

ITEM 3



<b>MEETING:</b>	<b>Integration Joint Board</b>
<b>DATE:</b>	<b>TUESDAY 23rd JUNE 2021</b>
<b>TIME:</b>	<b>2.00PM</b>
<b>VENUE:</b>	<b>MS TEAMS</b>

<b>PRESENT :</b>	<p><b>NHS Lanarkshire:</b> Dr A. Osborne (Chair), Mr B Moore, Mrs M. Morris</p> <p><b>North Lanarkshire Council:</b> Councillors P Kelly (Vice Chair), Cllr J Logue, Cllr J Linden, Cllr S Watson</p> <p><b>Stakeholder Representatives:</b> Mr H Robertson, North Lanarkshire Carers Together, Dr T Smyth, GP representative; Ms M Halliday, Chief Executive, VANL; Mr J Watson, Trade Union representative, Unison NLC; Mrs C McGinty, Staff side representative, NHS Lanarkshire; Mrs L Seaton, Partnership for Change (service user representative)</p> <p><b>Board Members:</b> Mr R McGuffie, Chief Officer; Miss M Moy, Finance Officer (S95); Dr Lucy Munro, Medical Director, Mrs T Marshall, Nurse Director</p> <p><b>IN ATTENDANCE</b>          Mrs M Dendy, Head of Performance, Planning and Quality Assurance;          Mrs C Jack, IJB Board Secretary; Mrs J Arthur, IJB Admin Support (minutes); Mr T Moan, Partnership for Change Development Worker;          Mrs H Knox, Chief Executive NHS Lanarkshire; Mrs S Simpson, OD Lead;          Mr M Dell, Communications Manager; Ms D Fraser, Head of Adult Social Care; Ms L McDonald, NHSL Non Exec Board member; Mr A Boyle, NHSL</p>
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	Non Exec Board member; Ms M Thomson, Head of Health; Mr D Murray, Chief Executive North Lanarkshire Council; Mr E Dickson, Audit Scotland; Ms R Blair, Principal Solicitor (Employment & Policy), NLC
<b>Apologies:</b>	Mr P Campbell, Non Exec Director, NHSL Ms A Gordon, CSWO

### **1. Welcome and Apologies**

Dr A Osborne welcomed everyone to the meeting and welcomed Mr A Boyle as proxy for Mr P Campbell, noting that Mr Boyle was a forthcoming member of the IJB.  
Dr Osborne congratulated Cllr Gallacher on being elected as an MSP, wishing her well and thanking her for her contribution to the IJB. Cllr S Watson was confirmed and welcomed as Cllr Gallacher's replacement.  
Dr Osborne also welcomed Ms L MacDonald and Ms R Blair to the meeting to provide an update on Whistleblowing Guidance.

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

No declarations of interest were noted.

### **3. Minutes of IJB: 23.3.21**

Minutes of the previous meeting were noted and approved.

### **4. Minutes of Performance, Finance & Audit Committee Meetings.**

The minutes of the previous two meetings held on 4.11.20 & 17.2.21 were noted.

### **5. Matters Arising – Action Log**

Mrs C Jack advised that all items in the action log had been marked as; complete or included in the agenda for today's meeting or scheduled for future meetings. Ms Jack highlighted that where items have been delegated to PF&A Committee then the action will remain on the IJB Action Log until confirmed as completed. On this basis, Mrs Jack assured the committee that all agreed actions were being progressed.

### **6. Whistleblowing**

Ms L MacDonald and Ms R Blair shared a report and presentation to raise awareness of the National Whistleblowing Principles and Standards that all NHS organisations will be required to follow from 1<sup>st</sup> April 2021. Ms McDonald highlighted the key items from the guidance noting that a Whistleblowing Champion must be identified for each board and that Ms MacDonald had been appointed as the nominated champion for NHSL Lanarkshire. Following a period of consultation, the standards were brought forward as part of Once for Scotland policy and guidance framework. The standards cover all NHS services as well as H&SC partnerships, students, trainees and volunteers. They do not cover all health & social care services, only NHS services provided under that umbrella. Not everyone providing an NHS service, is an NHS employee which is why the standards go wider. IJBs must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, are able to raise a concern through this procedure.

This includes:

- providing clear information about who, staff and other workers can raise concerns with, either within their service or at a more senior level.
- ensuring access to a two stage procedure, where the worker has agreed to use this procedure.
- the availability of support for those involved in raising a concern.

