



Council Offices, Almada Street
Hamilton, ML3 0AA



Monday, 20 May 2024

Dear Member

South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee

The Members listed below are requested to attend a meeting of the above Sub-Committee to be held as follows:-

Date: Tuesday, 28 May 2024
Time: 10:00
Venue: By Microsoft Teams,

The business to be considered at the meeting is listed overleaf.

Yours sincerely

Paul Manning
Chief Executive
South Lanarkshire Council

Jann Gardner
Chief Executive
NHS Lanarkshire

Members
South Lanarkshire Council
Eileen Logan, Margaret B Walker

NHS Lanarkshire
Lesley McDonald, Donald Reid

BUSINESS

- 1 **Declaration of Interests**
- 2 **Minutes of Previous Meeting** 3 - 10
Minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 20 February 2024 submitted for approval as a correct record. (Copy attached)

Item(s) for Consideration

- 3 **Financial Monitoring 2023/2024** 11 - 26
Report dated 9 May 2024 by the Director, Health and Social Care. (Copy attached)
- 4 **Internal Audit Plan 2024/2025 Progress Report** 27 - 32
Report dated 7 May 2024 by the Director, Health and Social Care. (Copy attached)
- 5 **Internal Audit Plan 2023/2024: Performance Monitoring Assignment** 33 - 38
Report dated 7 May 2024 by the Director, Health and Social Care. (Copy attached)
- 6 **Internal Audit Plan 2023/2024: Value for Money Assignment** 39 - 42
Report dated 7 May 2024 by the Director, Health and Social Care. (Copy attached)
- 7 **Internal Audit Annual Assurance Report 2023/2024** 43 - 56
Report dated 7 May 2024 by the Director, Health and Social Care. (Copy attached)
- 8 **Performance Monitoring Report** 57 - 82
Report dated 7 May 2024 by the Director, Health and Social Care. (Copy attached)
- 9 **Risk Management Update** 83 - 92
Report dated 7 May 2024 by the Director, Health and Social Care. (Copy attached)

Urgent Business

- 10 **Urgent Business**
Any other items of business which the Chair decides are urgent.

For further information, please contact:-

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SOUTH LANARKSHIRE INTEGRATION JOINT BOARD (PERFORMANCE AND AUDIT) SUB-COMMITTEE

Minutes of the meeting held by Microsoft Teams on 20 February 2024

Chair:

Lesley McDonald (Depute), Non Executive Director, NHS Lanarkshire Board

Present:

NHS Lanarkshire Board (Voting Member)

Donald Reid, Non Executive Director

South Lanarkshire Council (Voting Member)

Councillor Eileen Logan

Attending (Non-Voting):

Health and Social Care Partnership

S Sengupta, Chief Officer; M Moy, Section 95 Officer

NHS Lanarkshire

J Cringles, Business Support Manager; C Cunningham, Head of Performance and Commissioning; J Lyall, Chief Internal Auditor; C Rae, Head of Health and Social Care (Rutherglen/Cambuslang and East Kilbride); Dr M Russell, Medical Director; L Thomson, Nurse Director

South Lanarkshire Council

I Beattie, Head of Health and Social Care (Hamilton and Clydesdale); Y Douglas, Audit and Compliance Manager; A Norris, Administration Assistant; T Slater, Administration Adviser

Also Attending:

Audit Scotland

J Boyd, Audit Director; F Owens, Audit Manager

Apologies:

South Lanarkshire Council

Councillor Margaret B Walker

L Purdie, Chief Social Work Officer

1 Declaration of Interests

No interests were declared.

2 Minutes of Previous Meeting

The minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 21 November 2023 were submitted for approval as a correct record.

The Sub-Committee decided: that the minutes be approved as a correct record.

3 Financial Monitoring 2023/2024

A report dated 4 February 2024 by the Director, Health and Social Care was submitted providing a summary of the financial position of the Health and Social Care Partnership (HSCP) for the period 1 April to 31 December 2023 in relation to Health Care Services and for the period 1 April to 29 December 2023 in relation to Social Work and Housing Services.

As previously reported, the Integration Joint Board (IJB) Financial Plan 2023/2024 had been updated to reflect the adjustments approved by the IJB on 21 August 2023 in respect of the revised financial outturn for 2022/2023. The recurring and non-recurring budget strategy, approved by the IJB on 18 October 2023 to address the significant recurring annual Care at Home Service job evaluation costs of approximately £7 million, was also reflected in the report.

As at December 2023, there was an overspend of £0.795 million (NHS Lanarkshire (NHSL) - £0.795 million over; South Lanarkshire Council (SLC) - breakeven).

An update was provided on the following, highlighting the ongoing financial and operational impact of demand and capacity issues:-

- ◆ health care services in relation to:-
 - ◆ locality and other services
 - ◆ hosted services
 - ◆ the projected prescribing overspend and work to reduce the overspend
 - ◆ out of area services
- ◆ social care and housing services in relation to:-
 - ◆ residential, nursing and respite care services
 - ◆ care at home services
 - ◆ employee costs
- ◆ the notional set-aside budget
- ◆ the probable outturn for 2023/2024
- ◆ reserves 2023/2024

Following the NHSL probable outturn exercise, a net overspend of £1.790 million was projected across delegated health care services at 31 March 2024. Recognising an overspend at 31 March 2024 was being projected based on information currently available, the original commitments in respect of the balance of IJB reserves held for health care services were being reviewed. The outcome of the review to date proposed the realignment of reserves, as outlined in the report.

Following the SLC probable outturn exercise, a non-recurring net underspend of £1.272 million was projected across delegated social care and housing services at 31 March 2024. At its meeting on 24 January 2024, the SLC Executive Committee approved the retention of this underspend by the IJB, as outlined in the report. The original commitments in respect of the IJB reserves held for social care services were also being reviewed. The outcome of the review to date proposed the realignment of reserves, as outlined in the report.

The Chair expressed her thanks to the SLC partner for the approach it had taken to reserves and commitment to social care and the IJB.

Officers responded to members' questions:-

- ◆ confirming that funds allocated to winter planning that were not required would be used to help with other financial pressures
- ◆ advising that the issues with the prescribing overspend was a national problem, the Scottish Government had directed resources elsewhere. A brief update on the impact of the review into prescribing was provided, with an update report to be submitted to the next meeting of the IJB

The Sub-Committee decided:

- (1) that the report be noted;
- (2) that the projected prescribing overspend across health care services be noted;
- (3) that the review and realignment of reserves commitments across delegated health care services, as outlined at paragraph 8.1, be endorsed;
- (4) that the approval by SLC of the IJB retention of the projected underspend at 31 March 2024 across delegated social care and housing services of £1.272 million, as outlined at paragraph 8.2, be noted;
- (5) that the review and realignment of reserves commitments across delegated social care and housing services, as outlined at paragraph 8.2, be endorsed; and
- (6) that the operational and financial impact of the ongoing significant demand and capacity challenges across the Health and Social Care system be noted.

[Reference: Minutes of 21 November 2023 (Paragraph 4), Minutes of the special Integration Joint Board of 21 August 2023 (Paragraph 2) and 18 October 2023 (Paragraph 2) and Minutes of the South Lanarkshire Council Executive Committee of 24 January 2024 (Paragraph 3)]

4 Medium Term Financial Forecast Update

A report dated 31 January 2024 by the Director, Health and Social Care was submitted providing an update on the Integration Joint Board (IJB) medium term financial forecast to 2025/2026.

As the IJB medium term financial forecast 2023 to 2026 was approved on 20 June 2023 and the Scottish Government's draft budget 2024/2025 and the Local Government Finance Settlement 2024/2025 were published in December 2023, an update was provided on the position in relation to the budgets delegated to the IJB by South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL) for the financial year 2024/2025.

The IJB had a statutory responsibility to set a balanced budget and must operate within the budget available. Based on the updated information, the IJB funding gap for 2024/2025 had increased from £32.345 million to £37.218 million, with details provided in the report.

The Chief Financial Officer provided a verbal update on the level of reduction in the employer pension contributions, which had now been confirmed as approximately £7.7 million. The SLC partner had proposed that the budget not required for employer pension contributions be used to contribute towards the continued pressures within Children and Families Services. This adjustment would be made between the delegated IJB budget and the non-delegated Children and Families Services budget on a temporary basis in 2024/2025.

There continued to be a high level of financial risk and uncertainty, in particular in relation to pay negotiations, National Care Home Contract negotiations and service demand. The IJB financial forecast would continue to evolve as funding allocations were confirmed by both partners.

The Sub-Committee decided:

- (1) that the update to the financial forecast for 2024/2025, based on the current information available, be noted;

- (2) that the proposal by the SLC partner to use the funding available, due to the reduction in employer pension contributions for 2024/2025 of approximately £7.7 million, to contribute towards the continued pressures within Children and Families Services, be noted;
- (3) that the high level of risk and uncertainty be noted;
- (4) that the statutory responsibility to set a balanced budget for 2024/2025 be noted; and
- (5) that the ongoing work to update the medium term financial forecast, in consultation with both partners, be noted.

[Reference: Minutes of the South Lanarkshire Integration Joint Board of 20 June 2023 (Paragraph 9)]

5 Sustainability and Value Programme Update

A report dated 31 January 2024 by the Director, Health and Social Care was submitted providing an update on the Sustainability and Value Programme (SAVP) approach being taken to address the projected funding gap in 2024/2025.

The SAVP approach was adopted in order to secure recurring financial sustainability by identifying a range of potential savings options. The agreed screening scale, attached as an appendix to the report, had been designed to ensure that potential savings options were appraised, prioritised and presented to the IJB for consideration in a manner consistent with statutory obligations and professional requirements.

IJB members participated in workshop sessions on 9 and 15 August 2023 which provided members with the opportunity to consider, inform, scrutinise and challenge potential proposals. A workshop was also held on 30 January 2024 to provide an update on the funding gap for 2024/2025 and progress to date. A further workshop was scheduled for 26 February 2024 to provide members with options to set a balanced budget in advance of the meeting of the IJB on 26 March 2024.

Information was provided on the projected 2024/2025 funding gap which had increased from £32.345 million to £37.218 million, together with the management and operational actions being taken to reduce expenditure and operate within budget and the joint approach developed by both North and South Lanarkshire University Health and Social Care Partnerships to identify health care savings options.

While every effort was being made to identify options that mitigated negative impacts and uncertainty for service users, staff and communities, reducing expenditure to respond to a recurrent budget shortfall of this magnitude within this timescale would undoubtedly have consequences for service performance, outcomes and experience.

The Chief Officer responded to a member's question, providing further information on the management and operational actions taken, including the process undertaken and impact of the actions.

The Sub-Committee decided:

- (1) that the update on the SAVP approach being taken to address the projected funding gap in 2024/2025 be noted;
- (2) that the management and operational actions being implemented to reduce expenditure and operate within budget be endorsed;

- (3) that the joint approach developed for North Lanarkshire and South Lanarkshire University Health and Social Care Partnerships, to identify health care savings options, be endorsed;
- (4) that the ongoing actions currently being progressed to contribute to financial sustainability in 2024/2025 be endorsed; and
- (5) that the requirement to identify further options to address the remaining funding gap be noted.

[Reference: Minutes of the South Lanarkshire Integration Joint Board of 20 June 2023 (Paragraph 10)]

J Lyall joined the meeting during this item of business

6 External Audit Plan and Audit Fee 2023/2024

A report dated 9 February 2024 by the Director, Health and Social Care was submitted providing details of the External Auditor's Annual Audit Plan for 2023/2024 and advising of the external audit fee for the South Lanarkshire Integration Joint Board (IJB).

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on IJBs to prepare annual accounts and for those accounts to be audited in accordance with Part VII of the Local Government (Scotland) Act 1973.

Audit Scotland was responsible for the delivery of the South Lanarkshire IJB external audit for the period 2022/2023 to 2026/2027. The planned scope and timing of the audit work was provided in the appendix to the report. Audit Scotland planned to complete the audit and issue the Independent Auditor's Report by the statutory deadline of 30 September 2024.

It was proposed that a special meeting of the Sub-Committee be convened by the provisional date of 24 September 2024 to consider the External Audit Annual Audit Report 2023/2024.

Based on an assessment of the following local circumstances, the 2023/2024 audit fee, approved by the Audit Scotland Board and the Scottish Parliament, had been set at £33,360:-

- ◆ local risk areas for the IJB
- ◆ the reliance that could be placed on the work of internal audit
- ◆ governance and accountability arrangements, control environment and risk assessment and management procedures
- ◆ systems and procedures in place for the production of timeous IJB financial statements
- ◆ any issues that might impact on the audit opinion

The Audit Director, Audit Scotland responded to members' questions in relation to external audit's role in the review of the Sustainability and Value Programme approach and how it would monitor and support the work being undertaken.

The Sub-Committee decided:

- (1) that the content of the report be noted;
- (2) that a special meeting of the IJB (Performance and Audit) Sub-Committee be convened by the provisional date of 24 September 2024 to consider the External Audit Annual Audit Report 2023/2024; and
- (3) that the audit fee of £33,360 be noted.

7 Progress Report on Internal Audit Plan 2023/2024

A report dated 30 January 2024 by the Director, Health and Social Care was submitted providing an update on progress of the Internal Audit Plan 2023/2024.

Integration Joint Boards (IJBs) were required to establish an adequate and proportionate internal audit of the arrangements for risk management, governance and control of delegated resources. Internal Audit arrangements for the South Lanarkshire IJB were provided jointly by NHS Lanarkshire and South Lanarkshire Council.

The Internal Audit Plan 2023/2024 had been approved by the Sub-Committee at its meeting on 21 February 2023 and a summary of progress of audit activity was provided in Appendix 1 to the report.

The Sub-Committee decided: that the report and progress to date be noted.

[Reference: Minutes of 21 February 2023 (Paragraph 9)]

J Boyd left the meeting during this item of business

8 Progress Report on Agreed Actions

A report dated 30 January 2024 by the Director, Health and Social Care was submitted providing a summary of performance against the agreed actions to further develop the South Lanarkshire Integration Joint Board's (IJB) governance framework.

Recommendations to further strengthen the IJB governance framework were made by the External Auditor, Internal Auditors and the Senior Management Team (SMT). Those developments contributed to the IJB's annual assessment of the governance arrangements.

On conclusion of the IJB External Audit for 2022/2023, 3 external audit actions were agreed, with one SMT action highlighted. Progress on those actions was provided in the appendices to the report.

The Sub-Committee decided: that the report and progress to date be noted.

9 Internal Audit Plan 2024/2025

A report dated 30 January 2024 by the Director, Health and Social Care was submitted on the Internal Audit Plan 2024/2025.

The Public Bodies (Joint Working) (Scotland) Act 2014 required the South Lanarkshire Integration Joint Board (IJB) to comply with the accounts and audit regulations and legislation under section 106 of the Local Government (Scotland) Act 1973. A professional and objective Internal Audit Service arrangement had been established in accordance with recognised Internal Audit standards and practices as laid out in the Public Sector Internal Audit Standards, in order to comply with article 7 of the Local Authority Accounts (Scotland) Regulations 2014.

The proposed Internal Audit Plan 2024/2025 was attached as an appendix to the report and had been designed to target the priority issues, align to strategic risks and reflect the evolving and complex challenges to service delivery.

There continued to be ongoing significant demand and capacity challenges on the health and social care system and the risk environment was still volatile. All internal audit plans would be re-evaluated during the year to allow any significant changes to the risk profile to be reflected. Any proposed amendments would be subject to the approval of the Sub-Committee and progress reports would be presented during the year.

It was, therefore, proposed that the Chief Financial Officer be authorised to finalise the Internal Audit Plan for 2024/2025. This would include agreement of the detailed scope of each audit assignment, the allocation of assignment responsibilities and, having regard to the Internal Audit resource availability, the timeline for completion.

The Sub-Committee decided:

- (1) that the Internal Audit Plan 2024/2025, attached as an appendix to the report, be approved; and
- (2) that the Chief Financial Officer be authorised to discuss further with the Audit and Compliance Manager, South Lanarkshire Council and the Chief Internal Auditor, NHS Lanarkshire, the Internal Audit Plan 2024/20225, including the agreement of the detailed scope of each audit assignment, the allocation of assignment responsibilities and, having regard to the Internal Audit resource availability, the timeline for completion.

J Lyall left the meeting following this item of business

10 Performance Monitoring Report

A report dated 6 February 2024 by the Director, Health and Social Care was submitted providing a summary of performance against the key measures assigned to the integration of Health and Social Care in South Lanarkshire and the top 4 Strategic Commissioning Plan (SCP) priorities.

It was highlighted that this would be an iterative process with further developments anticipated.

A summary of performance was outlined in the report, with more detailed analysis provided in appendices 1 to 5.

Officers responded to members' questions in relation to:-

- ◆ lessons learned from Operation Flow
- ◆ the provision of a progress report on Blantyre Life
- ◆ the level of information provided in the performance monitoring report

The Sub-Committee decided:

- (1) that the revised performance monitoring report be endorsed and submitted to a future meeting of the Integration Joint Board for approval; and
- (2) that the current performance trends and service pressures be noted.

[Reference: Minutes of the Integration Joint Board of 12 December 2023 (Paragraph 11)]

Y Douglas left the meeting during this item of business

11 Risk Management Update

A report dated 9 February 2024 by the Director, Health and Social Care was submitted providing an update on the Integration Joint Board (IJB) Risk Register and associated partner risks.

The IJB was required to have an approved Risk Management Strategy and Risk Register in place which detailed the organisation's approach to risk and how it would identify and manage risks to mitigate against subsequent impact. Information was provided on the governance and oversight arrangements in place.

The revised Risk Register was attached as Appendix 1 to the report and Appendix 2 provided a summary of the top risks within the most recent Risk Registers of NHS Lanarkshire and South Lanarkshire Council.

The Sub-Committee decided:

- (1) that the report be noted; and
- (2) that the revised IJB Risk Register be endorsed prior to submission to the IJB for approval.

[Reference: Minutes of the Integration Joint Board of 12 December 2023 (Paragraph 12)]

12 Urgent Business

There were no other items of urgent business.

Report

Report to:	South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee
Date of Meeting:	28 May 2024
Report by:	Director, Health and Social Care

Subject:	Financial Monitoring 2023/2024
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise of the financial position of the South Lanarkshire Health and Social Care Partnership (HSCP) for the period from 1 April to 31 March 2024 (Health Care Services) and 1 April to 23 February 2024 (Social Care and Housing Services)

2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendations:-

- (1) that the contents of the report be noted;
- (2) that the prescribing overspend across Health Care Services be noted; and
- (3) that the operational and financial impact of the ongoing significant demand and capacity challenges across the Health and Social Care system be noted.

3. Background

3.1. This report is based on the financial monitoring reports received from the Director of Finance of NHS Lanarkshire (NHSL) and the Executive Director of Finance and Corporate Resources of SLC. The position detailed in these reports is, therefore, based on the information contained in each partner's respective financial systems and includes accruals and adjustments in-line with their financial policies. This is the seventh financial monitoring report presented for the financial year 2023/2024.

3.2. As previously reported, the IJB Financial Plan 2023/2024 was updated to reflect the adjustments approved by the IJB on 21 August 2023 in respect of the revised financial outturn for 2022/2023. The recurring and non-recurring budget strategy, approved by the IJB on 18 October 2023 to address the significant recurring annual Care at Home services job evaluation cost of approximately £7m per annum, is also reflected in this financial monitoring report.

4. Overview Year To Date 2023/2024

4.1. As at February / March 2024, an underspend of £5.304m is reported (NHSL - £5.304m under; SLC – Breakeven). In respect of the NHSL underspend, £4.990m (94%) of the £5.304m underspend relates to ring-fenced funding. This underspend of £4.990m will require to be transferred to ring-fenced reserves in order to continue to be available in 2024/2025 in line with the ring-fenced funding criteria. The balance of the underspend of £0.314m will also be transferred to IJB reserves.

4. Overview Year To Date 2023/2024 (Cont.)

4.2. The PASC is asked to note the key financial highlights to date in respect of 2023/2024 which are outlined in sections 5 and 6. Further supporting information is also outlined at appendices 1 to 4.

5. Key Financial Highlights 2023/2024 – Health Care Services

5.1. The key variances at 31 March 2024 in respect of Health Care Services are outlined at Appendix 1.

5.2. Locality and Other Services

5.2.1 An underspend of £7.087m is reported, of which £4.524m (64%) relates to an underspend across employee costs due to the ongoing recruitment challenges. The underspend has increased by £1.807m from the total underspend of £2.717m reported at 31 January 2024.

5.2.2 The current vacancy factor across Locality and Other Services is 5.2%. This equates to 48 Whole Time Equivalent (WTE) posts. Action continues to be taken to recruit to vacant posts, particularly in key service areas. Additional hours are also worked through bankaide, overtime and excess part-time hours, the cost of which is included within the financial position reported.

5.3. Hosted Services

5.3.1 An underspend of £1.495m is reported in respect of all Hosted Services led by the South Lanarkshire IJB which are outlined at Appendix 2. The total underspend of £1.495m at 31 March 2024 is £0.617m less than the total underspend reported at 31 January 2024 of £2.112m.

5.3.2 The main variances contributing to the hosted services underspend are as follows:

Hosted Service	31 March 2024
Community Dental Services	£0.824m under
Occupational Therapy Services	£0.240m under
Physiotherapy Services	£0.155m under

5.3.3 In line with the Integrated Resources Advisory Group Finance Guidance, the lead partner for a Hosted Service is responsible for managing any overspends incurred. With the exception of ring-fenced funding, the lead partner can also retain any underspends which may be used to offset the overspends. This arrangement has been in place since 1 April 2016. On 28 March 2023, the IJB approved the proposal to continue to adopt for 2023/2024 the current approach for the management of underspends or overspends by the lead partner for the Hosted Service.

5.3.4 The total underspend of £1.495m includes a net overspend of £0.006m in respect of the Primary Care Improvement Fund. An overspend of £0.897m is reported in respect of employee costs and an underspend of £0.891m is reported in respect of non-employee costs. As previously reported, any underspend at the year-end would have required to be transferred to a ring-fenced reserve and would not therefore be available to offset other Health Care Services overspends.

5.3.5 An underspend of £1.501m is reported across the other Hosted Services as a result of an underspend across employee costs (£1.591m) which is partly offset by an overspend across non-employee costs (£0.090m). The net underspend of £1.501m, reported at 31 March 2024, is available to offset other Health Care Services overspends.

5. Key Financial Highlights 2023/2024 – Health Care Services (Cont.)

5.3. Hosted Services (Cont.)

5.3.6 As highlighted at paragraph 5.2, the underspend across employee costs is due to the ongoing recruitment challenges. The current vacancy factor across Hosted Services is 9.2% and equates to a total of 71 WTE posts.

5.3.7 The Hosted Services which are led by the North Lanarkshire HSCP are outlined at Appendix 3. In-line with the Hosted Services agreement, a break-even position is reported.

5.4. Prescribing

5.4.1 As at 31 March 2024, an overspend on prescribing of £6.701m is being reported. At 31 January 2024, the overspend reported was £5.495m. This represents an increase of £1.206m. The year-end outturn at 31 March 2023 was an overspend of £3.750m.

5.4.2 The prescribing overspend of £6.701m has been calculated based on a combination of actual data received for the period April to January 2024, estimated data for February and March 2024. The overall overspend is attributable to the number of medicines being prescribed and dispensed in community pharmacies since 1 April 2023 continuing to increase alongside prices remaining at higher levels.

5.4.3 The net prescribing overspend in 2023/2024 was originally projected to be £5.138m.

- Reliance is being placed on non-recurring reserves funding of £2.438m to manage part of the projected overspend in 2023/2024. The prescribing budget for 2023/2024 was therefore increased on a non-recurring basis by £2.438m.
- The savings target agreed to address the balance of the overspend originally projected was, therefore, £2.700m.

5.4.4 Work to achieve the prescribing savings target and to reduce the prescribing overspend continues to be progressed at pace. This work ranges from reducing waste, inefficiencies and variation to quality prescribing and changing prescribing practice and culture. Work on savings programmes for scriptswitch and medicine reviews/switches continues from last year. The impact of this work is expected to materialise in a reduction in items being dispensed. At 31 March 2024, savings of £1.820m have been recorded and are included in the position reported. Based on the information currently available, 67% of the original prescribing savings target of £2.700m has therefore been achieved.

5.4.5 The achievement of prescribing efficiency savings will continue to be progressed and reported to the Senior Management Team, the Prescribing Medicines Management Board and the Sustainability and Value Workshops.

5.4.6 The prescribing overspend represents a high risk across Health Care Services and will continue to be closely monitored.

5.5. Out of Area Services

5.5.1 An overspend of £0.899m is reported at 31 March 2024 which is an increase of £0.231m from the overspend of £0.668m reported at 31 January 2024. Additional costs are continuing to be incurred in respect of the cost of services to support individuals with complex care needs.

