



AGENDA ITEM NO 7

REPORT NO IJB 55/23

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 23 AUGUST 2023

FINANCE REPORT – 2023/24

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

ABSTRACT

The purpose of this report is to provide Angus Integration Joint Board (IJB) with an update on the financial position of Angus IJB including financial projections for 2023/24, an update on planned interventions, financial risks and governance.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) Accept the overall projected financial position of Angus IJB;
- (ii) Agree that any revision to Primary Care financial risk sharing agreements will be through the IJB Chief Officer in conjunction with IJB Chief Finance Officer.
- (iii) Agree that the IJB will continue to seek agreement with NHS Tayside regarding Mental Health financial accountabilities and that any agreement will be through the IJB's Chief Officer and Chief Finance Officer in conjunction with the Chair and Vice Chair of the IJB;
- (iv) Request integrated recovery plans for submission to the IJB's Executive Management Team by the end of October 2023 setting out how Out of Hours, General Medical Services (2C Practices), Community Mental Health and Occupational Therapy services will be brought back to financial balance; and
- (v) Scrutinise and note the issues documented regarding Financial Governance (Appendix 2).

2. BACKGROUND

This report describes the first financial monitoring and projections for Angus IJB for the financial year 2023/24, based on information to the end of June 2023, including NHS Directed Services, Angus Council Directed Services, and an update on planned interventions, reserves and financial governance.

Information contained within this report reflects estimates for the whole of 2023/24 and consequently, given the early stage in the financial year, further reviews of projections will be undertaken which will lead to future adjustments in information.

The IJB's detailed projected financial position for 2023/24 is set out in Appendix 1. This shows that the overall projected financial position for the year to March 2024 is an under spend of c£3.012m.

It is important to note that should the IJB ultimately overspend in any financial year (i.e. after the implementation of a recovery plan and use of available reserves), then that overspend will be apportioned to Partner organisations in proportion to the spending directions to each party. That percentage share has recently been estimated at: Angus Council: 39%; NHS Tayside: 61%. The Integration Scheme notes "Where the parties make additional payments to cover an

over spend then the Parties will discuss whether recovery of those additional payments in future years from the IJB should be pursued. In the event that the Parties agree that the recovery of additional payments is to be pursued this will be over a maximum period of three years on a basis and repayment profile to be agreed between the Parties, in consultation with the IJB. Consideration of whether to recover additional payments made by the Parties will be informed by an assessment of the reasons for these payments and the implications for the Parties and IJB of doing so.”

3. CURRENT POSITION

NHS Directed Services

3.1 Local Hospital and Community Health Services – the vast majority of services are currently reporting under spends or near breakeven positions. This projected under spend is higher than expected with a large amount of the unplanned under spends attributable to recruitment challenges across various services. This projected position, which will have an impact on service delivery, makes a positive contribution to the IJB’s financial position for 2023/24.

Since last year the Psychiatry of Old Age service has seen a change in activity with patient acuity being managed more efficiently through appropriate training delivered across the nursing workforce. This results in a more effective nurse roster resulting in a projected under spend of c£0.305m

Although Medicine for the Elderly is reporting an under spend, inpatient wards have seen an increase in patient numbers as well as a shift in more acute patients being admitted. This is linked to people managing to stay at home in their communities longer but ultimately resulting in more frail, complex and acute admissions to the wards requiring more intensive nursing care. This results in increased costs compared to previous years with last years reported under spend of c£0.407m much reduced at a forecast under spend of c£0.090m.

Minor Injuries and Illness Units continue to report an under spend due to having alternative Minor Injury provision in place in Montrose since March 2020.

Substance Use continues to see an increase in drugs and pharmacy spend resulting in a projected overspend of c£0.053m. This will require remedial action through service management and a meeting is being arranged to take this forward.

Collectively these factors contributed to the reported under spend of c£1.488m, with much of that non-recurring, against Local Hospital and Community Health Services. This under spend is consistent with the IJB’s overall financial plan in that it is intended to offset overspends elsewhere (e.g. within Prescribing).