- a requirement to report all concerns to the IJB and the NHS Board on a regular basis.
- a requirement to share information about how services have improved as a result of concerns taking care not to identify who raised the concern.
- Anyone raising a concern about a service provided by NHS Scotland must be signposted to the Independent National Whistleblowing Officer (INWO) at the end of this process. These standards are only enforceable against NHS.

Whistleblowing is not about raising personal concerns, it is about protecting patients.

Whistleblowers should be supported with a guarantee that there will be no detriment to them provided they are acting in good faith. Whistleblowing is trying to capture something that everyone knows about but no one takes the responsibility of raising.

Ms Blair added that a report is normally taken to North Lanarkshire Council's Policy & Strategy committee on an annual basis highlighting any whistleblowing concerns raised within NLC. It was noted that a report was not taken last year due to Covid however, a report will be submitted this year following consultation with Trade Unions.

Ms M Halliday noted reference in the guidance to recording and reporting concerns and asked for assurance that these be treated sensitively. Ms McDonald gave the assurance that confidentiality was central to the process. The focus on any reporting is about the improvement actions that follow and individuals should be identified in the process.

Dr Osborne requested that Mr McGuffie, as Chief Officer, take steps to agree a clear process for staff working in the H&SC partnership and that Whistleblowing concerns raised would be reported on a minimum of annually at the IJB. It was agreed that a deadline of December 2021 would be set for these steps to be put in place.

#### **Decided - the IJB agreed the following recommendations -**

- Noted the contents of the report and the accompanying presentation.
- Agreed to support and promote the implementation of the national standards and ensure that all Health & Social Care partnership staff across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure.
- Noted that each IJB should enter into an agreement with its partner organisations that clearly sets out, how staff, employed by either the NHS board or local authority can raise concerns about any services that fall within the responsibility of either the NHS board or the local authority. This agreement must ensure that concerns about NHS services can be considered through the Standards.
- To request that the Chief Officer engages with colleagues within NHS Lanarkshire and North Lanarkshire Council to agree a clear process for staff working within the Health & Social care partnership.
- Noted that all Whistleblowing incidents and actions taken will be reported to the Integration Joint Board annually as a minimum.

#### **7. Risk Register**

Ms C Jack shared a report providing a summary to the Integration Joint Board on risk management activity along with the IJB risk register, noting any amendments or additions to the current risk register. The risk register has been updated with a number of proposed changes following the Performance, Finance & Audit Committee in May 2021 which were summarised in Appendix 3.

A note of the risks associated with Covid was shared. This was previously presented in September 2020 and had been updated regularly since then. The intention was to review the risks over the

coming months, closing any that were no longer relevant. Those risks that were longer term than initially expected would be added to the main IJB risk register. This would come to the IJB meeting in September 2021 for approval.

A number of operational risks had been identified by NHS Lanarkshire and North Lanarkshire Council which were highlighted in the report as having a potential impact on IJB objectives and/or delivery of services.

Ms Halliday advised that voluntary sector and carer representatives met in advance of the IJB to discuss the reports and had some questions around the risk reporting, particularly around the notional set aside risk which was addressed by Miss Moy. Ms Halliday suggested it would be extremely beneficial to have a separate meeting around Risk with the stakeholder representatives to better understand the risk management process. Ms Jack welcomed this suggestion and agreed to organise a development type session.

In response to Ms Halliday's specific question on the set-aside budget, Ms Moy advised that at the PF&A meeting on 25<sup>th</sup> May 2021, a set aside update report was presented. Section 8.4 of that report highlighted the notional set-aside budgets and the actual costs incurred since the inception of the IJB. She advised there is an agreement with NHS Lanarkshire not to fund the overspend and it was unlikely we would be asked to do so.

Mr Moore suggested that Staff Wellbeing be added to the risk register to ensure there was sufficient emphasis and focus on this important area. Ms Jack agreed this was a valid point and would be taken into consideration when updating the risk register.

**Decided: The IJB agreed the following recommendations -**

- Noted the contents of the report which included; the latest version of the IJB risk register, the list of Covid related risks and a note of risks from partner agencies that impact upon delivery of IJB business.
- Approved the IJB Risk register, noting that the Performance, Finance & Audit Committee (PF&A) reviewed the finance risks contained within the IJB Risk Register at its last meeting in February 2021. The mitigating actions and risk rating for a number of risks were amended.
- To ensure that risks are developed and added to the IJB Risk Register across the whole range and remit of the IJB business including strategic planning.