5. Key Financial Highlights 2023/2024 – Health Care Services (Cont.)

5.6. Summary

5.6.1 As highlighted at paragraph 4.1, the net underspend across Health Care Services is reported to be £5.304m at 31 March 2024. This is analysed as follows:

- There is a net underspend across Health Care Services of £0.314m.
- There is a net underspend in respect of ring-fenced funding of £4.990m. This underspend will require to be transferred to ring-fenced reserves in order to continue to be available in 2024/2025 in line with the ring-fenced funding criteria.

6. Key Financial Highlights 2023/2024 – Social Care and Housing Services

6.1. The key variances at 23 February 2024 in respect of Social Care and Housing Services are outlined at Appendix 1. This position reflects the realignment of the recurring budgets and the non-recurring funding solutions approved by the IJB on 18 October 2023 to address the annual cost of the Care at Home job evaluation.

6.2. Residential, Nursing & Respite Care Services

6.2.1 An underspend of £0.890m is reported (Internal - £0.523m under; External - £0.367m under). This position reflects the realignment of the recurring budget of £2.100m to the Care At Home services budget approved by the IJB.

6.3. Care At Home Services

6.3.1 An overspend of £1.372m is reported (Internal - £0.695m over; External - £0.677m over). This position reflects the realignment of the recurring budgets and the non-recurring funding solutions approved by the IJB to address the Care at Home services job evaluation cost of £7.000m per annum. It also reflects the demand for the service.

6.4. Employee costs

6.4.1 The IJB Financial Plan 2023/2024 included reliance on employee turnover of £3.472m. This is in addition to the budgeted levels of employee turnover. Based on the position at 23 February 2024, the employee turnover continues to be in line with this financial planning assumption.

6.5. Summary

6.5.1 As highlighted at paragraph 4.1, a break-even position is reported across Social Care and Housing Services at 23 February 2024.

7. Notional Set-Aside Budget

7.1. The set-aside budget of £66.517m is a notional budget which represents the consumption of hospital resources by South Lanarkshire residents. In line with the accounting policy previously agreed, this notional set-aside budget will be included in the IJB Annual Accounts 2023/2024 as an estimate of expenditure. It is recognised that this will not necessarily reflect the actual usage of these hospital services by the IJB, however, it has been endorsed as an acceptable approach pending further updates from the Information Services Division (ISD).

7.2. The agreement in place from 2016/2017 to date in 2023/2024 has been that any physical transfer of resources from the set aside will be based on agreed costed service changes. Outside of these planned changes, it has been agreed each year to date that the NHS Board will deliver the set aside services in return for the budget offered. Although under s28(4) of the Public Bodies (Joint Working) (Scotland) Act 2014, the Health Board may require the integration authority to reimburse it for the additional amount used in providing set aside services, this has not been pursued by NHSL with the IJB.

7. Notional Set-Aside Budget (Cont.)

- 7.3. All expenditure incurred on the set-aside services to date, therefore, has been met by NHSL. Instead, the focus has been on whole system working through the Unscheduled Care Board to develop future plans to cope with increased demand coupled with day-to-day integrated working to resolve the more immediate problems. This approach has allowed a constructive dialogue between the parties which focusses on the service changes that will make a difference.
- 7.4. It is recognised that activity levels in 2023/2024 may not be representative of previous normal activity levels due to the legacy impact of the Covid pandemic. It will be difficult to isolate the positive impact of the whole system approach adopted across Lanarkshire from the adverse legacy impact of the Covid pandemic.
- 7.5. The calculation of the notional set-aside allocation and the confirmation of actual activity levels remains a complex accounting process. The allocation will be updated on receipt of the validated activity levels from ISD. The NHSL Director of Finance, in consultation with the IJB Chief Financial Officer, continues to develop the monitoring arrangements for the Hospital Acute Services.
- 7.6. In recognition of the increasing demand across the notional set-aside services, an earmarked reserve (EM66) was established for £2.327m as a contribution towards the expected increase in 2023/2024 Unscheduled Care Services costs that the IJB is also responsible for. Based on the updated year-end position, this reserve will not be required in 2023/2024 and has therefore been returned to reserves at 31 March 2024 in order to be available to meet the projected Unscheduled Care Services costs in 2024/2025 that the IJB is responsible for.

8. Probable Outturn 2023/2024

8.1. Health Care Services

- 8.1.1 The outturn position reported across delegated health care services at 31 March 2024 is outlined at section 5.
- 8.1.2 The realignment of reserves totalling £3.500m was approved by the IJB on 26 March 2024. Part of the realignment of reserves totalling £0.929m was required in 2023/2024 to address on a non-recurring basis net projected overspends. The balance of the reserves realignment would remain available as non-recurring bridging funding in 2024/2025 whilst actions that result from the decisions taken by the IJB to set the balanced budget for 2024/2025 are implemented in-year. The outturn in respect of the reserves realignment is being finalised as part of the year-end process.

8.2. Social Care And Housing Services

- 8.2.1 Following the SLC probable outturn exercise 2023/2024 and based on information available at 23 February 2023, the non-recurring net underspend previously projected for delegated social care and housing services at 31 March 2024 continues to be £1.272m.
- The main factors contributing to underspends in 2023/2024 include employee turnover, reductions across property costs, contract review efficiencies, specialist placement review efficiencies and external care home placements.
 - The main factors contributing to overspends in 2023/2024 include the outcome of the care at home services job evaluation and also demand for care at home services, adaptations services and direct payments.

8. Probable Outturn 2023/2024 (Cont.)

8.2. Social Care And Housing Services (Cont.)

8.2.2 As previously reported, on 24 January 2024, the SLC Executive Committee approved that the underspend of £1.272m is retained by the IJB and is held in IJB earmarked reserves for future costs. This is in line with the approach to integrating health and social care budgets. This reserve is therefore available as non-recurring bridging funding whilst actions that result from the decisions taken by the IJB to set the balanced budget for 2024/2025 are implemented in-year. The position at 31 March 2024 is being finalised.

8.2.3 On 26 March 2024, the IJB approved the realignment of reserves funding totalling £1.164m to be available as non-recurring bridging funding in 2024/2025 whilst actions that result from the decisions taken by the IJB to set the balanced budget for 2024/2025 are implemented in-year.

9. Reserves 2023/2024

9.1. The IJB reserves balance totals £37.940m (NHSL – £36.577m; SLC - £1.363m).

9.2. As at February / March 2024, the draw down from IJB reserves to date is £15.905m (NHSL - £15.855m; SLC - £0.050m). The balance of the IJB reserves is, therefore, £22.035m as detailed at Appendix 4. The reserves balances are therefore summarised as follows:

Services	Total £m
Health Care	20.722
Social Care and Housing	1.313
Total	22.035

9.3. In order to provide greater consistency and transparency between the financial outturn position reported in financial monitoring reports with the outturn position reported in the annual accounts, External Audit recommended that the financial monitoring reports were enhanced to provide greater transparency of the core budgets and non-recurring reserves used to fund actual expenditure incurred in the delivery of services.

9.4. The funding in respect of the year-to-date expenditure incurred as at February / March 2024 is therefore analysed as follows:

Actual Expenditure Year To Date	Health Care Services £m	Social Care and Housing Services £m	Total £m
As at February / March 2024	479.669	206.522	686.191
Funded By			
Core Budget	463.814	206.472	670.286
Reserves	15.855	0.050	15.905
Total	479.669	206.522	686.191

9. Reserves 2023/2024 (Cont.)

- 9.5. Based on the February / March 2024 information available, the deficit on the provision of services and the total comprehensive income and expenditure is £15.905m. The movement on reserves to date is a decrease of £15.905m, as highlighted at paragraph 9.2 and Appendix 4. The outturn as at 31 March 2024 for each partner is highlighted at section 8 and includes planned spend against IJB reserves.
- 9.6. The current and projected commitments in respect of reserves funding continues to be reviewed in consultation with the Director of Finance of NHSL and the Executive Director of Finance and Corporate Resources of SLC and will be updated on conclusion of the year-end process for both partners.

10. Employee Implications

- 10.1. The employee implications associated with the report are highlighted at sections 5 and 6.

11. Financial Implications

- 11.1. The financial implications are outlined in appendices 1 to 4.
- 11.2. Recognising the ongoing financial challenges and risks, the following IJB Financial Regulation is highlighted:

*In exceptional circumstances, should the South Lanarkshire Council or the Health Board require the Board to identify resources to offset an in-year overspend, they (i.e. the partner) must do this by amending their contributions to the Board.
IJB Financial Regulation Section 5.17*

- 11.3. The intense budget and service pressures both nationally and locally have been noted previously and are ongoing. The IJB has a statutory responsibility to set a balanced budget. The IJB must operate within the budget available. The IJB Financial Plan 2024/2025 was approved by the IJB on 26 March 2024 and the agreed savings and management actions are being progressed. The South Lanarkshire IJB is recognised as having a strong track-record of sound financial management and robust financial governance.

12. Climate Change, Sustainability and Environmental Implications

- 12.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

13. Other Implications

- 13.1. Risk management arrangements are in place for the IJB and each partner. The IJB risk register has been reviewed. The main risk associated with the in-scope budget is the uniquely high level of uncertainty in respect of projected costs and funding solutions.
- Prescribing volatility and uncertainty continues to represent a high-risk area within the NHSL element of the partnership's budget. Further prescribing efficiency savings will need to be achieved to reduce costs.
 - Both partners and external Health and Social Care providers continue to highlight higher than normal staff turnover rates and recruitment challenges.
 - Both partners require to continue to manage significant cost pressures across other non-IJB services.

13. Other Implications (Cont.)

- 13.2. The main risk associated with the IJB is that one or both partners may overcommit against recurring budgets. Financial risks are managed by the IJB, NHSL and SLC through their detailed budget management and probable outturn arrangements. Corrective action is therefore being taken as appropriate to address variances across Health and Social Care services. In particular, the approval by the IJB on 18 October 2023 of the recurring and non-recurring budget strategy to address the recurring Care at Home services job evaluation cost of £7m per annum is contributing to mitigating part of the risk of overcommitting against the SLC partner's budgets in 2023/2024.
- 13.3. Effective governance arrangements including managing the operational and financial risks associated with the budget consequences of the ongoing significant demand challenges across the Health and Social Care system is essential to ensuring that the IJB can fulfil its statutory duties. Failure to make the necessary changes to how public services are delivered will likely mean further budget pressures in the future. In essence, in order to protect services and supports for the most vulnerable and at-risk across our communities, other areas of activity have to be delivered differently, be reduced or stopped. The whole system approach also continues to be adopted by NHSL, SLC and North Lanarkshire Council.
- 13.4. The financial monitoring arrangements contribute to the mitigation of the following risks within the IJB Risk Register:
- Financial Sustainability (Very High)
 - Workforce availability and capacity (Very High)
 - Failure to meet public protection and legislative requirements (High)
 - Performance reporting does not capture performance across the whole health and social care system (Medium)
 - Winter Pressures (Medium)
- 13.5. This report relates to all national outcomes as effective governance arrangements will ensure that the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB SCP 2022 - 2025, notably the following outcome:
- Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).
- 13.6. There are no other issues associated with this report.

14. Equality Impact Assessment and Consultation Arrangements

- 14.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.
- 14.2. Consultation was undertaken with both the Director of Finance for NHSL and the Executive Director of Finance and Corporate Resources of SLC in terms of the information contained in this report.

Professor Soumen Sengupta
Director, Health and Social Care

9 May 2024

Previous References

◆ PASC 20 February 2024

Financial Monitoring 2023/2024

List of Background Papers

◆ None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Health and Social Care Services Analysis

Appendix 1

South Lanarkshire Health and Social Care Partnership Budget	ANNUAL BUDGET 2023/2024 £m
Health Care Services	
Locality and Other Services	47.086
Addiction Services	14.481
Medical and Nursing Directorate	5.751
Prescribing	72.350
Out of Area Services	4.402
Area Wide Services	7.435
Hosted Services	152.624
Family Health Services	114.327
Set-Aside Budget	66.517
Health Care Services - Sub Total	484.973
Social Care Services	
Residential, Nursing & Respite Care Services	85.305
Supported Living Services	26.024
Day Care Services	12.675
Home Care Services	81.985
Equipment, adaptations and telecare	3.370
Assessment & Care Management	17.057
Other Services (Net)	3.139
Direct Payments	10.537
Expenditure Sub Total	240.092
Income	(6.967)
Social Care Services Net Total	233.125
Housing Services - General Fund	2.144
Housing Services HRA - Aids and Adaptations	2.132
Housing Services HRA - Care of Gardens	0.849
Housing Services HRA - Sub Total	2.981
Community Services (Grounds Maintenance)	0.084
Social Care and Housing Services Sub Total	238.334
TOTAL	723.307

YEAR TO DATE	
BUDGET Feb 2024 / Mar 2024 £m	ACTUAL Feb 2024 / Mar 2024 £m
47.086	39.999
14.481	11.231
5.751	5.077
72.350	79.051
4.402	5.301
7.435	7.037
152.624	151.129
114.327	114.327
66.517	66.517
484.973	479.669
76.893	76.003
21.211	20.998
9.482	9.157
67.765	69.137
2.872	2.808
15.015	15.182
2.941	2.938
9.660	9.883
205.839	206.106
(3.898)	(4.173)
201.941	201.933
1.878	1.878
1.770	1.770
0.849	0.857
2.619	2.627
0.084	0.084
206.522	206.522
691.495	686.191

YEAR TO DATE VARIANCE		
GENERAL Feb 2024 / Mar 2024 £m	RING-FENCED Feb 2024 / Mar 2024 £m	TOTAL Feb 2024 / Mar 2024 £m
2.423	4.664	7.087
3.250		3.250
0.621	0.053	0.674
(6.701)		(6.701)
(0.899)		(0.899)
0.398		0.398
1.222	0.273	1.495
0.000		0.000
0.000		0.000
0.314	4.990	5.304
0.890		0.890
0.213		0.213
0.325		0.325
(1.372)		(1.372)
0.064		0.064
(0.167)		(0.167)
0.003		0.003
(0.223)		(0.223)
(0.267)	0.000	(0.267)
0.275		0.275
0.008	0.000	0.008
0.000		0.000
0.000		0.000
(0.008)		(0.008)
(0.008)		(0.008)
0.000		0.000
(0.000)	0.000	(0.000)
0.314	4.990	5.304

Health and Social Care Services Analysis (Cont.)

Appendix 1 (Cont.)

South Lanarkshire Health and Social Care Partnership Budget	ANNUAL BUDGET 2023/2024 £m
FUNDED BY:	
SLC Funding	(187.410)
Total - SLC	(187.410)
NHS Lanarkshire Funding	(468.318)
Resource Transfer Paid By NHSL To SLC	(24.960)
Resource Transfer Paid By SLC To NHSL	(1.306)
Social Care Funding	(20.019)
Commissioned Services Funding	(5.389)
Total - NHSL	(519.992)
IJB Reserves - SLC	(0.050)
IJB Reserves - NHSL	(15.855)
Total - IJB Reserves	(15.905)
TOTAL	(723.307)

Hosted Services Led By South Lanarkshire IJB

Appendix 2

Led by the South Partnership	TOTAL			
	Annual Budget 2023/2024	YTD Feb 2024 / Mar 2024 Budget 2023/2024	YTD Feb 2024 / Mar 2024 Actual 2023/2024	YTD Feb 2024 / Mar 2024 Variance 2023/2024
	£m	£m	£m	£m
Community Dental Services	8.246	8.246	7.422	0.824
Brain Injury Unit	2.840	2.840	2.773	0.067
Out of Hours Services	10.052	10.052	9.991	0.060
Palliative Care Services	7.580	7.580	7.507	0.073
Physiotherapy Services	11.737	11.737	11.581	0.155
Primary Care Services	0.899	0.899	0.790	0.109
Occupational Therapy Services	8.978	8.978	8.739	0.240
Diabetic Services	4.606	4.606	4.633	(0.027)
Sub Total	54.937	54.937	53.436	1.501
Ring Fenced Funding				
Primary Care Improvement Fund	23.219	23.219	23.220	(0.001)
Primary Care Transformation Fund	0.002	0.002	0.008	(0.006)
Sub Total	23.221	23.221	23.227	(0.006)
TOTAL	78.159	78.159	76.664	1.495
South Share of North Hosted Services	74.466	74.466	74.466	0.000
Hosted Services Total	152.624	152.624	151.129	1.495

South Lanarkshire IJB - 48% Share			
Annual Budget 2023/2024	YTD Feb 2024 / Mar 2024 Budget 2023/2024	YTD Feb 2024 / Mar 2024 Actual 2023/2024	YTD Feb 2024 / Mar 2024 Variance 2023/2024
£m	£m	£m	£m
3.958	3.958	3.134	0.824
1.363	1.363	1.297	0.067
4.825	4.825	4.765	0.060
3.638	3.638	3.565	0.073
5.634	5.634	5.478	0.155
0.431	0.431	0.322	0.109
4.310	4.310	4.070	0.240
2.211	2.211	2.238	(0.027)
26.370	26.370	24.869	1.501
11.145	11.145	11.146	(0.001)
0.001	0.001	0.007	(0.006)
11.146	11.146	11.152	(0.006)
37.516	37.516	36.021	1.495

North Lanarkshire IJB - 52% Share			
Annual Budget 2023/2024	YTD Feb 2024 / Mar 2024 Budget 2023/2024	YTD Feb 2024 / Mar 2024 Actual 2023/2024	YTD Feb 2024 / Mar 2024 Variance 2023/2024
£m	£m	£m	£m
4.288	4.288	4.288	0.000
1.477	1.477	1.477	0.000
5.227	5.227	5.227	0.000
3.941	3.941	3.941	0.000
6.103	6.103	6.103	0.000
0.467	0.467	0.467	0.000
4.669	4.669	4.669	0.000
2.395	2.395	2.395	0.000
28.567	28.567	28.567	0.000
12.074	12.074	12.074	0.000
0.001	0.001	0.001	0.000
12.075	12.075	12.075	0.000
40.642	40.642	40.642	0.000

Hosted Services Led By North Lanarkshire IJB

Appendix 3

Led by the North Partnership	TOTAL			
	Annual Budget 2023/2024	YTD Feb 2024 / Mar 2024 Budget 2023/2024	YTD Feb 2024 / Mar 2024 Actual 2023/2024	YTD Feb 2024 / Mar 2024 Variance 2023/2024
	£m	£m	£m	£m
Sexual Health Services	3.461	3.461	3.569	(0.108)
Continence Services	2.473	2.473	3.465	(0.991)
Immunisation Services	5.670	5.670	5.815	(0.145)
Speech and Language Therapy Services	7.138	7.138	6.796	0.342
Children and Adolescents Mental Health Services	14.531	14.531	13.648	0.883
Childrens Services	13.354	13.354	14.482	(1.128)
Integrated Equipment and Adaptations Store	0.567	0.567	0.801	(0.234)
Dietetics Services	4.406	4.406	4.152	0.254
Podiatry Services	5.010	5.010	4.873	0.137
Prisoner Healthcare Services	2.045	2.045	3.047	(1.002)
Blood Borne Viruses Services	1.735	1.735	1.667	0.068
Hospital at Home	3.693	3.693	3.367	0.326
Mental Health and Learning Disability Services	91.054	91.054	84.393	6.662
TOTAL	155.137	155.137	150.074	5.063
North Share of South Hosted Services	40.642	40.642	40.642	0.000
Hosted Services Total	195.780	195.780	190.716	5.063

South Lanarkshire IJB - 48% Share			
Annual Budget 2023/2024	YTD Feb 2024 / Mar 2024 Budget 2023/2024	YTD Feb 2024 / Mar 2024 Actual 2023/2024	YTD Feb 2024 / Mar 2024 Variance 2023/2024
£m	£m	£m	£m
1.661	1.661	1.661	0.000
1.187	1.187	1.187	0.000
2.721	2.721	2.721	0.000
3.426	3.426	3.426	0.000
6.975	6.975	6.975	0.000
6.410	6.410	6.410	0.000
0.272	0.272	0.272	0.000
2.115	2.115	2.115	0.000
2.405	2.405	2.405	0.000
0.982	0.982	0.982	0.000
0.833	0.833	0.833	0.000
1.773	1.773	1.773	0.000
43.706	43.706	43.706	0.000
74.466	74.466	74.466	0.000

North Lanarkshire IJB - 52% Share			
Annual Budget 2023/2024	YTD Feb 2024 / Mar 2024 Budget 2023/2024	YTD Feb 2024 / Mar 2024 Actual 2023/2024	YTD Feb 2024 / Mar 2024 Variance 2023/2024
£m	£m	£m	£m
1.800	1.800	1.908	(0.108)
1.286	1.286	2.278	(0.991)
2.948	2.948	3.093	(0.145)
3.712	3.712	3.369	0.342
7.556	7.556	6.673	0.883
6.944	6.944	8.072	(1.128)
0.295	0.295	0.529	(0.234)
2.291	2.291	2.038	0.254
2.605	2.605	2.468	0.137
1.063	1.063	2.065	(1.002)
0.902	0.902	0.834	0.068
1.920	1.920	1.595	0.326
47.348	47.348	40.686	6.662
80.671	80.671	75.608	5.063

IJB Reserves Plan 2023/2024

Appendix 4

Ref	Lead	Useable Reserve	Revised Balance As At 31 March 2023
Ring-Fenced Reserves			£m
RF2	NHSL	Alcohol and Drug Partnership Fund	1.276
RF10	NHSL	GP Information Technology Fund	0.750
RF11	NHSL	Community WIFI Fund	0.315
RF12	NHSL	Remobilisation Fund	3.074
RF13	NHSL	Integration Authority Support Fund	5.182
RF15	NHSL	Adult Social Care Winter Preparedness Fund	1.647
RF17	NHSL	ADP - Drug Death Task Force	0.290
RF18	NHSL	Community Living Change Fund	0.681
RF19	NHSL	West Of Scotland Trauma Fund	0.228
RF22	NHSL	Insulin Pump Fund	0.079
RF24	NHSL	Covid - Test & Protect Funding	0.044
RF26	NHSL	GPIT Reprovisioning	0.750
RF27	NHSL	Primary Care Improvement	2.595
RF28	NHSL	National Drugs Mission	0.222
RF29	NHSL	Residential Rehab	0.592
RF30	NHSL	WFA	0.207
RF31	NHSL	Buvidal	0.235
RF32	NHSL	Outreach	0.115
RF33	NHSL	Near Fatal Overdose	0.178
RF34	NHSL	Lived Experience	0.030
RF35	NHSL	Local Improvement	0.797
RF36	NHSL	MIST / Medication Assisted Treatment (MAT)	0.855
RF37	NHSL	Dental Remobilisation	0.354
RF39	NHSL	School Nursing	0.175
RF40	NHSL	Brain Injury	1.422
RF41	NHSL	DN Expansion	0.160
RF42	NHSL	ADP Task Force	0.191
RF43	NHSL	Urgent Care	0.062
RF44	NHSL	Discharge Without Delay	0.673
RF45	NHSL	Home First - MDT	1.770
RF46	NHSL	Additional 2-4 Allocation	0.314
RF48	NHSL	Staff Well Being	0.184
RF49	NHSL	Interface Care Programme	1.720
RF50	NHSL	Telehealth	0.015
RF51	NHSL	Video Medication Prompting	0.018
RF52	NHSL	Family Nurse Partnership	0.106
RF53	NHSL	Neurological Framework	0.024
RF55	NHSL	OT NES	0.002
RF56	NHSL	Insulin Pumps Funding	0.354
RF57	NHSL	Dental Childsmile	0.172
RF58	NHSL	CORRA Funding	0.052
RF59	NHSL	PCIF Pharmacy	0.468
RF60	NHSL	Resettlement Healthcare	0.054
RF61	NHSL	NES Pharmacy	0.166
RF62	NHSL	Pharmacy	0.051
Total Ring-Fenced Reserves			28.651

2023/2024		
Transfers In	Transfers Out	Balance As At Feb 2024 / Mar 2024
£m	£m	£m
	(1.276)	0.000
		0.750
		0.315
	(2.438)	0.636
	(2.410)	2.772
		1.647
		0.290
	(0.681)	0.000
	(0.228)	0.000
	(0.079)	0.000
		0.044
		0.750
	(2.595)	0.000
	(0.222)	0.000
	(0.220)	0.372
	(0.118)	0.089
	(0.235)	0.000
		0.115
		0.178
		0.030
		0.797
	(0.303)	0.552
	(0.046)	0.308
	(0.175)	0.000
	(1.254)	0.168
	(0.160)	0.000
		0.191
	(0.062)	0.000
	(0.105)	0.568
	(1.770)	0.000
	(0.314)	0.000
		0.184
	(0.021)	1.699
		0.015
		0.018
		0.106
	(0.024)	0.000
		0.002
	(0.278)	0.076
	(0.040)	0.132
	(0.052)	0.000
		0.468
		0.054
	(0.166)	0.000
		0.051
0.000	(15.272)	13.379

IJB Reserves Plan 2023/2024 (Cont.)

