



## PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building  
2 High Street  
Perth  
PH1 5PH

13/03/2024

A hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chambers (Hybrid)** on **Wednesday, 20 March 2024** at **13:00**.

If you have any queries please contact Committee Services - [Committee@pkc.gov.uk](mailto:Committee@pkc.gov.uk).

**Jacque Pepper**  
**Chief Officer – Health and Social Care Partnership**

***Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website as soon as possible following the meeting.***

### **Voting Members**

Councillor Michelle Frampton, Perth and Kinross Council  
Councillor David Illingworth, Perth and Kinross Council  
Councillor Sheila McCole, Perth and Kinross Council  
Councillor Colin Stewart, Perth and Kinross Council (Chair)  
Bob Benson, Tayside NHS Board  
Martin Black, Tayside NHS Board  
Beth Hamilton, Tayside NHS Board  
Jacqui Jensen, Tayside NHS Board (Vice-Chair)

### **Non-Voting Members**

Jacque Pepper, Chief Officer- Health and Social Care Partnership  
Donna Mitchell, Chief Financial Officer/Head of Governance and Performance, Perth and Kinross Integration Joint Board  
Arun Singh, Chief Social Work Officer, Perth and Kinross Council  
Dr Emma Fletcher, NHS Tayside  
Suzie Flower, NHS Tayside  
Dr Sally Peterson, NHS Tayside  
Dr Lee Robertson, NHS Tayside

### **Stakeholder Members**

Sandra Auld, Service User Public Partner  
Bernie Campbell, Carer Public Partner  
Dave Henderson, Scottish Care  
Stuart Hope, Staff Representative, Perth and Kinross Council  
Lyndsay Hunter, Staff Representative, NHS Tayside  
Ian McCartney, Service User Public Partner  
Maureen Summers, Carer Public Partner  
Sandy Watts, Third Sector Forum



**Perth and Kinross Integration Joint Board**

**Wednesday, 20 March 2024**

**AGENDA**

- 1 WELCOME AND APOLOGIES/SUBSTITUTES**
  
- 2 DECLARATIONS OF INTEREST**  
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
  
- 3 MINUTES**
  
- 3.1 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 14 FEBRUARY 2024 FOR APPROVAL** **7 - 12**  
(copy herewith)
  
- 4 ACTION POINTS UPDATE** **13 - 14**  
(copy herewith G/24/43)
  
- 5 MATTERS ARISING**
  
- 6 MEMBERSHIP UPDATE**  
Verbal update by Clerk
  
- 7 DELIVERING ON STRATEGIC OBJECTIVES**
  
- 7.1 CHIEF OFFICER STRATEGIC UPDATE**  
Verbal update by Chief Officer
  
- 7.2 TAYSIDE MENTAL HEALTH SERVICES: STRATEGIC UPDATE**  
Verbal update by Chief Officer
  
- 7.3 PERTH AND KINROSS INTEGRATION JOINT BOARD STRATEGIC PLAN 2024 - 2027** **15 - 24**  
Report by Head of ASWSC/Commissioning (copy herewith G/24/49)
  
- 7.4 AUTISM/LEARNING DISABILITIES STRATEGIC DELIVERY PLAN UPDATE** **25 - 36**  
Report by Chief Officer (copy herewith G/24/44)

<b>8</b>	<b>FINANCE/AUDIT AND PERFORMANCE COMMITTEE</b>	
<b>8.1</b>	<b>2024-27 BUDGET</b> Report by Chief Finance Officer (copy herewith G/24/45)	<b>37 - 72</b>
<b>8.2</b>	<b>AUDIT AND PERFORMANCE COMMITTEE UPDATE</b> Verbal update by Chair of Audit and Performance Committee	
<b>9</b>	<b>GOVERNANCE</b>	
<b>9.1</b>	<b>UPDATE TO IJB RESERVES POLICY</b> Report by Chief Finance Officer (copy herewith G/24/46)	<b>73 - 94</b>
<b>9.2</b>	<b>UPDATE TO IJB FINANCIAL REGULATIONS</b> Report by Chief Finance Officer (copy herewith G/24/47)	<b>95 - 144</b>
<b>10</b>	<b>FOR INFORMATION</b>	
<b>10.1</b>	<b>WORKPLAN 2024-25</b> (copy herewith G/24/48)	<b>145 - 146</b>
<b>10.2</b>	<b>FUTURE MEETING DATES 2024/25</b> (Council Chambers, 1.00pm - 4.00pm)  Wednesday 5 June 2024 Wednesday 21 August 2024 Wednesday 2 October 2024 Wednesday 11 December 2024 Wednesday 19 March 2025	
<b>10.3</b>	<b>FUTURE IJB DEVELOPMENT SESSIONS 2024/25</b> (Room 410, 2 High Street, 10.00am - 1.00pm)  Friday 24 May 2024 Friday 16 August 2024 Friday 25 October 2024 Friday 20 December 2024 Friday 24 January 2025 Friday 21 February 2025 Friday 14 March 2025	

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.



## PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of hybrid meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, 2 High Street, Perth on Wednesday 14 February 2024 at 1.30pm (start delayed due to technical issues in the Chambers).

**Present:**

**Voting Members:**

Ms J Jensen, Tayside NHS Board (Vice-Chair)  
 Mr M Black, Tayside NHS Board  
 Ms B Hamilton, Tayside NHS Board  
 Mr D McPherson, Tayside NHS Board (substituting for B Benson) (from Item 7.2 onwards)  
 Councillor C Stewart, Perth and Kinross Council (Chair)  
 Councillor D Illingworth, Perth and Kinross Council  
 Councillor S McCole, Perth and Kinross Council  
 Councillor M Frampton, Perth and Kinross Council

**Non-Voting Members**

Ms J Pepper, Chief Officer / Director – Perth and Kinross Health and Social Care Partnership,  
 Ms D Mitchell, Chief Finance Officer / Head of Governance and Performance, Perth and Kinross Health and Social Care Partnership  
 Mr A Singh, Strategic Lead – Children, Families and Justice and Chief Social Work Officer, Perth and Kinross Council (from Item 7.2 onwards)  
 Dr E Fletcher, NHS Tayside  
 Ms S Flower, NHS Tayside  
 Dr S Peterson, NHS Tayside  
 Dr L Robertson, NHS Tayside (from Item 7.3 onwards)

**Stakeholder Members**

Ms S Auld, Service User Public Partner  
 Ms B Campbell, Carer Public Partner  
 Mr D Henderson (Scottish Care Sector)  
 Ms L Hunter, Staff Representative, NHS Tayside  
 Mr I McCartney, Service User Public Partner  
 Ms M Summers, Carer Public Partner (left during Item 6.3)  
 Ms S Watts, Third Sector Forum (up to and including Item 6.4)

**In Attendance:**

T Glen (Chief Executive – Perth and Kinross Council); B Atkinson (Independent Chair – Adult Protection Committee) (from Item 7.2 onwards); A Taylor, K Molley, R Ramsay and M Pasternak (all Perth and Kinross Council); K Ogilvy, Z Robertson, E Devine, H Dougall, A McManus and P Jerrard (all Perth and Kinross Health and Social Care Partnership); V Davis and D Huband (both NHS Tayside).

**Apologies:**

Mr B Benson, Tayside NHS Board

## 1. WELCOME AND APOLOGIES

Councillor C Stewart, Chair, welcomed all those present to the meeting and apologies were noted above.

## 2. DECLARATIONS OF INTEREST

Councillor S McCole and D Henderson both declared a non-financial interest in Item 7.3 as members of the Perth and Kinross Adult Protection Committee.

## 3. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 29 NOVEMBER 2023

The minute of the meeting of the Perth and Kinross Integration Joint Board of 29 November 2023 was submitted and approved as a correct record.

## 4. ACTIONS POINT UPDATE

The Chief Officer provided a verbal update on the status of the various action points.

### **Resolved:**

The action points update (G/24/3) was submitted and noted.

## 5. MEMBERSHIP UPDATE

The Chair provided a verbal report updating the Board on various aspects of the membership of both voting and non-voting members of the Board.

### **Resolved:**

- (i) It be noted that Donna Mitchell was now a permanent member of the Board following her recent appointment to the role of Chief Finance Officer / Head of Governance and Performance.
- (ii) It be noted that Arun Singh has now joined the Board as a non-voting member following his recent appointment as Perth and Kinross Council's new Chief Social Work Officer.
- (iii) It be agreed following an election process carried out by the Carers' Voice Group both Bernie Campbell and Maureen Summers be re-elected as the Carer Rep Public Partners on the Board for a further period of two years.
- (iv) It be noted that an election process to elect the two Service User Representatives is currently underway and it is expected an outcome to this can be reported to the IJB in due course.
- (v) It be noted that Beth Hamilton would no longer be an NHS voting member on the Perth and Kinross Integration Joint Board and that NHS Tayside were currently in the process of filling this vacancy and have undertaken to advise us of a replacement voting member as soon as possible.
- (vi) Following Beth Hamilton's departure from the Board, the appointment of Councillor Sheila McCole as the new Chair of the Perth and Kinross Integration Joint Board Audit and Performance Committee was approved.



## **6. MATTERS ARISING**

### **(i) Tayside Primary Care Strategy 2024-2029 Progress Update (Item 6.7 resolution (ii) refers)**

The Chief Officer referred to the finalised version of the Tayside Primary Care Strategy which was due to be presented at this meeting for approval and advised that unfortunately this has had to be put on hold pending further discussion with the new Interim Chief Executive of NHS Tayside in relation to the governance of primary care and contractual obligations of NHS Tayside.

## **7. DELIVERING ON STRATEGIC OBJECTIVES**

### **7.1 CHIEF OFFICER STRATEGIC UPDATE**

The Chief Officer provided a verbal update covering two specific areas, (1) the progress being made towards the implementation of a National Care Service; and (2) that NHS Tayside under the direction of the new Interim Chief Executive is in the process of completing a new Annual Delivery Plan for 2024/25 and will also be preparing a 3-year Strategic Plan for NHS Tayside.

#### **Resolved:**

The Board noted the position.

### **7.2 TAYSIDE MENTAL HEALTH SERVICES: STRATEGIC UPDATE**

There was submitted a report by the Chief Officer (G/24/7) providing an update from the Chief Officer as Lead Partner for the coordination and strategic planning of inpatient mental health and learning disability services, in relation to the 'Whole System Mental Health and Learning Disabilities Change Programme' approved in June 2023 and on work taken forward since the last report to the Board on 29 November 2023.

D Mitchell, Chief Finance Officer provided a detailed update on the current position with the projected £5.6m overspend, she outlined the background and provided details of the discussions that have taken place across the three IJBs and with NHS Tayside to allocate funding to meet the overspend and the subsequent proposals for the Perth and Kinross IJB.

J Jensen sought clarification that any contribution made by the Perth and Kinross IJB would be accompanied by a contribution from the other two IJBs and NHS Tayside. In response, D Mitchell confirmed this was correct.

Councillor S McCole referred to the overspend and expressed concern around the ongoing implications of this and queried whether there were any projections of what would come next and whether this would be addressed during the budget discussions. In response, D Mitchell advised that this would not be covered in budget discussions as we are still waiting on the outcome of the financial

framework in the whole system model which should provide us with the information that we require to determine how much budget is required to deliver the service.

**Resolved:**

- (i) The updated position and the high-level progress updated as detailed in Report G/24/7, be noted.
- (ii) The significant improvement in addressing delayed discharges in in-patient general adult psychiatry for Perth and Kinross patients, be noted.
- (iii) The release of reserves to support the overall financial position for In-Patient Mental Health Services in Tayside, be approved.

A SINGH AND B ATKINSON ENTERED THE MEETING DURING THE ABOVE ITEM.

### **7.3 ADULT PROTECTION COMMITTEE ANNUAL REPORT 2022/23**

There was submitted a report by the Chief Officer (G/24/4) providing an overview of the key activities and work of the Adult Protection Committee (APC) and its partners to safeguard the welfare and the interests of adults who are at risk from harm.

B Atkinson, the Independent Chair of the Adult Protection Committee provided the Board with a [slide-based presentation](#) on the Adult Protection Committee Annual Report 2022/23.

M Black referred to the 30% increase in adult protection concerns and queried how much of this increase could be associated to the development of the Independent Advocacy. In response, B Atkinson advised that the 30% increase is more likely down to greater awareness from public services and from members of the public following campaigns both locally and nationally.

**Resolved:**

- (i) The wide range of work being carried out by the Perth and Kinross Adult Protection Committee and partner agencies throughout this reporting year to safeguard adults considered to be at risk of harm, be noted.
- (ii) The contents of the Adult Protection Committee Annual Report 2022/23 as detailed in Report G/24/4, be endorsed.

THERE WAS A SHORT RECESS AND THE MEETING RECONVENED AT 2.50PM.

### **7.4 STRATEGIC PLANNING GROUP UPDATE AND DRAFT MINUTE OF MEETING OF 28 NOVEMBER 2023**

The Strategic Planning Group Minutes from the meeting held on 28 November 2023 were submitted for Board Members' information.

I McCartney, Service User Representative and Chair of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group along with Z Robertson, the Vice-Chair also provided the Board with a verbal update. The

update covered the most recent meeting of the Strategic Planning Group held on 28 November 2023. The full update can be viewed via the following [link](#).

**Resolved:**

The Board noted the update.

## **7.5 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23**

There was submitted a report by the Chief Social Work Officer (G/24/5) (1) providing the Chief Social Work Officer's overview of social work services in Perth and Kinross during the financial year 2022/23; and (2) setting out how social care, social work and criminal justice social work services have been delivered up until end of March 2023, and in some instances up to end of July 2023.

**Resolved:**

- (i) It be noted that the report will be submitted to Perth and Kinross Council for approval at its meeting on 6 March 2023.
- (ii) The content of the report as it pertains to services delegated to the Integration Joint Board, be noted.

## **8. AUDIT AND PERFORMANCE**

### **8.1 AUDIT AND PERFORMANCE COMMITTEE – 18 SEPTEMBER 2023**

Beth Hamilton, Chair of the Audit and Performance Committee provided the Board with a verbal update from the last meeting of the Audit and Performance Committee that had taken place on 11 December 2023.

[Audit and Performance Committee of the Perth and Kinross Integration Joint Board – 11 December 2023.](#)

The Board noted the position.

## **9. FOR INFORMATION**

### **9.1 WORKPLAN 2024/25**

Councillor S McCole referred to the progress on the National Care Service and queried whether this should be added to the workplan to enable the Board to discuss the implications of the progress as an agenda item. In response, Councillor Stewart confirmed that it would perhaps be more suitable to have a discussion on the National Care Service at a future development session.

**Resolved:**

The contents of Report G/24/6, be noted.

### **9.2 FUTURE IJB MEETING DATES 2023/24**

Wednesday 5 June 2024 at 1.00pm

### **9.3 FUTURE IJB DEVELOPMENT SESSIONS 2023/24**

Friday 23 February 2024 at 10.00am

Friday 15 March 2024 at 10.00am



**ACTION POINTS UPDATE**  
**Perth & Kinross Integration Joint Board**  
**20 March 2024**  
**(Report No. G/24/43)**

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
142	20/6/23	6.4	Primary Care Strategic Delivery Plan	IJB Development Session on Primary Care Strategies to be considered.	Chief Officer	29/11/23	This was arranged for 15 March 2024 but has now been deferred to a date TBC.
147	29/11/23	6.8	Notice by Victoria Practice, Glover Street Medical Centre, Perth to Cease Their Methven Branch Surgery Contract	A follow up lessons learned meeting to be held on the process followed in this and previous branch closures.	Chief Officer	16/8/24	It is proposed that this is included in the Primary Care Strategies Development Session, date TBC.
148	14/2/24	TBC	Chief Officer Strategic Update	IJB Development Session on National Care Service to be held.	Chief Officer	11/12/24	In progress
149	14/2/24	TBC	Tayside Mental Health Services: Strategic Update	Further Tayside wide development session to be held (virtual)	Chief Officer	30/04/24	In progress





## PERTH & KINROSS INTEGRATION JOINT BOARD

20 March 2024

### PERTH AND KINROSS INTEGRATED JOINT BOARD STRATEGIC PLAN 2024 – 2027

Report by Head of ASWSC/Commissioning  
(Report No. G/24/49)

#### PURPOSE OF REPORT

The purpose of this report is to provide an update on the progress made to develop the Perth and Kinross IJB Strategic Plan for 2024 - 27.

#### 1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board (IJB):

- Notes the progress made to date to prepare the Perth and Kinross IJB Strategic Plan as outlined in this report.
- Agrees that a final version of the Perth and Kinross Strategic Plan will be brought to the IJB for approval in June 2024.

#### 2. SITUATION/BACKGROUND

- 2.1 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control.

Stakeholders must be fully engaged in the preparation, publication, and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:

To improve the quality and consistency of services for patients, carers, service users and their families;

To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and

To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

An Integration Authority is required to review its strategic commissioning plan at least every three years and may carry out additional reviews from time to time.

In carrying out a review of the strategic commissioning plan, Integration Authorities must consider:

- The national health and wellbeing outcomes
- The indicators associated with the national outcomes
- The integration delivery principles
- The views of the Strategic Planning Group

A review may result in the integration authority making any necessary changes by replacing its strategic commissioning plan.

- 2.2 Perth and Kinross IJB has an existing Strategic Commissioning Plan 2020 - 2025, developed during 2019, pre-pandemic, prior to the Feeley Review and before the announcement of proposals for a National Care Service.

As the landscape has changed markedly since 2019 and so much of what is now being delivered by the HSCP has been heavily influenced by the pandemic it was proposed and agreed by the IJB that we revise its Strategic Commissioning Plan.

- 2.3 An update paper was brought to the November 2023 IJB which proposed that the data gathered via the Joint Strategic Needs Assessment, combined with existing intelligence including the Public Health Annual report, our Locality profiles, consultation feedback gathered during the formation of delivery plans and strategies and the feedback from our Communities, Workforce and Joint IJB/SPG session consultation was now used to develop a first draft of our Strategic Commissioning Plan and that we bring this to the IJB meeting scheduled for the 20 March 2024.

### **3. CONTENT OF PLAN**

- 3.1 The vision builds on our work to support people to live good and fulfilling lives but is set in the context of today. It reflects what we have learned from the challenges that we have faced in recent years and what we know is important to people.

We want to be ambitious and to innovate but we are also planning this at a time of unprecedented increase in demand and complexity of need, when public sector finances are increasingly pressured and as we face significant recruitment challenges. We know if we continue to deliver the same services in the same way, we will face a significant financial gap over the next three years and that we will risk over promising and under delivering.



We know we will need to be transformative in our thinking, the way we organise ourselves and in our approach to providing and arranging care and support services.

### 3.2 The plan opens by articulating our vision:

*“We want every person in Perth and Kinross to live in the place they call home with the people and things they love, in good health and with the care and support they need, in communities that look out for one another and doing the things that matter most to them.”*

The plan describes its statutory responsibilities within the Public Bodies (Joint Working) (Scotland) Act 2014, on Integration Authorities, either Integration Joint Boards or Health Boards and Local Authorities acting as lead agencies to create a strategic plan for the integrated functions and budgets that they control.

The plan moves on to articulate our priorities, ambitions, and underpinning principles of Early and Intervention and Prevent, Person Centred Approaches and Best Value:

#### **Priorities**

- Target resources to where people and communities need help most
- Provide health and social care supports close to home
- Make it easier for people to understand where and how to access services
- Work with communities to design the health and social care supports they need
- Promote Self-management and Living Well
- Improved Integrated Working
- Value our workforce, support them to keep well, learn and develop

#### **Ambitions**

- We want people to stay as well as possible for as long as possible
- We want people to live as independently as possible for as long as is safely possible
- We want people to be able to thrive and feel valued members of their community

Each priority identified resonates with what both our communities and staff told us during our consultation process, the intention of this plan is to be clear that we are listening to the people who live and work in Perth and Kinross and who come in to contact with Health and Social Care services.

The priorities are applicable to us all no matter what type of service we are accessing, and each has linked Strategies, Delivery Plans or Transformation Programmes that describe specific actions and timeframes that will enable them to improve their services over the next three years.

Each of the seven priorities are codependent on one another, for the whole system to function effectively we will be focussed on not only ensuring each independent priority is progressed, but that they all move forwards in synergy with one another.

- 3.3 The plan provides a high-level overview of our population profile, with the full Joint Strategic Needs Assessment and an overview of our Community Consultation, both included as an appendix to the plan.
- 3.4 The Plan describes how it is supported by our six linked transformational projects, whose objectives are to transform services to meet current and future demands and how this will involve service redesign, collaboration with other services and third parties, investment in some areas with disinvestment in others, and innovation in recruitment and retention.
- 3.5 We have referenced our use of the [National Framework for Community and Social Care Integrated Services](#) to inform the development of our transformation plans, and to measure performance by assessing the extent to which the characteristics within the Framework are evident in local services.
- 3.6 The plan discusses Performance Measurement, our statutory obligations, including our duty to measure the progress we are making against the [9 National Health and Wellbeing Outcomes](#), but have also referenced the [Public Health Priorities for Scotland](#) and our commitment to ensuring we play a part in the successful delivery of these priorities. We further go on to discuss local arrangements, and our intention to publish a Performance Framework in 2024.

Our Strategic Plan aims to map a realistic picture of a complicated landscape, it creates the conditions to share resources, maximise the potential of the totality of our assets and strive ahead with our vision, ambitions, and priorities.