**8. Covid update**

Mr McGuffie shared a paper setting out the actions taken to date during the pandemic response. Covid numbers at today's date were shared –

- 21 confirmed Covid inpatients. hospital figures had risen slightly but hospital stays were shorter and there was less impact on ITU.
- 2 confirmed Covid inpatients in ITU.
- 2 ongoing care home outbreaks, one north and one in south Lanarkshire. this was amongst staff with no residents affected.
- 254 positive Covid cases reported which was 31.4% of new cases.
- 799,394 vaccination doses have been administered, 58% 1<sup>st</sup> dose and 42% 2<sup>nd</sup> dose.

In line with the request from the Cabinet Secretary, plans were now in place to continue additional support for care homes until 30<sup>th</sup> June 2022. the Lanarkshire remobilisation plan has identified funding of £1,326,353 to provide this support and the report set out the key areas including professional oversight, clinical leadership, oversight and support of testing and review of test results.

Dr Osborne advised that notification had just been received from Scottish Government that there would be a continuation of emergency arrangements to end September 2021. The Chair and Vice Chair acknowledged the ongoing dedication and commitment of frontline staff and IJB members endorsed this.

Councillor Kelly asked if there was still confidence in Test and Protect process in view of the rise in positive cases. Mr McGuffie advised that Public Health colleagues were putting a huge amount of effort into strengthening the approach. It was noted there appeared to be a slight reduction in compliance with some people not being willing to disclose contacts. The programme was standing up very well and Ms Knox advised that all possible activities were being done to deal with the workload. However, staff in the team had been working extremely hard and staff from Health Improvement were being drafted in to provide support. In addition, staff would be sought from redeployment as well as dental and medical staff on a locum basis for a few weeks. The Chief Executives of both North and South Lanarkshire councils had also offered support. Discussions had been held with Scottish Government with a view to not having to follow up those who have had both vaccinations to try and reduce the workload. This would help significantly but a decision had not yet been made as to whether this practice could be adopted. Dr Osborne noted the importance of ensuring the wellbeing of staff involved.

**Decided: the IJB agreed the following recommendations -**

- noted progress made during the pandemic response
- requested further updates in due course.

**9. Remobilisation Plan 2021-22 and SCP Programme of Work 2020-23**

Ms M Dendy shared a report and presentation which updated on the progress of the remobilisation plan and the subsequent updating of the Programme of Work for the North Lanarkshire Health and Social Care Partnership in line with the Strategic Commissioning Plan 2020 – 23. Through the work carried out to date, a framework had been developed and the report described how the framework would support the achievement of the key ambitions and inform the longer-term planning, including the usage of the additional national resources available and utilisation of the short term capacity to support transformation. Work will continue with partners across the sector to plan and deliver health and social care services in line with Government guidelines will continue to inform recovery and redesign of services. The H&SCP would continue to understand the impact of the changes that had been made or experienced by services during the pandemic. Pressures, gaps and opportunities that have or were still to emerge would continue to be identified to ensure appropriate response.

Dr Osborne thanked all colleagues involved in this work. ~~which was nearing fruition.~~

Mr A Boyle suggested that staff wellbeing form part of the pyramid, by either underpinning the local focus or sitting alongside staff governance to ensure the focus on this was prominent. He also noted the importance of measuring what we stop doing as much as what we start doing. He made a plea around the pace of work and the fear for those coming to the end of the pandemic and how recovery work could impact them going forward.

Ms Dendy welcomed these comments and advised that the importance of wellbeing was documented within the plan. In relation to the pace of work, part of the reason for the whole system approach, was to ensure that the Strategic Leadership Team prioritised what was manageable and achievable with realistic timescales being put in place.

Members acknowledged to significant amount of work that was ongoing and that staff wellbeing was being well addressed. The focus on the use of technology and digital was also very welcome.

Dr Osborne asked how we intended keeping the plan dynamic, bringing in the governance framework and linking to finance. Ms Dendy advised this would become more sophisticated and dynamic as work progressed.

