

Public Document Pack



A meeting of the **Health & Social Care Integration Joint Board Audit Committee** will be held on **Monday, 20th March, 2023 at 2.00 pm**

AGENDA

Time	No		Lead	Paper
02:00	1	ANNOUNCEMENTS & APOLOGIES	Chair	Verbal
	2	DECLARATIONS OF INTEREST 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.	Chair	Verbal
	3	MINUTES OF PREVIOUS MEETING 19.12.22	Chair	Verbal
	4	MATTERS ARISING Action Tracker	Chair	Verbal
	5	FOR DECISION		
	5.1	Draft Financial Regulations		(Pages 15 - 44)
	5.2	External Audit Point Updates		(Pages 45 - 52)
	5.3	External Audit Annual Plan 2023/34		(Pages 53 - 74)
	5.4	Internal Audit Annual Plan 2023/24		(Pages 75 - 80)
	5.5	Risk Management Update 2022/23		(Pages 81 - 84)
	6	FOR DISCUSSION/NOTING		

6.1	IJB Directions Tracker		(Pages 85 - 90)
6.2	Monitoring of Directions: PCP		(Pages 91 - 96)
6.3	Monitoring of Directions: Palliative Care Review		(Pages 97 - 104)
6.4	Monitoring of Directions: Oral Services		
6.5	Audit Scotland Reports		(Pages 105 - 108)
7	ANY OTHER BUSINESS	Chair	Verbal
8	DATE AND TIME OF NEXT MEETING Monday 19 June 2023, 2.00pm to 4.00pm, Committee Froom 2, SBC and Microsoft Teams. Monday 18 September 2023 Monday 18 December 2023	Chair	Verbal



Minute of the meeting of **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** held on Monday 19 December 2022 at 12 noon via MS Teams

Present: Cllr T Weatherston, Elected Representative, SBC (Chair)
Mrs L O'Leary, Non Executive, NHS Borders
Mrs K Hamilton, Non Executive, NHS Borders
Mr K Harrod, Lay member

In Attendance: Mr C Myers, Chief Officer Health & Social Care
Mrs H Robertson, Chief Financial Officer
Miss I Bishop, Board Secretary
Mrs J Stacey, Chief Internal Auditor
Mr P Williams, Associate Director of AHPs

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr Jane Cox, Elected Representative, Scottish Borders Council and Mrs Sue Holmes, Principal Auditor, SBC.
- 1.2 The Chair welcomed Mr Kai Harrod, Lay Member to the Committee.
- 1.3 The Chair advised that Cllr Jane Cox would be standing down from the Integration Joint Board (IJB) and the IJB Audit Committee and a new elected representative from Scottish Borders Council (SBC) would be nominated as a replacement in the new year.
- 1.4 The Chair confirmed the meeting was quorate.
- 1.5 Mrs Hazel Robertson advised that a new external audit team from Audit Scotland had been appointed to the IJB, however their details were not yet known.

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 28 November 2022 were approved.

4. MATTERS ARISING

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

5. IJB AUDIT COMMITTEE ANNUAL REPORT 2021/22

- 5.1 Mrs Karen Hamilton introduced the report. Mrs Jill Stacey highlighted the key messages including: improvements to be implemented using the skills and knowledge toolkit for Audit Committees: changes to the Chairs of the Audit Committees across all partners; and the intention for all partner Audit Committee chairs to meet to share information and good practice.
- 5.2 The Chair recorded his thanks to Mrs Stacey for her support to him in his role as Chair of the Audit Committee. Mrs Hamilton echoed the Chairs' comments.
- 5.3 Mr Kai Harrod enquired how the Committee would increase its maturity and synchronise with the partners Audit Committees. Mrs Stacey commented that the Committee needed to seek assurance from the partner organisations that they were fulfilling their roles and it did gain some assurance in that respect through the current mechanisms of sharing minutes. However if there were any particular elements that the Integration Joint Board Audit Committee had an interest in it could raise those very specific points and the starting point for that dialogue would be through the partners Audit Committee Chairs.
- 5.4 Mrs Stacey advised that in terms of development the focus would have been on areas of improvement as identified in the 2022 self evaluation. The 2023 self evaluation would take place in March 2023 and should lead to a fuller discussion on particular areas of interest that the Committee would wish to focus on.
- 5.5 Mrs Hazel Robertson commented that there were 8 action points outstanding from external audit and in order to progress those she needed to liaise with colleagues in the partner organisations. She suggested agreeing the sequencing with Scottish Borders Council and NHS Borders to get a tripartite discussion would be very helpful.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** approved the IJB Audit Committee Annual Report 2021/22 (Appendix 1) which incorporates its self-assessments (Appendices 2 and 3) using the CIPFA Audit Committees Guidance.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed that the IJB Audit Committee Annual Report 2021/22 (Appendix 1) should be presented to the IJB.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed a joint session with the Audit Committee Chairs of the partner bodies should be expedited as soon as possible.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed to hold development sessions ahead of each formal IJB Audit Committee meeting.

6. IJB RESERVES POLICY

- 6.1 Mrs Hazel Robertson provided an overview of the content of the report. She advised that the IJB was holding over £10m in reserves which related to NHS funding ring fenced for specific purposes. Mrs Robertson commented that the revised reserves policy met all of the requirements of the 3 partner bodies for those shared resources attached to the IJB and would enable more flexibility in its use as a mechanism to carry funds forward.
- 6.2 Mr Kai Harrod enquired about the 4% and Mrs Robertson explained that it would be a general reserve that could be used to build up funds to address an anticipated issue in the future, such as a high cost out of area Learning Disability placement.
- 6.3 Mrs Karen Hamilton enquired if there was anything specific that Mrs Robertson would need to advise the IJB of in regard to the document. Mrs Robertson commented that all IJBs were required to have a reserves policy and the revised policy was a more usable document than the previous version and would be beneficial to all 3 partner bodies.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** approved the recommendation of the revised Reserves Policy to the IJB for formal approval.

7. UPDATE ON INTERNAL AUDIT ANNUAL PLAN 2022/23 AND PARTNERS ASSURANCE REPORTS

- 7.1 Mrs Jill Stacey provided an overview of the content of the report.
- 7.2 Mrs Lucy O'Leary commented that there appeared to be substantive assurance from SBC and partial assurance from NHS Borders and she enquired if that was as a consequence of a different culture in terms of the Audit Committee nature of reporting or evidence collecting or risk appetite.
- 7.3 Specifically Mrs O'Leary enquired about the audit plan for strategic commissioning and the addition of the integrated workforce plan. She recalled that the integrated workforce plan had been approved by the IJB with some caveats in regard to granularity and enquired if the line in the report in regard to the integrated workforce plan related to that discussion. Mrs Stacey confirmed that even in light of the comments made at the IJB in regard to the integrated workforce plan she was comfortable that there was sufficient work done to complete the internal audit recommendation.
- 7.4 In terms of the assurance levels, Mrs Stacey advised that the consequences of different terminology, different language and different internal auditors did lead to slight differences in assurance level ratings.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the progress made in the first six months of the year to deliver the approved Scottish Borders Health and Social Care Integration Joint Board Internal Audit Annual Plan 2022/23 (Appendix 1).

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

8. PROGRESS ON IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS FOR IJB

- 8.1 Mrs Jill Stacey provided an overview of the content of the report and highlighted the 4 recommendations.
- 8.2 Discussion took place on the timelines for the recommendations and it was suggested that the due date for recommendation 4 be extended to February 2023 to allow the Strategic Planning Group to focus on equalities and human rights; and the due date for recommendation 2 be extended to July 2023.
- 8.3 Mr Kai Harrod enquired of the timeline for concluding recommendations that were rated as High or Medium or if there was an escalation process if they were not concluded in a timely fashion. Mrs Stacey commented that the expectation was that all medium recommendations would be concluded within 6 months. The 2 recommendations in regard to the 2020/21 period had been inherited by the new Chief Officer and discussions had taken place with him in regard to looking at a different way to achieve the same outcomes.

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

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed to the revised due dates of three of the Internal Audit recommendations requested by the IJB Chief Officer.

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

9. BEST VALUE

- 9.1 Mrs Hazel Robertson provided an overview of the content to the letter.

- 9.2 Mr Kai Harrod enquired if analysis was required in regard to the National Care Service (NCS) and the IJB strategic goals. Mr Chris Myers confirmed that a swot analysis had been undertaken and the NCS was seen as both an opportunity and a threat. A joint letter from the partners had been written to the Minister to offer the Scottish Borders as a pathfinder given the Scottish Borders was in a co-terminous situation which was not reflected through the majority of Scotland.
- 9.3 Mrs Jill Stacey commented that it had been challenging in the past to evidence best value within the IJB given its strategic commissioning role.
- 9.4 Mrs Robertson commented that she had had a helpful conversation with Audit Scotland who were looking at best value of the NCS in terms of the additional money spent on the NCS providing best value for the local population.

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

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** recommended that it informally engaged with the process with Audit Scotland to map out activities and determine value and impact.

10. IJB DIRECTIONS TRACKER

- 10.1 Mrs Hazel Robertson provided background to and an overview of the IJB Directions Tracker. She explained that it captured all of the directions that had been issued and remained live. She intended for the tracker to be presented to each meeting of the Committee for monitoring purposes.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the status of outstanding Directions.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** sought assurance regarding timescales, costs and outcomes.

11. PROGRESS WITH DIRECTION: SBIJB-150622-5: HEALTH BOARD ORAL SERVICES – DEVELOPMENT OF PLAN

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed to defer the item to the next meeting.

12. PROGRESS WITH DIRECTION: SBIJB-210922-2: INTEGRATED HOME BASED REABLEMENT SERVICE – BUSINESS CASE FOR INTEGRATED SB CARES AND HOME FIRST SERVICE

- 12.1 Mr Paul Williams provided an update on the progress being made in regard to integrating the Home Based Reablement service with the Home First Service. He highlighted that one of the significant difficulties with the integration of the services was the differences in pay and terms and conditions of the staff affected.

- 12.2 The Chair commented that he had raised the issue of pay differentials several times in the past and did not see how that could be avoided. Mr Williams commented that the intention was to have different defined roles but he accepted pay differentials would be the most complicated piece of the process.
- 12.3 Further discussion focused on: consensus of workforce challenges; capturing the benefits of reablement against on-going costs of packages of care; impact on whole system flow; prevention of admissions and enablement of discharges; correlation with the integrated workforce plan; development of an internal business case template; and alignment of the workforce, commissioning and financial plans of the IJB.

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

13. PROGRESS WITH DIRECTION: SBIJB-020922-1: PCIP – MANAGE PCIP WITHIN EXISTING FUNDING

- 13.1 Mrs Hazel Robertson drew the attention of the Committee to several key points within the report including: the PCIP was funded to help Board to implement the new GMS contract; the IJB were concerned that there was not enough clarity on how the funding was being used; the IJB recognised the funding provided was not enough to implement the full GMS contract; engagement took place with the Scottish Government in regard to funding; funding gap of £2.1m; the GPs had identified the phlebotomy service as their key priority and that was being progressed; and the phlebotomy service was part of the CTAC package of services.
- 13.2 Mr Kai Harrod enquired about the financials and the significant uplift in staffing. Mrs Robertson commented that the programme was fully staffed and the projects identified by the PCIP Executive and been agreed in conjunction with the Scottish Government and were those that provided the best benefit to the GPs to manage their workload. In terms of the CTAC programme, it would not be fully implemented however the local decision had been made to implement the phlebotomy service.
- 13.3 Further discussion focused on: risk; consequences of non delivery; consideration at the unscheduled care programme board; and potential for escalation to the IJB and then NHS Borders.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the feedback on actions taken by the PCIP Executive Group.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** considered and agreed that the direction had been implemented appropriately.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed that the Chair of the IJB Audit Committee should write to the Chair of the IJB to advise that although matters appeared to be progressing, no solution was emerging in regard to the funding issue and the impact that would have on delivery.

14. AUDIT SCOTLAND REPORT: DRUG & ALCOHOL SERVICES

- 14.1 Mr Kai Harrod enquired how much the Scottish Borders was aligned to the Audit Scotland recommendations and the Miller House direction answered any of those initiatives.
- 14.2 Mrs Jill Stacey commented that it was essential good practice to look at any learning from a national context.

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

15. ANY OTHER BUSINESS

- 15.1 The Chair advised that no further business had been identified.

16. DATE AND TIME OF NEXT MEETING

- 16.1 The Chair confirmed that the next meeting of the IJB Audit Committee would be held on Monday 20 March 2023 at 2.00pm in Committee Room 2, Scottish Borders Council and via Microsoft Teams.

This page is intentionally left blank


Scottish Borders Health & Social Care Integration Joint Board Audit Committee




Action Tracker

Meeting Date: 19 December 2022


Item: IJB AUDIT COMMITTEE ANNUAL REPORT 2021/22

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-1	5	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE agreed a joint session with the Audit Committee Chairs of the partner bodies should be expedited as soon as possible.	Jill Stacey	March 2023	In Progress: Agreement in principle with the Audit Committee Chairs of the partner bodies. Meeting Date to be arranged	


Item: IJB AUDIT COMMITTEE ANNUAL REPORT 2021/22

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-2	5	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE agreed to hold development sessions ahead of each formal IJB Audit Committee meeting.	Jill Stacey	March 2023	Complete: Virtual meetings in Calendars prior to each formal IJB Audit Committee meeting in 2023	


Item: BEST VALUE




Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-3	9	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE recommended that it informally engaged with the process with Audit Scotland to map out activities and determine value and impact.	Hazel Robertson	June 2023	In Progress	

Item: PROGRESS WITH DIRECTION: SBIJB-150622-5: HEALTH BOARD ORAL SERVICES – DEVELOPMENT OF PLAN

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-4	10	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE agreed to defer the item to the next meeting.	Hazel Robertson	March 2023	In Progress: Item deferred to 20.03.23 meeting.	

Item: PROGRESS WITH DIRECTION: SBIJB-020922-1: PCIP – MANAGE PCIP WITHIN EXISTING FUNDING

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-5	13	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE agreed that the Chair of the IJB Audit Committee should write to the Chair of the IJB to advise that although matters appeared to be progressing, no solution was emerging in regard to the funding issue and the impact that would have on delivery.	Chris Myers	March 2023		

Key: Greyscale = complete	
	Overdue / timescale TBA
	<2 weeks to timescale
	>2 weeks to timescale

This page is intentionally left blank

**Scottish Borders Health and Social Care Partnership
Integration Joint Board Audit Committee**

20 March 2023

DRAFT FINANCIAL REGULATIONS

Report by Hazel Robertson, Chief Finance Officer IJB



1. PURPOSE AND SUMMARY

- 1.1. This paper appraises the Audit Committee of work undertaken to improve internal financial controls and shares the draft Financial Regulations for discussion. Comments are sought for inclusion in the Final Draft which will come to the next meeting for approval.
- 1.2. This paper also provides an update on the programme of work to further enhance financial control, management, reporting and planning. Audit Committee are invited to discuss and provide any guidance on the forward programme.

2. RECOMMENDATIONS

- 2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) Audit Committee is asked to:-
 - a) Note that the Regulations have been substantially reviewed by the IJB CFO and confirmed by SBC and NHSB. A small number of provisions are still to be discussed and agreed across the partnership.
 - b) Note that the Audit Committees of partner bodies will also require to consider and accept that the changes conform with their own governance arrangements
 - c) Consider the draft Regulations and identify any further improvements required.
 - d) Request a final draft of the Financial Regulations to the next meeting for approval.
 - e) Note the creation of a Financial Framework with further development activity to improve the financial control environment, which will be brought to future meetings for consideration.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
				x	

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
	x	x			x

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A direction is not required at this time because the Financial Regulations are still in draft.