#### **4. CONSULTATION**

The Strategic Planning Group met on 8 March 2024 to discuss the first draft, each Priority within the plan has been considered and a range of comments have been collated and will be applied to the plan. The group were very positive regards the first draft, the group felt the language used was accessible and that they could hear the voices of our community throughout the document. Comments gathered were wide ranging and encapsulated multiple of aspects of delivery that they would like to see strengthened in the final draft. Examples of comments made were that the group would like to see a more explicit reference to:

- The input from Third Sector Partners
- Technology Enabled Care
- Extreme rural focus
- Supporting carers with their role when someone is discharged from hospital
- Only telling your story once
- Iterative community engagement
- Shared resources/assets
- Transitions at all points in life
- An ask for a pictorial representation of what good looks like/case study
- Continued Learning and Development support for our Care at Home and Care Home sectors
- Good practice examples from the Third sector
- Training for our workforce in specialist areas of delivery more widespread

#### 4. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report however financial implications will continue to be considered on an annual basis and as the strategy develops.

The proposed 2024/25 Budget has been developed and considered with IJB members via Budget Review Group meetings held in January & February and at Budget Development Sessions on 12 December 2023 and 23 February 2024.

Recognising the significant gap within the Provisional Budgets for 2025/26 and 2026/27, the Budget Review Group will continue to meet throughout 2024/25. It will consider additional funding solutions and reductions in expenditure required and how this can be achieved with minimal impact on the strategic plan and to the population's health and care needs.

#### 5. CONCLUSION

Engagement with all key stakeholders will be essential so wide engagement will continue and contribute to fully informing the development of the Strategic Plan and it is intended that the final version of the strategy will be brought back to the IJB for approval in June 2024.

#### Author(s)

Name	Designation	Contact Details
Zoe Robertson McCranor	Interim Head of Service	<a href="mailto:tay.pkijbbusinesssupport@nhs.scot">tay.pkijbbusinesssupport@nhs.scot</a>

#### Appendices

Appendix 1 - Draft Perth and Kinross IJB Plan on a Page

**NOTE:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	<b>Yes</b>
Transformation Programme	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>Yes</b>
Workforce	<b>Yes</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>Yes</b>
Risk	<b>n/a</b>
Other assessments (enter here from para 3.3)	<b>n/a</b>
<b>Consultation</b>	
External	<b>Yes</b>
Internal	<b>Yes</b>
<b>Legal &amp; Governance</b>	
Legal	<b>No</b>
Clinical/Care/Professional Governance	<b>No</b>
Corporate Governance	<b>No</b>
<b>Directions</b>	<b>No</b>
<b>Communication</b>	
Communications Plan	<b>No</b>

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

This report is a refresh of the existing Strategic Commissioning Plan.

### 2. Resource Implications

#### 2.1 Financial

As referenced in the body of the report.

#### 2.2 Workforce

Workforce Implications will follow during the implementation of the plan

### 3. Assessments

#### 3.1 Equality Impact Assessment

An Equality Impact Assessment is being undertaken and will be provided with the final draft Strategic Plan.

#### **4. Consultation – Patient/Service User first priority**

##### **4.1 External & Internal**

A full external and internal consultation process has been carried out and has underpinned the writing of this report and the Draft IJB Strategic Plan.

##### **4.3 Impact of Recommendation**

No adverse impact considered.

#### **5. Legal and Governance**

5.1 There are no known legal implications.

#### **6. Directions**

There are no known directions upon which this report highlights that the IJB needs to consider.

#### **7. Communication**

7.1 There are no communication issues at this time.

#### **2. BACKGROUND PAPERS/REFERENCES**

No background papers

#### **3. APPENDICES**

Appendix 1: Draft Perth and Kinross Strategic Plan on a Page.



# Perth and Kinross IJB Strategic Plan on a Page



## Our Vision

We want every person in Perth and Kinross to live in the place they call home with the people and things they love, in good health and with the care and support they need, in communities that look out for one another, doing the things that matter most to them.

## Outcomes

- NHWO1** People are able to look after and improve their own health and wellbeing and live in good health.
- NHWO2** People, including those with disabilities or long term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting.
- NHWO3** People who use Health and Social Care services have positive experiences of those services and have their dignity respected.
- NHWO4** Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services.
- NHWO5** Health and Social care services contribute to reducing health inequalities.
- NHWO6** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring roles on their own health and wellbeing.
- NHWO7** People using health and social care services are safe from harm.
- NHWO8** 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.
- NHWO9** Resources are used effectively and efficiently in the provision of health and social care services.

## Our Priorities

-  **Value our workforce, support them to keep well, learn and develop.**
-  **Target resources to where people and communities need help most.**
-  **Make it easier for people to understand where and how to access services**
-  **Provide health and social care supports close to home.**
-  **Work with communities to design the health and social care supports they need.**
-  **Improved Integrated Working**
-  **Promote Self-management and Living Well**

## Our ambitions

- We want people to stay as well as possible for as long as possible.
- We want people to live as independently as possible for as long as is safely possible.
- We want people to be able to thrive and feel valued members of their community

## How we'll know we've made a difference

- Carers feel supported to be able to continue in the caring role.
- More people will agree that they live in suitable accommodation at home and in their community.
- People will feel their Health and Social Care support was well communicated and accessible.
- People will feel they have had a say in how the Health and Social Care support was provided.
- People will feel their Health and Social Care Support is well coordinated
- Our communities will see their thoughts and ideas in our service delivery.
- People will feel that services supported them to look after their own health and wellbeing.
- People experience quicker access to the right services at the right time
- There will be a reduction in unnecessary admissions and readmission's to hospital
- We will see a reduction in Long Term Hospital stays
- People will have greater access to employment and day opportunities
- Our staff feel that they are treated fairly and consistently with dignity and respect in an environment where diversity is valued;

## How we'll do it



**Ambition**

**Compassion**

**Integrity**







## INTEGRATION JOINT BOARD

20 MARCH 2024

### AUTISM / LEARNING DISABILITIES STRATEGIC DELIVERY PLAN UPDATE

Report by Chief Officer  
(Report No. G/24/44)

#### PURPOSE OF REPORT

This report provides a progress update of year 2 of the Autism and Learning Disability Strategic Delivery Plan 2022-2025.

#### 1. RECOMMENDATION(S)

It is recommended the IJB:

- Notes progress to date on the Autism and Learning Disability Strategic Delivery Plan.
- Requests an update in 12 months' time.

#### 2. SITUATION/BACKGROUND / MAIN ISSUES

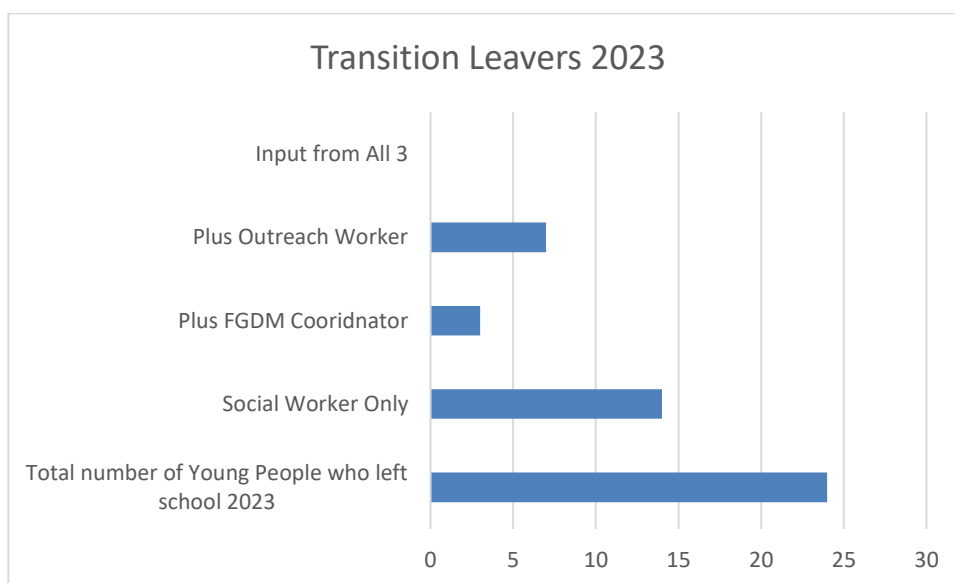
- 2.1 For nearly three decades the strategic direction in Scotland has been to support people with autism and/or a learning disability to remain in their own homes wherever possible rather than institutional care. More recently, greater emphasis has been placed on increasing choice in the types of support available and supporting the individual to have more control. The aim in Perth and Kinross is to enable more people with autism and/or a learning disability to live in a community setting with maximum independence and quality of life.
- 2.2 The Complex Care Transformation Programme is developing a sustainable model of care that provides high quality support for people who have complex care needs. Although the programme primarily supports people with autism and/or a learning disability, it also supports some people with mental health issues or a physical disability.

### 3. PROGRESS TO DATE

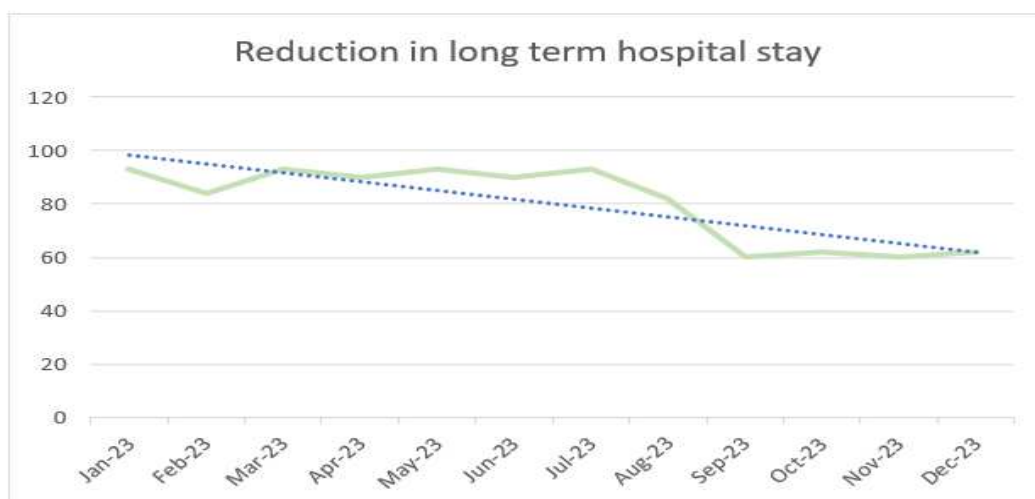
#### 3.1 SCOPE Team

The SCOPE Team is a multidisciplinary team which provides specialist support for people with autism and/or a learning disability who have complex needs. The team launched on 30 May 2022 and is currently made up of Team Leader, Senior Practitioner, 6 FTE Social Workers, 6 Outreach Workers, Carer Support Worker, Family Group Decision Making Coordinator, Psychologist and Psychology Assistant. Funding has been secured through redesignation of core budget to recruit a permanent 0.6 FTE specialist Clinical Occupational Therapist. In addition to the core team there is also input from Physiotherapy, Speech and Language, Dietician and Community Learning Disability Nurse who are based within the Learning Disabilities Health Team.

The SCOPE Team is currently supporting 340 people who live in a variety of settings across Perth and Kinross and beyond, including those who are transitioning from school into adult life, this is an increase of 10% from 2022. 24 young people transitioning to adulthood who left school in 2023 were supported by the team. As shown in the chart below the young people and their families were supported with more than one discipline within the team. This helped ensure there was robust planning to support their transitions and they had positive destinations on leaving school.



The SCOPE team has continued to deliver support which is sustaining individuals in their own homes, reducing the need for admission into hospital or care provision. There were no admissions into long stay hospital in 2023 and one person was discharged. The graph below which shows a reduction in the number of bed days for those with a learning disability and/or autism currently in long stay hospital.



SCOPE outreach workers have supported 25 service users over the past 12 months. They have supported individuals transitioning to day opportunities, college and in some instances to new accommodation. The team have also offered support with independent travel training, accessing community resources and commencing volunteering opportunities. The input from SCOPE’s outreach team has also been crucial in terms of offering additional support to prevent carer breakdown and providing care at home when there has been gaps in care provision, enabling service users to remain within their own home.

Psychology input within the SCOPE team has meant that there have been no delays in SCOPE service users accessing this support if it is needed. Immediate access to Psychology has proven invaluable for the wider team when developing support plans for people with complex needs.

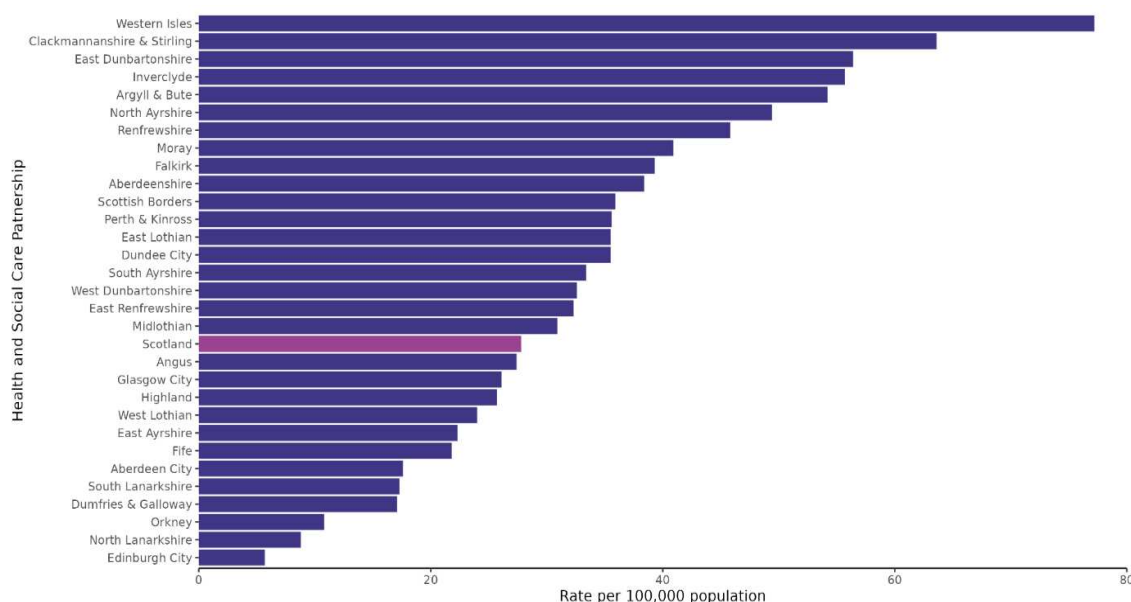
Work has also been undertaken to develop an integrated training framework which supports both the SCOPE team and the Learning Disability Health Service, to ensure workers have the necessary skills and knowledge. Initial learning sessions took place in the latter part of 2023 and further sessions are planned in 2024.

### 3.2 Dynamic Support Register

All HSCPs are now required to submit information on people with learning disabilities and complex needs who are in hospital or out of area placements in Dynamic Support Registers (DSR) to Scottish Government, supporting the delivery of the ambitions of the Coming Home Report. Perth and Kinross have developed a multi-disciplinary oversight group which meets monthly to review current work, make recommendations and update the information required for submission of the DSR to Scottish Government quarterly. The table below details the Perth and Kinross clients currently recorded on the register. The work undertaken through the DSR supports priority 3 of Keys to Life (All people with a learning disability have a right to live as independently as possible in their community and be supported).

DSR Category	Number of People	Percentage of People
In Hospital	6	13%
Inappropriately Out-of-Area	2	4.3%
At Risk of Support Breakdown	0	0%
Enhanced Monitoring	2	4.3%
Appropriate Out-of-Area	36	78.4%
<b>Perth and Kinross</b>	<b>46</b>	<b>100%</b>

The graph below shows that in September 2023 Perth and Kinross has a higher number of individuals per 100,000 on the DSR than the national average. However, this data includes people who are placed out of area but do not wish to return. This reflects the historical lack of suitable provision locally. This is being addressed through our Independent Living Programme of work in conjunction with colleagues from Housing. Of those placed out of area only 3 are wishing to return. It should be also noted that over the past 12 months there have been no additional out of area placements required for people supported by the SCOPE team.



### 3.3 Independent Living

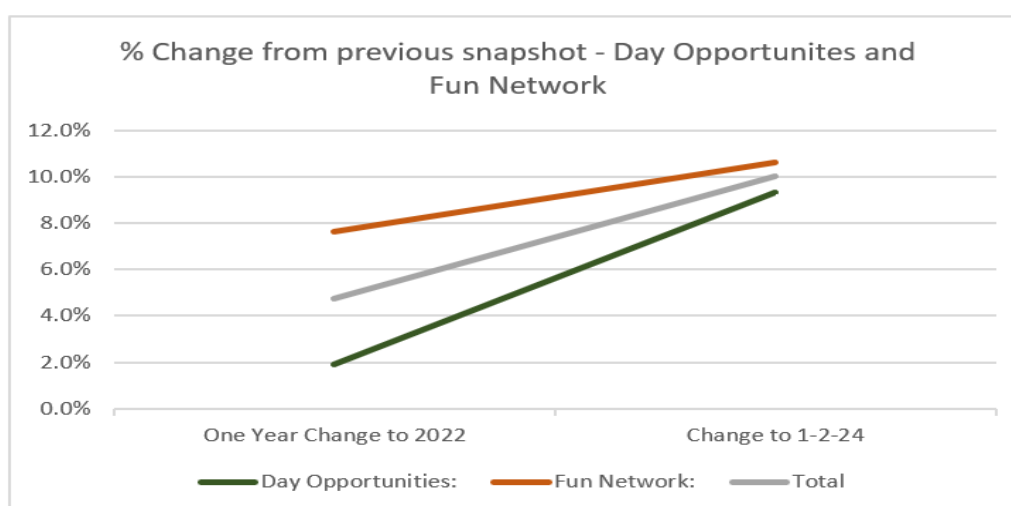
The Independent Living Panel and the SCOPE Team are supporting the local implementation of the Coming Home Report by enabling people with autism and/or a learning disability who are in a long stay hospital and/or are placed outside the area to return to a community setting in Perth and Kinross. The Independent Living Panel identifies supported accommodation for people with additional needs including those with a learning disability and/or autism into existing supported accommodation and those as part on the new build Core and Cluster programme of work. The panel has supported the development of Core and Cluster Projects. These provide people with their own tenancies and a team of staff based in a nearby property who provide support as required.

Development	Number of Units	Current Progress
Ratray	10	8 tenants have now moved in with a further 2 to transition from hospital when ready and support in place
Perth City	4	4 individuals identified and provider in place, awaiting completion of utilities
Perth City	5	5 individuals identified and provider in place and transitioning planning to commence January 2024 for first 3 individuals, with further 2 moving in a phased approach through spring 2024.
Perth City	2	Transition service, 2 individuals identified and provider in place, transition in January 2024
Crieff	8	Contractors on site, build due to be completed 2025. 7 individuals to move from current Hillcrest provision.

This model of delivering supported accommodation has increased the number of individuals supported in the community, rather than moving into a care home, from 332 in 2018/19 to 422 in 2023/24, an increase of 27%. The average cost of a package has reduced by £4.5k per annum which is evidence of the cost effectiveness of the new model.

### 3.4 Support People with learning disabilities to participate in their communities, which are welcoming and accessible (Priority 4, Keys to Life)

It has been recognised through work undertaken with Health Improvement Scotland (HIS) Learning Disability Day Support Collaborative and Glasgow School of Art and the increasing demand on current service provision which is outlined in the graph below that how we support people in with a learning disability to access meaningful activity within their local communities needs to be reviewed. Work is commencing to review existing provision and how we engage with local communities to provide accessible opportunities.



### 3.5 Principles into Practice

Principles into Practice project was undertaken jointly with colleagues in Education at Breadalbane Academy in early 2023. This identified the key theme of lack of accessible information. To address this, work has commenced to deliver the Compass App in conjunction ARC Scotland. The

App contains a range of useful information and can be modified for the bespoke requirements of each individual. Awareness training and rollout is planned over April and May 2024, with the launch of the app in early June 2024.

### **3.6 Development of a Local Involvement Network**

As part of the ongoing development of the Local Involvement Network, a successful application to Perth and Kinross Council's Angel Share was made on behalf of the Keys to Life Strategy Group. Funding has been secured for a dedicated facilitator for one year to support the development of this network ensuring a greater voice for people with learning disabilities in society (Priority 1 Key to Life).

### **3.7 Workplace Equality Fund**

Perth and Kinross undertook consultation with people with lived experience and their carers to identify key themes regarding support they require. Education and employment were identified as key areas where there are significant barriers for people with Autism.

This joint two-year project has provided the opportunity within Perth and Kinross Council and HSCP to increase awareness and be a more inclusive employer. So far there have been three face to face sessions and one online, with a total of 80 managers having attended. There are further two sessions planned in February and March 2024.

### **3.8 Technology Enabled Care (TEC)**

Work has been ongoing to deliver an Overnight Responder service within Perth and Kinross offering an alternative option of overnight care, supporting the promotion of independence within a community setting. This will be delivered by the Community Alarm service through the use of KOMP which allows the user to communicate visually with the Overnight Responder for support. There are dedicated staff who are able to respond if the situation cannot be resolved remotely. A Test of Change commenced on 29<sup>th</sup> January at the Supported Living Team, St Catherine's Road for 6 months with 5 service users, with the potential to remove one waking night long term. Work has commenced to expand the Test of Change to a further 6 service users who have overnight staff on site.

### **3.9 Health Developments**

The Perth and Kinross Community Learning Disability Service has worked hard over the past year to continue to address the health inequalities agenda. It is known that people with a learning disability often experience poorer access to healthcare resulting in people with learning disabilities dying 20 years earlier than the rest of the population. The Scottish Government implemented the Annual Health Checks for People with Learning Disabilities (Scotland) Directions in May 2022. Currently there is a Tayside Annual Health Checks Strategic Group which the Perth and Kinross Learning Disability team

and Perth & Kinross Primary Care Managers provide representation on, and this is looking at a Tayside wide approach for implementation and delivery.

