



**A Meeting of the Integration Joint Board Audit & Risk Committee**  
will be held on 28 June 2019  
at 2pm in **Boardroom, NHS Forth Valley HQ, Carseview House**

Please notify apologies for absence to:

[HealthandSocialCarePartnership@clacks.gov.uk](mailto:HealthandSocialCarePartnership@clacks.gov.uk)

## **AGENDA**

1. Apologies
2. Matters Arising
3. Minute of Previous Meeting
4. Approved Terms of Reference
5. Alcohol & Drug Partnership Contracts *Elaine Lawlor, FV ADP Co-ordinator*
6. Governance Workplan & Annual Governance Checklist *Ewan Murray, Chief Finance Officer*
7. Internal Audit Progress Reports *Kevin O’Kane, Chief Internal Auditor*
8. Internal Audit Annual Report *Kevin O’Kane, Chief Internal Auditor*
9. Draft Annual Accounts 2018/19 *Ewan Murray, Chief Finance Officer*
10. Strategic Risk Register *Ewan Murray, Chief Finance Officer*
11. AOCB
12. Date of Next Meeting (TBA September)



**Minute of the Clackmannanshire & Stirling IJB Audit Committee  
Wednesday 20 February 2019, 2.00pm  
Carseview House, Stirling**

**Present:** Councillor D Clark (DC), Clackmannanshire Council (Chair)  
Ian Aitken (IA), Interim Chief Officer, Clackmannanshire &  
Stirling Health and Social Care Partnership  
Councillor Graham Houston (GH), Stirling Council  
Alex Linkston (AL), Chairman, NHS Forth Valley  
Morag Mason (MM), Service User Representative for Stirling  
Natalie Masterson (NM), Third Sector Representative for Stirling  
Ewan Murray (EM), Chief Finance Officer, Clackmannanshire &  
Stirling Health and Social Care Partnership  
Allan Rennie (AR), Non-Executive Board Member, NHS Forth  
Valley

**In Attendance:** John Cornett (JC), Audit Director, Audit Scotland  
Kevin O’Kane (KO), Audit Manager, Corporate Operations,  
Stirling  
Paul Craig (PC), Senior Audit Manager, Audit Scotland  
Sue Fair (SF), Business Support Officer (Minutes)  
Andrew Wallace (AW), Trainee Auditor, Audit Scotland

**1. APOLOGIES**

Apologies were intimated on behalf of Tony Gaskin, Chief Internal Auditor, Fife, Tayside, Forthvalley Management Services.

**2. MINUTE OF IJB AUDIT COMMITTEE MEETING OF 12 SEPTEMBER 2018**

The minute was accepted as a true and correct record.

**3. MATTERS ARISING**

There were no matters arising from the previous minute.

**4. REVIEW OF TERMS OF REFERENCE OF AUDIT COMMITTEE**

This paper was presented by Ewan Murray.

Current Terms of Reference require 3 out of 4 voting members to be present for the meeting to be quorate, however this has proved difficult to ensure with some meetings proving inquorate. The proposed Terms of Reference would bring the Committee in line with both the IJB and Finance Committee where 50% of voting members are required to be present for the Committee to be quorate.

The Audit Committee:

- 4.1 Considered and approved a recommendation to the Integration Joint Board to rename the Audit Committee the Audit & Risk Committee;
- 4.2 Tasking the Interim Chief Officer with agreeing risk management support for the Committee as part of support services arrangements with the constituent authorities;
- 4.3 Recommended the revised Terms of Reference for the Audit & Risk Committee be referred to the Integration Joint Board for Approval. This included a recommendation requiring 50% of voting IJB members requiring to be present for the committee to be quorate.

It was clarified that substitutes must be members of the IJB.

A minimum of 2 meetings were required, however the Committee generally met 3-4 times per annum.

The Strategic Risk Register was confirmed as a standing item on the agenda.

## **5. DRAFT ANNUAL AUDIT PLAN**

This paper was presented by Paul Craig.

Members noted the main points and risks within Exhibits 1-5. Budget overspends in 2018/2019 and 2019/2020 had only found 54% of savings, but more required to be identified in order to balance accounts. Accounts would be presented to the June IJB, with a final audit report coming to the Audit & Risk Committee in September.

AL stated a wish for External Audit to review and provide assurance budget assumptions including demand and financial pressures. This would help inform the IJB of the size of the financial challenge to be addressed over the next 3 years. JC advised that work would be undertaken in association with EM, the IJB, and officers from the constituent authorities. IA advised that resources required to be allocated to meet demand going forward in line with the Strategic Imperatives.

PC advised that whilst the proposed report would not come to the Committee formally, a draft could be provided to members for any comment/significant points of concern.

## **6. GOVERNANCE UPDATE INCLUDING GOVERNANCE WORKPLAN**

This paper was presented by Ewan Murray.

As part of the governance framework for the Integration Joint Board a governance workplan was established. It was noted that whilst a considerable amount of work required to be undertaken, much of this is already ongoing as part of continuous review and improvement. The partnership response to the Ministerial Steering Group proposals would also inform the workplan going forward. EM confirmed that the workplan was a standing agenda item, with the next update provided in June.

The Audit Committee:

6.1 Noted the updated governance workplan appended to this paper.

## **7. STRATEGIC RISK REGISTER UPDATE**

This paper was presented by Ian Aitken.

The Strategic Risk Register was considered in full by the Partnership Management Team in April 2019 and is considered on an exception basis as part of agreed Performance Reporting to the Integration Joint Board. Scrutiny and monitoring of the full Strategic Risk Register forms part of the Audit Committees agreed terms of reference.

The Audit Committee:

7.1 Approved the updated register with regard to progress of relevant actions, and the alignment to key strategic processes.

7.2 Noted the ongoing development of the risk register and reporting arrangements.

Reporting would be developed to include the date new risks were identified, and whether risks had increased or decreased in comparison to the previous report.

## **8. INTERNAL AUDIT PROGRESS REPORT**

This paper was presented by Kevin O'Kane.

The report set out Internal Audit's progress against the Internal Audit Annual Plan 2018/19, which was approved by the Audit Committee on 21 February 2018. The Plan sets out a programme of work that included three specified reports, in addition to an Annual Internal Audit Report. One of those reports (Service Redesign) is now in draft form: the Chief Internal Auditor reported

that he expected that all of the reports will be brought to the Audit Committee meeting in June 2019.

This report also highlights that the role of Chief Internal Auditor to the Integration Joint Board will transfer during 2019 as part of the agreed rotation of that responsibility among the constituent authorities.

The Audit Committee:

- 8.1 Noted the progress made with the planned programme of work set out in the approved Internal Audit Annual Plan 2018-19; and
- 8.2 Noted that the Chief Internal Auditor of NHS Forth Valley will succeed Stirling Council's Audit Manager as Chief Internal Auditor to the Integration Joint Board for a 3-year period effective from June 2019.

AL stated the Committee was keen to see a 5 (rather than 3) year rolling plan looking at key aspects, priorities and sustainability. KO agreed to discuss this with the 3 heads of audit and ask the incoming Chief Internal Auditor to consider this as part of future audit planning. EM requested that an Appendix be added to the report which could reflect on progress to date.

Members noted that Mr Tony Gaskin would assume the Chief Internal Auditor role going forward.

## **9. INTERNAL AUDIT DRAFT INFORMATION SHARING PROTOCOL**

This paper was presented by Kevin O'Kane.

The Chief Internal Auditor to the Integration Joint Board had developed a draft Internal Audit Output Sharing Protocol (hereafter referred to as the 'Protocol') to govern, and set out specific arrangements that will apply to the sharing of internal audit outputs between Clackmannanshire Council, NHS Forth Valley, Stirling Council and the Integration Joint Board.

The Audit Committee:

- 9.1 Noted the draft Internal Audit Output Sharing Protocol between Clackmannanshire Council, NHS Forth Valley, Stirling Council and the Integration Joint Board.
- 9.2 Were requested to make any comments that it considers relevant to the content of the draft Internal Audit Output Sharing Protocol, and that should be considered before the draft Protocol is submitted for agreement and signing by relevant senior officers of the Integration Joint Board and the constituent authorities.

## **10. ACCOUNTS COMMISSION REPORT – INTEGRATION PROGRESS**

This paper was presented by Kevin O’Kane.

This national report set out key messages and recommended actions that are relevant to all Councils and IJBs across Scotland.

The Chief Internal Auditor is drawing this report to the attention of the Audit Committee in accordance with good governance practice. IJB officers are currently preparing a specific response and action plan to address the relevant recommended actions in the national report, and will agree approval and monitoring of the action plan with the Integration Joint Board

The Audit Committee:

- 10.1 Noted the contents of the Accounts Commission and the Auditor General for Scotland national report titled ‘Health and Social Care Integration: Update on Progress’, attached at Appendix 1, and in particular the key messages and recommendations at sections 5 and 6 of this covering report.
- 10.2 Noted that Integration Joint Board officers are preparing a specific response and action plan to address the relevant recommendations in the national report.
- 10.3 Agreed to make any comments or recommendations the Committee considers may be necessary or appropriate for the Integration Joint Board to undertake in order to meet the best practice set out in the report by the Accounts Commission and Auditor General for Scotland.

GH enquired whether deadlines were realistic. EM advised he was already discussing the response to financial elements with Chief Finance Officers/ Directors of Finance from a professional best practice point of view. Relevant examples of best practice from other partnerships would be considered and adopted where appropriate. IA emphasised the need to maximise the potential for integrated services.

DC reported that whilst larger Integration Joint Boards may be performing better, many had significantly utilised their reserves, with some also producing deficit budgets. This Partnership would require to be innovative and adapt accordingly.

## **11. MINISTERIAL STEERING GROUP REVIEW OF INTEGRATION PROGRESS**

IA/NM were keen to increase the involvement of the Third Sector and develop a fuller understanding of the roles of all partners involved including the independent sector. MM reported that much work was undertaken within

communities. DC added that the local economy was a very important factor in reducing poverty/increasing health of the local population.

**12. STRATHCARRON HOSPICE: DRAFT HOSPICE AT HOME INSPECTION REPORT**

The Audit Committee noted the very positive report findings.

**13. ANY OTHER COMPETENT BUSINESS**

None.

**14. DATE OF NEXT MEETING**

To be agreed and circulated.

## **CLACKMANNANSHIRE AND STIRLING HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB)**

### **AUDIT & RISK COMMITTEE DRAFT TERMS OF REFERENCE**

#### **Constitution**

The IJB shall appoint the Committee. The Committee should agree the professional advisors it requires on a regular and adhoc basis. The Committee is required to review its terms of reference on an annual basis.

The Committee will meet at least twice per annum. The Committee will be supported and serviced by the Chief Finance Officer and a Nominated Risk Management Lead from one of the Constituent Authorities. The Audit Committee will report to the Integration Joint Board

#### **Chairperson**

The Integration Joint Board shall appoint the Chairperson of the Committee who will be one of the voting members of the Committee.

The Chair will rotate every 2 years.

#### **Membership**

The Integration Joint Board shall appoint the membership of the Committee. It is proposed the membership consists of four voting members with one being from each of Clackmannanshire Council and Stirling Councils and two being from NHS Forth Valley plus two non-voting members.

Substitutions are permitted but must be from the memberships of the Integration Joint Board.

#### **Quorum**

50% of the voting members being present will constitute a quorum.

## **Functions Referred**

The following functions of the Integration Joint Board shall stand referred to the Audit Committee –

1. Assess the adequacy and effectiveness of the Integration Joint Board's internal controls and corporate governance arrangements and consider the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated;
2. Ensure existence of and compliance with an appropriate Risk Management Strategy. Review risk management arrangements and receive regular risk management updates and reports;
3. Review and approve the Internal Audit Annual Plan on behalf of the Integration Joint Board, receive reports and oversee and review progress on actions taken on audit recommendations and report to the Integration Joint Board on these as appropriate;
4. Consider the External Audit Annual Plan on behalf of the Integration Joint Board, receive reports and consider matters arising from these and management actions identified in response before submission to the Integration Joint Board; The Audit Committee may also consider relevant national audit reports particularly those relating to Health and Social Care Integration from Audit Scotland.
5. Consider annual financial accounts and related matters before submission to and approval by the Integration Joint Board; and
6. The committee is responsible for ensuring best value for those delegated functions.
7. The Committee is authorised by the Integration Joint Board to investigate any activity within its terms of reference, and in so doing, may seek any information it requires.



Clackmannanshire & Stirling

Health & Social Care  
Partnership

# Integration Joint Board Audit & Risk Committee

28 June 2019

Agenda Item 5

## Letting of Third Sector Substance Use Service Contract.

### For Discussion & Assurance

<b>Paper presented by</b>	Elaine Lawlor
<b>Author</b>	Elaine Lawlor



Clackmannanshire  
Council



**NHS**  
Forth Valley

<b>Purpose of Report:</b>	<p>To update the Audit &amp; Risk Committee of the Integration Joint Board on the recent contract letting of a Third Sector Substance Use Service, and how this supports the IJB priorities of reducing inequalities / alleviating poverty.</p> <p>To inform the Audit Committee of the Integration Joint Board of compliance with Procurement Regulations during the recent tendering process undertaken by NSS (National Services Scotland).</p>
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<b>Recommendations:</b>	<p>The Integration Joint Board Audit &amp; Risk Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of and draw assurance from the Equality and Poverty Impact Assessment (EPIA) and the potential benefits to citizens of Clackmannanshire and Stirling.</li> <li>• Note the content of the report and the procurement journey undertaken on behalf of the constituent authorities and the Integration Joint Board by National Services Scotland (NSS).</li> <li>• Note the recommendation for a clearly defined process to be developed for IJB commissioning.</li> </ul>
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## 1. Context and Background

- 1.1 This report has been prepared for the Audit & Risk Committee of the Integration Joint Board by the Alcohol and Drug Partnership Coordinator for Forth Valley Alcohol and Drug Partnerships and the Head of Procurement NHS Forth Valley. It will provide an overview of the process undertaken for the recent commission of a Third Sector Substance Use Service and how this will support and enhance delivery of the IJB priorities of reducing inequalities and alleviating poverty in our most deprived groups.
- 1.2 NHS Forth Valley has been the lead contracting agency for both Third Sector Substance Use Services for many years. Signpost Recovery for eighteen years and Addictions Support and Counselling (ASC) for six years approximately. These are the incumbent service providers, both services operate on a pan Forth Valley basis.
- 1.3 Contract expiry dates and the detail of all ADP managed contracts, including contributions from partner budgets, was previously provided to Forth Valley procurement teams. This work was done to scope commitments pre establishment of integration authorities, this work was carried out in 2015.
- 1.4 An event was held for all of the procurement staff early in the planning for integration. This was an attempt to determine clear processes and identify structures for Health and Social Care commissioning. There were no guidance documents or protocols that emerged from this work. No new processes were

identified or developed. At time of writing this has still not moved on, the position is the same, there is no clear structure or guidance in place for IJB commissioning.

- 1.5 In the absence of a clearly defined single commissioning approach across the partnership, it is challenging for all constituent partners to comply with all governance policies and procedures, whilst attempting to work in partnership on such a huge task. There is acceptance that communication could have been improved in this case. These issues will be mitigated with the development of a clearly defined process for commissioning going forward.

## **2. Procurement Journey**

- 2.1 Due to the evolving governance of IJBs as the commissioning body for in scope Alcohol and Drug Services, a paper was first shared with IJB Chief Officers and Chief Finance Officers in 2016. The paper highlighted that the contracts for Third Sector substance services were soon coming to an end and that a decision required to be taken regarding the commissioning these services going forward.
- 2.2 An agreement to proceed to market testing was decided at a meeting with the IJB Chief Finance Officers, NHS Forth Valley representatives from finance and procurement and the ADP Coordinator. This was presented to the IJB in December 2017 as part of the Options for Future Service Delivery and estimated impact incorporated with 2018/19 budget proposals and cover by Directions to the constituent authorities. There was broad agreement that as the contract value exceeded the revised Health and Social Care Procurement Regulation limit, open tender was the way forward. NHS FV as the lead contracting organisation also had legal obligations to fulfil as stipulated within the current contracts. These contracts had previously been extended and they could not be further extended.
- 2.3 The Head of NHS Procurement and the ADP Coordinator approached Falkirk Council's Commissioning Team; this was to ascertain whether they could assist with a large tender exercise. This was mainly due to that fact that NHS Forth Valley Procurement Department did not have capacity to run a tender of this size.
- 2.4 The estimated time given was that this task would take six months of a senior procurement specialist - cost circa 50k. This was on top of the time that developing the clinical specification would take. It was agreed by the Head of NHS Procurement and the CFOs at that point to approach National Services Scotland (NSS); agreement was reached that they would support the process in full, cost negative to the IJB.
- 2.5 National Services Scotland (NSS) assisted NHS Forth Valley, on behalf of the IJBs, in the procurement of a contract award for the provision of Substance Misuse Interventions, to their given specifications. The process followed NHS Scotland National Procurement Regulations and the Procurement Journey as

publicised by the Scottish Government, and using the PCS-Tender e-tendering portal. Procurement Journey Route 3.

- 2.6 NHS Scotland Central Legal Office (CLO) was also called upon to assist in the creation of legal documentation for provision of same.
- 2.7 The process followed the NHS FV Standing Financial Instructions; sign off on the OJEU advert and approval to move to contract award were given by the NHS Boards Director of Finance.

### **3. Conclusions**

- 3.1 Challenges remain in addressing the high rates of ill health and deaths from drug and alcohol-related problems in both Clackmannanshire and Stirling. The problematic use of drugs and alcohol significantly contributes to preventable ill health and death. There is also a strong causal link between problem drug and alcohol use with deprivation and poverty.
- 3.2 The recent detailed Forth Valley Substance Use Needs Assessment indicated that the treatment ratio for the area is very low against the identified needs of the population. The new service are offering increased capacity for less investment, it is worthy of noting that considerable savings were achieved from this commission.
- 3.3 The information detailed within the attached EPIA (Equality and Poverty Impact Assessment) outlines key areas where this commission will make a positive contribution to poverty alleviation. The interventions delivered by the service will reduce health inequalities for those who use the service.
- 3.4 A clearly defined process re how these Major Procurements will be managed going forward will alleviate these issues and provide total clarity for the partnership. This will require appropriate levels of human resource to deliver the level of service required.

### **4. Appendices**

EPIA – Equality and Poverty Impact Assessment (2019)

## Equality & Poverty Impact Assessment (EPIA) CGL Forth Valley Recovery Service

### Information

<b>Name of EPIA:</b> CGL Forth Valley Recovery Service	<b>EPIA Reference No. (if applicable):</b>
<b>Division/Department/Service/Team Lead:</b>	<b>Contact details:</b> Beverley Hubber

### 1.0 Identify the main aims and projected outcomes of the proposal / policy / project outline:

Change Grow Live have been commissioned by NHS Forth Valley and Forth Valley Alcohol & Drug Partnership to provide The Forth Valley Recovery Service. The service will begin delivery on 1<sup>st</sup> October 2019.

This document will assess potential for any risks of a new provider and service delivery model to those with protected characteristics and those experiencing the wider effects of poverty

The service will deliver an integrated Adult Alcohol and Drug Use Treatment Service delivering a range of treatment interventions in a variety of settings across Forth Valley to underpin the delivery of a Recovery Orientated System of Care.

Aims and Outcomes:

- Recovery from dependence on drugs and/or alcohol
- Prevention of drug related deaths
- Reduction of Blood Bourne Virus
- Reduction in crime and reoffending
- Increase in sustained employment
- Improved psychological, emotional and physical wellbeing
- Reduction in Health Inequalities
- Improved relationships with family, partner and friends
- Improvement in the identification of children affected by parental substance use

Change Grow Live are a values-based organisation and are committed to ensuring that these values are apparent in all levels of governance and practice.

CGL Values:

- Respect
- Empowerment
- Vocation
- Social Justice
- Passion
- Focus

### **Equality, Diversity and inclusion**

As an organisation that works with some of the most vulnerable and stigmatised people in our communities, CGL are committed to taking action to make our society fairer, more equal and more inclusive.

#### **Equality Diversity and Inclusion Strategy**

Change Grow Live strongly believes that organisations which embrace equality, diversity and inclusion, perform better and achieve more. Through the delivery of our Equality, Diversity and Inclusion Strategy, we are building an inclusive organisation and striving to create a more diverse, representative workforce to deliver high quality services, responsive to the needs of all service users.

#### **Equality, Diversity and Inclusion Working Group**

Our Working Group makes sure that we consider the diverse needs of all our service users, employees, volunteers and partners in the day-to-day activity of change, grow, live.

#### **Inclusion Champions**

We promote equality, diversity and inclusion across change, grow, live through our network of Inclusion Champions. They work throughout the organisation to share EDI best practice and make sure every area of change, grow, live's work has fairness at its heart. They actively help everyone at change, grow, live to understand and apply all the principles of equality, diversity and inclusion.

#### **Disability Confident scheme**

Change Grow Live is a Disability Confident Committed employer. This means we are taking action to improve how we attract, recruit and retain disabled staff and volunteers. We have set a target of becoming a Disability Confident Leading employer by 2021.

#### **Investors in people (silver)**

CGL's commitment to fair work practice is evidenced in our Investors in people (silver) accreditation. Our fair work practices framework applies to staff and volunteers and we measure our practice against the following practice outcome indicators:

- Respect
- Security
- Opportunity
- Fulfilment
- Effective Voice

#### **Stonewall Top 100**

Change Grow Live is named as one of Stonewall's Top 100 most inclusive employers in Britain – ranked at position 88 in the 2019 Stonewall equality list.

These strategies and accreditations are all maintained and enhanced by a robust suite of policies and toolkits

**Equality Protected Characteristics:**

**3.0 Which individuals / staff are likely to be affected by the proposal / policy / project? (please score)**

Equality protected characteristics	(A) Age	(D) Disability	(G) Gender	(E) Ethnicity	(R) Religion	(SO) Sexual orientation	(TG) Transgender	(P&M) Pregnancy & Maternity	(M&CP) Marriage & Civil Partnership
<b>Insert X where appropriate</b>	X	X	X	X	X	X	X	X	X

<b>Please summarise the POSITIVE impact for each affected protected characteristic using appropriate initial:</b>	<b>Please summarise the NEGATIVE impact for each affected protected characteristic using appropriate Initial</b>	<b>Please summarise the NEUTRAL impact for each affected protected characteristic using appropriate Initial</b>
<p>Age</p> <ul style="list-style-type: none"> <li>✓ Online offer attracting 16 to 30-year olds.</li> <li>✓ Partnership work with YP providers</li> <li>✓ Fresher’s week presence.</li> <li>✓ Age appropriate groups/activities</li> <li>✓ Work with Age Scotland to reach into support groups/day centres</li> <li>✓ Delivery from community venues, GP surgeries, home visits</li> <li>✓ Scope potential for connecting to care homes/home visiting services for older people</li> </ul> <p>Disability</p> <ul style="list-style-type: none"> <li>✓ DDA compliant properties</li> <li>✓ Information available in a range of formats</li> <li>✓ Website with browsealoud technology</li> <li>✓ Comprehensive health assessments ensure physical Health needs are identified/considered</li> <li>✓ Home visits if required</li> </ul> <p>Gender</p> <ul style="list-style-type: none"> <li>✓ Women/Men only drop in’s/groups</li> <li>✓ Women only alcohol specific interventions in GP surgeries to</li> </ul>		

<p>reduce levels of average consumption (one of the highest in Scotland, FV needs assessment 2018)</p> <ul style="list-style-type: none"> <li>✓ Outreach with Shakti women’s aid for BAME women</li> <li>✓ Explore co-location drop-ins with Stirling/ Clackmananshire/ Falkirk women’s aid</li> <li>✓ Develop links with Men’s Shed, Jupiter Urban Wildlife Centre, increasing awareness/access/referrals</li> </ul> <p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>✓ Develop links with FV migrant support network to increase awareness/appropriate referrals via; Basic drug and alcohol awareness training for staff/volunteers</li> <li>✓ Browsaloud translation (100+ languages available on website) and access to translators via CGL national contract</li> </ul> <p><b>Religion</b></p> <ul style="list-style-type: none"> <li>✓ Space for individual/group prayers in premises</li> <li>✓ Work with local faith groups (Central Scotland Islamic Centre, Central/Alloa Mosques etc), to explore recovery in different religious contexts and increase access</li> </ul> <p><b>Sexual Orientation</b></p> <ul style="list-style-type: none"> <li>✓ Visibility at Stirling Pride</li> <li>✓ Advertising services and harm reduction advice in FV LGBTQ+ materials</li> <li>✓ Develop links with Triangle/CLAX/FK1CLUDE/FK activists LGBTQ+ youth groups supporting access and increasing awareness</li> </ul>		
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<ul style="list-style-type: none"> <li>✓ LGBTQ+ specific drop-ins/delivery from sexual health services</li> <li>✓ Participation in Stonewall Workplace Equality Index</li> </ul> <p>Transgender</p> <ul style="list-style-type: none"> <li>✓ Staff trained in CGL's transgender equality policy</li> <li>✓ Process in place to facilitate change to name/gender (e.g. within recovery plans etc)</li> <li>✓ Participation in Stonewall Workplace Equality Index</li> </ul> <p>Pregnancy and Maternity</p> <ul style="list-style-type: none"> <li>✓ Fast track referral process for maternity services</li> <li>✓ Develop links with Children &amp; Families Home Start, Barnardo's etc to increase appropriate referrals/ increase support network access for SU's</li> <li>✓ Family friendly spaces within hubs supporting access for those with childcare responsibilities</li> <li>✓ Flexible working to accommodate pregnancy/child care</li> </ul> <p>Marriage and Civil Partnership</p> <ul style="list-style-type: none"> <li>✓ Marital status bears no impact on treatment offered</li> <li>✓ Staff sensitivity and awareness around unhealthy/controlling relationships (e.g. appointments/workers for couples as appropriate)</li> </ul>		
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**Wider inequality issues / cross cutting themes**

**3.1 Are there any cross-cutting themes or poverty indicators which when combined with equality protected characteristics could increase the level of inequality for individuals / groups with protected characteristics.**

**Poverty / Inequality indicator**  
**This list is not exclusive.**  
**Please add in categories or delete as necessary**

**Description of impact** - *will the proposal / policy / project have an impact on e.g. standard of living covering a person's ability to be independent, to feel safe, to be able to stay well fed, to have a house, to keep warm, to gain skills; to have a job and have access to other basic services to enhance well-being and reduce inequality.*

<p>Wealth, income, poverty and welfare reform</p>	<p>CGL are aware of the negative impact of welfare reform, poverty and income deprivation for many of our service users including those with protected characteristics, to mitigate the risks and evidence consideration has been given to individual's needs, we will provide;</p> <p>Service Users</p> <ul style="list-style-type: none"> <li>✓ Assertive outreach in areas of multiple deprivation to increase uptake of services and avoidance of need to travel for support</li> <li>✓ Provision of services in locations identified as areas of multiple deprivation to allow access to support services and avoidance of need to travel</li> <li>✓ Full assessment and recovery planning with every service user will allow the identification of the need for support to access income maximisation, benefit advice and address benefit sanctions</li> <li>✓ All staff will be trained to a level where they understand benefits legislation and be able provide basic support, also ensuring signposting and access to specialist services e.g. CAB</li> <li>✓ Whole family approach to benefit maximisation, school meals etc</li> <li>✓ Group work sessions will include budgeting, healthy eating</li> <li>✓ Support and advocacy to access bus pass/free travel</li> <li>✓ Registration with food banks across Forth Valley to allow referrals to be made.</li> <li>✓ Service provision and support will include offer of appointments near home or home visits as required which will reduce the need for service users to travel to appointments</li> <li>✓ Whole family approach clear referral pathways to family and child support services</li> <li>✓ Service provision in evenings to ensure those in work can access support</li> </ul> <p>Staff and Volunteers</p> <ul style="list-style-type: none"> <li>✓ Protected Terms (in line with TUPE legislation)</li> <li>✓ All staff paid above the minimum wage</li> <li>✓ No zero hours contracts</li> <li>✓ Contributory pension scheme</li> <li>✓ All travel expenses paid for staff and volunteers</li> <li>✓ Flexible working options</li> </ul>
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<p>Health inequalities; physical / emotional / behavioural</p>	<p>CGL recognises the connection between poverty and health inequalities and will provide the following to mitigate any risks:</p> <ul style="list-style-type: none"> <li>✓ Assertive outreach to engage with those who may be habitually excluded due to physical and emotional health or behavioural issues</li> <li>✓ Provision of services in locations identified as areas of multiple deprivation</li> <li>✓ Full assessment and recovery planning with every service user which will allow the identification of support for those with physical, emotional or behavioural needs</li> <li>✓ Partnership work, support and advocacy to ensure care package to meet all needs</li> <li>✓ The option of home visits or meetings in venues close to home</li> <li>✓ No wrong door approach ensuring referrals on for those needing access to other services</li> <li>✓ Provision of health checks and robust pathways to appropriate services</li> <li>✓ Provision of bbv testing and access to treatment pathway</li> <li>✓ IEP and Naloxone provision</li> <li>✓ Agree pathway to smoking cessation services</li> </ul> <p>Staff and Volunteers</p> <ul style="list-style-type: none"> <li>✓ Full sickness policy ensuring rights and respect</li> <li>✓ Anonymous access to EAP counselling service</li> <li>✓ Wellbeing hour weekly for all staff</li> <li>✓ Online wellbeing site available to all staff and volunteers offering a wide range of resources and information to support health and wellbeing</li> <li>✓ Flexible working options</li> <li>✓ Staff/volunteers/Peers will receive regular support and supervision in line with policy</li> <li>✓ Full induction training, training needs analysis and access to core training</li> </ul>
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<p>Physical security; homelessness; criminal justice;</p>	<ul style="list-style-type: none"> <li>✓ Clear protocols and pathways for child/adult protection and domestic violence</li> <li>✓ Staff trained to understand and identify vulnerable children and adults</li> <li>✓ Partnership work with local housing and homelessness support agencies</li> <li>✓ Advocacy and support for those at risk of or facing homelessness</li> <li>✓ Assertive outreach to homeless community to increase engagement opportunities</li> <li>✓ Advocacy for those living in sub-standard or inappropriate accommodation</li> <li>✓ Clear referral pathways and partnership with criminal justice services</li> <li>✓ Partnership building with Police Scotland to encourage referral pathways</li> <li>✓ Provision of arrest referral providing support in the cells and encouraging engagement</li> <li>✓ Provision of support in all prisons in the area and opportunity of liberation planning and seamless transition to community support</li> <li>✓ Whole family approach and assessment to mitigate negative effects of parental imprisonment</li> </ul> <p>Staff and Volunteers</p> <ul style="list-style-type: none"> <li>✓ Robust Risk Assessment Policy and Process</li> <li>✓ Robust safety measures in all service – panic alarms</li> <li>✓ Comprehensive lone working policy and processes</li> <li>✓ All staff/Volunteers and Peers will be required to complete membership and clearance from PVG scheme</li> <li>✓ Staff/Volunteers/Peers with criminal convictions will be subject to a comprehensive risk assessment prior to employment and contact with service users</li> </ul>
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<p>Social responsibility / caring</p>	<ul style="list-style-type: none"> <li>✓ Proactive involvement in community events and initiatives across the area</li> <li>✓ Support to Recovery Community</li> <li>✓ Commitment to supportive partnership working, sharing of premises, streamlining processes and pathways</li> <li>✓ Commitment to green policy – recycling, cycle to work initiative etc</li> <li>✓ Free provision of training to wider community agencies</li> <li>✓ Awareness raising events for the wider community</li> <li>✓ Knowledge and intelligence shared with partners and public health</li> <li>✓ Local recruitment for vacant posts</li> </ul>
<p>Influencing ability and participation; literacy / numeracy / language / rural</p>	<ul style="list-style-type: none"> <li>✓ Provision of peer training assessment will include literacy level to allow appropriate input</li> <li>✓ Partnership with local colleges and education initiatives to ensure easy access to appropriate level education packages</li> <li>✓ All training and promotional materials will be written in simple plain language and will be reviewed by service user group</li> <li>✓ Access for all staff and volunteers to skill station, CGL online training platform</li> <li>✓ All premises will be assessed in terms of accessibility/equality and subject to a “Fit for Recovery” audit to ensure an open and welcoming space</li> <li>✓ Assertive Outreach will aid engagement and satellite services and home visits will take service to individuals in remote/rural services</li> <li>✓ Support to access travel pass and reimbursement of any volunteer travel costs will enable individuals to participate in a wide range of educational and behaviour change groups</li> <li>✓ Promotional material will be made available in a variety of formats and languages as required</li> </ul>

**Partners / other Stakeholders**

<b>3.2 Which sectors are likely to have an interest in or be affected by the proposal / policy / project?</b>							
<b>Partners / Stakeholders</b>	<b>Business</b>	<b>Councils</b>	<b>Educatio n Sector</b>	<b>FIRE</b>	<b>NHS</b>	<b>Police</b>	<b>Third Sector</b>
<b>Insert X where appropriate:</b>	X	X	X	X	X	X	X
<b>Describe the interest / affect:</b>							
<p>Business CGL Forth Valley Recovery service will build relationships and support local businesses to offer supported employment/placements for peers/volunteers/service users who are moving towards employment</p> <p>Councils NHS CGL Forth Valley Recovery Service will work within council/NHS guidance and strategies and will participate and work towards all local council/NHS and national strategic plans ensuring service outcomes are aligned to all local strategic plans</p> <p>Education Sector. We will embrace a partnership approach and work within established pathways with both council and NHS Forth Valley services</p> <p>CGL Forth Valley Recovery Service will build relationships with local colleges and adult education providers to ensure clear pathways for service users to access appropriate education and Training</p> <p>Fire and Rescue and Police services CGL Forth Valley Recovery Service will work closely with Police Service, working within their protocols offering arrest referral and developing direct links and referral pathways for potential service users. Further we will make links with Fire and Rescue services to ensure a clear referral pathway</p> <p>Third Sector CGL Forth Valley Recovery service, as a third sector provider will establish strong partnership links with all providers offering support, clear referral pathways and joint working</p>							
<b>Other interested parties (please list): No</b>	<b>Describe the nature of the relationship / impact:</b>						

**Quantitative and / or qualitative evidence**

<b>3.3 Please include any evidence or relevant information that has influenced the decisions contained in this EPIA (this could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements)</b>	
<b>Quantitative evidence:</b>	<b>Describe type; where accessible and key findings if not covered elsewhere in this assessment</b>
<b>Social data:</b> Service and workforce equality profile; Census information, Customer / staff survey etc.	Change Grow Live carried out extensive research into the demographics of Forth Valley. Using Census, indices of multiple deprivation, Forth Valley Strategic plans, needs assessments and documents to inform the tender and model
<b>Environmental data:</b> Research; Geographic / location information; crime rates; crime types;	Change Grow Live carried out extensive research into the demographics of Forth Valley. Using Census, indices of multiple deprivation and Forth Valley Strategic plans, needs assessments and documents to inform the tender and model
<b>Financial data:</b> Procurement / budget; welfare benefits; welfare reform	Change Grow Live provides a robust financial management system and a budget within financial envelope. Offering further savings and direct investment into the service by tendering as a Ltd Company offering a saving of VAT in excess of £20k
<b>Health data:</b> ageing; well-being;	Change Grow Live carried out extensive research into the demographics of Forth Valley. Using Census, indices of multiple deprivation and Forth Valley Strategic plans, needs assessments and documents to inform the tender and model
<b>Qualitative evidence:</b>	Change Grow Live National Strategies and Policies and tender documentation
<b>Social</b> - case studies; personal /group feedback / other:	At this point no public consultation have taken place. The tender was assessed and awarded by NHS Forth Valley and Forth Valley Alcohol and Drug Partnership

**Best judgement over hard evidence**

<b>3.4 (a) Has 'best judgement' been used in place of data/research/evidence? YES / NO</b>	<b>3.3(b) Who provided the 'best judgement'</b>	<b>3.3c What gaps in data/information were identified?</b>
Both – There has been a range of information available from different sources and informed judgement to assess and analyse this.	▪	
<b>3.4(d) Is further research necessary? <a href="#">YES</a> / NO</b>		
If NO – please say why:		

**Consultation**

<b>4.0 Has the proposal / policy / project been subject to involvement/consultation? If YES - state which individuals and organisations were involved / consulted; what form the involvement / consultation took and outcome.</b>	
<b>Who was involved/consulted: Please indicate if it was active involvement or consultation</b>	At this point no consultation has been carried out and this plan is informed by CGL Best Practice Commitments and Documentation, the Tender and the Implementation Plan
<b>4.1 Has the proposal / policy / project been reviewed / changed as a</b>	NO

<b>result of consultation?</b>	NO NO
<b>4.2 Have the results of the consultation been fed back to the consultees?</b>	
<b>4.3 Is further consultation recommended</b>	
<b>4.4 If <u>no</u> consultation has taken place. Please say why: Service provision does not start until 1<sup>st</sup> October 2010 so CGL currently have no access to potential groups for consultation</b>	

**Assessment outcome**

<b>5.0 Which of the following outcomes best matches your assessment of this proposal / policy / project?</b>			
<b>No major change required</b>	<b>Adjust the proposal</b>	<b>Continue with the proposal</b>	<b>Stop and remove the proposal</b>
The EPIA demonstrates that the proposal is robust; there is no potential for discrimination and opportunities to promote equality have been taken.	The EPIA identifies some potential impact or missed opportunities. Adjustments can be made to remove barriers / promote opportunities.	The EPIA identifies adverse impact / missed opportunities. Adjustments cannot be identified. <b>You must set out reasons for continuing with this proposal:</b>	The proposal demonstrates actual / potential unlawful discrimination. Stop; remove and / or make changes.
No major changes required, CGL will consider any emerging impacts as required.			