Appendix 4 (Cont.)

Ref	Lead	Useable Reserve	Revised Balance As At 31 March 2023
Earmarked Reserves			£m
EM1	NHSL	Palliative Care Services	0.172
EM3	SLC	Social Care Contingency Fund	0.246
EM5	NHSL	Transitional Fund	0.186
EM8	NHSL	Telehealth Fund	0.150
EM19	SLC	Housing Services - General Fund	0.010
EM22	NHSL	GP IT Systems Replacement Fund	0.997
EM24	NHSL	Director of Nursing Fund	0.065
EM31	NHSL	Area Wide Services - Health Inequalities Health Promotion Posts	0.082
EM32	NHSL	Area Wide Services - Mental Health Initiatives - Health Improvement	0.007
EM33	NHSL	Area Wide Services - Vulnerable Population Post - Health Improvement Services	0.065
EM34	NHSL	Area Wide Services - Development of Health Promoting Culture	0.136
EM35	NHSL	Area Wide Services - Third Sector Initiatives To Improve Health	0.294
EM36	NHSL	Area Wide Services - Public Health Intelligence Data Analysts	0.059
EM37	NHSL	Area Wide Services - Inequalities Funding	0.023
EM38	NHSL	Health and Social Care Fund	0.326
EM39	SLC	Financial Plan 2022/2023	0.818
EM40	SLC	Integrated Care Fund	0.036
EM41	SLC	Self-Directed Support Development Team	0.093
EM42	SLC	Mental Health Officer Capacity	0.160
EM43	NHSL	Area Wide Services - 2021/2022 Underspend	1.217
EM45	NHSL	OT - Project Specific	0.048
EM47	NHSL	Band 6 Project Lead	0.032
EM48	NHSL	Band 5 OSM's South	0.027
EM49	NHSL	ADP Commissioned	0.300
EM50	NHSL	Professional Nursing	0.130
EM51	NHSL	Vaslan	0.240
EM52	NHSL	Care Opinion	0.033
EM53	NHSL	Veterans	0.043
EM54	NHSL	Social Care Fund	0.575
EM55	NHSL	Childrens Care Fund	0.050
EM57	NHSL	Medical Staffing	0.020
EM60	NHSL	GPIT Reprovisioning	0.186
EM61	NHSL	Clinical Fellow Funding	0.012
EM62	NHSL	Clinical Pharmacist re additions	0.035
EM64	NHSL	Oversubstantive Posts (£2.438m)	0.089
EM66	NHSL	Unscheduled Care	2.327
Total Earmarked Reserves			9.289

2023/2024		
Transfers In	Transfers Out	Balance As At Feb 2024 / Mar 2024
£m	£m	£m
	(0.078)	0.094
	(0.050)	0.196
		0.186
		0.150
		0.010
		0.997
		0.065
		0.082
	(0.007)	0.000
	(0.065)	0.000
	(0.060)	0.076
	(0.014)	0.280
		0.059
		0.023
		0.326
		0.818
		0.036
		0.093
		0.160
		1.217
		0.048
	(0.032)	(0.000)
	(0.027)	0.000
		0.300
	(0.111)	0.019
	(0.160)	0.080
	(0.020)	0.013
		0.043
		0.575
		0.050
		0.020
		0.186
	(0.009)	0.003
		0.035
		0.089
		2.327
0.000	(0.633)	8.656

IJB Reserves Plan 2023/2024 (Cont.)

Appendix 4 (Cont.)

Ref	Lead	Useable Reserve	Revised Balance As At 31 March 2023
Contingency Reserves			£m
C1	NHSL	Contingency Reserves - NHSL	0.000
C2	SLC	Contingency Reserves - SLC	0.000
Total Contingency Reserves			0.000
General Fund			37.940

Summary

Ring-fenced	28.651
Earmarked	9.289
Contingency	0.000
Total	37.940

2023/2024		
Transfers In	Transfers Out	Balance As At Feb 2024 / Mar 2024
£m	£m	£m
		0.000
		0.000
0.000	0.000	0.000
0.000	(15.905)	22.035

0.000	(15.272)	13.379
0.000	(0.633)	8.656
0.000	0.000	0.000
0.000	(15.905)	22.035

Report

Report to:	South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee
Date of Meeting:	28 May 2024
Report by:	Director, Health and Social Care

Subject:	Internal Audit Plan 2024/2025 Progress Report
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on progress with the delivery of the Internal Audit Plan 2024/2025

2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendation(s):-

- (1) that the content of the report and progress to date be noted.

3. Background

- 3.1. As stated in the Integrated Resources Advisory Group guidance, it is the responsibility of the Integration Joint Board (IJB) to establish an adequate and proportionate internal audit of the arrangements for risk management, governance and control of the delegated resources. The internal audit arrangements for the IJB are provided jointly by the internal audit teams of South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL).
- 3.2. The IJB approved the 2024/2025 Internal Audit Plan on 20 February 2024. A total of 60 days, as detailed at the appendix, have been committed to undertake the IJB Internal Audit Plan which has been designed to target the priority issues which have been aligned to strategic risks and reflect the evolving and complex challenges to service delivery.
- 3.3. On 20 February 2024, the PASC approved the delegation of authority to the IJB Chief Financial Officer to discuss the Internal Audit Plan for 2024/2025 further with the Audit and Compliance Manager of South Lanarkshire Council (SLC) and the Chief Internal Auditor of NHS Lanarkshire (NHSL). This will include agreement of the detailed scope of each audit assignment, the allocation of assignment responsibilities and, having regard to Internal Audit resource availability, the timeline for completion.

3. Background (Cont.)

- 3.4. The IJB Chief Financial Officer will ensure that sufficient Internal Audit resources are available to provide the necessary assurance in respect of the adequacy and effectiveness of the IJB's framework of governance, risk management and control arrangements for the year ended 31 March 2025. Progress reports will be presented to the PASC during the year.
- 3.5. The Internal Audit Plan 2024/2025 also takes account of assurances which will be provided to the IJB based on the work performed under the Internal Audit Plans of both SLC and NHSL for 2024/2025. The audit of operational activities is being undertaken under the auspices of the partner bodies. The IJB is asked to note that the outcomes of these operational audits are reported to the partner body Audit Committees and discussed with the IJB Chief Officer and IJB Chief Financial Officer. The assurances gained will be provided to the IJB as part of the overall assurances received from the partner body Audit Committees.
- 3.6. Each year, the Chief Internal Auditors of SLC and NHSL are required to present to the IJB an annual opinion on the adequacy and effectiveness of the IJB's corporate governance, risk management and internal control arrangements. The Internal Audit opinion for 2023/2024 is presented to the PASC on 28 May 2024 and concludes that, overall, reasonable assurance can be placed on the adequacy and effectiveness of the partnership's framework of governance, risk management and control arrangements for the year ending 31 March 2024.
- 3.7. As part of the audit planning process, External Audit will also take into consideration the extent to which reliance can be placed on the work of Internal Audit.

4. Internal Audit Plan 2024/2025 Progress Update

- 4.1. The Internal Audit Plan 2024/2025 is designed to target the priority issues and to provide sufficient evidence to form an Internal Audit Opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control arrangements.
- 4.2. The progress in respect of the Internal Audit Plan 2024/2025 is summarised in the appendix. A workplan has been agreed to ensure the Internal Audit Plan 2024/2025 is delivered by 31 March 2025.
- 4.3. The PASC is asked to note the progress to date and also the proposed approach and arrangements in place to conclude all audit assignments by the end of the financial year.

5. Employee Implications

- 5.1. There are no employee implications associated with this report.

6. Financial Implications

- 6.1. There are no financial implications associated with this report.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.
- 7.2. There are no sustainable development issues associated with this report.

8. Other Implications

- 8.1. There continues to be ongoing significant financial, demand and capacity challenges on the health and social care system. The risk environment is still volatile and all Internal Audit plans should be re-evaluated during the year to allow any significant changes to the organisation's risk profile to be reflected in the Internal Audit Plan. Any proposed amendments will be subject to PASC approval.
- 8.2. The outcome of the Internal Audits that will be undertaken in 2024/2025 will contribute to the mitigation of the following risks within the IJB Risk Register:
- ◆ Financial Sustainability (Very High)
 - ◆ Workforce availability and capacity (Very High)
 - ◆ Failure to meet public protection and legislative requirements (High)
 - ◆ Performance Reporting does not capture performance across the whole health and social care system (Medium)
- 8.3. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:
- ◆ Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).
- 8.4. Good governance enables the IJB to pursue its vision effectively. In order to respond to the ongoing significant demand and capacity challenges on the health and social care system, there has been a continuing requirement to reprioritise Internal Audit, SMT and financial staff resources as appropriate. This is not impacting on the delivery of the 2024/2025 Internal Audit Plan.
- 8.5. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 9.2. Consultation was undertaken with both the Director of Finance, NHS Lanarkshire and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council in terms of the information contained in this report.

Professor Soumen Sengupta
Director, Health and Social Care

7 May 2024

Previous References

- ◆ Internal Audit Plan 2024/2025 - 20 February 2024

List of Background Papers

None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Email: marie.moy@southlanarkshire.gov.uk

Audit Assignment	Outline Scope	Expected Days	Current Status (Including Days Spent)	Completion Date
Consultation	Review of the IJB's approach to consultation to assess: <ul style="list-style-type: none"> ▪ the adequacy of stakeholder access ▪ that the process operates as expected ▪ that there is evidence of consideration of the responses in decision-making 	20	Due to start Quarter 1 2024/2025.	30 September 2024
Performance Measures	Review the revised approach to performance monitoring and reporting to assess how it aids good governance, drives improvement in performance and supports decision-making.	20	Due to start Quarter 2 2024/2025.	31 December 2024
Follow Up Lead Partner: Yvonne Douglas SLC Internal Audit Team	Follow up actions arising from audits undertaken in previous years and assess the extent to which actions have been fully implemented and issues addressed.	5	An interim update on the follow up of actions arising from previous years is included as a separate item on this meeting's agenda.	31 March 2025

**South Lanarkshire IJB
Internal Audit Plan 2024/2025 Progress Report**

Appendix (Cont.)

Audit Assignment	Outline Scope	Expected Days	Current Status (Including Days Spent)	Completion Date
<p>Internal Audit Annual Report</p> <p>Lead Partner: Yvonne Douglas SLC Internal Audit Team</p>	<p>Annual Report containing the Annual Internal Audit Opinion on the assurance and review of the IJB's self-assessment of governance and systems for preparing the 2024/2025 Annual Governance Statement.</p>	<p>7</p>	<p>Not due until post financial year-end.</p>	<p>30 June 2025</p>
<p>Internal Audit Management</p> <p>Lead Partner: Yvonne Douglas and Jocelyn Lyall</p>	<p>Review and update of Internal Audit Plan 2024/2025.</p> <p>Preparation of Internal Audit Plan 2025/2026.</p> <p>Liaison with senior management and the External Auditor.</p> <p>Attendance at the PASC and/or IJB (as appropriate).</p>	<p>8</p>	<p>Ongoing.</p>	<p>31 March 2025</p>
<p>Total</p>	<p>60</p>			

Report

Report to:	South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee
Date of Meeting:	28 May 2024
Report by:	Director Health and Social Care

Subject:	Internal Audit Plan 2023/2024: Performance Monitoring Assignment
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1. Purpose of Report

1.1. The purpose of the report is to:

- ◆ provide an update on the completion of the Performance Monitoring Assignment which was included in the 2023/2024 Internal Audit Plan

2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendation(s):

- (1) that the content of the report be noted.

3. Background

3.1. The Integration Joint Board (IJB) approved the 2023/2024 Internal Audit Plan on 21 February 2023. A total of 60 days were committed to undertake the IJB Internal Audit Plan which focused on the review of the adequacy and effectiveness of arrangements around the IJB's ongoing emergency response to the Covid-19 pandemic, to assess the adequacy and effectiveness of performance monitoring arrangements, and to conclude the fourth phase of work to support the value for money exercise on equipment and adaptations.

3.2. The audit of operational activities in 2023/2024 has been undertaken under the auspices of the partner bodies. The IJB is asked to note that the outcomes of these operational audits are reported to the partner body Audit Committees and discussed with the IJB Chief Officer and IJB Chief Financial Officer. The assurances gained will be provided to the IJB as part of the overall assurances received from the partner body Audit Committees.

3.3. This report covers output from the 2023/2024 audit of Performance Monitoring. The findings from this 2023/2024 audit work will be considered in defining the scope of the 2024/2025 audit of Performance Measures, which will review the revised approach to performance monitoring and assess how it aids good governance, drives improvement in performance and supports decision-making.

4. Performance Monitoring Assignment: Audit Output

- 4.1. The internal audit of the Strategic Commissioning Plan 2022-25 (SCP), finalised on 3 August 2022, provided substantial assurance on the development and content of the SCP and made recommendations on monitoring and delivery of key elements. Internal Audit validated the evidence supplied by responsible officers for actions reported as complete.
- 4.2. On 28 June 2022, the IJB approved a report on Performance Monitoring which highlighted the effect of Covid-19 safety restrictions on performance, set out new trajectories for 2022/2023 and outlined work to update performance metrics and reporting on the delivery of the SCP. The Covid legacy and the impact on activity levels continues to be acknowledged in performance and financial monitoring reports.
- 4.3. The Audit Scotland South Lanarkshire IJB Annual Audit Report for 2022/2023 highlighted the opportunity for the IJB to clearly define its target performance outcomes and monitor progress against these. On 28 September 2023, the PASC agreed that additional measures would be reported, with an initial focus on the top four priorities from the SCP. This new report format was approved by the IJB on 12 December 2023.
- 4.4. Delivering the priorities within the SCP contributes towards the delivery of the nine National Health and Wellbeing Outcomes.
- 4.5. Internal Audit concluded that appropriate action has been taken to address the external audit recommendation. Further enhancement of the regular Performance Monitoring reports is planned and we recommend that a mapping exercise is carried out to provide assurance that the locally reported performance monitoring information maps to the required national indicators. Internal Audit will review this further in the 2024/2025 audit. The expectation is that External Audit colleagues will also review action taken to address this recommendation as part of the 2023/2024 audit.
- 4.6. Internal Audit also concluded that performance reports are transparent and in line with best practice as recommended by the Blueprint for Good Governance in NHS Scotland (2nd edition). Performance monitoring reports and annual performance reports present data in a clear, consistent and effective way to ensure that IJB Members are fully briefed on the significance of performance outcomes and that they also receive the level of assurance required.
- 4.7. Internal Audit confirmed that the 2022/2023 Annual Performance report included reporting on the nine National Indicators and the MSG indicators.
- 4.8. Internal Audit noted good practice in the content of the Performance Monitoring reports including:
 - The use of charts and tables
 - Inclusion of actual numbers as well as percentages
 - The use of line charts to measure change or performance over time
 - Inclusion of realistic completion dates for key deliverables
 - Explanation of key issues and developments

4. Performance Monitoring Assignment: Audit Output (Cont.)

4.9. In line with good practice, Internal Audit have suggested further future considerations including:

- overt linkage between performance and the impact on strategic risks
- limiting the volume of information in key messages and issues and further use of tables as an alternative to narrative
- use of control charts to show if variation is within normal limits
- further use of RAG status to describe the position at a point in time
- benchmarking
- use of visualisations and review of the scale of graphs to enhance user friendliness

4.10. As performance reporting continues to be enhanced, Internal Audit would refer to the previous recommendation that there may be some benefit in considering Committee Assurance Principles in particular ongoing and regular dialogue with IJB Members to ensure the performance monitoring reports continue to provide all required information would be beneficial.

4.11. The PASC is asked to note the completion of the Performance Monitoring Assignment and the outcome of the internal audit.

5. Employee Implications

5.1. There are no employee implications associated with this report.

6. Financial Implications

6.1. There are no financial implications associated with this report.

7. Climate Change, Sustainability and Environmental Implications

7.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

7.2. There are no sustainable development issues associated with this report.

8. Other Implications

8.1. There continues to be ongoing significant financial, demand and capacity challenges on the health and social care system. The risk environment is still volatile and the Internal Audit Plan was re-evaluated during the year to ensure that any significant changes to the organisation's risk profile was reflected in the Internal Audit Plan. No changes were required.

8.2. The outcome of the internal audits undertaken in 2023/2024 have contributed to the mitigation of the following risks within the IJB Risk Register:

- Financial Sustainability (Very High)
- Workforce availability and capacity (Very High)
- Failure to meet public protection and legislative requirements (High)
- Performance reporting does not capture performance across the whole health and social care system (Medium)

8.3. Follow-up of internal audit recommendations mitigates against the risk of control weaknesses remaining because appropriate action has not been taken to address internal audit recommendations.

8. Other Implications (Cont.)

- 8.4. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022- 2025, notably the following outcome:
- Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).
- 8.5. Good governance enables the IJB to pursue its vision effectively. In order to respond to the ongoing significant demand and capacity challenges on the health and social care system, there has been a continuing requirement to reprioritise Internal Audit, SMT and financial staff resources as appropriate. This has not impacted on the delivery of the 2023/2024 Internal Audit Plan.
- 8.6. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 9.2. Consultation was undertaken with both the Director of Finance, NHS Lanarkshire, and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council, in terms of the information contained in this report.

Professor Soumen Sengupta
Director, Health and Social Care

7 May 2024

Previous References

- ◆ Internal Audit Plan 2023/2024
South Lanarkshire Integration Joint Board PASC 21 February 2023
- ◆ Progress Report on Agreed Actions
South Lanarkshire Integration Joint Board PASC 30 May 2023
- ◆ Progress Report on Internal Audit Plan 2023/2024 and Actions Agreed
South Lanarkshire Integration Joint Board PASC 21 November 2023
- ◆ Progress Report on Internal Audit Plan 2023/2024
South Lanarkshire Integration Joint Board PASC 20 February 2024
- ◆ Progress Report on Agreed Actions
South Lanarkshire Integration Joint Board PASC 20 February 2024

List of Background Papers

None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:

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Report

Report to:	South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee
Date of Meeting:	28 May 2024
Report by:	Director, Health and Social Care

Subject:	Internal Audit Plan 2023/2024: Value for Money Assignment
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise that the Value for Money assignment in respect of equipment and adaptations has now been completed
- ◆ note the outcome from this exercise which was included in the 2023/2024 Internal Audit Plan

2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendation(s):-

- (1) that the content of the report be noted.

3. Background

3.1. The Integration Joint Board (IJB) approved the 2023/2024 Internal Audit Plan on 21 February 2023. A total of 60 days were committed to undertake the IJB Internal Audit Plan which focused on the review of the adequacy and effectiveness of arrangements around the IJB's ongoing emergency response to the Covid-19 pandemic, to assess the adequacy and effectiveness of performance monitoring arrangements and to conclude the fourth phase of work to support the value for money exercise on equipment and adaptations.

3.2. The audit of operational activities in 2023/2024 has been undertaken under the auspices of the partner bodies. The IJB is asked to note that the outcomes of these operational audits are reported to the partner body Audit Committees and discussed with the IJB Chief Officer and IJB Chief Financial Officer. The assurances gained will be provided to the IJB as part of the overall assurances received from the partner body Audit Committees. This report covers output from the fourth and final phase of the value for money exercise on equipment and adaptations.

4. Value for Money Assignment: Audit Output

4.1. Data analytical work has been included in IJB audit plans since 2019/2020 when there was an initial commitment to undertake a comprehensive review of the service delivery arrangements around equipment and adaptations given that the IJB's partners both had separate provisions in place. South Lanarkshire Council use Equipu to provide and maintain equipment and adaptations for assessed users. NHS Lanarkshire, in turn, use a Joint Store operated by North Lanarkshire Council to provide a similar service to NHS-referred patients.

4. Value for Money Assignment: Audit Output (Cont.)

- 4.2. To support this review at its outset, the Internal Audit function within South Lanarkshire Council, was asked to extract data from Equipu, using management information that was readily available to present a clear analysis of spend across equipment categories. The intention was that this analysis would also provide a greater understanding of the associated overhead costs attached to the existing partnership arrangement with Equipu and of the repair and maintenance costs that are incurred when more complex items of equipment and adaptation are provided.
- 4.3. To ensure completeness, a full data extract of spend was also taken from the Council's financial ledger that was then reconciled to provide, broadly, a twelve-month period of activity (from 6 January 2019 to 21 December 2019). Extracts from Equipu informed a more detailed analysis as to the volume and nature of spend per item category.
- 4.4. Using this data, a Business Case was prepared in March 2020 that set out spend across equipment and adaptation headings. Forecast twelve-month activity was provided along with unit prices setting out a clear analysis of the cost of the current equipment and adaptations policy and of the service delivery model that was used by South Lanarkshire Council to meet service users' needs. These comparable figures also provided a baseline point for alternative service options to be evaluated. At this stage, the project was paused, as it coincided with the start of the Covid-19 pandemic that required an immediate re-prioritisation of resources both during this period, and into the post-pandemic recovery phase. In subsequent years, time has continued to be allocated within the IJB's Internal Audit Plan to allow data to be refreshed and a return to this review at an appropriate juncture.
- 4.5. Recognising that the original drivers for the review remained, namely, assurance that the existing partnership arrangements for equipment and adaptations delivered not only an effective service but that these also represented value for money and were financially sustainable, in 2023/2024, there was a re-focus of efforts to conclude work. Alongside this, there was a growing understanding around the viability of initial, identified options and the complex issues that may act as barriers to implementation.
- 4.6. Data, in a more summarised format, was once again provided in November 2023 and a meeting convened in April 2024 to review information that was available and had been provided to the Project Lead to date.
- 4.7. The outcome from the equipment and adaptations value for money exercise is summarised as follows:-
 - ◆ The base data was provided. The partner has advised that a refreshed 'prioritised risk and needs assessment'¹ approach has been implemented and financial efficiencies are being secured.
 - ◆ Alternative service delivery models were considered. The existing arrangement across Equipu and the Joint Store will be maintained and further efficiencies through maximizing the use of re-cycled provision will continue to be targeted.
- 4.8. The PASC is asked to note the outcome from this assignment. The data analytical work from this value for money exercise has now concluded.

¹ An audit assignment to review the new prioritised risks and needs assessment approach has been included in South Lanarkshire Council's 2024/2025 Internal Audit Plan.

5. Employee Implications

5.1. There are no employee implications associated with this report.

6. Financial Implications

6.1. There are no financial implications associated with this report.

7. Climate Change, Sustainability and Environmental Implications

7.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

7.2. There are no sustainable development issues associated with this report.

8. Other Implications

8.1. There continues to be ongoing significant financial, demand and capacity challenges on the health and social care system. The risk environment is still volatile and the Internal Audit Plan was re-evaluated during the year to ensure that any significant changes to the organisation's risk profile was reflected in the Internal Audit Plan. No changes were required.

8.2. The outcome of the internal audits undertaken in 2023/2024 have contributed to the mitigation of the following risks within the IJB Risk Register:

- ◆ Financial Sustainability (Very High)
- ◆ Workforce availability and capacity (Very High)
- ◆ Failure to meet public protection and legislative requirements (High)
- ◆ Performance Reporting (High)

8.3. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:

- ◆ Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

8.4. Good governance enables the IJB to pursue its vision effectively. In order to respond to the ongoing significant demand and capacity challenges on the health and social care system, there has been a continuing requirement to reprioritise Internal Audit, SMT and financial staff resources as appropriate. This has not impacted on the delivery of the 2023/2024 Internal Audit Plan.

8.5. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2. Consultation was undertaken with both the Director of Finance, NHS Lanarkshire and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council in terms of the information contained in this report.

Professor Soumen Sengupta
Director, Health and Social Care

7 May 2024

Previous References

- ◆ Internal Audit Plan 2023/2024
South Lanarkshire Integration Joint Board PASC 21 February 2023
- ◆ Progress Report on Agreed Actions
South Lanarkshire Integration Joint Board PASC 30 May 2023
- ◆ Progress Report on Internal Audit Plan 2023/2024 and Actions Agreed
South Lanarkshire Integration Joint Board PASC 21 November 2023
- ◆ Progress Report on Internal Audit Plan 2023/2024
South Lanarkshire Integration Joint Board PASC 20 February 2024
- ◆ Progress Report on Agreed Actions
South Lanarkshire Integration Joint Board PASC 20 February 2024

List of Background Papers

None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Report

Report to:	South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee
Date of Meeting:	28 May 2024
Report by:	Director, Health and Social Care

Subject:	Internal Audit Annual Assurance Report 2023/2024
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ report on the provision of internal audit services to the South Lanarkshire Integration Joint Board (IJB) in 2023/2024
- ◆ provide an independent internal audit opinion on the adequacy and effectiveness of the IJB's framework of governance, risk management and control arrangements for the year ended 31 March 2024

2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendations:-

- (1) that the content of the Internal Audit Annual Assurance Report 2023/2024 is approved; and
- (2) that the opinion expressed within this report informs the IJB Annual Governance Statement 2023/2024.