Work has commenced on a multi-disciplinary dementia post-diagnostic support (PDS) pathway to ensure those with a diagnosis of learning disability and dementia are offered post diagnostic support in line with all other members of the general population. Currently there are 4 people being treated on this pathway with the number of referrals for this set to increase in line with the increasing aging population of those with a learning disability. This promotes the ethos that people receive the right support at the right time and thus reduces inequalities in relation to people with learning disabilities.

Locally, our Learning Disability Intensive Support Service (LDISS) continues to offer a physical health check to people on their caseload. In the past year 74 checks have been undertaken. The service also provides the following clinics: antipsychotic, ADHD monitoring, epilepsy, Clozapine, Downs Syndrome screening and lithium therapy.

The Learning Disability Allied Health Professionals team have in the past year implemented postural care clinics in line with the Postural Care Strategy requirements. This is a multidisciplinary approach involving Physiotherapy, Occupational Therapy and Speech and Language colleagues. To date 22 people have attended and 11 are awaiting an appointment.

This work continues to improve the health outcomes for people in Perth and Kinross and meets Priority 2 of Keys to Life, Outcome 2a (Promote early intervention approaches to reduce barriers and increase health outcomes).

### **3.10 Pan Tayside Work**

The Tayside Mental Health and Learning Disabilities Whole System Change Program recommenced in May 2023 with two main workstreams identified, Pathways and Processes and Workforce for the Future. A rapid improvement/design session is being arranged at the V & A museum in Dundee which will inform the direction going forward.

### **3.11 Autism and Mental Health**

Through the consultation at the end of 2022 the main concerns identified for both young people and adults with autism were difficulty in obtaining a diagnosis, post diagnostic support and the impact on their mental health due to lack of support through current services. Recent statistics show that people with autism are nine times more likely to die by suicide than the general population. Workshops have been planned in March 2024 with all relevant stakeholders to identify how to address these issues.

## **4. FINANCIAL IMPLICATIONS**

- 4.1 Perth and Kinross Health & Social Care Partnership (HSCP) is currently undergoing financial planning for the 3 years 2024-27. There continues to be a recurring financial pressure associated with Autism and Learning Disabilities

which is driven mainly by an increase in demand and complexity in packages. The estimated additional pressure for 2024-25 is £1.5m, mainly derived from people making the transition from children to adult services as well as the growing needs of the adult population. It should be noted that the HSCP does not receive additional funding for these pressures and therefore, must fund them within existing resources.

4.2 The work being undertaken through the Complex Care Transformation Programme aims to put in place the services and support that will allow for early intervention to maximise people’s independence and address underlying causes of behavioural issues and in doing so, reducing the need for more intensive, expensive and sometimes intrusive interventions. This is being achieved through investment in Core and Cluster models, Technology Enabled Care and improving the pathway for young people transitioning into Adult Services, along with a range of other actions. This investment supports the above workstreams allowing for efficiency in service delivery, with those efficiencies being invested back into service delivery so that the increasing volume and complexity of needs throughout communities can continue to be supported.

**5. DIRECTIONS**

*The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.*

<b>Direction Required to Perth &amp; Kinross Council, NHS Tayside or Both</b>	<b>Direction to:</b>
No Direction Required	✓
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	

**6. GOVERNANCE**

The Autism and Learning Disabilities Strategic Delivery Plan is delivered by the Keys to Life and Autism Strategy groups and the Complex Care Transformation Programme Steering Group.

**7. CONCLUSION**

Over the next year the Autism and Learning Disability Strategy groups will continue working to improve services and supports for people with autism and/or a learning disability. This work will be supported through the ongoing implementation of the Complex Care Transformation Programme, especially the development of an Overnight Responder Service and Core and Cluster developments. However, it is recognised that there are ongoing challenges regarding increased demand, complexity of need and the changing financial climate.



**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
Gillian Morrison	Interim Service Manager	<a href="mailto:tay.pkijbbusinesssupport@nhs.scot">tay.pkijbbusinesssupport@nhs.scot</a>
Kenny Ogilvy	Interim Head of Adult Social Work and Social Care	<a href="mailto:tay.pkijbbusinesssupport@nhs.scot">tay.pkijbbusinesssupport@nhs.scot</a>

**NOTE:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	<b>Yes</b>
Transformation Programme	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>Yes</b>
Workforce	<b>Yes</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>Yes</b>
Risk	<b>Yes</b>
Other assessments (enter here from para 3.3)	
<b>Consultation</b>	
External	<b>Yes</b>
Internal	<b>Yes</b>
<b>Legal &amp; Governance</b>	
Legal	<b>N/A</b>
Clinical/Care/Professional Governance	<b>Yes</b>
Corporate Governance	<b>N/A</b>
<b>Directions</b>	<b>No</b>
<b>Communication</b>	
Communications Plan	<b>Yes</b>

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

The Strategic Delivery Plan supports the delivery of the Perth and Kinross Strategic Commissioning Plan in relation to all five deliverables below:

- 1 *prevention and early intervention,*
- 2 *person centred health, care and support*
- 3 *work together with communities*
- 4 *inequality, inequity and healthy living*
- 5 *best use of facilities, people and resources*

### 2. Resource Implications

#### 2.1 Financial

The Learning Disabilities/Autism SDP provides a clearly defined Financial Framework which provides full information on the financial implications of the proposals.

#### 2.2 Workforce

There will be increased numbers of individuals in employment and increased numbers of employers offering employment opportunities. These have been discussed with Employability Network and Employability team.

The SDP outlines in detail a plan to ensure that those who support autistic people in various settings are well trained and informed through ongoing workforce planning for Complex Care Programme.

### **3. Assessments**

#### **3.1 Equality Impact Assessment**

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

Up to date EqIA was completed 21 February 2024.

Assessed as **relevant** and the following positive outcomes expected following implementation: Our ambition is to help people to live as independently as possible with as high a quality of life as possible and reduce the reliance on acute health services and institutional care.

#### **3.2 Risk**

Risk profile completed as part of Complex Care Transformation Programme and is regularly monitored and reviewed.

#### **3.3 Other assessments**

The following headings should be included in the report where relevant:

Measures for Improvement – a list of the measures that will be monitored as part of the implementation of the SDP are included.

Benefit Realisation – details of the benefits articulated as part of Complex Care Programme.

Quality – Quality improvements are highlighted within the SDP and will be part of the Performance Monitoring .

### **4. Consultation – Patient/Service User first priority**

#### **4.1 External**

A variety of consultations has been conducted as part of the Complex Care Programme and with KTL/Autism and Carers Strategy Groups details can be provided where appropriate.

#### **4.2 Internal**

Regular reports have been provided as part of the development of the Complex Care Programme and KLT / Autism and Carer Strategies to IMT / EMT/ IJB.

#### 4.3 Impact of Recommendation

Over the next year the Autism and Keys to Life strategy groups will continue to improve services and provide support for people with autism and/or a learning disability. This will be provided through regular reporting to Strategy Groups / Steering Groups / IMT / EMT and IJB.

### 5. **Legal and Governance**

- 5.1 The Head of Legal and Governance Services has been consulted through the sharing of the SDP.

The Scottish Strategy for Autism 2018-21, The Keys to Life Strategy 2019-21 and The Coming Home Report have general themes which are reflected throughout policy and legislation which is focused on promoting and protecting people's rights to enable them to live healthy, productive lives. This is underpinned by living independently; fair access to support and treatment at the right time, having access to education and employment opportunities and being able to actively participate in communities which this SDP aims to provide.

- 5.2 The Autism and Keys to Life strategy groups will oversee the SDP and ensure monitored and reported on regularly through the Performance Monitoring process.

### 6. **Directions**

N/A

### 7. **Communication**

- 7.1 The Communications and Engagement Plan for the Complex Care Programme provides the details of how this change will be implemented.

### 2. **BACKGROUND PAPERS/REFERENCES**

N/A

### 3. **APPENDICES**

N/A



## PERTH & KINROSS INTEGRATION JOINT BOARD

20 MARCH 2024

2024-27 BUDGET

Report by Chief Finance Officer  
(Report No. G/24/45)

### PURPOSE OF REPORT

The purpose of this report is to present the Perth and Kinross Integration Joint Board's proposed 2024/25 Budget and 2025/26 and 2026/27 Provisional Budgets.

## 1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- i. Approves the proposed 2024/25 Budget as set out in Appendix 1.
- ii. Approves the expenditure pressures set out in Appendix 2.
- iii. Approves the savings and funding proposals set out in Appendix 2.
- iv. Approves the allocation of earmarked reserves towards the 2024/25 expenditure pressures.
- v. Approves the use of general reserves to bring 2024/25 into financial balance.
- vi. Notes the 2025/26 and 2026/27 Provisional Budgets and the additional work required to bring these years into balance.
- vii. Issues directions as set out in Section 10 and Appendix 4 of this report.

## 2. BACKGROUND

- 2.1 The funding for the Integration Joint Board (IJB) is delegated from Perth & Kinross Council and NHS Tayside for delegated functions as set out in the Integration Scheme and the IJB Strategic Commissioning Plan 2020-2025.
- 2.2 As a section 106 body under the Local Government (Scotland) Act 1973, the IJB is required to set a balanced budget for the coming financial year. This is increasingly challenging with the IJB being faced with unprecedented financial pressures due to increased costs, a growing ageing population and increasing demand and complexities. The Council and NHS Board are similarly facing significant financial challenges and the funding allocations received from partners do not fully meet the IJB's pressures. Therefore, whilst the IJB is committed to supporting the Strategic Plan through prioritisation and ensuring

best use of available resources, reductions in services and further use of General Reserves have had to be considered to balance the budget for 2024/25.

- 2.3 The proposed 2024/25 Budget has been developed and considered with IJB members through the dedicated Budget Review Group throughout January & February and at Budget Development Sessions on 12 December 2023 and 23 February 2024.
- 2.4 Recognising the significant gap within the Provisional Budgets for 2025/26 and 2026/27, the Budget Review Group will continue to meet throughout 2024/25. It will consider the additional funding solutions and reductions in expenditure required and how this can be achieved with minimal impact on the strategic plan and to the population's health and care needs.

### **3. FINANCIAL STRATEGY**

- 3.1 The IJB is asked to consider savings proposals which are brought forward in line with a financial strategy. The strategy is comprised of three core measures which together aim to deliver financial balance whilst delivering safe and sustainable services. These are:
- Efficiency
  - Transformation of Services
  - Prioritise and Reduce
- 3.2 The Budget is reliant on the success of an ambitious and evidence-based Transformation Programme, known as the "Big 6". This has been established to continually refine and modernise our models of delivery in areas of growing need/demand, financial pressure and which require transformational change to ensure sustainability going forward. The programme includes:
- Older People
    - Care at Home and Reablement
    - Review of Rehabilitation Beds
    - Enhancing Capacity in Dementia Services
  - Learning Disabilities and Autism
    - Transformation of Complex Care
  - Primary Care in Mental Health
  - Prescribing
- 3.3 Scrutinising levels of efficiency and making best use of resources has been the focus of this budget, but despite this and the ambitious transformation agenda, a gap remains and the IJB is asked to consider proposals that reduce services. Actions will be taken to mitigate the impact and to continue supporting the strategic plan and vision for the IJB as far as possible.
- 3.4 The approach and delivery of financial balance needs to be underpinned by collaborative working, strategic planning, robust financial management, a reserves policy and workforce planning. Each element will be reviewed

throughout the year to monitor delivery and ensure resources are being used in the most effective way.

## **4. BUDGET**

### **4.1 Scottish Government**

4.1.1 The Scottish Government's budget for 2024/25 was published on 21 December 2023. This confirmed an additional £230m to deliver the payment of £12 per hour minimum pay settlement for adult social care workers in commissioned services via agreed contract uplifts. Also, £11.5m for an inflationary uplift on Free Personal and Nursing Care rates. This funding is additional and not substitutional to each Council's 2023/24 recurring budgets for services delegated to IJBs. The detail of the funding allocation for Perth & Kinross IJB is provided in Appendix 1.

### **4.2 Perth & Kinross Council**

4.2.1 The Perth & Kinross Council 2024/25 Revenue Budget is in line with the Scottish Government direction above, therefore the budget is equal to the 2023/24 recurring budget plus the additional funding of £6.765m for adult social care pay uplift in commissioned services and £0.766m inflationary uplift for Free Personal Care.

4.2.2 The IJB's 2023/24 budget was also uplifted by £1.000m in-year to reflect the Local Government Pay Settlement. Perth & Kinross Council passed through the relevant share for Council employees within the services delegated to the IJB and this funding was provided on a recurring basis.

4.2.3 On 28 February 2024, Perth & Kinross Council allocated £0.800m from the Council Transformation Reserve to support the transformation of Care at Home and Reablement. This investment will be used to mitigate future years' cost pressures and will be drawn down from the Council reserve as required throughout 2024/25.

4.2.4 The detail of the budget requisition to Perth & Kinross Council for 2024/25 is provided in Appendix 1. This is in line with the 2024/25 Revenue Budget approved by the Council for the IJB on 28 February 2024.

### **4.3 NHS Tayside**

4.3.1 The Scottish Government budget proposal for 2024/25 sets out that NHS Scotland Health Boards will receive a 0% general funding uplift. However, at this stage, it can be assumed that additional funding will be allocated to support pay uplifts for NHS employees. This proposed budget is considerably lower than the IJB's planning assumption for 2024/25 and equates to an additional c£1m+ pressure on the IJB's financial plan.

4.3.2 The NHS Tayside budget for 2024/25 will be set in April 2024 and the current assumption is for NHS Tayside to provide a budget equal to the 2023/24 budget and pass on any pay uplift to the IJB. The detail of the indicative budget requisition to NHS Tayside for 2024/25 is provided in Appendix 1. The

figure at present only includes pay uplift related to recurring budgets that have been baselined and added to core budget. The Scottish Government is working through allocations and uplifts for budgets that have not yet been baselined. The IJB is assuming any uplift provided for these budgets will also be passed through to the IJB.

## 5. PRESSURES

- 5.1 In preparing the 2024/25 Budget the IJB has considered pressures relating to pay, cost, demand, and investment to support strategic plans. The detailed recurring expenditure pressures are set out in Appendix 2.
- 5.2 The 2024/25 pressures total £17.245m. This is made up of £6.433m within Health Services and £10.812m within Social Care. The table below provides the summarised allocation of pressures.

Table 1

	Health £m	Social Care £m	Total £m
Pay	1.058	0.674	1.732
Cost	-	7.101	7.101
Increased Need	0.076	3.037	3.113
Prescribing	4.559	-	4.559
Undelivered Saving	0.740	-	0.740
<b>Total Recurring Pressures</b>	<b>6.433</b>	<b>10.812</b>	<b>17.245</b>

- 5.3 The 2024/25 Budget is based upon information currently available, both in terms of costs and anticipated demand pressures. However, there is significant risk that assumptions may require to be revised as part of the ongoing monitoring throughout the financial year.
- 5.4 Further detail on assumptions and risks is provided in Section 8 below.

## 6. SAVINGS / REALLOCATION OF BUDGETS

- 6.1 To set a balanced budget for 2024/25, the IJB has considered funding solutions in line with the financial strategy set out in paragraph 3.1. These have been reviewed alongside Strategic Delivery Plans to ensure the budget remains sufficient to allow plans to be financially supported.
- 6.2 The proposed savings will impact up to 35 WTE across various services. A range of options will be used to minimise the impact on employees including the non-filling of vacancies, the use of natural attrition and redeployment of staff where appropriate. Some proposals are still in the review stage, the outcome of which is not yet known. This may change the number of WTE impacted. The outcome of these reviews, as they relate to the strategic plan, will be reported back to the IJB for consideration as part of the 2025/26 budget.



- 6.3 As the employing organisations, Perth & Kinross Council and NHS Tayside are aware of the proposals. The workforce management and organisational change policies of the employing organisation will apply.
- 6.4 Appendix 2 provides further detail on proposed savings and reallocation of uncommitted budgets.
- 6.5 A summary of recurring funding and savings proposals is as follows:

Table 2

	2024/25 £m
NHS Uplift Pay	1.058
Adult Social Care Living Wage Uplift	6.765
Free Personal Care uplift	0.776
Savings & Reallocation of Uncommitted Budget	5.518
<b>Total Funding / Savings</b>	<b>14.117</b>

## 7. RESERVES AND NON-RECURRING FUNDING

- 7.1 The IJB holds earmarked and un-earmarked (general) reserves. The projected balance of reserves at 1 April 2024 is provided in detail in Appendix 3.
- 7.2 Reserves can be earmarked to reflect Scottish Government priorities and to be retained for specific purposes, or reserves can be earmarked to meet known or anticipated pressures. As part of the financial strategy, earmarked reserves have been reviewed and where they are not yet committed or required for Scottish Government priorities, they are proposed to be allocated against 2024/25 expenditure pressures.
- 7.3 The Perth & Kinross Alcohol & Drug Partnership (ADP) have approved a one-off allocation of £0.312m. This is being provided from the Alcohol & Drug Partnership funding and is to part fund the prescribing of the opiate substitute Buprenorphine in 2024/25.
- 7.4 The IJB is asked to note the ADP approval of one-off funding. It is also asked to approve the below allocation of £0.883m of earmarked reserves towards the 2024/25 expenditure pressures contained within this budget paper.

Table 3

Earmarked Reserve	Amount to be allocated 2024/25 £m
Primary Care Transformation Fund	0.316
Primary Care Fund	0.255
Alcohol & Drug Partnership	0.312
<b>Total Earmarked Reserves</b>	<b>0.883</b>

- 7.5 The IJB is asked to approve £1.445m of general reserves to meet the expenditure pressures and to deliver a balanced budget in 2024/25.  
Table 4

	2024/25 £m
Total Pressures	17.245
Recurring Funding and Savings	(14.117)
Perth & Kinross Council Transformation Funding	(0.800)
Application of Earmarked Reserves	(0.883)
Use of General Reserves	(1.445)
<b>Balance</b>	-

- 7.6 The IJB Reserves Policy aims to maintain general reserves equivalent to 2% of net budget (c£5m for 2024/25). The projected balance of IJB General Reserves is below this level, at 1.0% (£2.555m).

Table 5

<b>2024/25 Budget Proposal</b>	<b>£m</b>
Projected General Reserve 1 April 2024	4.000
2024/25 Budget – Use of General Reserves	(1.445)
Balance of Reserve Remaining	2.555
Balance as % of Net Expenditure	1.0%

- 7.7 A General Reserve below the 2% target level represents a significant risk to the IJB. As noted in section 3, reserves are a key component to the IJB’s financial strategy. They are required to manage unanticipated pressures in year and are important for the long-term financial sustainability of the IJB. Although a General Reserve of 1% is considered low, the lack of funding available and the high level of expenditure pressures means that reserves are required to deliver a balanced budget in 2024/25.

## 8. ASSUMPTIONS AND FURTHER RISK

- 8.1 The 2024/25 to 2026/27 Budget is based on several assumptions including demand levels, costs, transformation, pay and funding. Further details on the assumptions are provided in Appendix 2. The material risks related to these are:

- **NHS Pay Uplift Funding** – as noted in paragraph 4.3, the budget from NHS Tayside assumes funding from Scottish Government will meet the 2024/25 pay uplift cost and that this budget will be passed through in full to the IJB. This is in line with the assumption the Scottish Government have advised Boards to make. There is a risk this funding is not provided and this would result in c£0.500m pressure for every 1% of unfunded pay uplift.
- **Local Government Pay Settlement** – the 2024/25 pay settlement for Local Authority employed staff has not yet been finalised. The IJB Budget plans for an unfunded 3% pay uplift, this is in line with the

assumption made in the Perth & Kinross Council Budget approved 28 February 2024. An unfunded uplift above 3% would result in a significant financial pressure for the IJB.

- **Prescribing** – An increase on volume and price above the predicted level could result in significant additional financial pressure for the IJB. The prescribing savings plan is ambitious and sets targets for both national and local cost reducing initiatives. Delay in realising these reductions could lead to increased costs in year.
- **In Patient Mental Health** – Agreement has not yet been reached with NHS Tayside and the 3 Tayside IJBs for any future overspend within In Patient Mental Health Services, beyond the position agreed for 2023/24. Discussions are ongoing and progress is being made, but at this time the issue has not yet been resolved. Updates on the financial framework and any potential financial risk will be regularly reported to the IJB. An updated position is planned for the June 2024 IJB meeting and the Audit & Performance Committee throughout the financial year.

## 9. PROVISIONAL BUDGET 2025/26:2026/27

- 9.1 The 2025/26 and 2026/27 Provisional Budgets have been prepared on the same basis as the proposed 2024/25 Budget. However, several uncertainties remain over funding, demand, and impact of transformation. This will be closely monitored throughout 2024/25 to further refine the budget for approval in March 2025.
- 9.2 A balanced budget is presented for 2024/25 but the provisional budget identifies a considerable gap in 2025/26 and 2026/27. This is a result of identified pressures across all care groups, including GP prescribing. The IJB will need to consider additional funding solutions and reductions in overall expenditure to ensure the budget can be balanced in future years.

The table below summarises the recurring budget position over the 3 years:

Table 6

	2024/25 £m	2025/26 £m	2026/27 £m	Total £m
Pressures	17.245	7.534	7.564	32.343
Funding	(8.599)	(5.112)	(5.153)	(18.864)
Savings/Reallocation	(5.518)	(2.450)	(0.785)	(8.753)
Non Recurring Funding	(3.128)	-	-	(3.128)
Prior year recurring gap	-	3.128	-	3.128
<b>Gap</b>	-	<b>3.100</b>	<b>1.626</b>	<b>4.726</b>

## 10. DIRECTIONS

- 10.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of

binding directions from the Integration Joint Board to one or both of Perth & Kinross Council and NHS Tayside.