**Mitigating actions to minimise any negative impact**

<b>5.1 Have mitigating actions been identified? YES / NO. If YES outline below:</b>				
<b>Issue</b>	<b>Action</b>	<b>Lead officer</b>	<b>Evaluation and Review date:</b>	<b>Strategic reference to Corporate Plan / Service Plan / Equality Outcomes</b>

**No mitigating actions**

<b>5.2 Where a negative impact on diverse communities has been identified and no mitigation actions have been put forward; what is the justification for continuing with the proposal / policy / project?</b>
<b>Please outline:</b>

**EPIA Equality commentary**

<b>5.3 Equality commentary</b>		
Comments:	Signature:	
	Date:	

**Sign off**

<b>5.4 Sign off by Division / Department / Service / Team EPIA assessment officer</b>			
Date of sign off:		Signature:	

<b>5.5 Sign off by Head of Service / Service Director</b>			
Date of sign off:		Signature:	

**Standard Impact Assessment Document (SIA)**

Please complete electronically and answer all questions unless instructed otherwise.

**Section A**

**Q1: Name of EQIA being completed i.e. name of policy, function etc.**

Tender of Third Sector Alcohol and Drug Service

**Q1 a; Function**  **Guidance**  **Policy**  **Project**  **Protocol**  **Service**  **Other, please detail**

**Q2: What is the scope of this SIA**

Service Specific  Discipline Specific  Other (Please Detail)

Tender process

**Q3: Is this a new development? (see Q1)**

Yes  No

**Q4: If no to Q3 what is it replacing?**

**Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)**

Alcohol and Drug Partnership Support Team

**Q6: Main person completing EQIA's contact details**

Name:

Elaine Lawlor

Telephone Number:

01786 454787

Department:

NHS Forth Valley

Email:

elainelawlor@nhs.net

**Q7: Describe the main aims, objective and intended outcomes**

The main aim of the tender process was to :

- Comply with Health and Social Care procurement regulations.
- Adherence to NHS Forth Valley Financial Operating Procedures and Standing Financial Instructions.
- Achieve efficiencies for ADP/IJB Budget.
- Ensure compliance with best evidence relating to substance use treatment interventions.
- Increase service capacity in line with Needs Assessment recommendations.

**Q8:**

**(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?**

Staff  Service Users  Other  Please identify: ADP / IJB partners

(ii) Have they been involved in the development of the function/service development/other?

Yes

No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Senior staff were directly involved in the procurement process; they were included in the tender review panel and supported the development of the specification by offering their expert clinical opinions. They will now be involved in the planning of the service transition. The staff of the incumbent providers will be involved in the TUPE Transfer process. Change Grow Live (CGL) has outlined their plans for staff engagement with the first of these sessions taking place on Wednesday 12<sup>th</sup> June.

(CGL) have also outlined their plans for service user engagement both throughout the transfer process but, importantly, also as part of how they will work on a day to day basis.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

The Alcohol and Drug Partnership Needs Assessment (2018)  
 IJB Strategic Needs Assessment  
 IJB Strategic Plan  
 IJB Budget Statement  
 Forth Valley Health Improvement Strategy  
 National Mental Health Strategy  
 National Drug and Alcohol Strategy  
 Blood Borne Virus and Sexual Health Strategy  
 Procurement Legislation  
 Standing Financial Orders  
 National Guidelines / Research - Drug and Alcohol Dependence  
 LPASS Report ( Lead Psychologists in Addiction Services Scotland)  
 Audit Scotland – Drug and Alcohol Services review (2019)  
 Child Poverty Action Plans.

**Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:**

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not
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				<b>leave this area blank)</b>
<b>Age</b>				
<b>Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)</b>				
<b>Gender Reassignment</b>				
<b>Marriage and Civil partnership</b>				
<b>Pregnancy and Maternity</b>				
<b>Race/Ethnicity</b>				
<b>Religion/Faith</b>				
<b>Sex/Gender (male/female)</b>				
<b>Sexual orientation</b>				
<b>Staff (This could include details of staff training completed or required in relation to service delivery)</b>				

<b>Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B</b>				
Unpaid Carers				
Homeless				
Language/ Social Origins				
Literacy				
Low income/poverty				
Mental Health Problems				
Rural Areas				
Armed Services Veterans, Reservists and former Members of the Reserve Forces				
Third Sector				
Independent Sector				

**Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?**

Yes

No

**Q11: Is a detailed EQIA required?**

Yes

No

Please state your reason for choices made in Question 11.

This report focuses on confirming what tender process was undertaken so, as a result, a detailed EQIA is not required. However, as part of the commissioning process, CGL has provided a full Equality and Poverty Impact Assessment (EPIA) which is appended for information and reference.

N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

**Date EQIA Completed**

06 / 06 / 2019

**Date of next EQIA Review**

06 / 06 / 2020

**Signature**

Print Name

Elaine Lawlor

**Department or Service**

Clackmannanshire and Stirling  
Alcohol and Drug Partnership

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to: [healthandsocialcarepartnership@clacks.gov.uk](mailto:healthandsocialcarepartnership@clacks.gov.uk)

**B: Standard/Detailed Impact Assessment Action Plan**

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date:





# Integration Joint Board Audit & Risk Committee

28 June 2019

Agenda Item 6

## Governance Workplan and Governance Checklist For Approval

<b>Paper presented by</b>	Ewan Murray, Chief Finance Officer
<b>Author</b>	Ewan Murray, Chief Finance Officer
<b>Exempt Report</b>	No



<b>Purpose of Report:</b>	To present Governance Workplan to the Audit and Risk Committee for approval along with the Governance Checklist completed to inform the Annual Governance Statement.
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<b>Recommendations:</b>	<p>The Audit and Risk Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Review and approve the Governance Workplan</li> <li>• Note that the Governance Workplan will be further reviewed of the coming months.</li> </ul>
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## 1. Background and Considerations

- 1.1 The scrutiny and monitoring of the Governance Workplan is a core function of the Audit & Risk Committee and thus is a standing agenda item for the committee.
- 1.2 The Governance Workplan will be further reviewed over the coming months to take account of action plan in response to Ministerial Strategic Group Proposals and the recommendations within the Annual Internal Audit Report. The Chief Finance Officer and Programme Manager will support the Chief Officer in this regard though full progress is also dependent on commitment and support from the Chief Executives and Corporate Support functions from the constituent authorities.
- 1.3 The consolidated partnership response to the Ministerial Strategic Group proposals have been submitted to Scottish Government and shared with IJB members.
- 1.4 The Governance Checklist was completed by the IJB Chief Finance Officer and forms a significant element of the body of evidence used by the Chief Internal Auditor in preparation of his Annual Report. It is appended to this paper in order that the Audit and Risk Committee have full sight of the responses provided.

## 2. Appendices

- I - Governance Workplan
- II – Governance Checklist

Clackmannanshire and Stirling Integration Joint Board

Governance Workplan – Update for June 2019 Audit Committee

Action	Senior Responsible Officer	Key Supports	Target Completion Date	Update as at June 2019
<p>Development of an Overarching Local Code of Corporate Governance to demonstrate compliance with the principles set out in the Delivering Good Governance in Local Government Framework including Review of Local Governance Framework Including:</p> <ul style="list-style-type: none"> <li>• Scheme of Delegation</li> <li>• Financial Regulations</li> <li>• Reserves Policy and Strategy</li> </ul>	Chief Finance Officer	Finance and Governance Leads of Constituent Authorities	December 2019	<p>Updates provided to previous Audit Committees. Further update will be presented to Audit Committee on Scheme of Delegation and Financial Regulations linked to required review once future operational management arrangements are agreed. Target date was revised from Dec 2018 given later than planned progress on operational delegation arrangements for NHS services due to timing of recruitment of permanent Chief Officer. Reserves policy and strategy review linked to Medium Term Planning</p>
Development and Approval of Support Services Agreement including committee support arrangements	Chief Officer	IJB Programme Manager and Chief Finance Officer, Chief Executives and Corporate Function Leads from Constituent	December 2019	Not yet fully complete but significant progress continuing to be made. Will be completed post further clarification and agreement on future operational

Action	Senior Responsible Officer	Key Supports	Target Completion Date	Update as at June 2019
		Authorities		delegation / management arrangements.
Review of Structure and Effectiveness of IJB Committee Structure	Chief Finance Officer	Chief Officer, Standards Officers and Governance Support	March 2019	Complete. New Terms of Reference Agreed by IJB March 2019
Delivery of 2018/19 Board Development Programme	Chief Officer	Various dependent on topic of individual session.	March 2019	Complete. Development sessions held before each IJB plus Induction and Ethics Session. 2019/20 programme will be considered over summer 2019.
Review and Update of Register of Interests	Standards Officer	Integration Team	March 2019	Register in place. Further consideration of public access to be considered by Internal Audit recommendation.
Clarification and Agreement by Constituent Authorities of Operational Service Models, Management Structures and Responsibilities and Reporting Lines	Chief Officer	Chief Executives and Governance Leads of Constituent Authorities	Ongoing	Updates presented to IJB during 2018/19. Shadow management arrangements in place for Operational NHS services.
Review and Agreement of Clinical and Care Governance Framework and underpinning arrangements	Chief Officer	Chief Social Work Officers, Medical Director, Director of Nursing	June 2018	Complete – Approved by IJB June 2018
Review of Approach to Directions and Agreement of Developments Required to Support Strategic Plan Delivery from 2018/19 onwards	Chief Finance Officer	Chief Officer, Finance and Governance Leads of Constituent Authorities	March 2019	Proposed Approach approved by IJB November 2018. Further consideration will be required when

Action	Senior Responsible Officer	Key Supports	Target Completion Date	Update as at June 2019
				revised Scottish Government guidance published which is now expected to be later in 2019.
Review, Development and Agreement of Approach to Assurance and Best Value Across the Partnership to Improve Governance and Accountability Arrangements	Chief Finance Officer	Chief Officer and Finance Leads	December 2019 (Best Value – linked to Annual Performance Report)	Further development of approach linked to Audit Scotland Guidance and 2019-2022 Strategic Commissioning Plan and locality development required. IJB Chief Finance Officer Section intending national level work in this area which is anticipated to result in best practice guidance.
Induction Programme for New Members (Service User and Carers Reps)	Chief Officer	Standards Officer, Programme Manager	November 2018	Induction Programme Completed
Review of Risk Management Arrangements including Reporting Requirements	Chief Officer	Chief Finance Officer, Chief Internal Auditor, Risk Management Leads of Constituent Authorities	Ongoing	Risk Register regularly reviewed by Partnership Management Team and presented to Audit & Risk Committee for Scrutiny. High Risks reported to IJB by exception as part of established performance management frameworks. Professional risk support to be agreed as part of

Action	Senior Responsible Officer	Key Supports	Target Completion Date	Update as at June 2019
				support services arrangements.
Partnership Response and Action Plan to Ministerial Strategic Group proposals	Chief Officer	Programme Manager, IJB Chief Finance Officer, Chief Executives of Constituent Authorities	September 2019	Consolidated Partnership Response submitted May 2019 and will be presented to IJB in July 2019. Action plan in development and will inform future governance workplan iterations

Please use the scoring system below when completing this checklist.

EVALUATION	DEFINITION
4	Fully compliant
3	Mostly compliant (Minor areas for improvement)
2	Partially compliant (More significant areas for improvement)
1	Not compliant (Material areas for improvement)

**Note: Please report any significant developments relating to governance arrangements which occur between 1 April 2019 and the date of the Audit Committee meeting approving the annual accounts to the CSIJB Chief Internal Auditor.**

Responses completed by: Ewan C. Murray, Chief Finance Officer  
Approved By: Marie Valente, Interim Chief Officer  
Date: 03/06/2019

	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
Overall	Has the Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care, Final Report, February 2019 been presented to the CSIJB or an IJB Committee?		4	Session Output and F&P Committee papers.	Has been specific session with IJB members to develop response and was presented to IJB Finance and Performance (F&P) Committee in May 2019. Has been shared with IJB members and will go to June IJB meeting.
	Has a clear process been agreed for producing an action plan in partnership with the statutory partners which will be formally approved by each body?		3	Session Output	Need for Action Plan discussed at IJB members session.
	Is there a clear process for the CSIJB / Audit Committee to monitor progress in delivering the action plan and assessing the effectiveness of actions taken?		3	Session Output	Update to be included in June IJB papers

Item 6 – Appendix 2

	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
	Will there be a further self-assessment at a specified future date to measure improvement?		3	Partnership Submission	Plan to develop action plan and monitor going forward.
<b>1</b>	<b>Code of Corporate Governance</b>				
<b>1.1</b>	<p>A Local Code of Governance which demonstrates compliance with the principles set out in Delivering Good Governance in Local Government (2016) is in place and maintained. This has been approved by the SCHSCP</p> <p><i>Note:</i> The term 'local code' essentially refers to the governance structure in place as there is an expectation that a formally set out local structure should exist, although in practice it may consist of a number of local codes or documents.</p>		2	n/a	Action still to be addressed.
<b>Code of Corporate Governance</b>	1	2	3	4	<b>TOTAL</b>
<b>Summary of Number of Evaluations</b>					
<b>2</b>	<b>Standing Orders</b>				
<b>2.1</b>	Standing Orders are in place and include an appropriate Code of Conduct (in line with the Model Code of Conduct for Members of Devolved Public )	Behaving with Integrity	4	Standing Orders (website)	Members reminded of SOs at each IJB where a copy is available for reference if required.

Item 6 – Appendix 2

	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained			
2.2	Induction for new members includes standard of behaviour expected		4	Induction Session Code of Conduct	Specific induction session held and open to all not just new members.
2.3	A register of interest and register of gifts & hospitality is maintained		4	Registers	This was raised at Governance Development session led by Lindsay Thomson and members issued with appropriate paperwork for monitoring same. Constituent authorities apply own policies.
2.4	Staff are clear about how they would report suspected fraud or Whistleblowing concerns and how these would be investigated.	Ensuring effective counter fraud and anti-corruption arrangements are in place	2/3	Whistleblowing policy	Constituent authorities policies apply and are complied with. Further consideration of IJB policy required.

Item 6 – Appendix 2

	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
2.5	Members' and officers' code of conduct refers to a requirement to declare interests					4	Code of conduct	Development session with IJB members by Lindsay Thomson addressed codes of conduct. Staff adhere to appropriate codes of conduct of employer and registration bodies as appropriate.
2.6	CSIJB remits include: ✧ Membership and quoracy, remit, authority, reporting arrangements, minimum frequency of meetings Requirement for a workplan to ensure the remit is fulfilled, ✧ Requirement for an annual report (in advance of accounts sign-off)					4	✧ Integration Scheme ✧ Standing Orders ✧ Annual Performance Report	✧ APR will be presented in draft form to June IJB.
<b>Standing Orders</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								
<b>3</b>	<b>Governance Statement</b>							
3.1	A Governance Statement for 2018/19 has been drafted in accordance with the Delivering Good Governance in Local Government Framework (2016) and annual accounts <a href="#">guidance</a> This has been presented to the CSIJB.					3	Draft Governance Statement	Governance Statement being drafted.

Item 6 – Appendix 2

	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
3.2	Processes are in place to identify relevant legislation and guidance and ensure the CSIJB complies				Respecting the rule of law	4	Reporting Template and Specific Reports	Eg on Carers Act
<b>Governance Statement</b>	Comprehensive Assurance	Substantial Assurance	Limited Assurance	No Assurance	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								
<b>4</b>	<b>Structures of Assurance</b>							
4.1	Management and governance structures and reporting lines are periodically reviewed to ensure corporate objectives can be delivered					3	Review of IJB Committee Structures and Terms of Reference	Incoming Chief Officer will work with Chief Execs of constituent authorities to review management structures and present findings to IJB in due course.
4.2	<p>The responsibilities and the reporting lines of the CSIJB in respect of all governance arrangements have been clarified and agreed by the CSIJB and parties. These have been presented to the CSIJB Board. This understanding is reflected in the CoCG and the structures of assurance</p>				<ul style="list-style-type: none"> <li>Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met</li> </ul> <p><i>Gaining assurance on risks associated with delivering services through third parties and that this is</i></p>	2/3	Integration Scheme  Development of Locality Management Structures	<p>CoCG area of further development. Requirement to reflect on arrangements taking account of MSG proposals and further phased delegation of services. Future processes of assurance to be reviewed. Arrangements require to continually be reviewed and evolve.</p>

Item 6 – Appendix 2

	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		<p><i>evidenced in the annual governance statement</i></p> <p><i>Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met</i></p>			
4.3	A record of decision-making and supporting materials is maintained and publicly available	<p>Openness</p> <p>Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should</p>	4	CSIJB Website published papers/ minutes	<p>It is acknowledged, as reflected in response to MSG proposals that approaches to decision making require to continue to evolve.</p> <p>Where IJB considers matters of business in private</p>

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		be provided			
4.4	The CSIJB provides clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, the CSIJB ensures that the impact and consequences of those decisions are clear		3	<p>Report pro-forma includes linkage to Strategic Commissioning Plan priorities, risk and legal considerations.</p> <p>Strategic Needs Assessment</p> <p>Record of professional advice in reaching decisions</p> <p>Meeting reports show details of advice given</p> <p>Discussion between members and officers on the information needs of members to support decision making</p> <p>Agreement on the information that will be provided and timescales</p> <p>Use of benchmarking information.</p> <p>Calendar of dates for submitting, publishing and</p>	It is acknowledged approaches require to continue to develop as part of a culture of continuous improvement and best value.

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
							distributing timely reports is adhered to as far as possible,	
<b>Structures of Assurance</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								
<b>5</b>	<b>Audit Committee</b>							
<b>5.1</b>	An Audit Committee (or committee with relevant remit) has been formally established, with appropriate terms of reference in line with best practice (i.e. as per 2.6 above)				<ul style="list-style-type: none"> <li>Ensuring that recommendations for corrective action made by external audit are acted upon</li> <li>Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangements and that</li> </ul>	4	Terms of Reference of Audit and Risk Committee	Recently reviewed (March 2019).

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		<p>recommendations are acted upon</p> <ul style="list-style-type: none"> <li>• Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations</li> </ul>			
5.2	The role and responsibility for scrutiny has been established and is clear	<p>Ensuring an effective scrutiny or oversight function is in place which encourages constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible</p> <ul style="list-style-type: none"> <li>• (OR, for a committee system) Encouraging effective and constructive</li> </ul>	3/4	<ul style="list-style-type: none"> <li>• Agenda and minutes of IJB and Committees</li> <li>• Action Plans</li> <li>• Revised Terms of reference for committees</li> <li>• Development Sessions               <ul style="list-style-type: none"> <li>○ IJB</li> <li>○ Audit Committee</li> </ul> </li> </ul>	Should be seen as an ongoing and evolutionary process.

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		challenge and debate on policies and objectives to support balanced and effective decision making			
5.3	The Audit Committee or equivalent receives all relevant reports from internal audit, external audit or any other third party inspection and scrutiny bodies. Controls are in place to ensure actions arising from these reports are implemented within agreed timeframes		3	Audit and F&P committee papers	Regular reports prepared and reviewed by committees. Procedures for follow up to be reviewed as part of continuous improvement processes.
<b>Audit Committee</b>	1	2	3	4	<b>TOTAL</b>
<b>Summary of Number of Evaluations</b>					
6	<b>Internal Audit</b>				
6.1	Internal Audit arrangements including an annual plan and adequate resources have been approved by the CSIJB  Internal Audit arrangements should cover: (Compliance with CIPFA's Statement on the Role of the Head of Internal Audit (2019)  Compliance with Public Sector Internal Audit Standards)  Periodic external assurance on the quality of Internal	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor	4	Audit plans within Audit Committee papers.	New CIA to bring forward strategic audit plan to Audit Committee.

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
	Audit (e.g. EQA)							
6.2	Has a risk based internal audit plan been approved incorporating all the agreed governance responsibilities of the CSIJB, (See 4.2 above)					3	Audit Committee papers	Under development linked to point above.
Internal Audit	1	2	3	4	<b>TOTAL</b>			
Summary of Number of Evaluations								
7	<b>Best Value Arrangements</b>							
7.1	<p>Arrangements have been made for the Best Value element of the CSIJB's Annual performance report</p> <p>The CSIJB has approved a mechanism to provide it with overt assurance on the characteristics of Best Value for 2018/19 in accordance with the Local Government in Scotland Act 2003 Best Value Guidance</p> <p>Arrangements are in place for 2018/19 (IRAG s2.7 ) including:</p> <ul style="list-style-type: none"> <li>• Best value reporting for 2018/19</li> <li>• Consideration of assurances required from the parties and other bodies (<i>note that Health Boards are not currently subject to a statutory duty of Best Value</i>)</li> </ul>				Determining the interventions necessary to optimise the achievement of the intended outcomes	3	Governance Workplan and Annual Performance Report (APR)	Best Value statement will be incorporated in APR Acknowledgement that approach to Best Value is an area of further future development.
Best Value	1	2	3	4	<b>TOTAL</b>			

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
<b>Summary of Number of Evaluations</b>					
<b>8</b>	<b>Risk Management</b>				
<b>8.1</b>	<p>The CSIJB has formally approved a risk management strategy and risk management arrangements</p> <p>These reflect a clear understanding of the respective responsibilities of the CSIJB and the parties including shared risks, escalation and assurance processes</p> <p>These are congruent with those of the parties</p> <p>These arrangements have been fully implemented</p> <p>They comply with the provisions on risk management made in the integration scheme</p> <p><b>(Managing risk</b> Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making</p> <p>Implementing robust and integrated risk management arrangements and ensuring that they are working effectively</p> <p>Ensuring that responsibilities for managing individual risks are clearly allocated as well as reviewed and updated on a regular basis)</p>	<p><b>F. Managing risks and performance through robust internal control and strong public financial management</b></p> <p>Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and</p>	3	<p>Risk Management Strategy</p> <p>Strategic Register</p> <p>Risk</p>	<p>It has been acknowledged through review of Terms of Reference of Audit and Risk Committee there is a need to heighten the profile of risk management and agree a professional risk lead for the partnership as part of support services arrangements.</p>

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		<p>integral parts of a performance management system and crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.</p> <p>A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability.</p> <p>It is also essential that a culture and structure for scrutiny is in place as a key part of accountable decision making,</p>			

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.			
<b>8.2</b>	The CSIJB has identified, assessed and prioritised the significant risks to achieving its strategic objectives and service delivery Processes for mitigating these risks have been identified and described	<ul style="list-style-type: none"> <li>Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement</li> </ul>	3/4	Strategic Register Risk	Increased profile of risks and linkage to corporate risk approaches to be further developed through risk lead.
<b>8.3</b>	The CSIJB regularly monitors its strategic risk profile and receives relevant assurances on controls in place			Strategic Risk	Standing Agenda item for Audit and Risk

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
	against its risks						Register	Committee and
<b>Risk Management</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								
<b>9</b>	<b>Business Continuity</b>							
<b>9.1</b>	The HSCP has Business Continuity plans in place in accordance with processes in place within partner organisations and any applicable national guidance					2/3	Mauricare Briefing	Acknowledged area for further development though some areas are working well. Eg arrangements for briefing on and addressing issues in provider marker
<b>Business Continuity</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								
<b>10</b>	<b>Strategic planning</b>							
<b>10.1</b>	A review of the strategic plan has been undertaken in year The relationship with the NHS Board and Local Authority Strategic Plans is clearly understood and reflected in the CSIJB Strategic Plan					4	March 19 IJB	Strategic Commissioning Plan 2019/22 approved by Board March 2019

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
10.2	An implementation or delivery plan has been agreed and is this being monitored appropriately at governance level		2/3	IJB & F&P Committee papers.	Incoming Chief Officer will lead this work on ongoing basis.
10.3	Appropriate consultation is undertaken prior to setting corporate plans (note: this includes consultation with other Health Board Area IJBs)		4	Strategic Commissioning Plan 2019/22	Extensive consultation process agreed by IJB and undertaken.
10.4	A Strategic Planning Group is in place		4	SPG Papers	Membership is per integration scheme and legislation.
10.5	An overarching Strategic Plan for Large Hospital Services has been agreed including strategic commissioning of delegated hospital services		2/3	June 18 IJB paper MSG Proposals Response	Area for ongoing further development per MSG proposals response.
10.6	The CSIJB has formally issued directions to the Parties in line with the <u>Good Practice notes</u> (issued 22 March 2016)?		2/3	Dec 18 and March 19 IJB papers	Approach to Directions agreed. Initial 1920 directions issued and require to be further developed linked to agreeing a balanced budget.
10.7	Strategic planning processes are based on: <ul style="list-style-type: none"> <li>Decision making protocols</li> <li>Option appraisals</li> <li>Agreement of information that will be provided and timescales</li> </ul>	<b>D. Determining the interventions necessary to optimise the achievement of the intended outcomes</b> Local government achieves its intended outcomes by providing a	4	Strategic Commissioning Plan 2019/22 SPG Papers Strategic Needs Assessment – Focussed Update	Development of the Strategic Commissioning Plan was done in collaboration with Strategic Planning Group and following extensive consultation. Analysis of Strategic Needs Assessment and agreed priorities in line with meeting the National Outcomes

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		<p>mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that</p>			

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
					achievement of outcomes is optimised.			
<b>Strategic Planning</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								
<b>11</b>	<b>Operational planning</b>							
<b>11.1</b>	A transformation/service redesign programme of work is in place linked to savings plans and corporate objectives This has been coordinated with similar programmes within the partner organisations					3	Transforming Care & Developing Programme Management Approach	Acknowledged that this requires to develop further as delivery plan for Strategic Commissioning Plan develops.
<b>11.2</b>	Arrangements have been made for the CSIJB to receive corporate services support functions (e.g. Finance, HR etc) Agreements have been concluded to cover these services (compare to arrangements as set out in the Integration Scheme, e.g. Para 4.13 in Angus IS)					2		Significant further work requires to be concluded linked to MSG proposals and phased delegation of NHS services.
<b>11.3</b>	Statutory partners ensure that Chief Officers are effectively supported and empowered to act on behalf of the CSIJB.					2/3		Improvement actions and developments to be agreed lined to MSG proposals response and governance workplan.
<b>Operational</b>	1	2	3	4	<b>TOTAL</b>			

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
Planning					
Summary of Number of Evaluations					
12	<b>Performance Reporting</b>				
12.1	In accordance with <u>DL 2016 (5)</u> ,	<b>Managing performance</b> Monitoring service delivery effectively including planning, specification, execution and independent post implementation review  Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook  Ensuring	3	IJB Papers – Performance Report Annual Performance Report Performance Management Framework	There is an agreed Performance Management Framework which has been compiled in accordance with guidance.  Committee format re-configured to support greater performance scrutiny in Finance and Performance Committee.

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		<p>an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible</p> <p>(Or, for a committee system) Encouraging effective and constructive challenge and debate on policies and objectives to support balanced and effective decision making Providing members and senior</p>			

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		<p>management with regular reports on service delivery plans and on progress towards outcome achievement</p> <p>Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (e.g. financial statements)</p>			
	<p>Arrangements have been agreed to ensure that the Integration Authority is able to publish an <u>annual performance report</u>, which will set out how they are improving the National Health and Wellbeing Outcomes.</p> <p>(These reports will all need to include information about the core suite of indicators, supported by local measures and contextualising and benchmarking data to provide a broader picture of local performance.)</p> <p>See link to guidance: <a href="http://www.gov.scot/Resource/0049/00498038.pdf">http://www.gov.scot/Resource/0049/00498038.pdf</a></p>	<p><b>Implementing good practices in reporting</b></p> <p>Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way</p> <p>Ensuring</p>	4	<p>APR</p> <p>IJB performance reports</p>	<p>APR published annually in line with statutory timescales. These includes benchmarking information and well and performance against National Health and Wellbeing Indicators and include narrative on transformation and improvements made.</p> <p>Developing performance role including performance review of Finance and Performance Committee.</p> <p>Further linkage of Finance and</p>

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		<p>members and senior management own the results reported</p> <p>Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)</p> <p>Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate</p> <p>Ensuring the performance</p>			<p>Performance information requires to continue to evolve.</p>

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisation			
12.2	<p>Performance outputs and performance reporting arrangements have been agreed in line with <u>the National Health &amp; Wellbeing Outcomes Framework</u> and the Core Suite of Integration Indicators</p> <p><i>Note: this should include data for planned services provided to the population of the CSIJB by other health boards or local authorities (this is not currently relevant but likely to be in future)</i></p>	<p><b>Implementing good practice in transparency</b></p> <p>Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate</p> <p>Striking a balance between providing the right amount of information to</p>	4	APR Performance Reports and	APRs and Performance Reports are well received from IJB and stakeholders.