Ms Knox agreed this was a good piece of work that reinforced the benefits of a whole system approach. As the plan progressed she looked forward to more engagement work around inequalities ~~continued engagement more work around inequalities.~~

**Decided: The IJB agreed the following recommendations –**

- Noted that work was ongoing to populate the detail of the Programme of Work supporting the Strategic Commissioning Plan 2020 – 23.
- Noted that further detail would be brought to the IJB

**10. Independent Review of Adult Social Care**

Ms D Fraser shared an update report following that tabled at the IJB meeting held in March 2021 which summarised the findings of the Independent Review of Adult Social Care and advised that future reports would be tabled once the Scottish Government made clear its response to the recommendations. It had also been agreed that a self-assessment analysis would be undertaken to set out the Health and Social Care Partnership's position against the recommendations.

Ms Fraser updated that the national Chief Officers' Group had shared a self-assessment template based on key recommendations from the review, with the aim of identifying areas of best practice across Scotland that could be shared. Work was underway on the self-evaluation process, which would be used to support the IJB's responses to the forthcoming consultation around the proposed National Care Service. On 24<sup>th</sup> March 2021, a joint statement was released by COSLA and Scottish Government outlining a commitment to create plans around five key areas for development by May 2021:

As a partnership, there has been engagement in some of the development work around commissioning principles and support for carers. As these plans come to fruition, the IJB would be fully sighted on the local implications emerging. In addition, the Scottish Government noted a commitment within the first 100 days of the parliamentary term to start formal consultation on the legislation around a National Care Service with a view to introducing it in the first year of the parliament. It was also agreed that a social covenant steering group would be established, including those who use care services, to ensure the new service was designed around the needs of care users and supported the needs of care workers.

Ms Fraser noted that, depending on timing, a special meeting of the IJB may need to be scheduled to ensure all members are able to fully contribute to this process.

The Chair gave reassurance to members that we would find time and space to ensure IJB members were kept fully informed as soon as further detail of the consultation was known to ensure the best interests of Lanarkshire residents were considered.

**Decided: The IJB agreed the following recommendations -**

- Noted that a self-assessment exercise was underway and would report to the September 2021 meeting of the IJB;
- Noted the five key areas of collaboration set out between COSLA and Scottish Government;
- Noted the Scottish Government's planned consultation exercise around the proposed National Care Service within the first 100 days of the parliamentary term and the need to ensure IJB members are able to participate.

**11. Improving Cancer Care Journey**

Following a paper being presented to the IJB Performance, Finance and Audit Committee on 25 May 2021, this report had been prepared to seek endorsement of the application to Macmillan Cancer Support to access funding (non-recurring) of £2m to improve the cancer journey (ICJ) across Lanarkshire.

The ICJ approach would mobilise the community voice around cancer, complement the national approach to inclusion, promote successful engagement with more deprived communities and facilitate volunteering models. The investment in the ICJ model across Lanarkshire would build on previous Macmillan investments. It provided a great opportunity to work alongside VANL and embed the Community Solutions approach into the bid. Having local communities help shape was a real strength.

A Programme Manager would be jointly appointed by both North and South Lanarkshire partnerships to lead on the implementation of the ICJ programme across Lanarkshire. A Senior Programme Officer would be appointed to support and develop the implementation of the ICJ across North Lanarkshire and would work closely with the Programme Manager to achieve the agreed outcomes and support the project evaluation.

It is intended that the second part of the bid, subject to approval by Macmillan Cancer Support and the Scottish Government, will be submitted to secure additional funding of £652,000 to invest in localities to further develop and expand services and support to improve the cancer journey. The second phase of the project will be targeted to areas of greatest need and where maximum benefit can be secured.

The investment opportunity is non-recurring for a fixed period of five years. It was therefore deemed essential that the funding opportunity enhances already embedded approaches which will be sustained into the future.

Cllr Kelly acknowledged this excellent report and gave credit to colleagues involved in getting to this stage and welcomed the links being made with Community Solutions. There was discussion around how the work would be monitored and reported. It was agreed reporting would be via the Performance Finance & Audit Committee on a six monthly basis. It was clarified that there could be no commitment, at this stage, to continue the work beyond the end of the funding and the report was very clear on this. This was why it was so important to embed the work within Community Solutions.

Mr Boyle welcomed this really positive report giving the opportunity to do some really valuable work. He particularly liked the emphasis on community involvement and hoped this would ensure the voice of the unheard community was heard and suggested possibilities around upskilling.

Ms Halliday agreed this was a very exciting piece of work, that could be worked through the existing structure and embedded. Other pieces of work embedded locally already had a track record of funding being able to be raised. Over time, additional resources can often be secured and although no promises, she was confident that the benefit this would bring in the initial years could result in extra money being secured.