3.2 Lead Partner Services in Angus – Although services have now returned to business as usual after COVID-19, the Out of Hours (OOH) Service continues to see a significant change to patient pathways with the number of patient contacts having risen considerably compared to 2019. The OOH Service has been developing a financial recovery plan to reduce the projected c£1.800m overspend with c£0.110m of improvement work recently being approved by the IJB’s Executive Management Team. Furthermore, the service has also identified further efficiencies opportunities, still to be approved by the IJB’s Executive Management Team c£0.106m which has the potential to reduce the over spend to c£1.584m. The Angus share of this overspend is £0.429m of which there is £0.122m funding available which will reduce the Angus cost pressure to £0.307m. Financial recovery planning work will continue to be progressed and a further update will be provided to the October IJB meeting setting out how the remaining shortfall can be addressed.

Forensic Services continue to have operational workforce issues with supplementary staffing being used to cover these service gaps to ensure the workforce is safe. The outcome of which is a projected overspend of c£0.180m.

Speech Therapy service is projecting an over spend of c£0.080m due to increase in community rehabilitation workload. The service has already committed to manage these costs within available resources.

As previously reported Tayside Continence Service has experienced high levels of product price inflation, however although demand for the service has increased there has been a

partial offset through the gradual shift in the products provided resulting in a projected year overspend of £0.052m. Procurement Department are near to concluding the national contract tender for these products with this expected to be completed by September, however indications are this will result in a further increase to costs.

As a result of these pressures, the combined effect of the above is one of a reported year end overspend of c£0.560m for the Angus share of these costs. As noted above, there are some agreed local funds to offset these costs.

3.3 Lead Partner Services in Dundee/Perth - As the IJB will be aware a number of devolved services are managed by other IJBs on behalf of Angus IJB. The projected year end position for these services is an under spend of c£0.243m, as detailed in Table 1 below.

Increased pressures remain against Palliative Care and Dietetics Services offset by a range of service under spends some of which relate to unfilled vacancies linked to recruitment challenges. Work is progressing by each Lead Partner to address the unresolved saving targets on a recurring basis.

Table 1 - Lead Partner Services in Dundee and Perth IJBs on Behalf of Angus IJB	Annual Budget (£k)	Projected (Over) / Under (£k)
Angus Share of Lead Partner Services in Dundee		
Palliative Care	7,686	(280)
Brain Injury	2,047	25
Sexual & Reproductive Health	2,527	90
Psychological Therapies	7,248	388
Dietetics (Tayside)	3,804	(75)
Other Services Hosted in Dundee	1,407	210
Balance of Savings Target	200	200
Grand Total	24,920	557
Angus Share (27.1%)	6,753	151
Angus Share of Lead Partner Services in Perth		
Podiatry (Tayside)	3,695	344
Prison Health Services	4,452	(7)
Public Dental Service	1,742	0
Other Services Hosted in Perth	48	2
Balance of Savings Target	(243)	0
Grand Total	9,694	338
Angus Share (27.1%)	2,627	92
Total Angus Share of Lead Partner Services	9,380	243

3.4 Family Health Services (FHS) Prescribing - While 2022/23 concluded with an outturn of c£400k overspend, it was always anticipated that the forecast position for 2023/24 would be significantly weaker as monthly costs had already increased significantly during 2022/23. The April 2023 Strategic Financial Plan suggested overspends of up to c£2m. Early projection suggests a 2023/24 overspend of c£1.95m, very much in line with budget expectations. However, there is much uncertainty in early prescribing projections as data is very limited (i.e. there is always a 2-month data delay, and, due to system changes, there is currently a 3-month delay) and prescribing volumes and prices remain volatile.

The IJB previously requested an update re plans to bring prescribing costs closer to budgets. This update is set out in the IJB's Strategic Financial Planning Update.

Separately issues regarding the funding of new drugs within Primary Care is addressed in the IJB's Strategic Financial Planning Update. (This is current plan).

3.5 General Medical Services (GMS) and Family Health Services - As noted in previous reports, the IJB is exposed to over spends attributable to the Angus share of costs for the provision of GMS in the likes of Brechin and Abbey Medical Centre in Arbroath where NHS Tayside is directly managing GMS (known as 2C General Practices). Following a meeting of the Angus Executive Management Team in December 2022, services were asked to develop a financial recovery plan for future approval by the IJB's Executive Management Team. While

noting the challenging operational circumstances that continue, at Brechin in particular, at July 2023 the recovery plan remains in draft form and has not yet been approved. This exposes the IJB to continued uncertainty and financial and risk. This work will continue to be progressed and a further update will be provided to the October IJB meeting.