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
					satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand			
12.3	Baseline data has been agreed to show the impact of integration					3	APR & Performance Reports	APR & Performance Reports monitor impacts against MSG trajectories etc.
12.4	Regular relevant reliable and timely progress reports are received In accordance with the Integration Scheme, a performance framework has been agreed which contains the lists of targets and measures that relate to the integration functions and will also contain targets and measures which relate to non-integrated functions which the CSIJB has to take into account when preparing the strategic plan					3/4	Performance Framework and Performance Reports	It is acknowledged that Performance Reporting is an area of ongoing development.
Performance reporting	1	2	3	4	<b>TOTAL</b>			
Summary of Number of Evaluations								
13	Effective Partnerships							

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
13.1	Consideration has been given to how the HSCP will work with the Community Planning Partnership <i>Note: the Integration Authority is a statutory CPP partner</i>				Recognising the benefits of partnerships and collaborative working where added value can be achieved	2/3	IJB via Chief Officer	It is acknowledged that linkage and synergies with CPPs require to be reviewed and aligned better. The uniqueness of C&S IJB partnership makes this challenging both in terms of capacity and alignment to 2 LOIPs.
13.2	Effective partnership working is in place with the third and independent sectors					3/4	IJB papers. Agreement with TSi's on engagement officer and Chief Officer input. Provider Fora	CS IJB continue to have strong relationship with 3 <sup>rd</sup> sector including moving to single engagement officer across both TSi's in partnership area. Provider fora with independent sector re-established and revigourised.
13.3	Effective approaches for community engagement and participation are in place for integration, including effective working relationships with carers, people using services and local communities as required.					3	IJB Papers Consultation materials Engagement and Participation Strategy	This requires a continuous engagement approach in future with stakeholders and communities.
Effective Partnerships	1	2	3	4	<b>TOTAL</b>			
Summary of Number of Evaluations								

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
<b>14</b>	<b>Clinical &amp; Care Governance</b>							
<b>14.1</b>	An up to date Clinical & Care Governance Strategy is in place which is sufficient to provide an understanding of the adequacy and effectiveness of clinical & care governance This has also been agreed by the NHS Board's Clinical Governance Committee and the relevant Council Committee					4	Framework and Terms of Reference	Robust Terms of Reference and a Framework based on national guidance for the Clinical and Care Governance Committee are in place.
<b>14.2</b>	This clearly sets out roles and responsibilities and lines of accountability (Clear reporting lines, clear division of responsibilities and avoidance of duplication)					4	Framework and Terms of Reference	Terms of Reference and Framework clearly sets out roles and responsibilities and lines of accountability
<b>14.3</b>	This is consistent with the Clinical Governance elements of the Integration Scheme					4	Framework and Terms of Reference	Both documents are consistent with the Clinical Governance elements of the Integration Scheme
<b>14.4</b>	Arrangements have been agreed for Adverse events management and are operating effectively					3		Adverse events arrangement in place in Local Authorities and in NHS Forth Valley. Reporting arrangements to be kept under review linked to further operational delegation.
<b>14.5</b>	Relationship with regulatory bodies- A Governance Committee has been delegated with responsibility for consideration of relevant inspection reports					4	IJB papers	Strategic Inspection report was considered by IJB.
<b>Clinical &amp; Care Governance</b>	1	2	3	4	<b>TOTAL</b>			

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
<b>Summary of Number of Evaluations</b>					
<b>15</b>	<b>Financial Governance</b>				
<b>15.1</b>	An Integrated Budget and a Strategic Budget including Large Hospital Set Aside has been agreed timeously for 2018/19 in accordance with all relevant guidance and the provisions of the Integration Scheme The organisation can demonstrate this budget is consistent with its corporate objectives and priorities for 2018/19		3	IJB Papers	Initial unbalanced budget and payments agreed. Further work to better align investment
<b>15.2</b>	Delegated hospital budgets and set aside requirements have been fully implemented		2/3	Budget and MSG proposals response	Per MSG proposals response.
<b>15.3</b>	Appropriate Financial Regulations are in place including clearly setting out which Scheme of Delegation applies The have been reviewed and updated as necessary	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	3	Financial Regulations	Review of Financial Regulations and Scheme of Delegation planned within Governance Workplan linked to phased delegation of NHS Services.
<b>15.4</b>	Financial governance arrangements have been agreed sufficient to allow the Chief Officer and Chief Finance Officer to discharge their responsibilities for the proper	<b>Strong public financial management</b>	3	Budget monitoring reports	Area of ongoing review and further development linked to: a) Further phased delegation of

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
	<p>use of the delegated resources? These include sufficient support from the statutory partners?</p> <p>These include:</p> <p>Ensuring financial management supports both long-term achievement of outcomes and short-term financial and operational performance (the delivery of services and transformational change) as well as securing good stewardship</p> <p>Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls</p>	<p>Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance</p> <p>Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls</p>			<p>operational management</p> <p>b) Development of delivery plan and transformation programme to deliver the approved 2019/22 Strategic Commissioning Plan</p> <p>c) Review of support to IJB CFO taking cognisance of MSG proposals and response.</p> <p>d) Business support requirements of Locality Management roles</p>
15.5	<p>A Governance Statement has been drafted for agreement by the CSIJB in accordance with applicable guidance and arrangements are in place to receive sufficient assurances (including the IA Annual report and opinion and assurance from the partner bodies)</p>	<p>Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and publishing the results on this assessment including an action plan for improvement and</p>	3	<p>Assurance process part of year end accounts processes.</p>	<p>Governance Statement being drafted.</p>

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
		evidence to demonstrate good governance (annual governance statement)			
15.6	The CSIJB has appropriate governance structures in place to fulfil the Local Authority's Statutory obligations on councils to comply with the Code of Guidance on Funding External Bodies and Following the Public Pound		3	March IJB papers	Acknowledged area for further review and development of approach including alignment with Strategic Commissioning Plan priorities.
15.7	The requirements of the CIPFA guidance on the role of the Chief Financial Officer are met		2	CFO Checklist	Area of future consideration
15.8	A Financial Strategy has been agreed which prioritises competing demands within limited resources bearing in mind future impacts  Budgets are prepared in accordance with organisational objectives, strategies and a medium-term financial plan		2/3	Budget paper	Further options being developed to deliver services within resources available and
15.9	Responsibilities for budgetary control have been clearly defined		3	Regular Budget Reports and Integration Scheme	Area for further review linked to further phased delegation and governance workplan.
15.10	Regular financial monitoring reports are received at operational and governance level which: <ul style="list-style-type: none"> <li>Identify risks and cost pressures</li> <li>Identify appropriate corrective actions</li> </ul>		3	Regular Budget Monitoring Reports	Appreciated that financial reporting requires to continually evolve including focus on corrective actions, shifts in balance of care and alignment to

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
	<ul style="list-style-type: none"> <li>Show a clear picture of the underlying financial position of the organisation</li> <li>Show the shift in the balance of care</li> </ul>							Strategic Commissioning Plan priorities.
15.11	A robust savings plan is in place including: <ul style="list-style-type: none"> <li>Progress and timescales</li> <li>Appropriate balance between recurring and non-recurring savings</li> <li>Link to strategic plan objectives</li> <li>Link to a Transformation Programme in place</li> </ul>					3	Savings Tracker	Tracker in place. For 2019/22 savings monitoring being integrated with Programme Management Approach.
15.12	A transparent and prudent reserves policy is in place					3	Reserves Policy	Agreed with IJB to further review reserves policy linked to development of Medium Term Financial Plan. Issue also referred to in response to MSG proposals.
<b>Financial Governance</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								
<b>16</b>	<b>Hosted Services</b>							
16.1	Where the CSIJB coordinates services on behalf of other partnerships, arrangements are in place to ensure that the objectives of the other partnerships' strategic plans can be achieved					N/A		For future consideration and coordination approaches agreed.
<b>Hosted Services</b>	1	2	3	4	<b>TOTAL</b>			

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	Control Environment	Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
<b>Summary of Number of Evaluations</b>					
<b>17</b>	<b>Staff Governance</b>				
<b>17.1</b>	In accordance with the Integration Scheme, arrangements are in place to ensure that the CSIJB receives Staff Governance and Workforce Planning reports		4		Reporting arrangements will be in line with approved workforce plan.
<b>17.2</b>	A workforce plan is in place and account has been taken of the recommendations arising from the National Health and Social Care Workforce plan (part 1 published June 2017, part 2 published December 2017, part 3 published April 2018)	<b>E. Developing the entity's capacity, including the capability of its leadership and the individuals within it</b>  Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	4	March IJB	Workforce Plan approved by IJB
<b>17.3</b>	An Organisational Development Plan has been agreed. Reports are received to monitor this plan.		3	Board Papers	OD plan requires to be refreshed.

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
17.4	CSIJB members have received training <i>'in order to be fully informed and equipped to undertake their duties'?</i> (quote from IS) Leadership development is focused on collaborative working					4	Development Programme	Development Programme in place with development sessions held before each IJB meeting. There have also been ad hoc engagement sessions eg on MSG proposals response
17.5	Objectives and appraisal processes have been agreed for the CO/CFO					3/4		CO appraisal process via Chief Executives. CO leads CFO appraisal with professional finance input. Due to turnover of CO post CFO appraisal for 1819 hasn't occurred to date.
17.6	<p>The following are in place:</p> <ul style="list-style-type: none"> <li>• Clear statement of respective roles and responsibilities of officers and members and how they will be put into practice</li> <li>• Access to courses/information briefings on new legislation</li> <li>• Induction programme</li> <li>• Personal development plans for members and officers</li> </ul>				ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfill their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis	3/4	<p>Induction Programme</p> <p>Development Sessions</p>	Further consideration of merits of PDPs for members in due course.
<b>Staff Governance</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of</b>								

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	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
<b>Evaluations</b>								
<b>18</b>	<b>Complaints and feedback</b>							
<b>18.1</b>	Arrangements are in place to ensure the CSIJB can discharge its responsibility for ensuring effective mechanisms for service user and carer feedback and for complaints handling <i>(Note: IS states that due to different legislative requirements, no immediate change will be made to the way complaints are dealt with)</i>					3	Management Team and Performance Reports	Working effectively but requires to be kept under continuous review.
<b>18.2</b>	Arrangements are in place to allow the CO to monitor complaints related to integrated functions to allow effective complaints management to improve services					4	Performance Report	Performance Report contains
<b>18.3</b>	An Involvement and Engagement plan is in place in line with the Integration Scheme This includes effective approaches for community engagement and participation					3		Acknowledged that approach to Involvement and Engagement requires to continue to evolve.
<b>Complaints and Feedback</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								
<b>19</b>	<b>Liability</b>							
<b>19.1</b>	There are clear arrangements for agreeing liability in					4	CNORIS	Cover in place through CNORIS

Item 6 – Appendix 2

	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
	the case of legal claims against operations within the remit of the CSIJB							membership
<b>Liability</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								
<b>20</b>	<b>Information Governance</b>							
<b>20.1</b>	In accordance with the Integration Scheme, the Parties have ratified the use of the Scottish Accord in the Sharing of Personal Information (SASPI)?					4	SASPI	
<b>20.2</b>	An Information Sharing Agreement is in place to which the Health Board, LA and CSIJB are party				<b>Managing data</b> Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data  Ensuring effective arrangements are in place and operating effectively when	3		Information Sharing arrangements require continuous review and development.

Item 6 – Appendix 2

	Control Environment				Meets the core principles <sup>1</sup>	Evaluation:	Supporting evidence	Comments
					sharing data with other bodies Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring			
<b>20.3</b>	Records management processes in accordance with applicable guidance including GDPR are in place The CSIJB has received sufficient assurance that the systems and controls operating within the partner bodies with regards to GDPR compliance.					4	Records Management & GDPR Policies (IJB papers)	
<b>Information Governance</b>	1	2	3	4	<b>TOTAL</b>			
<b>Summary of Number of Evaluations</b>								

Checklist has been adapted from the original format as Developed by FTF Audit and Management Services





Clackmannanshire & Stirling

Health & Social Care  
Partnership

# Integration Joint Board Audit and Risk Committee

28 June 2019

Agenda Item 7

## Internal Audit Progress Report For Noting

<b>Paper presented by</b>	Kevin O’Kane, Chief Internal Auditor
<b>Author</b>	Kevin O’Kane, Chief Internal Auditor
<b>Exempt Report</b>	No



Clackmannanshire  
Council



**NHS**  
Forth Valley

## **1. Introduction**

- 1.1 This report presents a report on Internal Audit's progress against the Internal Audit Annual Plan 2018/19, which was approved by the Audit Committee on 21 February 2018. The Plan set out a programme of work that included three specified reports, in addition to an Annual Internal Audit Report.
- 1.2 As at 21 June 2019, Internal Audit Reports on Service Redesign and Participation & Engagement have been issued. Those are attached at Appendices 1 and 2. Each report provides a substantial assurance opinion in respect of the relevant arrangements, makes a number of recommendations to strengthen arrangements further, and does not identify any critical or high risk findings. The third Internal Audit review under the 2018/19 Plan, on Clinical & Care Governance, has been deferred at the request of the Chief Officer (Interim).
- 1.3 Submission of these reports to the Audit & Risk Committee completes the programme of internal audit work for 2018/19, and is complemented by the Internal Audit Annual Report 2018/19, which is also submitted as a separate agenda item at this meeting for consideration by the Committee.

## **2. Executive Summary**

- 2.1. The risk-based Internal Audit Annual Plan 2018/19 was approved by the Audit Committee on 21 February 2018. The Plan was developed so that it was aligned with the Integration Joint Board's Strategic Risk Register as at April 2017 (it was also substantially consistent with the revised Strategic Risk Register at February 2018), and helps to ensure that the Integration Joint Board complies with The Local Authority Accounts (Scotland) Regulations 2014. It provided for the delivery of three reviews in addition to Internal Audit's Annual Plan and Annual Report. Those reviews related to:
  - Service Redesign;
  - Service User Experience, and the Carers Act [Participation & Engagement]; and
  - Clinical & Care Governance.
- 2.2. The planned review of Clinical & Care Governance was deferred at the request of the Chief Officer (Interim) in May 2019, pending the new Chief Officer coming into post, and with the agreement of the Chief Internal Auditor. It is anticipated that this review will be rescheduled by the new Chief Internal Auditor (the Chief Internal Auditor of FTF Audit, which delivers NHS Forth Valley's Internal Audit service).
- 2.3. The planned review of 'Service User Experience and the Carers Act' has been retitled as 'Participation and Engagement' to better reflect the final, agreed scope and objectives for the review. This still considered broadly the same overall arrangements set out in the Audit Annual Plan 2018/19, approved by the Committee in February 2018.

- 2.4. The Internal Audit report on Service Redesign is attached at Appendix 1. The report provides a **substantial assurance** opinion in respect of the IJB's arrangements, and does not identify any critical, high or medium risk findings. The report identifies 1 medium risk and 3 low risk findings, and makes recommendations to help strengthen the current arrangements.
- 2.5. The report on Participation and Engagement is attached at Appendix 2. The report provides a **substantial assurance** opinion in respect of the IJB's arrangements, and does not identify any critical or high risk findings. The report identifies 3 medium risk and 2 low risk findings, and makes recommendations to help strengthen the current arrangements.

### **3. Recommendations**

The Audit Committee is asked to:

- 3.1. consider the findings, risks, recommendations, agreed actions and statements of assurance set out in the Internal Audit reports at Appendices 1 and 2 (see section 5 of this report); and
- 3.2. note the completion of the planned programme of work set out in the approved Internal Audit Annual Plan 2018/19, and that the planned review of Clinical & Care Governance will be rescheduled in agreement between the new Chief Officer and new Chief Internal Auditor.

### **4. Background**

- 4.1. The Integration Joint Board agreed, on 24 February 2016, that Internal Audit services would be provided by the Internal Audit teams within the constituent authorities, with responsibility for Chief Internal Auditor duties rotating between those authorities' Chief Internal Auditors on a three-year basis. The Chief Internal Auditors agreed that Stirling Council's Audit Manager should be nominated as Chief Internal Auditor to the Integration Joint Board for the initial three-year period, covering the financial years up to 31 March 2019, and this was approved by the Integration Joint Board on 27 April 2016.
- 4.2. Internal Audit's work is governed by the requirements of a common set of UK Public Sector Internal Audit Standards (PSIAS), adopted and issued by the Chartered Institute of Public Finance & Accountancy (CIPFA) and the Institute of Internal Auditors (IIA). The Public Sector Internal Audit Standards cover a number of areas, including the development of risk-based audit plans.
- 4.3. Public Sector Internal Audit Standard 2010 (Planning) requires the Integration Joint Board's Chief Internal Auditor to establish risk-based audit plans that are consistent with the Integration Joint Board's key priorities and risks, in order to determine the priorities of the internal audit activity.

- 4.4. The Chief Internal Auditor presented a draft Internal Audit Annual Plan 2018/19 to the Audit Committee on 21 February 2018 for consideration and approval. The approved Plan provided for the delivery of three audit reports in respect of the Integration Joint Board's arrangements for Service Redesign; Service User Experience and the Carers Act; and for Clinical & Care Governance, in addition to an annual assurance report.
- 4.5. As noted in our Internal Audit Progress Report submitted to the Committee on 20 February 2019, the overall programme of internal audit work for 2018/19 is also complemented by the Internal Audit Annual Report 2018/19, which is submitted as a separate agenda item at this meeting for consideration by the Committee.

## 5. Internal Audit Report: Service Redesign

- 5.1. The risk-based Internal Audit Annual Plan 2018/19 included a review of Service Redesign. The review considered progress made by the IJB in taking forward transformational change in the delivery of integrated services, the arrangements to scrutinise consistency with strategic objectives and to ensure that proposed changes, timescales and savings are achievable. That review has now been completed, and a report is attached at Appendix 1.
- 5.2. Generally, from the findings of the review, Internal Audit can provide **substantial assurance** that the arrangements for identifying, monitoring and reporting on transformational change and re-design in the delivery of the integrated services that the IJB commissions from the Partnership are appropriate and are operating effectively. A definition of this assurance category is set out at Appendix 1 to the report itself. The report does not identify any critical or high risk findings, but makes recommendations to help strengthen current arrangements in relation to 1 medium risk and 3 low risk findings identified during the review.
- 5.3. The Chief Officer (Interim), the Chief Finance Officer and the Programme Manager (Interim) accepted the findings and recommendations of this report, have provided appropriate management responses, and will work closely with the partners to implement the recommendations.

## 6. Internal Audit Report: Participation & Engagement

- 6.1 The risk-based Internal Audit Annual Plan 2018/19 included a review of the participation and engagement with stakeholders. The review considered whether the IJB and Partnership engage adequately and fully with stakeholders, including harder to reach groups of service users and unpaid carers. This focused on related risk reduction actions identified in the Strategic Risk Register, including implementation of the Participation & Engagement Strategy and planning for the implementation of the Carers' (Scotland) Act 2016. That review has now been completed, and a report is attached at Appendix 2.

- 6.2 Generally, from the findings of the review, Internal Audit can provide **substantial assurance** that the arrangements for stakeholder participation and engagement are appropriate and are operating effectively. A definition of this assurance category is set out at Appendix 1 to the report itself. The report does not identify any critical or high risk findings, but makes recommendations to help strengthen current arrangements in relation to 3 medium risk and 2 low risk findings identified during the review.
- 6.3 The Chief Officer (Interim), the Chief Finance Officer and the Programme Manager (Interim) have accepted the findings of this report. The recommendations will be subject to consideration by the new Chief Officer, with a view to the provision of a management response to both the Audit & Risk Committee and the Chief Internal Auditor in the autumn of 2019.

## **7. Conclusions**

- 7.1. The Chief Internal Auditor has, subject to the deferral of the planned review of Clinical & Care Governance noted at paragraph 2.2 above, completed the planned programme of internal audit work for 2018/19 in time to inform his Internal Audit Annual Report 2018/19, which includes an opinion on the effectiveness of the Integration Joint Board's governance, risk management and control environment.
- 7.2. Completion of the planned programme of internal audit work for 2018/19 has been achieved through the issue of the internal audit reports on Service Redesign and on Participation and Engagement. Those reports provides substantial assurance opinions in respect of the relevant arrangements and do not identify any critical or high risk findings. The reports make a number of recommendations to strengthen arrangements: these have been accepted by the Chief Officer and the Chief Finance Officer.

## **8. Resource Implications**

- 8.1. This report has no direct financial implications for the Integration Joint Board. However, the implementation of actions agreed in response to the internal audit reports at Appendices 1 and 2 will require resource input from Integration Joint Board officers and support services within the Partnership.

## **9. Impact on Integration Joint Board Priorities and Outcomes**

- 9.1. This report, and the provision of an Internal Audit service in general, helps the Integration Joint Board and the Partnership in their delivery against National Health & Wellbeing Outcome 9: Resources are used effectively and efficiently to deliver Best Value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.

## **10. Legal & Risk Implications**

- 10.1. The Internal Audit Strategic and Annual Plans help to ensure that the Integration Joint Board complies with the Local Authority Accounts (Scotland) Regulations 2014. They were developed so that they are aligned with the Integration Joint Board's Strategic Risk Register. The delivery of an Internal Audit service in itself helps address risk HSC002 in the Strategic Risk Register: Leadership, Decision Making and Scrutiny (including effectiveness of governance arrangements and potential for adverse audits and inspections).
- 10.2. The Internal Audit report on Service Redesign (Appendix 1) provides assurances and makes recommendations in respect of Strategic Risk HSC002 (Leadership, decision making and scrutiny).
- 10.3. The Internal Audit report on Service Redesign (Appendix 1) provides assurances and makes recommendations in respect of Strategic Risk HSC006 (Experience of service users / patients / unpaid carers).

## **11. Consultation**

- 11.1. The Internal Audit Annual Plan 2018/19 was subject to consultation with the Chief Officer, the Chief Finance Officer, the chief internal auditors of the constituent authorities and the Integration Joint Board's external auditor (Audit Scotland).
- 11.2. The Chief Internal Auditor provided consultative drafts of the Service Redesign report (Appendix 1) and the Participation and Engagement report (Appendix 2) to the Chief Officer (Interim), the Chief Finance Officer and the Programme Manager (Interim).

## **12. Equality and Human Rights Impact Assessment**

- 12.1. N/A.

## **13. Exempt reports**

- 13.1. Not exempt.



**Internal Audit Review**

**Clackmannanshire & Stirling  
Integration Joint Board**

**Service Redesign**

**Issued By:** Kevin O’Kane, Chief Internal Auditor

**Issue Date:** June 2019

**Issued to:**

Marie Valente Chief Officer (Interim)  
Ewan Murray Chief Finance Officer  
Janice Young Programme Manager (Interim)

**Copied to**

External Audit  
Audit Committee

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This report has been prepared solely for Clackmannanshire & Stirling Integration Joint Board. We do not accept or assume any liability or duty of care for any other purpose or to any other party. This report should not be disclosed to any third party, quoted or referred to without our prior written consent.

Internal audit work is performed in accordance with Public Sector Internal Audit Standards (PSIAS).

# 1. Executive Summary and Audit Opinion

Audit Opinion	Risks & Recommendations					
		<u>Critical</u>	<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>Advisory</u>
<b>Substantial Assurance</b>	Risks identified	0	0	1	3	1
	Recommendations	0	0	1	3	1

The table above sets out the number and classification of risks identified in the course of our audit, as well as the number and importance of agreed improvement actions arising from those risks. It should be noted that there may be more than one agreed action in respect of any given risk and, where that is the case, the additional action(s) may not necessarily be of the same significance as the underlying risk itself.

## Background

- 1.01 We performed a review of the arrangements for identifying, monitoring and reporting on planned transformational change and re-design in the delivery of integrated services that the Clackmannanshire & Stirling Integration Joint Board ('the IJB') commissions from the Health & Social Care Partnership ('the Partnership').
- 1.02 Our review was part of the programme of work set out in the Annual Internal Audit Plan 2018/19 approved by the IJB Audit Committee on 21 February 2018. The review employed a 'desk-top' approach, considering relevant reports submitted to meetings of the IJB and the IJB Audit Committee between April 2017 and March 2019.
- 1.03 Sections 29 (1) and (2) of the [Public Bodies \(Joint Working\) Scotland Act 2014](#) ('the 2014 Act') require IJBs to produce a Strategic Plan that sets out the arrangements for the carrying out of the integration functions (i.e. arrangements for the provision of the integrated services) and how those arrangements are intended to achieve, or to contribute to achieving, the national health and wellbeing outcomes.
- 1.04 Section 30 of the 2014 Act requires Strategic Plans to have regard to the 'integration delivery principles, including the needs of different service users, improving the quality of services and the effective use of resources.
- 1.05 The IJB's arrangements for identifying, monitoring and reporting on transformational change and re-design in the delivery of integrated services are, therefore, central to meeting the integration delivery principles, to strategic planning arrangements, and to the Strategic Plan itself.
- 1.06 In March 2016, the IJB approved the first Strategic Plan for the Health & Social Care Partnership, for the period 2016-2019. The Plan set out the Partnership's vision, local outcomes and service priorities (based on the Scottish Government's nine National Health and Wellbeing Outcomes), as developed from a detailed Strategic Needs Assessment. The Plan was also supported by the Partnership's Integrated Workforce Plan and by a related Participation & Engagement Strategy and Consultation & Engagement Report.
- 1.07 In April 2017, the IJB approved a Delivery Plan 2017-2019 to support implementation of the vision, outcomes and local priorities in the Strategic Plan and to support the Transforming Care Programme across the Partnership. The Transforming Care Programme is an over-arching programme of transformational change and re-design in the delivery of a range of integrated services by the Partnership.

- 1.08 The Delivery Plan was key to the implementation of successful service re-design and transformational change and the further integration of services; and to the delivery of medium-term financial plans for the Partnership.
- 1.09 In March 2019, the IJB approved a new [Strategic Commissioning Plan 2019-2022](#) to set out the revised core delivery priorities of the Partnership for the next 3 years. This will further develop the delivery priorities from the Strategic Plan 2016-19, aligning those priorities to medium-term financial planning and service delivery plans, and enact them through an enhanced approach from the IJB to ‘Directions’ to the constituent authorities.
- 1.10 This report addresses elements of the following high-level priorities and risks:

<b>Key Priorities</b>	This review is intended to provide assurance on the arrangements in place to enable the Integration Joint Board to ensure that any existing, and re-designed, services it commissions contribute to delivery of the vision, outcomes and local core priorities set out in the Health and Social Care Partnership Strategic Plan 2016-19 and the updated Strategic Commissioning Plan 2019-2022 .
<b>IJB Risk Register</b>	<p>HSC002 Leadership, decision making and scrutiny (Medium risk):</p> <p>This risk relates to the effective establishment and implementation of governance structures for the Integration Joint Board’s activities.</p> <p>The potential effects of not managing this risk may be a failure to:</p> <ul style="list-style-type: none"> <li>• comply with legislation;</li> <li>• deliver Strategic Plan outcomes;</li> <li>• satisfy external audit and inspection bodies; and</li> <li>• avoid associated reputational damage.</li> </ul>

### Assurance Opinion

- 1.11 We can provide **substantial assurance**, based internal audit work performed, that arrangements for identifying, monitoring and reporting on transformational change and re-design in the delivery of the integrated services that the IJB commissions from the Partnership are appropriate and are operating effectively. A definition of this assurance level is set out at Appendix 1 to this report.
- 1.12 Integration Authorities are relatively new and their strategic planning, transformational change and service re-design arrangements are still being developed. In this report, our evidence and findings demonstrate the evolving nature of these within the Integration Joint Board and we commend the progress made to date.

### Summary of findings

- 1.13 We did not identify any critical or high risk findings during our review. However, we have made recommendations to address 1 ‘medium’, 3 ‘low’ and 1 ‘advisory’ risk findings: these are designed to help strengthen the arrangements for transformational change and re-design in the delivery of the integrated services. Definitions of the ratings for audit findings are set out at Appendix 1(c).
- 1.14 The following table summarises our findings in respect of the specific objectives and considerations of our review (see Scope & Objectives in section 2 of this report).

	Objectives / Considerations	Findings
1.	The approach to, and setting out of, priorities for transformational change in the delivery of the range of integrated services.	<p>The approach to setting out priorities for transformational change and re-design in the delivery services is part of a wider, robust and recently revised set of strategic planning processes for the IJB. These enabled the IJB to approve a set of agreed, clearly articulated Core Priorities and key 'enabler' activities for the Strategic Commissioning Plan 2019-22 and the Transforming Care Programme.</p> <p>There is also a good level of compliance with the legal requirements for strategic planning, as set out in the Public Bodies (Joint Working) Scotland Act 2014.</p>
2.	Monitoring and reporting of progress made with the approved transformational changes in the relevant integrated services.	<p>The IJB has received and considered a significant breadth, volume and depth of reports and information on the progress of the Strategic Plan, the Delivery Plan and the Transforming Care Programme.</p> <p>Performance reporting is embedded in the IJB's arrangements, and improvements were agreed in our Internal Audit report on Performance Management and Reporting (February 2018).</p> <p>The remit and Terms of Reference for the Finance &amp; Performance Committee has been revised: that Committee will now oversee scrutiny of performance relative to Strategic Plans, Delivery Plans and the Transforming Care Programme, and will independently report on these to the IJB.</p>
3.	Scrutiny of the consistency of the priorities for transformational change with the Integration Joint Board's strategic objectives.	<p>The priorities for transformational change set out in Strategic Plans, Delivery Plan(s) and the Transforming Care Programme are consistent with strategic objectives, as core priorities were:</p> <ul style="list-style-type: none"> <li>• developed from a Strategic Needs Assessment and consideration of locality profiles for each Strategic Plan period - processes led by the Strategic Planning Group;</li> <li>• subject to extensive, documented and published consultation with all key stakeholders and were agreed with them; and</li> <li>• approved by the IJB, and reflect the range of planned actions to meet the National</li> </ul>

	Objectives / Considerations	Findings
		Health and Wellbeing Outcomes, national and local priorities and the IJB and Partnership wider objectives.
4.	Ensuring that the proposed transformational changes, timescales and any related savings are achievable, and achieved.	<p>A number of arrangements are in place to ensure that, as far as possible, service transformation and efficiencies are achieved in timescale and value. These include:</p> <ul style="list-style-type: none"> <li>the Strategic Risk Register explicitly recognises risks to the IJB in terms of financial and operational stability and commissioning. Risk mitigation actions are in place and are regularly monitored by the Joint Management Team and the Audit &amp; Risk Committee;</li> <li>a 'Pan-Partnership Savings Tracker' monitors achievement of the Savings and Efficiency Programme and related Transforming Care Programme work-stream projects, identifying the amount and percentage of actual savings (by category) against planned totals. Information is regularly reported to the IJB and to the Finance &amp; Performance Committee in Financial Reports; and</li> <li>Programme governance arrangements, including the recently-established Transforming Care Programme Board, which reports to the Finance &amp; Performance Committee.</li> </ul>

1.15 We have made recommendations in respect of each of our findings to the IJB's Chief Officer (Interim) and the Chief Finance Officer. The recommendations have been accepted without significant amendment.

#### Management response

1.16 The IJB's Chief Officer (Interim) and the Chief Finance Officer accept the findings of this report, and will work closely with the partners to address the recommendations.