3. Background

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to comply with the accounts and audit regulations and legislation under section 106 of the Local Government (Scotland) Act 1973.

3.2. The Integrated Resources Advisory Group guidance sets out that IJBs should make appropriate and proportionate arrangements for audit provision, including arrangements to review risk management, governance and control of delegated resources. Within the IJB, the Chief Officer was mandated to establish internal audit arrangements as part of the framework to manage the key strategic risks that could impact on the achievement of the IJB's objectives.

3.3. A professional and objective joint internal audit service has been established in accordance with recognised internal audit standards and practices as laid out in the revised Public Sector Internal Audit Standards (PSIAS), in order to comply with article 7 of the Local Authority Accounts (Scotland) Regulations 2014.

3. Background (Cont.)

3.4. A joint approach utilising the internal audit functions of South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL) was approved by the IJB on 13 September 2016. The Internal Audit Plan 2023/2024 was agreed by the IJB PASC on 21 February 2023.

3.5. NHSL Internal Auditors continue to have responsibility for undertaking audit assignments in relation to operational matters across in-scope NHSL services, with responsibility for operational matters across social work and in-scope housing services allocated to SLC Internal Auditors. Joint working arrangements are expected in respect of 'IJB only' and any cross-cutting audits.

3.6. The External Audit review of Internal Audit is included within their Annual Audit Plan 2023/2024 which was presented to the PASC on 20 February 2024. It stated:

'South Lanarkshire IJB's internal audit function is provided jointly by the internal audit teams of NHS Lanarkshire and South Lanarkshire Council.'

'While we are not planning to place formal reliance on the work of internal audit in 2023/24, we may consider aspects of internal audit's work in respect of our wider audit dimension responsibilities.'

3.7. A review of the internal audit service was undertaken in 2021/2022 and resulted in a commitment by SLC and NHSL to continue with the joint delivery arrangement. This agreement was subsequently extended to cover the 2024/2025 financial year and will now be re-visited in the current year. The outcome of the exercise will be reported to the PASC.

3.8. The objective of internal audit is to evaluate and improve the effectiveness of governance, risk management and control processes. The purpose of this report is to provide an independent audit opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control arrangements based on audit work undertaken in 2023/2024.

4. IJB Objectives

4.1. The partnership's vision is to work together to improve health and well-being in the community – with the community. The internal audit service seeks to support this objective through the delivery of a risk-based plan of internal audit work each year.

5. Internal Audit Workload 2023/2024

5.1. The Internal Audit Plan 2023/2024 is attached at appendix 1. The current status of each assignment is attached at appendix 2. Audit work is undertaken in conformance with Public Sector Internal Audit Standards (PSIAS). PSIAS require an internal audit function to demonstrate engagement with clients to ensure the Internal Audit Plan is agreed at the outset of the year and continues to address known and emerging risks. To satisfy this requirement, meetings are periodically convened with the Chief Financial Officer (CFO) during the year and relevant parties dependent on the content of the Internal Audit Plan.

5.2. A summary of the findings for each audit assignment, together with the actions that have been agreed, are outlined at section 6 of this report. The performance indicators for both internal audit functions are monitored within the respective partner organisations to ensure key performance targets are met across their respective programmes of internal audit work each year.

6. Basis of Audit Opinion

6.1. The overall Internal Audit Opinion for the year, which is confirmed within this report at paragraph 8.3, has been primarily based on:-

- the output from a programme of audits included within the IJB Internal Audit Plan 2023/2024 at sections 6.3, 6.4 and 6.5
- the outputs from audits on shared systems within SLC which is highlighted at section 6.6
- the output of the NHSL Internal Control Evaluation report 2023/2024
- progress with the delivery of audit actions in 2023/2024 which is set out at 7.2 and in appendices 3 and 4

6.2. Reliance has also been placed on the audit opinion expressed by the IJB's External Auditors during 2022/2023. This is explored further at section 6.7.

6.3. Value for Money Audit (Equipment and Adaptations)

6.3.1. Work on Value for Money (Stores) started in 2019/2020 and has continued through to 2023/2024. Initially, the over-arching objective of this work was to support a Value for Money review of equipment store arrangements by providing data analysis on the spend on care equipment incurred by SLC with the Equipu store and provide comparable data analysis of the store used for similar purposes by NHSL in North Lanarkshire.

6.3.2 The outcome from the equipment and adaptations value for money exercise is included as a separate item on the agenda of this meeting of the PASC. In summary:

- The base data was provided. The partner has advised that a refreshed 'prioritised risk and needs assessment' approach has been implemented and financial efficiencies are being secured.
- Alternative service delivery models were considered. The existing arrangement across Equipu and the Joint Store will be maintained and further efficiencies through maximizing the use of re-cycled provision will continue to be targeted.

6.3.3. There is now a significant bank of data (from 2018/2019 to 2023/2024) which sets out spend in the pre, during and post Covid-19 pandemic periods and provides a detailed picture of service requirements. There remains a commitment to drive further efficiencies in this area.

6.4. Strategic Commissioning Plan (SCP)

6.4.1 The internal audit of the Strategic Commissioning Plan (SCP), which was finalised on 3 August 2022, provided substantial assurance on the development and content of the SCP and made recommendations on the monitoring and delivery of key elements. The report provided substantial assurance, albeit noting the following:

'Notwithstanding our very positive assessment of the SCP and the process through which it was produced, the environment in which the SLIJB operates is exceptionally complex and extremely challenging at present, a fact recognised within the SCP itself'.

The recommendations in respect of the monitoring and delivery of the key elements within the SCP were progressed.

6. Basis of Audit Opinion (Cont.)

6.5. Performance Management Audit

6.5.1 The Performance Management Audit fieldwork has concluded and the outcome is included as a separate item on the agenda of this meeting of the PASC. There are no significant audit findings in respect of the adequacy of performance monitoring to the IJB. The IJB receives regular reports on both performance monitoring and risk assessments. Management will continue to ensure relevant, reliable, sufficient and timeous data is provided on challenges, risks and responses. Targets will also continue to be adjusted as appropriate to reflect post-Covid realities and the SCP. To assist with the ongoing development of the performance management arrangements, good practice examples are being shared with the Project Lead.

6.6. Area of Assurance – Shared Systems

6.6.1. During 2023/2024, alongside the delivery of a specific internal audit service to the IJB, operational audits were also undertaken within the respective partner organisations. The IJB uses the partners' financial, IT and HR systems. The overall audit opinion for the year can also be informed by the assurances obtained from any system audits carried out by either internal audit functions on these shared systems.

6.6.2. The Internal Audit Annual Assurance report for SLC concluded that *'In 2023/2024, the Internal Audit Opinion is that, overall, reasonable assurance can be placed on the adequacy and effectiveness of the Council's framework of governance, risk management and control arrangements for the year ending 31 March 2024'*. Reliance has been placed on that source of assurance when forming the audit opinion stated at paragraph 8.3. During 2023/2024, this shared system's work related, in the main, to a continuing contribution to the significant project that has been ongoing to replace the core finance and HR system, used by SLC, with Oracle Fusion cloud. Internal Audit have continued to support the implementation of the new system which has a phased go live in 2024/2025. The new system will require changes to some of the financial, procurement and personnel processes currently in place and SLC's 2024/2025 Audit Plan retains a significant commitment to reviewing key internal controls in the early implementation phase.

6.6.3. The NHSL Internal Control Evaluation (ICE), issued on 27 February 2024, provided an overall positive conclusion, acknowledging the extremely difficult external environment and the significant challenges facing the NHSL Health Board. Internal audit focused on the areas of highest risk and did not repeat previous recommendations, except where the nature of the risk had changed significantly, for example, financial culture. The ICE report identified key themes and developments and made seven recommendations for improvement. Fieldwork on the 2023/2024 Annual Internal Audit Report for NHSL is ongoing and the final report will be presented to the NHSL Audit and Risk Committee on 2 June 2024. Reliance has therefore been placed on the positive assurance from the NHSL ICE when forming the audit opinion stated at paragraph 8.3.

6.6.4 No NHSL shared systems issues were identified during the year which would adversely impact on the IJB's Governance Statement.

6. Basis of Audit Opinion (Cont.)

6.7. Area of Assurance – External Audit

- 6.7.1. The IJB External Auditors issued an unqualified opinion in relation to the IJB's financial statements for the year ended 31 March 2023. Some interim audit testing has been undertaken for the financial year to 31 March 2024 with no significant areas of concern being identified.

7. Achievement of Agreed IJB Audit Actions 2023/2024

- 7.1. PSIAS places a responsibility for monitoring progress in respect of the delivery of audit actions with the Chief Internal Auditor to ensure that recommendations are effectively implemented.
- 7.2. There were three external audit actions that fell due in 2023/2024 with one opportunity for further improvement identified by the Senior Management Team. A summary of progress is attached at appendices 3 and 4. Good progress has been made with all four recommendations recorded as delivered in full.

8. Internal Audit Opinion

- 8.1. Internal control remains, primarily, a management responsibility to ensure that the partnership conducts its business in a manner that has due regard to the principles of good governance. The procuring of an internal audit service to test and report on control arrangements does not negate the importance of management continually monitoring the effectiveness of internal controls that are in operation. The internal audit service cannot be expected to give total assurance that control weaknesses or irregularities do not exist. The audit opinion is based upon the audit work undertaken during the year and knowledge of the partnership's wider governance, risk management and control arrangements.
- 8.2. All of the work undertaken by Internal Audit, including any shared system audits and the reports produced by External Audit, help to inform an opinion on whether the internal controls the partnership has in place are adequate.
- 8.3. The Internal Audit opinion is that, overall, reasonable assurance can be placed on the adequacy and effectiveness of the partnership's framework of governance, risk management and control arrangements for the year ending 31 March 2024.
- 8.4. The PASC is asked to note the above findings and consider this opinion in advance of the IJB approving the IJB Annual Governance Statement 2023/2024.

9. Employee implications

- 9.1. SLC and NHSL Internal Audit staff carried out the planned audit work. IJB representatives also contributed by providing documentation and information as requested.

10. Financial implications

- 10.1. There was no charge for the provision of internal audit work as joint working arrangements have been developed to deliver this service. Individual audits will consider financial sustainability and value for money.

11. Other implications

- 11.1. Internal Audit provides the PASC and IJB with independent assurance on the internal control, corporate governance and risk management processes for the IJB. The IJB's External Auditors, Audit Scotland, may consider the findings of Internal Audit in forming an opinion on the organisation as part of their annual external audit.

11. Other implications (Cont.)

- 11.2. Individual audits will consider risk, finance and sustainability.
- 11.3. There are no additional risks associated with this report. The activity described within this report contributes to the mitigation of the following risks within the IJB Risk Register:
- Financial Sustainability (Very High)
 - Workforce availability and capacity (Very High)
 - Failure to meet public protection and legislative requirements (High)
 - Performance reporting does not capture performance across the whole health and social care system (Medium)
- 11.4. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The independent Internal Audit opinion on the adequacy and effectiveness of the IJB's framework of governance, risk management and control arrangements described within this report are material to the delivery of all of the strategic priorities within the IJB Strategic Commissioning Plan 2022-2025 and support the financial framework articulated within the Plan. The contents of this report are material to the delivery of the following outcome:
- Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).
- 11.5. Good governance enables the IJB to pursue its vision effectively. In order to respond to the ongoing significant demand and capacity challenges on the health and social care system, there has been a continuing requirement to reprioritise Internal Audit, SMT and financial staff resources as appropriate. This did not impact on the delivery of the Internal Audit Plan 2023/2024.
- 11.6. There are no other issues associated with this report.

12. Equality impact assessments and consultation arrangements

- 12.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no impact assessment is required.
- 12.2. Consultation is undertaken with the Chief Officer (Director, Health and Social Care) and the CFO in the preparation of the Audit Plan and in any amendments to the Plan throughout the year.

Professor Soumen Sengupta
Director, Health and Social Care

7 May 2024

Previous References

- ◆ Internal Audit Annual Assurance Report 2022/2023 30 May 2023

List of Background Papers

- Internal Audit Plan 2023/2024

21 February 2023

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Audit assignment	Outline Scope	Expected Days
Performance Monitoring Arrangements	Assess the adequacy and effectiveness of the performance monitoring arrangements to ensure our performance frameworks are reflecting these new ways of working and provide sufficient assurance to the IJB that we are continuing to improve performance. This will include an assessment of the enabling work detailed in the SCP 2022-2025 and the transformational change requirements to maintain and improve performance outcomes.	10
Response to Covid-19 Pandemic	Progress the Internal Audit of the adequacy and effectiveness of the arrangements around the IJB's ongoing emergency response to the Covid-19 pandemic, the recovery and remobilisation of health and social care services and the adequacy of the performance monitoring arrangements. This will include lessons learned and a review of the implementation of the Change Fund to achieve financial and operational sustainability in the medium term.	10
Value For Money Audits	In order to progress the fourth phase of the Value for Money audit of Equipment and Adaptations, Internal Audit time is required to conclude the analysis of the data for the financial year from 1 April 2022 to 31 March 2023. Subject to continuing engagement with partners, the financial evaluation of the range of service delivery options will also be considered. It will also include continuing to use data analytical tools to contribute to the decision-making process and to strengthen the management information framework across the partnership, highlighting variations and providing benchmarking with similar partnerships to identify good practice.	20
Follow Up	Follow up actions arising from audits undertaken in previous years and assess the extent to which actions have been fully implemented and issues addressed.	5
Internal Audit Annual Report	Annual Report containing the Annual Internal Audit Opinion on the assurance and review of the IJB's self-assessment of governance and systems for preparing the 2023/2024 Annual Governance Statement.	7

Audit assignment	Outline Scope	Expected Days
Audit Management	Review and update of 2023/2024 Audit Plan. Preparation of 2024/2025 Audit Plan and development of longer-term strategic Audit Plan. Liaison with Senior Management and the External Auditor. Attendance at Committees (as appropriate).	8
TOTAL DAYS		60

Internal Audit Assignments Status**Appendix 2**

Assignment Name	Status	Update Issued
Performance Monitoring Arrangements, including whether targets have been adjusted appropriately to reflect the Strategic Commissioning Plan 2022-2025 and post-Covid realities.	Complete	07/05/2024
Value For Money Audits	Complete	07/05/2024
Follow Up	Complete	07/05/2024
Internal Audit Annual Report	Complete	07/05/2024
Audit Management	Complete	31/03/2024

Ref	Finding	Recommendation	Management Response	Current Position
1	<p>The IJB financial plan and performance reports include considerable information including performance against service level spend, use of reserves, and key financial challenges faced. However, financial performance reports could be enhanced to provide greater clarity between expenditure incurred in the delivery of services against overall budget, including where reserves are being used to fund expenditure. This would provide greater consistency between the outturn position reported in budget monitoring reports with the outturn position within the annual accounts. Risk – There is a risk that there is not clear and transparent reporting.</p>	<p>The body should review financial monitoring reports to ensure there is clear alignment between total expenditure incurred and service / activity level spend through the accounts. This should include planned spend against reserves to ensure there is transparency over the outturn position.</p>	<p>Agreed</p> <p>The IJB financial monitoring reports for the current financial year 2023/2024 have been improved to ensure there is transparency in respect of the impact of reserves funding on the year-to-date position.</p> <p>Action will continue to be taken to develop the financial monitoring reports further to ensure there is alignment between total expenditure incurred and service / activity level spend through the accounts, including transparency over the outturn position.</p> <p>Responsible Officer Chief Financial Officer</p> <p>Timing March 2024</p>	<p>Completed</p> <p>In order to provide greater transparency of the core budgets and non-recurring reserves used to fund actual expenditure incurred in the delivery of services, a table was included in the reserves section of the financial monitoring reports 2023/2024 presented to the PASC and the IJB during 2023/2024.</p> <p>This additional information will continue to be included in future IJB financial monitoring reports to maintain greater consistency and transparency between the financial outturn position reported in financial monitoring reports with the outturn position reported in the annual accounts.</p>

Ref	Finding	Recommendation	Management Response	Current Position
2	<p>Cyber security assurances The IJB rely on the cyber security arrangements in place at the key strategic partners. While frontline service delivery is the responsibility of the health board and council, during 2022/23 there was no formal assurance around the adequacy or effectiveness of cyber security arrangements in place. Risk – There is a risk that the IJB does not have sufficient assurance over cyber security arrangements to prevent, detect and manage potential cyber-security threats.</p>	<p>There is an opportunity to enhance the assurances provided to the SLIJB in relation to cyber security risks and arrangements in place at the partner bodies in preventing potential threats to the IJB.</p>	<p>Agreed</p> <p>Formal assurances will be obtained from the health board and council partners in respect of the adequacy and effectiveness of the cyber security arrangements in place across the responsibilities delegated to the IJB.</p> <p>Responsible Officer Chief Financial Officer</p> <p>Timing March 2024</p>	<p>Completed</p> <p>The formal assurance arrangements are in place with the NHSL and SLC partners in respect of the adequacy and effectiveness of the cyber security arrangements across the responsibilities delegated to the IJB in 2023/2024.</p>

Ref	Finding	Recommendation	Management Response	Current Position
3	<p>Performance reports SLIJB's performance reports align to the MSG Performance measures and are supported with wider updates on performance. However, there is an opportunity for the SLIJB to continue to enhance its performance monitoring arrangements to clearly link the strategic priorities to target outcomes and reflect these through performance monitoring reports.</p> <p>Risk – There is a risk that the IJBs performance measures do not align to the organisation's strategic priorities to allow the Board to monitor performance and delivery of these.</p>	<p>The IJB should clearly define its target performance outcomes and monitor progress against these. Given the financial and operational pressures facing the IJB this will allow the organisation to clearly articulate its priorities and targeted outcomes and the extent to which these are achieved</p>	<p>Agreed</p> <p>Given the financial and operational pressures facing the IJB, the performance reports will be further defined to clearly articulate the agreed priorities and targeted outcomes and the extent to which these are achieved.</p> <p>Responsible Officer</p> <p>Head of Commissioning and Performance</p> <p>Timing</p> <p>March 2024</p>	<p>Completed</p> <p>The Performance Monitoring report presented to the PASC on 21 November 2023 had been updated to clearly articulate performance measures that reflect the agreed priorities and targeted outcomes and the extent to which these are achieved.</p> <p>In line with the previous agreement to focus on the top four Strategic Commissioning Plan (SCP) priorities, additional measures are therefore currently being reported which align to the following four priorities:</p> <ul style="list-style-type: none"> ▪ Improving unscheduled care and optimising intermediate care ▪ Greater emphasis on early intervention, prevention and inequalities ▪ Addressing mental health and addictions ▪ Supporting carers <p>This also aligns to how Locality Implementation Plans have been structured. Performance measures will be monitored and adapted to reflect any change in the top strategic priorities being focussed on.</p>

Ref.	Improvement Area Identified	Lead Officer	Timeline	Update
1	<p>The financial framework will continue to be developed during 2023/2024 in consultation with both partners. This will include a review of the IJB financial monitoring reports and the alignment of resources to partner directions and locality needs in line with the SCP and the outcome of the Sustainability and Value Programme. The review of the IJB Chief Officer's Scheme of Delegation and the IJB Financial Regulations, as appropriate, will also be concluded during 2023/2024.</p>	Chief Financial Officer	March 2024	<p>Completed</p> <p>The IJB financial monitoring reports reflect the alignment of resources to the partner directions. This includes the locality needs in line with the SCP and the outcome of the Sustainability and Value Programme. Good practice will continue to be identified and adopted as appropriate.</p> <p>The revised IJB Scheme of Delegation was approved by the IJB on 12 December 2023. The revised Scheme of Delegation which outlines the specific powers delegated to the Chief Officer, the Chief Finance Officer and Chief Social Work Officer has been updated to reflect any statutory changes or updates to the Council and NHS Lanarkshire Scheme of Delegation since it was last approved by the Board.</p> <p>No revisions have been identified in respect of the IJB Financial Regulations. This will continue to be kept under review.</p>

Report

Report to:	South Lanarkshire Integration Joint Board Performance and Audit Sub Committee
Date of Meeting:	28 May 2024
Report by:	Director, Health and Social Care

Subject:	Performance Monitoring Report
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1. Purpose of Report

1.1. The purpose of the report is to: -

- ◆ present an update on performance to the Performance and Audit Sub Committee (PASC) which takes into account the recommendations within the 2022/23 Annual Audit Report from the external auditors - Audit Scotland
- ◆ update on performance using currently available data against this revised suite of measures

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s): -

- (1) that the revised performance report be noted; and
- (2) that the current performance trends and service pressures be noted.

3. Background

- 3.1. As part of good governance, accountability and visibility, performance reports are provided at all regular Sub Committee and IJB meetings. This report has evolved since the inception of integration arrangements in 2016. Reporting initially focused on the Ministerial Steering Group (MSG) targets) with regards to the unscheduled care pathway through A&E attendance, admissions, discharges and general balance of care between community and hospital/residential based care. These measures form part of the recognised national suite of integration measures and are reported annually through the IJB Annual Performance Report. These figures are also published quarterly by Scottish Government.
- 3.2. This report has evolved since the inception of integration arrangements in 2016. The current performance report reflects the various changes in reporting requests, including the recommendation from the 2022/23 External Audit Annual Report, additional measures aligned to the Strategic Commissioning Plan (SCP) priorities and most recently performance relating to public protection measures.

3.3. The IJB Internal Audit Plan for 2024/25 will include an audit of performance reporting that will consider a number of areas which will assess the adequacy of reporting in relation to the following areas:

- the adequacy of performance monitoring to the IJB to provide relevant, reliable and sufficient data and timeous information on challenges, risks and responses
- whether targets have been adjusted appropriately to reflect post-Covid realities and the Strategic Commissioning Plan 2022-2025
- whether performance reporting is used to update, and provide assurance on, the IJB Risk Register

Future IJB Performance and Risk reports will include further information on work being undertaken with regard to the above areas.

3.4. Whilst the SCP has 12 identified high level priorities, it was previously agreed that revisions to the performance report would focus on the top four priorities from the 12. As well as the MSG targets, this report adds reporting for a further priority on public protection measures and expands on existing sections as below.

- sustaining statutory social care and core health care functions
- improving unscheduled care and optimising intermediate care
- greater emphasis on early intervention, prevention and inequalities
- addressing mental health and addictions
- supporting carers.

4. Current Performance Trends

4.1. ***Sustaining statutory social care and core health care functions*** – under this section updates will be provided in relation to public protection.

A summary of performance is provided below, with more detailed analysis provided in Appendix 1:

Adult support and Protection

- Social Work staff lead on the Adult Support and Protection (ASP) agenda and work collaboratively with a wide range of multi-agency partners to protect and reduce the risk of harm to adults. ASP activity is one of the areas of highest and consistent demand for the workforce, with a rise of 96% in the number of Adult Support and Protection Inquiries undertaken since 2018/19.
- Council officers and other professionals prioritise immediate action on receipt of an ASP referral to ensure the adult is safe from harm whilst inquiries are ongoing. The timescale for completion of an inquiry is usually within 5 working days of receipt of referral. During the fourth quarter, 91% of inquiries were completed within timescale, against a 75% target.

Child Protection

- Whilst Social Work staff also lead on the Child Protection Agenda, this requires very close collaborative working with NHS employed staff and others multi-agency partners to reduce the risk of harm; uphold children's rights and to meet the child's needs.
- NHS employees (and other contractors working within the NHS) have a duty to take appropriate action when they are concerned that a child, or unborn child, is at risk of harm, abuse or neglect. There is no target measure assigned to this however any trends are monitored and identified for exploration.

- 4.2. **Unscheduled care** – under this priority the focus remains on the six MSG measures and supporting the work of Operation Flow and the development of Flow Navigation Centre+ Plus (FNC+Plus).

A summary of performance is as detailed below, with more detailed analysis provided within Appendices 2 & 3:

- As highlighted in the management information in Appendix 2, A&E attendances and admissions are lower than pre-pandemic levels. Delayed discharge performance for the period April – March 2023/2024 is also below (better than) target and pre-pandemic levels.
- South Lanarkshire was below (better) than the national average for the rate of patients in standard delay for the entire adult population and for those aged 75+ at December census (latest available published data).
- The work initially being undertaken as part of the 'Discharge Without Delay' programme has now been subsumed within Operation Flow. The latest firebreak took place in January and the April update on progress is available in Appendix 3.
- Further scrutiny of the 'Discharge without Delay' data shows that throughout April, more than 70% of patients aged 65+ had a Planned Date of Discharge (PDD) set. Planned social care assessment referrals dropped to 64% in March but this has increased to 86% in April.
- A description of the work associated with FNP+ plus is provided in Appendix 3.

- 4.3. **Greater Emphasis on Early intervention, Prevention and Inequalities** – under this priority, updates will be provided in relation to Home First, Telehealth/Telecare and Children's Health Services.