As previously noted there will be future discussion re financial risk sharing arrangements for Primary Care Services (including GMS and 2C General Practices) with neighbouring IJBs. The expectation is that any revision to Primary Care financial risk sharing agreements will be through the IJB Chief Officer in conjunction with IJB Chief Finance Officer. Any future agreement may expose Angus IJB to increased financial risks reflecting the mix of General Practices services in Angus and the operational management of those services, but would also reflect the circumstances prevalent at the point of creation of IJBs in 2016. During 2022/23, the IJB did absorb an increased proportion of these costs.

Longer term risks remain regarding the challenges re General Practitioner recruitment, the introduction of the new GMS contract (IJB report 36/23) and the underlying growth in Premises costs including any implications from the Angus General Practice Premise Strategy (IJB report 35/23).

Separately, the IJB will be aware of challenges in the delivery of General Dental Services nationally and locally. From a financial perspective only, the current expectation is that the responses to these challenges will be financially neutral to Angus IJB and IJBs across Tayside, with an assumption that any additional funding will be provided by the Scottish Government. This assumption, as with all assumptions, comes with an element of risk.

- 3.6 In Patient Mental Health Services** - As the IJB is aware Inpatient Mental Health Services are currently operationally managed by NHS Tayside. However, resources do remain formally devolved to the IJB for Strategic Planning.

As previously noted in 2022/23 the regional In Patient Mental Health Service was overspend by c£4.940m with this overspend being supported by HSCPs. NHS Tayside has developed a financial recovery plan to address some of this pressure and hence it is anticipated the over spend in 2023/24 will be lower. However due to the complexity and unresolved issues with NHS Tayside the overall issue of future financial risk sharing regarding In Patient Mental Health Services does continue to present an increased financial risk to the IJB. The IJB will continue to seek agreement with NHS Tayside regarding Mental Health financial accountabilities and it is expected any agreement will be developed through the IJB's Chief Officer and Chief Finance Officer in conjunction with the Chair and Vice Chair of the IJB.

- 3.7 Large Hospital Services** – As at April 2023 this budget has been re-set at £9.811m based on 2022/23 activity and pricing levels.

As noted previously, the IJB has already reached preliminary agreement with NHS Tayside regarding a process to manage changes in volumes of services used. Through discussion with NHS Tayside this will be developed in 2023/24 and outcomes will be shared with the IJB in due course.

ADULT SERVICES

- 3.8 Angus Council Directed Services (Adult Services)** - For financial year 2023/24 Adult Services is projecting a year end under spend of c£1.342m.

Care Homes continue to have a reduced uptake of care home beds resulting in a projected under spend of c£2.400m. As requested by the IJB in April 2022, work continues within Older People services to review activity data with the outcome of developing improved resource profiles. That will include redefining how Older Peoples Services budgets are reported to the IJB in this report.

It should be noted that the demand for Care at Home services across all services continue to exceed the available capacity within the Partnership, and if the capacity was there it might be reasonable to assume additional annualised costs of up to c£1.9m. Nonetheless the Partnership continues to develop and implement plans to close the gap between capacity and demand. The Executive Management Team has agreed to support a temporary increase in the Emergency Response Team (ERT) funded from the under spend against Care at Home services.

There has been a change to the income levels previously anticipated against IJB Strategic Financial Plan 2023/24 – 2025/26 (IJB report 28/23) for income from service users with the level of income increasing by c £0.4m due to a re-assessed increase in the number of long-term charging orders. This change in expectations this will be amended against the budget in the next reiteration of the Strategic Financial Plan.

Pressures continue in Community Mental Health services for under 65s due to an increase in the number of complex high cost care packages to support service users stay in the community and high cost residential placements resulting in a projected over spend of c£0.432m.

Pressures remain within the Learning Disabilities service due to a rise in the number of complex high cost packages for both residential and community placements resulting in a projected over spend of c£0.224m. As noted previously the service is developing an Improvement Plan which will review activity data to establish baseline budgets and future projected spends.