## 2. Background, Scope and Objectives

### Background

- 2.01 The IJB's arrangements for identifying, monitoring and reporting on transformational change and re-design in the delivery of health and social care services are integral to its strategic planning arrangements and the ultimate effectiveness of its Strategic Plan. The statutory requirements of integration authorities for strategic planning are set out in the Public Bodies (Joint Working) Scotland Act 2014 ('the 2014 Act'), and a number of key requirements are summarised in Appendix 4.
- 2.02 In December 2015, the IJB approved the purpose, membership, role and remit of a Strategic Planning Group (SPG) to fulfil the purpose and functions set out in the 2014 Act. The SPG now works closely with the Partnership Management Team, the emerging Transforming Care Programme Board and the IJB in all aspects of strategic planning. Further details of the role and remit of the SPG are set out in Appendix 5.
- 2.03 In March 2016, the IJB approved the first Strategic Plan for the Health & Social Care Partnership, for the period 2016-2019. The Plan set out the Partnership's vision, local outcomes and service priorities (based on the Scottish Government's nine National Health and Wellbeing Outcomes), and was developed from a detailed Strategic Needs Assessment. The Plan was also supported by the Partnership's Integrated Workforce Plan and by a related Participation & Engagement Strategy and Consultation & Engagement Report.
- 2.04 In April 2017, the IJB approved a Delivery Plan 2017-2019 to support implementation of the vision, outcomes and local priorities in the Strategic Plan and to support the Transforming Care Programme across the Partnership. The Programme is an over-arching programme of transformational change and re-design in the delivery of a range of integrated services.
- 2.05 The Delivery Plan identified the activities designed to deliver the Strategic Plan vision, outcomes and local priorities, and the 'enablers' for the local priorities to be delivered. The core delivery priorities that involve service re-design, transformation and change during 2016-2019, as part of the Transforming Care Programme, were:
- Intermediate Care
  - Mental Health
  - Self-Directed Support
  - Stirling Health & Care Village
  - Primary Care Transformation
  - Day Services
  - Learning Disability
  - Delayed Discharge
  - Models of Neighbourhood Care
  - High Health Gain
- 2.06 The 'enabler' activities for the Core Delivery Priorities, were:

<b>Supporting Activity</b>	Strategic Needs Assessments	Technology Enabled Care
	Information & Directories	Housing Contribution
	Data Sharing & Shared Assessment	Commissioning – Market Position & Providers
<b>Workforce</b>	Skilled, knowledgeable staff trained to deliver high quality care	
<b>Financial</b>	Financial Plan (Medium-Term Financial Planning)	
<b>Outcomes</b>	Performance Framework & Improvement Objectives	

- 2.07 In March 2018, the IJB approved significant actions and further developments in strategic planning and related financial management and alignment arrangements. These were based on recommendations of the Strategic Plan Working Group (SPWG), in a report titled Partnership Planning Approach, including that:
- the SPWG would review the Partnership’s progress against the Delivery Plan, and formally report this to the SPG in April 2018 and to the IJB June 2018 for scrutiny and challenge;
  - a replacement Strategic Commissioning Plan should be developed for 2019 – 2022, along with a refreshed Strategic Needs Assessment; and
  - the IJB would implement a more formal, four-stage, approach to strategic and financial alignment to enable the Partnership to fully assess all development proposals and savings opportunities; to ensure they can be safely implemented; to identify any potential impact on delivering the vision and priorities in the IJB’s Strategic Plan; and to ensure clearer governance and simpler decision making.
- 2.08 In March 2019, the IJB approved a Strategic Commissioning Plan 2019-2022 to set out the revised core delivery priorities of the Partnership. This further develops the delivery priorities from the Strategic Plan 2016-19, aligning those to medium-term financial planning and service delivery plans, and enacting them through an enhanced approach to ‘Directions’ to the constituent authorities.
- 2.09 The IJB also approved refreshed versions of the Strategic Needs Assessment (Focused Update) and the Workforce Plan, both of which are integral to the development of the new Strategic Commissioning Plan, and noted the outcomes of the public consultation and engagement activities.

### **Scope and objectives**

- 2.10 The scope of the review was the Integration Joint Board Strategic Plan, incorporating the Transforming Care Programme, identified as a specific ‘risk reduction action’ for Strategic Risk HSC002, ‘Leadership, decision making and scrutiny’ as set out in the Integration Joint Board’s Strategic Risk Register (June 2018).
- 2.11 The review considered transformational change and re-design in the delivery of the integrated services that the IJB commissions from the Partnership. The specific objectives were to consider whether appropriate arrangements are in place and are operating effectively to ensure that:
- the IJB clearly sets out its approach and priorities for transformational change and re-design of the delivery of the range of integrated services it commissions; and
  - the progress made with transformational change and service re-design is being monitored, reported and scrutinised by the IJB, including for consistency with its strategic objectives, and to ensure the proposed changes, timescales and savings are achievable, and achieved.

### 3. Risks, Findings & Recommendations

#### **Risk 1 – the approach to setting out priorities for transformational change in the delivery of integrated services is not robust, or the priorities are not clear.**

- 3.01 We considered whether robust strategic planning processes exist (including for compliance with the Public Bodies (Joint Working) Scotland Act 2014), and whether there is a clear statement of the IJB's priorities for transformational change in service delivery.
- 3.02 The IJB's approach to setting out its priorities for transformational change and re-design in the delivery of health and social care services are an integral part of its strategic planning arrangements.
- 3.03 In December 2015, the IJB approved the membership, role and remit of a Strategic Planning Group (SPG) to fulfil the purpose and functions set out in the 2014 Act (see extracts at Appendix 4), including *"to provide a means of ensuring that those involved in receiving services and those delivering them are involved in planning the way they are delivered"*. The SPG now works closely with the Partnership Management Team, the emerging Transforming Care Programme Board and the IJB in all aspects of strategic planning. Details of the remit of the SPG are set out in Appendix 5.
- 3.04 The Strategic Plan for the Health & Social Care Partnership 2016-2019 clearly set out the Partnership's vision, local outcomes (based on the Scottish Government's nine National Health and Wellbeing Outcomes) and service priorities, developed from a detailed Strategic Needs Assessment. The Plan was supported by the Partnership's Integrated Workforce Plan, by public consultation and engagement activities, and all relevant documents were published on the Partnership's website.
- 3.05 In April 2017, the IJB approved a Delivery Plan 2017-2019 (the 'Delivery Plan') to support implementation of the Strategic Plan and to support the Transforming Care Programme across the Partnership. The Delivery Plan set out a very clear picture of the relationship between the National and Local Outcomes and Priorities, and the Partnership's Core Delivery Priorities and key actions for 2017-18 and 2018-19.
- 3.06 In March 2018, the IJB approved further developments in its formal arrangements for strategic planning and related financial management, based on recommendations of the SPWG, including that:
- the SPWG would review progress against the Delivery Plan, and report this to the SPG in April 2018 and to the IJB June 2018 for scrutiny;
  - a replacement Strategic Commissioning Plan for 2019 – 2022 should be developed, along with a refreshed Strategic Needs Assessment; and
  - the IJB would implement a more formal, four-stage, approach to strategic and financial alignment to enable the Partnership to fully assess all development proposals and savings opportunities; and to identify any potential impact on delivering the vision and priorities in the IJB's Strategic Plan.
- 3.07 In March 2019, the IJB approved the Strategic Commissioning Plan 2019-2022 ('the SCP'), setting out the core delivery priorities of the Partnership for the period. This further develops the core delivery priorities of the Strategic Plan 2016-19. The SCP includes Locality Profiles for the Clackmannanshire, Stirling Urban and Stirling Rural localities, and is supported by a revised Strategic Needs Assessment, a Strategic Workforce Plan, and by consultation and engagement activities carried out with all relevant stakeholders. All relevant documents have been published on the Partnership's website.

- 3.08 The SCP sets out very clearly the Partnership’s 6 revised Core Priorities and 4 key ‘enabler’ activities for 2019-22, forming the updated Transforming Care Programme. The IJB was also advised that ongoing engagement through the SPG and the Public Partnership Forums (to identify and agree the high level priorities and how these should support the development of locality plans) identified notable public feedback and positive agreement on the revised core delivery priorities.
- 3.09 There is clear evidence that the IJB’s arrangements for setting out its priorities for service redesign and transformational change are an integral part of a wider, robust set of strategic planning processes. Those processes clearly set out the Partnership’s revised core priorities and key ‘enabler’ activities for the updated Transforming Care Programme. The IJB also complies well with the requirements for strategic planning, as set out in the 2014 Act.
- 3.10 However, we note that the IJB recognises that there are opportunities to further develop and address gaps in its strategic planning and related financial management arrangements, as follows:
- as it does not set out locality level plans or service priorities, the new SCP does not fully meet the requirements of the 2014 Act. However, the IJB has committed that, within the period of the Plan, strategic planning engagement will extend further to involve communities in developing meaningful delivery plans that reflect how the its priorities will be met in each locality; and
  - the new SCP is not yet supported by a specific Delivery Plan or related Financial Plan. However, the IJB has committed to considering and approving a draft ‘Delivery & Transformation Plan’ and ‘Medium Term Financial Strategy’ in June 2019, in line with a timeline agreed by the Chair and Vice Chair.

<b>Finding rating</b>	Medium risk
<b>Risk identified</b>	The absence of an approved timescale for development and publication of Locality Delivery Plans increases the risk that these are not properly developed, published and implemented within a reasonable time-frame, and that delivery of the Strategic Commissioning Plan 2019-22 does not progress at an appropriate pace.
<b>Recommendation</b>	1. The Strategic Planning Group, other relevant internal group(s) and external stakeholders, should agree a target date for the proper completion of Locality Delivery Plans, as early as is feasible within the period of the Strategic Commissioning Plan 2019-22, and the IJB should approve and publish them as soon as possible thereafter.
<b>Responsible Officer(s)</b>	Locality Managers
<b>Target Date</b>	December 2019

**Risk 2 – that monitoring and reporting of progress made with transformational change in the delivery of integrated services is not appropriate, clear or effective.**

- 3.11 We considered whether robust processes exist for monitoring and reporting on the progress of re-design and transformational change in service delivery, and whether there was appropriate breadth, depth and clarity in the reports provided to the IJB.
- 3.12 We identified that a broad range and significant number of reports relating to service re-design and transformation were submitted to the IJB for consideration between April 2017 and March 2019 (our audit review period), often under the 'Strategic Planning', 'Transforming Care' or 'Performance Framework' sections of the agenda. These included at least 48 reports relating to the Transforming Care Programme for 2016-2019 (or for specific work-streams therein), including reports providing information on some financial aspects and implications of the Programme, within broader budgetary and financial performance reports. Examples include:
- 18 progress and information reports on individual Transforming Care Programme work-streams;
  - a Transforming Care End of Year Report 2018, covering the Programme's core priorities, work-streams and related 'enabler' activities;
  - 2 Partnership Annual Performance Reports (2016-17 and 2017-18), which include information on the Transforming Care Programme work-streams;
  - 10 IJB Chief Officer Reports, which included summaries of progress and required actions for specific Transforming Care Programme work-streams;
  - 2 Chief Social Work Officer Annual Reports; and,
  - at least 15 budget and financial performance reports for 2017-8 and 2018-9, and budget proposals for 2019-20.
- 3.13 We note that an extended Terms of Reference for a re-titled Finance & Performance Committee was approved by the IJB in March 2019, following an Integration Joint Board Committees Review. The IJB accepted that there will be a requirement to agree dedicated performance support to the Committee.
- 3.14 The Terms of Reference for the Finance & Performance Committee is clear that:
- it will report to the Integration Joint Board, and
  - it will maintain an oversight and scrutiny role in relation to the overall performance of the Partnership against the Strategic Plan, National Outcomes, Local Delivery Plan and emergent locality plans.
- 3.15 It is clear that the IJB has received and considered a significant breadth, volume and (in certain reports) depth of information from the Chief Officer and others for decision-making, and about the progress of the Transforming Care Programme for 2016-19 and the related Delivery Plan 2017-19.
- 3.16 Performance reporting is well embedded within the IJB's overall arrangements and improvement actions were agreed in our Performance Management & Reporting report (February 2018). However, the IJB has directly undertaken a performance scrutiny role that may not have been in line with best governance and assurance practice. It approved the Strategic Plan 2016-19, the Transforming Care Programme, and the Delivery Plan for 2017-19, but also directly monitored the delivery and progress of these: in effect, monitoring the impact of its own decision-making. We note that the revised remit and Terms of Reference of the Finance & Performance Committee will address this anomaly, with the Committee maintaining oversight and scrutiny of these, and independently reporting to the IJB in that regard.

3.17 While it is too early to provide meaningful comment on the effectiveness of the performance scrutiny role of the Finance & Performance Committee, we note the following, which should be considered in relation to the development and future operation of the Committee arrangements:

- it is not clear how the Committee will be sufficiently resourced to fulfil its scrutiny remit and report effectively to the IJB on performance. However, the IJB recognises the need for dedicated performance support to the Committee; and
- it is not clear what volume, frequency, format and content of reports (including financial information) should be received by the Committee to ensure that it can properly report to the IJB on the performance and progress against the Strategic Plan, National Outcomes, Local Delivery Plan and emergent locality plans.

<b>Finding rating</b>	Low risk
<b>Risk identified</b>	Any delay in agreeing dedicated performance support for the Finance & Performance Committee increases the risk that the Committee is unable to effectively fulfil its performance scrutiny and reporting remit.
<b>Recommendation</b>	2. Agreement should be reached as soon as possible on the level of dedicated performance support resources for the Finance & Performance Committee, to ensure that it can effectively fulfil its new performance scrutiny remit and report effectively to the IJB.
<b>Responsible Officer</b>	Chief Officer
<b>Target Date</b>	October 2019

<b>Finding rating</b>	Low risk
<b>Risk identified</b>	Any lack of clarity about the volume, frequency, format and content of reports that the Finance & Performance Committee may require to fulfil its remit increases the risk that the Committee is not provided with an appropriate and manageable level of information to enable it to fulfil its scrutiny role effectively.
<b>Recommendation</b>	3. Consideration should be given to the likely volume, frequency, format and content of reports (including the performance and financial information) that may be required by the Finance & Performance Committee. This will help to ensure the business of the Committee can be managed efficiently, reports can be effectively scrutinised, and the Committee can properly report to the IJB in line with its new performance scrutiny remit.
<b>Responsible Officer</b>	Chief Finance Officer
<b>Target Date</b>	October 2019

**Risk 3 – that the priorities for transformational change in the delivery of integrated services are not consistent with IJB strategic objectives or needs assessment.**

- 3.18 We considered whether robust processes exist to ensure that the priorities for transformational change and re-design, as set out in the Strategic Plan and the Transforming Care Programme, are consistent with the IJB's strategic objectives and needs assessment.
- 3.19 As part of our work we considered the extent to which the IJB's arrangements recognised the under-noted requirements of the Public Bodies (Joint Working) Scotland Act 2014 (see also Appendix 4):
- Section 29 – the strategic plan must set out how the integrated functions and services will contribute to, or achieve, national health and wellbeing outcomes;
  - Section 33 – IJB to prepare a draft strategic plan and consult its Strategic Planning Group and other key stakeholders before publication of the plan; and
  - Section 37 – IJB to review its strategic plan before expiry (or at least once every 3 years) and prepare a replacement strategic plan, if required
- 3.20 The Strategic Plan 2016-19 and the Strategic Commissioning Plan 2019-22 were both supported by dedicated Strategic Needs Assessments, led by the Strategic Planning Group (SPG). These identified 'draft' priorities and key areas for further transformation of services across the Partnership area during the period of each Plan.
- 3.21 For the Strategic Commissioning Plan, the SPG considered a refreshed Strategic Needs Assessment and the progress with the Transforming Care Programme and work-streams. The SPG developed a revised set of 6 overarching priorities and 4 key 'enabler' activities for consultation with service users, patients, carers, workforce, communities, and other key stakeholders between December 2018 and March 2019. A similar process was also followed for the Strategic Plan.
- 3.22 The consultation and engagement with all key stakeholders for both strategic planning rounds was guided by a detailed, published Participation & Engagement Strategy. The feedback and outcomes from these activities were published in specific Consultation & Engagement Reports published alongside each Plan.
- 3.23 Locality profiles were developed for each Plan, to present a picture of service need and demand in the Partnership's localities. However, as noted elsewhere in our report, the IJB has yet to complete, approve and publish Locality Delivery Plans to support the Strategic Commissioning Plan.
- 3.24 The IJB was advised in March 2019, in a report on the draft Strategic Commissioning Plan, that engagement with the public and other stakeholders through the SPG and the Public Partnership Forums demonstrated notable and positive feedback and agreement on the revised core delivery priorities.
- 3.25 The IJB is committed to delivering further improvements in strategic planning, and service transformation, including for the Strategic Commissioning Plan 2019-22:
- the approval of a draft Medium Term Financial Strategy to link the IJB budget more explicitly to the Plan, the Transforming Care Programme work-streams, and other efficiency and savings projects; and setting out the resource implications for the IJB and constituent authorities;
  - the approval of a draft Delivery & Transformation Plan in support of the Plan, to guide the more detailed activities required to implement the Plan and deliver its vision, priorities and outcomes; and

- the further extension of consultation and engagement at a locality level, to involve communities in developing meaningful plans which will reflect how their future priorities for the IJB will be met through Locality Delivery Plans.
- 3.26 While recognising those further planned improvements, in our opinion the priorities for transformational change and re-design as set out in the Strategic Plans, related Delivery Plan(s), and in the Transforming Care Programme and workstreams, are consistent with the wider strategic objectives of the IJB and the Partnership, since:
- the SPG identified proposed core priorities for each Strategic Plan for further consultation and engagement, and these were derived from contemporary Strategic Needs Assessments and the consideration of Locality Profiles;
  - the proposed priorities were subject to extensive, documented and published consultation and engagement with service users, patients, carers, workforce, communities and other key stakeholders and were agreed by them;
  - the agreed, draft priorities were formally considered and approved by the IJB as an integral part of the strategic planning process, which incorporated these within a wider range of intended actions to enable the Partnership to meet the National Health and Wellbeing Outcomes and national and local priorities; and
  - the IJB formally reviewed the Strategic Plan in 2019, as required by the 2014 Act, noting that the core vision and outcomes for the Partnership, the case for change, the locality boundaries and some priorities remained unchanged since 2016; and that the refreshed Strategic Needs Assessment and progress of the Transforming Care Programme meant the Partnership could refocus activity for the 2019-22 period, aligned to a medium term financial plan.
- 3.27 The Delivery Plan 2017-2019, which supported the Strategic Plan 2016-2019 clearly set out the relationships between the National Health and Wellbeing Outcomes, national and local priorities, and the Partnership’s planned key actions to achieve those, which included Transforming Care Programme work-streams.
- 3.28 The Strategic Commissioning Plan 2019-22 sets out clearly the National Health and Wellbeing Outcomes, national and local priorities, and the Partnership’s planned key actions, but does not detail the inter-relationships between them. The draft Delivery & Transformation Plan has, at the time of writing, not been approved by the IJB.

<b>Finding rating</b>	Advisory
<b>Risk(s) identified</b>	If the relationships between National Health and Wellbeing Outcomes, national and local priorities, and planned actions for transformational change are not set out in the Strategic Commissioning Plan or the Delivery & Transformation Plan, it may not clear how they are consistent with and support the wider strategic objectives of the IJB and the Partnership.
<b>Recommendation</b>	4. The draft Delivery & Transformation Plan that will support the Strategic Commissioning Plan for 2019-2022 should set out clearly the relationships between the National Health and Wellbeing Outcomes, the local priorities and the Partnership’s planned actions (including Transforming Care Programme activities) to demonstrate clarity and consistency with the wider strategic objectives of the IJB and the Partnership.

**Risk 4 – that transformational change in the delivery of integrated services is not achieved, in terms of specific proposals, timescales or anticipated savings.**

- 3.29 We considered whether robust processes exist to ensure that the priorities for transformational change in the delivery of integrated services can be achieved, in terms of specific proposals, timescales or anticipated savings.
- 3.30 In March 2018, when considering the Revenue Budget for 2018-19, the IJB was advised that capacity to manage the Transforming Care Programme and to deliver required savings and efficiencies were potentially significant risks to achieving the local outcomes and Strategic Plan priorities within available resources.
- 3.31 In March 2019, when considering the Revenue Budget for 2019-20, the IJB was advised of indicative planned savings for 2019/20 of £2.293m, and that additional savings options would be required for the remaining projected budget shortfall of £3.929m.
- 3.32 Since 2018 the IJB has pursued a Savings & Efficiency Programme, alongside the Transforming Care Programme, to deal with ongoing budget and financial challenges. It is, therefore, important for the IJB to be able to effectively manage delivery of the Transforming Care Programme, and the Savings & Efficiency Programme, in line with the emerging Medium Term Financial Plan and the Delivery and Transformation Plans for the Strategic Commissioning Plan 2019-22.
- 3.33 In addition to those set out elsewhere in our report, the IJB has put in place other specific arrangements that contribute to the monitoring, management and delivery of Strategic Plan priorities, the Transforming Care Programme and the Savings & Efficiency Programme. We have considered those in more detail below.

Strategic Risk Register and Risk Reduction Actions

- 3.34 The IJB approved its Risk Management Strategy in March 2016, has developed its risk management and scrutiny arrangements further, and approved a Strategic Risk Register in June 2016 that has been regularly maintained and scrutinised.
- 3.35 The Strategic Risk Register is reviewed by the Joint Management Team and was reported to the IJB between June 2016 and April 2017. Relevant high risks and mitigating actions continue to be presented to the IJB as an extract from the Register within the regular Financial Reports and Performance Reports submitted.
- 3.36 The Strategic Risk Register has been reported to the Audit & Risk Committee since February 2018, as 'risk' forms part of the Audit Committees Terms of Reference. As part of the Integration Joint Board Committees Review in March 2019, the IJB accepted that it would be necessary to agree dedicated risk management support to the Audit & Risk Committee. There was consensus by the IJB that the profile of risk management needed to be raised further due to the level of risk in relation to the financial sustainability of the Partnership and to ensure that risk management arrangements reflected the operational delegation for the management of services.
- 3.37 Strategic Risk HSCP001 (Financial Resilience) recognises risks to the IJB's financial and operational stability, including in relation to commissioning. The Strategic Risk Register also indicates that the IJB has agreed and has, or intends to, take the following mitigation actions, among others, and continuously monitors their impact:
- the establishment of efficiency and redesign monitoring arrangements, including the development and updating of a Pan-Partnership savings tracker;
  - reviewing and continually assessing the deliverability of the efficiency and redesign programmes and their alignment to Strategic Plan; and
  - development of a Medium Term Financial Plan and Delivery and Transformation

Plan to complement and support the Strategic Plan.

#### Pan-Partnership Savings Tracker

- 3.38 A Pan-Partnership Savings Tracker has been established to enable the IJB to monitor the achievements of the Savings & Efficiency Programme, including those linked to Transforming Care Programme work-stream projects. The Tracker identifies the value and proportion of actual savings, by category, relative to the overall planned total. It is updated periodically using best information and incorporates a Red / Amber / Green risk rating to assess the likelihood of delivery of the savings. Information from the Tracker has been presented to the IJB within regular Financial Reports submitted, and will be reviewed by the Finance & Performance Committee going forward under its wider Terms of Reference.
- 3.39 Audit Scotland's annual external audit report 2017/18 noted that the Tracker gave a brief description of the savings requirement and when those savings were expected to be delivered, but did not indicate whether savings were recurring or non-recurring. The IJB agreed actions such that the Tracker would be amended to identify where savings were non-recurrent, and that the Financial Report to the IJB would highlight the level of non-recurrent savings and associated risks.

#### Programme Governance

- 3.40 The IJB amended the function of the Transformational Change Group, during 2017-18, to collate information and monitor progress on delivery of the Savings & Efficiency Programmes (in addition to its role in relation to the Transforming Care Programme) and budget recovery proposals and actions. This involves using the Pan-Partnership Savings Tracker, identifying accountable officers, key support staff and professional support for each element of the Programmes.
- 3.41 In March 2019, when considering the Partnership Revenue Budget for 2019-20, the IJB approved the establishment of a Transforming Care Programme Board, reporting to the Finance & Performance Committee (which, in turn, reports to the IJB) to assist with driving and delivery of the revised Transforming Care Programme.

<b>Finding rating</b>	Low risk
<b>Risk(s) identified</b>	Any delay in agreeing dedicated risk management support for the Audit & Risk Committee may increase the risk that the Committee is unable to effectively fulfil its increasingly important financial and operational risk scrutiny remit.
<b>Recommendation</b>	5. Agreement should be reached as soon as possible on the level of dedicated risk management support for the Audit & Risk Committee to ensure it can effectively fulfil its financial and operational risk scrutiny remit on behalf of the IJB.
<b>Responsible Officer</b>	Chief Officer
<b>Target Date</b>	October 2019

## Appendix 1 – Classifications

### a) Levels of overall assurance

Level of Assurance	Definition
<b>Comprehensive assurance</b>	Sound systems for risk, control, and governance are in place and should be effective in mitigating risks to the achievement of business and control objectives. Some improvements to existing controls in a few, relatively minor, areas may be required.
<b>Substantial assurance</b>	The systems for risk, control, and governance are largely satisfactory, but there is some scope for improvement as the present arrangements could undermine the achievement of business and/or control objectives and/or leave them vulnerable to some risk of error/abuse.
<b>Limited assurance</b>	The systems for risk, control, and governance have some satisfactory aspects, but contain a number of significant weaknesses that are likely to undermine the achievement of business and/or control objectives and leave them vulnerable to an unacceptable risk of error/abuse.
<b>No assurance</b>	The systems for risk, control, and governance are ineffectively designed and/or are operated ineffectively such that business and/or control objectives are not being achieved and the risk of serious error/abuse is unacceptable. Significant improvements are required.

### b) Individual finding ratings

Risk Rating	Description
<b>Critical</b>	A finding that could have a critical impact in terms of: <ul style="list-style-type: none"> <li>operational performance; or</li> <li>monetary or financial statement impact; or</li> <li>breach in laws and regulations that could result in material fines or consequences; or</li> <li>the Integration Joint Board's reputation.</li> </ul>
<b>High</b>	A finding that could have a significant impact in terms of: <ul style="list-style-type: none"> <li>operational performance; or</li> <li>monetary or financial statement impact; or</li> <li>breach in laws and regulations that could result in significant fines or consequences; or</li> <li>the Integration Joint Board's reputation.</li> </ul>
<b>Medium</b>	A finding that could have a moderate impact in terms of: <ul style="list-style-type: none"> <li>operational performance; or</li> <li>monetary or financial statement impact; or</li> <li>breach in laws and regulations that could result in moderate fines or consequences; or</li> <li>the Integration Joint Board's reputation.</li> </ul>

Risk Rating	Description
<b>Low</b>	A finding that could have a minor impact in terms of: <ul style="list-style-type: none"><li>• operational performance; or</li><li>• monetary or financial statement impact; or</li><li>• breach in laws and regulations with limited consequences; or</li><li>• the Integration Joint Board's reputation.</li></ul>
<b>Advisory</b>	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or poor practice.

## Appendix 2 - Limitations & responsibilities

### Limitations inherent to the internal auditor's work

We have undertaken a review of the Integration Joint Board's arrangements for identifying, monitoring and reporting on transformational change and re-design in the delivery of the integrated services it commissions from the Health & Social Care Partnership, subject to the limitations outlined below.

### Internal control

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of the Integration Joint Board's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgment in decision-making, human error, deliberate circumvention of control processes by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

### Future periods

Our assessment of the Integration Joint Board's arrangements for identifying, monitoring and reporting, and implementing transformational change and re-design in the delivery of the integrated services it commissions from the Health & Social Care Partnership is based on a review of information and reports to the Integration Joint Board (IJB), and the IJB Audit Committee covering the period from April 2017 to March 2019. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- the degree of compliance with policies and procedures may deteriorate.

### Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

Internal Audit endeavors to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we will perform further work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when performed with due professional care, do not guarantee that fraud will be detected. Accordingly, our examinations as internal auditors should not be relied upon solely to disclose fraud, defalcations or other irregularities that may exist.

The Integration Joint Board's Chief Internal Auditor should be informed of all suspected or detected fraud, corruption or impropriety in order to consider the adequacy of the relevant controls, and to evaluate the implication of fraud and corruption for his opinion on the Integration Joint Board's internal control environment.

## Appendix 3 – Action Plan

Ref	Recommendation	Risk Rating	Management Response	Responsible Officer	Target Date
1	The Strategic Planning Group, other relevant internal group(s) and external stakeholders, should agree a target date for the proper completion of Locality Delivery Plans, as early as is feasible within the period of the Strategic Commissioning Plan 2019-22, and the IJB should approve and publish them as soon as possible thereafter.	Medium	Locality Managers have now been appointed and this is a key deliverable for these posts. Developing localities is a key priority area for 2019/20. Furthermore the Chief Officer intends to review the adequacy of the Partnership management structures as an early priority and report recommendations to the IJB.	Locality Managers	December 2019
2	Agreement should be reached as soon as possible on the level of dedicated performance support resources for the Finance & Performance Committee, to ensure that it can effectively fulfil its new performance scrutiny remit and report effectively to the IJB.	Low	Will be considered as part of review of adequacy of structures.	Chief Officer	October 2019
3	Consideration should be given to the likely volume, frequency, format and content of reports (including the performance and financial information) that may be required by the Finance & Performance Committee. This will help to ensure the business of the Committee can be managed efficiently, reports can be effectively scrutinised, and the Committee can properly report to the IJB in line with its new performance scrutiny remit.	Low	It is intended to develop a workplan and forward planner for the committee to ensure the Performance Review role per the Terms of Reference is discharged.	Chief Finance Officer	October 2019
4	Agreement should be reached as soon as possible on the level of dedicated risk management support for the Audit & Risk Committee to ensure it can effectively fulfil	Low	Will be considered as part of review of adequacy of structures.	Chief Officer	October 2019

Ref	Recommendation	Risk Rating	Management Response	Responsible Officer	Target Date
	its financial and operational risk scrutiny remit on behalf of the IJB.				
<b>Advisory Recommendation(s)</b>					
5	The draft Delivery & Transformation Plan that will support the Strategic Commissioning Plan for 2019-2022 should set out clearly the relationships between the National Health and Wellbeing Outcomes, the local priorities and the Partnership’s planned actions (including Transforming Care Programme activities) to demonstrate clarity and consistency with the wider strategic objectives of the IJB and the Partnership.				

## Appendix 4 – Relevant Explanatory Notes: The Public Bodies (Joint Working) Scotland Act 2014

### **Section 29 Requirement to Prepare Strategic Plans**

Requires the integration authority to prepare a strategic plan for the area of each local authority, sets out what a strategic plan is and the period the plan relates to. The integration authority can include such material as it thinks fit in the strategic plan, however there are two mandatory elements:

- a strategic plan must set out the arrangements for carrying out the integration functions in the local authority area over the period of the plan. The area must be divided into localities for this purpose, and the arrangements for each locality must be set out separately; and
- a strategic plan must also set out the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the national health and wellbeing outcomes.

### **Section 30 Considerations in Preparing Strategic Plan**

Requires the integration authority to take into account the integration delivery principles and the national health and wellbeing outcomes (prescribed under section 5) in preparing a strategic plan; and provides that each integration authority, when preparing a strategic plan, must take account of any other strategic plan that has been, or is being, prepared where that plan sets out, or proposes to set out, arrangements for the use of services, facilities or resources used by another integration authority.

### **Section 31 Integration Delivery Principles**

Sets out the integration delivery principles that must be taken into account in preparation of the strategic plan and in the exercise of integration functions (as required by section 40). The effect is to ensure a focus on integrated delivery – including consideration of the needs of different service users and different areas, the particular characteristics and circumstances of different service users, improving the quality of services, and the effective use of resources.

### **Section 32 Establishment of Strategic Planning Group**

Requires the integration authority to establish a Strategic Planning Group for each local authority area for the purposes of preparing the strategic plan for that area, and provides for the integration authority to determine the number of members in its Strategic Planning Group. Provides for the views of localities to be taken into account by requiring the integration authority to identify the most appropriate person to represent each locality on the Strategic Planning Group.

### **Section 33 Preparation of Strategic Plan**

Sets out the process for the involvement of the Strategic Planning Group in the development of the strategic plan by an integration authority, assuring the group's engagement in the process. Requires the integration authority to prepare proposals for the content of draft strategic plans, and to consult the Strategic Planning Group and the local authority, Health Board and other interested parties, including service user representatives, before publication of the strategic plan.

**Section 35 Publication of Strategic Plans**

Requires that an integration authority must publish its strategic plan as soon as practicable after finalisation.

**Section 37 Review of Strategic Plan**

Requires an integration authority to review the effectiveness of its strategic plan before it expires (or at least once in every 3 year period) and provides that it may do so at any time, in line with a process the integration authority determines. In carrying out such a review, the integration authority must have regard to the integration delivery principles (prescribed under section 31) and the national health and wellbeing outcomes (prescribed under section 5). Provides that an integration authority may prepare a replacement strategic plan (which is subject to the requirements prescribed in Section 33).

**Section 39 Strategic Plan: Annual Financial Statement**

Requires an integration authority to prepare an annual financial statement when it publishes its first strategic plan, and each year thereafter, and requires that the annual financial statement set out in relation to the strategic plan to which it relates the amount that the integration authority intends to spend in implementation of the plan.

**Section 42 Integration Authority: Performance Report**

Requires an integration authority to prepare a performance report for the reporting year, setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority. The Scottish Ministers may by regulations prescribe the form and content of such performance reports. An integration authority must publish each performance report within 4 months of the end of the reporting year to which it relates, and provide a copy of the report to the constituent authorities (the local authority and the Health Board) and to other interested parties, including service user representatives.

**Source:** Explanatory Notes to the Public Bodies (Joint Working) Scotland Act 2014 (TSO 2014)

## Appendix 5 – Role and Remit of the Strategic Planning Group

### Role and Remit

To collaborate in the preparation of the Strategic Commissioning Plan, including:

- developing and undertaking a Strategic Needs Assessment
- developing recommendations about the content of the Plan
- developing the Plan, including being part of sub groups working on aspects of the Plan
- consulting on the Plan with the groups represented and wider stakeholders
- endorse and propose a draft Strategic Plan to the Integration Joint Board
- reviewing annually the ongoing strategic planning process for the H&SCP, including responding to Scottish Government and other stakeholder feedback.
- ensuring a clear link across the ‘whole system’ including membership from other Health Board and Local Authority areas, if required.
- ensuring the Strategic Plan meets:
  - Integration Delivery Principles
  - National Health and Wellbeing Outcomes
  - Local Vision and Outcomes
- ensuring the Plan clearly articulates stakeholder priorities and is set within the available resources of the partnership.
- generating the first Strategic Plan for the H&SC Partnership and from 2019 undertake the generation of a three year plan.
- through robust and engaged membership the SPG will bring forward key issues of concern expressed in our locality planning arrangements from the communities.
- receiving clear direction from the Integration Joint Board to ensure the Strategic Planning Group meets the strategic priorities set out with timescales.