**Decided: The IJB agreed the following recommendations -**

To endorse the application for funding from Macmillan Cancer Support to implement the Improving Cancer Journey approach over a five-year period in order to develop the support for people affected by and recovering from a cancer diagnosis and to improve the cancer journey for individuals, their carers, their families and friends.

**12. Redesign of Urgent Care**

Dr L Munro shared an update report with members following discussions at previous meetings. On any given day of the week, hundreds of people present to Emergency Departments (ED) with a wide range of problems. A revised model of urgent care was implemented with the setup of flow navigation centres. Flow Navigation directs people to the right place at the right time so that as early on in their journey as possible, they will be treated in the right place, which may not be an ED. The paper detailed the initial stages of the redesign, what the measurable objectives are and what the next steps were. In terms of next steps, the Redesign Programme Board would continue to oversee project planning and future aspirations. A critical path has been developed to support timely management and progress, however whilst milestones have been suggested we await the national timescale thus adaption of the path is likely. Preparations are underway to introduce a Paediatric pathway. Consultants are being used as clinical decision makers so this role is being evolved and some nurses are now being used. Work is also being done to build on the use of Professional to Professional Consultant Connect and Near Me. Also working closely with the Scottish Ambulance Service and there has been great work with Mental Health services and the police, where they are coming directly to Mental Health for support. Much of the work that is being done is about aligning with principles that are already in place. SG asked that a red pathway be introduced for Covid and Covid centres were set up but these have developed into Acute Respiratory centres. Less people are going through this pathway and staffing can be difficult so it was likely these would be stood down.

Ms Seaton asked if there was any feedback ~~on~~ from individuals who were going through system. Dr Munro confirmed that measurement of this was being done, patient stories were being used to identify what was going well and not so well and using this as learning. More work is needed to produce data.

Ms Knox referred to a pathfinder project in Ayrshire where part of this was to look at patient satisfaction etc. More work was needed particularly around national communication to ensure the public were aware of the pathways to treatment. In Lanarkshire, there were currently high numbers being seen through EDs causing significant pressure on the system.

Mr Moore noted the impact on Primary Care and asked what the timeline was for under 16s. Dr Munro advised that we are currently not compelling people to call 111 before coming to an ED but asking people to be sensible. People are not being turned away if they have not phoned 111.

Dr Smyth advised that there were some ~~unpopular~~ GP voices questioning whether or not this nationally mandated programme was liked by patients. She said she felt there was a perception that GPs were sending more people to EDs via 111 but she believed this not to be the case and that the same numbers are self-presenting, just in a different way to ED ie via 111. She said GPs had raised concerns about children being seen at ED / going through 111 as they didn't have access to full case records and felt some of those phoning 111 were looking for 111 to say that their GP must see them but that with the benefit of full case records and knowledge, GPs were better placed to make such decisions.

Ms Halliday noted related challenges around the Out of Hours service and how that contributed to potentially difficult access for people. Mr McGuffie advised that the service was seeing huge attendance figures and work was ongoing around the future model.

Dr Osborne acknowledge the current whole system pressures. ~~adding that an GP Out of Hours paper was expected at the next IJB meeting.~~

**Decided: The IJB agreed the following recommendations:**

- Noted the continuing implementation of patient pathways for Urgent Care
- Agreed to receive further reports on the outcomes of this work relative to the stated objectives of the programme.

### **13. Finance Monitoring Report**

Ms M Moy shared a report providing a summary of the financial position of the North Lanarkshire Health and Social Care Partnership (HSCP) for the period from 1 April 2020 to 31 March 2021 (Health Care Services) and 31 March 2021 (Social Work and Housing Services).

Ms Moy advised that the original estimate of planned expenditure in 2020/2021 was projected to be £646m (NHSL - £445m; NLC - £201m). The actual expenditure incurred in 2020/2021 was £655m (NHSL - £451m; NLC - £204m). An additional £9m (1.4%) of expenditure was therefore incurred in 2020/2021.

Ms Moy referred to Appendix 4 of the report and the pictorial representation of the additional costs of £9m funded by the Scottish Government. A further £12m of Covid related costs incurred during 2020/2021 were also funded by the Scottish Government. Ms Moy highlighted that our emergency response to the Covid-19 pandemic had been met through redeploying existing staff and some services had to be reduced or stood down. Effectively £12m of the original budget was therefore not spent on routine core services and because the Scottish Government fully funded all Covid-19 costs, this budget of £12m could be retained, transferred to reserves and allocated to the ongoing response to the Covid-19 pandemic in 2021/2022 and the recovery of services, in particular waiting times.