5. BACKGROUND

5.1. The existence of a sound system of internal financial control is an essential pre-requisite to high quality financial management. Financial regulations should be regularly reviewed and updated, and used as a tool to promote good practice. I would normally review these at least every 2nd year and require budget managers and finance staff to formally confirm that they understand, accept and undertake to comply with these. I have in another organisation created an easy read guide to help staff understand what good looks like.

5.2. The IJB Financial Regulations have not been reviewed and updated since 2017. They are not fully compliant with national guidance and they are not being fully followed. There are a range of other improvements that can be made to our financial arrangements and a programme has been developed to complete this work.

5.3. For the IJB it is even more crucial to have clear financial controls and processes because the financial controls and processes operate across three legal entities who have their own version of internal financial control.

6. ASSESSMENT

6.1. On commencing in post in August 2022 a high priority was to understand the financial control environment. Within a short time I discovered that:

- The Financial Regulations had not been updated since 2017
- There were areas where current financial practice was not compliant with the terms within our Regulations.

- Our Regulations do not fully comply with national guidance for IJB Financial Regulations.
 - Our management accounting and reporting practices differ across the Partnership, and are not fully in line with the Regulations.
 - There are gaps in the internal control environment eg a scheme of delegation and reservation of decision making processes.
- 6.2. This presents a risk to the quality and consistency of operational financial management practices and the ability of the IJB to fully rely on financial management information to strategically manage financial performance and planning.
- 6.3. I have identified further areas of improvement and have described these as being part of a Financial Framework.
- 6.4. Attached to this paper are:
- The Financial Framework Summary document which sets out the expectations and timeline for continued improvement.
 - The draft Financial Regulations for consideration.

7. IMPROVEMENTS

- 7.1. Main improvements in application of the Financial Regulations are noted below and relatively easy to address:
- Para 22 and 23 in relation to virement. Virement is happening within the partner bodies but not across partner bodies. There is currently no formal sign off process of virement by the IJB.
 - Para 27 and 28. Remedial action to be taken to address overspends. This is particularly pertinent in respect of the actions being taken to address the NHSB financial recovery plan and the extent to which such matters are being managed corporately. There is a need to integrate the IJB CFO in the NHS Financial Improvement Programme and the Financial Recovery Plan. We are now considering taking a system wide approach to overview of savings plans.
 - Para 36. Full compliance with Reserves Policy and reporting on release of Reserves. This mainly relates to formal release of NHSB earmarked reserves which are being appropriately used in year, however the reserves table is not always being updated quarterly. This is relatively easy to address.
 - Para 40. Commissioned services. We are currently reviewing the provision of commissioned services across the Partnership and may determine that the most efficient treatment of these could involve joint commissioning led by the Council on behalf of the Partnership.
 - Para 52 arrangements for cross committee assurance.
- 7.2. Further development of the Financial Framework includes:
- Creation of a scheme of delegation and decision making arrangements will be very beneficial for helping navigate staff to the right fora by setting out mechanisms for escalation of issues.
 - Taking a longer term consideration of financial sustainability will complement the Financial Recovery Plan being prepared by NHS Borders and sits well with the HSCP Strategic Framework.

- 7.3. Having discussed these improvements with my peers, there is a consensus that the planned improvements are required. I have extended the timescales for completion of this developmental activity to end June to allow for further discussion and cross committee assurance.
- 7.4. These documents will come back to the IJB Audit Committee for formal approval once I have received confirmation from the partner bodies Audit Committee considerations.
- 7.5. In the summer we will begin to work on a long term view of financial strategy over a 5-10 year time frame. This reflects the need to consider the approach required for a return to financial balance for NHS Borders and thus the IJB.
- 7.6. These changes and improvements address the s95 responsibilities of the IJB CFO, providing a sound basis for financial transactions and control, budgetary management and financial management and strategy. The IJB CFO has formally written to both parties to set out the improvement programme and action required. Both are in agreement with the programme of work outlined.
- 7.7. These improvements will provide support for the IJB CFO through relevant staff from the virtual finance team and enable discussion on finance to become more strategically focussed.

8. IMPACTS

Community Health and Wellbeing Outcomes

- 8.1. It is expected that these improvements will indirectly support improvement in all of the National Health and Wellbeing Outcomes below, and directly on outcome 9. In improving financial control and management, this should enable the movement of resources to support service changes.

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	
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.	
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
5	Health and social care services contribute to reducing 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.	
7	People who use health and social care services are safe from harm.	
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.	
9	Resources are used effectively and efficiently in the provision of health and social care services.	Direct increase

Financial impacts

- 8.2. There is no financial cost to implementation of this approach
- 8.3. The impact of these changes should improve budgetary control, monitoring, reporting and forecasting thus supporting delivery of the HSPC Strategic Framework.
- 8.4. The impact of these changes should improve financial grip and control, supporting delivery of financial savings targets, supporting virement across the partnership, enable more financial planning, and contribute towards the adoption of a long term strategic financial approach. This will also provide assurance to government that the IJB and HSPC are supporting the delivery of the NHS Board Financial Recovery Plan.

Equality, Human Rights and Fairer Scotland Duty

8.5. Integrated Impact Assessment Stage 1 Proportionality and Relevance

The IJB has a statutory obligation to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between people who share a characteristic (age, disability, gender re-assignment, trans/transgender identity, marriage or civil partnership, pregnancy and maternity, race groups, religion or belief, sex-gender identity, and sexual orientation) and those who do not; and foster good relations between people who share a characteristic and those who do not. This involves tackling prejudice and building understanding.

Additionally, where proposals are “strategic”, the Fairer Scotland Duty requires us to show that we have actively considered how we can reduce socio-economic inequalities in the decisions that we make and to publish a short written assessment on how we have done this.

The Stage 1 review has been completed and agreed with the Equalities Lead.

Legislative considerations

- 8.6. The implementation of the Regulations and the wider Financial Framework supports the s95 officer to fulfil their statutory role. This is achieved in partnership with SBC and NHSB .

Climate Change and Sustainability

- 8.7. There are no direct impacts for Climate Change and Sustainability.

Risk and Mitigations

- 8.8. The adoption of the Financial Regulations and wider Financial Framework reduces risks of errors, omissions, or misstatement of the financial position across the Partnership. The final version of the Regulations is key to cementing the required control environment, along with the Scheme of Delegation and Decision Making Processes. Dates are planned for finalisation of these documents.
- 8.9. There is a risk that the capacity of the virtual finance team is insufficient to meet requirements across the partner bodies and the partnership. The virtual team works well together and have to date always fulfilled any information requests from the IJB CFO. Further work is to be undertaken on setting out the financial reporting timescales and expectations, to help staff to manage their workload. These timetables will be developed in partnership with the virtual team.

9. CONSULTATION

Communities consulted

- 9.1. No consultation required following the Stage 1 Integrated Impact Assessment.
- 9.2. This report does not directly relate to service delivery so there no requirement to consider the Integration Planning and Delivery Principles.
- 9.3. The Director of Finance NHS Borders and the Acting Chief Financial Officer for SBC have been fully involved in the update of the Financial Regulations and on agreement to the programme of improvement work as set out in the Financial Framework. The operational timetable for information requirements will be co-produced with the virtual finance team.
- 9.4. At this stage no consultation with other groups is required. The following groups will be involved as required in the Financial Framework development and implementation, particularly around financial management and financial planning:
- Unpaid Carers – Carers Workstream
 - Staff – Joint Staff Forum
 - Localities – Locality Working Groups
 - Care Sector – Care Sector Advisory Group
 - Clinical Groups – NHS Borders Clinical Reference Groups (GP Subcommittee, Area Clinical Forum, Area Dental Committee, Area Pharmacy Committee, Area Optometry Committee)
 - IJB Strategic Planning Group
- 9.5. The Strategic Planning Group will be provided with relevant directions as the elements of the Financial Framework are finalised, prior to being submitted to the IJB.

Integration Joint Board Officers consulted

- 9.6. The IJB Chief Officer has been consulted, and all comments received have been incorporated into the final report. The IJB Chief Internal Auditor has been invited to provide comment on the draft Financial Regulations before they are finalised for the next Audit Committee.
- 9.7. The IJB Equalities, Human Rights and Diversity Lead was consulted regarding assurance on Equality, Human Rights and the Fairer Scotland Duty.

Approved by:

Hazel Robertson, IJB Chief Finance Officer

Author(s)

Hazel Robertson, IJB Chief Finance Officer

Background Papers:

IJA Stage 1 Impact Assessment
Draft Financial Regulations
Financial Framework programme

Previous Minute Reference: none

For more information on this report, contact us at
Hazel Robertson
Chief Finance Officer
07929 760333
hazel.robertson3@borders.scot.nhs.uk

This page is intentionally left blank

Scottish Borders Health and Social Care Partnership



Equality, Human Rights and Fairer Scotland Duty Impact Assessment – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, to; identify relevant stakeholders, undertake robust consultation to deliver a collaborative approach to co-producing the E&HRIA.

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Scottish Borders IJB Finance Framework

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (clients, customers, employees people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Autism/Asperger's	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
X	X	X	X	X	X	X	X	X

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher education Lifelong learning	Employment Earnings Occupational segregation	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Palliative and end of life care*	Hate crime, homicides and sexual/domestic abuse Reintegration, resettlement and rehabilitation*	Political and civic participation and representation Access to services Social and community cohesion* Family Life*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
This is the overarching strategic financial framework which will be supported by detailed plans and directions, which will include the necessity to undertake impact assessments on each individual proposal. The impacts as they apply to the Duty will be reported back to the IJB along with the associated reports.	Although not known at this time, any reduction in service provision, without associated mitigating actions, will impact negatively due to the nature of the services delivered e.g., older disabled people, mental health, learning disability, addiction services, homelessness services, domestic abuse services	As service redesign as a direct result of the Financial Framework is unknown at this stage the significance of the impact will not be known until the proposals are consulted on.

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes
---	-----

E&HRIA to be undertaken and submitted with the report – Yes	Proportionality & Relevance Assessment undertaken by: Hazel Robertson Chief Finance Officer 22 February 2023
--	--

This page is intentionally left blank

SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERSHIP

FINANCIAL FRAMEWORK 2023/24

This paper provides a developing approach to planning, budgeting, financial control, management and reporting. The paper describes the elements of the Financial Framework to support the Health and Social Care Partnership to streamline decision making, operate best practice financial processes and develop financial decision making to ensure best value for every pound.

It sets out the process for approval of the various elements.

The timescale allows for all three bodies to consider the proposed developments and to incorporate them into their respective governance arrangements.

Element	Purpose	Points of note	Approval route NHSB	Approval Route SBC	Approval Route IJB	
Financial Strategy	To provide for long term financial sustainability covering a 5-10 year period.	This is proposed as a new document to navigate us in the long term (10 years) to reach a sustainable financial position for the partnership. Sits above the financial plan.	Joint workshop discussion in summer			consideration October SPG November IJB
Financial Plan and Budget	To set out the projected funding and spending plans over multiple years To set operational budgets for 2023/24 for the Partnership	This plan should directly reflect and enable delivery of the Strategic Commissioning Framework. Treatment of set aside still to be resolved. The Financial Plan will be updated as service and spend plans change during the year.	Proposal to CO and CFO for sign off date Sign off by NHS Committee and Board	Proposal to CO and CFO for sign off date Sign off by SBC Committee and Board	Initial budget IJB 15 March Financial Plan SPG 4 April 2023 IJB 19 April 2023	
IIA impact assessment	To ensure compliance with legal requirements and adjust the plan accordingly	Discussed with Wendy, stage one completed 22 Feb Separate assessment for each service change	Partner bodies have a requirement to complete own IIAs		IJB 15 March	
Finance Risk Register	To proactively manage risks and support decision making about resource allocation	This is new for 2003/24 and considers finance risk and opportunity as well as the impact of finance risk on services and reputation Further discussion is required to reflect the three different risk scoring approaches.			SPG 4 April 2023 IJB 19 April 2023	

Element	Purpose	Points of note	Approval route NHSB	Approval Route SBC	Approval Route IJB
Annual Directions	To provide direction to SBC and NHSB for implementation of Strategic Commissioning Framework and Financial Framework	Annual directions per service covers approved budget, service description, implementation of annual plan, management of financial risks and development of service and financial plans to support SCF, and re-iterate the requirement for IIAs to be developed to support service changes. Taking an approach to cluster services.	Co-producing the template currently, feedback welcomed up til 9 March		Template to IJB 15 March SPG 4 April 2023 IJB 19 April 2023
Financial Regulations	To ensure best practice in financial procedures, processes, reporting and governance	Last updated 2017. Substantively updated, new content added, areas of non-compliance highlighted to finance teams for implementation from June 2023.			Audit Committee 19 June 2023 IJB 19 July 2023
Scheme of Delegation and decision making authority	To set out levels and routes for financial decision making	This is a new document for the IJB intended to provide clarity of decision making processes.			SPG 19 June 2023 IJB 19 July
Locality / Participatory Budgeting	To enable budgeting at a local level involving interested parties in participatory budgeting process	This process has not been developed yet. Stephen Fotheringham, Project Manager is undertaking a participatory approach to establishment of these arrangements. It is intended to pilot with one locality (out of 5). Once this group is formed I will engage with them in development of the approach.			Strategic Planning Group Date to be determined

Element	Purpose	Points of note	Approval route NHSB	Approval Route SBC	Approval Route IJB
Best Value for Every Pound	To provide a mechanism to assess the relative value associated with specific services / programmes	This is a new process developed during 2022. I am currently testing the application of this methodology with a view to formally implementing in 2023/24. The intent is to inform and enable resource allocation choices.			Strategic Planning Group 1 November 2022 Started to test methodology
Performance and Delivery Committee	To provide detailed scrutiny for financial and service performance	This is a proposed new committee to provide additional challenge and assurance in the context of the SCF and Financial Framework. Need to ensure cross links with NHSB and SBC arrangements.			



SCOTTISH BORDERS INTEGRATION JOINT BOARD FINANCIAL REGULATIONS

1. SCOPE

1. Scottish Borders Integration Joint Board (IJB) is a legal entity in its own right created following approval of The Joint Working Public Bodies (Scotland) Act 2014 Act and, subsequent Ministerial approval of the Scheme to establish the IJB between NHS Borders and Scottish Borders Council to integrate the planning and commissioning of health and social care services in the Borders. The IJB therefore requires its own set of Financial Regulations.
2. The IJB is accountable for the stewardship of public funds and operates under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a responsibility of members and officers of the IJB.
3. The Financial Regulations are a key component of the IJB's governance. They set out the responsibilities of the IJB and senior officers in relation to the proper administration of the IJBs finances, as well as the internal and external audit arrangements in place. These provide a framework to ensure proper administration of the IJBs finances
4. These regulations should be read in conjunction with the Code of Corporate Governance of NHS Borders and the Financial Regulations of Scottish Borders Council.
5. Voting members of the IJB, together with officers appointed or seconded to the IJB have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.
6. The primary controls and control objectives are:
 - promotion of the highest standards of financial planning and management by the IJB
 - an effective system that complies with these financial regulations
 - that financial reporting to the IJB should be fully aligned with management information presented to NHS Borders and Scottish Borders Council
 - effective reporting that compares the financial performance of the IJB to its financial plan and supports achievement of strategic objectives.