### Governance

- the Chief Officer of the H&SCP will sit on the Integration Joint Board and chair the SPG.
- SPG will be a standing agenda item on Integration Joint Board agenda and vice versa to ensure clear links.
- The SPG will need to link to a number of existing fora:
  - Integration Joint Board
  - Joint Management Team
  - Reshaping Care Strategy Group
  - Clackmannanshire Community Planning Partnership
  - Stirling Community Planning Partnership
- SPG and Integration Joint Board hold a bi annual meeting to set priorities and areas of focus for the coming years. This event will be co-chaired by the chair of the Integration Joint Board and the chair of the SPG.

**Source:** Integration Joint Board, 11 December 2015: Agenda Item 9.4 – Strategic Planning Group



**Internal Audit Review**  
**Clackmannanshire & Stirling**  
**Integration Joint Board**  
**Participation and**  
**Engagement**

**Auditor(s)**            **Kevin O’Kane, Chief Internal Auditor**  
                                 **Jason Ross, Internal Audit Officer**

**Issue date**            **June 2019**

**Issued to:**

Annemargaret Black    Chief Officer  
Ewan Murray            Chief Finance Officer  
Janice Young            Programme Manager (Interim)

**Copied to**

Audit Committee  
External Audit

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This report has been prepared solely for Clackmannanshire & Stirling Integration Joint Board. We do not accept or assume any liability or duty of care for any other purpose or to any other party. This report should not be disclosed to any third party, quoted or referred to without our prior written consent.

Internal audit work is performed in accordance with Public Sector Internal Audit Standards (PSIAS).

# 1. Executive Summary and Audit Opinion

Audit Opinion	Risks & Recommendations					
	<u>Critical</u>	<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>Advisory</u>	
<b>Substantial Assurance</b>	Risks identified	0	0	3	2	0
	Recommendations	0	0	4	2	0

The table above sets out the number and classification of risks identified in the course of our audit, as well as the number and importance of recommendations arising from those risks.

## Background

- 1.01 We performed a review of arrangements for Participation and Engagement with stakeholders. This work formed part of the 2018/19 Internal Audit Plan.
- 1.02 The Integration Joint Board (IJB) and the Health and Social Care Partnership (HSCP) recognise the importance of participation and engagement across all partners and stakeholders, and this is detailed in a Participation & Engagement Strategy that was approved by the IJB on 24 Feb 2016. The Participation and Engagement Strategy supplements the Strategic Plan.
- 1.03 The Carers (Scotland) Act 2016 (“The Act”) is designed to support carers’ health and wellbeing and make caring more sustainable. The Act, which came into effect on 1 April 2018, includes the following measures: providing support to carers based on their identified needs which meet local eligibility criteria; develop carer support plans; provide information and advice services for carers; and involve carers in the planning of discharge from hospital of cared-for persons.
- 1.04 The focus of this audit was to review IJB arrangements for ensuring the HSCP engages adequately and fully with stakeholders. This includes consideration of: how the implementation of the Carers (Scotland) Act 2016 has been informed by stakeholder engagement and participation, and whether the Participation & Engagement Strategy, and implementation of this, is adequate to provide the Integrated Joint Board (IJB) with assurance that the HSCP engages adequately and fully with stakeholders.
- 1.05 This Internal Audit report addresses elements of the following high-level priorities and risks:

<b>Key Priorities</b>	Stakeholder Engagement	
<b>IJB Risk Register</b>	HSC006	Experience of service users / patients / unpaid carers

## Assurance Opinion

- 1.06 We can provide **substantial assurance**, based on audit work performed, that the IJB’s arrangements in respect of stakeholder participation and engagement are appropriate and are operating effectively. A definition of this assurance category is

set out at Appendix 1 to this report. Our review did not extend to testing the arrangements for collegiate working across Forth Valley in relation to Ministerial Group indicators, and the budget consultation process.

### Summary of findings

- 1.07 We did not identify any critical or high risk findings during our review. However, we have made recommendations in respect of 3 medium risk and 2 low risk findings. Those recommendations would normally be used to develop an agreed Action Plan: however, we recognise that a new Chief Officer has taken up post in the week that this report is issued, and agree that the Chief Officer should be given time to consider those recommendations before presenting a more detailed management response to both the IJB Audit & Risk Committee and the Chief Internal Auditor (see also section 1.10).
- 1.08 The following table summarises our findings in respect of the specific objectives of our review (see Scope & Objectives in section 2 of this report).

	Objective	Findings
1.	To consider whether, and how, the implementation of the Carers (Scotland) Act 2016 has been informed by stakeholder engagement and participation.	<p>Prior to April 2018, the main provisions and implications of the Carers Act were reported to the Integration Joint Board through a development plan.</p> <p>A Carers Act Implementation Group (CAIG) was formed, and includes key stakeholders from across the HSCP. It is responsible for overseeing and coordinating implementation of the Act. As well as representatives of each of the 3 constituent authorities, CAIG membership includes representatives from the Carers Centres as a means to provide external stakeholder engagement and participation.</p> <p>The following stakeholder groups are regularly engaged with: Stirling Carers' Voice; Stirling Young Carers Forum; and, Clackmannanshire Carers Forum. However, not all Stakeholders are represented on the CAIG itself, and work is ongoing to improve representation of unpaid carers and young carers.</p>
2.	To consider whether the Participation and Engagement Strategy, and the subsequent and ongoing implementation of this, is adequate to provide the IJB with assurance that the HSCP engages adequately and fully with stakeholders.	<p>A Participation &amp; Engagement Strategy detailing HSCP key stakeholders and methods of engagement was approved by the IJB.</p> <p>There is scope for improving the level of assurance provided to the IJB regarding ongoing implementation of the Strategy by regular reporting of progress against its principles and objectives.</p> <p>HSCP management provided examples and evidence of stakeholder engagement having taken place. However, there is no definitive register detailing stakeholder engagement undertaken. In addition, the process of stakeholder engagement does not include feedback to stakeholders.</p>

	Objective	Findings
3.	To consider other arrangements for consultation with stakeholders including service users, patients, and unpaid carers.	<p>The new Strategic Plan 2019-2022 was developed following engagement with service users, unpaid carers, members of the public and employees: this included presentations, workshops and online questionnaires.</p> <p>Performance &amp; Delivery Reports have provided the IJB with regular confirmation that individuals, carers and families are involved in, and supported, to manage decisions about their care, to develop plans and actions to support implementation of the Carers Act.</p> <p>Stakeholder groups are in place and are regularly engaged with: these include Stirling Carers' Voice, Stirling Young Carers Forum, Clackmannanshire Carers Forum, and Third Sector forums.</p> <p>Unpaid carers have been involved in co-producing the Carers Strategy, as a key requirement of Carers Act.</p> <p>A Complaints Handling Procedure is in place and has been approved by the IJB. We note that the reporting of complaints performance information for integrated services is not within the scope of the Procedure, which relates primarily to the IJB itself (the constituent authorities have their own equivalent procedures).</p>

### Good practice

1.09 We identified the following good practice in the course of our review:

- a Participation & Engagement Strategy is in place, approved by the IJB on 24 Feb 2016. In line with the new Strategic Commissioning Plan 2019-2022, which was published on 1 April 2019, work was ongoing to update this, planned to be submitted to the IJB for approval in September 2019;
- the new Strategic Plan 2019-2022 was developed following engagement with service users, unpaid carers, members of the public and employees: this included presentations, workshops and online questionnaires;
- the main provisions and implications of the Carers (Scotland) Act 2016 were regularly reported to the IJB. In addition, prior to April 2018 a Carers Act development plan was produced, with progress reported to the IJB. After April 2018, implementation of individual provisions of the Act has been reported to the IJB: for example, the IJB approved the Carers Strategy and Short Breaks Service Statements in November 2018;
- Performance & Delivery Reports have provided the IJB with regular confirmation that individuals, carers and families are involved in, and supported, to manage decisions about their care, to develop plans and actions to support implementation of the Carers Act. This includes Carers Act Stakeholder Engagement Workshops and staff sessions focusing on the Carers Act;
- A Carers Act Implementation Group (CAIG) was formed, comprising key stakeholders across the HSCP, including representatives from all 3 constituent

authorities and of the Carers Centres. The CAIG is responsible for overseeing and coordinating the implementation of the Act across the area;

- Stakeholder groups are in place and are regularly engaged with: these include Stirling Carers' Voice, Stirling Young Carers Forum, Clackmannanshire Carers Forum, and Third Sector forums; and,
- Unpaid carers have been involved in co-producing the Carers Strategy, as a key requirement of Carers Act.

**Management response**

- 1.10 The Chief Accountable Officer (Interim), Chief Finance Officer and Programme Manager (Interim) have accepted the findings of this report. The recommendations will be subject to consideration by the new Chief Officer, with a view to the provision of a management response to both the Audit & Risk Committee and the Chief Internal Auditor in the Autumn of 2019.

## 2. Background, Scope and Objectives

### Background

- 2.01 The Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plan (2016-2019) was designed to support the change programme across the Partnership. It was key to the delivery of service re-design, transformational change, further integration of services, and delivery of the short and medium term financial plans for the Partnership in its opening years. It has been superseded by the Strategic Commissioning Plan 2019-22, which sets out how the HSCP will make changes and improvements to develop health and social services for adults over the next three years.
- 2.02 The Strategic Plan incorporates [National Health and Wellbeing Outcomes](#) set by the Scottish Government that the Partnership will deliver against. These include the following:
- “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.”
- 2.03 The Partnership recognises the importance of participation and engagement with all partners and stakeholders, and this is detailed in a [Participation & Engagement Strategy](#), linked to the Strategic Plan (2016-2019).
- 2.04 The [Carers \(Scotland\) Act 2016](#) is designed to support carers' health and wellbeing and help make caring more sustainable. The Act, which came into effect on 1 April 2018, includes the following measures:
- a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria;
  - a specific adult carer support plan and young carer statement to identify carers' needs and personal outcomes;
  - a requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights; and,
  - a duty for health boards to involve carers in the planning of discharge from hospital of cared-for persons.
- 2.05 At the time of this review, the following requirements of the Act had been implemented and approved by the IJB:
- adult care support plans linked to eligibility criteria;
  - information and advice service to carers;
  - local carer strategies; and,
  - short breaks statements.
- In addition, work is ongoing on the following requirements of the Act: waiving of all charges for support provided to Carers, and the process of including carers in hospital discharge planning.

## Scope and objectives

- 2.06 The scope of this review covers the IJB's arrangements for obtaining assurance that the HSCP engages adequately and fully with stakeholders, in particular those harder to reach groups of service users and their unpaid carers, focussing on the related Risk Reduction Actions identified in the Strategic Risk Register (including implementation of the Participation & Engagement Strategy and planning for the implementation of the Carers (Scotland) Act 2016).
- 2.07 The specific objectives of the review were to consider whether appropriate IJB arrangements are in place for ensuring that the HSCP engages adequately and fully with stakeholders to mitigate the risks that:
- the implementation of the Carers (Scotland) Act 2016 has not been informed by stakeholder engagement and participation;
  - the Participation and Engagement Strategy, and the subsequent and ongoing implementation of this, is not adequate to provide the IJB with assurance that the HSCP engages adequately and fully with stakeholders; and
  - there are insufficient arrangements for consultation with stakeholders including service users, patients, and unpaid carers.

### 3. Risks & Recommendations - Detailed Findings

#### **Risk 1 - The implementation of the Carers (Scotland) Act 2016 has not been informed by stakeholder engagement and participation**

- 3.01 The Carers Act (Scotland) 2016 (the Act) came into effect on 1 April 2018. The Act aims to recognise and enhance the rights of carers. In April 2016, the Chief Officer submitted a report to the IJB advising of the passing of the Act, its main provisions, and the potential cost pressures.
- 3.02 The main requirements of the Act (and status at time of this review April 2019) upon the IJB are:
- to prepare an Adult Carer Support Plan (ACSP) or Young Carers Statement (YCS) for anyone identified as a carer, or for anyone who requests an assessment and appears to be a carer (process Implemented and approved by IJB on 13 June 2018);
  - to provide support to carers whose needs meet local eligibility criteria. Within this, consideration must be given to whether support should include the provision of short breaks (implemented and approved by IJB on 13 June 2018);
  - waiving of all charges for support provided to carers (currently a work in progress);
  - to establish and maintain or, where a service already exists, continue to provide an information and advice service for carers (implemented via Carers Centres);
  - joint creation of local carers' strategies by Local Authorities and Health Boards (implemented and approved by IJB 28 November 2018);
  - publication of a short breaks statement (implemented and approved by IJB on 28 November 2018); and,
  - to include carers in hospital discharge planning (currently work in progress)
- 3.03 Dedicated Carers Centres have been established in Clackmannanshire and Stirling with the purpose of providing information and support to carers of all ages. The Centres are managed by a Board elected from the membership of the Central Carers Association, a voluntary organisation comprising carers and those with an interest in carers' issues. The organisation seeks to ensure that carers of all ages are recognised, valued, receive the information and support they need to allow them to care with confidence, and in good health, and are empowered to have a life of their own outside caring. The Centres are key members of the Carers Act Implementation Group.
- 3.04 A Carers Act Implementation Plan (Implementation Plan) was developed by the NHS Forth Valley Senior Planning Manager, who first reported the plan to the IJB in October 2017. The updated Implementation Plan detailed that a stakeholder engagement process was underway. We reviewed minutes of IJB meetings held from February 2016 to November 2018 to establish if the Board had been informed of stakeholder engagement in relation to the implementation of the Act. We found that there was regular reporting of progress of the implementation plan prior to April 2018, and this included mention of engagement activity, for example Carers Act stakeholder engagement workshops in December 2017. After April 2018,

implementation of individual provisions of the Act has been reported to the IJB: for example, the IJB approved the Carers Strategy and Short Breaks Service Statements in November 2018.

- 3.05 HSCP Management set up a Carers Act Implementation Group (CAIG) in December 2017. This is a sub-group reporting to the Strategic Planning Group. The CAIG's role is to oversee and co-ordinate implementation of the Act. The CAIG reviewed the Carers Act requirements and identified the main areas that are being taken forward locally. Membership of the group includes representatives from the following:
- Clackmannanshire and Stirling Carers Centres;
  - the following service areas in both Clackmannanshire and Stirling Councils: adult social care; children's services; education; commissioning; quality assurance and performance; social care business and information (Stirling only) and
  - NHS Forth Valley.
- 3.06 As the CAIG comprises a cross-section of HSCP stakeholders, the group ensures a certain level of stakeholder engagement and participation in the implementation of the Act. The Carers Centres, representing carers, are key members of the group and have helped drive its remit. However, not all Stakeholders are represented on the group, and work is ongoing to improve representation of unpaid carers and young carers within the group.

<b>Finding rating</b>	Low Risk
<b>Risk identified</b>	The absence of regular representation of a broad range of carer groups within the Carers Act Implementation Group (notably unpaid carers and young carers) increases the risk that the Group will not adequately reflect key stakeholder views and knowledge in overseeing and coordinating the effective implementation of the Carers (Scotland) Act.
<b>Recommendation</b>	1. The membership and terms of reference of the Carers Act Implementation Group should be revisited to ensure that it adequately reflects the range of carer groups within Clackmannanshire and Stirling.

- 3.07 The Carers Strategy 2019-2022 (a requirement of Act) was approved by the IJB on 28 November 2018. The Strategy is designed to be an information resource, for both carers and staff, as to how the HSCP will support local carers, and outline the key priority areas that the HSCP will focus on over the next three years. The Carers Strategy and Short Breaks Service Statements were developed by the CAIG after stakeholder consultation that included: presentations to carers to help structure and gather responses; online staff surveys; and, consultation sessions at Clackmannanshire and Stirling Carers Centres. The Strategy has been developed into a Carer Strategy Aims Work Plan, which is reviewed at all CAIG meetings.

**Risk 2 –The Participation and Engagement Strategy, and the subsequent and ongoing implementation of this, is not adequate to provide the IJB with assurance that the HSCP engages adequately and fully with stakeholders.**

**Risk 3 – There are insufficient arrangements for consultation with stakeholders including service users, patients, and unpaid carers.**

- 3.08 The IJB approved a Participation & Engagement Strategy in February 2016, which was supplementary to the Strategic Plan 2016-2019. At the time of this review, management advised that work to review this Strategy was ongoing, and it is planned that this work will include engagement with key stakeholders, and that a revised Strategy will be presented to the IJB for approval in September 2019.
- 3.09 The current Participation & Engagement Strategy lists HSCP stakeholders, and its key aim is to ensure that all stakeholders are involved, consulted with, and actively engaged in Health and Social Care Integration. The stated objectives of the Strategy are to:
- ensure that those who use services and their unpaid carers are at the heart of service design ,planning and delivery;
  - ensure that diverse perspectives are represented;
  - ensure that feedback and information gathered is used to support creativity, innovation and service change;
  - encourage participation by groups that can be difficult to reach, where there may be barriers to engagement;
  - ensure that the necessary resources are available to support participation and engagement, specifically with groups that can be difficult to reach; and,
  - use the equalities and demographic data published in the Strategic Needs Assessment to inform engagement activities and approaches.
- 3.10 The Chief Officer submitted a Participation & Engagement Strategy Action Plan to the IJB for approval in November 2016. The Action Plan included next steps to support the delivery of the Strategy. These include establishing a co-ordinating group to take forward actions, with that Group responsible for developing tools to enable services to assess the benefits and quality of current approaches to participation and engagement; coordinate an annual review of the Strategy; and produce reports on participation and engagement activity. This was intended to form part of the annual reporting framework for the IJB. However, our review of the minutes of IJB meetings from February 2016 to November 2018 found no evidence of regular reporting on the participation and engagement action plan or activity.

<b>Finding rating</b>	Medium Risk
<b>Risk identified</b>	The absence of regular reporting to the Integration Joint Board on progress in implementing the Performance & Engagement Strategy increases the risk that a failure to achieve strategic objectives associated with this, or likelihood of such failure, would not be identified and addressed.
<b>Recommendations</b>	<p>2. The revised Performance &amp; Engagement Strategy in 2019 should set out clearly how progress against this strategy will be monitored, managed and scrutinised, including how progress will be reported regularly to the Integration Joint Board.</p> <p>3. The Chief Accountable Officer should take steps to ensure that such reports to the Integration Joint Board are provided in accordance with an approved frequency.</p>

3.11 The HSCP stakeholders and methods of engagement are defined in the Participation & Engagement Strategy, and there have been consultation exercises undertaken with stakeholders (see paragraph 3.05 and 3.06 above for Carers Act implementation). In addition, the development of the Strategic Plan 2016-2019 included stakeholder engagement that was detailed and published in a [consultation and engagement report](#) and staff engagement report. The following engagement with stakeholders was carried out as part of the development of the recently approved Strategic Plan 2019-2022:

- 4 scheduled public sessions across the geography of the 3 Localities, which focused on discussions on the proposed Strategic Priorities for 2019-2022;
- attending existing Community Group meetings to discuss the Strategic Plan and areas of priority;
- several workshops with the Strategic Planning Group, which is comprised of a wide range of stakeholders;
- linking with in-house Partnership services to get the views of staff;
- an online consultation was also available for 4 weeks, as well as a toolbox talk and feedback sheet for managers to facilitate a guided discussion with employees during team meetings; and,
- posts on Twitter and Facebook inviting people to participate in the discussions.

3.12 Through discussions with HSCP officers, we were provided with various examples of Stakeholder Engagement having taking place. However, while information is recorded within the IJB's shared drive, no definitive or comprehensive register of consultation activity (including consultees, purposes and outcomes) has been maintained.

<b>Finding rating</b>	Medium Risk
<b>Risk identified</b>	The absence of a definitive record of stakeholder engagement activity increases the risk that the HSCP is unable to demonstrate whether and how it has met its obligations and strategic objectives with regard to participation and engagement, and that it is unable to properly report progress against these to the Integration Joint Board.
<b>Recommendation</b>	4. The Chief Accountable Officer should ensure that a comprehensive central record of stakeholder consultation and engagement activity is maintained, and is used to inform regular reporting to the Integration Joint Board on progress in respect of the Participation & Engagement Strategy. This record should include a description of the activity together with its purpose, method, stakeholders involved, responses, any feedback, outputs and actions.

- 3.13 The Participation & Engagement Strategy states that, to ensure participation of stakeholders, the HSCP should: “Provide people with feedback, demonstrating how their views have been considered and tell them about any changes that have been made following their input.” We found that providing stakeholders with feedback was not always part of the consultation process in practice.

<b>Finding rating</b>	Low Risk
<b>Risk identified</b>	The absence from the stakeholder consultation process of feedback to respondents increases the risk that the HSCP is not fully or properly complying with the Participation & Engagement Strategy approved by the Integration Joint Board.
<b>Recommendation</b>	5. Each stakeholder consultation exercise should identify, at the outset, whether the provision of feedback to respondents is appropriate and, if so, how and when that will be provided.

- 3.14 The Carers Centres are represented in the CAIG. We were advised by the CAIG Chair that, in order to maximise carer engagement, work is ongoing to improve the identification of carers. This includes developing a consistent approach at Carer Centres (Clackmannanshire and Stirling) to ensure all carers are identified, engaged with, and supported in the same way. We understand that these arrangements will be updated in the Partnership’s Operational Guidance.

Complaints process

- 3.15 The Participation & Engagement Strategy states that: “Understanding complaints received by the Partnership will also be a valued source of information and an area that stimulates conversation with service users.”
- 3.16 The [Complaints Protocol](#) and Complaints Process were submitted to, and approved by the IJB in March 2016. The Protocol was developed as part of the Governance Workstream, with the aim of ensuring a single approach to complaints handling in order to make it easier for service users and clients to give feedback on the services they receive. The previous complaints handling arrangements for the constituent authorities were integrated into a standardised approach consistent with the Scottish Public Services Ombudsman’s model procedure.
- 3.17 The IJB Complaint Handling Procedures, which replicates the SPSO’s Model procedure for Integration Authorities in Scotland, was approved by the IJB in June 2017. This superseded the Complaints Protocol (although both are still published on the HSCP website), and includes the following requirements:
- to record all complaints in line with SPSO minimum requirements;
  - to report specified performance information about complaints to senior management and to the IJB at least quarterly;
  - to publicise complaints information externally; and
  - to publicise service improvements.
- 3.18 We reviewed the operation of the Complaints Handling Procedure and found that:
- the Clinical & Care Group is responsible for monitoring complaints; and,
  - the Chief Accountable Officer receives a weekly report of complaints and progress in relation to statutory time scales, and a monthly report on areas of complaints.
- 3.19 Each constituent authority produces reports detailing complaints, but while there is some common content, the extent of information contained in those varies: for example, the Clackmannanshire report includes stage 1 and stage 2 complaints per quarter and percentage of complaints upheld; the Stirling report includes monthly complaints, deadlines met and outcomes; and the NHS report details complaints per month and percentage responded within 20 days, complaint themes per department; and what complaints are taken further.
- 3.20 Partnership management advised that work was ongoing with members to develop a uniform complaints reporting document that captures all Clackmannanshire, Stirling and NHS complaint data.
- 3.21 We reviewed minutes of IJB meetings held from February 2016 to November 2018 and found that the IJB had not been provided with any performance information in relation to the Complaints Handling Procedures. This reflects that there were no complaints that were within the scope of the Procedures, which define a complaint as “An expression of dissatisfaction by one or more members of the public about the IJB’s action or lack of action, or about the standard of service the IJB has provided in fulfilling its responsibilities as set out in the Integration Scheme.” The Procedures do not relate to complaints concerning the delivery of the integrated services, which are covered by constituent authorities’ own procedures. Consequently, the arrangements

for reporting complaints performance information to the IJB on a quarterly basis are not applied to complaints about services delivered through the Partnership.

<b>Finding rating</b>	Medium Risk
<b>Risk identified</b>	The absence of regular reporting to the Integration Joint Board of complaints information concerning the delivery of integrated services increases the risk that it would not be adequately aware of, and be able to scrutinise, performance in this area.
<b>Recommendation</b>	6. Officers should develop arrangements to provide the IJB with regular analysis and performance information relating to complaints about the delivery of integrated services, and should consider how such procedures should be formalised.

## Appendix 1 – Classifications

### Overall level of assurance

Level of Assurance	Definition
<b>Comprehensive assurance</b>	Sound systems for risk, control, and governance are in place and should be effective in mitigating risks to the achievement of business and control objectives. Some improvements to existing controls in a few, relatively minor, areas may be required.
<b>Substantial assurance</b>	The systems for risk, control, and governance are largely satisfactory, but there is some scope for improvement as the present arrangements could undermine the achievement of business and/or control objectives and/or leave them vulnerable to some risk of error/abuse.
<b>Limited assurance</b>	The systems for risk, control, and governance have some satisfactory aspects, but contain a number of significant weaknesses that are likely to undermine the achievement of business and/or control objectives and leave them vulnerable to an unacceptable risk of error/abuse.
<b>No assurance</b>	The systems for risk, control, and governance are ineffectively designed and/or are operated ineffectively such that business and/or control objectives are not being achieved and the risk of serious error/abuse is unacceptable. Significant improvements are required.

### Individual finding ratings

Risk Rating	Description
<b>Critical</b>	<p>A finding that could have a critical impact in terms of:</p> <ul style="list-style-type: none"> <li>operational performance; or</li> <li>monetary or financial statement impact; or</li> <li>breach in laws and regulations that could result in material fines or consequences; or</li> <li>the IJB's reputation.</li> </ul>
<b>High</b>	<p>A finding that could have a significant impact in terms of:</p> <ul style="list-style-type: none"> <li>operational performance; or</li> <li>monetary or financial statement impact; or</li> <li>breach in laws and regulations that could result in significant fines or consequences; or</li> <li>the IJB's reputation.</li> </ul>

Risk Rating	Description
<b>Medium</b>	A finding that could have a moderate impact in terms of: <ul style="list-style-type: none"><li>• operational performance; or</li><li>• monetary or financial statement impact; or</li><li>• breach in laws and regulations that could result in moderate fines or consequences; or</li><li>• the IJB's reputation.</li></ul>
<b>Low</b>	A finding that could have a minor impact in terms of: <ul style="list-style-type: none"><li>• operational performance; or</li><li>• monetary or financial statement impact; or</li><li>• breach in laws and regulations with limited consequences; or</li><li>• the IJB's reputation.</li></ul>
<b>Advisory</b>	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or poor practice.

## Appendix 2 - Limitations & responsibilities

### Limitations inherent to the internal auditor's work

We have undertaken a review of IJB arrangements for ensuring the HSCP engages adequately and fully with stakeholders, subject to the limitations outlined below.

### Internal control

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of the Integration Joint Board's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgment in decision-making, human error, deliberate circumvention of control processes by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

### Future periods

Our assessment of the IJB arrangements for ensuring the HSCP engages adequately and fully with stakeholders is as at April 2019. We note that the Participation & Engagement Strategy, and the related Strategic Plan, were for the period from 2016 to 2019.

Historic evaluation of effectiveness may not be relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- the degree of compliance with policies and procedures may deteriorate.

### Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

Internal Audit endeavors to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we will perform further work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when performed with due professional care, do not guarantee that fraud will be detected. Accordingly, our examinations as internal auditors should not be relied upon solely to disclose fraud, defalcations or other irregularities that may exist.

The Integration Joint Board's Chief Internal Auditor should be informed of all suspected or detected fraud, corruption or impropriety in order to consider the adequacy of the relevant controls, and to evaluate the implication of fraud and corruption for his opinion on the Integration Joint Board's internal control environment.

## Appendix 3 – Recommendations

Ref	Recommendation	Risk Rating	Management response	Responsible Officer	Target Date
1	The membership and terms of reference of the Carers Act Implementation Group should be revisited to ensure that it adequately reflects the range of carer groups within Clackmannanshire and Stirling.	Low	These recommendations would normally be used to develop an agreed Action Plan: however, we recognise that a new Chief Officer has taken up post in the week that this report is issued, and agree that the Chief Officer should be given time to consider those recommendations before presenting a more detailed management response to both the IJB Audit & Risk Committee and the Chief Internal Auditor (see also section 1.10).		
2	The revised Performance & Engagement Strategy in 2019 should set out clearly how progress against this strategy will be monitored, managed and scrutinised, including how progress will be reported regularly to the Integration Joint Board.	Medium			
3	The Chief Accountable Officer should take steps to ensure that such reports to the Integration Joint Board are provided in accordance with an approved frequency.	Medium			
4	The Chief Accountable Officer should ensure that a comprehensive central record of stakeholder consultation and engagement activity is maintained, and is used to inform regular reporting to the Integration Joint Board on progress in respect of the Participation & Engagement Strategy. This record should include a description of the activity together with its purpose, method, stakeholders involved, responses, any feedback, outputs and actions.	Medium			
5	Each stakeholder consultation exercise should identify, at the outset, whether the provision of feedback to respondents is appropriate and, if so, how and when that will be provided.	Low			
6	Officers should develop arrangements to provide the IJB with regular analysis and performance information relating to complaints about the delivery of integrated services, and should consider how such procedures should be formalised.	Medium			





Clackmannanshire & Stirling  
**Health & Social Care  
Partnership**

# Integration Joint Board Audit and Risk Committee

28 June 2019

Agenda Item 8

## Internal Audit Annual Report 2018/19

For Noting

<b>Paper presented by</b>	Kevin O’Kane, Chief Internal Auditor
<b>Author</b>	Kevin O’Kane, Chief Internal Auditor



Clackmannanshire  
Council



**NHS**  
Forth Valley

## **1. Introduction**

- 1.1 This report provides the Annual Internal Audit Report for 2018/19.

## **2. Purpose & Summary**

- 2.1 The Internal Audit Annual Report 2018/19 is submitted to the Audit & Risk Committee to comply with the requirements of Public Sector Internal Audit Standard 2450 (Overall Opinions) by providing the Committee with an annual report on Internal Audit activity. This is timed to support the preparation and consideration of the Integration Joint Board's draft Annual Governance Statement.
- 2.2 The Annual Governance Statement, which is part of the Integration Joint Board's audited annual financial statements, should draw attention, if required, to any specific areas where the Integration Joint Board needs to improve financial controls, operational controls or broader governance arrangements.
- 2.3 The Internal Audit Annual Report 2018/19 is attached at Appendix 1, and is submitted to the Audit & Risk Committee for noting.

## **3. Recommendations**

The Audit & Risk Committee is asked to consider this report and:

- 3.1. note the contents of paragraph 1.4 of the Annual Report 2018/19 (attached at Appendix 1), prepared to support the Integration Joint Board's Annual Governance Statement, which is incorporated in the unaudited Annual Accounts to 31 March 2019;
- 3.2. note and make any comments on the recommendations at paragraph 3.19 of the Annual Report; and,
- 3.3. endorse the Annual Report.

## 4. Background

- 4.1. The Integration Joint Board agreed, on 24 February 2016, that Internal Audit services would be provided by the Internal Audit teams within the constituent authorities, with responsibility for Chief Internal Auditor duties rotating between those authorities' Chief Internal Auditors on a three-year basis. The Chief Internal Auditors agreed that Stirling Council's Audit Manager should be nominated as Chief Internal Auditor for the initial three-year period, covering the financial years up to 31 March 2019, and this was approved by the Integration Joint Board on 27 April 2016.
- 4.2. The UK Public Sector Internal Audit Standards (PSIAS) govern the work of the Integration Joint Board's Internal Audit service. The teams that provide the Internal Audit service comply with these.
- 4.3. Public Sector Internal Audit Standard 2450 (Overall Opinions) requires the Chief Internal Auditor to provide the Audit & Risk Committee with an annual report timed to support the Annual Governance Statement.
- 4.4. The Internal Audit Annual Report covers the period from 1 April 2018 to 31 March 2019 and has been prepared to meet the requirements of Public Sector Internal Audit Standard 2450 by reporting:
  - an annual internal audit opinion on the overall adequacy and effectiveness of the Integration Joint Board's governance, risk management and control framework (i.e. the internal control environment);
  - a summary of the internal audit work from which that opinion is derived (including reliance placed on any work carried out by other assurance providers); and,
  - a statement of internal audit conformance with the Public Sector Internal Audit Standards
- 4.5. This report helps to provide the Integration Joint Board, through its Audit & Risk Committee, with independent assurance on the adequacy of the risk management framework and internal control environment, and the integrity of the financial reporting and annual governance processes in operation during the period under review. The report is a key part of the Integration Joint Board's arrangements to inform the preparation of the Annual Governance Statement, along with other sources of assurance that the Integration Joint Board may rely upon, including reports from the external auditor and other national inspection agencies and bodies.
- 4.6. The Report provides assurance, based on the work described in section 3 of Appendix 1, in respect of the key arrangements in place as at 31 March 2019, as well as ongoing and planned work in 2019/20. While the Integration Joint Board's governance arrangements continued to evolve in positive ways, both the Integration Joint Board and its Officers recognise that further development is required and planned activities are in place for this. Paragraphs 3.17 to 3.19 of the Report draw attention to some of the key arrangements that are in

place, and those that are planned or in progress, along with recommendations that Internal Audit has made for further consideration.