Further pressures continue within Physical Disability services with reported year end over spends of c£1.013m. As noted previously the service is developing an Improvement Plan which will review activity data to establish baseline budgets and future projected spends.

Occupational Therapy service is projecting an over spend of c£0.203m due to an increase in demand for adaptations to houses, particularly hoists and ramps, to support people living in the community.

Noting the scale of 2023/24 projected overspends within Community Mental Health and Occupational Therapy (particularly given both services were able to largely operate within available budgets in 2022/23), it is now recommended that the IJB requests both services provide integrated recovery plans for submission to the IJB's Executive Management Team by the end of October 2023 setting out how services will be brought back to financial balance.

3.9 Centrally Managed Budget – The Centrally Managed budget continues to reflect previous progress with savings (as per the IJB's strategic financial plan).

It is important to recall that the IJB's Strategic Financial Plan did anticipate recurring overspends regarding Adult Services with offsetting under spends elsewhere in the IJB. This structural imbalance requires to be addressed within the IJB's overall financial framework on a permanent basis and this will be progressed moving forward.

3.10 Progress with Strategic Financial Plan (Planned Interventions) – On regular basis information will be provided to the IJB regarding progress with the delivery of the three year planned interventions as described in the Strategic Financial Plan for 2023/24 to 2025/26.

Table 2 below focuses on the three year saving initiatives detailed by each financial year with £0.270m being projected as being delivered in 2023/24. The shortfalls associated with these planned interventions will significantly impact on the Strategic Financial Plan and, ultimately, the Strategic Commissioning Plan. In year, non-recurring savings will offset the above shortfall.

As previously reported to the IJB we agreed to provide an update on progress against "EMT" reviews. A series of meetings have been held jointly with Management, Services and Finance to look at opportunities to confirm the delivery of savings against these targets. Unfortunately, minimum cash releasing savings have been identified to date. With the IJB under spending and the knowledge of the pressures on the multi-year financial plan, there remains an EMT commitment to deliver the planned savings, however it is acknowledged that, despite current under spends, this will prove challenging. The EMT will require to change both its criteria in terms of looking at potential savings and the oversight arrangements for reviewing and confirming potential savings. Failure to deliver EMT Savings will only place further pressure on other parts of the IJB's planning. Early and positive resolution of this issue is particularly important as beyond the targets for 2023/23 (£0.340m), EMT savings make up over 70% of planned savings described in the IJB's April 2023 Strategic Financial Plan for period 2024/25 to 2025/26. The lack of progress regarding 2023/24 EMT savings clearly highlights the increased risk re future delivery of this ongoing target with consequent implications for the overall plan. A further update will be provided to the next IJB meeting.

Table 2 - Planned Interventions	FY 2023/24				FY 2024/25		FY 2025/26		Risk Assessment	Status
	Plan	Achieved	Projection	Shortfall	Target	Shortfall	Target	Shortfall		
	£m	£m	£m	£m	£m	£m	£m	£m		
ACM - Care Internal Home Review	0.100	0.100	0.100	0.000	0.000	0.000	0.000	0.000		Complete
ACM - Nursing Care Home Review (Peripatetic Nursing)	0.000	0.000	0.000	0.000	0.100	0.100	0.000	0.000		Management Teams have reviewed this saving and have now recommend that this intervention is no longer progressed. The IJB has previously requested that any interventions not delivered are replaced by alternatives. This intervention will be replaced by an alternative in due course for approval by the IJB.
ACM - Psychiatry of Old Age Review	0.050	0.000	0.050	0.000	0.150	0.150	0.000	0.000		Due to IJB - Date TBC
EMT Reviews	0.340	0.020	0.020	0.320	0.700	0.700	0.700	0.700		Quarterly meetings established but limited progress
Supported Accommodation Review	0.100	0.000	0.100	0.000	0.000	0.000	0.000	0.000		Timing to be finalised
Learning Disability Improvement Plan	0.150	0.000	0.000	0.150	0.151	0.151	0.000	0.000		Part of LD Improvement Plan – Update TBC
Physical Disability Improvement Plan	0.100	0.000	0.000	0.100	0.100	0.100	0.000	0.000		Part of PD Improvement Plan – Update TBC
Total	0.840	0.120	0.270	0.570	1.201	1.201	0.700	0.700		
Projected % of Planned Interventions Achieved			32%							

3.11 Strategic Financial Plan - A report on the updated three year Strategic Financial Plan 2023/24 – 2025/26 is provided separately to the August 2023 IJB.