2. FINANCIAL MANAGEMENT AND PERFORMANCE REPORTING

a. Responsibility of the IJB

7. The Integration Scheme sets out the detail of the arrangements for the Scottish Borders. In relation to financial management of the IJB budget it specifies:
 - the functions which are delegated to the IJB by NHS Borders and Scottish Borders Council
 - the method of determining the resources to be delegated each year by NHS Borders and Scottish Borders Council
 - the reporting arrangements between the IJB, NHS Borders and Scottish Borders Council
 - the financial management arrangements to be followed including the treatment of budget variances.
8. The IJB will prepare its Strategic Commissioning Framework (SCF) in consultation with stakeholders. The SCP must include:
 - the resources delegated from Scottish Borders Council to the IJB for social care services
 - the resources delegated from NHS Borders to the IJB for delegated primary and community health care services
 - the amount set aside by NHS Borders for major hospital services for the population of the Borders.

b. Responsibility of the IJB Chief Officer

9. The Chief Officer is the Accountable Officer of the UB. The Chief Officer will discharge their duties in respect of delegated resources by:
 - ensuring that the SCP meets the requirement for economy, efficiency and effectiveness in the use of the UB resources; and
 - giving directions to NHS Borders, Scottish Borders Council and other delivery partners, which are designed to ensure resources are deployed and spent in accordance with the SCP.
10. It is the responsibility of the Chief Officer to ensure that the provisions of such directions enable delivery partners to discharge their responsibilities within available resources.
11. The Chief Officer of the Health and Social Care Partnership, in their operational role, is accountable to the Chief Executives of NHS Borders and Scottish Borders Council for functions whose delivery is delegated to each organization. This includes the financial management and performance of services aligned to these functions. For services relating to social care, the Chief Officer reports on financial management to the Chief Executive of Scottish Borders Council via the Council's Chief Financial Officer (s95 Officer).

c. Responsibility of the Integration Joint Board Chief Finance Officer

12. The IJB will appoint an officer responsible for its financial administration.
13. In appointing the IJB Chief Finance Officer (IJB CFO) the IJB will comply with CIPFA guidance on the [‘Role of the Chief Financial Officer in Local Government’](#).
14. The IJB CFO and Chief Officer will discharge their duties in respect of the delegated resources by:
 - establishing financial governance systems for the proper use of the delegated budgets;
 - ensuring that the SCP meets the requirement for best value in the use of the IJB’s resource; and
 - ensuring that the directions to NHS Borders and Scottish Borders Council require that the finances are spent in line with the SCP.

d. Responsibility of NHS Borders Accountable Officer; NHS Borders Director of Finance and Scottish Borders Council Section 95 Officer

15. The NHS Borders Accountable Officer and the Scottish Borders Council’s Section 95 Officer discharge their responsibility as it relates to the resources delegated to the IJB - by setting out in the Integration Scheme the purpose for which resources are used and the systems and monitoring arrangements for financial performance management. It is their responsibility to ensure that the provisions of the Integration Scheme enable them to discharge their responsibilities in this respect.
16. The NHS Borders Director of Finance and the s95 Officer of Scottish Borders Council will provide regular in-year reporting, forecast and specific advice and professional support to the Chief Officer and IJB CFO to ensure that adequate systems of internal control are established.

3. FINANCIAL PLANNING

17. The IJB is responsible for production of a Strategic Commissioning Framework (SCF) – setting out the services for its population over the medium term (3 years). This should include a medium term financial plan for the resources within the scope of the SCF, incorporating:
 - the integrated budget – aggregate of payments to the IJB; plus
 - the set aside budget – the amount set aside by NHS Borders for large hospital services used by the IJB population.
18. NHS Borders and Scottish Borders Council will provide an annual allocation of funding, and indicative three year rolling funding allocations to the IJB, to support the SCP and medium term financial planning process. These allocations are subject to annual

approval by both organisations as part of their annual budgeting processes. The IJB CFO will prepare a medium term Financial Plan (for a minimum of three years) to support the SCP.

19. The IJB Chief Officer and CFO will develop an integrated budget for the forthcoming financial year based on the SCF. This will be in conjunction with the s95 Officer Scottish Borders Council and the Director of Finance NHS Borders. The IJB CFO will present this budget to NHS Borders and Scottish Borders Council for consideration and agreement as part of each organisations' annual financial planning process. The budget should reflect:

- **Activity Changes.** The impact on resources in respect of increased demand (eg demographic pressures and increased prevalence of long term conditions) and for other planned activity changes
- **Pay and Price inflation**
- **Legal requirements.** Legislation may entail expenditure commitments that should be reflected in an adjustment to the payment
- **Best Value.** All planned and anticipated cost reductions should be agreed between the IJB, Scottish Borders Council and NHS Borders including:
 - increased income opportunities,
 - efficiencies through service redesign, and
 - service rationalisations/cessations.
- **Performance on outcomes.** The potential impact of the above factors on agreed outcomes must be clearly stated and open to scrutiny and challenge by Scottish Borders Council and NHS Borders.
- Transfers **to/from the set aside budget for hospital services** set out in the SCP.

20. The IJB will publish an Annual Financial Statement which will set out the amount that will be spent in each year of the SCP. Guidance on the content of the Annual Financial Statement is included in the Statutory Guidance for Strategic Planning.

21. The method for the determination of contributions to the Integrated Budget is stated in the Integration Scheme.

a. **Limits on Expenditure**

22. No expenditure will be incurred by the IJB unless it has been included within the approved IJB Budget and SCP, except:

- where additional funding has been approved by NHS Borders and Scottish Borders Council and the integrated budget/SCF is updated appropriately
- where a supplementary budget has been approved by the IJB

- in an emergency situation in terms of any scheme of delegation.

b. Virement

23. Virement is defined by CIPFA as “the transfer of an underspend on one budget head to finance additional spending on another budget head, in accordance with the Financial Regulations”. In effect virement is the approved transfer of budget from one budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service to another. As such a virement is a recurring or non-recurring adjustment to the approved budget.
24. Virements may be made within delegated budgets of either party and from one party to another. These virements require approval in advance, and they will be permitted subject to the Scheme of Delegation of the IJB as follows:
- Virement **must not create additional overall budget liability**. One off savings or additional income must not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year.
 - Where the virement involves the transfer of **up to £50,000** between budget headings, and will not affect the execution of existing IJB strategy, the transfer will be approved jointly by the IJB CFO and Chief Officer and be reported to the IJB at the first available opportunity.
 - Where the amount **is over £50,000** or where the transfer of any amount would affect existing IJB strategy, prior approval of the IJB is required.
 - Virements between the partner bodies will require in year balancing adjustments to the allocations from the IJB to both parties: a reduction to the party with the underspend and an increase to the party with the overspend.
 - Any proposed virement which will impact on the operational performance of either partner organisation should be agreed with the relevant Finance Director or Chief Finance Officer prior to approval.

c. Budgetary Control

25. It is the responsibility of the Chief Officer and IJB CFO to report regularly and timeously on all budgetary control matters, comparing projected outturn with the approved financial plan to the IJB and other bodies as designated by NHS Borders and Scottish Borders Council.
26. The Director of Finance (NHS Borders), the s95 Officer (Scottish Borders Council) and the IJB CFO, will ensure that there are appropriate systems in place to meet the financial performance monitoring and assurance requirements of the IJB.

27. The IJB CFO, in consultation with the Director of Finance (NHS Borders) and the s95 Officer (Scottish Borders Council) is responsible for agreeing a consistent basis and timetable for the preparation and reporting of management accounting information to the IJB.

d. Budget Variances

28. The Integration Scheme specifies how in year over/under spends against approved budgets will be treated. Where it appears that any heading of income or expenditure may vary from that appearing in the Financial Plan, it is the duty of the Chief Officer and the IJB CFO, in consultation with the NHS Board Director of Finance and the Council's s95 Officer, to report in accordance with the appropriate method established for that purpose by the IJB, NHS Board and Scottish Borders Council, the details of the variance and any remedial action required.

29. If the remedial action is not successful and there are insufficient general fund reserves to fund the overspend, the partners have the option to:

- Make additional payments to the IJB or
- Provide additional resources to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan to address it.

30. In year underspends from either partner should be retained by the IJB and carried forward through the general fund reserve. This will require adjustments to the allocations from the IJB to the respective partner for the sum of the underspend.

31. In exceptional circumstances either party may amend their contribution to the IJB to offset an exceptional overspend. This provision should only be used in extreme circumstances. The Chief Officer will determine the actions required to make the savings to enable this transfer. This action must be approved by the IJB as advised by the IJB CFO.

e. Reports to Integration Joint Board

32. All reports to the IJB must specifically identify the extent of any financial implications. These must have been discussed and agreed with the IJB CFO prior to lodging of reports with the Board Secretary. If there are any additional financial consequences arising from reports for either NHS Borders or Scottish Borders Council the IJB CFO must be consulted and the author must ensure that these are agreed with those organisations' prior to approval being sought from the IJB.

33. The Director of Finance of NHS Borders and the s95 Officer for Scottish Borders Council retain the right to report independently to the IJB in the event of a material disagreement as to the financial implications of reports or proposed service development or the financial performance of the IJB budget.

4. LEGALITY OF EXPENDITURE

34. It is the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Financial Plan unless it is within the power of the IJB. Expenditure on new service developments, initial contributions to other organisations, must be clarified as to legality prior to being incurred. In cases of doubt the Chief Officer should consult the *respective legal advisors of NHS Borders and Scottish Borders Council before incurring expenditure*. Responses to emergency situations which require expenditure will be reported to the first available meeting of the IJB.

5. RESERVES

35. Legislation, under Section 106 of the Local Government (Scotland) Act 1973 empowers the IJB to hold reserves, which should be accounted for in the financial accounts and records of the IJB.

36. Any underspend will be held by the partner bodies on behalf of the IJB and can be drawn down with the approval of the IJB. No interest will be credited to the IJB for balances held.

37. A separate policy on reserves has been created in consultation with NHS Borders and Scottish Borders Council. This Reserves Policy was updated and approved in December 2022.

38. The IJB should, as part of financial planning, develop a Reserves Strategy over the medium term, this should indicate the level of reserves required and their purpose.

6. VAT

39. HM Revenues and Customs has confirmed that there is no requirement for a separate VAT registration for the IJB as it will not be delivering any services within the scope of VAT. This position will require to be kept under review by the IJB CFO should the operational activities of the UJB change and a need to register be established. HMRC guidance will apply to Scotland which will allow a VAT neutral outcome.

7. COMMISSIONING OF SERVICES

40. Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the IJB may enter into a contract with any other party for the provision to the IJB of goods and services for the purpose of carrying out the functions conferred on it by the Act.

41. As a result of specific VAT and accounting issues associated with the IJB contracting directly for the provision of goods and services the Chief Officer is required to consult with the NHS Borders Director of Finance, and Scottish Borders Council's s95 Officer, prior to any direct procurement exercise being undertaken.

8. ACCOUNTING

f) Accounting Procedures and Records

42. All accounting procedures, records and systems of financial control of the IJB will be determined by the IJB CFO. These will also be subject to discussion with the s95 Officer of Scottish Borders Council and NHS Borders Director of Finance.
43. Legislation provides that the IJB is subject to the audit and accounts provision of a body under section 106 of the Local Government (Scotland) Act 1973. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations i.e. Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973. These will be proportionate to the limited number of transactions of the IJB whilst complying with the requirement for transparency and true and fair reporting in the public sector. The Accounts will be prepared on an accruals basis complying with the CIPFA UK Code of practice on Local Authority Accounting in force at the balance sheet date.
44. Scottish Borders Council and NHS Borders will include additional disclosures in their statutory accounts which reflect their formal relationship with the IJB.

a. Financial Statements of the Integration Joint Board

45. Financial reporting requirements for the IJB will be as specified in applicable legislation and regulation:
- Following the Code of Practice on Local Authority Accounting in the UK.
 - Completed, published and signed to meet the audit and publication requirements as specified under section 105 of the Local Government (Scotland) Act 1973 or as amended by subsequent legislation.
46. It is the primary responsibility of the IJB CFO to meet these requirements and of the Chief Officer to provide any relevant information to ensure that NHS Borders and Scottish Borders Council meet their respective statutory and publication requirements for the single entity and group accounts. The annual reporting timetable should be agreed in advance with the Director of Finance NHS Borders, s95 Officer for Scottish Borders Council and the external auditors. The target deadlines are as noted below.

Milestone	Deadline
Agreement of in year transactions and year end balances with Local Authority and Health Board	30 April
Draft annual accounts produced and submitted for audit.	30 June
Inspection of accounts and lodging of objections.	29 July
Accounts Signed.	30 September
Publication of audited annual accounts	30 October

47. The IJB CFO will develop a timetable and responsibilities for production of information, in liaison with nominated contacts within each organisation, to ensure that appropriate information is exchanged within the timescales required by the statutory audit processes

of the IJB, Council and NHS. It is recommended that arrangements are established to review and agree balances and transactions on a regular basis, not just at the year end.

2. INTERNAL AUDIT

a. Responsibility for Internal Audit

48. The IJB will establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.
49. The role of Chief Internal Auditor and associated Internal Audit services will be provided by the Head of Audit and Risk Scottish Borders Council. The specific nature of operational audit support to the IJB will be agreed with the Chief Officer.
50. The Internal Audit Service will undertake its work in compliance with the [Public Sector Internal Audit Standards](#).
51. On or before the start of each financial year the Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the IJB for approval. It is recommended this is shared with the Audit Committees of both NHS Borders and Scottish Borders Council.
52. The IJB CFO will work with the internal auditors of the NHS Board, Scottish Borders Council and the IJB to ensure that there is clarity and consistency of appropriate scrutiny of the work of the IJB and the Health & Social Care Partnership; and that the internal audit plans of the respective Audit Committees provide necessary assurance to all three of the bodies.
53. The Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer, and the IJB Audit Committee, providing, assurance regarding the adequacy of the internal control environment and providing a summary of audit activity during the year. The annual audit report and Chief Internal Auditor's opinion will also be reported to the Audit Committees of the Scottish Borders Council and NHS Borders (is that true, is there an issue regarding timing?)
54. Reports on each internal audit engagement will be submitted to the Chief Officer and IJB CFO.

b. Authority of Internal Audit

55. The Chief Internal Auditor or their authorised representatives will have authority, on production of identification, to:
 - Enter at all reasonable times and without notice any premises or land used or operated by the UB members;

- Have access to, and remove, all records (both paper and electronic), documents and correspondence within the possession or control of any officer, relating to any financial or other transaction of the IJB;
- Be provided with a separate log-in to any computer system used by the members of the IJB and have full access to any system, network, personal computer or other device including hardware owned by third party service providers;
- Require and receive such explanations as are necessary concerning any matter under examination;
- Require any employee to produce records cash, stores or any other assets under their control.

3. RISK MANAGEMENT AND INSURANCE

a. Risk Strategy

56. The Chief Officer is responsible for establishing the IJBs risk strategy and profile and developing risk reporting arrangements; this will include arrangements for a risk register. The Risk Management Strategy will be approved by the IJB.
57. NHS Borders and Scottish Borders Council will identify and manage within their own risk management arrangements any risks they have retained under the integration arrangements. NHS Borders and Scottish Borders Council will report risk management through their governance arrangements, including the impact of integration.

b. Responsibility for Insurance and Risk

58. The IJB will make appropriate insurance arrangements for all activities of the IJB in accordance with the risk management strategy.
59. The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all *normal insurable risks arising* from the activities of the IJB and for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of members of the IJB acting in a decision making capacity.
60. The NHS Borders Director of Finance and the s95 Officer of Scottish Borders Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

c. Notification of Insurance Claims

61. The Chief Officer and the IJB CFO will put in place appropriate procedures for the notification and handling of any insurance and negligence claims made against the IJB.

4. ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

62. The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the IJB.

63. This will apply in respect of:

- the resources delegated to the IJB by the NHS Borders and Scottish Borders Council
- the resources paid to NHS Borders and Scottish Borders Council by the IJB for use as directed and set out in the SCP.

64. The IJB has a duty to put in place proper arrangements for securing [Best Value](#) in the use of resources and delivery of services. Best Value is about ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

65. There will be a process of strategic planning which will have full member involvement, in order to establish the systematic identification of priorities and realization of Best Value in the delivery of services. It will be the responsibility of the Chief Officer to deliver the arrangements to secure Best Value and to co-ordinate policy in regard to ensuring that the IJB secures Best Value.

66. The Chief Officer is responsible for ensuring implementation of the strategic planning process. Best Value should cover financial, human and physical resource management, commissioning of services, financial management and policy, performance and service delivery.

67. The IJB will comply with relevant guidance on best practice financial management, such information as may be available from Scottish Government, HFMA, and CIPFA. Advice on use of management consultancy should be observed:

- The areas below should be considered before any management consultancy spend is procured. This is to minimise external consultancy spend and where procured, maximise economies of scale and benefits from any investment made by individual Boards. It is for the IJB to assure themselves they are getting value for money across the system for any spend incurred. Collaboration on any procurement processes is strongly suggested.

Problem definition - is there a clear understanding of outcomes, and are deliverables towards these outcomes clearly set out and agreed with the Chief Executive / Chief Officer (or DoF/ CFO)?

Need for consultancy - have other delivery models, including in-house expertise and other options including working with other Boards or partner organisations, been adequately considered?

National support - have you discussed with the relevant policy lead to determine whether support could be made available from Scottish Government and confirm whether this requirement is unique?

Sourcing to achieve Value For Money - has a proportionate level of market engagement taken place and is the procurement process robust and appropriate?

Knowledge and skills transfer to avoid over reliance - are the plans adequate for how results will be used and shared, skills will be passed on and how over-reliance on single providers will be avoided?

5. PARTNERSHIPS

68. The IJB will put in place appropriate governance arrangements to record all joint working arrangements entered into by the IJB.

6. OBSERVANCE OF FINANCIAL REGULATIONS

Responsibility of Chief Officer and the IJB Chief Finance Officer

69. It is the duty of the Chief Officer assisted by the IJB CFO to ensure that these Regulations are made known to the appropriate persons within the IJB and Health and Social Care Partnership and to ensure that they are adhered to.

Breach of Regulations

70. Any breach of these regulations should be reported immediately to the Chief Finance Officer, who may then discuss the matter with the Chief Officer, NHS Borders Chief Executive, Scottish Borders Council Chief Executive or another nominated or authorised person as appropriate to decide what action to take.
71. A material breach may result in disciplinary action up to and including dismissal for gross misconduct. **Material Breach of these regulations should be reported to the IJB..** What is material. **At what point reported?**

Review of Financial Regulations

72. These Regulations will be reviewed every three years (or earlier if there have been significant changes) by the IJB CFO in consultation with the NHS Borders Director of Finance and the Scottish Borders Council's s95 Officer, and where necessary, subsequent adjustments will be submitted to the IJB for approval.

Date of Review: 17 January 2023

Scottish Borders IJB External Audit Action Plan

07/03/2023

Topic	Issue/Risk	Recommendation	Agreed management action/timing
<p>1. <u>Annual accounts preparation</u></p> <p>The unaudited annual accounts for the IJB were not prepared and available for inspection at the start of July, as required by the Local Authority Accounts (Scotland) Regulations 2014. This was partly due to the new Chief Financial Officer (CFO) not being in post until the start of August 2022.</p>	<p>There is a risk that the IJB does not comply with the regulations and that accounts are not available for adequate scrutiny by the public.</p>	<p>The IJB should ensure that arrangements are in place for its annual accounts to be prepared and made available for inspection in line with the requirements of the Local Authority Accounts (Scotland) Regulations 2014.</p>	<p>The appointment of a permanent CFO provides the capacity and capability to achieve this statutory requirement.</p> <p>Responsible officer: CFO Agreed date: By statutory deadline to be confirmed</p> <hr/> <p><i>Current status and timescale</i></p> <p><i>Annual accounts process and timescale has been agreed with partner bodies to meet statutory deadlines for unaudited and audited accounts. Introductory meeting complete, with tripartite involvement. Hazel, Susan and John Audit Plan to go to 20 March 2023 Audit Committee. Detailed plan for completion of accounts to be devised by end March 2023</i></p>
<p>2. <u>Financial sustainability</u></p> <p>The most recent financial monitoring report for the IJB up to September 2022 is forecasting an overspend of £6.7 million against the budget, due to costs of Covid-19 and undelivered savings.</p>	<p>There is a risk that the IJB is not able to budget and manage expenditure effectively if full savings plans are not in place.</p>	<p>The IJB should continue to work with partner organisations to ensure savings plans are identified and ensure the partnership is able to move into a position of financial sustainability.</p>	<p>The Financial Plan is about more than savings, it is being able to respond to and support/invest in strategic priorities. The new Financial Framework will support short and long-term planning, best practice regulations, PBMA approach has been approved which will enable prioritisation of financial plans to drive best value. PBMA tool is currently being piloted. The CFO will become more involved in the NHS B savings approach, providing strategic support and challenge to the plans being made. Reserves Policy has been approved. Regulations updated and will be taken to Committee once the changes have been discussed at the NHSB Audit Committee. Finance strategic risk register being prepared.</p> <p>Responsible officer: CFO /DOF NHSB Agreed date: Initial Financial Plan and Budget will be</p>

			<p>signed off before 31 March. Financial Framework, including Plan, Budget, Financial Risk Register and Regulations, will be signed off end June 2023, subject to NHSB approvals process for Plan and Recovery Plan,.</p> <p><i>Current status and timescale</i> <i>On track.</i></p>
<p>3. <u>. Hospital Acute Services (Set Aside)</u></p> <p>As reported in the previous four years, arrangements for the sum set aside for hospital acute services under the control of the IJB are not yet operating as required by legislation and statutory guidance. A notional budget has been agreed and included in the annual accounts. This was a transitional arrangement for 2016/17 that was agreed by the Scottish Government to continue into 2020/21. In 2019/20 management agreed that the Set Aside group would be re-formed with representatives from the Senior Management of the IJB and NHSB however this has not happened.</p>	<p>Risk – the sum set aside in the annual accounts is not being managed by the IJB as expected by the legislation.</p>	<p>The IJB and NHSB should prioritise establishing revised processes for planning and performance management of set aside hospital functions and associated resources in 2021/22.</p>	<p>The revised approach will be signed off for the new financial year. Guidance shared with Acute Services Deputy Director of Finance.</p> <p>Responsible officer: CFO Agreed date: meeting to be held before end March 2023</p> <p><i>Current position and timescale:</i> Initial discussions held. Have formally written to NHSB Director of Finance to highlight lack of compliance with national guidance.</p> <p>To agree for Mby end March 2023 if possible.</p>
<p>4. <u>Financial Sustainability</u></p> <p>The 2021/22 budget for the IJB was agreed in March 2021, however this included the need for an additional £7.4 million in savings which had yet to be identified. The most recent financial monitoring report for the IJB to June 2021 is forecasting an overspend of</p>	<p>The IJB should continue to work with partner organisations to ensure savings plans are in place to support the budget for the year.</p>	<p>The delivery of savings is only one part of the financial plan, which also needs to respond to strategic priorities. A new financial approach has been approved by the SPG and the Financial Plan for next year will</p>	<p>See above re action 2</p> <p><i>Current position and timescale:</i> CFO has requested involvement in recovery plan and savings plan; PBMA offers possibility for future, starting to test PBMA with three very different areas.</p>

<p>£6.0m against the original budget, which includes additional costs of Covid-19. Risk – there is a risk that the IJB is not able to budget and manage expenditure effectively if full savings plans are not in place</p>		<p>reflect this. See point 2 above</p>	
<p>5. <u>CFO</u></p>			<p>Action closed</p>
<p>6. <u>Financial Ledger</u></p> <p>As we reported in the previous four years, the financial transactions of the IJB are currently based on transactions within the ledgers of NHSB and SBC, with the year-end accounts prepared based on workings recorded in a spreadsheet.</p>	<p>Risk – without a separate ledger for the IJB financial monitoring and reporting is not being carried out as efficiently as possible.</p>	<p>The IJB should continue to work with partner organisations to ensure savings plans are in place to support the budget for the year. The impact of Covid-19 should be monitored.</p>	<p>This is not considered to be a good use of resources as would require resourcing and duplication of effort. Our focus is on strategic financial issues, such as agreeing a new approach to financial planning; reviewing the reserves policy; updating the financial regulations; and convening a network group of finance staff from across the partnership to help identify opportunities for improving financial practices and performance. All of these have been worked on in recent months. This recommendation is now rejected.</p> <p>Responsible officer: CFO Agreed date: September 2023</p> <hr/> <p>Current position and timescale: Not agreed</p>

<p>7. Governance – Ministerial Self Evaluation In March 2019 the Ministerial Strategic Group for Health and Community Care (MSG) issued a self-evaluation template as part of an evaluation of progress with the integration of health and social care. The IJB evaluated itself as being not yet established in one area, partly established in 15 areas, established in 6 areas and exemplary in no areas. An action plan has been put in place and was presented to the March 2020 audit committee. There has been no further update presented to the committee since the initial action plan was presented.</p>	<p>Risk – There is a risk that health and social care are not fully integrated and this could lead to the IJB operating in an ineffective manner.</p>	<p>Progress on the implementation of the self-evaluation action plan should be reported periodically to the audit committee to ensure effective scrutiny of the progress the IJB is making.</p>	<p>Internal Audit’s Annual Assurance Report for 2021/22 reported that 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. Agreed action: Internal Audit follow-up with IJB Chief Officer has identified specific tasks required and revised due date for completion. Internal Audit follow-up report will be presented in usual cycle to IJB Audit Committee.</p> <p>A refresh of the assessment is being planned, to be externally facilitated. A revised action plan will be developed as a result</p> <p>Responsible officer: IJB Chief Officer Agreed date: June 2023</p> <hr/> <p><i>Current position and timescale:</i></p> <p>The Improvement Service have been commissioned to perform an updated assessment taking place on 7 March with the HSCP and 19 April for the IJB. A new action plan will be developed following these meetings.</p>
---	---	---	--

20 March 2023



EXTERNAL AUDIT POINTS UPDATE

Report by Hazel Robertson, Chief Financial Officer

1. PURPOSE AND SUMMARY

- 1.1. **This report is to provide assurance to the Audit Committee that external audit action points are being appropriately implemented.**
- 1.2. The Committee is asked to consider the report and seek clarification of any aspects.
- 1.3. One recommendation has been rejected, following further discussion across the partnership, as it does not add value, and will require additional resources to implement – implementation of a separate ledger for the IJB.

2. RECOMMENDATION

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) Audit Committee is asked to consider the attached update and seek clarification of any aspects.**

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
				x	

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
	x				

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. ASSESSMENT

- 5.1. Most of these recommendations are historic, having been highlighted in successive years. Since coming into post in August 2022 I have undertaken extensive developmental work on the Financial Framework and am confident that this will place the HSCP and IJB in a better position of being able to understand the financial position and make choices about the best use of scarce resources.
- 5.2. Some of these points will be mirrored in the partners external audit points.
- 5.3. Good working arrangements are in place between the Executive Finance leads and at an operational level through the virtual HSCP finance team. The programme of work is noted below.

Creation of the Programme Budgeting and Marginal Analysis approach (PBMA), also known as Best Value for Every Pound. This approach is currently being tested in three different service areas.
Extensive review and updating of the Financial Regulations (elsewhere on agenda).
Creation of a finance risk register. This was originally planned for the IJB in March however due to the different risk scoring matrices across this partnership, further discussion is required.
Creation of a scheme of delegation / decision making. All parties are agreed this is required and will be undertaken by June.
Agreement among the three finance leads to development of a 5-10 year long term strategy.
Timetables and HSCP/IJB requirements are being agreed and documented. We will have a plan in place for the external audit process that ensures as much synergy as possible with partner bodies.

- 5.4. The three finance leads have agreed a return to a more formal approach to enabling the IJB requirements to be met. The IJB CFO has written to the two partner bodies setting out requirements and timescales. This will include the IJB CFO becoming more involved in significant issues and decision making within partner bodies, eg Financial Recovery Plan and Savings Plans.
- 5.5. Workload for the Executive and operational teams is high however all are committed to working in partnership to support the IJB / HSCP with the information and support required. Team members are very experienced and willing to work with me to achieve good results.
- 5.6. I anticipate being able to demonstrate to external audit that extensive progress has been made.

6. OUTSTANDING ACTION POINTS

- 6.1. The attached update provides the background and current position in relation to each action point.
- 6.2. In light of the extensive improvement programme above and strong partnership working, the creation of a separate ledger for the IJB is not considered to add sufficient value to justify the resource consequences of establishing a separate instance and would create a distracting focus on transaction processing rather than value added finance activities. The focus needs to be on strategic financial planning,, financial information to support decision making, and robust financial

management and control. The IJB CFO can request supplementary information as required to perform the role.

7. IMPACTS

Community Health and Wellbeing Outcomes

7.1. The table below highlights a connection with this outcomes.

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	
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.	
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
5	Health and social care services contribute to reducing 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.	
7	People who use health and social care services are safe from harm.	
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.	
9	Resources are used effectively and efficiently in the provision of health and social care services.	x

Financial impacts

7.2. There are no costs attached to any of the recommendations contained in this report.

7.3. There is an opportunity to improve financial control, financial reporting and planning.

Equality, Human Rights and Fairer Scotland Duty

7.4. Equalities impacts will be assessed as part of the Financial Plan and Budget.

Legislative considerations

7.5. S95 requirements provide the essential requirements in relation to financial control, management, reporting and planning. The CFO is progressing a substantial improvement programme to ensure these requirements are met.

Climate Change and Sustainability

7.6. There is no impact on climate change and sustainability.

Risk and Mitigations

7.7. There is a risk of capacity challenges for the virtual finance team given the scale of the budgetary challenge. The team works well together and I am confident that we would work our way through any capacity issues by good communication and being clear about priorities and timescales.

8. CONSULTATION

Communities consulted

8.1. The Integration Planning and Delivery Principles are not applicable at this juncture. Consultation with groups will take place through the Financial Plan and Budget processes. Directions will be developed as required.

8.2. Development of Locality Planning and Participatory Budgeting will involve communities directly in planning and monitoring the use of resources.

Integration Joint Board Officers consulted

8.3. The IJB Chief Finance Officer is the lead on these matters and the IJB Chief Officer has been consulted.

8.4. In addition, consultation has occurred with our statutory operational partners and through the SCP Joint Executive

Approved by:

IJB Chief Finance Officer

Author(s)

IJB Chief Finance Officer

Background Papers: External Audit Action Points

Previous Minute Reference: November 2022 Annual Audit Report

For more information on this report, contact us at

Hazel Robertson

Chief Finance Officer

07929 760333

hazel.robertson3@borders.scot.nhs.uk

**Scottish Borders Health and Social Care Partnership
Integration Joint Board
Audit Committee**

20 March 2023



Scottish Borders
Health and Social Care
PARTNERSHIP

EXTERNAL AUDIT PLAN

Report by Hazel Robertson, Chief Finance Officer

1. PURPOSE AND SUMMARY

- 1..1. To seek approval for the external audit plan for 2022/23:
 - an audit of the 2022/23 annual accounts to support our opinions on the financial statements
 - work to support our opinions on the other statutory information published within the annual accounts including the Management Commentary, the Governance Statement, and the Remuneration Report
 - consideration of arrangements in relation to wider scope areas: financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes
 - consideration of Best Value arrangements

2. RECOMMENDATIONS

- **The Scottish Borders Health and Social Care Integration Joint Board (IJB) Audit Committee is asked to:-**
 - a) Approve the External Audit Plan.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
				x	

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility

	x	x			
--	---	---	--	--	--

4. INTEGRATION JOINT BOARD DIRECTION

- A direction is not required.