## **5. Conclusions**

5.1. Overall, the Annual Report concludes that:

- reasonable assurance can be placed upon the adequacy and effectiveness of the Integration Joint Board's governance arrangements, while noting that:
  - improvement actions are required and have been agreed between Internal Audit and the Chief Finance Officer;
  - there are plans for necessary further developments of the governance arrangements following the changes to terms of reference as highlighted in the Integration Joint Board Report on 27 March 2019, including the need to develop and increase the visibility of the approach to risk management;
  - approval of the Partnership Budget for 2019/20 in March 2019, as in previous years, recognised that the NHS element is subject to approval of the NHS Forth Valley 2019/20 Draft Financial Plan;
  - the Partnership is projected to overspend by £2.508 million, as highlighted in the Integration Joint Board Budget report on 27 March 2019, remaining at high risk of overspending in 2019/20, and that work is ongoing to achieve a balanced budget;
- the internal control environment provides reasonable assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact; and,
- there are no significant concerns around the consistency of the draft Annual Governance Statement with information that I am aware of from my work.

5.2. The Annual Report contains recommendations that Internal Audit will monitor and discuss with officers. These are set out at section 3.19 of the Report (Appendix 1).

## **6. Resource Implications**

6.1. While the recommendations contained in the Annual Report may not result directly in additional financial costs, they will require input from the Integration Joint Board's officers and may also require input, in terms of support services, from the constituent authorities.

## **7. Impact on Integration Joint Board Priorities and Outcomes**

- 7.1. Effective governance systems will aid the Integration Joint Board delivering its identified priorities and outcomes. This report, and the provision of an Internal Audit service in general, helps the Integration Joint Board and the Partnership in their delivery against National Health & Wellbeing Outcome 9: Resources are used effectively and efficiently - to deliver Best Value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.

## **8. Legal & Risk Implications**

- 8.1. Effective governance systems will aid the Integration Joint Board in discharging its statutory obligations and effectively managing risk. The delivery of an Internal Audit service in itself helps address risk HSC002 in the Strategic Risk Register: Leadership, Decision Making and Scrutiny [including effectiveness of governance arrangements and potential for adverse audits and inspections].
- 8.2. The Internal Audit Annual Report 2018/19, timed to support the Audit & Risk Committee's consideration of the Integration Joint Board's Annual Governance Statement, helps to ensure that the Integration Joint Board complies with The Local Authority Accounts (Scotland) Regulations 2014.

## **9. Consultation**

- 9.1. The Annual Internal Audit Report 2018/19 was subject to consultation with the Chief Finance Officer.

## **10. Equality and Human Rights Impact Assessment**

- 10.1. N/A.

## **11. Exempt reports**

- 11.1. Not exempt.



# **CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD**

## **ANNUAL INTERNAL AUDIT REPORT 2018/19**

**Prepared by Kevin O’Kane FCCA, Chief Internal Auditor**

**21 June 2019**

**Issued to**

Annemargaret Black    Chief Officer  
Ewan Murray            Chief Finance Officer

**Copied to (final only)**

Audit Committee  
External Audit

## 1. INTRODUCTION AND CONCLUSION

- 1.1 This annual report provides my opinion, in my capacity as the Chief Internal Auditor of the Clackmannanshire and Stirling Integration Joint Board, on the Integration Joint Board's framework of governance, risk management and control ('the internal control environment') in respect of the financial year 2018/19.
- 1.2 The Public Sector Internal Audit Standards require that the Chief Internal Auditor must deliver an annual internal audit opinion and report that can be used by the Integration Joint Board to inform its annual governance statement. That opinion must conclude on the overall adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control.
- 1.3 The Integration Joint Board has produced a draft Annual Governance Statement for 2018/19, which highlights:
- the main features of the governance framework in existence during 2018/19;
  - that the Integration Joint Board's annual review of the effectiveness of its governance framework in 2018/19 is based on:
    - a self-assessment of its corporate governance arrangements by the Chief Finance Officer, in consultation with the Chief Officer, which has been reviewed by Internal Audit in order to inform this report and the overall assurance that it can provide on the operation and effectiveness of the governance, control and risk management arrangements. The self-assessment is to be presented to the Audit Committee on 28 June 2019; and,
    - Internal Audit reports agreed during or in respect of 2018/19; and,
    - a report from the Chief Officer on Stirling Council's internal audit of Self-Directed Support, including an updated improvement action plan.
- 1.4 I have concluded, based on the evidence available and work undertaken, that:
- reasonable assurance can be placed upon the adequacy and effectiveness of the Integration Joint Board's governance arrangements, while noting that:
    - improvement actions are required and have been agreed between Internal Audit and the Chief Finance Officer;
    - there are plans for necessary further developments of the governance arrangements following the changes to terms of reference as highlighted in the Integration Joint Board Report on 27 March 2019, including the need to develop and increase the visibility of the approach to risk management;
    - approval of the Partnership Budget for 2019/20 in March 2019, as in previous years, recognised that the NHS element is subject to approval of the NHS Forth Valley 2019/20 Draft Financial Plan;
    - the Partnership is projected to overspend by £2.058 million, as highlighted in the Integration Joint Board Budget report on 27 March 2019, remaining at high risk of overspending in 2019/20, and that work is ongoing to achieve a balanced budget;
  - the internal control environment provides reasonable assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact; and,

- there are no significant concerns around the consistency of the draft Annual Governance Statement with information that I am aware of from my work.

## 2. BACKGROUND

- 2.1 The Order establishing the Clackmannanshire & Stirling Integration Joint Board came into effect on 3 October 2015, establishing the Integration Joint Board legally from that date.
- 2.2 The Integration Joint Board is supported by a Chief Officer and Chief Finance Officer. The Chief Officer now has certain operational responsibilities under delegation from Clackmannanshire and Stirling Councils: learning disability, mental health and the Mental Health Officer [MHO] services across both Councils were delegated to the Chief Officer from 1 February 2017 as part of a stepped approach to the delegation of services. This was subsequently extended to Adult Social Care services within Clackmannanshire in July 2017, and a similar arrangement was established for Stirling from September 2018.
- 2.3 The Integration Joint Board agreed, on 24 February 2016, that Internal Audit services would be provided by the Internal Audit teams within the constituent authorities, with responsibility for Chief Internal Auditor duties rotating between those authorities' chief internal auditors on a three-year basis. The chief internal auditors agreed that Stirling Council's Audit Manager should be nominated as Chief Internal Auditor for the initial three-year period, covering the financial years up to 31 March 2019, and this was approved by the Integration Joint Board on 27 April 2016. The role has now passed to the Chief Internal Auditor of NHS Forth Valley for the years 2019/20 to 2021/22.
- 2.4 The Chartered Institute of Public Finance & Accountancy (CIPFA) and the Institute of Internal Auditors (IIA) issued UK Public Sector Internal Audit Standards (PSIAS), effective from 1 April 2013 and most recently revised in 2017, which govern the work of the Integration Joint Board's Internal Audit Service and the Internal Audit teams for each of the constituent authorities. Each of the teams that provide Internal Audit services to the constituent authorities, and which also comprise the Internal Audit service of the Integration Joint Board, have been subject to a 5-yearly external quality assessment of their compliance with the PSIAS within the past 2 years: in each case, the review has concluded that the service generally or broadly complied with the PSIAS.
- 2.5 PSIAS 2450 (Overall Opinions) requires the Chief Internal Auditor (the 'Chief Audit Executive' in terms of the PSIAS) to provide the Integration Joint Board with an annual report that is timed to support its Annual Governance Statement. The CIPFA framework on Delivering Good Governance in Local Government also recognises that an effective internal audit function is a significant source of assurance on the effectiveness of the governance framework.
- 2.6 This report covers the period from 1 April 2018 to 31 March 2019 and has been prepared to meet the requirements of PSIAS 2450 by reporting:
- the annual internal audit opinion on the overall adequacy and effectiveness of the Integration Joint Board's governance, risk management and control framework (i.e. the internal control environment);
  - a summary of the internal audit work from which that opinion is derived (including reliance placed on any work carried out by other assurance providers); and,

- a statement of internal audit conformance with the PSIAS.
- 2.7 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board to 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.
- 2.8 The IRAG guidance also sets out the Integration Joint Board's responsibility for preparing an annual governance statement that outlines, among other matters, the Integration Joint Board's further responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control.
- 2.9 This report helps to provide the Integration Joint Board with independent assurance on the adequacy of the risk management framework and internal control environment, and the integrity of the financial reporting and annual governance processes in operation during the period under review. The report is a key part of the Integration Joint Board's arrangements to inform the preparation of the Annual Governance Statement, along with other sources of assurance that the Integration Joint Board may rely upon, including reports from the external auditor and other national inspection agencies and bodies.
- 2.10 Internal Audit should not be seen as a substitute for internal control, which is primarily a management responsibility. Internal Audit activity is planned to provide assurance on the Integration Joint Board's control environment to its members and senior officers, and to enable an audit opinion on the adequacy and effectiveness of the internal control framework to be given by the Chief Internal Auditor.

### **3. INTERNAL CONTROL FRAMEWORK**

- 3.1 My work in respect of 2018/19, in partnership with the Internal Audit services of each of the constituent authorities, has considered or addressed the following areas relevant to the Integration Joint Board:

#### Service Redesign

- 3.2 The risk-based Internal Audit Annual Plan 2018/19 included a review of Service Redesign. The review considered progress made by the IJB in taking forward transformational change in the delivery of integrated services, the arrangements to scrutinise consistency with strategic objectives and to ensure that proposed changes, timescales and savings are achievable.
- 3.3 Internal Audit was able to provide substantial assurance that the arrangements for identifying, monitoring and reporting on transformational change and re-design in the delivery of the integrated services that the IJB commissions from the Partnership are appropriate and are operating effectively. The report on this review did not identify any critical or high risk findings, but made recommendations to help strengthen current arrangements in relation to 1 medium risk and 3 low risk findings.

#### Participation and Engagement

- 3.4 The Internal Audit Annual Plan 2018/19 included a review of participation and engagement with stakeholders. The review considered whether the IJB and the Health & Social Care Partnership engage adequately and fully with stakeholders,

including harder to reach groups of service users and unpaid carers, focusing on related risk reduction actions identified in the Strategic Risk Register (including implementation of the Participation & Engagement Strategy and planning for the implementation of the Carers (Scotland) Act 2016).

- 3.5 Generally, from the findings of the review, Internal Audit can provide substantial assurance that the arrangements for stakeholder participation and engagement are appropriate and are operating effectively. The report does not identify any critical or high risk findings, but makes recommendations to help strengthen current arrangements in relation to 3 medium risk and 2 low risk findings identified during the review.

#### Public Protection and Clinical & Care Governance

- 3.6 The Internal Audit Annual Plan 2018/19 also made provision for a review to ensure that effective arrangements are in place to identify and address issues in relation, but not limited to: clinical and care governance; delayed discharge performance; and, safety and sustainability of the 'out of hours' service. The Chief Internal Auditor reported to the Audit Committee in February 2019 that, following further consultation with the internal audit service for NHS Forth Valley (which was to provide the resource for this review), the scope of this review would be limited to clinical and care governance. However, the Chief Officer (Interim) subsequently asked that this review be deferred until the new Chief Officer was in place. This was agreed by both the outgoing and the incoming Chief Internal Auditors.
- 3.7 An NHS Forth Valley Internal Audit report highlighted a number of areas where Clinical & Care Governance arrangements had not progressed as expected. In particular, it was noted that:

“During 2018/19 no assurance reports or minutes from the IJB’s Clinical and Care Governance arrangements were provided to the NHS Forth Valley CGC, or vice versa.’ It also noted that a forthcoming paper ‘intends to clarify the relationship between the NHS Forth Valley CGC and IJB Clinical & Care Governance, and will cover items such as the scope of committees, how transfer of services will affect the governance role of committees, and protocols for sharing information. The paper will also be presented to each IJB.”

- 3.8 It is also noted that, at its meeting on 28 November 2018, the Integration Joint Board considered the report of the joint inspection of ‘The effectiveness of strategic planning in the Clackmannanshire and Stirling Partnership’ (November 2018) by the Care Inspectorate and Healthcare Improvement Scotland. The report concluded:

“If the partnership takes appropriate action to improve collaborative leadership, develop the plans and structures currently in place and ensure a proactive, partnership approach to the management of operational performance, we can be more confident that the partnership will move forward more effectively and efficiently with the integration of health and social care”

and identified 6 areas for improvement. The Integration Joint Board approved a draft improvements action plan, which identified a range of actions for each improvement area, supporting evidence, lead officers and timescales.

Adult Social Care Invoicing Arrangements (Clackmannanshire Council)

- 3.9 A report presented to Audit Committee on 24 August 2018 concluded that Internal Audit could provide limited assurance in relation to Adult Social Care Services invoice system arrangements within Clackmannanshire Council. However, it should be noted that the report was prepared under the annual Internal Audit Plan for 2017/18 (the year prior to this), and informed the annual Internal Audit Report for that year.

Self-Directed Support (Stirling Council)

- 3.10 The Audit Committee meeting on 12 September 2018 was provided with a report, by the Chief Officer, which gave an overview of the recommendations in relation to a recent Internal Audit Review on Self Directed Support (SDS) performed within Stirling Council, including progress against the completion of those. The internal audit report provided limited assurance that the arrangements in place within Stirling Council for self-directed support were operating effectively, in line with legislation and the Council's procedures which are based on national guidelines. It was noted, in particular, that there was ongoing delay in completing the actions in the SDS implementation plan, which had an impact on the Council's ability to fulfil its obligations both to the IJB and to fully comply with the legislation.
- 3.11 The Chief Officer's report highlighted that the relevant service managers had drawn the contents of the draft report to the attention of the Chief Social Work Officer and Chief Officer of the Integration Joint Board, and had already taken appropriate actions to begin to address the recommendations. Further to the internal audit report, an action plan has been developed, illustrating the urgency being placed on addressing the issues within the Partnership. The Chief Officer advised that, at that time, the action plan was being monitored and updated fortnightly.
- 3.12 The limited assurance opinion in respect of Self Directed Support does not significantly impact upon my reasonableness opinion in respect of the Integration Joint Board's governance arrangements, as its primary focus is on operational business support arrangements within one of the partner bodies, rather than governance arrangements within the Integration Joint Board itself.

Other Internal Audit Activity

- 3.13 The Chief Internal Auditor, together with the Chief Finance Officer, prepared an Audit Committee Development Session training presentation for delivery at the Committee's planned meeting on 10 December 2018. While that meeting did not go ahead as it was not quorate, the presentation was delivered to those members present.
- 3.14 A draft Internal Audit Information Sharing Protocol was prepared for consideration at the Audit Committee on 10 December 2018, and was subsequently considered at the meeting on 20 February 2019. The Chief Internal Auditor developed the draft Protocol, in consultation with the chief internal auditors for the constituent authorities, in order to govern, and set out specific arrangements that will apply to, the sharing of internal audit outputs between Clackmannanshire Council, NHS Forth Valley, Stirling Council and the Integration Joint Board. The Committee was asked to note the draft Protocol, and was provided with an opportunity to make comments before it was submitted for agreement and signing by relevant senior officers of the Integration Joint Board and the constituent authorities. It is anticipated that this will be taken forward now that the new Chief Officer is in post.

- 3.15 The Audit Committee meeting in February 2019 also considered the Accounts Commission and Auditor General for Scotland's jointly published report 'Health & Social Care Integration: Update on Progress', submitted by the Chief Internal Auditor. This is a national report setting out key messages and recommended actions that are relevant to all Councils and Integration Joint Boards across Scotland, and are not directed solely at the Clackmannanshire and Stirling Integration Joint Board.
- 3.16 My assessment of the internal control framework also takes account of the completion, by the Chief Finance Officer, of a governance checklist that is based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration, and best practice. Internal Audit reviewed the assessments reached through discussion with officers and examination of the supporting evidence and documentation. We found the assessments to be generally satisfactory: any gaps that we have identified are addressed in our recommendations at para 3.19.

#### Corporate Governance arrangements

- 3.17 Key corporate governance arrangements in place during the year or at 31 March 2019 (or thereafter, up to the date of annual accounts approval) included:
- Integration Scheme
  - Standing Orders
  - Scheme of Delegation
  - Financial Regulations, and Reserves Policy and Strategy
  - Code of Conduct and Register of Interests
  - Clinical and Care Governance Framework
  - Performance Management Framework
  - Annual Performance Report
  - Risk Management Strategy
  - Regular consideration of the Strategic Risk Register by the Audit Committee
  - Complaints Handling Procedure
  - Information Security Policy
  - Strategic Plan 2016-19, which has now been succeeded by the Strategic Commissioning Plan 2019-2022
  - Delivery Plan 2017-19
  - Integrated Workforce Plan 2016-19, now succeeded by the Strategic Workforce Plan 2019-2022
  - the Audit Committee (now Audit & Risk Committee, with updated Terms of Reference)
  - Finance Committee (now Finance & Performance Committee, with updated Terms of Reference)
  - Strategic Planning Group
  - Transforming Care Programme and Programme Board
  - Chief Internal Auditor and internal audit service arrangements

- consideration of the joint inspection report on 'The effectiveness of strategic planning in the Clackmannanshire and Stirling Partnership', and approval of an improvement action plan in response to that report
- Data Protection Officer, information sharing agreements and Records Management Plan
- continuing liability coverage under the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)
- provision of regular reports to IJB, including Chief Officer's Report, Finance Report, Performance Report, within a structured agenda that featured the following report types at each meeting: Finance; Performance; Transforming Care & Strategic Planning; and Governance.

3.18 Significant developments are also ongoing or planned in a number of areas, including:

- further work is required to achieve a balanced budget;
- further review of the Reserves Policy, linked to the development of a medium term financial plan;
- the responsibilities and the reporting lines of the Integration Joint Board in respect of all governance arrangements will be subject to further development around operational delegation and integrated structures in 2019/20, taking account of the integration progress report by the Ministerial Strategic Group for Health & Community Care (February 2019);
- responsibilities for budgetary control will be further considered, linked to changes in operational management responsibilities;
- review of Financial Regulations and the Scheme of Delegation, linked to the phased delegation of NHS services;
- development, approval and monitoring of a delivery plan to accompany the new Strategic Commissioning Plan 2019-22;
- corporate support services to be reconsidered and linked to integrated structures, taking account of the Ministerial Strategic Group report and phased delegation of NHS services;
- inclusion of a Best Value statement in the Annual Performance Report, and further development of the IJB's approach to this;
- strengthened performance scrutiny via the newly-established Finance & Performance Committee;
- further development of the Directions already issued to the constituent authorities in respect of 2019/20, linked to the further work to achieve a balanced budget and to the future approach to Directions that was approved by the IJB in November 2018; and,
- finalisation and implementation of the Internal Audit Output Sharing Protocol for sharing formal assurance documents (particularly Internal Audit reports) between the Partnership's constituent authorities and the Integration Joint Board.

### 3.19 Recommendations

The following recommendations are made in relation to matters identified by Internal Audit's review of the Governance Self-Assessment Checklist completed and provided to us by the Chief Finance Officer:

1. The Chief Officer and Chief Finance Officer should ensure that the developments highlighted at 3.18 are progressed and monitored to completion or closure.
2. As identified in previous annual reports, a Local Code of Corporate Governance should be developed and approved. This may take the form of an overarching document that brings together, and clarifies the links between, existing key governance documents and arrangements.
3. The Chief Officer should review arrangements for obtaining assurance of the adequacy and effectiveness of business continuity arrangements in respect of integrated services, including adverse events management, and should consider whether any further work is required to ensure that these are aligned as far as is appropriate across the Health & Social Care Partnership.
4. Whistleblowing and Counter Fraud procedures should be developed, approved and implemented. These should be consistent with, and should complement where appropriate, those of the Partnership's constituent authorities.
5. Consideration should be given to making the Register of Interests more accessible to the public. This could involve reviewing the individual returns for adequacy, completeness and consistency; preparing a summary register of those; and publishing that on the Partnership website, updating the publication at regular intervals.
6. Robust arrangements should be agreed and put in place to ensure that the Chief Officer and Chief Finance Officer are subject to appropriate appraisal and development.
7. The Chief Officer should ensure that all areas of development identified in the Self-evaluation for the Review of Progress with Integration of Health and Social Care are properly and timeously progressed, and that regular progress updates are provided to the Integration Joint Board or one of its Committees in order that progress can be subject to appropriate scrutiny.
8. The relationship between the Integration Joint Board and the Community Planning Partnership should be reviewed to ensure that the work of the IJB and the HSCP is effectively aligned with the local outcomes improvement plans for both Clackmannanshire and Stirling.

## **4 ACKNOWLEDGEMENT**

- 4.1 I would like to take this opportunity to thank the Chief Officers and Chief Finance Officer of the Integration Joint Board as well as staff within the Partnership for the help and co-operation extended to Internal Audit throughout this year.

**Kevin O'Kane FCCA  
Chief Internal Auditor  
21 June 2019**



# Integration Joint Board Audit & Risk Committee

28 June 2019

Agenda Item 9

## Integration Joint Board Accounts 2018/19 (Unaudited)

<b>Paper presented by</b>	Ewan Murray, Chief Finance Officer
<b>Author</b>	Ewan Murray, Chief Finance Officer
<b>Exempt Report</b>	No



<b>Purpose of Report:</b>	To present the draft Integration Joint Board Annual Accounts to the Audit and Risk Committee for consideration and issue.
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<b>Recommendations:</b>	<p>The Audit and Risk Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Consider and Approve the Integration Joint Board 2018/19 unaudited accounts for issue.</li> </ul>
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## 1. Background and Considerations

- 1.1 The Local Authority Accounts (Scotland) Regulations 2014 requires the Integration Joint Board (IJB) to submit the Unaudited Annual Accounts of the IJB for the financial year ended 31 March 2018 to the Auditor by the statutory deadline of 30 June. Under the regulations, a Committee of the IJB, whose remit includes audit and governance functions, must meet to consider the unaudited Annual Accounts before 31 August.
- 1.2 The accounts are prepared the IJB Chief Finance Officer in line with extant accounting regulations and guidance on accounting for integration which is reviewed and updated annually by Local Authority Scotland Accounts Advisory Committee (LASAAC).
- 1.3 The public inspection period for the accounts will run from Friday 28 June and the accounts will be available for inspection at the Integration Team offices and published on the Health and Social Care Partnership website in line with regulations.
- 1.4 The external audit process is now underway and audited accounts will be presented to the Audit and Risk Committee for consideration before presentation to the Integration Joint Board for approval and signing.
- 1.5 The unaudited accounts include details of the Integration Joint Boards income and expenditure for the financial year 2018/19 and a Financial Outlook describing, based on information available at the time of writing the financial and economic context within which the Integration Joint Board will operate in coming years.

## 2. Appendices

I – 2018/19 Integration Joint Board Accounts (Unaudited)



Clackmannanshire & Stirling  
**Health & Social Care  
Partnership**

## **Clackmannanshire & Stirling Integration Joint Board**

Annual Accounts 2018/19  
(Unaudited)



**„Our vision is to enable people in Clackmannanshire  
and Stirling to live full and positive lives  
in supportive communities”**



Clackmannanshire  
Council



**NHS**  
Forth Valley

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## **Management Commentary**

### **Introduction**

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards (IJB's) with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

Following approval from Clackmannanshire and Stirling Councils and the Forth Valley Health Board (NHS Forth Valley), the Integration Scheme, the formal legal partnership agreement between the three constituent organisations, was submitted to Scottish Ministers on 24 June 2015. On 3 October 2015 Scottish Ministers legally established the Clackmannanshire and Stirling Integration Joint Board.

On 1 April 2016 health and social care functions per the Integration Scheme were formally delegated to the Integration Joint Board. Therefore, financial year 2018/19 represents the third full year of operations for the Clackmannanshire and Stirling Integration Joint Board and the final year of the initial Strategic Plan. The Integration Joint Board taking responsibility for the strategic planning and commissioning of adult social care service provision, of Community and Family Health Services relating to in-scope functions, and for large hospital services planning with partners who will continue to manage and deliver the services as part of pan Forth Valley structures.

Clackmannanshire and Stirling Integration Joint Board approved its initial Strategic Plan 2016-2019 on 22 March 2016. The Strategic Plan set out the case for change, vision and outcomes and initial priorities for the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP). At its March 2019 meeting the Integration Joint Board approved its Strategic Commissioning Plan for 2019-2022. This plan is based on a refreshed Strategic Needs Assessment, builds on the initial plan and agrees clear partnership priorities for the period.

This publication contains the financial statements for the financial year from 1 April 2018 to 31 March 2019.

### **Integration Joint Board Strategy and Business Model**

The Clackmannanshire and Stirling Health and Social Care Partnerships vision is to enable people to live full and positive lives within supportive communities. In pursuance of this we are working towards the priorities set out in the Strategic Plan to achieve improved outcomes for service users through integration planning and delivery principles.

The Partnerships business model is therefore to ensure that services are provided in a way which

- Are integrated from the point of service users
- Take account of the particular needs of different service users
- Respects the rights and takes account of the dignity of service users
- Encourages participation within our communities
- Protects and improves quality and safety
- Are planned and led locally in a way which is engaged with communities

- Anticipates needs and prevents them arising where possible
- Makes best use of available facilities, people and other resources

The Partnerships Strategic Plan 2016-2019 articulated the high level priorities for the Partnership, expressed as a series of 'we will' statements. These were:

- Further develop systems to enable front line staff to access and share information
- Support more co location of staff from across professions and organisations
- Develop single care pathways
- Further develop anticipatory and planned care services
- Provide more single points of entry to services
- Deliver the Stirling Health and Care Village
- Develop seven day access to appropriate Services
- Take further steps to reduce the number of unplanned admissions to hospital and acute services

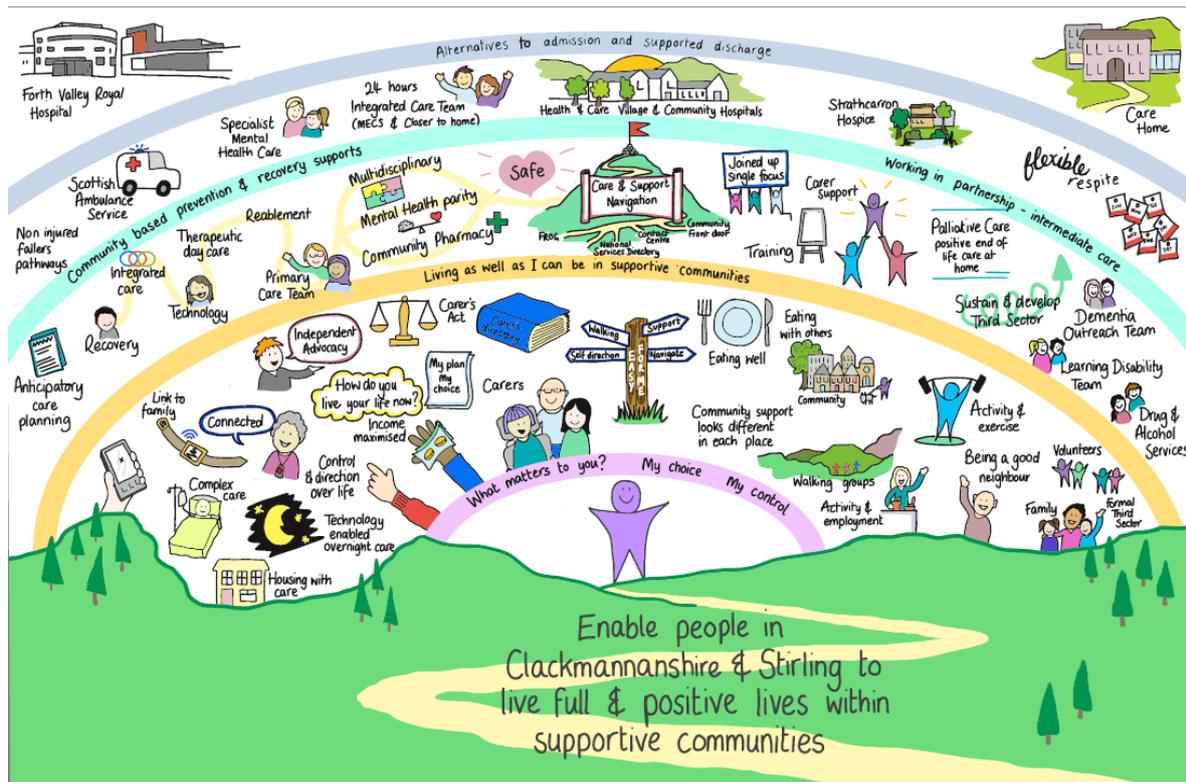
### **Principal Activities**

During 2018/19 the key activities of Clackmannanshire and Stirling Integration Joint Board included:

- Issuing of Directions to Clackmannanshire Council, NHS Forth Valley and Stirling Council for their respective delegated functions from 1 April 2018, as set out in the Integration Scheme. The Directions are the mechanism by which the Integration Joint Board instructs the constituent authorities to carry out the delegated functions. These documents set out how the Integration Joint Board expect the constituent bodies to deliver each function, and spend Integration Joint Board resources, in line with the Strategic and Financial Plans.
- Progression in implementation of the Transforming Care Programme as the overarching delivery programme for the progressing implementation of the Partnership Strategic Plan priorities. The key elements of the Transforming Care Programme were:
  - Intermediate Care
  - Day Services
  - Mental Health and Learning Disabilities
  - Self Directed Support
  - Delayed Discharge
  - Stirling Health and Care Village
  - Models of Neighbourhood Care
  - Primary Care Transformation
  - High Health Gain

### **Business Model**

- The partnership's business model is best described in a visual manner. To this end a 'rich picture' was commissioned to articulate the partnership vision and transforming care programme.



### Key Achievements in 2018/19

- Delivery of the major elements of the Stirling Health and Care Village including
  - The Bellfield Centre incorporating a truly integrated care model and workforce.
  - The Primary and Urgent Centre incorporating 3 GP Practices, Minor Injuries, Associated Health Services and Scottish Ambulance Service
  - The final phase of the facility will be completed during 2019/20 including the Scottish Ambulance Services vehicle workshop and completion of demolition and grounds works including car parks and landscaping
- Implementing delegation of operational management arrangements for Adult Social Care Service in Stirling and progressing plans for delegation of further operational management arrangements relevant NHS services during 2018/19
- Review and strengthening of the Integration Joint Boards committee structure and establishing and agreeing revised terms of reference for the Finance & Performance Committee and Audit and Risk
- Undertaking a further review of the utilisation and effectiveness of deployment of Partnership Funding allocated to the partnership from Scottish Government based on evidence of impact, value, alignment with and contribution to the Strategic Plan Priorities and Key Performance Objectives.
- Development and Approval of the Strategic Commissioning Plan for 2019-2022 including:
  - Focused update of the Joint Strategic Needs Assessment
  - Further development of locality planning arrangements
  - Agreement of Partnership Planning Approach including Strategic and Financial Alignment
  - Refreshed Partnership Workforce Plan
  - An extensive and transparent process of Public Engagement which will be an ongoing process
- Commencement of implementation of the Carers (Scotland) Act 2016

- Planning for implementation of Free Personal Care for under 65's (commonly referred to as 'Franks Law').
- Development and approval of a Primary Care Improvement Plan
- Development and Approval of Redesigns of Mental Health and Learning Disability Services including Action 15 of the Scottish Government Mental Health Strategy
- Agreeing a future approach to Directions linked to the Strategic Commissioning Plan for 2019/22
- Agreement on a Locality Management Structure and appointment to Locality Manager posts
- Taking forward appointment of the new permanent Chief Officer who takes up post in June 2019.
- Development of Partnership identity including logo and website.

### **2018/19 Annual Accounts**

The Accounts report the financial performance of the Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the Integration Joint Board's vision and its core outcomes as expressed within the Strategic Plan. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2018/19 Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting and the Local Authority Accounts (Scotland) Regulations 2014.

For financial year 2017/18 a deficit of £1.053m was declared reflecting the net reduction in reserves held between 1 April 2017 and 31 March 2018. The general reserves previously held by the Integration Joint Board were utilised to meet, in part, the financial pressures in 2017/18.

For financial year 2018/19 a deficit of £0.383m has been declared reflecting the net reduction in reserves held between 1 April 2018 and 31 March 2019. The reserves held by the Integration Joint Board have been utilised to meet, in part, the financial pressures in 2018/19 along with significant additional payments from the constituent authorities.

At 31 March 2019 the Integration Joint Board holds £1.977m of reserves which are earmarked for use in future years. The majority of these reserves relate to managing the difference in timing of allocations from Scottish Government and expenditure for transformation programmes including those relating to Unscheduled Care, Mental Health and Primary Care.