3.12 IJB Reserves – As previously noted in the Finance report to the June IJB Board (IJB report 34/23) there is no further change to the reserve position, which is still subject to the Annual Accounts audit being finalised by the external auditors.

4. FINANCIAL IMPLICATIONS

The IJB is reporting an overall under spend of c£3.012m, see Appendix 1. This contrast with the forecast overspends set out in the IJB's Strategic Financial Plan for 2023/24 (compiled before the conclusion of the 2022/23 year end) with the main difference attributed to issues such as:

- Unfilled vacancies linked to staff turnover and recruitment challenges just under £2.0m;
- Lower uptake of care home beds c£2.4m*;
- Unmet need within Care at Home services c£1.9m;
- Further Income from service users, not known at time of developing Strategic Financial Plan, benefit £0.4m*;
- Costs associated with some inflationary and contractual pressures lower than originally anticipated benefit of c£0.3m*.

A number of the above variances (see “**”) will be refined (or partially refined) in the updated Strategic Financial Plan presented to the IJB. Updated plans will also reflect updated projections of in-year only under spends (e.g. due to vacancies).

All projections are preliminary at this point and subject to multiple risks as noted above.

While the IJB is, overall, projecting an underspend position for this year, it is the case that a small number of services are now operating out-with their projected funding. As noted previously, the IJB does require services to live within their own means and take increased responsibility for developing measures to mitigate any forecast service pressure impacts. A number of services have been requested to deliver financial recovery plans as follows: -

- Out of Hours–requested December 2022, still in progress.
- General Medical Services (2C Practices)–requested December 2022, still in progress.
- Community Mental Health–recommended to be requested August 2023.
- Occupational Therapy–recommended to be requested August 2023.

There remain underlying inflationary and demographic pressures and offsetting variances between services. Slippage in progress with delivery of savings from planned interventions is also an increased risk and this will have an effect on longer term plans.

At the moment, and noting risks above, as the IJB is forecasting a year end under spend so the impact of the IJB's financial position for both Angus Council and NHS Tayside would be neutral. Per the Integration Scheme, the IJB would initially retain any projected year end under spend within IJB reserves.

5. RISK AND GOVERNANCE

5.1 Risk

Angus IJB formally monitors its corporate risks through the Angus Clinical, Care and Professional Governance group. The Angus IJB Strategic Financial Plan (report 28/23, appendix 2) detailed the current financial risks and these have now been updated in the separate Strategic Financial Planning report. Many of the finance risks are IJB wide risk including funding levels and risks regarding financial planning.

Risk Description	Failure to develop and implement a balanced financial plan will lead to a risk of unsustainable services.
Risk Category	Strategic
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (very high risk level). No change.
Mitigating Actions	Funding - Ongoing dialogue with NHST, Angus Council and, via national forums, Scottish Government. Progress with Strategic Commissioning, Delivery and Financial Plans - Monitor via management forums and report to IJB regularly. Resolve outstanding budget issues – Ongoing dialogue with NHS Tayside. Progression of Planned Interventions including actions within the Strategic Delivery Plan intended to ensure the IJB can close out projected financial shortfalls.
Residual Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (very high risk level). No change.
Planned Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (high risk level). No change.

5.2 Governance

As previously noted, there remain a number of long-term financial governance issues. The IJB's Audit Committee is monitoring these but progress over recent years had been limited. A summary of the main issues is set out in Appendix 2.

6. PROPOSALS

The recommendations for approval in this report are set out in section 3.14.

7. EQUALITY IMPACT ASSESSMENT

Due to the content of this report, an Equalities Impact Assessment is not required.