A summary is provided below with further information detailed in Appendix 4:

Home First

- The 'Care at Home' service has been augmented by the addition of four Home First teams based within each locality. The teams use a re-ablement approach, working with Allied Health Professional (AHP) colleagues to optimise independence of service users over a 6 week period and enable them to remain in their own homes, prevent hospital admission, or receive support immediately after discharge from hospital. During the fourth quarter of the year, those in receipt of Home First support required 44% less care at the end of their intervention. Performance has increased from 40% in quarter three and continues to exceed the 25% target.
- A new 'state-of-the-art' care facility, Blantyre LIFE, opened in March 2023 to provide service users with increased choice and support to help them live well in the community. Since June 2023, 148 people from across the council area have received support, including those leaving hospital, or in need of support in the community. Transitional care has been provided to people, focusing on short-term strength and asset-based support and rehabilitation to rebuild their confidence and regain skills to enable their return home. Previously, many of these people would have been unable to return to their own tenancy and ended up in a care home.

Telehealth/Telecare

- Lanarkshire's Technology Enabled Care (TEC) team continues to provide an integrated approach to sustaining people to live independently at home and within their community. Urgent requests from ICST ensure that standard telecare equipment is installed within 24 hours of being approved by TEC team and 32 (13%) of such telecare referrals during March 2024 supported people to return home from hospital or intermediate care.
- The Telehealth team will also play a key role in the development of approaches linked to FNP+ Plus to innovatively use new technology to allow more people to be managed in their own homes as opposed to having to rely on hospital based care.

Children's Nursing Services

- The Universal Health Visiting Pathway is fully implemented within South Lanarkshire and delivered by Health Visitors. Fundamental to the role is an emphasis on building relationships from pregnancy; promoting, supporting and safeguarding the wellbeing of children; and responding to vulnerable families.
- All children in Scotland are offered a series of child health reviews between birth and starting school as part of the nationally agreed child health programme. Reviews are provided by Health Visitors and include ongoing assessment of children's growth, health, development and wider family wellbeing. They offer an opportunity for provision of health promotion and parenting support whilst also identifying children and families who would benefit from additional ongoing services.
- Child health reviews can identify concerns with developmental delay, for example, language development and social development. This can be particularly prevalent at the 27-30 months' child health review and an increase in children with one or more concerns has a correlation with the recent Covid-19 pandemic.
- A current pilot sees the introduction of 'Early Years Workers' working alongside Health Visiting teams to offer additional targeted support. There has been an overall improvement of 72.2% in children who have received Early Years Workers' support where they have been identified as having one or more developmental concerns at the 27-30 months' child health review.
- Childhood immunisations are also delivered from within the Health Visiting teams. Declining immunisation rates have been observed both within South Lanarkshire and across Scotland. Performance is measured against an uptake target of 95% in the under one-year childhood population and under five-year childhood population.
- Benchmarking has been undertaken and illustrates the deteriorating uptake levels and work is ongoing to identify mechanisms to address same.
- 'Family Nurse Partnership' has been offered in South Lanarkshire since 2013. It is an early intervention (licensed) home visiting programme and is currently offered to young mothers and their families, aged 21 years and under, having their first baby. The programme begins in early pregnancy and is orientated to the future health and wellbeing of the child.
- NHS Lanarkshire received confirmation of baseline funding from April 2024, which may alter eligibility from under 21 to under 19 years first time mums.
- 'School Nursing' has been taking part in a five-year transformation programme associated with the refocussed School Nursing role. The team is now fully established and has completed workforce growth in line with Scottish Government allocation to support the refocussed role.
- This service offers targeted support to vulnerable children, young people and their families, including support for young carers, care experienced pathways and emotional health and wellbeing pathways.
- A dataset is under development, guided Nationally but developed locally.

4.4. **Mental Health and Addictions** – under this priority updates will be provided in relation to Adults with Incapacity (AWI) and progress with the Medication Assisted Treatment (MAT) Standards. Further detail is provided in Appendix 5:

Adults with Incapacity (AWI)

- The local authority has responsibility under the Adults with Incapacity (Scotland) Act 2000 to offer timely support and supervision to welfare guardians of adults who are unable to make welfare decisions or take particular actions for themselves. Performance remained on target during quarter four with a total of 553 visits due and 94% of local authority and 96% of external visits taking place within timescale, against a target of 90%.

MAT Standards

- Progress on the ten MAT standards is detailed in Appendix 5. Focus for 2024 was to ensure MAT standards 1 to 5 were implemented fully and embedded with the local service, this was achieved with all five reporting a green rating. MAT 6 to 10 achieved the full scoring that was available for 2024, with one green and four ambers. The focus will be to work with the appropriate teams to fully implement by 2025.

4.5. **Carers** – under this priority, updates are provided in relation to direct support to carers. Further detail is provided in Appendix 6:

- A range of carers' supports is commissioned by South Lanarkshire, with Lanarkshire Carers offering information, advice and direct support to adult and young carers. Lanarkshire Carers also has delegated responsibility to lead on the provision of Adult Carer Support Plans for those with low or moderate needs.
- Throughout January and February 2024, membership involvement, information, advice and support accessed through Lanarkshire Carers continued to increase. Hospital co-location is now re-established across all three NHS Lanarkshire sites with work ongoing to raise awareness and maximising use of referral routes and pathways for Lanarkshire Carers. Key figures for quarter four to date (noting these are subject to change as the full quarter report is prepared) include 219 new carers identified; 178 Adult Carer Support Plans progressed; 1,038 carers engaged and supported; and 6,787 South Lanarkshire carers known to Lanarkshire Carers, which is an increase of 265 carers from quarter three.

5. Best Practice Examples

5.1. In addition to the above performance information, staff and services within the HSCP continue to work extremely hard to deliver core services. This work is often recognised from an innovation and best practice perspective.

5.2. Hospital at Home (H@H) initially launched on 28 August 2023 in Clydesdale and is co-located within the locality. There have been learning and development opportunities for both H@H and Integrated Community Support Team (ICST) staff groups. The H@H service is supported by Clydesdale Care at Home (C@H) dedicated Acute Care Team (ACT). C@H ACT can support people under H@H clinical care to receive immediate personal and social care needs for an assigned period of up to 72 hours. Positive outcomes from the aligned H@H model are being realised and ongoing learning will be built into future models.

6. Employee Implications

6.1. There are no staff implications associated with this report.

7. Financial Implications

7.1. This report does not describe any new financial implications.

8. Climate Change, Sustainability and Environmental Implications

8.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

9. Other Implications

9.1. This report relates to all national outcomes. Effective performance monitoring will contribute to the achievement of the outcomes of the IJB Strategic Commissioning Plan 2022-2025.

9.2. There are no additional risks associated with this report at this stage. Effective performance monitoring contributes to the mitigation of the following risks within the IJB Risk Register most notably higher risk themes relating to:

- Financial sustainability (very high)
- Workforce availability and capacity (very high)
- Performance delivery (very high)
- Failure to meet public protection and legislative requirements (high).

9.3. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:
Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

9.4. There are no other issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements

10.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

10.2. There was no requirement to undertake any consultation in terms of the information contained in this report.

11. Directions

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

7 May 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
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 wellbeing	<input checked="" type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- None

List of Background Papers

- None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Craig Cunningham

Head of Commissioning and Performance

Email: craig.cunningham@lanarkshire.scot.nhs.uk

Appendix 1 – Adult & Child Support and Protection

Fig. 1.1 Adult Protection Inquiries - *unvalidated data and subject to change*

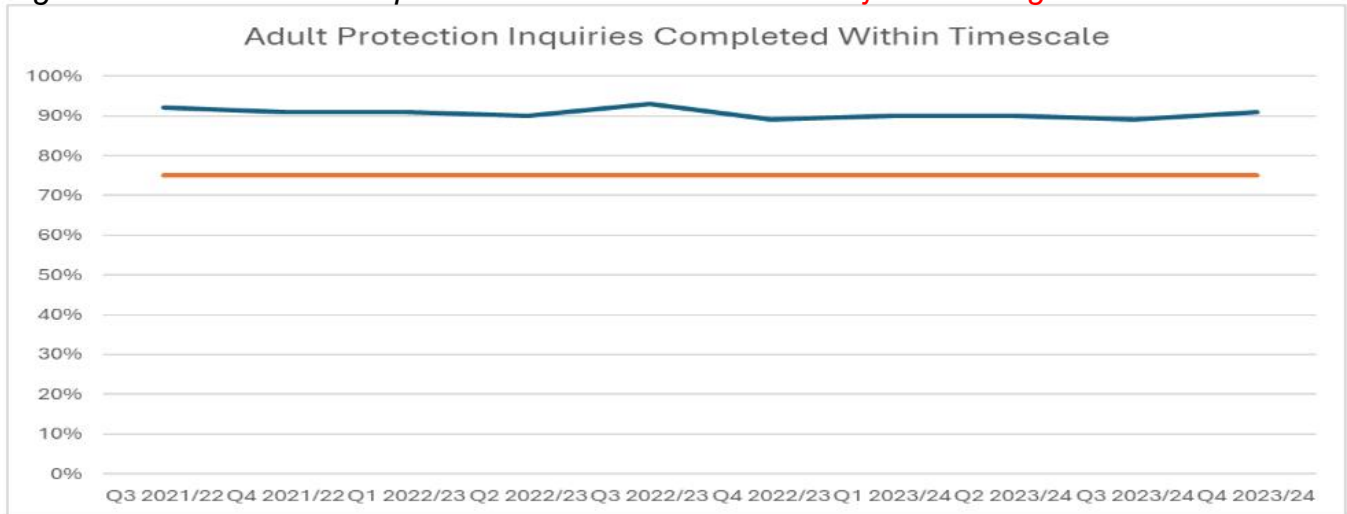


Fig. 1.2 Adult Protection Investigations - *unvalidated data and subject to change*

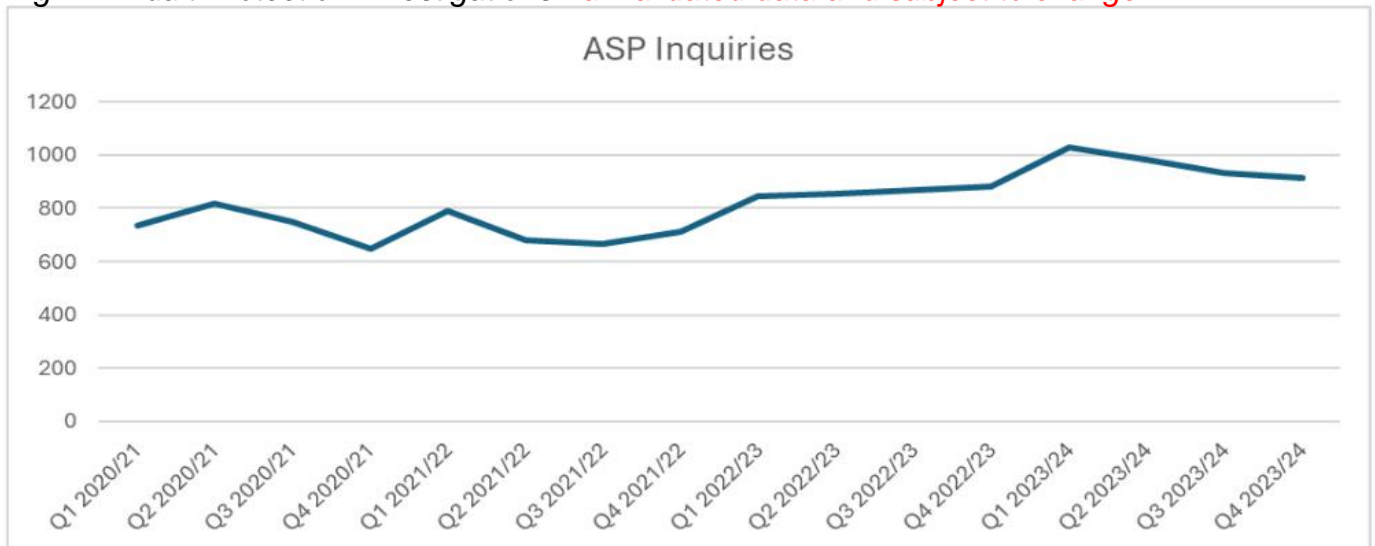
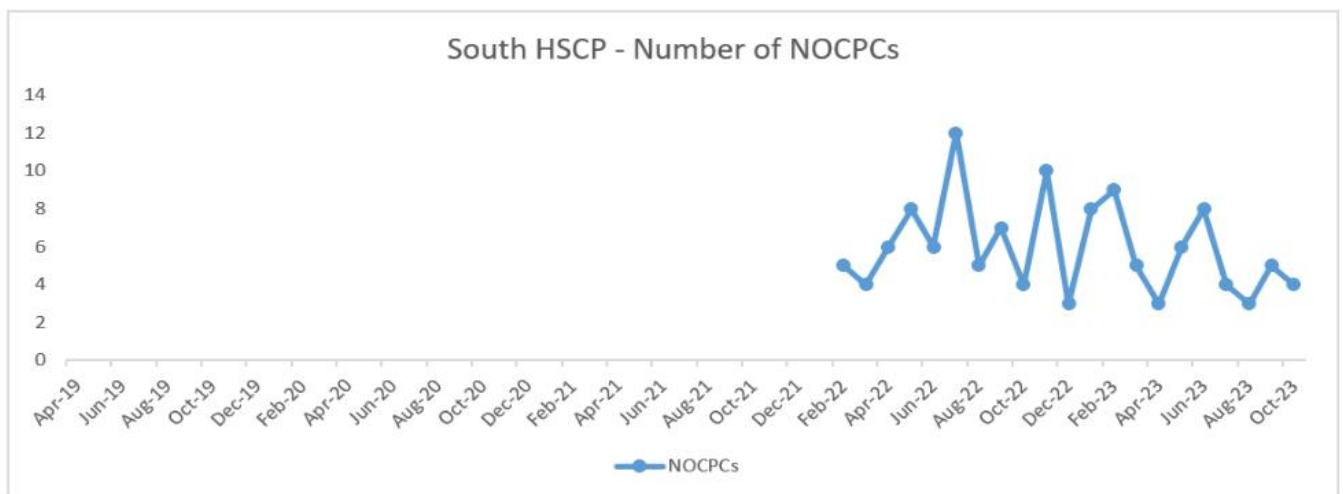


Fig. 1.3 Number of Notification of Child Protection concerns (NOCPs)



* data prior to February 22 not available due to changes in reporting systems

Fig. 1.4 Total number of Initial Referral Discussions (IRDs)

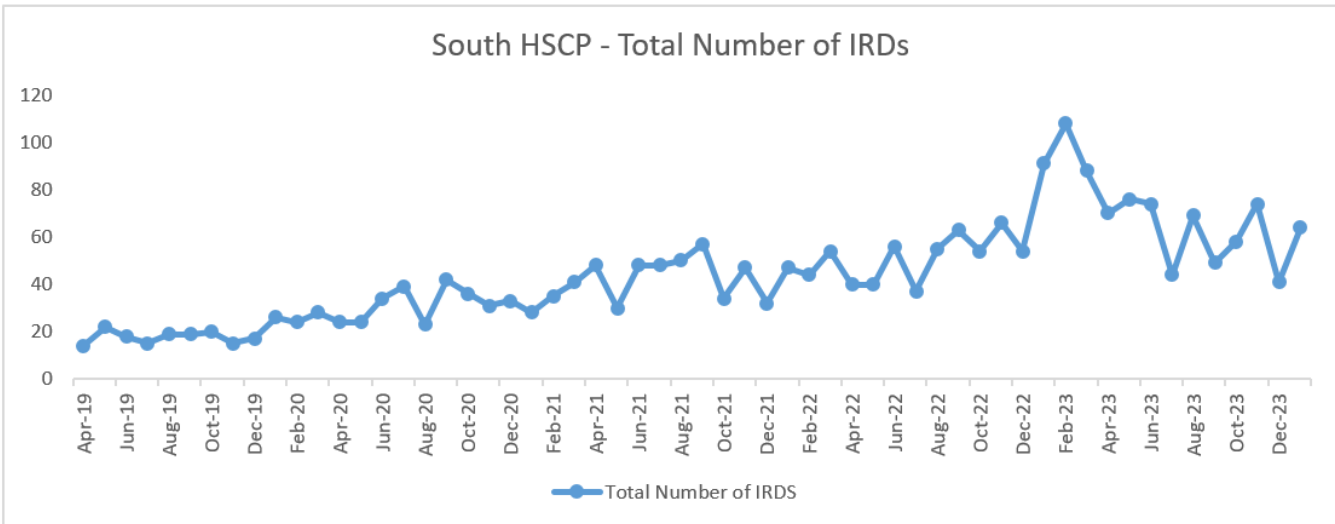
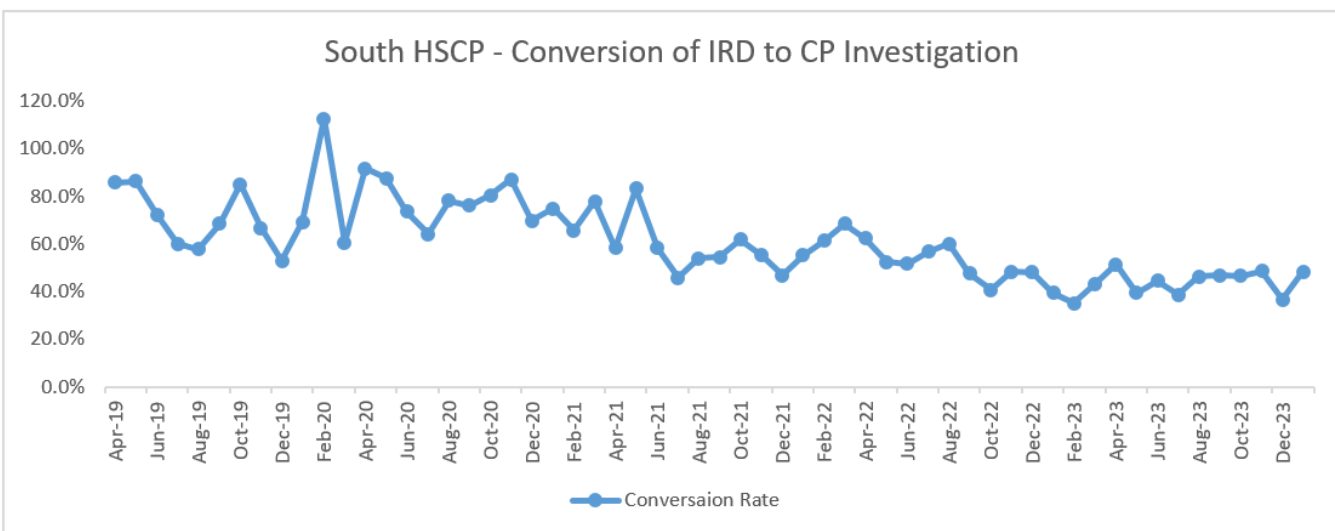


Fig. 1.5 Conversion of Initial Referral Discussion to Child Protection Investigation (CP)



Key Issues

There is unprecedented pressure on the capacity of the health and social care workforce nationally, with increasing challenges in the recruitment of staff, retention of the current workforce and maintaining the delivery of critical care. Demand for services has also increased in recent years, with the existing workforce prioritising services to meet public protection and other legislative duties. Adult Support and Protection (ASP) inquiries have risen by 96% from 1,968 to 3,862 in 2023/24.

Capacity across all social work services has been developed to ensure it meets statutory requirements, increased demand and changes in complexity of service users. Proposed changes to the staffing establishment were approved by Social Work Resources Committee on 28 June 2023 to ensure the provision of statutory duties including assessment and care management, public protection and mental health could be met.

Figures 1.1 and 1.2 show performance has remained positive for both ASP inquiries and investigations. During quarter four, 913 inquiries were completed, with 91% completed within timescale, whilst, 380 investigations were conducted, and 79% were completed within timescale; performance for both exceeded the 75% national target. The steady decline in the number of inquiries is welcomed, having been sharply rising since 2021 and peaking at 1,031 in quarter one this year. This recent reduction may be partly attributed to the wide range of partnership training provided by the Adult Protection Committee.

Figure 1.3 demonstrates the number of 'notification of child protection concerns' that have been

submitted to locality Social Work departments, where there are concerns of significant risk of harm to children. This is a total number of submissions, with no measure against this, only trends identifiable in any peaks in referrals.

Figure 1.4 illustrates the number of Inter-Agency Referral Discussions that have taken place, following submission of the notification of concern. Note the number is significantly higher than the figures illustrated in 1.3. This is due to multiple referral sources of notification of child protection concerns however does give a reflection of the child protection activity in relation to analysis of information and decision making.

Figure 1.5 illustrates the conversion of Inter-Agency Referral Discussion to Child Protection investigation.

The National Guidance for Child Protection in Scotland 2021 – updated 2023, guides the single agency and collective responsibilities to promote the rights, wellbeing and protection of children under the age of 18 years. Child protection processes should build on existing knowledge, strengths in planning and partnerships to reduce the risk of harm, uphold children's rights and to meet the child's needs.

An increase in Inter-Agency Referral Discussions can be indicative of the vulnerability that is currently present within local communities, particularly with the rising cost of living and impact of poverty on children and families.

Appendix 2 – Unscheduled Care Performance

Fig. 2.1 Year on year comparison (April to November, Delayed discharges April to March) *

	2022/23	2023/24	Increase/Decrease on 2022/23	% Change
A&E Attendances	71,084	71,553	469	0.66%
Emergency Admissions	24,414	24,391	-23	-0.09%
UC Bed days - Acute	173,183	159,975	-13,208	-7.63%
UC Bed days - Acute/GLS/MH	214,830	204,005	-10,825	-5.04%
Delayed Discharge Non-Code 9 bed days	35,887	33,263	-2,624	-7.31%

*It should be noted that data is unvalidated and subject to change for A&E attendances, emergency admissions and unscheduled care (UC) bed days. Emergency admissions and UC bed days will increase as episodes of care are completed.