5. BACKGROUND

- This plan is an annual requirement to set out the scope and arrangements for the annual audit.

6. IMPACTS

Community Health and Wellbeing Outcomes

- It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	
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.	
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	x
5	Health and social care services contribute to reducing 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.	
7	People who use health and social care services are safe from harm.	
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.	
9	Resources are used effectively and efficiently in the provision of health and social care services.	x

Financial impacts

- The external audit will cost £31,470.

Equality, Human Rights and Fairer Scotland Duty

- Not relevant

Legislative considerations

- Not relevant

Climate Change and Sustainability

- The audit will consider sustainability impacts.

Risk and Mitigations

- Not relevant

7. CONSULTATION

Communities consulted

- Not relevant

Integration Joint Board Officers consulted

- The IJB Chief Finance Officer was consulted, and all comments received have been incorporated into the final report.

Approved by:

Chief Finance Officer

Author(s)

Audit Scotland

Background Papers: External audit plan

Previous Minute Reference:

For more information on this report, contact us at Hazel Robertson, Chief Finance Officer

This page is intentionally left blank

Scottish Borders Integration Joint Board

Annual Audit Plan 2022/23 - DRAFT



 AUDIT SCOTLAND

Prepared for Scottish Borders IJB
March 2023

Contents

Introduction	3
Financial statements audit planning	5
Wider Scope and Best Value	9
Reporting arrangements, timetable, and audit fee	12
Other matters	15
Appendix 1. Your audit team	17

Introduction

Summary of planned audit work

1. This document summarises the work plan for our 2022/23 external audit of Scottish Borders Integration Joint Board (IJB). The main elements of our work include:

- an audit of the 2022/23 annual accounts to support our opinions on the financial statements
- work to support our opinions on the other statutory information published within the annual accounts including the Management Commentary, the Governance Statement, and the Remuneration Report
- consideration of arrangements in relation to wider scope areas: financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes
- consideration of Best Value arrangements

Audit Appointment

2. We are pleased to be appointed as the external auditor of Scottish Borders IJB for the period 2022/23 to 2026/27 inclusive. You can find a brief biography of your audit team at [Appendix 1](#).

3. In the first year of the audit appointment, we invest significant time gaining an understanding of your business and identifying and assessing the risks of material misstatement to the financial statements. While we use our initial assessment of risk to inform our planned audit approach, we keep our assessment of risks under review as the audit progresses. We will inform you of any significant changes in assessed risks and any resulting changes in our planned audit work.

4. The audit team will actively engage with you over the course of the audit to ensure our audit work continues to be focused on risk.

Adding value

5. We aim to add value to Scottish Borders IJB through our external audit work by being constructive and forward looking, by attending meetings of the Audit Committee and by recommending and encouraging good practice. In so doing, we will help the Scottish Borders IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Respective responsibilities of the auditor and Audited Body

6. The [Code of Audit Practice 2021](#) sets out in detail the respective responsibilities of the auditor and the Scottish Borders IJB. Key responsibilities are summarised below.

Auditor responsibilities

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

8. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual report and accounts. We also review and report on the wider scope arrangements in place at the Scottish Borders IJB. In doing this, we aim to support improvement and accountability.

Scottish Borders IJB responsibilities

9. Scottish Borders IJB is responsible for maintaining accounting records and preparing financial statements that give a true and fair view.

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

Financial statements audit planning

Introduction

11. The annual accounts are an essential part of demonstrating the Scottish Borders IJB's stewardship of resources and its performance in the use of those resources.

12. We focus our work on the areas of highest risk. As part of our planning process, we prepare a risk assessment highlighting the audit risks relating to each of the main financial systems relevant to the production of the financial statements.

Materiality

13. The concept of materiality is applied by auditors in planning and performing the audit, and in evaluating the effect of any uncorrected misstatements on the financial statements. We are required to plan our audit to obtain reasonable assurance that the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

Materiality levels for the 2022/23 audit

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

Exhibit 1

2022/23 Materiality levels for Scottish Borders IJB

Materiality	Amount
Planning materiality – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. Materiality has been set based on our assessment of the needs of the users of the financial statements and the nature of the IJB's operations. For the year ended 31 March 2023 we have set our materiality at 2% of net expenditure based on the audited financial statements for 2021/22. We will reassess our materiality on receipt of the draft financial statements.	£4.36 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this could indicate that further audit procedures should be considered. Using our	£3.27 million

professional judgement, we have assessed performance materiality at 75% of planning materiality.

Reporting threshold (i.e., clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£0.22 million
---	---------------

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

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

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

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

Exhibit 2**2022/23 Significant risks of material misstatement to the financial statements**

Significant risk of material misstatement	Sources of assurance	Planned audit response
<p>1. Risk of material misstatement due to fraud caused by management override of controls</p> <p>As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance</p>	<ul style="list-style-type: none"> • Evaluate the service auditor assurances obtained from the audits of Scottish Borders Council ("the Council") and NHS Borders ("the Health Board) in line with the 2022/23 Integration Joint Boards Protocol for Auditor Assurance. • Agreement of transactions and balances to financial reports from the Council and the Health Board. • Detailed testing of any significant year-end adjustments. • Review of Scottish Borders IJB financial monitoring reports during the year. • Evaluate significant transactions outside the normal course of business. • Test the process for the IJB to record transactions and balances around the year end where there may be increased incentive for fraud.

Source: Audit Scotland

18. As set out in International Standard on Auditing (UK) 240: *The auditor's responsibilities relating to fraud in an audit of financial statement*, there is a presumed risk of fraud over the recognition of revenue. There is a risk that revenue may be misstated resulting in a material misstatement in the financial statements. We have rebutted this risk as the IJB is wholly funded by contributions from the Council and the Health Board which are clearly

communicated and can be readily agreed to third party confirmations. We have concluded there is limited opportunity and incentive to manipulate the recognition of income in the financial statements.

19. In line with Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom*, as most public-sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. We have rebutted the risk of material misstatement caused by fraud in expenditure in 2022/23. This is on the basis that all transactions are processed by the partner bodies rather than the IJB directly and that all expenditure is incurred by the partners who are public sector bodies. We consider the incentive and risk of material misstatement through fraud in expenditure as low.

20. We have not, therefore, incorporated specific work into our audit plan in these areas over and above our standard audit procedures.

Other areas of audit focus

21. As part of our assessment of audit risks, we have identified one other area where we consider there is also a risk of material misstatement to the financial statements. Based on our assessment of the likelihood and magnitude of the risk, we do not consider this to represent a significant risk. We will keep this area under review as our audit progresses.

22. The area of specific audit focus is:

- The Scottish Government wrote to all IJBs in September 2022 indicating that, due to changes in public health policy, it intended to reclaim and re-distribute some IJB reserves which relate to Covid funding to meet current Covid priorities. It is anticipated that this will be achieved through a reduction in NHS funding allocations, ultimately reducing NHS Borders' funding contribution to the IJB. We will review the disclosure and accounting treatments of this within the annual accounts.

Wider Scope and Best Value

Introduction

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

24. In summary, the four wider scope areas cover the following:

- **Financial management** - means having sound budgetary processes. We will consider the arrangements to secure sound financial management including the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error, and other irregularities.
- **Financial sustainability** - as auditors, we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years).
- **Vision, leadership and governance** - we conclude on the arrangements in place to deliver the vision, strategy and priorities adopted by Scottish Borders IJB. We will also consider the effectiveness of the governance arrangements to support delivery.
- **Use of resources to improve outcomes** - we will consider how Scottish Borders IJB demonstrates economy, efficiency, and effectiveness through the use of financial and other resources.

Wider scope risks

25. We have identified a wider scope audit risk in the areas set out in [Exhibit 3](#). This exhibit sets out the risk, sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurances over the risk.

Exhibit 3**2022/23 wider scope risks**

Description of risk	Sources of assurance	Planned audit response
<p>Financial Sustainability</p> <p>The IJB operates in an environment of increasing constraints. There remains a risk around financial sustainability and financial pressure as budgets become increasingly constrained.</p> <p>There is a projected shortfall of £6.25m forecasted for the year to 31 March 2023, with this including the estimated impact of non-delivery of savings plans. This highlights the financial pressures facing the IJB and it needs to ensure it can transform services and service delivery to be financially sustainable.</p> <p>The IJB's future financial plans should demonstrate how it is working with partner bodies to deliver health and social care in a financially sustainable way.</p>	<ul style="list-style-type: none"> Regular monitoring and reporting to the Integration Joint Board on the financial position. 	<ul style="list-style-type: none"> Review of the IJB's financial reporting to assess the reasonableness of the assumptions in the financial plan. Review of progress made in dealing with cost pressures, including meeting any savings targets. Review of the Management Commentary in the annual accounts for disclosures on the IJB's financial decision making during 2022/23. Review of Board papers and minutes to assess the transparency of financial decision making.

Source: Audit Scotland

26. Our planned work on our wider scope responsibilities is risk based and proportionate and in addition to local risks we consider challenges which are impacting the public sector as a whole. In 2022/23 we will consider tackling climate change and responding to cyber security threats.

Climate Change

27. Tackling climate change is one of the greatest global challenges. The Scottish Parliament has set a legally binding target of becoming net zero by 2045 and has interim targets including a 75% reduction in greenhouse gas emissions by 2030. The public sector in Scotland has a key role to play in ensuring these targets are met and in adapting to the impacts of climate change.

28. The Auditor General and Accounts Commission are developing a programme of work on climate change. In 2022/23, we will gather information on the IJB's arrangements for responding to climate change and the extent it works with NHS Borders and Scottish Borders Council on areas such as the development of climate change strategies and the monitoring and reporting of progress against targets for reducing emissions.

Cyber Security

29. There continues to be a significant risk of cyber-attacks to public bodies, and it is important that they have appropriate cyber security arrangements in place. A number of recent incidents have demonstrated the significant impact that a cyber-attack can have on both the finances and operation of an organisation. In 2022/23, we will consider the IJB's arrangements for managing and mitigating cyber security risks, including working with the partner bodies.

Best Value

30. Auditors have a duty to be satisfied that bodies that fall within section 106 of the 1973 Act have made proper arrangements to secure Best Value. We will consider how Scottish Borders IJB demonstrates that it is meeting its Best Value responsibilities and we will report our findings as part of our Annual Audit Report.

Reporting arrangements, timetable, and audit fee

Reporting arrangements

31. Audit reporting is the visible output for the annual audit. All Annual Audit Plans and the outputs, as detailed in [Exhibit 4](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

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

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

34. [Exhibit 4](#) outlines the target dates for our audit outputs, and we aim to issue the independent auditor's report by the statutory deadline of 30 September 2023.

Exhibit 4 2022/23 Audit outputs

Audit Output	Target date	Audit and Risk Committee Date
Annual Audit Plan	31 March 2023	20 March 2023
Independent Auditor's Report	30 September 2023	18 September 2023
Annual Audit Report	30 September 2023	18 September 2023

Source: Audit Scotland

Timetable



35. To support an efficient audit, it is critical that the timetable for producing the annual report and accounts for audit is achieved. We have included a proposed timetable for the audit at [Exhibit 5](#) that has been discussed with management.

36. Covid-19 has had a considerable impact on the conduct and timeliness of the audit. We recognise that it is in the best interests of public accountability to get the reporting of audited accounts back to pre-pandemic timelines. We are identifying ways to work more efficiently to expedite the 2022/23 audits whilst at the same time maintaining high standards of quality.

37. We will continue to work closely with management to identify the most efficient approach as appropriate and will keep timeframes and logistics for the completion of the audit under review. Progress will be discussed with management and finance officers over the course of the audit.

Exhibit 5

Proposed annual report and accounts timetable

 Key stage	 Provisional Date
Consideration of the unaudited annual report and accounts by those charged with governance	19 June 2023
Latest submission date for the receipt of the unaudited annual report and accounts with complete working papers package.	30 June 2023
Latest date for final clearance meeting with the Chief Finance Officer	08 September 2023
Issue of draft Letter of Representation and proposed Independent Auditor's Report	08 September 2023
Agreement of audited and unsigned annual report and accounts	18 September 2023
Issue of Annual Audit Report to those charged with governance.	18 September 2023
Signed Independent Auditor's Report	By 30 September 2023

Source: Audit Scotland

Audit fee

38. In determining the audit fee, we have taken account of the risk exposure of the Scottish Borders IJB and the planned management assurances in place. The proposed audit fee for 2022/23 is £31,470 as set out in [Exhibit 6](#).

39. Our fees have increased in 2022/23 and this is a reflection of the current audit market and the rising costs in delivering high quality audit work. There are increased regulatory expectations and risks placed on audit and its quality, as well as a widening in the scope of work audit must cover.

Exhibit 6**Audit fees (including VAT)**

Fee component	Fees (£)
External Auditor Remuneration	33,060
Contribution to Audit Scotland costs	1,250
Contribution to Performance and Best Value	6,290
Sectoral Cap Adjustment	(9,130)
2022/23 Audit fee	31,470

Source: Audit Scotland

40. In setting the fee for 2022/23 we have assumed that Scottish Borders IJB has effective governance arrangements and will prepare comprehensive and accurate accounts for audit in line with the agreed timetable for the audit. The audit fee assumes there will be no major change in respect of the scope of the audit during the year and where our audit cannot proceed as planned, a supplementary fee may be levied.

Other matters

Internal audit

41. It is the responsibility of Scottish Borders IJB to establish adequate internal audit arrangements. Scottish Borders IJB's internal audit function is provided by the internal audit team of Scottish Borders Council.

42. While we are not planning to place formal reliance on the work of internal audit in 2022/23, we will review internal audit reports and assess the impact of the findings on our financial statements and wider scope audit responsibilities.

Independence and objectivity

43. Auditors appointed by the Auditor General for Scotland or Accounts Commission must comply with the [Code of Audit Practice](#) and relevant supporting guidance. When auditing the financial statements, auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors.

44. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual 'fit and proper' declaration for all members of staff. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

45. The appointed auditor for Scottish Borders IJB is John Boyd, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of Scottish Borders IJB.

Audit Quality

46. Quality is at the core of public audit in Scotland and is the foundation for building consistency and confidence across all audit work. High quality audits provide assurance, add value, and can support public bodies to achieve their objectives.

47. Until 2021/22, the applicable audit quality standard was International Standard on Quality Control 1 (ISQC (UK) 1). This set out an audit practice's responsibilities for its system of quality control for audits.

48. ISQC(UK) 1 has been replaced by two new audit quality standards: Internal Standards on Quality Management (ISQM (UK) 1) applicable from 15 December 2022 and (ISQM(UK) 2) effective for the 2023/24 audits. Work is underway at Audit Scotland to meet the requirements of these quality standards.

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

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

Appendix 1. Your audit team

51. The audit team involved in the audit of Scottish Borders IJB have significant experience in public sector audit.

John Boyd

Audit Director

jboyd@audit-scotland.gov.uk

John has overall responsibility for the Audit Engagement. He has considerable audit experience across public sector audits including local government, IJB, pension, health, and central government sectors. John is the Audit Scotland Audit Services Group Lead for local authority audit and is a member of the Local Authority (Scotland) Accounting Advisory Committee (LASAAC)

Stephanie Harold

Senior Audit Manager

sharold@audit-scotland.gov.uk

Stephanie has over 11 years of public sector audit experience and has delivered external audit services to a range of bodies including local authorities, health boards and central government bodies.

