Sector Equality Duty in December 2022

This page is intentionally left blank

SENT BY EMAIL TO: [christopher.myers@borders.scot.nhs.uk](mailto:christopher.myers@borders.scot.nhs.uk)

Christopher Myers  
Chief Officer  
Scottish Borders Integration Joint Board

Lynn Welsh  
[Lynn.Welsh@equalityhumanrights.com](mailto:Lynn.Welsh@equalityhumanrights.com)

Friday 10 June 2020

Dear Mr Myers

### **Scottish Borders Integration Joint Board's compliance with the Public Sector Equality Duty**

As you know, the Commission is the regulator for the Public Sector Equality Duty. I am writing to you in respect of Scottish Borders Integration Joint Board's compliance with the duty and in particular the requirements of the specific duties.

You will be aware from your discussion with Ian MacAllister, Paula Richardson and Glen Deakin from the Scottish Government that the Commission has recently considered the extent to which IJBs have been meeting their equality duties. For ease, I've set out the specific duties that we have focused on in Annexe A.

### **Public Sector Equality Duty compliance**

In relation to your organisation, our examination of your website indicates that:

---

**Tel:** 0141 228 5910

2nd Floor, 151 West George Street, Glasgow G2 2JJ



[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

- You have not published a mainstreaming report since 2016. Such reports must be published at intervals of not more than 2 years.
- You have not published a set of equality outcomes since 2016. These must be published at intervals of not more than 4 years.
- You have not published a report on your progress on achieving your equality outcomes. You must publish a report on progress made at intervals of not more than 2 years.
- You have published only 2 equality impact assessments of your practices and policies. That is unlikely to cover all of your practices and policies.
- In particular, you have not published an equality impact assessment of your strategic commissioning plan.

If you believe that any of the above is incorrect please direct me to where the published documents are available.

It appears to us from the above information that Scottish Borders Integration Joint Board has failed to comply with the following public sector equality duties:

1. Duty to report on mainstreaming the equality duty
2. Duty to publish equality outcomes and report progress
3. Duty to assess and review the equality impact of policies and practices

### Improvement work

The Commission could take enforcement action at this stage. However, as you will know from your meeting with Ian MacAllister and his colleagues, we would rather work with you to improve practice in relation to equality across the IJB sector. We see this as the most effective way to drive up performance and achieve real change for the people that you serve.

I look forward to meeting you and your fellow Chief Officers at your business meeting on 1 July 2022. We are keen to hear from you and to discuss in more detail the support and resources the Commission can provide to you and the commitment we will need from your organisation to ensure best practice in meeting the duties. I hope we can agree a collaborative approach with you. To



help with our discussion I would be grateful if you could consider where you think the Commission could most effectively help you to improve the quality of compliance with the PSED.

In the meantime, I would be happy to discuss any of these issues if you would find it helpful.

Yours sincerely,



**Lynn Welsh**  
**Head of Regulation**

## Annexe A

### General equality duty

Section 149 of the Equality Act 2010 sets out the requirements of the public sector equality duty (general duty). It requires public authorities, in the exercise of their functions, to have due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act,
- (b) advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and
- (c) foster good relations between people who share a relevant protected characteristic and those who do not.

### Specific equality duties

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place duties (specific duties) on listed public authorities. An Integration Joint Board is a listed public authority in terms of those regulations.

Regulation 3 – the duty to report progress on mainstreaming the equality duty – requires listed authorities to publish a report on the progress it has made to make the equality duty integral to the exercise of its functions. Such reports must be published at intervals of not more than 2 years.

Regulation 4 – the duty to publish equality outcomes and report progress – requires listed authorities to publish a set of equality outcomes which it considers will enable it to better perform the equality duty. Such sets must be published at intervals of not more than 4 years and a report must be published on the progress made at intervals of not more than 2 years.

Regulation 5 – the duty to assess and review policies and practices - requires listed authorities, where and to the extent necessary to fulfil the equality duty, to:

- (1) assess the impact of applying a proposed new or revised policy or practice against the needs mentioned in the general duty,
- (2) consider relevant evidence relating to people who share a protected characteristic
- (3) take into account the results of their assessment in developing the policy or practice
- (4) publish within a reasonable period the results of any assessment, and

- (5) review, and where necessary, revise any policy or practice that it applies in the exercise of its functions to ensure that in exercising those functions it complies with the equality duty.

This page is intentionally left blank