Ms Moy referred to paragraph 6.4 and, taking into consideration the additional Scottish Government funding, summarised the financial year-end outcome as follows:

- The underspend due to the availability of Covid-19 funding which released core budgets of £12m.
- Additional funding received from the Scottish Government in 2020/2021 to take forward national priority commitments in 2021/2022 and beyond totalling £20m. This included Action 15 funding, ADP funding, Community Living Change Fund and also Support for Covid-19 costs.
- A net underspend across core services of £5m. Ms Moy advised that last year, the underspend across core services was £6.6m which was comparable with this year.

Ms Moy summarised that the financial position as at 31 March 2021 is a net underspend of £37.680m (NHSL - £25.305m; NLC - £12.375m) which will be transferred to the IJB reserves. A further analysis of the factors contributing to the underspend was detailed at paragraph 6.5. The total underspend represents approximately 5% of the total financial envelope available.

Ms Moy explained that the position at 31 March 2021 was a point in time and that funding received in 2020/2021 was required to plan for and take forward the commitments in 2021/2022 in particular the ongoing response to the Covid-19 pandemic and the recovery and remobilisation of services which was referred to at paragraph 6.13.

Ms Moy advised that the Scottish Government expectation is that we will use reserves funding first before we access further funding from the Scottish Government. The 2021/2022 costs are being monitored.

Ms Moy highlighted the range of financial risks at section 12 and highlighted that transferring the underspend to reserves will help to mitigate these risks.

In summary, Ms Moy concluded that overall, the year-end position at 31 March 2021 provided a degree of certainty in respect of the funding for additional Covid-19 related costs in 2021/2022 and enabled the Health and Social Care partnership to take forward the national priorities and our local core service priorities when the opportunity to do so becomes available post Covid.

Dr Osborne asked Ms Moy how the 2020/2021 financial outturn for the North Lanarkshire IJB compared with other IJBs. Ms Moy advised that the year-end position for all 31 IJBs has recently been published. 29 IJBs underspent, 1 broke even and 1 overspent. The Scottish Government provided additional funding to the IJB which overspent. The value of the underspends across the 29 IJBs varied and reflected the size of the IJB and local circumstances. However, the value of the underspend across can be compared to the total financial envelope for that IJB. The underspend for 16 IJBs ranged from 4% to 6% of the total financial envelope available. The North Lanarkshire IJB underspend was 5% of the total financial envelope available.

**Decided: The IJB agreed the following recommendations -**

- Noted the 2020/2021 year-end outturn for North Lanarkshire HSCP as detailed at section 6.
- Noted that the final year-end outturn presented reflects the guidance issued by the Local Authority Scotland Accounts Advisory Committee (LASAAC) which was received on Friday 14 May 2021.
- Noted that 2020/2021 Covid-19 funding which was not allocated to additional Covid-19 costs in 2020/2021 will be transferred to IJB reserves to meet the ongoing costs of the Covid-19 pandemic in 2021/2022.
- Noted that the IJB Reserves Strategy for 2021/2022 is the subject of a separate report to the IJB on 22 June 2021 for consideration and approval

**14. IJB Reserves Strategy**

Ms M Moy presented the proposed IJB Reserves Strategy for 2021/2022 and beyond. The strategy follows our agreed principles as follows:

- Ring-fenced reserves which ensure compliance with the purpose the funding was received for.
- Risk-based reserves which are proposed to address specific financial risks e.g. potential prescribing cost pressures. It is also proposed to realign the self-directed support reserve of £3.214m, which is no longer required due to the favourable outcome of the recent court case, to a risk-based reserve in respect of social care demand cost pressures. A £3m risk-based reserve is also proposed to mitigate against the, as yet, unknown costs of Long Covid over the next 3 years.
- A range of proposals to establish ear-marked reserves were presented. These ear-marked reserves are primarily intended to take forward the recovery and remobilisation of services in line with the Strategic Commissioning Plan and the Programme Of Work.
- It is good practice to maintain a contingency reserve to address the cost of unexpected adverse events.