Fig. 2.2 Performance against targets

2023/24	Target	Performance	Variance	% variance
A&E Attendances	76,639	71,553	-5,086	-6.64%
Emergency Admissions	27,247	24,391	-2,856	-10.48%
UC Bed days - Acute	156,245	159,975	3,730	2.39%
UC Bed days - Acute/GLS/MH	211,507	204,005	-7,502	-3.55%
Delayed Discharge standard bed days	33,801	33,263	-538	-1.59%

Fig. 2.3 A&E Attendances - *unvalidated data and subject to change*

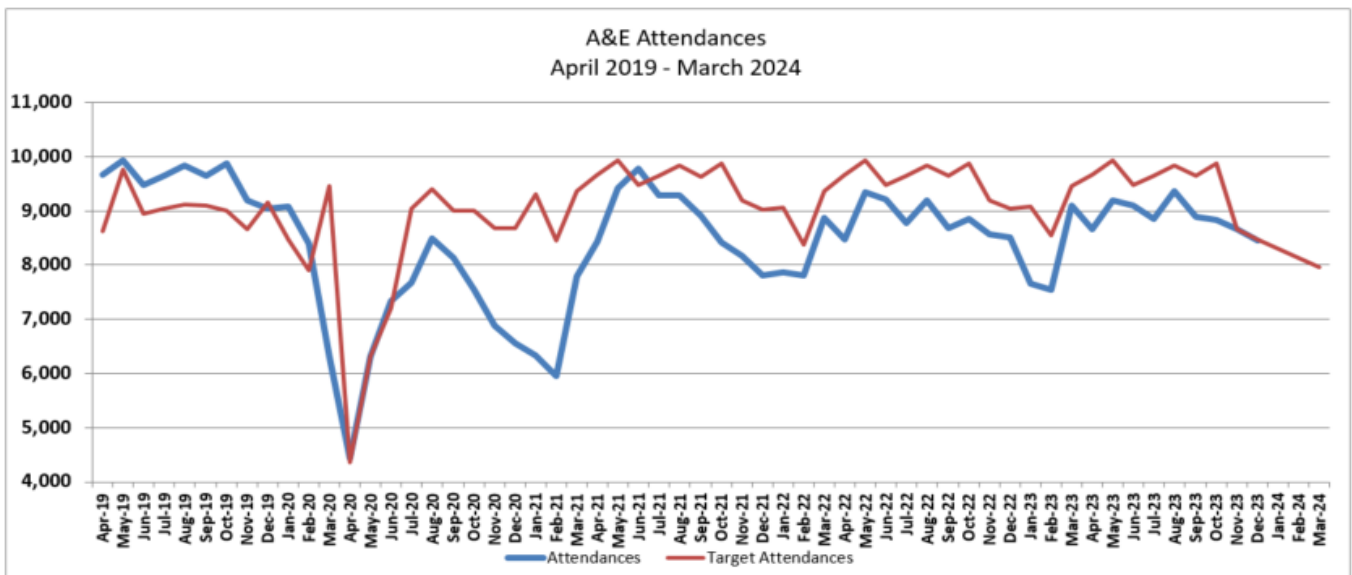


Fig. 2.4 Emergency Admissions - *unvalidated data and subject to change*

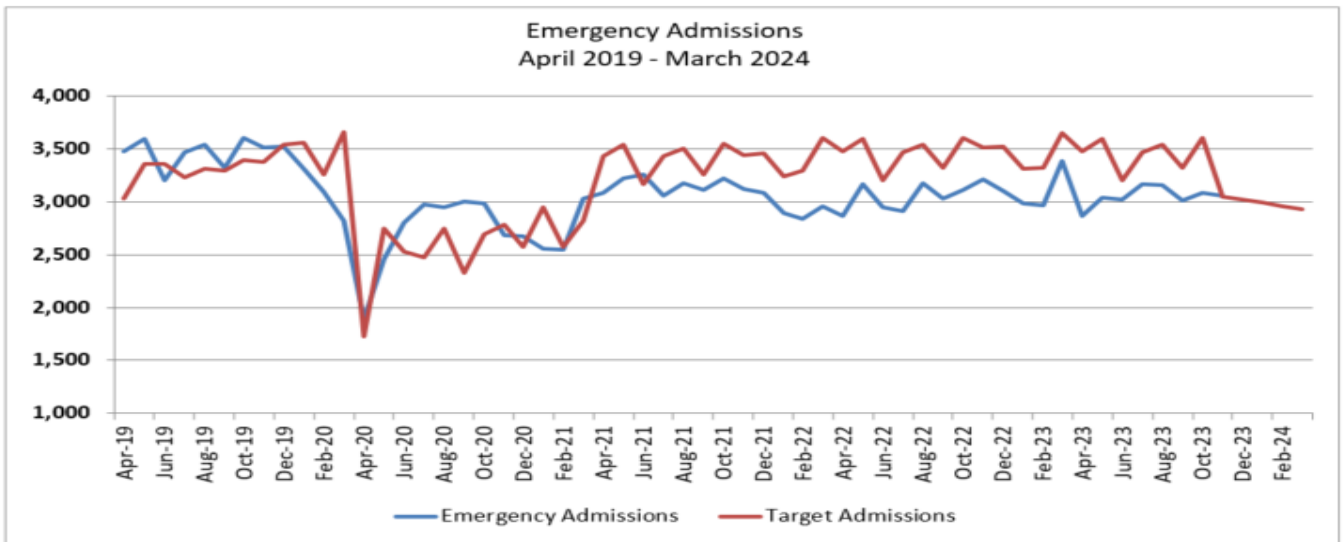


Fig. 2.5 UC bed days Acute - *unvalidated data and subject to change*

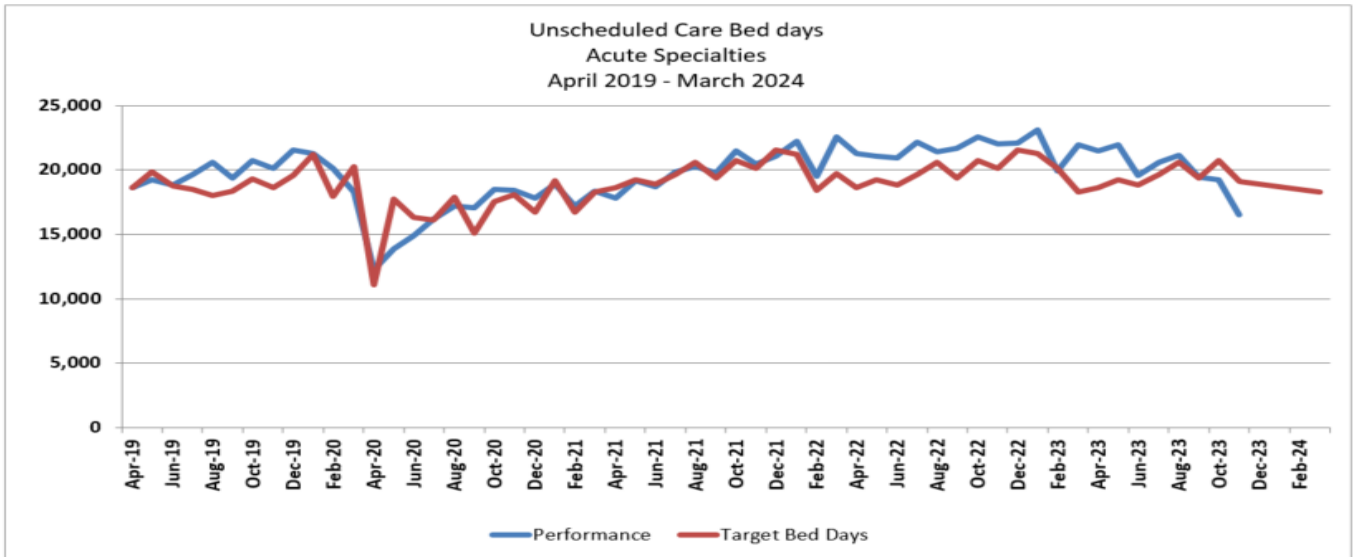


Fig. 2.6 UC bed days Acute, Geriatric Long Stay (GLS) & Mental Health (MH) - *unvalidated data*

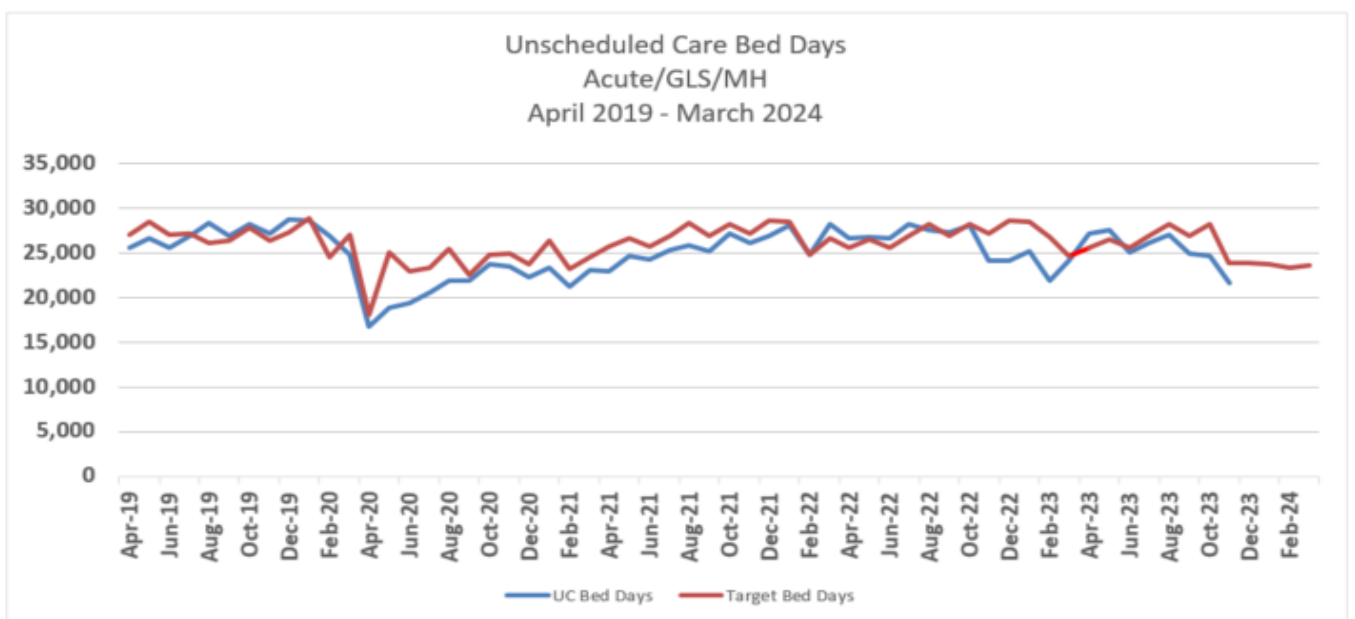


Fig. 2.7 Delayed discharge bed days- Standard Delays - validated data

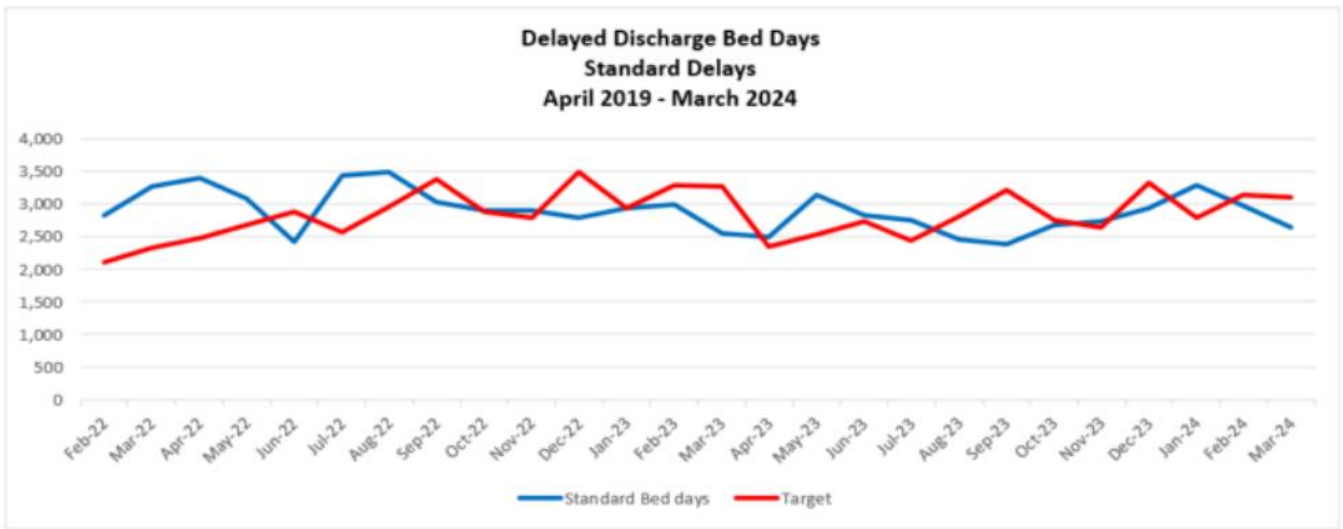


Fig. 2.8 National Benchmarking- Standard Delays, 18+ - validated data

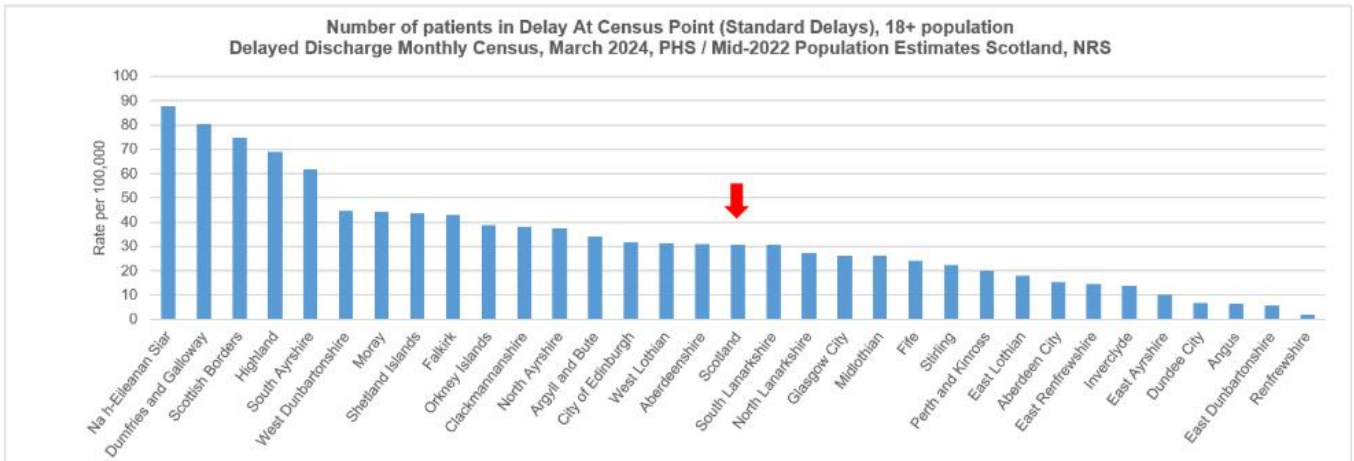


Fig. 2.9 National Benchmarking- Standard Delays, 75+ - validated data

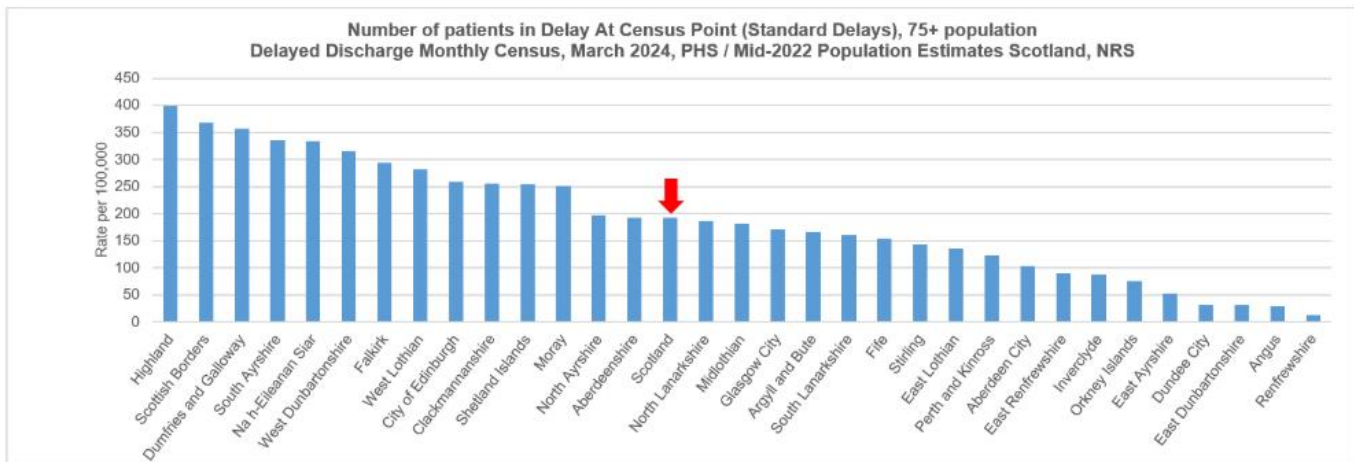


Fig. 2.10 Inpatient discharges - *unvalidated data and subject to change*

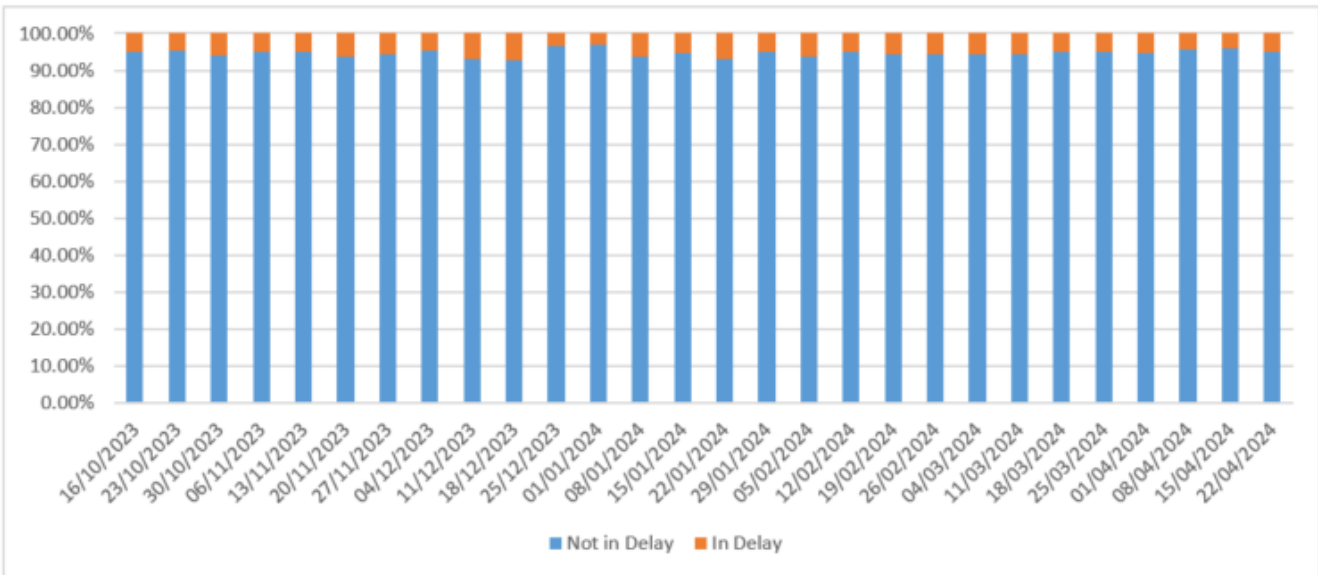


Fig. 2.11 Percentage of current inpatient, aged 65+, who have a PDD (planned date of discharge)- *unvalidated data and subject to change*

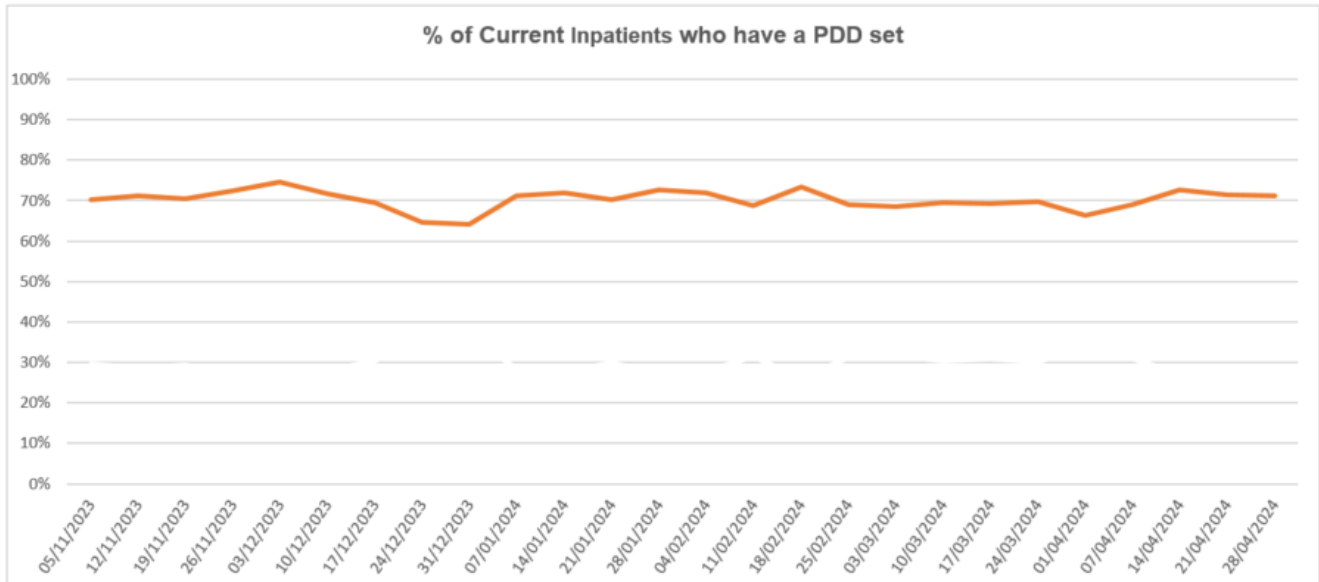


Fig. 2.12 Percentage of hospital social work (SW) which are unplanned - *unvalidated data and subject to change*

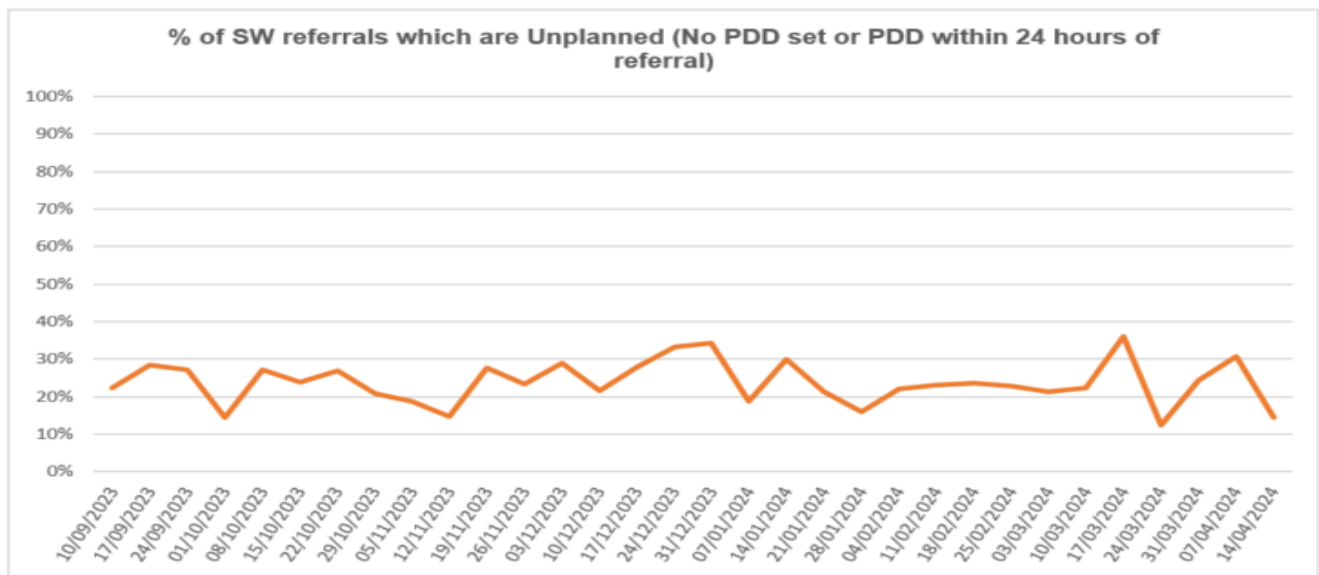


Fig. 2.13 Last six months of life by setting - *unvalidated data and subject to change*

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/20	2020/21	2021/22	2022/23P
Community	84.8%	85.2%	85.3%	87.2%	87.6%	88.5%	88.2%	90.8%	89.4%	88.8%
Community Target	84.2%	84.4%	84.9%	87.0%	86.6%	88.4%	87.1%	88.5%	88.5%	88.6%
Large Hospital	11.8%	12.1%	12.1%	10.7%	10.2%	9.9%	10.3%	8.1%	9.5%	10.0%
Large Hospital Target	12.4%	12.9%	12.4%	11.1%	10.7%	10.0%	10.0%	10.0%	9.3%	9.2%

Fig. 2.14 Balance of Care - *validated data*

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/21	2021/22	2022/23P
Home (unsupported)	81.6%	82.1%	82.2%	82.5%	83.5%	83.0%	83.6%	84.7%	84.9%	84.7%
Home (unsupported) Target	81.0%	81.8%	81.7%	82.0%	82.0%	82.0%	82.0%	83.0%	83.5%	83.6%
Home Supported	9.6%	9.0%	9.0%	9.0%	9.0%	9.2%	8.8%	8.7%	8.1%	8.2%
Home Support Target	9.6%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.1%	9.1%	9.2%

Key Deliverable

End Date

Roll out of Foundation Flow Bundle across 3 acute sites, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Operation FLOW Task and Finish Group 4)	30 Sept 2024
Roll out of Foundation Flow Bundle across off-site beds and community hospitals, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Op Flow T&F 4 and 5)	30 Sept 2024
Home First recruitment, particularly in priority areas of East Kilbride and Hamilton	31 March 2024
Continued development of Home First Teams to support assessment at home and admission prevention	31 March 2024
Prioritisation of reablement services, to ensure sufficient capacity to support discharge and control demand into mainstream Care at Home services	30 Sept 2024

Key Issues

Figure 2.1 shows an overall reduction across all unscheduled care (UC) measures against the same time period in the previous year. Figure 2.2 shows, with the exception of acute bed days, all measures are below set targets. In conjunction with the operation flow work, new targets have been set across the metrics for ED attendances, emergency admissions, acute bed days and geriatric bed days. These targets are set against October 24 performance and by March 24 show a 10% reduction in ED attendances, 5% in emergency admissions, 5% in acute emergency bed days and 8% in geriatric emergency bed days. Mental health emergency bed days are set to match their 22/23 performance. Target for delayed discharges is to reduce standard beds day by 15% of the performance in 19/20 (pre-pandemic).