<b>Direction Required to Perth &amp; Kinross Council, NHS Tayside, or Both</b>	<b>Direction to:</b>
No Direction Required	
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	X

10.2 The IJB is asked to issue the directions within Appendix 4 to Perth & Kinross Council and NHS Tayside, for the 2024/25 Budget.

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
Donna Mitchell	Chief Finance Officer	<a href="mailto:tay.pkijbbusinesssupport@nhs.scot">tay.pkijbbusinesssupport@nhs.scot</a>

**NOTE:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	<b>Yes</b>
Transformation Programme	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>Yes</b>
Workforce	<b>Yes</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>Yes</b>
Risk	<b>Yes</b>
Other assessments (enter here from para 3.3)	
<b>Consultation</b>	
External	<b>Yes</b>
Internal	<b>Yes</b>
<b>Legal &amp; Governance</b>	
Legal	<b>None</b>
Clinical/Care/Professional Governance	<b>None</b>
Corporate Governance	<b>None</b>
<b>Directions</b>	<b>Yes</b>
<b>Communication</b>	
Communications Plan	<b>None</b>

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

The development of the 3 Year Budget 2024:2027 has been underpinned by detailed financial frameworks included in IJB Strategic Plans for Older People, Learning Disabilities/Autism and Community Mental Health & Wellbeing. Increased unanticipated need has meant that some assumptions have had to be revised. The IJB will therefore be required to reassess previous investment and disinvestment decisions as part of the 2024/25 Budget process.

### 2. Resource Implications

#### 2.1 Financial

The report sets out the overall financial implications of identified pressures and proposed funding over the 3 year period.

#### 2.2 Workforce

The workforce implications of proposed savings have been considered and are highlighted where appropriate within Appendix 2.

### **3. Assessments**

#### **3.1 Equality Impact Assessments**

The necessary equality impact assessments underpinning proposed pressures and savings have been completed and can be accessed in Appendix 5. Proposals have been considered to understand impacts and to take steps to mitigate where possible.

Some proposals remain at “review” stage, with further engagement with stakeholders required. Those that are not yet sufficiently developed to fully inform an Equality Impact Assessment will be brought back to the IJB as they progress.

#### **3.2 Risk**

The IJB’s Strategic Risk Register identifies availability of sufficient financial resources as a significant risk to the delivery of the IJB’s strategic objectives.

The Budget proposed for 2024/25 is balanced but makes several assumptions and carries risk mainly related to unknown inflation costs and uncertainty on funding. These risks will be monitored, assessed and reported on throughout the financial year.

### **4. Consultation**

#### **4.1 External**

The Strategic Delivery Plans that underpin the Budget 2024:2027 have been considered by the representatives on relevant strategy groups and by the IJB Strategic Planning Group.

An update on the development of the Budget 2024:2027 was provided to IJB members at a development session in February 2024.

Some proposals for years 2 and 3 remain in “review” stage and stakeholders will be consulted and engaged to develop the proposals as they progress.

#### **4.2 Internal**

The Perth & Kinross HSCP Executive Management Team has provided oversight of the development of the budget proposals.

The proposed budget has been considered as part of both NHS Tayside and Perth & Kinross Council budget process for 2024/25.

Budget Review Group sessions have been held for all voting members of the IJB. IJB Budget Development Sessions have been held to which all IJB Members were invited.

## **5. Directions**

Directions are required to be issued to NHS Tayside and Perth & Kinross Council in respect of the 2024/25 Budget.

## **2. APPENDICES**

Appendix 1 IJB Budget 2024/25

Appendix 2 Executive Summaries

Appendix 3 Summary of Reserves

Appendix 4 Directions

Appendix 5 Cumulative Impact Assessment





**IJB Budget 2024/25**

<b>Budget NHS Tayside</b>	<b>2024/25 £m</b>
Recurring Budget 2023/24	156.695
2% Uplift on Recurring Pay Budgets*	1.058
<b>Total 2024/25 Recurring Budget</b>	<b>157.753</b>
Additional Areas Funded Via Scottish Government Budget - Anticipated in 2024/25 **	
Multi Disciplinary Funding	1.466
Primary Care Improvement Funding	5.398
District Nursing Funding (Year 5)	0.295
Alcohol & Drug Partnership	1.553
Mental Health Action 15	1.513
<b>Total Additional Scottish Government Budget via NHS Tayside</b>	<b>10.225</b>

\*Assumed 2% uplift as per advice from Scottish Government for pay only in 2024-25.

\*\* These funding streams are still to be baselined recurringly into IJB budgets, although Scottish Government intentions remain that this will happen in the coming financial years

<b>Budget Perth &amp; Kinross Council</b>	<b>2024/25 £m</b>
Recurring Budget 2023/24	82.241
Local Government Pay Settlement	1.000
<b>Sub-Total Recurring Budget 2024/25</b>	<b>83.241</b>
Scottish Government Funding:	
Adult Social Care Pay Uplift in Commissioned Services	6.765
Free Personal Care Uplift	0.766
<b>Total Scottish Government Funding</b>	<b>7.531</b>
<b>Total 2024/25 Recurring Budget</b>	<b>90.772</b>



**PERTH & KINROSS INTEGRATION JOINT BOARD  
REVENUE BUDGET 2024/25 TO 2026/27**

	24/25 £'000	25/26 £'000	26/27 £'000
<b>EXPENDITURE PRESSURES - Health</b>			
<b>Pay - Core Health</b>			
Additional costs from a pay increase to NHS Tayside employed staff, based on a planning uplift assumption of 2% per year, in line with the latest NHS financial planning assumptions.	1,058	1,078	1,100
<b>Sub-Total Pay &amp; Cost Pressures Health</b>	<b>1,058</b>	<b>1,078</b>	<b>1,100</b>
<b>Undelivered Saving - Review of Rehabilitation Beds</b>			
As part of the 2019/20 budget setting process, and in response to NHS Tayside's Integrated Clinical Strategy, Perth and Kinross Health and Social Care Partnership (HSCP) explored options around its inpatient models within community hospitals. At that time, investment was made into community-based resources to support a transition from rehabilitation provided in an inpatient setting to one provided in a homely setting, with corresponding disinvestment to be realised from the reduction in inpatient rehab beds.	740	0	0
As a result of COVID, there have been delays in the co-ordination and delivery of these savings. A transformation programme is now underway to refresh the Review of Rehabilitation Beds across the Perth & Kinross area, taking account of contextual and demand changes post-COVID, with a view to identifying where the need for these beds is and how best to provide this support. This work is anticipated to release budget in Years 2 & 3 due to a redesign of service provision. This pressure addresses the existing budget deficit from the 2019/20 planned saving.			
<b>Sub-Total Older People Pressures Health</b>	<b>740</b>	<b>0</b>	<b>0</b>
<b>Learning Disabilities Increased Cost &amp; Need</b>			
The pressure reflects the increasing recurring cost of Complex Care packages for clients with Learning Disabilities. This is due to increased need for services, along with uplift to rates for providers of services.	0	230	110
<b>Sub-Total Learning Disabilities Pressures Health</b>	<b>0</b>	<b>230</b>	<b>110</b>

24/25      25/26      26/27  
 £'000      £'000      £'000

**EXPENDITURE PRESSURES - Health**

<b>General Adult Psychiatry Drugs</b>			
This drugs budget has been a source of cost pressure in recent years. There is an upwards trend in expenditure caused by a change in the ratio of old to new generation anti-psychotic drugs used within the General Adult Psychiatry service.	76	0	0
<b>Sub-Total Mental Health Pressures Health</b>	<b>76</b>	<b>0</b>	<b>0</b>
<b>Prescribing Cost &amp; Volume Pressure</b>			
The prescribing financial plan is identifying a pressure of £4.559m. The main issue being considerable price increases and additional new medicines. The prescribing budget is already insufficient for Perth & Kinross, with a projected c£3m overspend in 2023/24. The Scottish Government have confirmed no uplift funding will be provided for 2024/25. This plan assumes a 1% volume growth in 2024/25 and 5% price growth (in line with national planning assumptions).	4,559	600	600
<b>Sub-Total Prescribing Pressures</b>	<b>4,559</b>	<b>600</b>	<b>600</b>
<b>Total Pressures Health</b>	<b>6,433</b>	<b>1,908</b>	<b>1,810</b>

**PERTH & KINROSS INTEGRATION JOINT BOARD  
REVENUE BUDGET 2024/25 TO 2026/27**

**24/25      25/26      26/27  
£'000      £'000      £'000**

**EXPENDITURE PRESSURES - Social Care**

<p><b>Pay</b></p> <p>Additional costs from a pay increase to Perth and Kinross Council employed staff, based on a planning uplift assumption of 3% per year, in line with the latest Council financial planning assumptions.</p>	674	695	716
<p><b>Care Home Contract Rates</b></p> <p>The uplift to the national care home contract is negotiated annually on a national basis. The uplift for 2024-25 increases the residential care rate by 8.3% to £825.94 per week and increases the nursing rate by 6.76% to £948.59 per week.</p>	2,883	1,479	1,522
<p><b>Living Wage for Adult Social Care</b></p> <p>A pay uplift for Adult Social Care workers in commissioned services has increased the hourly rate from £10.90 to a minimum of £12.00. This represents a 10.1% uplift in 2024/25. This pressure assumes 3% uplift for pay in Years 2 and 3, with an uplift of 1% on non-pay elements of contracts across all 3 years.</p>	3,631	1,213	1,247
<p><b>Contract Uplift</b></p> <p>Provision for contract inflation across Service Level Agreements. Inflation rates assumed are 3.5%, 3% and 2%.</p>	80	71	49
<p><b>Free Personal Care Increase</b></p> <p>The uplift for Free Personal Care in 2024/25 has been set and confirmed by the Scottish Government at 6.68%. This increases the weekly free personal care residential rate to £248.70 and the nursing rate to £360.60.</p>	474	227	234
<p><b>External Transport Cost Increase</b></p>			

	24/25 £'000	25/26 £'000	26/27 £'000
<b>EXPENDITURE PRESSURES - Social Care</b>			
The Public Transport Unit have advised they expect inflationary pressures to reach 4.26% for 2024/25.	33	0	0
<b>Sub-Total Pay &amp; Cost Pressures Social Care</b>	<b>7,775</b>	<b>3,685</b>	<b>3,768</b>
<b>Care Home Placements Need &amp; Demographic Increase</b>			
This pressure reflects the increasing demographic of Older People in Perth & Kinross who require a long-term care placement. The Older People Strategic Delivery Plan had assumed that the Care Home Placement resource was sufficient, however increases in placements throughout 2023-24 requires the IJB to reassess this assumption, recognising the increasing population and need for Care Home Placements.	350	500	500
<b>Care at Home Need &amp; Demographic Increase</b>			
The Older People population in Perth & Kinross is increasing, therefore the Older People Strategic Delivery Plan has recognised that additional funding will be required in future years to meet increased levels of need. This proposal includes pressures in Year 1 in order to support the Transformation of Care at Home services, to provide an effective, efficient and sustainable service. A reduction in expenditure as a result of this transformation work is expected to be realised in Year 2.	1,030	250	250
<b>Sub-Total Older People Pressures Social Care</b>	<b>1,380</b>	<b>750</b>	<b>750</b>
<b>Learning Disabilities Need &amp; Demographic Increase</b>			
The pressure reflects the full cost of new clients and increase in cost of existing clients. It is difficult to predict need in future years, therefore years 2 and 3 are based on the current levels of increasing need and cost continuing.	862	594	593
<b>Learning Disabilities Transitions &amp; Transformation</b>			

	24/25 £'000	25/26 £'000	26/27 £'000
<b>EXPENDITURE PRESSURES - Social Care</b>			
Every year a predictable number of young people with a Learning Disability and/or Autism will transition from Education & Children's Services to Adult Social Work and Social Care. Despite early intervention the cost of many individuals' care packages is significant when they move to adult services.	578	596	642
<b>Sub-Total Learning Disabilities Pressures Social Care</b>	<b>1,440</b>	<b>1,190</b>	<b>1,235</b>

24/25      25/26      26/27  
 £'000      £'000      £'000

**EXPENDITURE PRESSURES - Social Care**

<b>Community Mental Health Increased Need</b>			
The pressure reflects the full cost of new clients and increase in cost of existing clients within placements for adults with Mental Health needs.	217	0	0
<b>Sub-Total Mental Health Pressures Social Care</b>	<b>217</b>	<b>0</b>	<b>0</b>
<b>Total Pressures Social Care</b>	<b>10,812</b>	<b>5,625</b>	<b>5,753</b>



**PERTH & KINROSS INTEGRATION JOINT BOARD  
REVENUE BUDGET 2024/25 TO 2026/27**

**24/25      25/26      26/27  
£'000      £'000      £'000**

**BUDGET REDUCTIONS AND SAVINGS**

Efficiency	<p><b>Review of Uncommitted Budgets</b> This proposal has identified areas of ongoing underspend which are now deemed to be surplus budgets. Including this option as a saving allows the budgets to be utilised elsewhere in a planned way, and in line with strategic objectives.</p>	465	0	0
	<p><b>Vacancy Factor - Previously protected areas</b> Proposal to increase the vacancy factor within previously protected, non-inpatient health services to 5%, in line with the existing vacancy factor budget within other Health budgets. The vacancy factor being proposed is already being achieved through natural recruitment and turnover. The saving formally recognises this as available.</p>	285	0	0
Transformation	<p><b>Transformation of Care at Home</b> The Transformation of Care at Home is aiming to make the service more efficient, effective and sustainable. This includes the development of new systems, integration of care teams into sub-localities and use of technology to supplement and enhance care services. This work is expected to continue throughout 2024/25 as described in the corresponding pressure for this year, with efficiencies expected to be realised in the second half of the year leading to recurring savings from Year 2.</p>	0	800	0

24/25  
£'000

25/26  
£'000

26/27  
£'000

**BUDGET REDUCTIONS AND SAVINGS**

Prioritise & Reduce	<p><b>Review of Recent Investment (Hospital at Home)</b></p> <p>This option will be to close Hospital at Home as a stand-alone service and redeploy the medical team into the Perth City locality team, supporting the delivery of an integrated and advanced practice model. Hospital at Home is a short-term, targeted intervention that provides a level of acute hospital care in an individual's own home, preventing the need for an admission to an acute hospital. The service focuses on an early intervention approach identifying a deteriorating clinical condition of a patient in the community by delivering a more specialist advanced practice clinical intervention in the patients own home and supported by senior decision makers differentiates the Hospital at Home model from current community service provision in Perth and Kinross.</p> <p>The service has been aspiring to a virtual bed capacity of 10 beds in Perth City but throughout the pilot phase has achieved up to a maximum of 5 beds, and an average of 2/3 beds per weekday.</p> <p>The decision to cease the Hospital at Home service at this time is inconsistent with the policy direction from Scottish Government. However, financial support from Scottish Government has been non-recurring in nature and the model is not cost-effective at this time.</p> <p><b>Impact on Workforce - up to 10.9WTE</b></p>	593	0	0
	<p><b>Redesign of Psychiatry of Old Age</b></p> <p>In line with the Transformation programme for Dementia Services, several options are being explored at present. These are;</p> <p>1)Review of Post Diagnostic Support services and examination of commissioning model. 2)Review of In-patient bed base model 3)Review of Medical outpatient staffing model</p> <p>The outcome of the review, in partnership with the third and independent sector, will enable functions of the current service to be delivered differently and reducing costs whilst still enabling the service to provide a robust care and treatment option.</p> <p><b>Workforce Implications will be determined as part of the review.</b></p>	240	0	0

Transformation

24/25      25/26      26/27  
 £'000      £'000      £'000

**BUDGET REDUCTIONS AND SAVINGS**

Transformation	<p><b>Recommencement of Rehabilitation Bed Review</b></p> <p>As part of the 2019/20 budget setting process, and in response to NHS Tayside's Integrated Clinical Strategy, Perth and Kinross Health and Social Care Partnership (HSCP) explored options around its inpatient models within community hospitals. NHST Integrated Clinical Strategy states,</p> <p>"A reliance on hospital based traditional healthcare no longer meets the needs of our communities. There is now a need to acknowledge and fully implement a move to more community-based services, proactive and preventative care models, and supported self-care for people who use our services."</p> <p>At that time, significant investment was made into community-based resources to support a transition from rehab provided in an inpatient setting to one provided at home or in a homely setting, with corresponding disinvestment.</p> <p>As a result of COVID, however, these savings have not yet been delivered. A transformation programme is now underway to refresh the review of Rehabilitation Beds across the Perth &amp; Kinross area, taking account of contextual and demand changes post-COVID with a view to identifying an appropriate needs-led distribution of in-patient rehabilitation. This work is anticipated to release savings in Years 2 &amp; 3 due to service redesign.</p> <p><b>Workforce Implications will be determined as part of the review.</b></p>	0	500	500
	<p><b>Integrated Care Teams &amp; Discharge</b></p> <p>In line with the NHST Integrated Clinical Strategy (2018), this proposal seeks to better integrate the workforce and processes across Locality and in Discharge Planning Teams. Further integrating our core locality teams to ensure a multi-disciplinary response to support people at home. This promotes person-centred approaches and closer working relationships to provide care tailored to those people who need it. Work is ongoing to determine workforce models required to support the integration of community teams, however it is anticipated that cost reductions will be realised through more efficient models of working.</p> <p><b>Impact on Workforce - up to 12WTE</b></p>	465	155	0

24/25      25/26      26/27  
 £'000      £'000      £'000

**BUDGET REDUCTIONS AND SAVINGS**

	24/25 £'000	25/26 £'000	26/27 £'000
Efficiency	<b>Review and Redesign of Day Care/Opportunities for Older People</b>		
	<p>At present, Day Provision for Older People in Perth and Kinross is offered through Day Care or Day Opportunities services, however this model of delivery may not be the most efficient option, or provide the most appropriate support for service users. This proposal seeks to carry out a review, redesign / commissioning of Older People Day Care/Opportunity Services currently provided by PKC including New Rannoch Day Centre in Perth and Strathmore Day Opportunities in Blairgowrie.</p> <p>This would allow the opportunity to design bespoke and person-centred services within communities of need.</p> <p><b>Workforce Implications will be determined as part of the review.</b></p>		
	0	500	0
<b>Sub-Total Older People Reduction and Savings</b>			
	<b>2,048</b>	<b>1,955</b>	<b>500</b>
Transformation	<b>Transformation of Services for People with Complex Care Needs</b>		
	<p>Investment was approved in 2022/23 supporting a transformation programme to develop a model of care providing high quality, financially sustainable support for people with complex care requirements. This included the creation of a specialist multi-disciplinary SCOPE team, a Technology Enabled Care (TEC) Overnight Responder Service, Positive Behavioural Support resources and the implementation of Core and Cluster Models. As a result, this will deliver savings associated with high cost and out of area placements.</p>		
	405	210	0
<b>Sub-Total Learning Disabilities Reduction and Savings</b>			
	<b>405</b>	<b>210</b>	<b>0</b>

		24/25 £'000	25/26 £'000	26/27 £'000
<b>BUDGET REDUCTIONS AND SAVINGS</b>				
Prioritise & Reduce	<b>Primary Care Resilience</b>			
	Perth & Kinross Health & Social Care Partnership approved this investment to partially fund the creation of a Primary Care Resilience Team. This investment followed national discussions around the importance of establishing robust approaches to GP Practice resilience and sought to invest in GP, pharmacist and other capacity aimed at providing short term support to GP Practices with workforce issues. Attempts to recruit to this model have been unsuccessful, it is therefore proposed that this investment be reversed.	184	0	0
<b>Sub-Total Primary Care Reduction and Savings</b>		<b>184</b>	<b>0</b>	<b>0</b>
Efficiency	<b>Increased Charges</b>			
	Under Perth and Kinross Council's Contributions Policy, Adult Social Care clients are asked to make a financial contribution towards the cost of their planned non-residential care services, based on each person's ability to pay. The Council's Financial Regulations state that charges must be reviewed at least annually. These charges have been frozen for several years. Other Perth & Kinross Council Fees and Charges increased by 3% in 2023/24 and are proposed to increase by a further 4% in 2024/25. It is therefore proposed that adult social care non-residential charges are increased by 7% for financial year 2024/25 and in line with anticipated inflation in Years 2 and 3. The increased charges were included in the Revenue Budget paper approved at Council on 28 February 2024.	100	60	60
Efficiency	<b>Integrated Management and Support</b>			
	As part of Perth and Kinross Health and Social Care Partnership's drive to better Integrate Health and Social Care functions, a review of the management and support structure is underway, with the aim of co-ordinating staff and resources in a more effective and efficient way. As a result of changes to management structures and associated support functions, it is anticipated that cost can be reduced through streamlining of processes and removal of duplication across the system, as well as through more collaborative and integrated working.	400	225	225
<b>Impact on Workforce - up to 12.1WTE</b>				
<b>Sub-Total Management &amp; Support Reduction and Savings</b>		<b>500</b>	<b>285</b>	<b>285</b>

24/25      25/26      26/27  
 £'000      £'000      £'000

**BUDGET REDUCTIONS AND SAVINGS**

Efficiency/ Transformation	<b>Prescribing</b>			
	This proposal outlines 5% savings and cost reductions against the Prescribing budget. This will be delivered through initiatives driven at Local, Board and National levels. This includes a review of medicines of low clinical value, medicines wastage, polypharmacy reviews and medicine switches. Local initiatives will be supported through our Quality, Safety & Efficiency Programme.	1,681	0	0
	<b>Sub-Total Prescribing Reduction and Savings</b>	<b>1,681</b>	<b>0</b>	<b>0</b>