Ms Moy advised that some reserves highlighted at paragraph 7.2 totalling £1.725m had not been drawn down since 1 April 2019. A review is being undertaken to confirm if the above reserve balances are still required for the purposes originally agreed. The planned expenditure may not have been incurred as originally intended due to the impact of the Covid-19 pandemic. If the reserves funding is still required, a revised expenditure profile will be confirmed with the partner. An update on the outcome of the review will be presented to the meeting of the IJB (Performance and Audit) Committee on 24 August 2021.

Ms Moy advised that the IJB Reserves Strategy 2021/2022 is evolving and that she was continuing to work with finance and operational colleagues across both partners to confirm the planned expenditure and the timeline for drawing down reserves.

The reserves are also being aligned to the North Lanarkshire Health and Social Care Partnership Remobilisation Plan 2021/2022, the Strategic Commissioning Plan and the Programme of Work 2020-2023. The Medium to Long Term IJB Financial Plan will be updated by 21 September 2021 to reflect the expenditure profile of planned commitments funded from reserves and the future financial implications of recurring costs including consideration of potential funding solutions.

At paragraph 8.1.2, funding due in 2020/2021, along with funding previously retained by the Scottish Government from previous years, was released in respect of the Primary Care Improvement Fund (£7.328m). This is a hosted service led by South Lanarkshire IJB. Work is ongoing to align the budgets to actual expenditure which will be incurred in 2021/2022. The funding relating to 2021/2022 is held in the South Lanarkshire IJB reserve in order to be available to meet the planned commitments in 2021/2022 for both North Lanarkshire IJB and South Lanarkshire IJB.

The Scottish Government advised that the reserves brought forward to meet Covid-19 costs were to be used first before further funding was requested. Ms Moy highlighted that there is a possibility we may require to ask the Scottish Government for further funding however it is too early in the financial year to conclude on that position. The financial position will continue to be closely monitored as the year progresses. Ms Moy also advised that as new funding opportunities emerge in year, the available funding would be allocated to best effect and as appropriate. The IJB would be updated as the year progresses.

Where the costs are expected to be recurring, recognising the reserve funding is non-recurring, Ms Moy will work with colleagues to agree an exit strategy if appropriate or to identify a potential funding solution and this will be included in the updated Medium to Long Term Financial Strategy for future consideration and approval by 21 September 2021.

In arriving at this point, Ms Moy extended her thanks to NLC finance colleagues Elaine Kemp, Thomas O'Hagan and Lianne Herring and to NHSL finance colleagues Laura Ace, Fiona Porter and the teams and highlighted the significant contribution they had made to the development of the IJB Reserves Strategy 2021/2022 and also for their support and advice for operational colleagues responding to the service delivery challenges.

Ms Moy concluded that the IJB Reserves Strategy 2021/2022 provides a degree of certainty, continues to support service delivery during the ongoing Covid-19 pandemic, enables the remobilisation and recovery of services post Covid to be planned and will mitigate financial risks. Notwithstanding this, the requirement for recurring funding will continue to be explored with the Scottish Government.

**Decided: The IJB agreed the following recommendations -**

- Noted the 2020/2021 closing balance on the IJB reserves at 31 March 2021.
- Endorsed the allocation of the Scottish Government funding to the ring-fenced reserves as outlined at section 8.1.
- Approved the allocation of funding to the risk-based, ear-marked and contingency reserves as detailed at sections 8.2, 8.3 and 8.4.
- Noted the allocation of funding to the previously approved joint strategic commissioning priorities as detailed at section 8.5, which now reflects the hosted services adjustment.

- Noted that the review of reserves is ongoing in consultation with operational colleagues in order to confirm the amount and timing of planned commitments and align the reserves to the North Lanarkshire Health and Social Care Partnership Remobilisation Plan 2021/2022 and the Strategic Commissioning Plan Programme of Work 2020-2023.
- Noted that the review to assess the ongoing requirement for balances which have not been drawn down since 1 April 2019, as highlighted at section 7.2, will be progressed.

### **15. Unaudited Accounts**

Ms Moy presented the unaudited IJB Annual Accounts 2020/2021.

Ms Moy advised the IJB that the Chief Internal Auditors' opinion had been reported to the IJB (Performance and Audit) Committee on 25 May 2021. In line with good governance, it was important that the Chief Internal Auditors' opinion was reported before the unaudited IJB Annual Accounts 2020/2021 were considered. The Chief Internal Auditors concluded that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's framework of governance, risk management and internal control for the year ended 31 March 2021.