Figure 2.3 shows A&E attendance performance against target attendances. For the period April to November there were 5086 fewer attendances than anticipated. Figure 2.4 shows emergency admissions and, for the same time period, there were 2856 fewer admissions, though it should be noted this data is incomplete and numbers will increase. Figure 2.5 shows UC bed days for Acute specialties, with figure 2.6 showing UC bed days for Acute, GLS and MH combined. UC beds for Acute specialties are above target and this variance will increase as data becomes more complete.

Figure 2.7 shows bed days for patients who are standard delays. South Lanarkshire completed the year below target (good) for April to March 2024. The Partnership is better than the Scottish

average in terms of delay numbers at census date for all adults and those aged 75+ (figure 2.8 and 2.9).

Patient discharges without delay (figure 2.10) have remained consistently above 95% throughout April, an improvement on previous months. The percentage of patients, aged 65+, who had a PDD in place has remained consistently around 70% since the beginning of January.

Work is still required at the interface to ensure referrals for supported discharge are picked up as early as possible in the patient's journey, though unplanned referrals (figure 2.11) dropped to 14% in mid-April. Visits to Glasgow City's Home Support service has also identified that the partnership sees double the rate of supported discharge referrals in comparison to Glasgow City, which is being explored to better understand why that continues to be the case.

As part of our improvement work our Home First and Blantyre Life, team's will continue to focus on reducing the average package required at the end of rehabilitation.

As illustrated in figure 2.13, new data for 22/23 shows, South Lanarkshire has seen a slight decrease in the proportion of residents who spend the last six months of life in the community, 88.8%, above the target of 88.6%. The percentage of people who spend the last six months of life in a large hospital has increased in this latest year to 10%, above the target of 9.2%. It should be noted that the data provided for 2022/23 is provisional.

Figure 2.14 shows the percentage of people over 75 who are not thought to be in any other setting, or receiving any Home Care, has increased since 2015/16. Despite the increase in the 75+ age group, the percentage achieved has increased to 84.7%.

Work continues in conjunction with acute colleagues to implement the flow foundation bundle. Despite agreeing lower numbers, there has continued to be an overall increase in the number of social work referrals and work is ongoing with our acute colleagues to ensure appropriateness of referral. This work includes the development of a community beat.

The community beat indicates the number of social work referrals community teams can process, given their available resources, for inpatients to maintain or reduce the number of patients who are in delay. The beat is dynamic and responds to changes in resource availability and improvements in data quality.

Care at Home recruitment and capacity remains a challenge, with vacancies experienced across each locality in both mainstream service and Home First. The number of vacancies within mainstream has increased from 19 in quarter three to 30 in quarter four. At this stage the focus on recruitment will be directed to Home First to achieve the required hours, with the core service delivery position being monitored. As a result, Home First has seen a reduction in vacancies during the fourth quarter from 25 (WTE) posts in quarter three to 19.8 (WTE).

Appendix 3 – Operation Flow – April Update

For end of March 2024, NHS Lanarkshire reported an end of month performance against the 4-hour standard of 55% compared to the target trajectory of 70%. The number of patients waiting 8 and 12 hours also exceeded target improvement metrics, however, importantly, there was a decrease in patients waiting in over 12 hours in Emergency Departments (EDs). Acute hospital occupancy levels reduced for two consecutive months to 99% from the previous month of 101% against a target of 98%.

Whilst, this reduction in occupancy is encouraging, it is recognised that sustaining reduced occupancy levels is key to improving performance and flow across the system.

Achieving the target of 90% ward beat is a key driver to reducing occupancy levels across the system and for the end of March 2024, 75% was achieved. This highlights a key area of focus for improvement for operational and clinical teams, linked to the escalation framework.

From 8 April 2024 a process of appreciative deep dive enquiry has been undertaken to provide assurance that new models and service changes have been implemented fully.

Optimising Unscheduled Care (USC) through Transform and Reform

Managing urgent and unscheduled care demand underpins the new Unscheduled Care Model for Lanarkshire. This will be achieved by:

- ensuring that community based services are available to support living well in the community.
- providing availability of primary care and community based services to maintain health and wellbeing.
- community rehab services that support or provide equipment to keep the population well at home.
- access to enhanced care by providing access to fast acting short-term support to keep people well at home or enable rapid discharge.
- the provision of virtual beds, Hospital @ Home / Hospital Based Care for specialist acute care and treatment when required.

Therefore, the delivery components of the new USC model will consist of:

- FNC+ Plus
- Increased Virtual Capacity
- Establishing a Digital Front Door

FNC+ Plus

Management of unscheduled care demand is a key element to reducing hospital occupancy and thereby improving performance and managing staffing levels.

FNC+ Plus aligns to the principles of a NHS Lanarkshire Operational Command Centre. This is a key component in managing demand across the system and is underpinned by a consistent Senior Clinical Decision Maker (SCDM) presence 24/7 in the FNC.

The key areas of focus for FNC+ Plus are to:

- Manage GP demand
- Manage Home Care Demand

- Maximise ED redirection
- Maximise redirection and non-conveyance from SAS, NHS 24/111
- Facilitate rapid/support discharge

FNC+ Plus will also provide: co-ordination of acute and community Outpatient Antibiotic Therapy Treatment (OPAT) capacity; connection to locality response to support escalation or escalation of care; co-ordination and monitoring of new virtual bed capacity (including wearables); facilitating direct admission booking to reduce lengthy waits in ED and support direction of patients; creating GP hub capability to develop pathways for access to diagnostics; and redirection from ED/Minors through new pathways to treatment rooms and scheduling to minors where appropriate.

The responsibility and line management of FNC+ Plus will also move from the Acute Division to the newly-created Interface Division and Trudi Marshall has been appointed as Interface Director.

Given that managing demand is key to improving USC performance, there is a commitment to delivering the first phase of FNC+ Plus by Quarter 2 (July 2024).

Virtual Capacity

There are currently 72 virtual beds managed in the Hospital @ Home service. It is now intended to commission an additional **200** virtual beds.

These virtual beds will form part of the Interface Division and will be co-ordinated and monitored through FNC+ Plus. It will also see this model supporting models of care more focussed on prevention and the development of community based services. The virtual beds will be fully technology-enabled to optimise care for patients, support communication and enable the effective management of a patient's condition in their own home as much as possible.

Digital Front Door

Having detailed information as a patient is booked into the ED can increase the potential to enhance signposting/redirection, ED processes and oversight and improve safety metrics such as Time to Triage (TTT) and Time to First Assessment (TTFA).

eTriage is a digital triage solution which integrates with the existing hospital patient management system (Trakcare) to allow patients (who are able to do so), to automatically self-check-in. The system registers the patient and collects public health data for strategic planning purposes. When patients enter their details, they are asked a series of intuitive questions about their presentation, which will prioritise the patient into P1 to P5 acuity ratings based upon their presenting complaint within 5 minutes of arrival.

Implementation of the eTriage system for a 12-month pilot period is anticipated to yield a number of benefits, resulting in improvement in 4-hour performance along with a sustained reduction in 8 and 12-hour waits.

Appendix 4 – Early Intervention, Prevention and Inequalities (Home First, Telehealth, Telecare and Children’s Health)

Fig. 4.1 Home First – package of care hour reductions - *unvalidated data and subject to change*

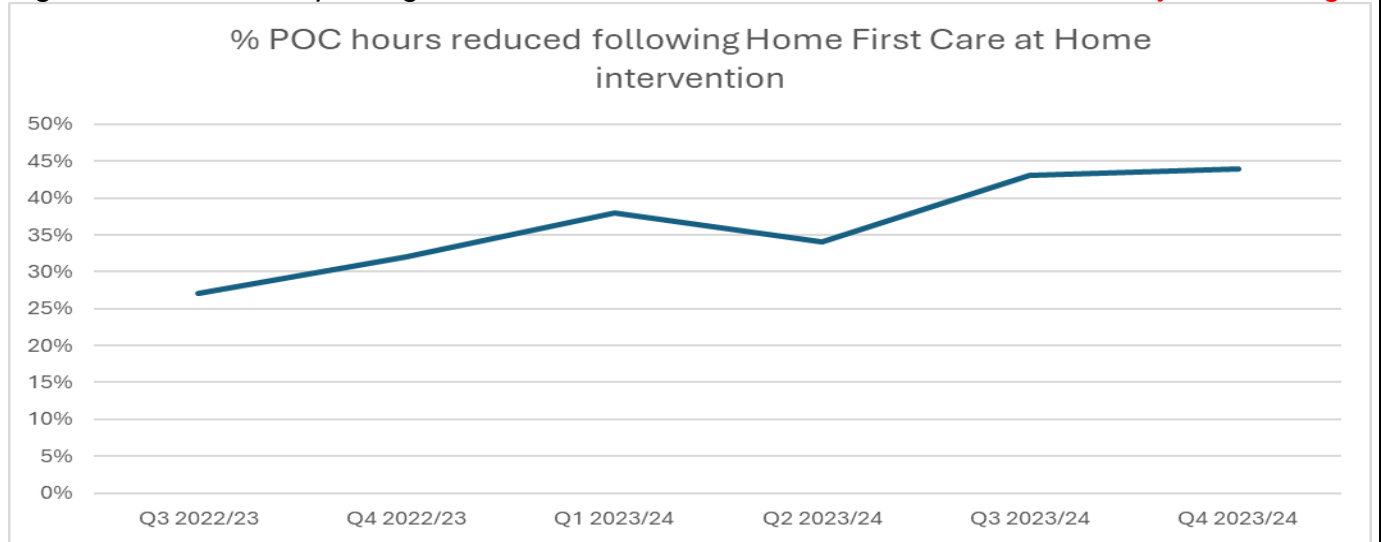


Fig. 4.2 Universal Health Pathway – First Visit – Review Recorded - *validated data*

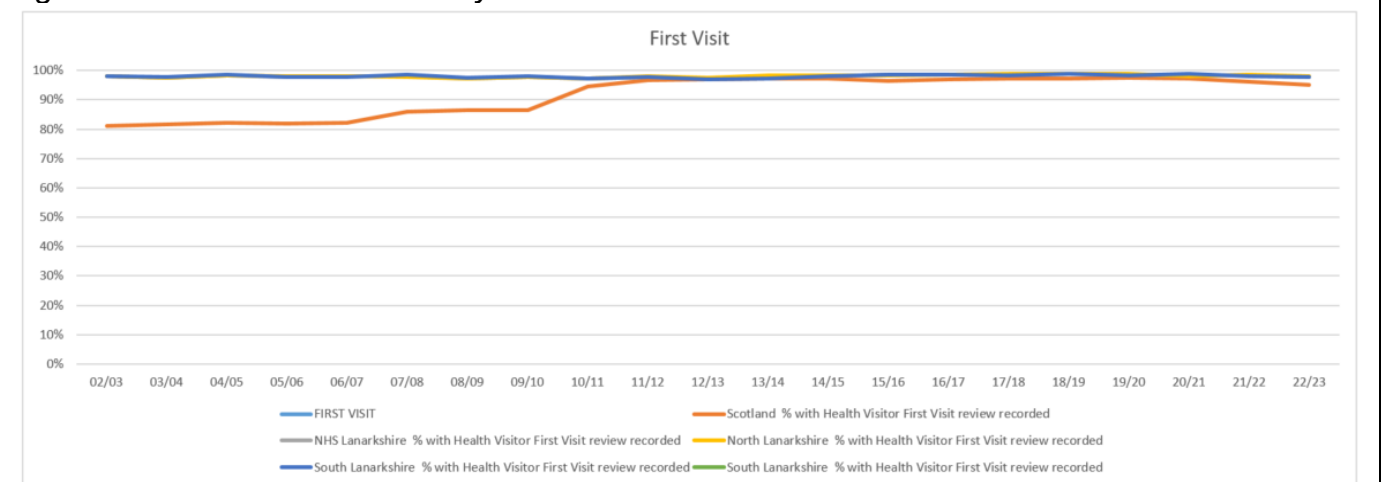


Fig. 4.3 Universal Health Pathway – 6-8 week – Review Recorded - *validated data*

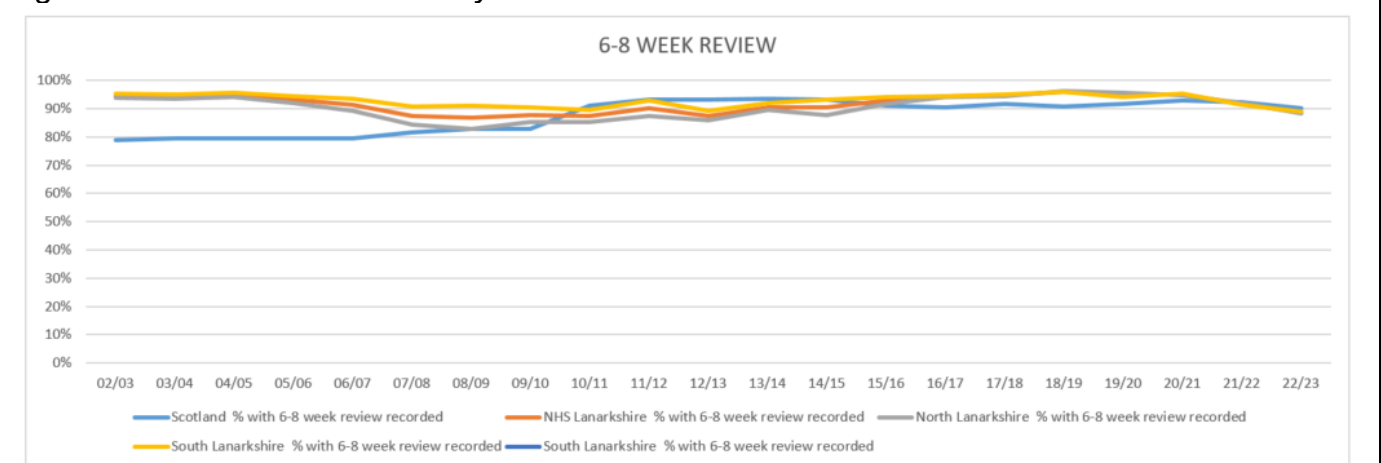


Fig. 4.4 Universal Health Pathway – 13–15 months – Review Recorded - *validated data*

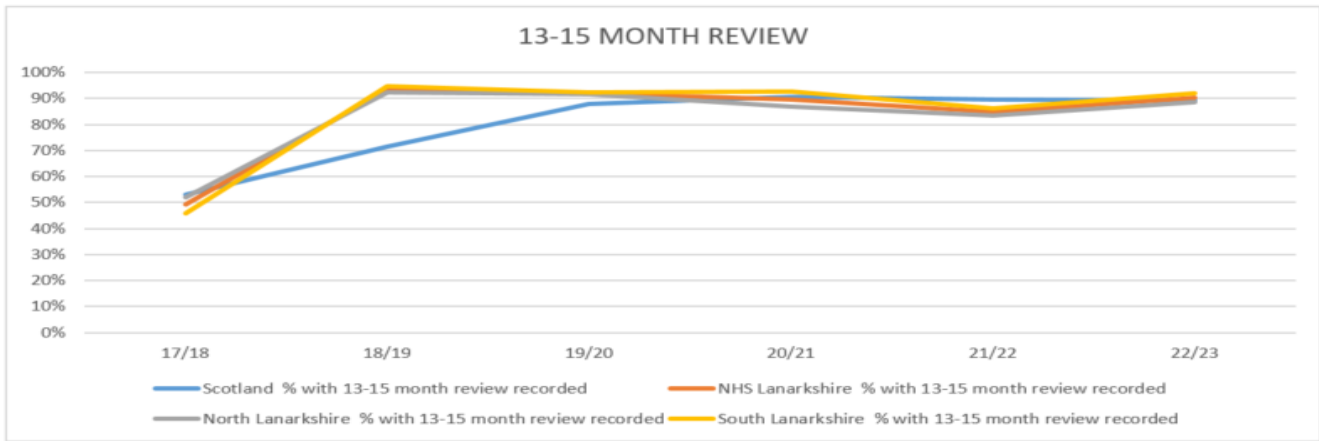


Fig. 4.5 Universal Health Pathway – 27-30 months – Review Recorded - *validated data*

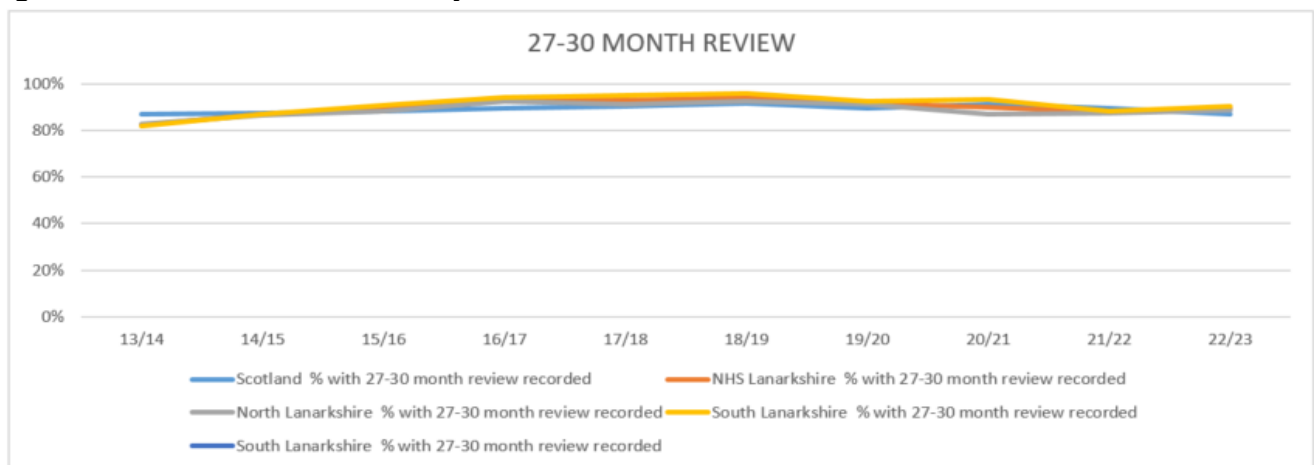


Fig. 4.6 Universal Health Pathway – 4-5 years – Review Recorded - *validated data*

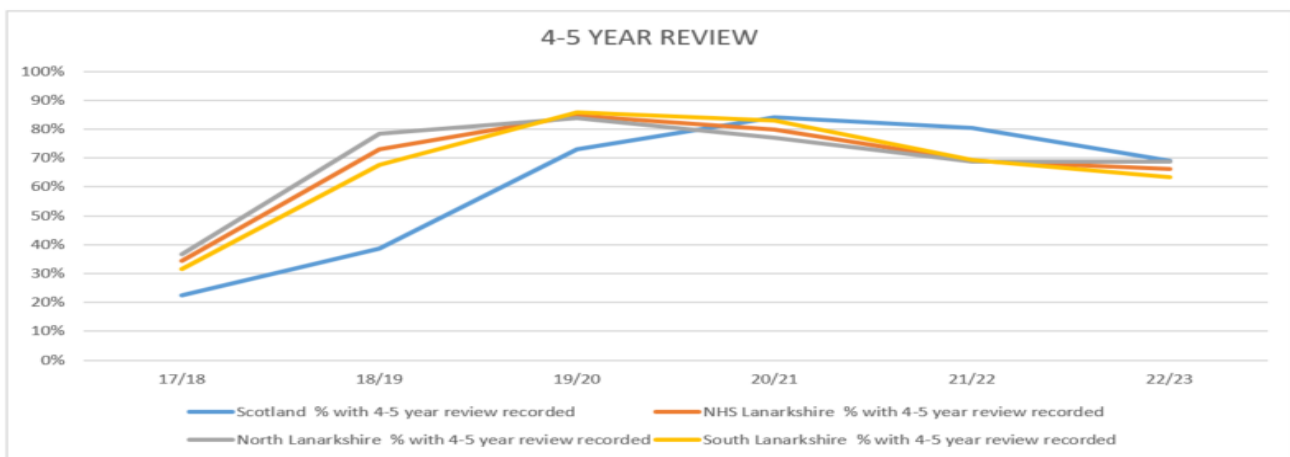
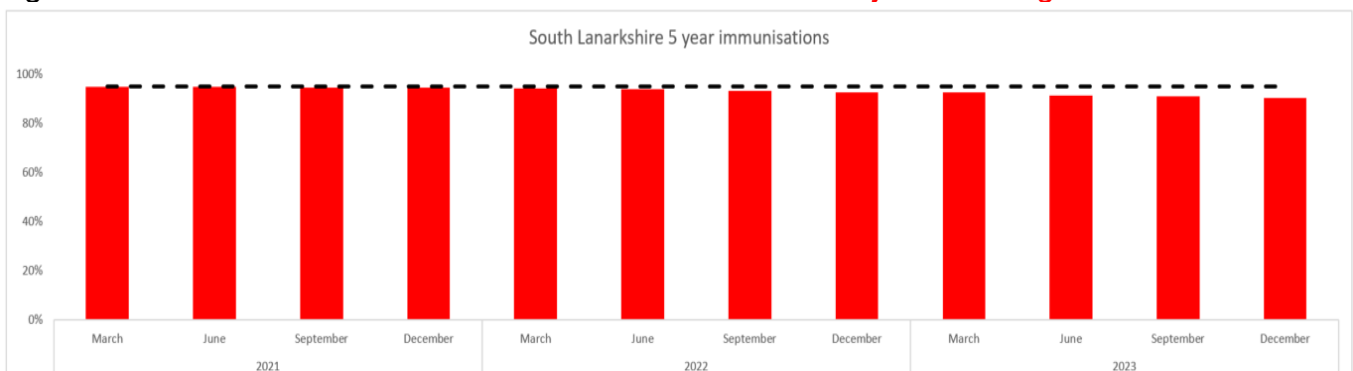


Fig. 4.7 Pre-school immunisations – *unvalidated data and subject to change*



Key Issues

Home First supports the strategic vision to maximise the independence of service users leaving hospital or living in the community and improve individual outcomes, thereby reducing reliance on statutory services. Integrated multi-disciplinary teams comprising of occupational therapists, physiotherapists, and care at home staff to maximise independence through rehabilitation and reablement interventions. Since October 2022 to March 2024 (figure 4.1) there is an average reduction of 35% care provided to those that have received home first intervention. In quarter four, service users required 44% less support on completion of their home first intervention.

Blantyre Life supported 39 service users and facilitated 37 discharges from hospital during the fourth quarter. Blantyre Life provides access to transitional care up to a maximum of 42 days following a period of ill health or crisis. The current average stay reduced to 26 days over the quarter. Additional staff have been appointed to support the flow and assessment process and performance measures are being considered.

Lanarkshire's Technology enabled care (TEC) team continues to provide an integrated approach to sustaining people to live independently at home and within their community. It supports and facilitates hospital or integrated care discharges and may also be urgently requested as part of adult support and protection planning or end of life care. The two main programmes of work include telecare (South Lanarkshire only) and telehealth (pan-Lanarkshire) such as Connect Me remote health monitoring service, and Near Me video consultations. Demand for assistive technology has continued to increase during 2023/2024 with 13% of hospital discharge requests supported through the Home First pathway during March 2024, whilst 63% were installed to improve safety and reduce the risk of harm.

The transition of alert alarms from analogue to digital continues to make good progress with 227 digital alert alarms installed in March 2024, bringing the total number of installations to 6580. A priority focus for the team is in terms of sustainability, where alarms are no longer required by service users. The target to ensure the team is identifying 70 alarms per month that can be recycled and reused. To date 965 digital alert alarms have been returned/uplifted and reused saving £156,330 on the cost of replacing these alarms.

Figures 4.2 to 4.6 show the percentage of reviews recorded for the key universal health pathway visits. This data demonstrates consistency in pathway visit coverage and performance correlates with overall Scotland performance. This reliable pathway coverage and data is currently providing a baseline to commence focussed improvement work in relation to the stretch aim set by the Scottish Government of reducing developmental concerns identified at 27-30 month and subsequent assessments. Lanarkshire's coverage of the 4-5 years review illustrates a decline and this is mirrored nationally. Discussions with the Health Visiting Leads network regarding the national position is planned and will inform local work to improve uptake/coverage.

Figure 4.7 shows pre 5 immunisations are currently sitting at 90%, against a target of 95%. The data demonstrates a steady drop off, month on month, which also correlates to performance of other areas across Scotland. Vaccine apathy, following Covid-19, is considered to be one challenge against improvement, however work is underway with local areas and with Public Health colleagues to explore how uptake can be improved.