Jennifer Law

Senior Auditor

jlaw@audit-scotland.gov.uk

Jennifer has considerable experience in planning and delivering audits. Jennifer will manage the team and work alongside the Senior Audit Manager and Audit Director to deliver the audit.

52. The local audit team is supported by a specialist technical accounting team, all of whom have significant experience of public bodies and work with accounting regulatory bodies.

Scottish Borders Integration Joint Board

Annual Audit Plan 2022/23 DRAFT

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:

www.audit-scotland.gov.uk/accessibility

For the latest news follow us on social media or [subscribe to our email alerts.](#)



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
Phone: 0131 625 1500 Email: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk



**Internal Audit Annual Plan 2023/24 for
Scottish Borders Health and Social Care Integration Joint Board (IJB)**

Ref	Category	Audit	Commentary
1.	Assurance	Internal Control, Governance and Risk Management	<p>Continuous audit approach to follow up on implementation of actions of areas of improvement set out in the Annual Governance Statement 2022/23.</p> <p>Assess the IJB's corporate governance and risk management arrangements in place to oversee the delivery of all delegated services and set aside to meet the needs of service users and the strategic priorities for health and social care integration set out in the Strategic Commissioning Plan 2023-26, ensuring that statutory and legislative requirements are met.</p> <p>Prepare an annual assurance report for IJB Management and IJB Audit Committee that includes the statutory Internal Audit opinion on the adequacy of the IJB's arrangements for risk management, governance and internal control for delegated resources. This will be used to inform IJB's Annual Governance Statement.</p>
2.	Assurance	Financial Governance, including key Internal Financial Controls	<p>Assess the IJB's processes in place to ensure appropriate accountability for financial management of financial resources delegated to the IJB to deliver efficient and effective services, including progress in achieving efficiencies and transformation, and to meet the priorities for health and social care integration set out in the Strategic Commissioning Plan.</p> <p>Review of improvements to the IJB Financial Regulations, processes and practices including the developing financial approach.</p>
3.	Assurance	Commissioning and oversight of Contract Management	<p>Assess the IJB's corporate governance arrangements in place to redesign service delivery to meet the needs of service users and align with Strategic Commissioning Plan priorities and outcomes, with a focus on strategic commissioning or decommissioning arrangements (Directions) to inform implementation plans, including oversight of operational contract management by partners.</p>
4.	Other	Recommendations Follow Up Review	<p>Follow-up progress by Management with implementation of Audit Actions by the agreed date relating to areas of improvement recommended in 2022/23 audit assurance work and check on the adequacy of new internal controls.</p>
5.	Other	Advice and Consultancy	<p>As a 'critical friend' to Management, provide advice and internal challenge on projects involving major change.</p>

Ref	Category	Audit	Commentary
6.	Other	Partners' assurance	Review assurance from partners' Internal Audit providers (i.e. Grant Thornton for NHS Borders and in-house team for Scottish Borders Council) through their work undertaken and presented to their respective audit committees that is relevant to health and social care integration.
7.	Other	Administration of Audit Scotland Reports	Monitor publication of Audit Scotland and other national reports and co-ordinate submission by Management of relevant national reports to the IJB Audit Committee / Board that give rise to introducing best practice arrangements or lessons learned from other organisations to enable Management to evidence improvements in health and social care integration practices on a continuous basis.
8.	Other	Audit Committee Self-Assessment	Provide assistance to the Chair of IJB Audit Committee in undertaking a self-assessment of the IJB Audit Committee against the CIPFA best practice guidance.
9.	Other	Attendance at Boards / Committees	Attend IJB meetings and other relevant forums to observe planning, approval, monitoring and review activity of business and performance. Prepare for and attend IJB Audit Committee meetings.
10.	Other	Audit Planning for 2024/25	Review strategic risks and audit universe, develop and consult on proposed coverage within the IJB Internal Audit Annual Plan 2024/25.
		Total 45 days	

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



Meeting Date: 20 March 2023

Report By:	Jill Stacey, IJB Chief Internal Auditor (Chief Officer Audit and Risk, Scottish Borders Council)
Contact:	Sue Holmes, Principal Internal Auditor, Scottish Borders Council
Telephone:	
SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD INTERNAL AUDIT ANNUAL PLAN 2023/24	
Purpose of Report:	To gain approval to the proposed Internal Audit Annual Plan 2023/24 for the Scottish Borders Health and Social Care Integration Joint Board, to enable the SB IJB Chief Internal Auditor to prepare an annual opinion on the adequacy of the overall control environment of the integration authority.
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: <ul style="list-style-type: none"> a) Approve the proposed Internal Audit Annual Plan 2023/24 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1).
Personnel:	The Internal Audit service to SBIJB is provided by Scottish Borders Council's Internal Audit team. Staff assigned to perform the SBIJB Internal Audit work hold relevant professional qualifications and have the necessary experience, knowledge, skills and competencies (such as the Code of Ethics set out in the Public Sector Internal Audit Standards (PSIAS)) needed to deliver the plan.
Carers:	There are no direct carers' impacts arising from the report.
Equalities:	There are no equalities impacts arising from the report.
Financial:	There are no direct financial implications arising from the proposals in this report.

<p>Legal:</p>	<p>The Scottish Borders Health and Social Care Integration Joint Board (SBIJB), established as a separate legal entity as required by the Public Bodies (Joint Working) (Scotland) Act 2014, is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Scottish Borders partnership area, based on resources which have been delegated to it by the partners, Scottish Borders Council and NHS Borders.</p> <p>The SBIJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration. The establishment of robust Risk Management and Audit arrangements is one of the key components of good governance and will be critical to the capacity of the SBIJB to function effectively.</p>
<p>Risk Implications:</p>	<p>Key components of the audit planning process include a clear understanding of the SBIJB's functions, associated risks, and potential range and breadth of audit areas for inclusion within the plan. As in previous years, the SBIJB Internal Audit Annual Plan 2023/24 has been informed by the risks, controls and mitigation actions as set out within the SBIJB's Strategic Risk Register to ensure that Internal Audit plans are risk-based and provide relevant assurance. Furthermore, SBIJB's Chief Officer has been consulted and the Audit Plan has been informed by key developments at both a national and local level and other relevant background information, for example the Strategic Plan. Discussions with the SBIJB's Chief Officer and Chief Finance Officer will continue on a regular basis to ensure Internal Audit assurance meet the needs of the SBIJB and Management and other key stakeholders.</p> <p>The PSIAS require Internal Audit to evaluate the effectiveness of the SBIJB's Risk Management arrangements and contribute to improvements in the process. Each Internal Audit assignment will be risk-based and will test the SBIJB's management of risk.</p> <p>The SBIJB Internal Audit Annual Plan 2023/24 should be considered to be flexible and will be subject to periodic review, and amended as required, to ensure it reflects any new arrangement or changing risks and priorities. Any amendments relating to the SBIJB Internal Audit Annual Plan 2023/24 will be brought to SBIJB Audit Committee for approval.</p> <p>In addition to its own governance arrangements, the SBIJB places reliance on the governance arrangements adopted by NHS Borders and Scottish Borders Council, the partners. Where appropriate, existing mechanisms embedded within both NHS Borders and Scottish Borders Council will be used to provide assurance to the SBIJB.</p>

Background

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

2 Internal Audit Annual Plan 2023/24

- 2.1 The Internal Audit service to the Scottish Borders Health and Social Care Integration Joint Board (SBIJB) is provided by Scottish Borders Council’s Internal Audit team. Internal Audit resources are outlined in the Council’s Internal Audit Annual Plan 2023/24 to be approved by SBC’s Audit Committee on 13 March 2023. A total of 45 days have been allocated to provide Internal Audit services to the SBIJB, which reflects the Council’s contribution of corporate support resources.
- 2.2 The Internal Audit Charter and Internal Audit Strategy, presented for approval at the same meeting of Scottish Borders Council Audit Committee, are applicable for the provision of Internal Audit services to SBIJB. Those documents set out respectively the conformance of the Internal Audit team to the PSIAS standards and the approach to the planning, delivery and reporting of Internal Audit activity associated with the SBIJB.
- 2.3 The Internal Audit work for 2023/24 has been informed by the risks, controls and mitigation actions as set out within the SBIJB’s Strategic Risk Register to ensure that Internal Audit plans are risk-based and provide relevant assurance for the SBIJB.
- 2.4 The Internal Audit Annual Plan 2023/24 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1) includes sufficient work to enable the SBIJB Chief Internal Auditor to prepare the statutory independent and objective audit opinion to the year ending 31 March 2024.

This page is intentionally left blank

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



Meeting Date: 20 March 2023

Report By:	Chris Myers, IJB Chief Officer
Contact:	Jill Stacey, IJB Chief Internal Auditor (Chief Officer Audit and Risk, Scottish Borders Council) Emily Elder (Corporate Risk Officer, Scottish Borders Council)
Telephone:	<i>Jill Stacey – 01835 825036</i> <i>Emily Elder -01835 824000 Ext: 5818</i>
IJB RISK MANAGEMENT UPDATE 2022/23	
Purpose of Report:	To set out to members of the IJB Audit Committee, for their scrutiny and oversight, the risk management arrangements that have been applied in practice during the last 12 months.
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: <ul style="list-style-type: none"> a) Note that a refresh of the IJB Strategic Risk Register has been undertaken to better reflect the role and remit of the IJB, support and underpin the objectives of integration and reflect significant and strategic local and national developments. b) Acknowledge the improvements in the application of risk management within the IJB, in accordance with the IJB Risk Management Policy and Strategy. c) Note the benefits for the IJB that accrue from more systematic and assured risk management.
Personnel:	In line with the role and responsibilities, the IJB Chief Officer carries out the quarterly reviews of the IJB Strategic Risk Register, supported by SBC's Corporate Risk Officer.
Carers:	There are no direct carers' impacts arising from the report.
Equalities:	There are no equalities impacts arising from the report.
Financial:	There are no direct financial implications arising from the proposals in this report.
Legal:	Good governance will enable the IJB to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk.

Risk Implications:	Risk Management arrangements will assist the IJB in making informed business decisions and provide options to deal with potential problems in line with its agreed Risk Management Strategy within its governance arrangements.
---------------------------	---

Background

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

Application of Risk Management within the IJB

- 2.1 In accordance with the IJB Risk Management Policy and Strategy, the IJB Chief Officer, on a quarterly basis, carries out a review of the IJB Strategic Risk Register, which sets out the strategic risks associated with the achievement of objectives and priorities within the IJB Strategic Commissioning Plan. The IJB Chief Officer carried out a management review of the previous iteration of the risk register in December 2021 and again on 25 March 2022. This was followed by a series of development sessions between May and July 2022 to reframe the Strategic IJB Risk Register to better reflect the role and remit of the IJB and support and underpin the objectives of integration, retaining all relevant elements from the original risk register before its deactivation.
- 2.2 The first formal report of 2022, presented to the IJB Board on 15 June 2022, detailed the progress that had been made in reframing the risk register to that date. The most recent review of the risk register took place between 7 & 16 December 2022, and constituted a first full review of the reframed IJB Strategic Risk Register since development work was undertaken earlier in 2022. This most recent review also had a focus on finalising the development of an eighth risk, reflecting Scottish Government's proposed introduction of a National Care Service for Scotland.

- 2.3 As noted above, the review in December 2022 constituted a first full review of the reframed IJB Risk Register. However, as the IJB and its delegated services operate in an ever changing landscape, the IJB Chief Officer continues to evaluate this landscape and reflect necessary considerations within the IJB Strategic Risk Register. As touched upon above, this has included a focus on the potential impacts arising from the Scottish Government's consultation on the National Care Review. Further considerations relate to, for example, the ongoing impacts of the Covid-19 pandemic and the UK's exit from the EU e.g. the increasing demand for Health & Social Care services (partly attributed to a build-up of need during Covid-19 lockdowns and restrictions) and the decreasing workforce pool that can be deployed by Partners to achieve the objectives of the IJB.
- 2.4 Reliance is placed on the risk management arrangements within the Partner organisations in respect of the operational delivery of commissioned services. As stated in the IJB Risk Management Strategy, any of these risks that significantly impact on the delivery of the IJB Strategic Commissioning Plan will be escalated to the IJB Chief Officer for consideration.
- 2.5 The Risk Management Policy and Strategy states that six monthly risk reviews should be presented to the IJB Board in June and December each year. The disruption caused by Covid-19 during 2020 and 2021 have not been replicated during the course of 2022. The first Strategic Risk Register Update of 2022, which was presented to the IJB Board as expected on 15 June 2022, reflected the progress made to reframe the IJB Strategic Risk Register. The report provided a summary of the new strategic risks, associated with the achievement of objectives and priorities within the IJB's Strategic Commissioning Plan. The second Strategic Risk Register Update of 2022, which was due to be presented in December 2022, was included in the Agenda for the IJB Board in January 2023, though has been delayed to March 2023 due to the need to prioritise other significant business items for Board consideration.
- 2.6 The six monthly Strategic Risk Register Updates and the IJB Strategic Risk Register are intended to provide the Board with assurance that the strategic risks associated with the achievement of objectives and priorities within the IJB Strategic Commissioning Plan are being effectively managed and monitored.
- 2.7 The IJB Strategic Risk Register will continue to be reviewed by the IJB Chief Officer and the IJB Chief Financial Officer on a quarterly basis with support from the SBC Corporate Risk Officer and in collaboration with NHS Borders Risk Manager.

This page is intentionally left blank

**Scottish Borders Health and Social Care Partnership
Integration Joint Board Audit Committee**

20 March 2023

Directions Tracker

Report by Hazel Robertson, Chief Finance Officer, HSCP and IJB



1. PURPOSE AND SUMMARY

1.1. To provide an overview of the implementation of approved directions.

Progress is being made in relation to the implementation of approved directions. The PCIP direction is providing difficult to conclude because of lack of clarity of Scottish Government funding.

Development of business cases is taking longer than anticipated, largely as a result of the engagement processes. This extensive approach should provide for better outcomes.

An update is not provided for some of the items currently due. This will be followed up with leads before the end of March.

2. RECOMMENDATIONS

2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) Audit Committee is asked to:-**

- a) Note the contents of the Directions Tracker and the follow up to be undertaken before end March 2023.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
x	x		x	x	

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and

	approach				responsibility
	x	x			x

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

5.1. This is a monitoring report to support the smooth working of the IJB, and implementation of our strategic priorities.

6. IMPACTS

Community Health and Wellbeing Outcomes

6.1. The intention of this report is to provide a focus for improve ment of health services therefore should indirectly impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
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.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
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.	Increase
7	People who use health and social care services are safe from harm.	Increase
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.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

6.2. There are no costs directly associated with this report. Indicative costs to implement directions are highlighted where known. The Strategic Plan and Financial Plan directions set out the overall expected costs for the IJB..

Equality, Human Rights and Fairer Scotland Duty

- 6.3. An assessment against these duties is not required as this is a summary report and IIAs will be conducted as required for each item.

Legislative considerations

- 6.4. None

Climate Change and Sustainability

- 6.5. None.

Risk and Mitigations

- 6.6. No specific risks as this is a national overview,

7. CONSULTATION

Communities consulted

- 7.1. Not relevant.

Integration Joint Board Officers consulted

- 7.2. Not relevant.