The Integration Scheme sets out the arrangements for agreeing how financial risk is managed. An agreement for additional contributions (or payments) from the constituent authorities of the partnership is being finalised for 2018/19 only and the impact of these additional contributions is reflected in the accounts. Going forward, given the lack of general reserves to assist in managing unforeseen financial pressures and the ongoing tight fiscal environment, it is paramount to ensure the partnership develops and agrees plans for sustainable service delivery within resources available aligned to the priorities of the Strategic Commissioning Plan.

## Key Partnership Performance Issues

The Integration Joint Board continues to further develop a performance management culture throughout the Partnership.

The Integration Joint Board receives a performance report at each meeting which along with financial reports and reporting on the Transforming Care Programme, gives a rounded view of the overall performance, financial sustainability and progress in implementing the Strategic Plan priorities of the Partnership. The triangulation of key performance indicators, measureable progress in delivering the priorities of the Strategic Plan and financial performance is regarded as forming the cornerstone of demonstrating best value within a culture of continuous improvement and best value.

In line with statutory requirements an Annual Performance Report has been produced and will be presented to the Integration Joint Board, in draft form, at its July 2019 meeting. The published Annual Performance Reports for the Partnership can be found here <https://clacksandstirlinghsc.org/performance/>

This will be the third Annual Performance Report published by the Partnership and it is acknowledged the approach and quality of performance reporting will continue to develop in future years including the development of locality arrangements. The Annual Performance Report details progress in relation to the high level Partnership priorities along with summary and detailed performance information.

The Annual Performance Report incorporates comparative information for Scotland as a whole and an agreed set of comparator Health and Social Care Partnerships with relatively similar profiles in terms of relative needs of the partnership populations. These are South Ayrshire, East Lothian, Angus, Moray, Perth and Kinross and Falkirk.

The key performance issues arising from the report were:

- For the majority of Core Suite of Integration Indicators the Clackmannanshire and Stirling Partnerships performance is broadly similar to comparator Partnerships and Scotland as a whole (Source: Annual Performance Report: Our Performance: A Summary)
- There is generally high satisfaction with Health and Social Care services within the Partnership area. (Source: Annual Performance Report: Our Performance: A Summary)
- There requires to be a continued focus on supporting carers to continue to in their caring role (Source: Annual Performance Report: Our Performance: A Summary).
- Delayed Discharge Performance continues significantly better than Scotland and comparator partnerships despite an upward trend being observed over 2018/19 (Source: Annual Performance Report: Delayed Discharge).
- Emergency Admission Rates rates (per 100,000 population) for the Partnership continue to be notably lower than for comparator partnerships and for Scotland.
- The Emergency Admission Rate has, however, risen from 2016/17. (Source: Our Performance: A Summary Core Indicators N12 and N13)
- The Emergency Bed Day Rate (per 100,000 population) whilst having fallen slightly is not reducing at the same pace as for Scotland as a whole
- The Readmissions to Hospital within 28 days (per 1000 population) are slightly higher than for Scotland as a whole but similar to comparator partnerships (Source: Our Performance: A Summary Core Indicator N14)
- The number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) is notably lower for the Partnership than for

comparator partnerships and Scotland as a whole (Source: Our Performance: A Summary Page 21 Core Indicator N19)

In terms of the overall approach to performance benchmarking with comparator partnerships with a broadly similar pattern of demography and needs is viewed as valuable and will be further developed in the future. This along with the availability of high quality and more contemporary data is regarded as paramount to the further development of performance reporting.

**Summary of Partnership Performance**

Indicators 1-9 of the core indicators draw on questions from the Health & Care Experience Survey. The Partnership set baseline data in the first annual report, due to publication timescales this was the most current data available at the time of production.

**Core Suite of Integration Indicators - Annual Performance (as at May 19)**

Indicator	Title	Partnership		Comparator Average	Scotland
		15/16	17/18	17/18	17/18
NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	94%	93%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%	82%	80%	81%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	74%	74%	76%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73%	76%	74%	74%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78%	80%	80%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87%	82%	83%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	79%	79%	80%
NI - 8	Total combined % carers who feel supported to continue in their caring role	32%	38%	37%	37%

Outcome indicators

Clackmannanshire & Stirling IJB – Annual Accounts for the year ended 31 March 2019

NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86%	83%	83%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	no data	no data	no data	no data

**\*This data is for 17/18 as the survey is every 2 years\***

**Core Suite of Integration Indicators - Annual Performance (draft as at 6<sup>th</sup> June 19)**

\*Indicators that rely on health records SMR01 will not contain 100% of records for 18/19 at time of publication. Data is therefore likely to change retrospectively as completeness improves for Forth Valley. Where possible an average of the three quarters where completeness is 100% has been applied to the fourth quarter where all the data has yet to be submitted. This has given a guide figure.

Indicator	Title	Partnership				Comparator Average	Scotland
		Baseline 15/16	Current				
			16/17	17/18	18/19	18/19	18/19
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	no data	no data	no data
NI - 12	Emergency admission rate (per 100,000 adult population)	10,371	10,007	10,696	10,525* 3 quarters plus 4th averaged		11,492
NI - 13	Emergency bed day rate (per 100,000 population)	118,792	112,544	112,941	111,730* 3 quarters plus 4th averaged		107,921
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	103	105	106	103* 3 quarter average	102	98
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	87%	89.7%	89.2%	89.2%
NI - 16	Falls rate per 1,000 population aged 65+	18	16	20	22* 3 quarter average		22
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82%	88%	96%	93%		82%

Clackmannanshire & Stirling IJB – Annual Accounts for the year ended 31 March 2019

NI - 18	Percentage of adults with intensive care needs receiving care at home	69%	67%	no data	no data	no data	no data
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	640	723	503	593		805
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	22%	22%	23%* 3 quarters plus 4th averaged		22%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	no data	no data	no data	no data	no data	no data
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	no data	no data	no data	no data	no data	no data
NI - 23	Expenditure on end of life care, cost in last 6 months per death	no data	no data	no data	no data	no data	no data

Source: ISD are still developing these indicators and NA defines where no data is available yet. Comparators: South Ayrshire, East Lothian, Angus, Moray, Perth & Kinross, Falkirk. Figures as at 4<sup>th</sup> June 2019

## Financial Performance and Outlook, Risks and Plans for the Future

### Financial Performance

The Partnership has continued to face significant financial challenges in 2018/19 requiring the development and monitoring of budget recovery plans and Options for Service Delivery in congruent with the priorities agreed within the Partnerships Strategic Plan.

The operational financial position for the Partnership was a net overspend of £3.203m for the financial year. The main cost drivers affecting the overspend were demand and cost growth in Residential and Nursing Home Care and Care at Home and Family Health Services Prescribing costs. The overspend was met through a combination of utilisation of earmarked reserves without current expenditure plans, reducing our commitments against Partnership Funding through a process of review and disinvestment and additional non-recurrent funding contributions by the constituent authorities on a voting shares basis.

The table below sets out how the overspend was met:

	£m
<b>2018/19 Overspend</b>	<b><u>3.203</u></b>
Met By:	
Recovery Plan Actions	0.598
Additional Funding Contributions from Constituent Authorities	2.452
General Fund Balances:	
Earmarked Reserves	<u>0.153</u>
<b>Total</b>	<b><u>3.203</u></b>

Overall this resulted in a deficit of £0.383m for the Partnership for the financial year and results in a position going forward where the partnership holds no general reserves to assist in cushioning financial pressures in the 2019/20 and beyond. Furthermore, the underlying recurrent overspend across the Partnership increases the requirement for savings and efficiency programmes to deliver cash releasing savings across the lifecycle of the Strategic Commissioning Plan 2019-2022.

The Partnership therefore continues to face significant financial challenges ahead to deliver the Strategic Plan priorities and improved outcomes for patients/service users, unpaid carers and communities in a climate of growing demand, cost and complexity with finite resources.

The Integration Joint Board agreed an initial unbalanced 2019/20 budget at its meeting held on 27 March 2019. The budget incorporated proposed payments (or resource transfers) from the constituent authorities who were considered to be fair and proportionate given the overall financial settlements to NHS Boards and Local Authorities. The 2019/20 payments from the constituent authorities taken alongside consideration of cost and services pressures, including pay awards, and the recurrent overspend from 2018/19 requires delivery of in the region of £17m of cash releasing savings across the Partnership across the life of the Strategic Commissioning Plan to mitigate estimated financial pressures and provide a balanced financial position.

To facilitate this Options for Sustainable Service Delivery across the life of the Strategic Commissioning Plan continue to be developed including savings and efficiency programmes and aligned to Strategic Commissioning Plan priorities. These will be risk assessed and

delivery will be monitored via a proposed Transforming Care Board and assurance and reporting to the Integration Joint Board via the Finance and Performance Committee.

### Set Aside Budget for Large Hospital Services

The Set Aside budget covers the in-scope integration functions of the NHS that are carried out in a large hospital settings providing services to the population of more than one Local Authority and/or Partnership area. For the Clackmannanshire and Stirling Partnership this includes services provided at the Forth Valley Royal Hospital site including the Lochview Learning Disability Inpatient facility and at Bellsdyke hospital in Larbert (Mental Health Inpatients). This covers areas such as emergency department, geriatric and general medicine, palliative care, learning disability and mental health inpatient services.

NHS Forth Valley meets the pressures associated with the set aside budget and therefore the financial risk does not currently lie with the Integration Joint Board. As a result, the figures disclosed in the accounts reflect the budget position for the Set Aside element. However, financial reports to the Integration Joint Board include information on the actual estimated expenditure against the Set Aside budget, noting that NHS Forth Valley currently meets the financial pressure associated. A summary of the position is as follows:

	£m
Set Aside Budget	20.633
Estimated Expenditure	<u>21,738</u>
<b>Overspend Met by NHS Forth Valley</b>	<b><u>1.105</u></b>

Arrangements for the Set Aside budget are currently under review as part of the consolidated Partnership response to the Scottish Government Ministerial Strategic Group and the approach will require to change in future correspondingly.

### Financial Outlook

Pressure continues on public sector expenditure at both UK and Scottish level with continued restraint in government funding predicted over the coming years.

The expanding fiscal responsibilities of the Scottish Parliament from the Scotland Acts of 2012 and 2016 mean that ongoing public expenditure in Scotland will be more directly affected by the performance, and therefore tax revenues, of the Scottish economy.

The Scottish Government published a Five Year Financial Strategy 'Scotland's Fiscal Outlook' in May 2018 setting out a medium term view of Scotland's public finances and the Scottish Government's broad approach to using the new financial powers that were provided through the Scotland Acts 2012 and 2016. The financial strategy describes the Fiscal Framework, policy environment and spending pressures that the Scottish Government and its public services face over five years based on information available at the time of publication.

The Financial Strategy was supplemented by a Medium Term Financial Framework for Health and Social Care in Scotland in October 2018. Work is ongoing in developing a medium term financial plan for the Partnership based on:

- The context set out in the Scottish Governments Five Year Financial Strategy and Medium Term Financial Framework for Health and Social Care
- Local and regional intelligence and modelling on the changing demand for services from regional planning work the refresh Strategic Needs Assessment
- The ongoing impact of changes in legislation including the Carers Act and Free Personal Care for <65's
- The estimated impact of the Health and Social Care Partnerships Options for Sustainable Service Delivery 2019/2022 aligned to Strategic Commissioning Plan priorities.

### Future Risks

The most significant risks faced by the Integration Joint Board over the medium to longer term can be summarised as follows:

- Continued economic uncertainty, and resultant effect on public spending, in the wake of the result of the UK's decision to leave the European Union(EU), commonly referred to as 'Brexit', and utilisation of the additional financial powers devolved to the Scottish Government through the Scotland Acts 2012 and 2016
- Increasing demand for and cost of health and social care services linked to demographic change including an ageing and increasing population with multiple and complex long term conditions; linked to this is the risk of additional service demand linked to implementation of the Carers Scotland (Act) 2016 and the extension of free personal care for under 65's
- Public sector pay policy
- Price and supply volatility in the markets, at both UK and international levels for prescription drugs and other therapeutic products.
- The health inequalities between the affluent and more deprived areas and the challenges of deprivation, housing and employment;
- The wider financial and economic environment, with ongoing restraint in public expenditure anticipated in future years;
- Increasing public expectations from health and social care services:
- The need to maintain and improve the quality of services and improve outcomes for service users, unpaid carers and communities; and
- Workforce challenges including the ageing workforce and issues around recruitment and retention within the health and social care workforce.
- Maintaining performance against key local and national indicators whilst bringing service delivery within resources available.

### Plans for the Future

However, there continues to be opportunities for the Integration Joint Board to use its combined resources in a more effective, efficient and person-centred ways focusing of place based services to make better use of public resources.

The increasing demand on services continues to exceed available resources and approaches to services design and delivery requires to be focused on better outcomes for citizens and co-produced with our communities through meaningful and ongoing engagement. The Partnership continues to adopt a whole-systems approach to improve health and social care outcomes and will work alongside Community Planning partners to address wider issues in relation to congruence with Local Outcome Improvement Plans, driving public value through place based services, community empowerment, public health and health improvement.

These approaches will ensure a joint contribution to encouraging, supporting and maintaining the health and wellbeing of people who live in our communities thus assisting the partnership in addressing the challenges faced.

It is recognised that if there are not fundamental changes to the way that services are planned and delivered with partners across all sectors, current service provision will not be sufficient to meet the future health and social care needs of the population. We must therefore continue to embed new ways of working and seek to focus resources away from bed based models of care into community based services. We need to continue to critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our service users and patients, and that crucially we co-produce these harnessing the capacity of local communities to support the wider preventative, health and wellbeing outcomes.

Moving forward there will increasingly be a requirement to focus investment of available resources on Strategic Commissioning Plan Priorities and meeting statutory obligations in innovative ways including increasing use of technology and e-services. The Integration Joint Board approved a future Partnership Planning Approach in March 2018 to aid Strategic and Financial Alignment of service planning going forward and this approach continues to be critical to developing approaches to an models of sustainable service delivery. The key elements of this approach are set out in the schematic below:

Strategic Commissioning Plan 2019/2022

The Integration Joint Board’s Strategic Commissioning Plan 2019-2022 was approved in March 2019. It describes our plans, and how we will move towards delivering on our priorities, setting out the context, challenges, priorities and action plans for the Health and Social Care Partnership.

The schematic below summarises the Strategic Commissioning Plan as a ‘plan on a page’.

Vision	Priorities	Enabling Activities			Strategies and Initiatives to deliver change	
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy

The Strategic Commissioning Plan is supplemented by regular reports to the Integration Joint Board on Transforming Care, Finance and Performance.

## Conclusion

In this third year of operations the Partnership has made significant further progress in the planning and delivery of the Partnerships' Strategic Plan 2016-2019.

Progress in achieving the vision and outcomes of the Strategic Commissioning Plan will be reported to the Integration Joint Board in July 2019 via the draft Annual Performance Report including delivery of the Transforming Care Programme. This will demonstrate the scale of activities and significant level of progress in relation to the key elements over the year.

Going forward, the Clackmannanshire and Stirling Health and Social Care Partnership will continue to face significant financial challenges in delivering better outcomes for its patients and service users, in line with its Strategic Commissioning and Financial Plans, in a climate of growing demand and complexity within finite resources.

In order to achieve this we must continue to identify and implement innovative ways of delivering sustainable services to our citizens.

We will continue to work with staff, managers, services, partners (including the third and independent sectors) and our communities to lead and support sustainable service design approaches, identify and implement innovative, cost effective and person centred, outcomes focused and place-based service delivery models and pathways, and contribute to the delivery of the Partnership's Strategic Commissioning Plan 2019-2022 priorities within resources available.

## Where to Find More Information

If you would like more information please visit our webpage at:

<https://clacksandstirlinghscp.org/>

The papers and minutes from meeting of the Integration Joint Board can be found here:

<https://clacksandstirlinghscp.org/integration-joint-board-meetings/>

The Partnerships Strategic Commissioning Plan and associated documents can be accessed here:

<https://clacksandstirlinghscp.org/publications/>

**John Ford**  
Chair  
25 September 2019

**Annmargaret Black**  
Chief Officer  
25 September 2019

**Ewan C. Murray**  
Chief Finance Officer  
25 September 2019

## **Statement of Responsibilities**

### **Responsibilities of the Integration Joint Board**

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief financial officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature on 25 September 2019.

Signed on behalf of the Clackmannanshire and Stirling Integration Joint Board.

**John Ford**  
Chair

25 September 2019

### **Responsibilities of the Chief Financial Officer**

The chief financial officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The chief financial officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the Clackmannanshire & Stirling Integration Joint Board as at 31 March 2019 and the transactions for the year then ended.

**Ewan C. Murray**  
Chief Finance Officer

25 September 2019

## **Remuneration Report**

### **Introduction**

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

### **Voting Membership of the Integration Joint Board in 2018/19**

Voting members of the Integration Joint Board constitute Councillors nominated as Board members by constituent authorities and NHS representatives nominated by the NHS Forth Valley. The voting members of the Clackmannanshire and Stirling Integration Joint Board were appointed through nomination by Clackmannanshire Council, NHS Forth Valley and Stirling Council.

Voting Membership of the Integration Joint Board during 2018/19 was as follows:

#### **Clackmannanshire Council**

Councillor Les Sharp (Vice Chair)  
Councillor Dave Clark  
Councillor Bill Mason

#### **NHS Forth Valley**

John Ford, Non Executive Member of NHS Forth Valley Board (Chair from May 2018 to present)  
Cathie Cowan, Chief Executive (From December 2017)  
Alex Linkston, Chair of NHS Forth Valley  
Fiona Gavine, Non Executive Member of NHS Forth Valley Board (until 31 December 2018)  
Graham Foster, Director of Public Health and Strategic Planning  
Joanne Chisholm, Non Executive Member of NHS Forth Valley Board (until 30 September 2018)  
Alan Rennie, Non Executive Member of NHS Forth Valley Board (from 1 January 2019)  
Stephen McAllister, Non Executive Member of NHS Forth Valley Board (from 1 January 2019)

#### **Stirling Council**

Councillor Scott Farmer (Chair until March 2018)  
Councillor Graham Houston  
Councillor Susan McGill

**Remuneration: Integration Joint Board Chair and Vice Chair**

The voting members of the Integration Joint Board are appointed through nomination by Clackmannanshire & Stirling Councils and NHS Forth Valley. Nomination of the Integration Joint Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner and the 2016/17 figures have been restated to reflect this position. The details of the Chair and Vice Chair appointments and any remuneration and taxable expenses paid are shown below.

<b>Taxable Expenses 2017/18</b> £	<b>Salary, Fees and Allowances 2017/18 (Restated)</b> £	<b>Name</b>	<b>Post(s) Held</b>	<b>Nominated by</b>	<b>Taxable Expenses 2017/18</b> £	<b>Salary, Fees and Allowances 2017/18</b> £
Nil	Nil	Councillor Scott Farmer	Chair May 2017 to March 2018	Stirling Council	Nil	Nil
Nil	Nil	Councillor Les Sharp	Chair April 2017 to May 2017 Vice Chair from March 2018	Clackmannanshire Council	Nil	Nil
Nil	Nil	Mr John Ford	Vice Chair April 2017 to March 2018 Chair from March 2018	NHS Forth Valley	Nil	Nil
<b>Nil</b>	<b>Nil</b>	<b>Total</b>			<b>Nil</b>	<b>Nil</b>

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

**Remuneration: Officers of the Integration Joint Board**

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

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board has to be appointed and the employing partner has to formally second the officer to the Integration Joint Board. The employment contract for the Chief

Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Integration Joint Board.

The Chief Officer until 31 December 2018 was employed by Clackmannanshire Council. The Interim Chief Officer from 1 December 2018 to March 2019 was employed by NHS Forth Valley who also agreed to meet the costs of the interim appointment for this period in full. There was a small overlap in the Chief Officer appointments to permit handover and annual leave.

#### Other Officers

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

The Chief Finance Officer is employed by NHS Forth Valley.

<b>Total 2017/18 £</b>	<b>Senior Employees</b>	<b>Salary, Fees &amp; Allowances £</b>	<b>Taxable Expenses £</b>	<b>Total 2018/19 £</b>
90,583	<b>Shiona Strachan</b> Chief Officer 1 July 2015 to 31 December 2018	69,136	0	69,136
-	<b>Ian Aitken</b> Chief Officer (Interim) 1 December 2018 to 31 March 2019	30,816	0	30,816
58,191 (FTE 66,418)	<b>Ewan Murray</b> Chief Finance Officer 26 October 2015 to present	71,530	0	71,530
<b>148,774</b>	<b>Total</b>	<b>171,482</b>	<b>0</b>	<b>171,482</b>

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Integration Joint Board balance sheet for the Chief Officer or any other officers.

The Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/18 £	For Year to 31/03/19 £		Difference from 31/03/18 £000	As at 31/03/19 £000
Shiona Strachan	19,475	14,864	Pension	2	40
Chief Officer			Lump sum	-	71
Ian Aitken	n/a	4,780	Pension	2	48
Interim Chief Officer			Lump Sum	7	145
Ewan Murray	8,659	10,658	Pension	3	27
Chief Finance Officer			Lump Sum	4	65
<b>Total</b>	<b>28,134</b>	<b>30,302</b>	<b>Pension</b>	<b>7</b>	<b>115</b>
			<b>Lump Sum</b>	<b>11</b>	<b>281</b>

### Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2017/18	Remuneration Band	Number of Employees in Band 2018/19
1	£55,000 - £59,999	0
0	£65,000 - £69,999	1
0	£70,000 - £74,999	1
1	£90,000 - £94,999	0

### Exit Packages

There were no exit packages in relation to Clackmannanshire and Stirling Integration Joint Board in financial year 2018/19.

**John Ford**  
Chair

25 September 2019

**Annmargaret Black**  
Chief Officer

25 September 2019

## **Annual Governance Statement**

### **Introduction**

The Annual Governance Statement explains the Integration Joint Board's governance arrangements and reports on the effectiveness of the Integration Joint Board's system of internal control.

### **Scope of Responsibility**

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

To meet this responsibility the Integration Joint Board has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the Integration Joint Board's policies, aims and objectives. Reliance is also placed on the NHS Forth Valley and Clackmannanshire and Stirling Councils systems of internal control that support compliance with these organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board.

Given the Integration Joint Board utilises the systems of internal control within NHS Forth Valley, Clackmannanshire and Stirling Councils the system can only provide reasonable and not absolute assurance of effectiveness.

### **The Governance Framework and Internal Control System**

The Board of the Integration Joint Board comprises voting members, nominated by either Clackmannanshire or Stirling Council or the NHS Forth Valley, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework in existence during 2018/19 were:

- The Integration Scheme
- Standing Orders
- Scheme of Delegation
- Financial Regulations and Reserves Policy and Strategy
- Code of Conduct and Register of Interests
- Integration Joint Board Audit Committee
- Integration Joint Board Finance Committee
- Clinical and Care Governance Framework
- Risk Management Framework and Strategic Risk Register
- Complaints Handling Procedure
- Information Security Policy
- General Data Protection Regulation

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2018/19 this included the following:

- Management information systems and regular monitoring reports, including regular and annual performance and financial reporting
- Established budget setting processes in line with the Integration Scheme

- Consideration of Internal Audit Progress Reports
- Direct access to expert advice from the Medical & Nurse Directors of NHS Forth Valley and the Chief Social Work Officers of Clackmannanshire and Stirling Councils
- Data sharing arrangements
- Complaints Handling Procedures
- Consideration of Findings and Recommendations from the Joint Inspection {Adults} on the Effectiveness of Strategic Planning in the Clackmannanshire and Stirling Partnership
- Agreement to Revisit the Reserves Policy and Strategy as Medium Term plans develop
- The Integration Joint Board Audit Committee
- The Integration Joint Board Finance Committee
- Review of Integration Joint Board Committee structure including changes of function and establishment and approval of revised Terms of Reference for the Audit and Risk and Finance and Performance Committees

The Integration Joint Board utilises the internal control systems of Clackmannanshire Council, Stirling Council and NHS Forth Valley in the commissioning and delivery of in-scope functions. No significant weaknesses have been identified with these systems during 2018/19 though key areas of improvement identified within each of the constituent authorities' governance statements will have relevance to the in-scope functions of the Integration Joint Board.

The IJB complies with "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (CIPFA). The Head of Internal Audit reports directly to the Integration Joint Board Audit Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the Integration Joint Board Audit Committee on any matter. The annual programme of internal audit work is based on a risk assessment drawn from review of the Integration Joint Boards Strategic Risk Register, and is approved by the Integration Joint Board Audit Committee.

## **Review of Adequacy and Effectiveness**

The Integration Joint Board is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

In 2018/19 this review was undertaken the following ways:

- Consideration of a Draft Internal Audit Sharing Protocol
- Consideration of the Accounts Commission Report on Progress with Integration (December 2018)
- Internal Audit reviews and reports on:
  - Self Directed Support (Stirling) – September 2018
  - Adult Social Care Invoicing Systems (Clackmannanshire) – August 2018
- A self assessment of the Integration Joint Boards corporate governance arrangements was completed by the Chief Finance Officer in consultation with the Interim Chief Officer and presented to the Audit and Risk Committee in June 2018.
- Review of purpose and effectiveness of the Integration Joint Boards Committee Structures

The governance workplan is a standing item on the agenda of the Audit and Risk Committee.

As partnership arrangements evolve further during 2019/20 including further operational delegation of operational management responsibilities to the Chief Officer and the consolidated partnership response to the Ministerial Strategic Group proposals on Progress with Integration it is acknowledged there will be a requirement for a comprehensive review of the Integration Joint Boards governance frameworks including the Scheme of Delegation and Financial Regulations. It is view as critical that the new Chief Officer takes full part in this to assist in creating the conditions to progress the Partnership arrangements within sound governance arrangements.

As part of this review the approach to the Annual Governance Statement and associated assurance arrangements will be reviewed in consultation with the constituent authorities for future years.

## **Management of Risk and Significant Governance Issues**

The Integration Joint Board monitors and seeks to mitigate significant risk through its Risk Management Framework and Strategic Risk Register. The Audit & Risk Committee provide a scrutiny role for the Integration Joint Board in review of the Strategic Risk Register and high risks are reported to the Integration Joint Board through regular Performance Reports on an exception basis.

Financial resilience has been assessed as a high risk from establishment of the Integration Joint Board. Budget setting processes for 2019/20 were agreed with the Integration Joint Board and supported through budget seminars and scrutiny by the Finance Committee. The process has proved to be extremely challenging resulting in a position where the Board could not set a balanced budget for 2019/20.

Further work in ongoing in developing options for financially sustainable service delivery with a view to bringing the partnership into balance over the medium term. This does, however, require to be highlighted as a significant governance issue for the Board.

**Progress on Areas for Improvement Identified in 2017/18**

Areas for Improvement Identified in 2017/18	Action Undertaken in 2018/19
1. A Further to clarity being reached on further delegation of further operational responsibilities from Stirling Council and NHS Forth Valley a comprehensive review of the IJBs Governance Frameworks will be undertaken.	Due to various reasons including Chief Officer changes this was deferred until 2019/20. Shadow management arrangements now agreed.  IJB Committee structure including functions and revised Terms of Reference completed in 2018/19. Review of Governance Frameworks including Scheme of Delegation will follow during 2019/20.
2. Review of Approach to Directions	Integration Joint Board approved revised approach in November 2018.

**2019/20 Action Plan**

Following consideration of the review of adequacy and effectiveness the following actions have been agreed to ensure continual improvement of the Integration Joint Board's governance.

	Area for Improvement and Outcome to Be Achieved	Improvement Action Agreed	Responsible Party (s)	Completion Date
1.	Further to clarity being reached on further delegation of operational responsibilities to the Chief Officer a comprehensive review of the IJBs Governance Frameworks will be undertaken.	Review to be undertaken and presented to the Audit & Risk Committee for Approval including review and updating of Scheme of Delegation and Financial Regulations and	Chief Finance Officer & Chief Officer	December 2019
2.	Implement Revised Approach to Directions	Implement Future Approach to Direction taking account of emergent national guidance and identified good practice to underpin implementation of 2019-2022 Strategic Commissioning Plan and Options for Sustainable Service Delivery	Chief Officer & Chief Finance Officer	September 2019

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

While recognising that improvements are required on an ongoing basis as partnership arrangements evolve, and as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Integration Joint Board's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

**John Ford**

25 September 2019

Chair

**Annmargaret Black**

25 September 2019

Chief Officer

**Comprehensive Income and Expenditure Statement**

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in both the Expenditure and Funding Analysis and the Movement in Reserves Statement.

		<b>2017/18</b>			<b>2018/19</b>	
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
19,985	0	19,985	Large Hospital Services	20,633	0	20,633
94,411	0	94,411	Community Health and Social Care Services	99,606	0	99,606
67,034	0	67,034	Primary Care	70,365	0	70,365
262	0	262	IJB Running Costs	292	0	292
<b>181,692</b>		<b>181,692</b>	<b>Cost of Services</b>	<b>190,897</b>		<b>190,897</b>
	(180,639)	(180,639)	Taxation and Non-Specific Grant Income (Note 6)		(190,514)	(190,514)
<b>181,692</b>	<b>(180,639)</b>	<b>1,053</b>	<b>(Surplus) or Deficit on Provision of Services</b>	<b>190,867</b>	<b>(190,514)</b>	<b>383</b>
		<b>1,053</b>	<b>Total Comprehensive Income and Expenditure</b>			<b>383</b>

There are no statutory or presentation adjustments which affect the Integration Joint Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

### **Movement in Reserves Statement**

This statement shows the movement in the year on the Integration Joint Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

<b>Movements in Reserves During 2018/19</b>	General Fund Balance	Unusable Reserves	Total Reserves
	£000	£000	£000
<b>Opening Balance at 31 March 2018</b>	<b>(2,359)</b>	-	<b>(2,359)</b>
Total Comprehensive Income and Expenditure	383	-	383
Decrease in 2018/19	<b>383</b>	-	<b>383</b>
<b>Closing Balance at 31 March 2019</b>	<b>(1,977)</b>	-	<b>(1,977)</b>

<b>Movements in Reserves During 2017/18</b>	General Fund Balance	Unusable Reserves	Total Reserves
	£000	£000	£000
<b>Opening Balance at 31 March 2017</b>	<b>(3,412)</b>	-	<b>(3,412)</b>
Total Comprehensive Income and Expenditure	1,053	-	1,053
Increase or Decrease in 2017/18	<b>(2,359)</b>	-	<b>(2,359)</b>
<b>Closing Balance at 31 March 2018</b>	<b>(2,359)</b>	-	<b>(2,359)</b>

**Balance Sheet**

The Balance Sheet shows the value of the IJB’s assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

<b>31 March 2018 £000</b>		<b>Notes</b>	<b>31 March 2019 £000</b>
<u>2,359</u>	Short term Debtors	Note 7	<u>1,977</u>
	<b>Current Assets</b>		
<u><b>2,359</b></u>	<b>Net Assets</b>		<u><b>1,977</b></u>
2,359	Usable Reserve: General Fund	Note 10	1,977
<u><b>2,359</b></u>	<b>Total Reserves</b>		<u><b>1,977</b></u>

**Ewan C. Murray**  
Chief Finance Officer

28 June 2019

*The unaudited accounts were issued on 28 June 2018.*

## **Notes to the Financial Statements**

### **1. Significant Accounting Policies**

#### General Principles

The Financial Statements summarises the authority's transactions for the 2018/19 financial year and its position at the year-end of 31 March 2019.

The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

#### Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Integration Joint Board.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

#### Funding

The Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Clackmannanshire and Stirling Councils and NHS Forth Valley Expenditure is incurred as the Integration Joint Board commissions' specified health and social care services from the funding partners for the benefit of service recipients in Clackmannanshire and Stirling.

#### Cash and Cash Equivalents

The Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of the Integration Joint Board by the funding partners. Consequently the Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the Integration Joint Board's Balance Sheet.

### Employee Benefits

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

The Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

### Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the Integration Joint Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the Integration Joint Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

### Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves.

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

The Integration Joint Board has no unusable reserves.

### Indemnity Insurance

The Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Forth Valley, Clackmannanshire and Stirling Councils have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the Integration Joint Board does not have any 'shared risk' exposure from participation in CNORIS. The Integration Joint Boards participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims, taking probability of settlement into consideration, is provided for in the Integration Joint Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

### VAT

The Integration Joint is not registered for VAT and as such VAT is settled or recovered by the partner agencies.

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

## **2. Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2019/20 Code:

- Annual Improvements to IFRS Standards 2014-2016 Cycle;
- IFRIC 22 Foreign Currency Transactions and Advance Consideration;
- IFRIC 23 Uncertainty Over Income Tax Treatments;
- Amendments to IFRS 9 Financial Instruments: Prepayment Features With Negative Compensation.

The Code requires implementation from 1 April 2019 and there is therefore no impact on the 2018/19 financial statements.

## **3. Critical Judgements in Applying Accounting Policies**

### **Set Aside Budget for Large Hospital Services**

Based upon Scottish Government advice for financial year 2018/19 the sum include within the accounts in relation to the Set-Aside budget for Large Hospital services reflects the budget allocated rather than the actual cost of hospital activity. Systems are being developed to be able to provide this information within the accounts in future financial years. The approach to developing arrangements is detailed in a report to the Integration Joint Board meeting in June 2018 and arrangements for developing these will be reported to the Integration Joint Board in due course.