**FUNDING - Health**

<b>Parent Body Budget Settlement Benefit</b>			
Assumption of 2% pay uplift per year, in line with NHS financial planning assumptions.	1,058	1,079	1,101
<b>Prescribing Uplift</b>			
Scottish Government have confirmed there will be no uplift to prescribing budgets in 2024-25. This proposal provides £700k of local uplift, funded through a review of uncommitted funding and allocating this to the prescribing pressure on a recurring basis. Years 2 and 3 assume a recommencement of a 2% non-pay uplift from the Scottish Government towards prescribing costs.	700	600	600
<b>Sub-Total Funding Health</b>	<b>1,758</b>	<b>1,679</b>	<b>1,701</b>

24/25      25/26      26/27  
 £'000      £'000      £'000

**BUDGET REDUCTIONS AND SAVINGS**

**FUNDING - Social Care**

<b>Scottish Government Social Care Allocation</b>			
Scottish Government have confirmed funding to deliver the payment of £12 per hour minimum pay settlement for Adult Social Care workers in commissioned services via agreed contract uplifts.	6,765	2,700	2,700
<b>Scottish Government Free Personal Care Funding</b>			
Scottish Government have confirmed funding for the inflationary uplift on Free Personal Care and Nursing Rates.	776	378	390
<b>Share of Resource Transfer Uplift</b>			
Scottish Government have confirmed no uplift to non-pay budgets in 2024-25; this proposal assumes 2% non-pay uplift will be reinstated from Year 2 and this will be applied to budgets which are transferred from NHS to support expenditure incurred in Social Care.	0	355	362
<b>Sub-Total Funding Social Care</b>	<b>7,541</b>	<b>3,433</b>	<b>3,452</b>
<b>Total Reduction, Savings and Funding</b>	<b>14,117</b>	<b>7,562</b>	<b>5,938</b>





	Projected Balance 1 April 2024	Projected Expenditure 2024/25	Projected Balance 31 March 2025
	£m	£m	£m
<b><u>Earmarked Reserves</u></b>			
Alcohol and Drug Partnership	0.785	0.523	0.262
Community Living Change Fund	0.085	0.085	-
Primary Care Earmarked Reserve	0.755	0.755	-
Mental Health Recovery & Renewal	0.139	0.139	-
Service Specific Reserve	1.090	0.678	0.412
	<u>2.854</u>	<u>2.180</u>	<u>0.674</u>
<b><u>Unearmarked Reserves</u></b>			
General Reserves	4.000	1.445	2.555
<b>Total IJB Reserves</b>	<b><u>6.854</u></b>	<b><u>3.625</u></b>	<b><u>3.229</u></b>



## PERTH AND KINROSS INTEGRATION JOINT BOARD

## DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1	<b>Direction reference Number</b>		<b>Direction reference to be superseded (if relevant)</b>	n/a
2	<b>Date of IJB</b>	20 March 2024	<b>IJB report reference</b>	G/
3	<b>Report Title</b>	2024-27 Budget		
4	<b>Date from which direction takes effect</b>	1 April 2024		
5	<b>Direction to</b>	NHS Tayside and Perth & Kinross Council		
6	<b>Functions covered by Direction</b>	All health and adult social care services covered by the <a href="#">Perth and Kinross Integration Scheme</a>		
7	<b>Reference to Strategic Plan</b>	<p>Strategic Commissioning Plan Aims:</p> <ul style="list-style-type: none"> <li>• Working Together with our Communities – people will have the health and care services they need within their local communities and be empowered to have greater control over their lives and stronger connections in their community.</li> <li>• Prevention and Early Intervention - support people to remain healthy, active and connected in order to prevent later issues and problems arising.</li> <li>• Person-Centred Health, Care and Support - put people at the heart of what we do.</li> <li>• Reducing Inequalities and Unequal Health Outcomes and Promoting Healthy Living - reduce health inequalities, increase life expectancy, increase people's health and wellbeing and reduce the personal and social impact of poverty and inequality.</li> <li>• Making Best Use of Available Facilities, People and Other Resources - use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.</li> </ul>		

8	<b>Full Text of Direction</b>	Perth and Kinross Integration Joint Board directs Perth & Kinross Council and NHS Tayside to provide health and social care services, as commissioned by Perth and Kinross Integration Joint Board in line with the Perth and Kinross <a href="#">Strategic Commissioning Plan 2020-2025</a> , within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer.
9	<b>Budget allocated for the implementation of the Direction</b>	Perth & Kinross Council - £90.772m NHS Tayside - To be confirmed after the NHS Tayside budget is set in April 2024.
10	<b>Intended Outcomes to be delivered by this Direction</b>	Progress in fulfilling the strategic ambitions contained within Perth and Kinross Integration Joint Board's <a href="#">Strategic Commissioning Plan 2020-2025</a> .
11	<b>Performance monitoring requirements for this Direction</b>	Performance will be monitored in accordance with the regular financial monitoring to the IJB and Audit and Performance Committee.
12	<b>Review date</b>	June 2024 (following receipt of NHS Tayside's formal budget offer)

## Perth and Kinross Health and Social Care Partnership 2024 Budget Proposals

### Cumulative Equality and Fairness Impact Assessment Summary Report

#### 1 Introduction

1.1 The Perth & Kinross Health and Social Care Partnership has used the Perth & Kinross Council Equality Impact Assessment Process which was reviewed and updated in October 2018 to incorporate the requirements of the Fairer Scotland Duty i.e. to actively consider how inequalities of outcome caused by socio-economic disadvantage can be reduced, when making strategic decisions.



1.2 There are nine protected equality characteristics as determined by the Equality Act, 2010: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion and Belief; Sex; Sexual Orientation. The potential impact on the equality protected groups are considered within the individual assessments for each proposal.


1.3 . Currently the additional impact on Fairness, Human Rights, Carers, Children Under 18 (Rights of the Child) and Veterans Covenant Duty are also considered in this process.

1.4 Individual Equality and Fairness Impact Assessments for each budget proposal were completed with mitigations, justifications and further work identified where required (a copy of each individual assessment is embedded within this report).




#### 2 Potential Equality and Fairness Impacts - 2024 Budget Submissions

2.1 Age – 3 budget proposals across the partnership have identified that there will be an impact on people because of their Age (in this case older people specifically).

Pressure or Saving	Budget Proposal	Impact Identified	Mitigation Identified
Saving	Cease Hospital at Home Pilot	Negative (small scale)	Yes  EQIA - Hospital at Home FINAL.docx
Saving	Increase to Charges	Negative -	Yes  EQIA - Increase to Charges FINAL.docx
Saving	Integration of Locality Care Teams	Positive +	N/A

			 EQIA - Integrated Care Teams and Disch
--	--	--	---

2.2 Disability – 3 budget proposals across the partnership have identified that there will be an impact on people who have a disability (physical disability, sensory impairment, learning disability or mental health)

<b>Pressure or Saving</b>	<b>Budget Proposal</b>	<b>Impact Identified</b>	<b>Mitigation Identified</b>
Saving	Cease Hospital at Home Pilot	Negative – (Small scale)	Yes  EQIA - Hospital at Home FINAL.docx
Saving	Increase to Charges	Negative -	Yes  EQIA - Increase to Charges FINAL.docx
Saving	Integration of Locality Care Teams	Positive +	N/A  EQIA - Integrated Care Teams and Disch

2.3 Gender Reassignment – No budget proposals across the partnership have identified that there will be an impact on people who have reassigned their gender.

2.4 Marriage and Civil Partnership – No budget proposal across the partnership have identified that there will be an impact on people due to their marital status.

2.5 Pregnancy and Maternity – No budget proposals across the partnership have identified that there will be an impact on people who may be pregnant.


2.6 Race – No budget proposals across the partnership have identified that there will be an impact on people due to their race.

2.7 Religion and Belief – No budget proposals across the partnership have identified that there will be an impact on people due to their religion or belief.

2.8 Sex – No budget proposals across the partnership have identified that there will be an impact on people because of their sex (male or female).




2.9 Sexual Orientation – No budget proposals across the partnership have identified that there will be an impact on people due to their sexual orientation.

2.10 Fairness - 1 budget proposal across the partnership has identified that there will be a Fairness (socio-economic) impact on people.

Pressure or Saving	Budget Proposal	Impact Identified	Mitigation Identified
Saving	Increase to Charges	Negative -	Yes  EQIA - Increase to Charges FINAL.docx

2.11 Human Rights - No budget proposals across the partnership have identified that there will be a Human Rights impact on people.

2.12 Carers – three budget proposals across the partnership have identified that there will be an impact on Carers.





Pressure or Saving	Budget Proposal	Impact Identified	Mitigation Identified
Saving	Cease Hospital at Home Pilot	Negative – (small scale)	Yes  EQIA - Hospital at Home FINAL.docx
Saving	Increase to Charges	Negative	Yes  EQIA - Increase to Charges FINAL.docx
Saving	Integration of Locality Care Teams	Positive +	N/A  EQIA - Integrated Care Teams and Discl

2.13 Children Under 18 - No budget proposals across the partnership have identified that there will be an impact on Children Under 18 (Rights of the Child).

2.14 Veterans Covenant Duty - No budget proposals across the partnership have identified that there will be an impact on the Veterans Covenant Duty

### 3 No Impact Identified

Four budget proposals across the partnership have identified that there will be no direct impact on equality protected groups at this stage.

<b>Pressure or Saving</b>	<b>Budget Proposal</b>	<b>Impact Identified</b>	<b>Mitigation Identified</b>
Saving	Review of Day Care/Opportunities for Older People	Neutral =	Impact not known until review is undertaken  EQIA - Review of Day Provision for Older Pe
Saving	Review of Rehabilitation Beds	Neutral =	Impact not known until review is undertaken  EQIA - Review of Rehab Beds FINAL.doc
Saving	Review of Uncommitted Budgets	Neutral =	N/A  EQIA - Review of Uncommitted Budget
Saving	Redesign of Psychiatry of Old Age	Neutral =	Impact not known until review is undertaken  EQIA - Psychiatry of Old Age FINAL.docx

## 4 Conclusion

4.1 This report highlights the Equality and Fairness cumulative impact of the difficult financial decisions facing the Health and Social Care Partnership.

4.2 The report will allow decisions to be reached in the full knowledge of the equality and fairness issues which have been considered along with the additional areas assessed for impact.





## PERTH & KINROSS INTEGRATION JOINT BOARD

20 MARCH 2024

### UPDATE TO IJB RESERVES POLICY

Report by Chief Finance Officer  
(Report No. G/24/46)

#### PURPOSE OF REPORT

The Integration Joint Board's (IJB) reserves policy was written in March 2017. This policy has been reviewed and updated to reflect the revised IJB scheme of delegation and the current governance structures. This review is presented to the IJB for consideration and approval.

#### 1. RECOMMENDATIONS

It is recommended that the Perth & Kinross Integration Joint Board:

- i. consider and approve the updated IJB Reserves Policy
- ii. notes that the reserves policy will be reviewed by December 2026

#### 2. SITUATION/BACKGROUND/MAIN ISSUES

- 2.1 The IJB's Reserves Policy was approved by the IJB at the meeting of 24 March 2017. This policy has been reviewed and updated considering current issues and best practice with minor changes proposed.
- 2.2 Perth & Kinross IJB operates under the same legal framework as a local authority in respect of accounts and audit in terms of Part VII of the Local Government (Scotland) Act 1973 and is therefore able to hold reserves. The IJB's financial regulations (6.11) (March 2016, revised March 2024) specify the requirement for a Reserves Policy, the current policy was approved by the IJB in March 2017.
- 2.3 Reserves are required to be considered and managed to provide security against unexpected cost pressures and aid financial stability. To assist in this regard, the Chartered Institute of Public Finance and Accountancy (CIPFA) have issued guidance in the form of [CIPFA Bulletin 13– Local Authority Reserves and Balances](#).

This guidance, published in March 2023, provides guidance on the establishment and maintenance of local authority reserves and balances.

- 2.4 The purpose of a reserve policy is to:
- i. outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves.
  - ii. identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves.
  - iii. indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed; and
  - iv. set out arrangements relating to the creation, amendment and use of reserves and balances.
- 2.5 The IJB uses its resources in line with the Strategic Commissioning Plan and associated Strategic Financial Plan. The IJB will be able to use its powers to hold reserves so that in some years it may plan for a contribution to build up reserve balances or use a contribution from reserves in line with the reserve policy. The IJB may build up reserves year on year because of unanticipated underspends or the need to ring fence certain funding due to Scottish Government stipulations for specific multi-year commitments.

### **3. PROPOSALS**

- 3.1 The Chief Finance Officer is responsible for determining the appropriate accounting policies of the Integration Joint Board, and this includes its policy in relation to the holding and use of reserves. This policy sets out the level of reserves required and their purpose. This aspect of the policy has been reviewed and no changes are proposed to the optimum level of reserves that the IJB should aspire to hold.
- 3.2 The IJB allocates the resources it receives from NHS Tayside and Perth & Kinross Council in line with the Strategic Commissioning Plan. In doing this it makes use its power to hold reserves so that in some years it may plan for a contribution to build up reserve balances, in others to break even, or to use a contribution from reserves in line with the reserve policy. This flexibility is integral to the IJB's financial plan.
- 3.3 It is important for the long-term financial stability of both the IJB and of the parent bodies that sufficient usable funds are held in reserve to manage unanticipated expenditure requirements as they occur. Similarly, it is also important that in-year funding available for specific projects and government priorities can be earmarked and carried forward into the following financial year. This can be either in whole or in part, to allow for the spend to be committed and managed in a way which represents best value for the IJB in its achievement of the national outcomes.
- 3.4 The main revisions to this version of the financial regulation are as follows:
- i. Updating references to the latest CIPFA guidance.
  - ii. Clarifying that the only reserve held by the IJB is the General Fund.
  - iii. Updating references to reflect the update to the Integration Scheme of 2022.
  - iv. Specifying the accounting treatment for funding expenditure from reserves.

#### 4. FINANCIAL IMPLICATIONS

There are no financial implications arising from the review of the Reserves Policy

#### 5. DIRECTIONS

*The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.*

Direction Required to Perth & Kinross Council, NHS Tayside, or Both	Direction to:
No Direction Required	X
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	

#### 6. CONCLUSION

6.1 Perth & Kinross IJB operates under the same legal framework as a local authority for the purposes of accounting and audit and is therefore permitted to maintain reserves. Planning for and maintaining appropriate levels of reserves is a key aspect of the financial management of the IJB ensuring its sustainability and that of its parent bodies by allowing it to manage unanticipated pressures from year to year. The use of reserves to earmark funding and carry it forward into future financial years also allows the IJB to ensure that funding is used in a manner that delivers best value and best meets local and national outcomes.

6.2 The reserves policy was approved by the IJB in March 2017. The policy has been reviewed and minor changes are proposed to clarify some aspects and to update the references to external guidance and revised IJB governance documents.

#### Author(s)

Name	Designation	Contact Details
Donna Mitchell	Chief Finance Officer	<a href="mailto:tay.pkijbbbusinesssupport@nhs.scot">tay.pkijbbbusinesssupport@nhs.scot</a>

#### Appendices

Appendix 1 – Revised reserves policy

Appendix 2 – Current reserves policy (2017)

**NOTE:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

The undernoted table should be completed for all reports. Where the answer is 'yes', the relevant section(s) should also be completed. Where the answer is 'no', the relevant section(s) should be marked 'not applicable (n/a)'.

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	None
<b>Resource Implications</b>	
Financial	None
Workforce	None
<b>Assessments</b>	
Equality Impact Assessment	Yes
Risk	None
Other assessments (enter here from para 3.3)	None
<b>Consultation</b>	
External	None
Internal	Yes
<b>Legal &amp; Governance</b>	
Legal	None
Clinical/Care/Professional Governance	None
Corporate Governance	None
<b>Directions</b>	
<b>Communication</b>	
Communications Plan	

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

- 1 *prevention and early intervention, N/A*
- 2 *person centred health, care and support, N/A*
- 3 *work together with communities, N/A*
- 4 *inequality, inequity and healthy living, N/A*
- 5 *best use of facilities, people and resources* – No significant changes are proposed to the IJB's Reserves Policy. Planning for and maintaining appropriate levels of reserves is a key aspect of the financial management of the IJB ensuring its sustainability and that of its parent bodies by allowing it to manage unanticipated pressures from year to year. The use of reserves to earmark funding and carry it forward into future financial years also allows the IJB to ensure that funding is used in a manner that delivers best value and best meets local and national outcomes.

### 2. Resource Implications

#### 2.1 Financial

N/A

## 2.2 Workforce

N/A

## 3. **Assessments**

### 3.1 Equality Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside are required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

The information contained within this report has been considered under the Corporate Equalities Impact Assessment process (EqIA) and has been assessed as **not relevant** for the purposes of EqIA

### 3.2 Risk

N/A

### 3.3 Other assessments

N/A

## 4. **Consultation – Patient/Service User first priority**

### 4.1 External

N/A

### 4.2 Internal

The HSCP Chief Officer and members of EMT have been consulted in the preparation of this report.

### 4.3 Impact of Recommendation

N/A

## 5. **Legal and Governance**

### 5.1 N/A

## 6. **Directions**

N/A

## 7. **Communication**

N/A

**8. BACKGROUND PAPERS/REFERENCES**

*N/A*

**9. APPENDICES**

Appendix 1 – Revised reserves policy

Appendix 2 – Current reserves policy (2017)

# **Perth and Kinross Integration Joint Board**

## **Reserves Policy**

**Version 2 (20 March 2024)**

<b>SECTION</b>	<b>CONTENTS</b>	<b>Page</b>
1	Background	2
2	Statutory and Regulatory Framework for Reserves	2
3	Operation of Reserves	3
4	Role of the Chief Finance Officer	4
5	Adequacy of Reserves	4
6	Reporting Framework	5
7	Accounting and Disclosure	6
8	Reserves Protocol	6



# 1 Background

- 1.1 To assist local authorities (and similar bodies) in developing a framework for reserves, the Chartered Institute of Public Finance and Accountancy (CIPFA) have issued guidance in the form of [CIPFA Bulletin 13 Local Authority Reserves and Balances](#). This guidance outlines the framework for reserves, the purpose of reserves and key issues to be considered when determining the appropriate level of reserves.
- 1.2 In Scotland, guidance from LASAAC (Local Authority Scotland Accounts Advisory Committee) also requires to be followed - "[The Statutory Basis for Accounting for and Disclosing Reserves in Scottish Local Government Bodies \(Revised 2021\)](#)."

## 2. Statutory and Regulatory Framework for Reserves

- 2.1 Local Government bodies, which includes the IJB for these purposes, may only hold reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

<b>Reserve</b>	<b>Powers</b>
General Fund	Local Government Scotland Act 1973

- 2.2 For each reserve there should be a clear protocol setting out:
- the reason / purpose of the reserve,
  - how and when the reserve can be used,
  - procedures for the reserves management and control,
  - review timescale to ensure continuing relevance and adequacy.
- 2.3 There are other reserves held by local authorities in Scotland on a statutory or regulatory basis that are not relevant for IJBs because they do not hold assets, manage investments or employee pensions.

### 3 Operation of Reserves

3.1 Reserves are generally held to do three things:

- Create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves.
- Create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- Create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet but can highlight elements of the General Fund balance required for specific purposes.
- Funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies; and
- Funds held in excess of the target level of reserves and identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

3.1 In line with financial reporting guidance for IJB's, and due to IJB's not currently holding cash or having bank accounts the funding associated with reserves will be held by Perth and Kinross Council or NHS Tayside on behalf of the IJB and will appear as a debtor balance within the IJB's Financial Accounts supporting any reserve.

## **4 Role of the Chief Finance Officer**

- 4.1 The Chief Finance Officer is responsible for advising on the optimum levels of reserves. The Integration Joint Board, based on this advice, should then approve the appropriate reserves strategy as part of the financial planning process.

## **5 Adequacy of Reserves**

- 5.1 In determining optimum reserve levels the Chief Finance Officer must take account of the strategic, operational, and financial risks facing the IJB over the medium term and the Integration Joint Board's overall approach to risk management.
- 5.2 In determining the level of general reserves, the Chief Finance Officer should consider the Integration Joint Board's strategic plan, medium term financial strategy and the overall financial environment. Guidance also recommends that the Chief Finance Officer reviews any earmarked reserves as part of the annual financial planning process. The requirements of the IJB's Integration Scheme (2022) in terms of the potential need for IJB Reserves to support the IJB's overall financial position should be noted.
- 5.3 In light of the size and scale of the Integration Joint Board's operations, over the longer term it is considered that it would be an aspiration to achieve a level of general reserves which represent approximately 2% of budgeted net expenditure. The value of reserves must be reviewed annually as part of the Integration Joint Board's budget and strategic plan, reviewed in light of the financial environment at that time and considered in the context of the need to maintain an appropriate level of service delivery for the population in each year.
- 5.4 The level of other earmarked funds will be established as part of the annual budget process.

## **6 Reporting Framework**

- 6.1 The Chief Finance Officer has a duty to ensure proper stewardship of public funds including IJB reserves.
- 6.2 The level and utilisation of reserves will be formally approved by the Integration Joint Board based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.
- 6.3 As part of the budget report the Chief Finance Officer should state:
- the current value of general reserves, the movement proposed during the year, the estimated year-end balance, and the extent that balances are being used to fund recurrent expenditure.
  - the adequacy of general reserves in light of the IJB's medium term financial strategy, strategic plan, and the overall financial environment.
  - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
  - if the reserves held are below the optimum level, that the IJB should be considering actions to meet the target through their budget process noting the need to maintain an appropriate level of service delivery for the population in each year.

## **7 Accounting and Disclosure**

- 7.1 Expenditure must not be directly charged to any reserve. Entries within a reserve are specifically restricted to 'contributions to and from the income and expenditure account' with expenditure charged to the service revenue account.

## **8 Reserves Protocol**

### **8.1 GENERAL FUND**

#### **Purpose of the Reserve**

the General Fund of the Integration Joint Board will be utilised to hold balances generated within the Income and Expenditure Account.