Approved by:

Hazel Robertson, Chief Finance Officer

Author(s)

Hazel Robertson, Chief Finance Officer

Background Papers Directions Tracker

Previous Minute Reference: not applicable

For more information on this report, contact us at

Hazel Robertson

Chief Finance Officer

07929 760333

hazel.robertson3@borders.scot.nhs.uk

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-151221-1	02/02/22	Workforce	Development of plan	Development of a HSCP Integrated Workforce Plan, including support of immediate workforce sustainability issues			complete
SBIJB-151221-2	02/02/22	Strategic Commissioning	Development of plan	Resource support for the development of the IJB's Strategic Commissioning Plan			complete
SBIJB-151221-3	02/02/22	Care Village Tweedbank and Care Home Hawick	Development of FBC	Development of Full Business Cases for Care Village in Tweedbank, and the scoping of Care Home Provision in Hawick to Outline Business Case		revised direction below	
SBIJB-020322-1	02/02/22	Millar House	Commissioning	Commissioning the Millar House Integrated Community Rehabilitation Service	£256k R	quality of care, LOS, costs	
SBIJB-150622-2	16/06/22	Day services for adults with learning disabilities	Commissioning	To recommission a new model of Learning Disability Day Services by going to the open market	1,643,000	savings target £350,000. All nine health and well being outcomes	being finalised
SBIJB-150622-3	16/06/22	Pharmacy support to social care users	Polypharmacy	To provide an Integrated service for all adult social care service users	NR £150k	Savings will be identified to CFO. Review of service after two cycles	y
SBIJB-150622-4 Budget	16/06/22	All	Budgetary framework	To deliver services within the budgets and under the framework outlined in Item 5.7 of the 15 June 2022 Integration Joint Board			

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-151221-3	21/09/22	Care Home Hawick update	Development of FBC	Hawick Outline Business Case		present business case	
SBIJB-150622-5	16/06/22	Health Board Oral Services	Development of plan	To provide support for the production of an Oral Health Plan	As per Sol	Focused on planning principles, health improvement plan, and be financially sustainable	on AC agenda
SBIJB-21-09-22-01	21/09/22	Hospital at home	Scope the development of Hospital at home	Develop a business case to come back to IJB for approval	300	To be discussed at range of groups prior to IJB in March	recruitment and start up
SBIJB-210922-2	21/09/22	Integrated home based reablement service	Report to IJB with business case for integrated SB Cares and Home First Service	Develop a business case to come back to IJB for approval	expected that costs will reduce	To review by SPG before IJB in December	
SBIJB-210922-3	21/09/22	Palliative Care review	To commission an independent palliative care review	Scope and outcomes as described in paper with full engagement and integrated approach. To improve outcomes and reduce costs through a programme budgeting approach	-	To conclude by 31 March 2023. Review by SPG before IJB	y

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-020922-1	21/09/22	Primary Care Improvement Plan	Manage PCIP within existing funding	PCIP Exec to deliver outcomes from non recurrent spend, and reprioritise the use of available recurrent funding. PCIP Exec to escalate at a national level regarding inadequacy of funds and the risks associated with that.	£1.523 NR and £2.313 rec plus tranche 2 tbc	Implementation of GP contract	significant challenge
SBIJB-161122-1	21/12/23	Day services	Re-commissioning of the Teviot and Liddesdale Buildings Based Adult Day Servic	Engage in partnership working, through an IIA, consider and evaluate options, including financial impact, outline scope of service, ensure full engagement	tbc		y
SBIJB-010223-1	01/02/23	Care home and extra care housing, LF	Scoping of the associated integrated service models of delivery	Scoping of the associated integrated service models of delivery and associated revenue costs for the Full Business Cases for the Hawick and Tweedbank Care Villages		Business case	y

**Scottish Borders Health and Social Care Partnership
Integration Joint Board Audit Committee**

20 March 2023

Primary Care Improvement Plan (PCIP) Direction

Report by Hazel Robertson, Chief Finance Officer IJB



1. PURPOSE AND SUMMARY

- 1.1. This paper provides a second update on implementation of the PCIP Direction, which relates to implementation of the new General Medical Services (GMS) Contract.
- 1.2. The PCIP have continued to make strong process in implementing the workstreams and are being creative to find low cost solutions within the funding available. There has been no movement on the funding position since the last update, with insufficient clarity from Scottish Government in relation to recurring funding and no scope for further funding to be provided from existing resources within the Partnership. This is now a significant issue given the implementation date for the GMS Contract is April 2023.

2. RECOMMENDATIONS

- 2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) Audit Committee is asked to:-
 - a) Note no growth in funding provided by Scottish Government despite all our efforts at escalation. Confirmation received that pay awards will be funded.
 - b) Note that whilst some funding may be able to be directed from earmarked reserves, this will be insufficient to fund the full programme.
 - c) Note the programme of consultation, engagement and communications that is required
 - d) Note risks to Primary Care service delivery and sustainability due to the full programme not being implemented.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
x	x	x		x	x

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
x	x	x			x

4. INTEGRATION JOINT BOARD DIRECTION

- 4.1. SBIJB-020922-1 was issued by the IJB following a change in the funding approach for the Primary Care Improvement Programme (PCIP), by Scottish Government. This report provides a second update on implementation of that direction.
- 4.2. Scottish Government have assumed that reserves balances will be used first, before new funding. This resulted in a deduction of £79k from Tranche 1. We await confirmation of the Tranche 2 funding.
- 4.3. The Direction asked the PCIP Executive to:

1. Deliver agreed project outcomes using the reserves brought forward totalling £1,522,980
2. Review current project spend from main allocation to determine whether any spend can be met from reserves
3. Review the priorities for recurring activity with a view to targeting resources to higher priority workstreams.
4. Comply with commissioning (and decommissioning) guidance, involving and seeking approval from Strategic Planning Group and IJB as required.
5. Plan, initiate and monitor ongoing workstreams funded via the allocation from Scottish Government of 70% of annual allocation - £2,312,902 plus projected 30% balance.
6. Jointly, liaise with Scottish Government to advise that reserves are fully committed, express concern about level of funds available, no funding for pay awards and assumption that reserves can be used to cover recurrent spend. Highlight funding gap of £2.511m and implications of not being able to fully implement the GP contract.
7. Identify risks and issues associated with insufficient funding level, and develop mitigating strategy.

5. ASSESSMENT

- 5.1. Correspondence with SG through the mechanism of the implementation tracker confirms that Boards should base their returns on full delivery of the services defined in guidance.
- 5.2. SG allocations are based on an NRAC share. This does not reflect the cost of delivery for a small and geographically dispersed population.
- 5.3. The funding gap, in addition to being reported regularly through the implementation tracker, has been escalated twice in writing to the Primary Care team at Scottish Government, discussed in full with two representatives of the SG Primary Care team along with our PCIP Executive, and escalated to the National GMS Oversight Group by the NHS Borders Chief Executive.

- 5.4. We have received an indication of funding for 2023/4 which states that pay awards will be funded however we do not have confirmation of growth in future funding to fully implement the programme.
- 5.5. As previously advised, the PCIP Executive have taken decisions to prioritise resources.
- the Community Link Workers programme was deprioritised for funding from the PCIP allocation, with an alternative funding mechanism now in place.
 - the priority area for investment was agreed to be a Phlebotomy Service which is a move towards wider Community Treatment and Care (CTAC).
- 5.6. The PCIP Executive have met the brief of the original direction however without further funding, we are not able to fully implement the GP contract, which comes into effect in April 2023.
- 5.7. The most recent (end January 2023) PCIP Finance Report sets out that partial delivery in 2022/23 is forecast to cost an additional net £4.590m, with full delivery in 2023/24, inclusive of assumed pay indexation, forecast to cost £6.033m. Through the PCIP Finance report there is very robust consideration of financial requirements and robust scrutiny over the use of reserves and budget.
- 5.8. In the first report to the IJB Audit Committee it was noted that this level of funding challenge would require further consideration in the context of our developing Strategic Commissioning Framework and financial plan/budget for 2023/24. The Commissioning Framework 2023/26 identifies improving primary care waiting times, workforce challenge and access to GPs as top priorities. The draft HSPC budget for 2023 includes a 5.9% (£13.5m) savings challenge. The NHS Borders Financial Recovery Plan is in development and the financial consequences of this are not yet included in the HSPC budget. With a plus £2m gap in PCIP funding, it is not possible for the Health Board to provide this level of additional budget, and the IJB does not have sufficient *flexibility in reserves to meet this gap*.
- 5.9. It is expected that a revised budget and Financial Plan will be submitted to the IJB in June with the impact of the recovery plan included and setting out the approach to enabling implementation of the Strategic Framework.
- 5.10. Application of the Best Value for Every Pound approach should offer a mechanism to move funding from one service to another. The PCIP team are testing the toolkit and can see how this could help decision making. However the application in other areas is not advancing as quickly and it is too early to say when this will be a robust means of making resourcing decisions.
- 5.11. SG have requested a review meeting with the PCIP lead, to review progress. Our response is that this meeting requires to be tri-partite and include the full PCIP Executive (GP, Board and IJB).

6. IMPACTS

Community Health and Wellbeing Outcomes

- 6.1. It is expected that these service developments will indirectly support improvement in several of the National Health and Wellbeing Outcomes below. In improving financial control and management, this should enable the movement of resources to support service changes.

	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live	increase

	in good health for longer.	
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.	
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	increase
5	Health and social care services contribute to reducing 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.	
7	People who use health and social care services are safe from harm.	
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.	
9	Resources are used effectively and efficiently in the provision of health and social care services.	Direct increase

Financial impacts

6.2. To date, funding has been provided on an NRAC share basis. This does not accurately reflect the costs of delivery in a small and rural Board and we argue that funding should be based on the cost of delivery model in order to fully implement the MoU.

6.3. Despite diligently reporting our financial model and requirements to SG, and various escalations, we have nothing in writing to indicate that we will receive sufficient funding to allow full implementation.

Equality, Human Rights and Fairer Scotland Duty

6.4. Integrated Impact Assessment Stage 1 Proportionality and Relevance

The IJB has a statutory obligation to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between people who share a characteristic (age, disability, gender re-assignment, trans/transgender identity, marriage or civil partnership, pregnancy and maternity, race groups, religion or belief, sex-gender identity, and sexual orientation) and those who do not; and foster good relations between people who share a characteristic and those who do not. This involves tackling prejudice and building understanding.

Additionally, where proposals are “strategic”, the Fairer Scotland Duty requires us to show that we have actively considered how we can reduce socio-economic inequalities in the decisions that we make and to publish a short written assessment on how we have done this.

There are Health Inequalities implications that need to be highlighted. Failure of adequately providing community based health provision will disproportionately affect some of our most vulnerable people in Scottish Borders.

Primary Care Improvement Plan aims to increase the delivery of preventive and anticipatory interventions through primary care and general practice. We aim to optimise health and well-being and self-management of long-term conditions within local communities by improving access to services and providing much needed resilience within GP Practices.

A full impact assessment will be conducted to inform the way forward.

Legislative considerations

- 6.5. Failure to implement all aspects of the programme means that we are unable to fully implement the Memorandum of Understanding for the GMS contract. This may result in additional payments to the GPs being required .

Climate Change and Sustainability

- 6.6. There are no direct impacts for Climate Change and Sustainability.

Risk and Mitigations

- 6.7. Failure to fully implement the contract and the additional services required will not provide the full benefits for General Practice, including reducing workload and positively impacting on recruitment and retention.
- 6.8. There is a risk that the Vaccination Programme will be unable to sustain the same level of service due to insufficient SG funding allocation leading to a failure of GMS Contract and an increased risk to public health.
- 6.9. There is a risk that the CTAC Programme will not be fully delivered due to insufficient SG funding allocation leading to a failure of GMS Contract and inequitable access to Treatment Room services to Scottish Borders patients.
- 6.10. There is a risk that Pharmacotherapy programme as described in MOU2 will not deliver Level 1 and elements of level 2 & 3 pharmacotherapy tasks due to insufficient SG funding allocation and as such an inability to employ the Pharmacotherapy staff required to deliver this. The impact is reduced medication management for Scottish Borders patients with potential harm from polypharmacy and drug errors.
- 6.11. Failure to fully implement the contract may result in further requirements for sustainability payments.
- 6.12. Failure to implement the contract may result in industrial action from the GP Community.

7. CONSULTATION

Communities consulted

- 7.1. As part of the IIA there will be engagement with affected communities. Communication with the GP community around the current situation is required.
- 7.2. As part of the above processes, we will consider the Integration Planning and Delivery Principles.
- 7.3. PCIP Executive members were consulted.
- 7.4. The following groups will be involved as required:
- Staff – Joint Staff Forum
 - Localities – Locality Working Groups

- Clinical Groups – NHS Borders Clinical Reference Groups (GP Subcommittee, Area Clinical Forum, Area Dental Committee, Area Pharmacy Committee, Area Optometry Committee)
- IJB Strategic Planning Group

Integration Joint Board Officers consulted

7.5. The IJB Chief Officer and the IJB Chief Finance Officer are members of the PCIP Exec and all comments received have been incorporated into the final report.

Approved by:

Hazel Robertson, IJB Chief Finance Officer

Author(s)

Hazel Robertson, IJB Chief Finance Officer

Background Papers:

PCIP Finance Report

Previous Minute Reference: 19 Dec 2022

For more information on this report, contact us at

Hazel Robertson

Chief Finance Officer

07929 760333

hazel.robertson3@borders.scot.nhs.uk

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



Meeting Date: 20 March 2023

Report By:	<i>Chris Myers, Chief Officer, Scottish Borders Health and Social Care Partnership</i>
Contact:	<i>Carly Lyall, Planning & Performance Manager</i>
Telephone:	carly.lyall@borders.scot.nhs.uk or via MS Teams
PALLIATIVE CARE SERVICE REVIEW	
Purpose of Report:	To update the Health & Social Care Integration Joint Board Audit Committee on progress with the Palliative Care Service Review which was commissioned by the Integrated Joint Board on 21 st September 2022.
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: <ul style="list-style-type: none"> a) Note progress b) Note the timescales for the review
Route to the meeting:	Engagement Workshop, 28 th July 2022 Steering Group, virtual sign off of scope, August 2022 Strategic Planning Group, 24 th August 2022 Integrated Joint Board, 21 st September 2022
Personnel:	The review will require engagement with the service and stakeholders.
Carers:	As part of the review, the IJB Carers workstream will be consulted to consider the needs of unpaid carers caring for their loved ones who receive palliative care in the community.
Equalities:	As the review has not commenced, the Integrated Impact Assessment has not yet been undertaken, but will be as part of the implementation and will be reported back to the IJB.
Financial:	Non-recurrent funding will need to be identified to commission an external provider. It is expected that this will provide the opportunity for service transformation to both improve outcomes.
Legal:	Procurement requirements and rules will be followed accordingly.
Risk Implications:	There is a risk of no identified funding to commission the review, which will impact on our performance against the National Health and Wellbeing Outcomes, and national integration indicators on the following: <ul style="list-style-type: none"> • Proportion of people spending their last 6 months at home, or in a homely setting • Percentage of adults supported at home who agreed that

	<p>their health and social care services seemed to be well coordinated</p> <ul style="list-style-type: none"> • Percentage of adults supported at home who agreed that they are supported to live as independently as possible; • Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life; • Percentage of adults supported at home who agreed they felt safe; • the percentage of carers supported to continue in their caring role, and; • the percentage of adults with intensive care needs at home.
Engagement & Consultation:	A workshop on MS Teams was held to get input from for a wide range of stakeholders, this included input from community, acute, specialist palliative care and PATCH.
Sustainability	No direct impacts on sustainability.

Situation

An Integrated Joint Board (IJB) direction was given on 21st September 2022 to commission an external review of Palliative Care Services across the Scottish Borders.