Ms Moy highlighted the Annual Governance Statement which is included within the unaudited IJB Annual Accounts 2020/2021. Ms Moy confirmed that letters of assurance were being exchanged between the IJB and the partners. The Annual Governance Statement continues to be a live document up until the time the audited IJB Annual Accounts 2020/2021 are presented and approved.

At paragraph 6.8, Ms Moy highlighted the observation that the NHS National Services Scotland (NSS) Service Auditors have provided a qualified opinion on the payments made by their Practitioner Services Division in respect of 2020/2021. This is similar to last year 2019/2020. This was primarily due to areas where there was insufficient documentary evidence on which to conclude rather than a finding that controls were absent or not operating. NSS provided assurances that each point raised within the audit reports would be addressed as part of its continuous improvement programme of work. The NHSL partner has concluded that the areas highlighted do not represent significant governance issues that would materially impact on the NHSL Annual Accounts 2020/2021. During 2020/2021, NSS undertook an improvement programme and also commissioned an internal audit on new payments which have arisen as a direct result of the pandemic. No significant issues were identified.

At paragraph 6.9, advice from Audit Scotland is being worked through by the NHSL partner in respect of the PPE and testing kits provided free of charge and how this should be reflected in the NHSL Annual Accounts 2020/2021. This is an emerging issue across Scotland during unprecedented national circumstances. There is no expectation however that this matter would lead to the conclusions detailed in the Annual Governance Statement to be revised.

At section 7 on page 26, the IJB were asked to consider the continuous improvement actions.

Ms Moy highlighted that progress has been made: 1 action was concluded and 4 actions have been progressed in part but have been assessed as still relevant and ongoing. 4 new continuous improvement actions were included, one of which is to conclude outstanding previous internal, external and continuous improvement actions. The review of recruitment and retention, the review of the set-aside concept and the Independent Review of Adult Social Care Services were also identified as key areas of focus in the year ahead.

The underspend at 31 March 2021 of £36.704m was reported on page 31. The total reserves balance of £53.118m is reported at page 32. Ms Moy asked for authority to update the presentation and terminology of Note 11 on page 43 to be consistent with the approved 2021/2022 IJB Reserves Strategy. At paragraph 7.1, the timeline for the external audit was detailed. The External Auditors Annual Report for 2020/2021 will be reported by 9 November 2021. At paragraph 7.2, Ms Moy highlighted that the unaudited IJB Annual Accounts 2020/2021 would now be submitted to External Audit and would be available for public inspection from 1 July 2021 to 22 July 2021.

Mr B Moore noted that the Management Commentary captured the key events of 2020/2021 and was pleased to note that staff wellbeing was highlighted. Mr Moore asked for confirmation that the target timescale of March 2022 to review the recruitment and retention strategies was achievable. Ms Moy explained the target timescale was to align with the year-end and the scope of the review would focus on key priorities, one of which was the review of fixed term and temporary appointments to address waiting lists which was funded by non-recurring reserves. Mr McGuffie also highlighted that maintaining a sustainable workforce was essential to continue to address the Covid-19 pandemic, to progress the recovery and remobilisation of services and to support staff well-being overall.

Dr Osborne asked for clarification on the presentation of the audited IJB Annual Accounts 2020/2021 to the IJB on 7 December 2021. Ms Moy advised the audited IJB Annual Accounts 2020/2021 would be circulated to the IJB Members as soon as they were available in November 2021. Ms Moy advised she would review the Terms of Reference of the IJB (Performance and Audit) Committee in respect of the approval of the audited IJB Annual Accounts.

**Decided: The IJB agreed the following recommendations -**

- Endorsed the Annual Governance Statement and the continuous improvement actions included in the IJB Annual Accounts 2020/2021.
- Noted the unaudited IJB Annual Accounts 2020/2021, as appended to the report, be noted.
- Noted the arrangements for publication of the unaudited IJB Annual Accounts 2020/2021 in line with the legislative requirements.
- Delegated authority to the Chief Financial Officer to amend the unaudited IJB Annual Accounts 2020/2021 before the publication date of 30 June 2021 to reflect feedback from the IJB.

**16. Risk**

It was noted that Staff Wellbeing should be included in the Risk Register.

Dr Osborne advised that this was the last IJB that Mr Campbell and Ms Morris would attend. She thanked them for their invaluable contribution and wished them well for the future.

**17. FUTURE MEETINGS DATES**

Integration Joint Board	Tuesday	21.09.21	1400
Integration Joint Board	Wednesday	08.12.21	1400