#### **Use of reserve**

this represents the general reserve of the Integration Joint Board and is used to manage the financial strategy of the Integration Joint Board. Any use of general fund reserves must be approved by the Integration Joint Board through the appropriate committee framework.

#### **Management and Control**

management and control is maintained through the established financial management frameworks and review through the year end and budget process.



## Integration Joint Board Reserves Policy

### 1. Background

- 1.1 To assist local government bodies, including Integration Joint Boards, in developing a framework for reserves, CIPFA have issued guidance in the form of the Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves.

### 2. Statutory/Regulatory Framework for Reserves

- 2.1 Local Government bodies may only hold reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework is as follows:

<b>Reserve</b>	<b>Powers</b>
General Fund	Local Government Scotland Act 1973
Repairs and Renewals Fund	Local Government Scotland Act
1975 Insurance Fund	

- 2.2 For each reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve,
- how and when the reserve can be used,
- procedures for the reserves management and control,
- review timescale to ensure continuing relevance and adequacy.

- 2.3 An example of how the protocol could be applied is outlined at the end of this policy. Note that while within a local authority context all receipts and payments are made via the General Fund, in respect of the Integration Joint Board all receipts and payments will be administered through the ledgers of the respective partners.

In addition, over recent years the Local Authority Accounting Code of Practice has introduced a number of technical reserves in line with proper accounting practice associated with capital accounting and FRS17. These reserves are governed by specific accounting treatment and do not form part of general available reserves.

### 3. Operation of Reserves

- 3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

- 3.2 The balance of the reserves normally comprises of three elements:-

- Funds that are earmarked or set aside for specific purposes. By definition these reserves retain approved resources that are intended to fund specific commitments at a relevant point in the future
- Funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies; and
- Funds held in excess of the target level of reserves and identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

#### **4. Role of the Chief Finance Officer**

- 4.1 The Chief Finance Officer is responsible for advising on the levels of reserves. The Integration Joint Board, based on this advice, should then approve the appropriate strategy as part of the budget process.

#### **5. Adequacy of Reserves**

- 5.1 There is no guidance on the minimum level of reserves that should be held. In determining reserve levels the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the Integration Joint Board's overall approach to risk management.
- 5.2 In determining the level of general reserves, the Chief Finance Officer should consider the Integration Joint Board's medium term financial strategy and the overall financial environment. Guidance also recommends that the Chief Finance Officer reviews any earmarked reserves as part of the annual budget process.
- 5.3 In light of the size and scale of the Integration Joint Board's operations, over the longer term it is considered that it would be an aspiration to achieve a level of general reserves which represent approximately 2% of net expenditure. The value of reserves must be reviewed annually as part of the Integration Joint Board's Budget and Service Plan strategy and in light of the financial environment at that time.
- 5.4 The level of other earmarked funds will be established as part of the annual budget process.

#### **6. Reporting Framework**

- 6.1 The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 6.2 The level and utilisation of reserves will be formally approved by the Integration Joint Board based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.
- 6.3 As part of the budget report the Chief Finance Officer should state:
- the current value of general reserves, the movement proposed movement during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure.
  - the adequacy of general reserves in light of the Integration Joint Board's medium term financial strategy.
  - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term.





## Reserves Protocol

### **1. GENERAL FUND**

#### **Purpose of the Reserve**

The General Fund of the Integration Joint Board will be utilised to hold balances generated within the Income and Expenditure Account, net of any amounts transferred to the Repairs and Renewals Fund, and the Insurance Fund.

#### **Use of reserve**

This represents the general reserve of the Integration Joint Board and is used to manage the financial strategy of the Integration Joint Board. Any use of general fund reserves has to be approved by the Integration Joint Board through the appropriate committee framework.

#### **Management and Control**

Management and control is maintained through the established financial management frameworks and review through the year end and budget process.

### **2. REPAIRS AND RENEWALS FUND**

#### **Purpose of the Reserve**

To defray expenditure to be incurred from time to time in repairing, maintaining, and renewing any buildings, works, plant, equipment or articles belonging to, or utilised by, the Integration Joint Board.

#### **Use of reserve**

This reserve would be used to manage investment in building and equipment..

#### **Management and Control**

Management and control is maintained through the established financial management frameworks and review through the year end and budget process.

### **3. INSURANCE FUND**

#### **Purpose of the Reserve**

An insurance fund may be operated for the following purposes:

- a. where the Integration Joint Board could have insured against a risk but has not done so, defraying any loss or damage suffered, or expenses incurred, by the Integration Joint Board as a consequence of that risk;
- b. paying premiums on a policy of insurance against a risk.

#### **Use of reserve**

This reserve would be used to manage insurance costs over the medium term.

#### **Management and Control**

The insurance fund is subject to dedicated accounting rules and procedures as approved by LASAAC (Local Authorities Scotland Accounts Advisory Committee).

The adequacy and relevance of each fund is reviewed by the Chief Finance Officer at each year end and through the budget process. All recommendations for movements in balances will be reported to the Integration Joint Board either through the year-end report or as part of the budget and service plan strategy.









## PERTH & KINROSS INTEGRATION JOINT BOARD

20 MARCH 2024

### UPDATE TO IJB FINANCIAL REGULATIONS

Report by Chief Finance Officer  
(Report No. G/24/47)

#### PURPOSE OF REPORT

The Integration Joint Board's (IJB) financial regulations were written in March 2016. These regulations have been reviewed and updated to reflect the revised IJB scheme of delegation and the current governance structures. This review is presented to the IJB for consideration and approval. It is also intended that this will be the first of a regular process of review for this document to ensure it reflects current best practice.

#### 1. RECOMMENDATIONS

It is recommended that the Perth & Kinross Integration Joint Board:

- i. Considers and approves the updated IJB Financial Regulations
- ii. notes that the Financial Regulations will be reviewed by March 2026.

#### 2. SITUATION/BACKGROUND/MAIN ISSUES

- 2.1 Perth & Kinross Integration Joint Board was established on 3 October 2015. A series of delegated functions and resources were devolved by Perth & Kinross Council and NHS Tayside to the newly established IJB. These functions are described in the IJB Integration scheme which was revised in September 2022. The IJB's original Financial Regulations were approved in March 2016, in advance of the formal start date for Health and Social Care Integration of 1st April 2016.
- 2.2 All operational services are delivered through Perth & Kinross Council and NHS Tayside, so the operational delivery of services and associated financial matters are subject to Perth & Kinross Council and NHS Tayside Financial Regulations and Standing Financial Instructions. As a result, these Financial Regulations relate specifically to the role of the IJB and therefore do not reflect operational matters. These regulations are intended to be consistent with the IJB's Integration Scheme (2022).

- 2.3 Under the Scottish Government Regulations, the IJB Chief Officer, supported by the Chief Financial Officer must ensure that there are adequate systems and controls in place for the proper management of its financial affairs. These Financial Regulations detail the responsibilities of the IJB members for the IJB's own financial affairs. The Chief Officer and the Chief Financial Officer, and other officers supporting the IJB must follow these Regulations at all times in relation to the conduct of the IJB's financial affairs.
- 2.4 This review of the IJB's Financial Regulations has been developed by the Chief Finance Officer, reflecting both the Integration Scheme and a more current understanding of the operation of the IJB.
- 2.5 The main revisions to this version of the financial regulation are as follows: -
- i. Updates to reflect the revised Integration Scheme of September 2022
  - ii. Updates to reflect the current governance arrangements of the IJB.
  - iii. Removal of duplication.
  - iv. Updates to some of the terminology used to aid readability.
- 2.6 The proposed updated Financial Regulations have been shared with the IJB's Internal Auditors and their feedback has been factored into the proposed update. The IJB's Internal Auditors may review the IJB's Financial Regulations as part of future Internal Audits.
- 2.7 These financial regulations have not been reviewed since 2016. It is intended that that they will be reviewed and updated on an ongoing basis. The next review is now scheduled for December 2025 for completion by March 2026.
- 2.8 The proposed reviewed Financial Regulations are attached at appendix 1. The previous Financial Regulations with tracked changes are attached at appendix 2.

### **3. PROPOSALS**

The IJB is requested to consider and approve the updated IJB Financial Regulations. Further, it is recommended that these Financial Regulations are reviewed by March 2026.

### **4. FINANCIAL IMPLICATIONS**

There are no financial implications arising from the review of the Financial Regulations.

### **5. DIRECTIONS**

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Perth and Kinross Council and NHS Tayside.



<b>Direction Required to Perth &amp; Kinross Council, NHS Tayside, or Both</b>	<b>Direction to:</b>
No Direction Required	X
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	

## 6. CONCLUSION

- 6.1 The IJB's financial regulations were written in March 2016. These regulations have been reviewed and updated to reflect the revised IJB scheme of delegation and the current governance structures. This review is presented to the IJB for consideration and approval. It is also intended that this will be the first of a regular process of review for this document to ensure it reflects current best practice.

### Author(s)

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
Donna Mitchell	Chief Finance Officer	<a href="mailto:tay.pkijbbusinesssupport@nhs.scot">tay.pkijbbusinesssupport@nhs.scot</a>

### Appendices

Appendix 1 – Revised financial regulations.

Appendix 2 – Current financial regulations (2016) with track changes enabled.

**NOTE:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

The undernoted table should be completed for all reports. Where the answer is 'yes', the relevant section(s) should also be completed. Where the answer is 'no', the relevant section(s) should be marked 'not applicable (n/a)'.

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	None
<b>Resource Implications</b>	
Financial	None
Workforce	None
<b>Assessments</b>	
Equality Impact Assessment	Yes
Risk	None
Other assessments (enter here from para 3.3)	None
<b>Consultation</b>	
External	None
Internal	Yes
<b>Legal &amp; Governance</b>	
Legal	None
Clinical/Care/Professional Governance	None
Corporate Governance	None
<b>Directions</b>	
<b>Communication</b>	
Communications Plan	

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

- 1 *prevention and early intervention, N/A*
- 2 *person centred health, care and support, N/A*
- 3 *work together with communities, N/A*
- 4 *inequality, inequity and healthy living, N/A*
- 5 *best use of facilities, people and resources – IJB Financial Regulations have been reviewed and revised to reflect the revised IJB scheme of delegation and the current governance structures.*

### 2. Resource Implications

#### 2.1 Financial

N/A

#### 2.2 Workforce

N/A

### **3. Assessments**

#### 3.1 Equality Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside are required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

The information contained within this report has been considered under the Corporate Equalities Impact Assessment process (EqIA) and has been assessed as **not relevant** for the purposes of EqIA

#### 3.2 Risk

N/A

#### 3.3 Other assessments

N/A

### **4. Consultation – Patient/Service User first priority**

#### 4.1 External

N/A

#### 4.2 Internal

The HSCP Chief Officer and members of EMT have been consulted in the preparation of this report.

#### 4.3 Impact of Recommendation

N/A

### **5. Legal and Governance**

#### 5.1 N/A

### **6. Directions**

N/A

### **7. Communication**

N/A

### **8. BACKGROUND PAPERS/REFERENCES**

N/A

## **9. APPENDICES**

Appendix 1 – Revised financial regulations.

Appendix 2 – Current financial regulations (2016) with track changes enabled.

# **Perth and Kinross Integration Joint Board**

## **Financial Regulations**

**Version 12 (20 March 2024)**

## PREFACE

The Integration Scheme for Perth & Kinross was approved by Cabinet Secretary for Health, Wellbeing and Sport on 27 August 2015. An Order to establish the Integration Joint Board was laid before the Scottish Parliament on 4 September (The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No.3) Order 2015). The Integration Joint Board was established on 3 October 2015. An updated Integration Scheme received ministerial approval in November 2022. While the Financial Regulations have been updated to reflect the new Integration Scheme, there are no fundamental changes due to the new Integration Scheme.

Both NHS Tayside (NHST) and Perth and Kinross Council (PKC) have delegated functions and resources to the Perth and Kinross Integration Joint Board (IJB). The IJB will direct PKC and NHST on how resources will be spent in line with the approved Strategic plan and allocate resources back to them in accordance with this direction.

Both PKC and NHST operate under Financial Regulations/Standing Orders for the operational delivery of services. As this service delivery will continue to be carried out within NHST and PKC, these Financial Regulations relate specifically to the affairs of the IJB, and therefore are more limited and focused in scope. All operational and transactional finance matters for the delivery of services of the IJB will comply with the respective PKC Financial Regulations and NHST Standing Financial Instructions.

The IJB is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities.

Under the Scottish Government Regulations, for all IJBs in Scotland, the Chief Officer, supported by the Chief Financial Officer must ensure that there are adequate systems and controls in place for the proper management of its financial affairs. These Financial Regulations detail the responsibilities of the IJB and serving members for its own financial affairs. The Chief Officer and the Chief Financial Officer and other officers supporting the IJB will follow these Regulations at all times in relation to the conduct of the IJB's own financial affairs.

<b>SECTION</b>	<b>CONTENTS</b>	<b>Page</b>
PREFACE	INTRODUCTION	1
1	GENERAL	3
2	SCOPE AND OBSERVANCE	3
3	INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITIES	4
4	CHIEF OFFICER / CHIEF FINANCE OFFICER RESPONSIBILITIES	5
5	BUDGET PREPARATION	7
6	BUDGET MONITORING AND CONTROL	9
7	ANNUAL ACCOUNTS	11
8	EXTERNAL AUDIT	12
9	TREASURY MANAGEMENT	12
10	PROCUREMENT	13
11	CHARGES FOR SERVICES	13
12	VALUE ADDED TAX	13
13	INSURANCE AND RISK MANAGEMENT	14
14	INTERNAL AUDIT	14
15	BREACH OF THE FINANCIAL REGULATIONS	15
16	BOARD MEMBERS' EXPENSES	15
GLOSSARY	Appendix 1	17

## **1 GENERAL**

- 1.1 The preparation and circulation of Financial Regulations assists organisations in fulfilling their obligations in respect of corporate governance, ensuring that stakeholders understand their responsibilities and a framework within which to discharge them. For this reason, Financial Regulations must be relevant to the needs of users, kept up-to-date and allow for controlled flexibility. A process of ongoing review and monitoring will be maintained to ensure this (See 1.3). Clarification on the interpretation of the Financial Regulations will be issued as required and identified for inclusion in a subsequent review. Clarification of any matter concerning the Financial Regulations shall be undertaken in conjunction with the Integration Joint Board (IJB) (as represented by the Audit and Performance Committee), Chief Officer (IJB CO) and Chief Finance Officer (IJB CFO).
- 1.2 Aspects of the operation of the IJB have been set out in an Integration Scheme, some of which is pertinent to the Financial Regulations. Wording in “quotations” within the Financial Regulations is taken from the Integration Scheme, the relevant section is referenced after the quote in brackets for ease of use.
- 1.3 The IJB CFO will regularly review the IJB Financial Regulations, in consultation with NHS Tayside’s Director of Finance and the Council’s section 95 Officer, and where necessary submit recommendations to the IJB for amendments to be Financial Regulations. The IJB will review and consider any amendments considered necessary to these Financial Regulations as recommended and approve the periodic revisions and issue an updated version encompassing such amendments.

## **2. SCOPE AND OBSERVANCE**

- 2.1 All members of the IJB have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.



- 2.2 The key controls and control objectives for financial management standards are:
- the promotion of the highest standards of financial management by the IJB,
  - appropriate assurance mechanisms to ensure compliance with the financial regulations,
  - comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the IJB; and
  - The Audit and Performance Committee of the IJB fulfilling its duties to develop and maintain effective scrutiny arrangement on the decision making of the IJB.
- 2.3 In all matters to do with the management and administration of the Integrated Budget by the IJB and its officers exercising such delegated powers as the IJB has agreed in this regard, these Financial Regulations will apply in all circumstances.
- 2.4 Prior to any funding being passed by one of the Parties to the IJB as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the IJB and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the IJB in its Strategic Plan.

### **3 IJB MEMBERS RESPONSIBILITY**

- 3.1 The members of the IJB are responsible for ensuring that, through the IJB's Chief Finance Officer, there is proper administration of the IJB's financial affairs, and that proper accounting records are kept for the IJB, which disclose the true and fair financial position and enable the preparation of financial statements that comply with the applicable Code of Practice.

## 4 CHIEF OFFICER (IJBCO)/ FINANCE OFFICER (IJCFO) RESPONSIBILITIES

### Joint Responsibilities

- 4.1 The IJBCO and IJCFO shall comply with the internal control procedures prevailing within their host organisation regarding their operational activities e.g., segregation of duties, procurement of goods / services, control of assets, etc.
- 4.2 The IJBCO and IJCFO shall comply with the internal control procedures prevailing within their employing organisation regarding their personal work-related activities e.g., travel and subsistence, codes of conduct, declarations, etc.
- 4.3 Where the IJBCO or IJCFO delegate any of their responsibilities the nature and extent of this should be set out in a Scheme of Delegation.

### Chief Officer Responsibilities

- 4.4 The IJBCO will ensure that the decisions of the IJB are carried out and has a direct line of accountability to the Chief Executives of NHST and PKC for the delivery of integrated services. The IJBCO is responsible for ensuring that service delivery is in accordance the Strategic Plan to support the national and local outcomes, any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators (including financial) that will demonstrate progress.
- 4.5 The IJBCO is the accountable officer of the IJB in all matters except finance. The IJBCO will discharge his/her duties in respect of the delegated resources by:
- ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness in the use of the IJB resources; and
  - giving directions to NHST and PKC that are designed to ensure resources are spent according to the Strategic Plan. It is the responsibility of the IJBCO to ensure that the provisions of the directions enable the Parties to discharge their responsibilities regarding the provisions of the directions.

4.6 In their operational role within NHST and PKC, the IJBCO has no “accountable officer” status but is:

- accountable to the Chief Executive of PKC and Chief Executive of NHST for the operational performance of the services managed by the IJBCO.
- accountable to the Chief Executive of NHST for financial management of the operational budget and is advised by the NHS Director of Finance.
- accountable to the Chief Financial Officer (section 95 officer) of PKC for financial management of the operational budget.

#### Chief Finance Officer Responsibilities

4.7 The Integration Scheme notes that the IJBCFO is “accountable to the Chief Officer and the Integration Joint Board for the Annual Accounts, Financial Plan (including the Annual Financial Statement as required under Section 39 of the Act) and providing financial advice to the Integration Joint Board. The Chief Finance Officer will provide financial advice and support to the Chief Officer and the Integration Joint Board on the financial resources used for operational” (9.1). In pursuit of this the IJBCFO will ensure that suitable accounting records are maintained, that resources are utilised in accordance with the Strategic Plan and that this plan delivers Best Value.

4.8 As the IJB is legally constructed as per a Local Authority, the Chief Finance Officer will be the Section 95 Officer for the IJB. Section 95 of the Local Government (Scotland) Act 1973 notes “Financial administration - ... every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.”

- 4.9 At the point when the IJB provides Direction to the Parties, for the operational delivery of services, the NHST Director of Finance and PKC's Section 95 officer are responsible for ensuring governance of these resources in accordance with their own organisation's financial governance documents.

## **5 BUDGET PREPARATION**

### The Integrated Budget

- 5.1 The resources within scope of the IJB's Integrated Budget are those local authority social care services, and primary, community healthcare and hospital services delegated in accordance with the Integration Scheme. The Integrated Budget will be the aggregate of payments to the IJB for services delegated by PKC and NHST.

### The Strategic Budget

- 5.2 The resources within scope of the IJB's Strategic Budget are those within the Integrated Budget together with those in respect of large hospitals set aside in accordance with the Integration Scheme, termed "Large Hospital Set Aside". The budget for Large Hospital services is included within the IJB's Integrated Budget for direction via the Strategic Commissioning Plan. Future changes agreed by the IJB and NHST will determine the movement between the Integrated Budget and the Large Hospital Set Aside budget.

### The Strategic Plan

- 5.3 The IJBSCO will submit annually to the IJB a Strategic Plan setting out proposals for the delivery of services within the remit of the IJB for, at minimum, the next three years. This will include the Integrated Budget and the notional budget for Large Hospital Set Aside i.e., the Strategic Budget.
- 5.4 The Strategic Plan will detail the reason for any projected surplus or deficit and how this will be used/addressed. The Strategic Plan will confirm the Integrated Budget including the resources previously subject to resource transfer.

### Budget Preparation / Requisitions

- 5.5 In accordance with the Integration Scheme the IJBCO “will make annual budget Requisitions to the Parties in line with their respective budget setting timetables. The budget Requisitions will be calculated with initial reference to the pertinent year of the latest Strategic Plan agreed by the Integration Joint Board and in line with agreement by the Parties and will include the costs of the Integration Joint Board, External Audit, the Chief Officer, Chief Finance Officer and any other relevant costs” (9.5).
- 5.6 Thereafter, “Where any adjustments are made from the proposals/assumptions contained in the Strategic plan, this will be made clear in the budget requisition made by the Chief Finance Officer to the Parties” (9.7).
- 5.7 “The Parties will engage with the Chief Officer and Chief Finance Officer while considering these Requisitions through their respective budget setting processes” (9.6).
- 5.8 “The Parties will confirm the payments to be made to the Integration Joint Board within a suitable timescale to enable the Integration Joint Board to agree it’s Integrated Budget by the 31st March preceding the start of the new financial year” (9.9).

### Directions

- 5.9 Following agreement of the Strategic Plan by the IJB, and confirmation of the requisitions from the Parties, in accordance with the Integration Scheme the IJB “approve and provide Direction to the Parties before the start of the Integration Joint Board financial year, in the relevant year, regarding the functions that are being commissioned, how they are to be delivered and the resources to be used in delivery” (9.9). This direction is with a view to ensuring that resources are utilised in accordance with the objectives of the Strategic Plan.