### **Ordinary Residence Cases**

During 2017/18 claims for the cost of 3 care packages provided by Falkirk Council / Falkirk Health and Social Care Partnership were received by Clackmannanshire Council. During 2018/19 claims for a further 2 cases were made. These claims are currently in dispute. The council has made provision for the cost of these claims in 2018/19 to the value of £0.450m and without prejudice to the outcome of the due process and these costs are reflected in the expenditure of the Integration Joint Board for 2018/19.

The initial request to consider the first 3 cases was made in June 2016. Whilst it is the current understanding that no costs prior to 31 March 2017 will be pursued the council will make a contingent liability for £0.314m in the 2018/19 accounts. Should an actual liability be established for costs from June 2016 to March 2017 this could have an impact on the funding position of the Integration Joint Board.

## **4. Events After the Reporting Period**

The Annual Accounts were authorised for issue by the Chief Finance Officer on 25 September 2019. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2019, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

**5. Expenditure and Income Analysis by Nature**

<b>2017/18</b>		<b>2018/19</b>
£000		£000
16,539	Services commissioned from Clackmannanshire Council	17,136
32,383	Services commissioned from Stirling Council	34,889
132,508	Services commissioned from NHS Forth Valley	138,580
235	Other IJB Operating Expenditure	265
3	Insurance and Related Expenditure	3
24	Auditor Fee: External Audit Work	25
0	Auditor Fee: Other Work	0
(180,639)	Partners Funding Contributions and Non-Specific Grant Income	(190,514)
<hr/>		
<b>1,053</b>	<b>(Surplus) or Deficit on the Provision of Services</b>	<b>383</b>

**6. Taxation and Non-Specific Grant Income**

<b>2017/18</b>		<b>2018/19</b>
£000		£000
15,693	Funding Contribution from Clackmannanshire Council	16,704
31,787	Funding Contribution from Stirling Council	33,835
133,159	Funding Contribution from NHS Forth Valley	139,975
0	Other Non-ringfenced grants and contributions	0
<hr/>		
<b>180,639</b>	<b>Taxation and Non-specific Grant Income</b>	<b>190,514</b>

The funding contribution from the NHS Board shown above includes £20.633m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which currently retains responsibility for managing the costs of providing the services. The Integration Joint Board, however, has strategic responsibility for the consumption of, and level of demand placed on, these resources.

## 7. Debtors

31 March 2018 £000		31 March 2019 £000
0	Clackmannanshire Council	0
760	Stirling Council	733
1,599	NHS Forth Valley	1,244
0	Non-public sector	0
<b>2,359</b>	<b>Debtors</b>	<b>1,977</b>

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

## 8. Creditors

31 March 2018 £000		31 March 2019 £000
0	Non-public sector	0
<b>0</b>	<b>Creditors</b>	<b>0</b>

## 9. Provisions

No provisions have been made in the Integration Joint Board accounts.

## 10. Usable Reserve: General Fund

The Integration Joint Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as an element of the Integration Joint Board's financial resilience framework.



## **11. Related Party Transactions**

The IJB has related party relationships with the NHS Forth Valley and the Clackmannanshire & Stirling Councils. In particular the nature of the partnership means that the Integration Joint Board may influence, and be influenced by, its partners. The following transactions and balances included in the Integration Joint Board's accounts are presented to provide additional information on the relationships.

There are no material transactions with Clackmannanshire and Stirling Integration Joint Board officers or with organisations they have an interest in. The remuneration and any other taxable payments to senior officers, the Chair and Vice Chair are disclosed in the remuneration statement. Each Board member's registered interests will be published on the Integration Joint Board webpage in due course.

### Transactions with NHS Forth Valley

<b>2017/18</b> £000		<b>2017/18</b> £000
(133,159)	Funding Contributions received from the NHS Board	(139,975)
132,546	Expenditure on Services Provided by the NHS Board	138,580
98	Key Management Personnel: Non-Voting Board Members	114
<hr/> <b>(515) Net Transactions with NHS Forth Valley</b>		<hr/> <b>(1,282)</b>

Key Management Personnel: The Chief Officer and Chief Finance Officer are employed by Clackmannanshire Council and NHS Forth Valley respectively and recharged to the Integration Joint Board via contributions from the constituent authorities based on voting shares. Details of the remuneration for the Chief Officer and Chief Finance Officer is provided in the Remuneration Report.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the constituent authorities free of charge as a 'service in kind'. The support services provided by NHS Forth Valley mainly consist of performance management, human resources, financial management, information services, information technology and payroll.

Balances with NHS Forth Valley

<b>31 March 2018</b>		<b>31 March 2019</b>
£000		£000
1,599	Debtor balances: Amounts due from the NHS Board	1,244
0	Creditor balances: Amounts due to the NHS Board	0
<hr/>		
<b>1,599</b>	<b>Net Balance with the NHS Forth Valley</b>	<b>1,244</b>

Transactions with Clackmannanshire Council

<b>2017/18</b>		<b>2017/18</b>
£000		£000
(15,693)	Funding Contributions received from the Council	(16,704)
16,553	Expenditure on Services Provided by the Council	17,136
49	Key Management Personnel: Non-Voting Board Members	57
<hr/>		
<b>909</b>	<b>Net Transactions with Clackmannanshire Council</b>	<b>489</b>

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the constituent authorities free of charge as a 'service in kind'. The support services provided by Clackmannanshire Council mainly consist of standards officer, human resources, financial management, information services, information technology and payroll.

Balances with Clackmannanshire Council

<b>31 March 2018</b>		<b>31 March 2019</b>
£000		£000
0	Debtor balances: Amounts due from the Council	0
0	Creditor balances: Amounts due to the Council	0
<hr/>		
<b>0</b>	<b>Net Balance with Clackmannanshire Council</b>	<b>0</b>

Transactions with Stirling Council

<b>2017/18</b> £000		<b>2018/19</b> £000
(31,787)	Funding Contributions received from the Council	(33,835)
32,397	Expenditure on Services Provided by the Council	34,889
49	Key Management Personnel: Non-Voting Board Members	57
<hr/> <b>659 Net Transactions with Stirling Council</b>		<hr/> <b>1,111</b>

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the constituent authorities free of charge as a 'service in kind'. The support services provided by Stirling Council mainly consist of governance, human resources, financial management, information services, information technology and payroll.

Balances with Stirling Council

<b>31 March</b> <b>2018</b> £000		<b>31 March</b> <b>2019</b> £000
760	Debtor balances: Amounts due from the Council	733
0	Creditor balances: Amounts due to the Council	0
<hr/> <b>760 Net Balance with Stirling Council</b>		<hr/> <b>733</b>

**12. Expenditure Analysis**

Expenditure on services commissioned by the Clackmannanshire and Stirling Integration Joint Board from its constituent authorities is analysed below.

**EXPENDITURE ANALYSIS**

<b>HEALTH SERVICES</b>	<b>Budget £'000</b>	<b>Actual Expenditure £'000</b>	<b>Variance £'000</b>
<u>Set Aside</u>			
Accident and Emergency Services	5,227	5,596	(369)
In patient Hospital Services Relating to :			
General Medicine	2,706	2,742	(36)
Geriatric Medicine	3,683	3,967	(285)
Rehabilitation Medicine	1,230	1,269	(40)
Respiratory Medicine	1,039	1,013	27
Psychiatry of learning disability	1,009	1,086	(77)
Palliative Care (Hospital Based)	915	920	(4)
Mental Health Inpatient Services	4,824	5,144	(320)
<b>Subtotal</b>	<b>20,633</b>	<b>21,737</b>	<b>(1,104)</b>
<b>Adjustment to Budget</b>		<b>(1,104)</b>	<b>1,104</b>
<b>Subtotal</b>	<b>20,633</b>	<b>20,633</b>	<b>0</b>
<u>Operational</u>			
District Nursing Services	3,637	3,507	130
Community Addiction Services	110	110	0
Community Based AHP Services	2,700	2,529	172
Public Dental Service	5,830	5,676	153
Services provided outwith a hospital in relation to geriatric medicine	946	997	(51)
Palliative Care (delivered in Community)	1,044	976	68
Community Learning Disability Services	73	68	5
Community Mental Health Services	839	577	262
Continence Services	3,508	3,259	249
Services Provided to promote public health	174	143	30
Community Hospitals	1,246	1,113	133
Resource Transfer	5,690	5,477	212
Joint Partnership Agreements	8,329	8,330	(0)
Partnership Funds (ICF/ Delayed Discharge / Bridging)	1,591	1,729	(138)
Contingency	2,734	2,734	(0)
Shared Partnership Costs	168	168	0
Integration Fund	8,808	8,808	0
Additional Contribution	1,226	0	1,226
Reserves	1,646	1,545	101
<b>Subtotal</b>	<b>50,299</b>	<b>47,750</b>	<b>2,549</b>
<u>Universal</u>			
Primary Medical Services (GMS Contract)	23,686	23,713	(27)
Primary Dental Services (GDS Contract)	7,918	7,888	31
Community Ophthalmic Services	2,696	2,696	(0)
Community Pharmaceutical Services (inc Prescribing)	32,735	34,107	(1,372)
GP Out of Hours Services	2,008	1,961	47
<b>Subtotal</b>	<b>69,043</b>	<b>70,365</b>	<b>(1,323)</b>
<b>TOTAL HEALTH SERVICES</b>	<b>139,975</b>	<b>138,747</b>	<b>1,227</b>

Clackmannanshire & Stirling IJB – Annual Accounts for the year ended 31 March 2019

**SOCIAL CARE SERVICES - CLACKMANNANSHIRE**

Long Term Care	10,292	11,352	(1,060)
Care at Home	6,809	7,749	(940)
Day Care	269	307	(38)
Housing with Care	163	228	(64)
Respite Care	175	113	62
Staffing	7,664	7,158	506
Direct Payments	450	556	(106)
Third Party Payment	554	656	(103)
Supplies	530	370	160
Premises	11	73	(62)
Transport	48	55	(7)
Garden Aid	108	106	2
Income	(3,952)	(4,348)	396
Resource Transfer	(7,081)	(7,239)	158
Additional Contribution	613		613
Shared Partnership Costs	50	50	0
<b>TOTAL SOCIAL CARE SERVICES - CLACKMANNANSHIRE</b>	<b>16,704</b>	<b>17,186</b>	<b>(482)</b>

**SOCIAL CARE SERVICES - STIRLING**

Long Term Care	12,149	13,614	(1,465)
Housing Aids and Adaptions	784	784	0
Voluntary Organisations / 3rd sector payments	744	728	16
Sensory services	210	215	(4)
Daycare	1,812	1,561	251
JLES	217	217	0
Equipment	165	177	(12)
Respite	310	1,017	(707)
Care and support at home	18,102	18,256	(154)
Integration Fund	(4,560)	(4,560)	0
Transport	180	146	33
Drug and Alcohol services	124	123	1
Resource Transfer	(5,122)	(5,122)	0
Mecs/Telecare/Telehealth	1,077	979	98
Reablement	1,542	1,718	(176)
Bellfield Centre / Care Village	2,602	2,602	0
Staffing	3,836	3,432	404
Savings	(1,025)	(1,025)	(0)
Additional Contribution	613		613
Reserves		27	(27)
Shared Partnership Posts	75	75	0
<b>TOTAL SOCIAL CARE SERVICES - STIRLING</b>	<b>33,835</b>	<b>34,963</b>	<b>(1,128)</b>

<b>PARTNERSHIP TOTAL</b>	<b>190,514</b>	<b>190,897</b>	<b>(383)</b>
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**Independent Auditor's Report**

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## **Glossary of Terms**

### **Creditor**

Amounts owed by the Integration Joint Board for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

### **Debtor**

Amount owed to the Integration Joint Board for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

### **Defined Benefit Pension Scheme**

Pension scheme in which the benefits received by the participants are independent of the contributions paid and are not directly related to the investments of the scheme.

### **Entity**

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

### **Post Balance Sheet Events**

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

### **Exceptional Items**

Material items which derive from events or transactions that fall within the ordinary activities of the Integration Joint Board and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

### **Government Grants**

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

### **IAS**

International Accounting Standards.

### **IFRS**

International Financial Reporting Standards.

### **IRAG**

Integration Resources Advisory Group

### **LASAAC**

Local Authority (Scotland) Accounts Advisory Committee

**Liability**

A liability is where the Integration Joint Board owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

**Provision**

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

**PSIAS**

Public Sector Internal Audit Standards.

**Related Parties**

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the Integration Joint Board. For the Integration Joint Board's purposes, related parties are deemed to include voting members, the Chief Officer and their close family and household members.

**Remuneration**

All sums paid to or receivable by an employee and sums due by way of expenses Allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

**Reserves**

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the Integration Joint Board.

**Revenue Expenditure**

The day-to-day expenses of providing services.

**Significant Interest**

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

**The Code**

The Code of Practice on Local Authority Accounting in the United Kingdom



Clackmannanshire & Stirling

Health & Social Care  
Partnership

# Integration Joint Board Audit & Risk Committee

28 June 2019

Agenda Item 10

## Strategic Risk Register For Approval

<b>Paper presented by</b>	Ewan Murray
<b>Author</b>	Ewan Murray
<b>Exempt Report</b>	No



Clackmannanshire  
Council



**NHS**  
Forth Valley

<b>Purpose of Report:</b>	To provide the Audit and Risk committee with the Partnerships Strategic Risk register for review and approval.
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<b>Recommendations:</b>	<p>The Audit and Risk Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Review and approve the Strategic Risk Register.</li> </ul>
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## 1. Background and Considerations

- 1.1 In line with approved Performance Reporting Frameworks the Integration Joint Board receive updates on high risks on an exception basis.
- 1.2 The Audit and Risk Committee undertakes a scrutiny function for the Integration Joint Board in term so review of the full Strategic Risk Register.
- 1.3 Taking into account feedback from users of the Risk Register and appropriate professional advice the format and structure of the Strategic Risk Register was been reviewed to enhance readability and scrutiny.
- 1.4 The Strategic Risk Register is regularly reviewed by the Partnership Management Team with the last review being 23 May 2019 and being updated thereafter by the Chief Finance Officer. As part of the latest update a specific risk in relation to the Primary Care Implementation Plan has been added (HSC14).
- 1.5 As part of agreeing support services arrangements lead support for risk managements arrangements and professional support requires to be agreed. This is now more critical given the enhanced focus of risk management per the revised Terms of Reference for the committee.

## 2. Appendices

Strategic Risk Register

**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
HSCP 001	<b>Financial Resilience</b> (This risk relates to financial and operational stability, and commissioning. It includes the sustainable capacity across all sectors, and co-location and/or sharing of teams and assets).	<ol style="list-style-type: none"> <li>National Core Outcome 'Resources are Used Effectively &amp; Efficiently'</li> <li>Local Outcome 'Decision Making'</li> </ol>	<p>Current (4)</p> <p>Target (3)</p>	<p>Current (5)</p> <p>Target (4)</p>	<p>Current (20) <b>High</b></p> <p>Target (12) <b>Medium</b></p>	<ol style="list-style-type: none"> <li>Establishment of revised programme management arrangements including structure to monitor transforming care programme including savings delivery.</li> <li>Review and continual assessment of deliverability of efficiency and redesign programmes and alignment to Strategic Plan.</li> <li>Develop medium term financial strategy to complement and support delivery planning to implement Strategic Plan.</li> <li>Development of further cost reduction options for consideration by IJB.</li> <li>Process for agreement and payment of contract rates including uplifts.</li> <li>Identify and mitigate as far a possible the financial risk associated legislative changes including the Carers Act and Free Personal Care for &lt;65s</li> <li>Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services based on self assessment presented to June 18 IJB. .</li> <li>Review of Scheme of Delegation, Financial</li> </ol>	Chief Finance Officer / Chief Officer	There is a need to further at the implications of the stepped delegation of operational responsibilities to Chief Officer in 18/19 based on updates to IJB in June 18. Key financial risks updated annually as part of budget setting cycle.	

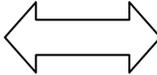
CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
						<p>Regulations and Reserves Policy and Strategy as part of prudent financial planning and management arrangements.</p> <p><b>9.</b> Review and agree relationship with Alcohol and Drugs partnership including financial plan and impact on outcomes.</p> <p><b>10.</b> On development of alignment of investment to Strategic Commissioning Plan priorities s and consideration of future disinvestment options</p> <p><b>11.</b> Horizon Scanning arrangements across the Partnerships e.g. through monthly finance officers meetings to highlight potential emerging risks and/or changes in policy or legislation with financial implications.</p> <p><b>12.</b> Financial Reporting to Integration Joint Board, Strategic Planning Group and Joint Management Team including development, when possible, of locality level reporting.</p> <p><b>13.</b> Ongoing monitoring of demand trends and relationship between investment and key performance indicators including Delays to Discharge</p> <p><b>14.</b> Review of Role and</p>			

**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

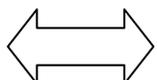
Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
						Function of Finance & Performance Committee			
<b>HSC 002</b>	<b>Leadership, Decision Making and Scrutiny</b> (including effectiveness of governance arrangements and potential for adverse audits and inspections).	<p><b>1.</b> National Core Outcome 'Resources are Used Effectively &amp; Efficiently'</p> <p><b>2.</b> Local Outcome 'Decision Making'</p>	<p>Current (3)</p> <p>Target (2)</p>	<p>Current (4)</p> <p>Target (4)</p>	<p>Current (12) <b>Medium</b></p> <p>Target (8) <b>Low</b></p>	<p><b>1.</b> Development of Transforming Care Board including input from Chief Executives of constituent authorities.</p> <p><b>2.</b> In line with the Participation and Engagement Strategy Develop ongoing approach to engagement.</p> <p><b>3.</b> Develop role and Function of Strategic Planning Group and Strategic Plan Working Group implementing Partnership Planning Approach agreed by IJB in March 2018</p> <p><b>4.</b> Review of Governance Frameworks and Scheme of Delegation.</p> <p><b>5.</b> Integration Joint Board development programme</p> <p><b>6.</b> Development of Transforming Care Programme as delivery plan to support the pursuance of Strategic Commissioning Plan priorities.</p> <p><b>7.</b> Continuing Work in association with Glasgow Caledonian University on development and application of Priority Setting Frameworks.</p>	Chief Officer	<p>Annual external audit report 17/18 did not identify any instances of non-compliance with the Code in relation to the Annual Governance Statement.</p> <p>Risk-based Internal Audit Plan included review of governance processes. This found that, generally corporate governance arrangements are appropriate and are operating effectively. No critical or high risk findings.</p> <p>Governance Action Plan being monitored by the Audit Committee with substantial review of governance frameworks planned post final</p>	

**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

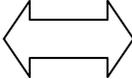
Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
								agreement of phased operational delegation of NHS services.	
<b>HSC 003</b>	<b>Sustainability of Partnership</b> (The unique three way Health & Social Care Partnership fails to further develop due to differing priorities and requirements).	<b>1. National Core Outcome 'Resources are Used Effectively &amp; Efficiently'.</b>	Current (3)  Target (1)	Current (4)  Target (4)	Current (12) <b>Medium</b>  Target (4) <b>Low</b>	<ol style="list-style-type: none"> <li>1. Establish, implement and periodically review Governance Framework.</li> <li>2. Regular Meetings of Chief Officer and Chief Executives.</li> <li>3. Pre Agenda and use of briefings / seminars where appropriate (e.g. budget , unscheduled care)</li> <li>4. Review of Governance and committee arrangements including reviews of committee structure</li> <li>5. Board Organisational Development Programme.</li> <li>6. Appointment of Permanent Chief Officer.</li> <li>7. Review of Integration Scheme( by constituent authorities) 2019/20</li> <li>8. Implementation and Development of Locality Management Structure</li> <li>9. Chief Officer review of adequacy of management structures.</li> </ol>	Chief Officer & Chief Executives		
<b>HSC</b>	<b>Performance</b>	<b>1. National Core</b>	Current	Current	Current	<b>1. Provide clarity of key</b>	Performance		



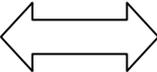
**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
004	<b>Framework</b> (This relates to the responsibility of the Health and Social Care Partnership to provide an overview of performance in planning and carrying out the integrated functions in an open and accountable way).	Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'.	(2)  Target (1)	(4)  Target (4)	(8) <b>Low</b>  Target (4) <b>Low</b>	<p>priorities within Strategic Commissioning Plan to ensure focus for the Integration Joint Board in performance assessment.</p> <p>2. Minimise duplication and bureaucracy to ensure performance management and reporting meaningful and realistic.</p> <p>3. Measuring Performance Under Integration agree and monitor targets / trajectories.</p> <p>4. Further develop approach to Annual Performance Report including future development of planning and reporting at locality level and benchmarking with 'peer' Health and Social Care Partnerships.</p> <p>5. Focused presentation on unscheduled care performance in response to recent whole system pressures (Nov 18)</p> <p>6. Development of performance measures and reporting at locality level.</p>	Support / Chief Officer / Chief Finance Officer		
HSC 005	<b>Culture/HR/Workforce Planning</b> (This risk relates broadly to the work of Human Resource management across all partners to Workforce Planning for the 'in scope' workforce.	1. National Core Outcome 'Engaged Workforce', and 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'	Current (2)  Target (1)	Current (4)  Target (4)	Current (8) <b>Low</b>  Target (4) <b>Low</b>	<p>1. Develop multi-disciplinary care pathways and teams.</p> <p>2. Refresh workforce strategy and plan.</p> <p>3. Communicate regularly with staff.</p> <p>4. Organisational Development working with</p>	Workforce Work stream Lead & Joint Management Team	Key strategic plans in place, Workforce Strategy (Jan 2016), and Participation & Engagement Strategy (Feb 2016). Workforce Plan being refreshed as	

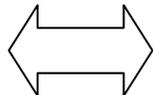
**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
	It includes developing culture, behaviours and values, as well as sustainable change skills and capabilities).					staff to support culture change. 5. Participation in Collaborative Leadership in Practice (CLiP) programme 6. Models of Neighbourhood Care in Rural West Stirlingshire 7. Pre IJB Briefings with staff side reps		part of Strategic Commissioning Plan process.	
<b>HSC 006</b>	<b>Experience of service users/patients/unpaid carers</b> (This risk is about failure to engage adequately and fully with stakeholders, in particular those harder to reach groups of service users and their unpaid carers. It includes feedback and learning from complaints. Key challenges in this area are around measuring and evidencing change).	1. National Core Outcome 'Carers are supported', and 'Positive Experiences' and Local Outcome 'Experience' 2. Local Outcome 'Community Focused Supports'	Current (3)  Target (2)	Current (4)  Target (3)	Current (12) Medium  Target (6) Low	1. Implement Participation and Engagement Strategy. 2. Implementation of Carers Act. 3. Collegiate working across Forth Valley in relation to Ministerial Steering Group (MSG) indicators. 4. Strategic Commissioning Plan and Budget Consultation process 5. Ongoing processes of participation and engagement. 6. Monitor trends in service user satisfaction,	Chief Officer	An Equality Outcomes and Mainstreaming Report has been considered by the Integration Joint Board in April 2016 and published. This will be refreshed during 2019/20. Equality and Human Rights Impact Assessment will be completed where required. The IJB report template includes sections on Consultation and Equalities Assessment, which ensures that the Board are aware of the extent of	

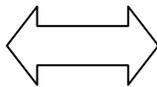
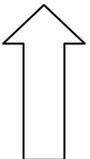
**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
								consultation undertaken when decisions are being taken.	
<b>HSC 007</b>	<b>Information Management and Governance</b> (This risk relates to Information Management and Governance, and the risk of increased demand for relevant areas of provision covering Health & social Care combined. It includes the lack of resources which are fit for purpose, capacity and capability of staff, as well as records and data management processes. It also covers Information and Communication Technology systems, infrastructure, data protection and data sharing).	<ol style="list-style-type: none"> <li>National Core Outcome 'Resources are Used Effectively &amp; Efficiently'</li> <li>Local Outcome 'Decision Making'</li> </ol>	<p>Current (3)</p> <p>Target (3)</p>	<p>Current (4)</p> <p>Target (3)</p>	<p>Current (12) <b>Medium</b></p> <p>Target (9) <b>Medium</b></p>	<ol style="list-style-type: none"> <li>Refresh data sharing governance arrangements.</li> <li>Consideration of development of information sharing portal.</li> <li>Further Development of Cross ICT system working capabilities across constituent authorities.</li> <li>GDPR arrangements.</li> <li>Learning points from experience of ICT arrangements for Bellfield centre.</li> <li>Participate as key customer in procurement of replacement Adult Social Care information systems.</li> </ol>	Chair of Data Sharing Partnership	This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.	
<b>HSC 008</b>	<b>Information sharing process and practice</b> (This relates to the risk of a lack of a structured common information provision across council social work areas and NHS, which is	<ol style="list-style-type: none"> <li>National Core Outcome 'Resources are Used Effectively &amp; Efficiently'</li> <li>Local Outcome 'Decision Making'</li> </ol>	<p>Current (4)</p> <p>Target (3)</p>	<p>Current (4)</p> <p>Target (4)</p>	<p>Current (16) <b>High</b></p> <p>Target (12) <b>Medium</b></p>	<ol style="list-style-type: none"> <li>Building sufficient capacity and capabilities to carry out analytical functions for partnership in the long term including use of LIST Analysts</li> <li>Appropriate Information Sharing Agreements are in place and reviewed timeously.</li> </ol>	Chair of Data Sharing Partnership	This risk relates to Information Management and Governance. Including the difference between anonymised information,	

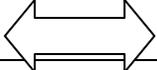
**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
	monitored, evaluated and managed operationally within integrated functions of the Clackmannanshire and Stirling Health and Social Care Partnership).					<p>3. Develop use of SOURCE system to inform planning and benchmarking.</p> <p>4. Explore use of Systems Dynamics Modelling (via LIST support)</p>		identifiable information, and performance information.	
<b>HSC 009</b>	<b>Effective Links with other Partnerships</b> (This risk relates to partnership planning and effective links with other partnerships. Such as Community Planning, Third and Voluntary Sectors, Criminal Justice, Housing, Falkirk Health and Social Care Partnership, Emergency Planning and Resilience Partnership).	<b>1.</b> National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'	Current (3)  Target (2)	Current (3)  Target (3)	Current (9) <b>Medium</b>  Target (6) <b>Low</b>	<p>1. Develop statutory links with Community Planning Partnerships in Clackmannanshire and Stirling.</p> <p>2. Develop links with Public Protection Fora.</p> <p>3. Clarification of Relationship and Accountabilities with Alcohol and Drug Partnerships at Forth Valley and Partnership levels.</p> <p>4. Develop relationships, linked to approach to Annual Performance Report, with 'peer' Health and Social Care Partnerships</p> <p>5. Maintain effective working relationships with Third Sector Interface organisations and Providers through mechanisms such as Providers Fora.</p> <p>6. Ensure officers participate actively in national groups including Chief Officers Group, IJB Chief Finance Officers and</p>	Chief Officer, Chief Finance Officer and Programme Manager	Links are currently established with partners, including: a) Criminal Justice Authority (and successors) and Community Planning Partnership (note: these are Statutory links) b) Alcohol and Drugs Partnership (ADP) and Public Protection fora c) Third and Independent Sectors – representation as appropriate at Integration Joint Board and Strategic Planning Group d) Housing Contribution Group	

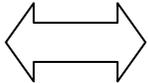
**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
						Integration Managers Networks			
<b>HSC 010</b>	<b>Harm to Vulnerable People, Public Protection and Clinical &amp; Care Governance</b> (This risk relates to the risk to self, to others, and from others. Public Protection and involves the strategic work of the Adult Protection Lead Officer, Child Protection Lead Officer, Mental Health Officers, Independent Chair of the Adult and Child Protection Committees, as well as processes such as PVG checking, and training procedures).	1. National Outcome 'Resources are Used Effectively and Efficiently', 'People are safe', 'Positive Experience', 2. 'Quality of life' Local Outcome 'Self-Management' 'Community Focused Supports', 'safety', Experience'	Current (2)  Target (1)	Current (4)  Target (4)	Current (8) <b>Low</b>  Target (4) <b>Low</b>	1. Integration Joint Board has assurance that services operate and are delivered in a consistent and safe way. 2. Reviewed Clinical and Care Governance Framework (June 18 IJB) 3. Services work together to strive to meet Delayed Discharge targets. 4. Development of Health and Care Village in Stirling and implementation of model of care. 4. Primary Care Out Of Hours Service Review. 5. Review End Of Life Care pathways to ensure the right care is provided at the right time. 6. Establishment of Quarterly Clinical and Care Governance Meetings. 7. Review of Intermediate Care Services 8. Linkage with Performance Frameworks	Chief Social Work Officers / NHS Forth Valley Medical Director		
<b>HSC 011</b>	<b>Sustainability and safety of adult placement in external care home and care at home sectors</b> Both Local Authorities	1. National Outcomes 'People are Safe' 'Positive Experience' 2. Quality of Life	Current (4)	Current (4)  Target	Current (16) <b>High</b>  Target (4) <b>Low</b>	1. Provider forums are in place as is a commissioning and monitoring framework. 2. There is clear regulation and inspection. 3. The thresholds matrix for	Relevant Service/ Locality Managers / Commissioning Teams /Adult	Recent research published by Glasgow Caledonian University highlights growing trends in the handing back of	

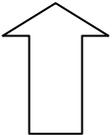
**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
	utilise externally commissioned care home placements for adults, particularly older adults. External care homes are commissioned and inspected nevertheless risks arise from the sustainability of care homes as business models; having enough scrutiny at an earlier stage of any risks or concerns within a care home; reviews of adult placements by Local Authorities should take place at a minimum of once a year, this is a statutory requirement. Capacity to review is under significant pressure and an escalation method of concern needs put in place. Approach replicated, as appropriate for Care at Home providers.		Target (2)	(2)		homes around adult support and protection has been implemented and is being monitored. <b>4.</b> A process for reviews and a clear escalation model is being developed. This will be reported to the Clinical and Care Governance Group on a 6 monthly basis. <b>5.</b> Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local intelligence <b>6.</b> Future consideration of mixed economy options for future models of care. <b>7.</b> Business continuity planning arrangements. <b>8.</b> Preparation on Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues	Support and Protection Coordinator	social care contracts to Local Authorities.	
<b>HSC 012</b>	<b>Adult community nursing workforce demographic / resilience of service.</b>	<b>Health and Social Care Outcomes</b> <ul style="list-style-type: none"> <li>People can live well at home for</li> </ul>	Current (3)	Current (4)	(12) Medium	1 Proactively implement Transforming community Nursing programme 2 Review Clinical and Care	Director of Nursing, Locality Managers and		

**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
	This risk relates to the sustainability of community nursing workforce as more than 30% will retire within next 5 years.	as long as possible <ul style="list-style-type: none"> <li>• People are safe and live well for longer</li> <li>• People are satisfied with the care they get</li> </ul>	Target (2)	Target (3)	Target (6) Low	Governance Framework. <b>3</b> Review models of community working and optimise opportunities of integration. <b>4</b> Review End Of Life Care pathways to ensure the right care is provided at the right time. 5. proactive recruitment including opportunities for new roles, such as the building on the national funding for newly qualified nurses for practice nurse training to extend their experience to community work. 6. explore opportunities with staff to optimise retention. Flexible working, training, education. 7. Consider organisational change opportunities to build workforce capacity.	Head of Community nursing.		
<b>HSC 013</b>	Potential Impact of the UK Decision to Leave the EU (commonly referred to as Brexit)	<b>1.</b> National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'	Current (3)  Target (2)	Current (4)  Target (3)	12 (Medium)  6 (Low)	1. Work with constituent authorities to understand assessed risk in relation to commissioned functions and service delivery. 2. Use above to develop and partnership Brexit risk mitigation plan with specific regard to key areas such as supply chains (including	Programme Manager	Existing constituent plans review for consideration.	

**CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 29 MAY 2019**

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes	Risk Direction
						drugs) and workforce. 3. Periodically review plans in light of transitional arrangements and emergent issues.			
<b>HSC 014</b>  <b>(added 26 May 2019)</b>	Ability to Deliver Primary Care Improvement Plan including tripartite agreement within additional resources provided by Scottish Government	<b>1.</b> National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'	Current (4)  Target (3)	Current (4)  Target (3)	16 <b>High</b>  9 <b>Medium</b>	1. Continue to work collaboratively with NHS Board and LMC reps via Programme Board 2. Continue to explore options to maximise impact from available investment 3. Ensure reporting to Scottish Government reflects risk in ability to meet policy objectives and tripartite agreement	Chief Officer / Chief Finance Officer / Programme Manager	Plan is delivered on pan Forth Valley basis with NHS FV Chief Exec chairing Programme Board	

**Explanation of Scoring:**

Likelihood and Impact are Scored on a 1-5 Rating. The scores are then multiplied to give and overall risk score. Risk scores over 15 are rated High/Red. Risk Scores from 9 to 15 are rated Medium / Amber and risk scores up to 8 are rated Low/ Green.