Palliative care as defined by the World Health Organisation is:

“an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual”. ([WHO Definition of Palliative Care - Public Health](#))

Marie Curie defines Palliative Care as:

“...treatment, care and support for people with a life-limiting illness, and their family and friends”.

They describe a life-limiting illness as:

“...an illness that can't be cured and that you're likely to die from. You might hear this type of illness called 'life-threatening' or 'terminal'. People might also use the terms 'progressive' (gets worse over time) or 'advanced' (is at a serious stage) to describe these illnesses. Examples of life-limiting illnesses include advanced cancer, motor neuron disease (MND) and dementia”. You can receive palliative care at any stage in your illness. Having palliative care doesn't necessarily mean that you're likely to die soon – some people receive palliative care for years. You can also have palliative care alongside treatments, therapies and medicines aimed at controlling your illness, such as chemotherapy or radiotherapy. However, palliative care does include caring for people who are nearing the end of life – this is sometimes called end of life care”. [What is palliative care? \(mariecurie.org.uk\)](#)

Background

The majority of palliative care services within the Scottish Borders are provided in the community, both across General Practice, District Nursing, Home Care providers, Care Homes, Community Hospitals and Third Sector partners. In addition, there are number of unpaid carers who provide palliative care.

The specialist tier of care, the Margaret Kerr Unit (MKU) is a specialist palliative care unit which was built in response to the fact that the Borders was the only mainland Health Board region not to have a specialist palliative care unit. The build was funded on the back of a generous initial donation, other fundraising partners and a public appeal raising the final million of the £4.22million cost. The ongoing recurring running costs are NHS funded. It provides specialist care and some general care, though the latter should be able to be provided anywhere within the Scottish Borders i.e. other wards in the BGH, community hospitals and care homes and of course the community.

The specialist palliative care team are based in and provide the inpatient care in the MKU along with ward staff. The specialist team, also provide in-reach support to acute inpatients and provide complex symptom support for patients, families and staff in all settings across the Scottish Borders.

After the success of the MKU and recognising the high standard of care within it, NHS Borders arranged for Marie Curie to perform a needs assessment in 2015 to identify next steps in wider provision of palliative care across the system. The recommendations focussed on earlier identification of palliative care needs, assessment, care planning and review, holistic care and support, support after death and health promoting palliative care all with a focus on continual quality improvement.

The placement of the parts of palliative care services across various line management structure and associated with areas (such as health promoting palliative care which may seem less relevant in comparison to other demands e.g. on acute services) led to delays in progression of these recommendations. With the recent COVID-19 pandemic and the failure to implement the previous recommendations there is a need to do a full review of Palliative Care services.

There is an endowment fund where people who have appreciated the services of the specialist palliative care team and MKU have made donations for specialist palliative care. This endowment fund holds a high balance of funds.

The COVID-19 pandemic added to the challenges; however, it has also reinforced areas of potential. One of the key projects that was stalled is the hospice at home service – described in realistic medicine reports elsewhere in Scotland and in some areas implemented during the pandemic to great effect. A project Charter was drawn up which outlined the original bid for a broader care at home model for palliative care. MacMillan agreed funding however funding ceased due to various reasons but overall, it was rejected by the Board.

During the COVID-19 pandemic there was an additional Macmillan bid. This was an abridged version of hospice at home to test a 7-day specialist advice/support service. The funding was agree by Macmillan however rejected by Board Executive Team (BET) given

the additional requirement for registers nurses and the potential to destabilise already precarious acute services.

In mid-2020, Marie Curie wrote to all territorial NHS authorities across the UK in relation to Marie Curie's initial response to COVID-19. Further contact was then made with NHS Borders requesting an opportunity to discuss a future operating model for the organisation that would ensure its long-term input to specialist palliative care services in the Scottish Borders. The split of charitable funds and NHS funded changed due to a significant shortfall of donation income and the previously applied reduced service rates for Health Board changed. Although faced with the unforeseen costing pressure, Primary and Community Services recognised an opportunity to review current delivery models in an attempt to validate value for money and explore alternative models of working. A significant piece of work was undertaken by the Primary & Community Services (P&CS) Management Team to look at the Marie Curie contract and the service provided. Good engagement with Marie Curie and other key stakeholders followed over the course of several workshops to discuss a future operating model for the organisation that would ensure its long-term input to specialist palliative care services in the Scottish Borders. The workstream was the paused to align with this overall service review.

Assessment

The Scottish Borders Health and Social Care Partnership covers the sixth largest geographical Health and Social Care Partnership area in Scotland. The population served is approximately 119,000. The geography is largely rural, and the population is ageing when compared with the national average population across Scotland. The service has also experienced significant constraints on its capacity to meet demand during the pandemic and provide consistent care at home for patients

In order to address current challenges we are seeking an external full review of Palliative Care Services across the Scottish Borders to ensure an integrated approach that is seamless for service users and their families / carers, as well as staff. Further details are included within the section below.

Scope

The scope of the review was developed in partnership with all stakeholders at an Engagement Workshop in July 2022. A workshop on MS Teams was held to get input from for a wide range of stakeholders, this included input from community, acute, specialist palliative care and PATCH. The scope was refined and agreed virtually by the Steering Group and then further endorsed by a small focused working group while discussing and agreeing the most appropriate Procurement route.

The review will include the areas below, however this list is not exhaustive and can be expanded should there be good reason to.

1. Acute
 - BGH – acute hospital
 - Emergency Department
 - Specialist Palliative Care
 - Margaret Kerr Unit
2. Primary & Community Services
 - Community Hospitals

- Community Nursing, e.g. District Nursing
- Specialist Palliative Care
- Out of Hours
- General Practice
- Care Homes
- Community Pharmacy
- Any appropriate Social Care Provision that is involved in delivering elements of Palliative Care.

3. Third Sector & Voluntary Organisations

- Marie Curie contract
- PATCH
- Macmillan

4. Finances

- Overview of all finances and funding streams related to Palliative Care
- Full financial appraisal
- Use of Endowment Fund and rules associated with it
- Maire Curie Contract

5. Governance

- Clear governance structure
- Scrutiny of previous recommendations, where we got to and whether they are still relevant

Objectives

Key objectives and successful outcomes will be in the areas of:

Intended Outcomes	
1	Structures & Governance <ul style="list-style-type: none"> • Overview of the structure; roles, goals, processes, responsibilities • Define working model required for Borders – this will then define the finances • Develop a framework that realigns to the principles of value based medicine • Clear service delivery model • Clear Governance •
2	Processes <ul style="list-style-type: none"> • Consistent processes across all localities • An integrated approach is adopted that promotes and improves the seamless and joined up delivery of care to service users • GP gold standard meetings • Clear pathways for staff and patients - the scope of the future configuration of service, and referral pathways are clearly outlined • Anticipatory Care planning • Clear, joined up, standardised documentation across acute, primary care & community services clearly stating patients end of life preferences, accessible to all services. • Share updates and consistent communications to save duplication • Communications
5	National Guidelines and Strategies The review should be conducted with the following national and local drivers: <ul style="list-style-type: none"> • Every Story's Ending - the Scottish Partnership for Palliative Care proposal for the

	<p>national framework which is still pending. https://www.palliativecarescotland.org.uk/content/publications/1631014004_FINAL-ESE-summary.pdf</p> <ul style="list-style-type: none"> • National Health and Wellbeing Outcome indicators, developing community palliative care services, with the potential for service transformation - noted as part of the IJB's Commissioning Plan for 2022/23. • The "proportion of last 6 months of life spent at home or in a community setting" and the "percentage of adults with intensive care needs receiving care at home" in the Scottish Borders was lower than the national average in the 2021/22 Annual Performance Report & 2022/23 Commissioning Plan. • Improvements will be sought including the National Health and Wellbeing Outcomes benefits and other benefits listed
7	<p>Networks</p> <ul style="list-style-type: none"> • Scope and develop a network of Palliative Care advice, services and resources • 3rd sector interfaces, and the use of charitable organisations
8	<p>Education & Training</p> <ul style="list-style-type: none"> • Opportunities for dedicated Palliative Care education and training for staff across the whole pathway • Dedicated clinical supervision structure • Occupational Health and well-being for staff
9	<p>Information Technology</p> <ul style="list-style-type: none"> • Review of IT systems to reduce duplication and share communications
10	<p>Data</p> <ul style="list-style-type: none"> • Develop a data dashboard
11	<p>Engagement</p> <ul style="list-style-type: none"> • Engagement with staff, services and stakeholders • Engagement with those who have lived in experience • There will be full engagement with staff, with service users, unpaid carers and partners (including but not exclusively engagement and review at the IJB Joint Staff Forum, Unpaid Carers Workstream, GP Subcommittee and Independent Care Sector Advisory Group)
12	<p>Finances</p> <p>The review should focus on opportunities to focus on transformation opportunities for palliative care services, and as part of this aim to improve outcomes and reduce overall costs for palliative care as part of a 'Programme Budgeting' approach. The IJB Chief Financial Advisor will work with the NHS Borders and Scottish Borders Council finance teams to support this assessment.</p>

Outputs

In partnership with NHS Borders and the Health & Social Care Integrated Joint Board:

Opportunities will include identification of improvement opportunities which should be categorised as either

- a) structural
- b) performance
- c) transformational

Structural issues will encompass evidence that suggests the design of services is sub-optimal and can be improved leading to a future benefit.

Performance issues are where there is evidence of variation from agreed standards or expected levels of efficiency.

Transformational opportunities to ensure an integrated approach that is seamless for service users and their families / carers, as well as staff.

The review is expected to:

- Determine capacity requirements for each area under review, and to determine if this is sufficient to deliver the defined service specification.
- Provide a report with supporting analysis and recommendations for improvement.
- Provide a financial plan. This should identify any potential savings opportunities that suggested operating models could deliver.
- Provide an implementation plan to deliver the recommendations agreed with NHS Borders.
- Ensure that work is undertaken in a transparent and consistent way across each area, in line with the agreed standards of care.

All of the above will involve working with the clinical staff and the senior clinical / managerial staff for each area under review.

Timeline

Action	Date
Procurement Brief out to tender	w/c 13 March 2023
Closing Date for applications	31 March 2023
Interviews	Beginning of April (Date TBC)
Commence Review	May 2023 (TBC depending on successful tender)
Output of Review	July 2023 (TBC depending on successful tender)

The original timescales associated with the direction have been difficult due to workload, capacity and the challenges faced with both these over winter. This has resulted in the review being delayed from the original completion date of 31st March 2023.

In February 2022 a small, focused working group met to endorse the final scope and agree the most appropriate Procurement route. The group agreed on the Procurement steps below:

- Upload a specification to tender the review, using the readymade framework RM6187 Management Consultancy Framework Three (MCF3) – Lot 7 (Health, Social Care & Community).
- This will allow companies to review the scope and submit a quote
- There is an opportunity to include any particular companies who have experience in a similar review.
- Conduct interviews and agree the successful tender.

Recommendation

This review should identify variation across the localities and inform standard processes and pathways. It will consider areas where there is opportunity to improve efficiency or

productivity and identify opportunities to transform services to build on their safety, patient centredness and sustainability. The review will define the service required and then the best model to provide it.

The Scottish Borders Health & Social Care Integration Joint Board Audit Committee are asked to:

- **Note** progress with the finalised scope and the procurement process.
- **Note** the timescales for the review.
- **Note** the original date of completion, 31 March 2023, is now end July 2023.

**Scottish Borders Health and Social Care Partnership
Integration Joint Board Audit Committee**

20 March 2023

Audit Scotland Report

Report by Hazel Robertson, Chief Finance Officer, HSCP and IJB



1. PURPOSE AND SUMMARY

1.1. To provide report from Audit Scotland for information.- overview of the NHS in Scotland.

- Publication: NHS in Scotland 2022
- Date: February 23, 2023 by Auditor General
- Full transparency on NHS recovery needed. The Scottish Government needs to be clearer about how long it will take the NHS to recover from the Covid-19 pandemic and to reform services.
- The government's NHS recovery plan aims to reduce the healthcare backlog and change how services are delivered. But the plan doesn't contain the detailed actions that would allow progress to be accurately measured. It also lacks robust modelling to understand demand on services and the NHS's capacity to meet that demand.

The report is heavily focussed on treatment waiting times which are not delegated services however the report has some content that is of interest to the IJB.

The report is available online as below

[NHS in Scotland 2022 | Audit Scotland \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/nhs-in-scotland-2022)

2. RECOMMENDATIONS

2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) Audit Committee is asked to:-**

- a) Note the NHS in Scotland 2022 Audit Scotland Report.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
x	x			x	

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
	x	x			

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

5.1. This report is the annual overview of the NHS in Scotland, published by Audit Scotland. It presents recommendations for the Scotland Government and the service.

6. RECOMMENDATIONS FOR GOVERNMENT AND THE SERVICE

6.1. The Scottish Government should:

- publish a revised medium-term financial framework (MTFF) for health and social care that clearly aligns with the medium-term financial strategy (MTFS) for the entire Scottish Government, as soon as possible after the next MTFS is published, to determine what financial resources will be available and to give a clear understanding of potential financial scenarios (paragraph 18).
- as soon as possible, complete work on modelling demand and capacity in the NHS in Scotland to inform planning for future service delivery, taking into consideration demographic change, service redesign options and anticipated workforce capacity (paragraph 75).
- revisit its NHS Recovery Plan commitments annually and use its annual progress updates to report clearly and transparently on what progress has been made and whether those commitments, or the targets and delivery timeframes related to them, need to change and why (paragraph 86).
- ensure that targets for tackling the backlog of care are clear, publish accessible and meaningful information about how long people will have to wait for treatment, and urgently explore all options to provide support to the most vulnerable people waiting for treatment to minimise the negative impact on their health and wellbeing (paragraphs 71, 101 and 106).
- publish annual progress updates on the reform of services, showing the effectiveness and value for money of new innovations and ways of delivering NHS services (paragraph 136 to 138).

6.2. The Scottish Government and NHS boards should:

- work with partners in the social care sector to progress a long-term, sustainable solution for reducing delayed discharges from hospital (paragraph 39).
- ensure focus on staff retention measures is maintained, including wellbeing support, and continually look at ways to increase the impact of these measures (paragraph 50).

- work together more collaboratively on boards' delivery, financial and workforce plans to maximise boards' potential to achieve the ambitions in the NHS Recovery Plan, by balancing national and local priorities against available resources and capacity and setting realistic expectations for the public (paragraph 78). Recommendations
- urgently implement a programme of engagement with the public to enable an open discussion about the challenges facing the health sector in Scotland and help inform future priorities and how the delivery of services will change (paragraph 139).

7. IMPACTS

Community Health and Wellbeing Outcomes

7.1. The intention of this report is to provide a focus for improvement of health services therefore should indirectly impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
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.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
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.	Increase
7	People who use health and social care services are safe from harm.	Increase
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.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

7.2. There are no costs attached to any of the recommendations contained in this report.

Equality, Human Rights and Fairer Scotland Duty

7.3. An assessment against these duties is not required as this is a national overview report.

Legislative considerations

7.4. None

Climate Change and Sustainability

7.5. None.

Risk and Mitigations

7.6. No specific risks as this is a national overview,

8. CONSULTATION

Communities consulted

8.1. Not relevant.

Integration Joint Board Officers consulted

8.2. Not relevant.

Approved by:

Hazel Robertson, Chief Finance Officer

Author(s)

Hazel Robertson, Chief Finance Officer

Background Papers [NHS in Scotland 2022 \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk)

Previous Minute Reference: not applicable

For more information on this report, contact us at

Hazel Robertson

Chief Finance Officer

07929 760333

hazel.robertson3@borders.scot.nhs.uk