- 5.10 The Integration Scheme notes that in “In the event that a material calculation error in the spending Directions provided by the Integration Joint Board to the Parties is discovered, this will be adjusted for and revised Directions issued to the Parties” (9.25).

## **6 BUDGET MONITORING AND CONTROL**

### Budget Monitoring

- 6.1 In accordance with the Integration Scheme the IJBCFO will “ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances. All Integration Joint Board finance reports will be shared with the Parties simultaneously (9.17)”. The frequency, form and content of reports will be agreed by the IJB. These reports will cover the financial performance of the Integrated Budget and the Strategic Budget together with projections for the full financial year and any implications for the following financial years.
- 6.2 Where a year end overspend in the IJB’s budget is projected the IJBCO and the IJBCFO must “present a recovery plan to the Integration Joint Board and the Parties to address in year overspends and any recurring overspends for future financial years” (9.18).

### IJB Reports

- 6.3 The IJBCFO will be consulted on all reports being submitted to the IJB to ensure that any financial implications arising have been considered. Each IJB report should include a Financial Implications section.
- 6.4 It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that an Annual Performance Report is presented to the IJB which will include provisions on the financial performance and Best Value.
- 6.5 It will be the responsibility of the IJBCO and IJBCFO to provide relevant information and reports to ensure PKC and NHST performance reporting arrangements are complied with.

### Reserves Movement (Between Financial Years)

- 6.6 The Strategic Plan and budget requisitions will detail the planned reserves transfer that is proposed to be undertaken between each financial year in respect of both the Integrated Budget and large hospital services set aside. The extent of reserves movement will be confirmed following completion of the IJB annual accounts.

### Budget Adjustments (In Year) – Integrated Budget

- 6.7 The IJBCO, in consultation with the IJBCFO, can undertake adjustments between headings in the Integrated Budget under delegated authority subject to this virement not impacting upon current IJB, Council or NHS policies.
- 6.8 It may be necessary for the IJBCO to issue a revised direction to the Parties as a result of an in-year budget adjustment. The process for this will be set out in annual directions to the Parties.
- 6.9 The IJBCO will not be permitted to undertake adjustments between the Integrated Budget and those budgets managed by the IJBCO, but which are not delegated to the IJB, unless agreed by the IJB and the relevant partner organisation.

## Budget Adjustment (In Year) – Large Hospital Set Aside

- 6.9 All budget adjustments in respect of Large Hospital services will require approval of the IJB and the NHST and the reasons for this adjustment will be detailed in such a request e.g., changes in the timing of planned capacity changes from that outlined in the Strategic Plan.

## Year End Budget Variances

- 6.10 Any surplus or deficit arising at the financial year-end on the Integrated Budget will be addressed in accordance with the provisions for this detailed within the Integration Scheme as follows:

### **Deficit**

- Uncommitted Reserves held by the IJB would firstly be used to address any overspend (9.19).
- Via the risk sharing provisions between the Parties as set out in the Integration (9.20).

### **Surplus**

Retained in Reserves as set out in the Integration Scheme (9.21)

## Reserves

- 6.11 The IJB is able to retain Reserves albeit these will be notional as the IJB will not hold cash balances. The IJB is therefore required to set out and agree, a Reserves policy and strategy in the Strategic Plan.

## **7 ANNUAL ACCOUNTS**

- 7.1 The annual accounts for the IJB are required to be prepared subject to the provisions of Section 106 of the Local Government (Scotland) Act 1973. As such the annual accounts – including a Governance Statement and Best Value



Statement - will be prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom.

- 7.2 The IJBCFO will arrange for the preparation and submission of the IJBs annual accounts by the statutory deadline and sign the annual accounts.
- 7.3 The draft annual accounts and final accounts should be submitted to the Audit and Performance Committee of the IJB for scrutiny and review.

## **8 EXTERNAL AUDIT**

- 8.1 The IJB will be subject of external audit by auditors appointed by the Accounts Commission. The IJB, IJBCO and IJBCFO are required to comply with all reasonable requests made by the auditors in completion of their external audit.
- 8.2 The IJBCFO will be the initial point of contact with external auditors for all matters in relation of the IJB's annual accounts.

## **9 TREASURY MANAGEMENT**

- 9.1 The IJB will not undertake any cash transactions but rather these will be on a notional basis through the direction of expenditure undertaken by the Parties. Any cash correction resulting from variance between the Requisitions from and Directions to the Parties will be co-ordinated by the IJBCFO and undertaken directly between the Parties without any adjustment for interest.
- 9.2 In light of the above the IJB will not operate a bank account.

## **10 PROCUREMENT**

- 10.1 The Public Bodies (Joint Working) (Scotland) Act 2014 provides that the IJB may be empowered to contract itself to carry out the functions delegated to it.
- 10.2 Until such agreement is available, procurement activity will be undertaken by the respective Parties and in accordance with the guidance prevailing in the organisation to which the IJB has given operational direction for the use of financial resources. The IJBCO and IJBCFO will give ongoing consideration to whether there are financial or other benefits for either of the Parties to be directed to undertake particular areas of spends.

## **11 CHARGES FOR SERVICES**

- 11.1 The IJB will not charge for services. These will rather be undertaken by the organisation to which the IJB has given operational Direction to deliver the services for which a charge is made in accordance with local policy and national guidance.

## **12 VALUE ADDED TAX (VAT)**

- 12.1 The IJB is not currently delivering any supplies that are within the scope of VAT and is, therefore, not registered for VAT.
- 12.2 The IJBCO and IJBCFO must remain cognisant of possible VAT implications arising from the delivery of the Strategic Plan. The Parties will be consulted in early course on proposals which may have VAT related implications.

## **13 INSURANCE AND RISK MANAGEMENT**

- 13.1 The IJB must maintain a system of risk management and a risk register for the functions delegated to it. This will ensure that risks faced by the IJB are identified and quantified and that effective measures are taken to reduce, eliminate or insure against them.
- 13.2 The IJB must make appropriate provision for insurance (e.g. the Clinical Negligence and Other Risks Indemnity Scheme) according to the extent of risk exposure of the IJB itself and in light of the risk management strategy applied by the IJB. These should be reviewed periodically.
- 13.3 The IJB will notify the IJB as soon as reasonably possible of any incidents of loss, damage or injury, which may give rise to a claim by or against the IJB.

## **14 INTERNAL AUDIT**

- 14.1 The IJB shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance, and control of the allocated resources. This will include determining who will provide the internal audit service for the IJB and nominating a Chief Internal Auditor.
- 14.2 The provision of internal audit services within NHST and PKC will be contained within their respective and established arrangements. The IJB and partners should maintain an agreed Internal Audit output sharing protocol.
- 14.3 The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards and will be required to provide assurance to the Audit Committee regarding this.

- 14.4 On or before the start of each financial year, the IJB's Chief Internal Auditor will prepare and submit a strategic risk-based audit plan to the Audit and Performance Committee for approval.
- 14.5 The IJB's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the IJB (or Audit and Performance Committee) indicating the extent of audit cover achieved, a summary of audit activity during the year, and providing an opinion on the reliance placed on the risk management and governance arrangements and on the systems of internal control.
- 14.6 The IJB, IJBCO and IJBCFO have a duty to inform PKC's Chief Internal Auditor and the NHS Counter Fraud Service of any suspicion of fraud, irregularity or any other matter concerning the contravention of the Financial Regulations affecting assets of the IJB or the Parties. The Chief Internal Auditor of the IJB will be notified by the Partners to be aware of any control weaknesses.

## **15 BREACH OF REGULATIONS**

- 15.1 A breach of these Financial Regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHST Chief Executive, PKC's Chief Executive or another nominated or authorised person as appropriate to decide what action to take.
- 15.2 The Audit and Performance Committee will be notified of any material breach of the Financial Regulations.

## **16 BOARD MEMBERS' EXPENSES**

- 16.1 Payment of IJB Board Members' allowances, travel and subsistence expenses will be the responsibility of the Members' individual Council, NHS or employing organisation, and will be made in accordance with their own Schemes as required

to reflect the capacity of the role being discharged e.g. Lead Clinician, third sector representative

## GLOSSARY

**“The Act”** means the Public Bodies (Joint Working) (Scotland) Act 2014;

**Integration Scheme** – this is a document agreed jointly by Perth and Kinross Council and NHS Tayside which details the joint working procedures to be followed by Perth and Kinross IJB

**Parties** – these are Perth and Kinross Council and NHS Tayside

**“Integrated Functions”** means those functions and services delegated to the IJB by virtue of this Scheme;

**“Integration Joint Board Order”** means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint IJBs) (Scotland) Order 2014;

**“IJB”** means the Integration Joint Board to be established by Order under section 9 of the Act, abbreviated to **“IJB”**

**IJB Chief Officer (IJBCO)** – that individual appointed by the Integrated Joint IJB to ensure delivery of the IJB’s Strategic Plan

**IJB Finance Officer (IJBCFO)** – that individual appointed by the Integrated Joint IJB to ensure governance of the IJB’s financial resources and provide financial advice to the IJBCO and IJB

**Local Authority Section 95 Officer** – this is the individual occupying the post within the local authority with responsibility for governance of financial resources in accordance with Section 95 of the Local Government (Scotland) Act 1973

**Health Director Of Finance** – that individual occupying the post within NHS Tayside with accountability for governance of financial resources

**Requisition** – this is the financial resources devolved by each of the Parties to the Integrated Joint IJB

**Direction** – this is the instruction from the IJB to each of the Parties to undertaken operational provision of services and the related financial resource level to undertake this (issued under section 26 of the Act)

**“Payment”** Term used in the legislation to describe the Integrated Budget contribution to the Integration Joint Board and does not require that a bank transaction is made. In addition, the term used to describe the resources paid by the Integration Joint Board to the Health Board and the Local Authority for carrying out the directed functions.

**Integrated Budget:** Budget for the delegated resources for the functions set out in the Integration Scheme as specified in legislation (See “notional budget”).

**Notional Budget:** Activity based budget for commissioned hospital services used by the IJB population as set out in the Strategic Plan. This is the amount required to be set aside by the Health Board for use by the IJB.

**Strategic Plan** – means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

**Virement** – the transfer of an under spend on one budget head to finance additional spending on another budget head. For the purposes of the IJB, represents the transfer of budget from one “subjective” spend to another, i.e. staff costs, employee costs, property costs, etc. or the transfer of budget between Parties.

**“Acute services”** means those services set out in Part 2 of Annex 1 to the Scheme which are delivered within Ninewells Hospital and Perth Royal Infirmary, except medicine for the elderly services delivered at Perth Royal Infirmary (for which the Integration joint IJB will have operational delivery responsibility);

**“Large Hospitals”** means those hospitals which fall within the definition set out in section 1(14) of the Act; Means the functions that a Health Board proposes to delegate under an integration scheme which are carried out in the area of the Health Board and are provided for the areas of two or more local authorities. **(Section 1 (14))**. Note that it is possible that this definition could be interpreted as referring to community hospitals that provide care to people from more than local authority but this is not the intention of the legislation and will be clarified in the explanatory notes.

**“Outcomes”** means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

**“Perth and Kinross”** means the local government area of Perth and Kinross as defined in the Local Government Etc. (Scotland) Act 1994;

**VAT:** Health Boards and Local Authorities have a different VAT status under the VAT Act 1994. Local Authorities have Section 33 status whereby they can recover VAT on non-business activities; and Health Boards have Section 41 status, whereby they can typically only recover VAT incurred on services (in accordance with contracted out services regulations). Local Authorities typically recover a greater proportion of VAT than Health Boards.



# Perth and Kinross Integration Joint Board

## Financial Regulations

Version ~~11-12~~ (1/3/1620 March 2024)

## PREFACE

The Integration Scheme for Perth & Kinross was approved by Cabinet Secretary for Health, Wellbeing and Sport on 27 August 2015. An Order to establish the Integration Joint Board was laid before the Scottish Parliament on 4 September (The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No.3) Order 2015). The Integration Joint Board was established on 3 October 2015. An updated Integration Scheme received ministerial approval in November 2022. While the Financial Regulations have been updated to reflect the new Integration Scheme, there are no fundamental changes due to the new Integration Scheme.

Both NHS Tayside (NHST) and Perth and Kinross Council (PKC) have delegated functions and resources to the Perth ~~Health and Social Care Partnership (The Perth and Kinross Integrated Integration~~ Joint Board (IJB). The IJB will direct ~~the Council~~ PKC and ~~the Health Board~~ NHST on how resources will be spent in line with the approved Strategic plan, and allocate resources back to them in accordance with this direction.

Both PKC and NHST operate under Financial Regulations/Standing Orders for the operational delivery of services. As this service delivery will continue to be carried out within NHST and PKC, these Financial Regulations relate specifically to the affairs of the IJB, and, therefore are more limited and focused in scope. All operational and transactional finance matters for the delivery of services of the IJB will comply with the respective PKC Financial Regulations and NHST Standing Financial Instructions.

The IJB is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities.

Under the Scottish Government Regulations, for all IJBs in Scotland, the Chief Officer, supported by the Chief Financial Officer must ensure that there are adequate systems and controls in place for the proper management of its financial affairs. These Financial Regulations detail the responsibilities of the IJB and serving members for its own financial affairs. The Chief Officer and the Chief Financial Officer and other officers supporting the

IJB will follow these Regulations at all times in relation to the conduct of the IJB's own financial affairs.

SECTION	CONTENTS	Page
PREFACE	INTRODUCTION	1
1	GENERAL	3
2	SCOPE AND OBSERVANCE	3
3	INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITIES	4
4	CHIEF OFFICER / CHIEF FINANCE OFFICER RESPONSIBILITIES	5
5	BUDGET PREPARATION	7
6	BUDGET MONITORING AND CONTROL	9
7	ANNUAL ACCOUNTS	11
8	EXTERNAL AUDIT	12
9	TREASURY MANAGEMENT	12
10	PROCUREMENT	1213
11	CHARGES FOR SERVICES	13
12	VALUE ADDED TAX	13
13	INSURANCE AND RISK MANAGEMENT	1314
14	INTERNAL AUDIT	14
15	BREACH OF THE FINANCIAL REGULATIONS	15
16	BOARD MEMBERS' EXPENSES	15

## 1 GENERAL

- 1.1 The preparation and circulation of Financial Regulations assists organisations in fulfilling their obligations in respect of corporate governance, ensuring that stakeholders ~~have an understanding of~~understand their responsibilities and a framework within which to discharge them. For this reason, Financial Regulations must be relevant to the needs of users, kept up-to-date and allow for controlled flexibility. A process of ongoing review and monitoring will be maintained to ensure this (See 1.3). Clarification on the interpretation of the Financial Regulations will be issued as required and identified for inclusion in a subsequent review. Clarification of any matter concerning the Financial Regulations shall be undertaken in conjunction with the Integration Joint Board (IJB) (as represented by the Audit and Performance Committee), Chief Officer (IJBCO) and Chief Finance Officer (IJCFO).
- 1.2 Aspects of the operation of the IJB have been set out in an Integration Scheme, some of which is pertinent to the Financial Regulations. Wording in “quotations” within the Financial Regulations is taken from the Integration Scheme, the relevant section is referenced after the quote in brackets for ease of use.
- 1.3 The IJCFO will regularly review the IJB Financial Regulations, in consultation with NHS Tayside’s Director of Finance and the Council’s section 95 Officer, and where necessary submit recommendations to the IJB for amendments to be Financial Regulations. The IJB will review and consider any amendments considered necessary to these Financial Regulations as recommended and approve the periodic revisions and issue an updated version encompassing such amendments.

## 2. SCOPE AND OBSERVANCE

- 2.1 ~~Voting members of the IJB together with non-voting~~All members of the IJB have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.



- 2.2 The key controls and control objectives for financial management standards are:-
- the promotion of the highest standards of financial management by the IJB;
  - appropriate assurance mechanisms to ensure compliance with the financial regulations;
  - comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the IJB; and
  - ~~an audit committee or other similar committee~~ The Audit and Performance Committee of the IJB ~~to~~ fulfilling its duties to develop and maintain effective scrutiny arrangement on the decision making of the IJB.
- 2.3 In all matters to do with the management and administration of the Integrated Budget by the IJB and its officers exercising such delegated powers as the IJB has agreed in this regard, these Financial Regulations will apply in all circumstances.
- 2.4 Prior to any funding being passed by one of the Parties to the IJB as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the IJB and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the IJB in its Strategic Plan.

### **3 IJB MEMBERS RESPONSIBILITY**

- 3.1 The members of the IJB are responsible for ensuring that, through the IJB's Chief Finance Officer, there is proper administration of the IJB's financial affairs, and that proper accounting records are kept for the IJB, which disclose the true and fair financial position and enable the preparation of financial statements that comply with the applicable Code of Practice.

## 4 CHIEF OFFICER (IJBCO)/ FINANCE OFFICER (IJCFO) RESPONSIBILITIES

### Joint Responsibilities

- 4.1 The IJBCO and IJCFO shall comply with the internal control procedures prevailing within their host organisation ~~with regard to~~regarding their operational activities ~~e.g.e.g.~~, segregation of duties, procurement of goods / services, control of assets, etc.
- 4.2 The IJBCO and IJCFO shall comply with the internal control procedures prevailing within their ~~host~~employing organisation ~~with regard to~~regarding their personal ~~work related~~work-related activities ~~e.g.e.g.~~, travel and subsistence, codes of conduct, declarations, etc.
- 4.3 Where the IJBCO or IJCFO delegate any of their responsibilities the nature and extent of this should be set out in a Scheme of Delegation.

### Chief Officer Responsibilities

- 4.4 The IJBCO will ensure that the decisions of the IJB are carried out and has a direct line of accountability to the Chief Executives of ~~the Health Board~~NHST and ~~the Local Authority~~PKC for the delivery of integrated services. The IJBCO is responsible for ensuring that service delivery is in accordance the Strategic Plan to support- the national- and local outcomes, any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators (including financial) that will demonstrate progress.
- 4.5 The IJBCO is the accountable officer of the IJB in all matters except finance. The IJBCO will discharge his/her duties in respect of the delegated resources ~~by:-~~by:
- ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness in the use of the IJB resources; and



- giving directions to ~~the NHSNHST~~ and ~~the CouncilPKC~~ that are designed to ensure resources are spent according to the Strategic ~~\_~~Plan. It is the responsibility of the IJBCO to ensure that the provisions of the directions enable the Parties to discharge their responsibilities ~~with regard to~~regarding the provisions of the directions.

4.6 In ~~his/her~~their operational role within ~~the NHSNHST~~ and ~~the CouncilPKC~~, the IJBCO has no “accountable officer” status but is:-

- accountable to the Chief Executive of ~~the CouncilPKC~~ and Chief Executive of ~~the NHSNHST~~ for the operational performance of the services managed by the IJBCO.
- accountable to the Chief Executive of ~~the NHSNHST~~ for financial management of the operational budget ~~,~~ and is advised by the NHS Director of ~~Finance~~Finance.
- accountable to the Chief Financial Officer (section 95 officer) of ~~the CouncilPKC~~ for financial management of the operational budget ~~,~~ and

#### Chief Finance Officer Responsibilities

4.7 The Integration Scheme notes that the IJBCFO is “accountable to the Chief Officer and the Integration Joint ~~IJB Board~~ for the Annual Accounts, Financial Plan (including the Annual Financial Statement as required under Section 39 of the Act) and providing financial advice to the Integration Joint ~~IJB Board~~. The ~~IJBCFO Chief Finance Officer~~ will provide financial advice and support to the ~~IJBCO Chief Officer~~ and the Integration Joint Board on the financial resources used for operational” (9.1) and will be responsible for preparing the IJB’s medium-term financial plan to be incorporated into the Strategic Plan”. In pursuit of this the IJBCFO will ensure that suitable accounting records are maintained, that resources are utilised in

accordance with the Strategic Plan and that ~~the Strategic Plan~~ this plan delivers Best Value.

4.8 As the IJB is legally constructed as per a Local Authority, the Chief Finance Officer will be the Section 95 Officer for the IJB. Section 95 of the Local Government (Scotland) Act 1973 notes “Financial administration - ... every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.”

4.89 At the point when the IJB provides Direction to the Parties, for the operational delivery of services, the ~~Health Boards~~ NHST Director of Finance and ~~local authority~~ PKC's Section 95 officer are responsible for ensuring governance of these resources in accordance with their own organisation's financial governance documents.

## 5 BUDGET PREPARATION

### The Integrated Budget

5.1 The resources within scope of the IJB's Integrated Budget are those local authority social care services, ~~health and~~ primary, community healthcare and hospital services delegated in accordance with the Integration Scheme. The Integrated Budget will be the aggregate of payments to the IJB for services delegated by PKC and NHST.

### The Strategic Budget

5.2 The resources within scope of the IJB's Strategic Budget are those within the Integrated Budget together with those in respect of large hospitals set aside in accordance with the Integration Scheme, termed “Large Hospital ~~Services~~ Set Aside”. The budget for Large Hospital services is included within the IJB's

~~Integrated Budget for direction via the Strategic Commissioning Plan. Future changes agreed by the IJB and NHST will determine the movement between the Integrated Budget and the Large Hospital Set Aside budget. The NHS can choose whether the budget for Large Hospital services is included within the IJB's Integrated Budget or retained for direction via the Strategic Plan and this has been set out in the Integration Scheme. Future changes agreed by the IJB and NHST will determine the movement between the Integrated Budget and the Large Hospital "Set Aside".~~

### The Strategic Plan

5.3 The IJBCO will submit annually to the IJB a Strategic Plan setting out proposals for the delivery of services within the remit of the IJB for, at minimum, the next ~~3~~ three years. This will include the Integrated Budget and the notional budget for ~~directed hospital services~~ Large Hospital Set Aside i.e.i.e., the Strategic Budget.