Appendix 5 – Mental Health and Addictions – Adult Support and Protection, Adults with Incapacity and MAT Standards

Fig. 5.1 AWI - *unvalidated data and subject to change*

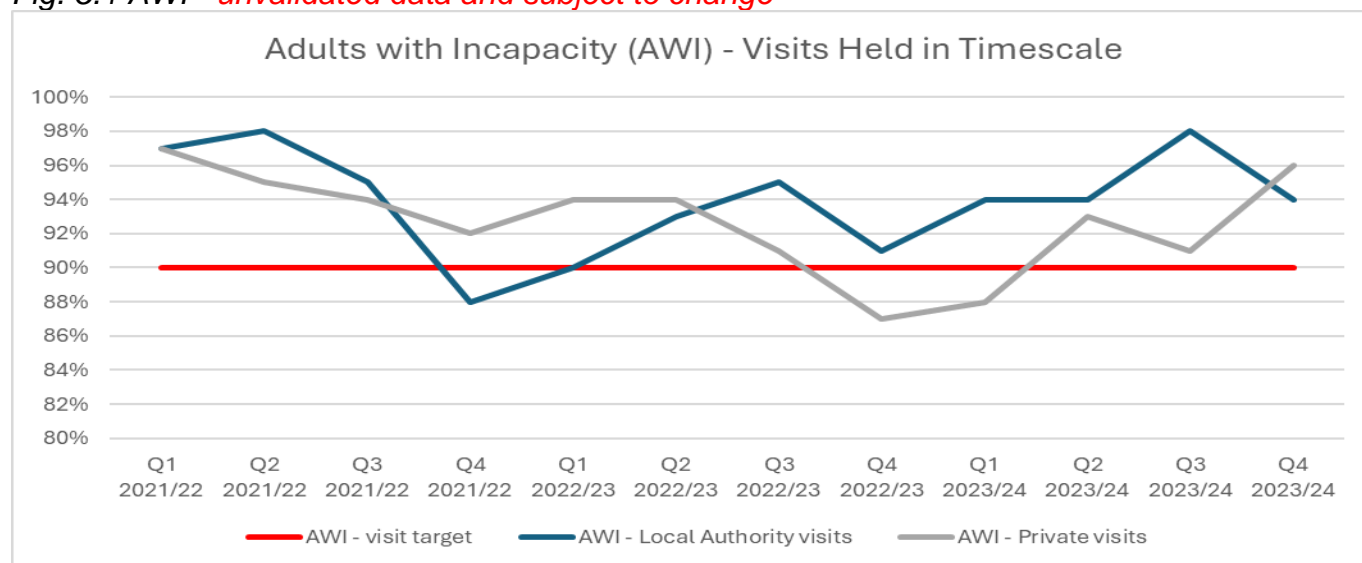


Fig. 5.2 MAT Standards - *unvalidated data and subject to change*

MAT STANDARD	RAG RATING	UPDATE APRIL 2024
<p>1</p> <p>All people accessing services have the option to start MAT from the same day of presentation.</p>	GREEN	<p>MAT yearly submission to the MIST team</p> <ul style="list-style-type: none"> · Total % of patient engagement with the service within 24 hours – 81% · Total % of patients prescribed within 24 hours – 38% · Total % of patients prescribed within 7 days – 75% <p>The above statistic were taken over a 3 month period in line with the MAT submission guidelines.</p> <p>Due to some of the prescribed medication patients are offered there often needs to be a period of withdrawal from illicit drugs before the patient can safely commence the prescribed medication.</p> <p>The service did not receive a high volume of opioid referrals during the reporting period. The Community Addiction Recovery Service (CAREs) management and MAT group are reviewing the current URT model, MAT funding for the Urgent Response Team (URT) ends in March 2025 therefore a key focus for the remainder of the year is to imbed the URT post within the CAREs service. Monthly CAREs reporting in place locality to support 2025 MAT submission.</p>

<p>2</p> <p>All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.</p>	<p>GREEN</p>	<p>CAReS Triage service continues to support all new referrals, passing to the appropriate patient pathway. CAReS locality teams moving to a duty model which will allow patients to have direct contact with a professional on the same day of referral should they require it. CAReS monthly reporting in place to record the number of referrals and time for first assessment.</p> <p>CAReS management team have commenced a CAReS redesign, led by the MAT Implementation Lead and Experiential lead. The project will speak with service users, service provider and families including external partners to get their thoughts on ideas of what currently works well and areas for improvement. This piece of work will incorporate the CAReS patient leaflet to launch later in 2024.</p>
<p>3</p> <p>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</p>	<p>GREEN</p>	<p>Near Fatal Overdose (NFO) – SOP for internal and external patient group.</p> <p>Patient contacted with 24 hours of NFO;</p> <ul style="list-style-type: none"> · 72% - CAReS · 47% - External patients not known to CAReS supported by external partners <p>The above statistics were taken over a 3 month period in line with the MAT submission guidelines</p> <p>CAReS monthly reporting fully in place to support the MAT 2025 submission.</p>
<p>4</p> <p>All people are offered evidence-based harm reduction at the point of MAT delivery</p>	<p>GREEN</p>	<p>Harm reduction information for the MAT 2024 submission was provided based on the current CAReS caseload at a point in time, all patients are offered Harm reduction at the same clinical setting as they present which ensures patients do not need to come back to the clinic at a later date for treatment.</p> <p>Over 50 CAReS staff and external partner staff groups have been trained in wound care, harm reduction and BBV testing. The teams will continue training requirements as part of their continued learning and development</p> <p>CAReS staff offer harm reduction at every patient appointment, this data is be collated on a monthly basis to support the MAT 2025 submission</p> <p>ADP strategy group continuing to review the training of Social Work colleagues on overdose intervention and delivery of Naloxone.</p>
<p>5</p> <p>All people will</p>	<p>GREEN</p>	<p>Multiple complex needs pathway been agreed and the use of CPA (Care Programme Approach) model pathway being used across CAReS.</p>

<p>receive support to remain in treatment for as long as requested.</p>		<p>Experiential data gathered, possible introduction of more Peer Support workers within each locality could offer further support to remain in treatment longer and not fall out of treatment. The experiential program will continue over 2024/2025 to gather evidence from service users and family groups on their experience of treatment. CAREs redesign will take into consideration the need for Peer Support workers and how to imbed this within the CAREs service model.</p>
<p>6 & 10</p> <p>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks</p>	<p>AMBER</p>	<p>Training plan developed from MAT 6& 10, NHSL psychology team supporting the training requirements for MAT standards. CAREs Team Leaders and senior nurse reviewing staff who meet with criteria for this training, role specific.</p> <p>Psychology team leading on;</p> <ul style="list-style-type: none"> · Tier 2 low intensity psychological interventions. · Tier 3 for specific CAREs staff members developed. · Trauma walkthrough - 75% of CAREs staff trained · Introduction to formulation skills - 30% of staff trained
<p>7</p> <p>All people have the option of MAT shared with Primary Care.</p>	<p>AMBER</p>	<p>Following review of the current opportunities for shared care within primary care, this measure has now been moved from 'Red' and upgraded as 'Amber' following review by the national team.</p> <p>The Community Prescribing Service will work alongside primary care providers, utilising the same patient management system such that treatment plan records will be held within the GP records thereby ensuring visibility to the GP team.</p> <p>This would also ensure that Emergency Care Summaries include all prescribed medicines as well as supporting chronic disease management by the practice team as well as a range of wider advantages.</p>
<p>8</p> <p>All people have access to independent advocacy and support for housing, welfare and income needs.</p>	<p>GREEN</p>	<p>MAT 2024 submission fully compliant within service. The local team are offering advocacy to the patient group and working with our Advocacy partners. Monthly CAREs reporting in place to support the 2025 MAT submission for MAT 8.</p> <p>The above statistic were taken over a 3 month period in line with the MAT submission guidelines</p>
<p>9</p>	<p>AMBER</p>	<p>Joint meeting/working group with CAREs, CMHT</p>

<p>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</p>		<p>(Community Mental Health Team) and commission team continue.</p> <p>The working group are focusing in the CArES and CMHT pathway for patients, time lines for referrals received to the initial assessment. Both teams and supporting the joint working model and will jointly review patients where required.</p>
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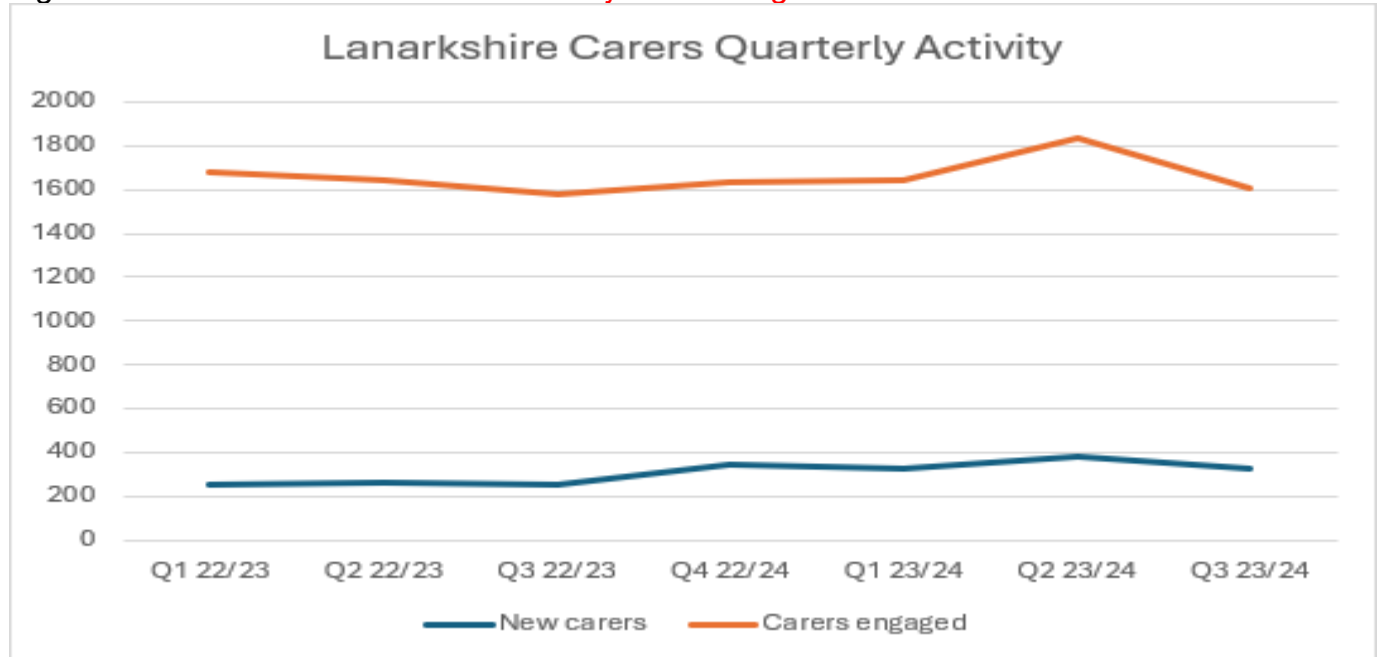
Key Issues

Adults with Incapacity (AWI) visits have increased by 11%, from 2,289 to 2,549 in 2023/24.

Services have continued to allocate limited resources to complete statutory AWI visits within timescale (see figure 5.1). The target of 90% has been achieved in quarter 3 for both local authority and external visits, however, discussions are underway to determine if this target remains achievable in 2024/25 due to ongoing recruitment pressures across Social Work services. The most recent data reflects 94% and 96% of local authority and external visits respectively were completed within timescale.

Appendix 6 – Carers Support

Fig. 6.1 Carers - *unvalidated data and subject to change*



Key Issues

The quarter 4 report is not yet available from Lanarkshire Carers, however, early indications would suggest that there is continued increase of people utilising the services for a range of support, information and advice. The co-location within the three NHS hospital sites in Lanarkshire will enable Lanarkshire Carers to share information directly about the services that they provide and offer support to the wider workforce, patients and carers.

Within quarter 3 (see figure 6.1), demand continues for carer support across all localities with a 27% increase in the number of new carers compared with the same quarter last year. 323 new carers were identified, and 269 carers were supported to progress an Adult Carer Support Plan (ACSP).

Report

Report to:	South Lanarkshire Integration Joint Board (Performance and Audit) Sub Committee
Date of Meeting:	28 May 2024
Report by:	Director, Health and Social Care

Subject:	Risk Management Update
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the Integration Joint Board's (IJB's) Risk Register and associated partner risks

2. Recommendation(s)

2.1. The Performance and Audit Sub Committee is asked to approve the following recommendation(s):-

- (1) that the content of the report be noted; and
- (2) that the changes to the IJB Risk Register be endorsed prior to submission to the Integration Joint Board for approval.

3. Background

3.1. As a matter of good governance all public bodies are required to identify and take account of the impact of any potential risks in delivering their business.

3.2. The IJB requires to have an approved Risk Management Strategy and a Risk Register in place which details the organisation's approach to risk and how it will identify and manage risks to mitigate against subsequent impact.

3.3. The IJB has committed to promote an environment that is risk aware and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables positive outcomes.

3.4. Governance and oversight arrangements are in place through a range of mechanisms detailed below:

- Quarterly updates on the Risk Register to the Performance and Audit Sub Committee (PASC) and IJB, alongside summary of the most recent identified risks for NHS Lanarkshire and South Lanarkshire Council Social Work Resources rated as high or very high.

- Monthly meetings to review the risk registers of the IJB, NHS Lanarkshire and Social Work Resources to ensure all risks which may impact on the IJB are taken account of.
 - Regular reporting of the Social Work Resources and NHS Lanarkshire Risk Registers to relevant committees and meetings plus oversight provided by Internal Audit colleagues.
 - Annual risk workshop with PASC members which includes risk professional officers from NHS Lanarkshire, South Lanarkshire Council and the Internal Audit Consortium (4.2 below).
 - Reports to the IJB and PASC to highlight the subsequent impact or mitigation a policy or priority will have on the IJB delivering upon its Strategic Commissioning Plan (SCP) priorities or otherwise meet its statutory obligations (including setting and operating within a balanced budget).
- 3.5. As per the IJB's commitment to the ongoing assessment of risk, there will continue to be regular environment scanning undertaken to identify other risks which could impact on the business of the IJB. Where appropriate, this will be reported to the PASC and IJB in line with the current reporting arrangements.
- 3.6. Furthermore, the IJB Internal Audit Plan for 2024/25 will consider a number of areas which will assess the adequacy of reporting in relation to the following areas:
- The adequacy of performance monitoring to the IJB to provide relevant, reliable and sufficient data and timeous information on challenges, risks and responses.
 - Whether targets have been adjusted appropriately to reflect post-Covid realities and the SCP 2022-2025.
 - Whether performance reporting is used to update, and provide assurance on, the IJB Risk Register.
- 3.7. Future IJB Performance and Risk reports will include further information on work being undertaken with regard to the above areas.

4. Current position

- 4.1. The annual risk workshop for PASC members was held on the 22 August 2023. The workshop considered the current and forecast challenges for health and social care, nationally and locally, and was informed by horizon scanning undertaken by officers in advance. There was also discussion focused on the IJB's approach to risk tolerance and risk appetite, with a recognition that a dynamic approach to reviewing both by the IJB would be prudent given the external uncertainties and volatilities facing health and social care alongside the public sector more generally. Those insights and reflections have explicitly informed the updated IJB Risk Register (Appendix 1); quarterly reviewing of the IJB Risk Register by officers; the continued commitment to risk management being a routine item on both PASC and IJB agendas; and the review of the IJB Risk Management Strategy (for consideration at a future PASC meeting).
- 4.2. The update of the IJB Risk Register has taken cognisance of national risks for health and social care, notably those highlighted within reports presented to and briefing papers circulated to IJB members by officers – for example:
- The External Audit Annual Audit Report 2022/2023 which was presented to PASC on 28 September 2023 by the IJB's External Auditor, Audit Scotland.
 - Audit Scotland's national report on Integration Joint Board Financial Analysis 2021/22 (April 2023).

- Audit Scotland's report on Local Government in Scotland Overview 2023 (May 2023).
- Audit Scotland's report on The Scottish Government's Workforce Challenges (October 2023)
- Audit Scotland's report on the NHS in Scotland 2023 (February 2024).

4.3. Reflective of the discussions at the annual risk workshop, the IJB Risk Register has subsequently been revised and refined to focus and provide visibly on risks identified and assessed as being very high or high pre-mitigation. Those risks as identified at May 2024 are as follows (scores below reflecting risk scoring after mitigation with controls):-

- Financial sustainability – very high
- Workforce availability and capacity – very high
- Performance delivery – very high
- Failure to meet public protection and legislative requirements – high
- Performance Reporting does not capture performance across the whole health and social care system – medium
- Winter pressures – medium

4.4. Appendix 1 provides more information on each of these risks and appendix 2 provides a summary of the top risks (designated very high or high) within the most recent risk registers of NHS Lanarkshire and South Lanarkshire Council and the Social Work Resources risk register

4.5. Following the inclusion of IJBs as now being a Category 1 Responder under the Civil Contingencies 2004 Act, IJBs have been asked to consider where this duty may feature as part of respective risk registers. Recognising that both parties have resilience planning on their respective risk registers, discussion is ongoing with lead officers in this area to consider the extent of risk associated with this topic and the responsibilities of the IJB therein. An update will be provided at the next PASC for consideration.

5. Employee Implications

5.1. This report does not describe any new employee implications.

6. Financial Implications

6.1. This report does not describe any new financial implications.

7. Climate Change, Sustainability and Environmental Implications

7.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

8. Other Implications

8.1. Internal audit provides the PASC and IJB with independent assurance on risk management as well as internal control and corporate governance processes. For the South Lanarkshire IJB, internal audit is delivered on a joint basis by the Chief Auditors of NHS Lanarkshire and South Lanarkshire Council.

8.2. The Internal Audit Annual Assurance Report 2022/2023, which was a separate report to the PASC on 30 May 2023, includes the following opinion:

Overall, reasonable assurance can be placed on the adequacy and effectiveness of the partnership's framework of governance, risk management and control

arrangements for the year ending 31 March 2023.

8.3. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the Strategic Commissioning Plan (SCP), notably the following National Health and Wellbeing Outcome:

- Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

8.4. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

9.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no Equality Impact Assessment is required.

9.2. The report reflects ongoing engagement with and the expertise of risk professional officers from NHS Lanarkshire, South Lanarkshire Council and the Internal Audit Consortium.

9.3. No consultation was required in relation to the content of this report.

Professor Soumen Sengupta
Director, Health and Social Care

7 May, 2024

Previous References

- ◆ Report to Performance and Audit Sub Committee 20 February, 2024
- ◆ Report to Integration Joint Board 26 March, 2024

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Martin Kane, Service Development Manager
Email: Martin.Kane@southlanarkshire.gov.uk

South Lanarkshire IJB Strategic Risk Register

Appendix 1

No	Key Risk Area and Description	Lead Officer	Inherent Risk Score	Examples of Sample Controls	Residual Risk Score
1	<p>Financial sustainability There is a risk that IJB expenditure exceeds available budget given cost and demand pressures alongside imperative to address recurrent deficit and given a volatile financial landscape. This could lead to inability to deliver sustainable progress in respect of the IJB's Strategic Commissioning Plan; create uncertainty for service users/patients and staff; compromise the delivery of statutory functions (notably public protection) and safe services; and undermine the IJB's ability to comply with the financial requirements set out in the Integration Scheme (and potentially contribute to financial challenges for NHSL and SLC).</p>	<p>Chief Officer Chief Financial Officer</p>	Very high 25	<ul style="list-style-type: none"> • Annual budget setting process • Sustainability and Value Programme approach. • IJB Financial procedures • Financial procedures of the partner agencies • Chief Financial Officer oversight • Regular/standing financial reports to IJB and PASC augmented by workshops • Ongoing engagement with NHSL and SLC to ensure joined-up approach. • Internal and external audit processes • Budget Recovery Plans as required 	Very High 20
2	<p>Workforce availability and capacity There is a risk that workforce supply challenges – national and local - are not sufficient to meet current service delivery models. This could lead to inability to deliver sustainable progress in respect of the IJB's Strategic Commissioning Plan; create uncertainty for service users/patients and staff; and compromise the delivery of statutory functions (notably public protection) and safe services.</p>	<p>SLC Head of Personnel NHSL Director of HR</p>	Very high 25	<ul style="list-style-type: none"> • Lanarkshire Health and Social Care Workforce Plan 2022-25 • Lanarkshire Care Academy • Sustainability and Value Programme. • Service transformation, including redesign of Fieldwork Services; Occupational Therapy/Physiotherapy Review • NHSL-wide review of all major staff groups • Regular workforce monitoring. 	Very High 20

No	Key Risk Area and Description	Lead Officer	Inherent Risk Score	Examples of Sample Controls	Residual Risk Score
3	<p>Performance Delivery</p> <p>There is a risk that performance delivery in relation to priorities and targeted outcomes outlined in the Strategic Commissioning Plan deteriorate given combination of required expenditure reduction, workforce supply challenges and service demands given current service delivery models and provision.</p>	Head of Performance & Commissioning	Very High 25	<ul style="list-style-type: none"> • Sustainability and Value Programme approach • Lanarkshire Health and Social Care Workforce Plan 2022-25 • Service transformation and reform • Regular reporting to IJB and Performance and Audit Sub Committee 	Very High 20
4	<p>Failure to meet public protection and legislative requirements</p> <p>There is a risk that financial and workforce instability alongside demand pressures compromises IJB ability to commission services sufficient to meet public protection and legislative requirements (including safe staffing).</p>	Chief Social Work Officer Director of Nursing	Very high 20	<ul style="list-style-type: none"> • Public Protection Chief Officers Group. • PASC and IJB reporting and performance monitoring • Sustainability and Value Programme. • Service transformation and reform, including redesign of Fieldwork Services; NHSL-wide review of all major staff groups 	High 12
5	<p>Performance Reporting does not capture performance across the whole health and social care system</p> <p>There is a risk to the IJB that performance reporting is too narrow in focus and does not adequately describe how the priorities and targeted outcomes outlined in the Strategic Commissioning Plan are being achieved.</p>	Chief Officer	Very High 20	<ul style="list-style-type: none"> • Updated performance monitoring in place. • Annual performance report • Regular reporting to IJB and Performance and Audit Sub Committee • Internal and external audit. • Introduction of new electronic systems by partners agencies (eg MORSE; and LiquidLogic) 	Medium 9

No	Key Risk Area and Description	Lead Officer	Inherent Risk Score	Examples of Sample Controls	Residual Risk Score
6	Winter pressures There is a risk of increased service challenges over winter period, e.g. due to impact of seasonal respiratory conditions and adverse weather. This could impact on workforce availability; service demands; service performance; and unexpected cost pressures.	Head of Performance & Commissioning	Very High 25	<ul style="list-style-type: none"> • Winter Plan 2023/24 • Resilience Planning and Local Resilience Partnership (LRP) • Learning from previous winter • Contingency and Business Continuity Plans • Operation Flow 	Medium 6

Updated: May, 2024

Risk Matrix

Likelihood	Impact				
	1 -Negligible	2 -Minor	3 -Moderate	4 -Major	5 -Extreme
5 - Almost certain	5 Medium	10 High	15 High	20 Very high	25 Very high
4 - Likely	4 Medium	8 Medium	12 High	16 Very high	20 Very high
3 - Possible	3 Low	6 Medium	9 Medium	12 High	15 High
2 - Unlikely	2 Low	4 Medium	6 Medium	8 Medium	10 High
1 - Rare	1 Low	2 Low	3 Low	4 Medium	5 Medium

Appendix 2

No	Risk	Partner
1	Ability of NHS Lanarkshire to deliver a balanced budget within periods 2023/24 and 2024/25	NHSL
2	Ability to maintain General Medical Services provisions	NHSL
3	Impact of Unpredictable Public Health Outbreaks on Current Services	
4	Nurse agency use – availability of staff and appropriate skill – mix	NHSL
5	Nursing Home Beds – increased costs and availability of workforce to deliver the model and the subsequent potential impacts of this on whole system patient flow	NHSL
6	Planned care – delays in delivering scheduled care and associated impacts	NHSL
7	Staff absence and wellbeing	NHSL
8	Sustaining a safe workforce	NHSL
9	Sustaining Primary Care Out of Hours Service	NHSL
10	Sustaining whole system patient flow	NHSL
11	Urgent and Unscheduled Care	NHSL
12	Funding and Budgetary Pressures (Reduction in funding/increased costs)	SLC
13	Workforce Availability and Capacity (Lack of capacity and skills to meet increased service demands)	SLC
14	Market and Provider Capacity (Procurement/Supply chain)	SLC
15	Meeting Public Protection and Legislative Duties (combined legislation/statutory duties Public Protection, Care Inspectorate/SDS)	SLC
16	The Council is unable to support households most impacted by the cost-of-living crisis resulting in increasing levels of poverty, debt and damage to health.	SLC
17	Winter Demand Pressures (Emergency Response)	SLC
18	The council is materially affected by the implications arising from the National Care Service Bill	SLC
19	The council does not fully deliver the strategic outcomes required of the IJB as outlined in their Strategic Commissioning Plan	SLC
20	Failure to fulfil emergency response commitment befitting the Council's status as a Category 1 (emergency) responder	SLC
21	Failure to comply with or meet the expected standards, scrutiny levels or improvement as identified by regulatory bodies	SLC
22	The provision of Council services is disrupted because of industrial action	SLC