5.4 The Strategic Plan will detail the reason for any projected surplus or deficit and how this will be used /-addressed. The Strategic Plan ~~will~~ confirm the Integrated Budget ~~including~~ ing the resources previously subject to resource transfer.

~~5.5 The Strategic Plan will clarify the Strategic Budget includes the full cost of the "Set Aside" including overheads.~~

### Budget Preparation / Requisitions

5.6-5 In accordance with the Integration Scheme the IJBCO "will make annual ~~proposed~~ budget Requisitions to the Parties in ~~the format reflected within their respective budget guidance and to align~~ line with their respective budget setting timetables. The ~~proposed~~ budget Requisitions will be calculated with initial reference to the pertinent year of the latest Strategic Plan agreed by the Integration Joint Board and in line with agreement by the Parties and will include the costs of the Integration Joint Board, External Audit, the Chief Officer, Chief Finance Officer and any other relevant costs" (9.5).

5.7-6 ~~“Thereafter, the IJBCO will give consideration to areas of adjustment of budget requisitions in light of actual or projected performance (where applicable for each Party) and taking into account the Parties Corporate Financial Plans.”~~ “Where any adjustments are made from the proposals/assumptions contained in the Strategic plan, this will be made clear in the budget requisition made by the IJBCO Chief Finance Officer to the Parties” (9.7).

5.8-7 ~~“The Parties will engage with the Chief Officer and Chief Finance Officer while considering these Requisitions through their respective budget setting processes. The IJBCO and IJBCFO will meet with PKC and NHST senior finance officers to review and, if necessary, revise the budget Requisition in line with locally agreed budget setting timetables”~~ (9.6).

5.9-8 ~~“The Parties will confirm the payments to be made to the Integration Joint Board within a suitable timescale to enable the Integration Joint Board to agree its Integrated Budget by the 31st March preceding the start of the new financial year”~~ (9.9). ~~The Partners (PKC and NHST) will consider these proposed budget Requisitions through their respective budget setting processes and will confirm the actual budget Requisition to the IJB the day after the Council Tax legally requires to be set each year”.~~

### Directions

5.10-9 Following agreement of the Strategic Plan by the IJB, and confirmation of the requisitions from the Parties, in accordance with the Integration Scheme the IJB ~~“approve and provide Direction to the Parties before the start of the Integration Joint Board financial year, in the relevant year, regarding the functions that are being commissioned, how they are to be delivered and the resources to be used in delivery”~~ will approve and provide Direction to the Parties before the start of the IJB financial year regarding the functions that are being directed, how they are to be delivered and the resources to be used in delivery” (9.9). This direction is with a view to ensuring that resources are utilised in accordance with the objectives of the Strategic Plan.

5.10 The Integration Scheme notes that in “In the event that a material calculation error in the spending Directions provided by the Integration Joint Board to the Parties is discovered, this will be adjusted for and revised Directions issued to the Parties the event that a material calculation error in the spending Directions provided by the IJB to the Parties is discovered this will be adjusted for and revised Directions issued to the Parties” (9.25).

## 6 BUDGET MONITORING AND CONTROL

### Budget Monitoring

6.1 In accordance with the Integration Scheme the IJBCFO will “ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances. All Integration Joint Board finance reports will be shared with the Parties simultaneously (9.17)”~~ensure routine financial reports are available to the IJBCO and the IJB on a timely monthly basis and include as a minimum actual to date, annual budget, full year outturn projection and commentary on material variances. All Integration Joint IJB reports will be shared with the Parties simultaneously.~~ The frequency, form and content of reports will be agreed by the IJB. These ~~monthly~~ reports will cover the financial performance of the Integrated Budget and the Strategic Budget together with projections for the full financial year and any implications for the following financial years.

6.2 “Where a year end overspend in the IJB’s budget is projected the IJBCO and the IJBCFO must “present a recovery plan to the Integration Joint Board and the Parties to address in year overspends and any recurring overspends for future financial years”~~present a recovery plan to the Parties and the IJB to address in year overspends and any recurring overspends for future financial years”~~ (9.18).

## IJB Reports

- 6.3 The IJBCFO will be consulted on all reports being submitted to the IJB to ensure that any financial implications arising have been considered. Each IJB report should include a Financial Implications section.
- 6.4 It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that an Annual Performance Report is presented to the IJB which will include provisions on the financial performance and Best Value.
- 6.5 It will be the responsibility of the IJBCO ~~AND~~ and IJBCFO to provide relevant information and reports to ensure ~~the~~ PKC and NHST performance reporting arrangements are complied with.

### Reserves Movement (Between Financial Years)

#### Virement (Between Financial Years)

- 6.6 The Strategic Plan and budget ~~Requisitions~~ requisitions will detail the ~~planned reserves transfer budget virement~~ that is proposed to be undertaken between each financial year in respect of both the Integrated Budget and large hospital services set aside. The extent of ~~virements~~ reserves movement will be confirmed following completion of the IJB annual accounts.

### Budget Adjustments (In Year) – Integrated Budget Virement (In Year) – Integrated Budget

- 6.7 The IJBCO, in consultation with the IJBCFO, can undertake ~~budget virement adjustments between headings in the Integrated Budget of up to and including £100,000~~ under delegated authority subject to this virement not impacting upon current IJB, Council or NHS policies. ~~Individual virements in excess of £10,000 must subsequently be reported to the IJB for noting through the budget monitoring reports. Budget virement in excess of this sum requires approval of the IJB.~~

6.8 -It ~~will~~may be necessary for the IJBCO to issue a revised direction to the Parties ~~in~~light as a result of an in-year budget ~~virement~~adjustment. The process for this will be set out in annual directions to the Parties.

6.9 The IJBCO will not be permitted to undertake adjustments between the Integrated Budget and those budgets managed by the IJBCO, but which are not delegated to the IJB, unless agreed by the IJB and the relevant partner organisation.-

Virement Budget Adjustment (In Year) – Large Hospital Services Set Aside

6.9 All budget ~~virement~~adjustments in respect of Large Hospital services will require approval of the IJB and the NHST and the reasons for this ~~virement~~adjustment will be detailed in such a request e.g., changes in the timing of planned capacity changes from that outlined in the Strategic Plan.

## Year End Budget Variances

6.10 Any surplus or deficit arising at the financial ~~year-year-~~end on the Integrated Strategic Budget will be addressed in accordance with the provisions for this detailed within the Integration Scheme as follows:-

### **Deficit**

- Uncommitted Reserves held by the IJB would firstly be used to address any ~~overspend;overspend~~ (9.19).
- Via the risk sharing provisions between the Parties as set out in the Integration Scheme(9.20).

### **Surplus**

- ~~Retained in Reserves~~ as set out in the Integration Scheme (9.21)~~unless either a clear error has been made in calculating the budget Requisition or in other circumstances agreed through a tripartite agreement between the Parties and the IJB.~~

## Reserves

6.11 The IJB is able to retain Reserves albeit these will be notional as the IJB will not hold cash balances. The IJB is therefore required to set out and agree, ~~therefore,~~ a Reserves policy and strategy in the Strategic Plan.

## **7 ANNUAL ACCOUNTS**

7.1 The annual accounts for the IJB are required to be prepared subject to the provisions of Section 106 of the Local Government (Scotland) Act 1973. As such the annual accounts – including a Governance Statement and Best Value Statement - will be ~~undertaken-prepared~~ in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom.



7.2 The IJBCFO will arrange for the preparation and submission of the IJBs annual accounts by the statutory deadline and sign the annual accounts.

7.3 The draft annual accounts and final accounts should be submitted to the Audit and Performance Committee of the IJB ~~for and Audit Committee (if applicable) for their~~ scrutiny and review.

## **8 EXTERNAL AUDIT**

8.1 The IJB will be subject of external audit by auditors appointed by the Accounts Commission. The IJB, IJBCO and IJBCFO are required to comply with all reasonable requests made by the auditors in completion of their external audit.

8.2 The IJBCFO will be the initial point of contact with external auditors for all matters in relation of the IJB's annual accounts.

## **9 TREASURY MANAGEMENT**

9.1 The IJB will not undertake any cash transactions but rather these will be on a notional basis through the direction of expenditure undertaken by the Parties. Any cash correction ~~arising as a result of~~ resulting from variance between the Requisitions from and Directions to the Parties will be co-ordinated by the IJBCFO and undertaken directly between the Parties without any adjustment for interest.

9.2 In light of the above the IJB will not operate a bank account.

## **10 PROCUREMENT**

10.1 The Public Bodies (Joint Working) (Scotland) Act 2014 provides that the IJB may be empowered to contract itself to carry out the functions delegated to it.

10.2 Until such agreement is available, procurement activity will be undertaken by the respective Parties and in accordance with the guidance prevailing in the organisation to which the IJB has given operational direction for the use of financial resources. The IJBCO and IJBCFO will give ongoing consideration to whether there are financial or other benefits for either of the Parties to be directed to undertake particular areas of spends.

## **11 CHARGES FOR SERVICES**

11.1 The IJB will not charge for services. These will rather be undertaken by the organisation to which the IJB has given operational Direction to deliver the services for which a charge is made in accordance with local policy and national guidance.

## **12 VALUE ADDED TAX (VAT)**

12.1 The IJB is not currently delivering any supplies that are within the scope of VAT and is, therefore, not registered for VAT.

12.2 The IJBCO and IJBCFO must remain cognisant of possible VAT implications arising from the delivery of the Strategic Plan. The Parties will be consulted in early course on proposals which may have VAT related implications.

## **13 INSURANCE AND RISK MANAGEMENT**

13.1 The IJB must ~~establish~~ maintain a system of risk management and a risk register for the functions delegated to it ~~and maintain a Risk Register~~. This will ensure that

risks faced by the IJB are identified and quantified and that effective measures are taken to reduce, eliminate or insure against them.

- 13.2 The IJB must make appropriate provision for insurance (e.g. the Clinical Negligence and Other Risks Indemnity Scheme) according to the extent of risk exposure of the IJB itself and in light of the risk management strategy applied by the IJB. These should be reviewed periodically.
- 13.3 The IJB will notify the IJB as soon as reasonably possible of any incidents of loss, damage or injury, which may give rise to a claim by or against the IJB.

## 14 INTERNAL AUDIT

- 14.1 The IJB shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, ~~governance~~governance, and control of the allocated resources. This will include determining who will provide the internal audit service for the IJB and nominating a Chief Internal Auditor.
- 14.2 The ~~p~~Provision of internal audit services within ~~the NHS~~ and ~~the Council~~PKC will be contained within their respective and established arrangements. The IJB and partners should maintain an agreed Internal Audit output sharing protocol.
- 14.3 The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards and will be required to provide assurance to the Audit Committee regarding this.-
- 14.4 On or before the start of each financial year, the IJB's Chief Internal Auditor will prepare and submit a strategic ~~risk based~~risk-based audit plan to the Audit and Performance Committee ~~—or similar committee undertaking the functions—~~ for approval. ~~It is recommended this is shared for information with the relevant committee of the NHS and the Council.~~

14.5 The IJB's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the IJB (or Audit and Performance Committee) indicating the extent of audit cover achieved, a summary of audit activity during the year, and providing an opinion on the reliance placed on the risk management and governance arrangements and on the systems of internal control. ~~framework of internal control / assurance on the adequacy and effectiveness of internal controls. As a minimum the annual audit report and IJB Chief Internal Auditor's opinion will also be reported to the audit committee of the NHS Board and the Audit and Governance Panel of the Council.~~

14.6 The IJB, IJBCO and IJBCFO have a duty to inform ~~the Council's~~ PKC's Chief Internal Auditor and the NHS Counter Fraud Service of any suspicion of fraud, irregularity or any other matter concerning the contravention of the Financial Regulations affecting assets of the IJB or the Parties. The Chief Internal Auditor of the IJB will be notified by the Partners to be aware of any control weaknesses.

## 15 BREACH OF REGULATIONS

15.1 A breach of these Financial Regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHS ~~T's~~ Chief Executive, ~~the Council's~~ PKC's Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

15.2 The Audit and Performance Committee ~~— or similar committee discharging the function of an audit committee —~~ will be notified of any material breach of the Financial Regulations.

## 16 BOARD MEMBERS' EXPENSES

~~16.1 This Financial Regulation details the IJB's requirements for the payment of IJB Board Members expenses.~~

16.21 Payment of IJB Board Members' allowances, travel and subsistence expenses will be the responsibility of the Members' individual Council, NHS or employing organisation, and will be made in accordance with their own Schemes as required to reflect the capacity of the role being discharged e.g. Lead Clinician, third sector representative  
~~Payment of voting Board Members' allowances, travel and subsistence expenses will be the responsibility of the Members' individual Council or NHST, and will be made in accordance with their own Schemes.~~

~~16.3 Non-voting members of the IJB will be the responsibility of the individual organisations, and will be made in accordance with their own Schemes for payment of travel and subsistence expenses.~~

~~16.4 Non-voting members are required to submit claims to the individual Council or NHST, and made in accordance with their own Schemes and/or arrangements as part of services agreed in their capacity as the role they are discharging e.g. Lead Clinician, third sector representative.~~

## GLOSSARY

“**The Act**” means the Public Bodies (Joint Working) (Scotland) Act 2014;

**Integration Scheme** – this is a document agreed jointly by ~~Perth and Kinross~~ Council and NHS Tayside- which details the joint working procedures to be followed by ~~Integrated~~ ~~Joint~~~~Perth and Kinross~~ IJB

**Parties** – these are ~~Perth and Kinross~~ Council and NHS Tayside

“**Integrated Functions**” means those functions and services delegated to the IJB by virtue of this Scheme;

“**Integration Joint Board Order**” means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint IJBs) (Scotland) Order 2014;

“**IJB**” means the Integration Joint ~~IJB-Board~~ to be established by Order under section 9 of the Act, abbreviated to “**IJB**”

**IJB Chief Officer (IJBCO)** – that individual appointed by the Integrated Joint IJB to ensure delivery of the IJB’s Strategic Plan

**IJB Finance Officer (IJBCFO)** – that individual appointed by the Integrated Joint IJB to ensure governance of the IJB’s financial resources and provide financial advice to the IFBCO and IJB

**Local Authority Section 95 Officer** – this is the individual occupying the post within the local authority with responsibility for governance of financial resources in accordance with Section 95 of the Local Government (Scotland) Act 1973

**Health Director Of Finance** – that individual occupying the post within NHS Tayside with accountability for governance of financial resources

**Requisition** – this is the financial resources devolved by each of the Parties to the Integrated Joint IJB

**Direction** – this is the instruction from the IJB to each of the Parties to undertaken operational provision of services and the related financial resource level to undertake this (issued under section 26 of the Act)

**“Payment”** Term used in the legislation to describe the Integrated Budget contribution to the Integration Joint Board and does not require that a bank transaction is made. In addition, the term used to describe the resources paid by the Integration Joint Board to the Health Board and the Local Authority for carrying out the directed functions.

**Integrated Budget:** Budget for the delegated resources for the functions set out in the Integration Scheme as specified in legislation (See “notional budget”).

**Notional Budget:** Activity based budget for commissioned hospital services used by the IJB population as set out in the Strategic Plan. -This is the amount required to be set aside by the Health Board for use by the IJB.

**Strategic Plan** – means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

**Virement** – the transfer of an under spend on one budget head to finance additional spending on another budget head. For the purposes of the IJB, represents the transfer of budget from one ~~are of~~ “subjective” spend to another, i.e. staff costs, employee costs, property costs, etc. or the transfer of budget between Parties.

**“Acute services”** means those services set out in Part 2 of Annex 1 to the Scheme which are delivered within Ninewells Hospital and Perth Royal Infirmary, except medicine for the elderly services delivered at Perth Royal Infirmary (for which the Integration joint IJB will have operational delivery responsibility);

**“Large Hospitals”** means those hospitals which fall within the definition set out in section 1(14) of the Act; Means the functions that a Health Board proposes to delegate under an integration scheme which are carried out in the area of the Health Board and are provided for the areas of two or more local authorities. **(Section 1 (14))**. Note that it is possible that this definition could be interpreted as referring to community hospitals that provide care to people from more than local authority but this is not the intention of the legislation and will be clarified in the explanatory notes.

**“Outcomes”** means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

**“Perth and Kinross”** means the local government area of Perth and Kinross as defined in the Local Government Etc. (Scotland) Act 1994;

**VAT:** Health Boards and Local Authorities have a different VAT status under the VAT Act 1994. Local Authorities have Section 33 status whereby they can recover VAT on non-business activities; and Health Boards have Section 41 status, whereby they can typically only recover VAT incurred on services (in accordance with contracted out services regulations). Local Authorities typically recover a greater proportion of VAT than Health Boards.





**PERTH & KINROSS INTEGRATION JOINT BOARD**  
**WORKPLAN 2024-25 (Report No. G/24/48)**

This work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

Item	Standing Item	Non Standing Item	Responsibility	14 Feb 2024	20 Mar 2024	5 June 2024	21 Aug 2024	2 Oct 2024	11 Dec 2024	19 Mar 2025	Comments
Minute of Meeting	✓		Chief Officer	✓	✓	✓	✓	✓	✓	✓	
Action Points Update	✓		Chief Officer	✓	✓	✓	✓	✓	✓	✓	
Matters Arising	✓		All	✓	✓	✓	✓	✓	✓	✓	
Membership Update		✓	Clerk to the Board	✓							
<b>Delivering on Strategic Objectives</b>											
Chief Officer Strategic Update	✓		Chief Officer	✓	✓	✓	✓	✓	✓	✓	
Tayside Mental Health Services: Strategic Update		✓	Chief Officer	✓	✓	✓	✓	✓	✓	✓	
Perth & Kinross Older People's Strategic Delivery Plan		✓	Head of Health					✓			Annual Update
Perth & Kinross Autism / Learning Disabilities Strategic Delivery Plan		✓	Head of Adult Social Work Operations		✓					✓	Update on SDP
Perth & Kinross Primary Care Strategic Delivery Plan		✓	Associate Medical Director					✓			Annual Update
Perth & Kinross Primary Care Premises Strategy		✓	Associate Medical Director					✓			Annual Update
Perth & Kinross Carers Strategy		✓	Chief Officer				✓				Annual Update
Participation & Engagement Strategy		✓	Chief Officer					✓			For approval
3 Year Workforce Plan		✓	Head of Adult Social Work Operations			✓					Annual Update
Alcohol & Drug Partnership Strategic Delivery Plan 2024-2027		✓	Head of Adult Social Work Operations			✓					
Strategic Planning Group Update	✓		Head of Adult Social Work Commissioning	✓		✓	✓	✓	✓		
Strategic Planning Group Minutes	✓		Head of Adult Social Work Commissioning	✓		✓	✓		✓		
Perth & Kinross Community Mental Health & Wellbeing Strategy 2022-2025		✓	Senior Service Manager						✓		Annual Update
Perth & Kinross IJB Strategic Commissioning Plan		✓	Head of Adult Social Work Commissioning		✓	✓					Draft March 2024. Approval June 2024.
Chief Social Work Officer Annual Report		✓	Chief Social Work Officer	✓						✓	For noting
Winter Planning Across Perth & Kinross 2024-25		✓	Chief Officer					✓			For approval
NHS Tayside Director of Public Health Annual Report 2024		✓	Chief Officer							✓	
Perth & Kinross Adult Protection Committee Annual Report		✓	Chief Officer	✓					✓		Report and Presentation
Perth & Kinross Adult Support & Protection Biennial Report 2022-24		✓	Interagency Adult Protection Coordinator						✓		For noting & endorsement
<b>Finance / Audit and Performance</b>											
2024-2027 Budget		✓	Chief Finance Officer		✓					✓	For approval
Audit and Performance Committee Update		✓	Chair of A&PC	✓	✓		✓	✓	✓	✓	
Audit and Performance Committee Annual Report		✓	Chair of A&PC				✓				
NHS Tayside Mental Health Financial Recovery Plan		✓	Chief Officer			✓					
<b>Governance</b>											
Strategic Risk Management Annual Report 2023-24		✓	Chief Officer					✓			
Review of Standing Orders		✓	Clerk to the Board				✓				
Reserve Policy		✓	Chief Finance Officer		✓						
Financial Regulations		✓	Chief Finance Officer		✓						
Public Sector Equalities Duty		✓	Chief Officer					✓			
Strategic Risk Appetite		✓	Chief Finance Officer			✓					
<b>For Information</b>											
Future Meeting Dates	✓		For information	✓	✓	✓	✓	✓	✓	✓	
Future Development Sessions	✓		For information	✓	✓	✓	✓	✓	✓	✓	
Work Plan	✓		For information	✓	✓	✓	✓	✓	✓	✓	
Annual Performance Report		✓	For information				✓				
Tayside Winter Planning Report 2024-25		✓	Chief Officer						✓		
Audited Annual Accounts		✓	For information					✓	✓		



**PERTH & KINROSS INTEGRATION JOINT BOARD  
DEVELOPMENT SESSION WORKPLAN 2024-25**

This development sessions work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

Item	Responsibility	24 May 2024	16 Aug 2024	25 Oct 2024	20 Dec 2024	24 Jan 2025	21 Feb 2025	14 Mar 2025
Participation & Engagement Strategy	Chief Officer	✓						
Roles and Responsibilities	Chief Officer	✓						
Digital Innovation/Technology	Head of Adult Social Work Operations		✓					
Budget/Finance	Chief Finance Officer				✓	✓	✓	
Walking with Strength & Balance - Evaluation & Toolkit	Chief Officer (Kayleigh Lytham)	✓						
National Care Service	Chief Officer							
Tayside Mental Health Services Strategic Update	Chief Officer							
Care Home Activity & Partnership Working	Head of Adult Social Work Commissioning		✓					
Primary Care Strategies	Evelyn Devine							