8. 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. The table below reflects the nature of the recommendations in this report.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices:

Appendix 1: Angus Health and Social Care Partnership Financial Monitoring Report 2023/24
Appendix 2: Financial Governance

Appendix 1 Angus Health and Social Care Partnership Financial Monitoring Report 2023/24

	Adult Services		Angus NHS Directed Services		HSCP	
	Annual Budget £k	Projected (Over) / Under £k	Annual Budget £k	Projected (Over) / Under £k	Annual Budget £k	Projected (Over) / Under £k
Local Hospital and Community Health Services						
Older Peoples Services						
Psychiatry Of Old Age			6,097	305	6,097	305
Medicine For The Elderly			6,898	90	6,898	90
Minor Injuries + Illness Units			2,103	525	2,103	525
Community Nursing			7,007	40	7,007	40
Management & Admin	1,455	(170)			1,455	(170)
Care at Home (Community Meals & ERT)	5,399	(551)			5,399	(551)
Intermediate Care	400	0			400	0
Community Support	871	0			871	0
Supported Accommodation	494	14			494	14
Internal Residential	4,444	181			4,444	181
Care and Assessment	31,432	3,317			31,432	3,317
Community Mental Health	2,110	471			2,110	471
Older Peoples Service	46,605	3,264	22,105	960	68,710	4,224
General Adult Psychiatry	3,799	(432)	4,172	225	7,971	(207)
Admin Community Support	3,158	1			3,158	1
Non Residential Care	8,984	(348)			8,984	(348)
Residential Care	6,395	123			6,395	123
Learning Disability(Angus)			679	24	679	24
Learning Disability	18,537	(224)	679	24	19,216	(200)
Physical Disabilities	5,742	(1,013)	0	0	5,742	(1,013)
Substance Misuse	1,472	(23)	1,620	(53)	3,091	(75)
Community Services						
Physiotherapy			2,976	62	2,976	62
Occupational Therapy	1,569	(203)	816	30	2,385	(174)
Joint Store	770	0			770	0
Anti-Coagulation			219	30	219	30
Primary Care			1,731	0	1,731	0
Carers	747	0			747	0
Homelessness	953	30			953	30
Other Community Services			1,281	90	1,281	90
Community Services	4,040	(173)	7,022	212	11,062	38
Planning / Management Support						
Ijb Management	2,076	(57)	2,465	120	4,541	63
Planning / Management Support	2,076	(57)	2,465	120	4,541	63
Local Hospital and Community Health Services			38,064	1,488		
Lead Partner Services - Angus						
Forensic Service			1,130	(180)	1,130	(180)
Out of Hours			8,846	(1,800)	8,846	(1,800)
Speech Therapy (Tayside)			1,433	(80)	1,433	(80)
Locality Pharmacy			2,300	0	2,300	0
Tayside Continence Service			1,467	(52)	1,467	(52)
Hosted Services Centrally Managed Budget			(746)	45	(746)	45
Hosted Services Recharges to Other IJBs			(10,992)	1,507	(10,992)	1,507
Lead Partner Services in Angus	0	0	3,438	(560)	3,438	(560)
Lead Partner Services - Dundee/Perth	0	0	9,380	243	9,380	243
GP Prescribing			22,885	(2,072)	22,885	(2,072)
Other FHS Prescribing			(592)	130	(592)	130
General Medical Services			20,035	(531)	20,035	(531)
Family Health Services			16,308	6	16,308	6
In Patient Mental Health Services			0	0	0	0
Large Hospital Set Aside			9,811	0	9,811	0
Total	82,271	1,342	119,328	(1,296)	201,599	46
Centrally Managed						
Existing Commitments	5,997	1,085	(3,665)	1,881	2,332	2,966
Grand Total	88,268	2,427	115,664	585	203,931	3,012

Appendix 2: Financial Governance

With respect to governance issues, there are a number of long-standing issues that remain unresolved and it has been previously agreed that it would be helpful to highlight these to the IJB. The issues and some commentary are detailed below.

Issue	Status / Background to Status	Implications of Status	Action Required	Commentary
Development of Large Hospital Set Aside arrangements in conjunction with NHS Tayside	Limited Progress - See separate IJB report (81/20) – A complicated concept that requires resolution between NHS Tayside and all local IJBs. Coordinated management resource is required to resolve this and that has been challenging over the last 7 years.	The lack of progress undermines the IJB's ability to fully direct resources within the IJB's Strategic Plan. Noting that pre-COVID 19 information did suggest Angus had reduced its use of Acute Services since the inception of Integration. Information during 2022/23 did suggest Acute Services activity had risen post-COVID 19.	CO/CFO - An improved dialogue between NHS Tayside and local IJBs, which itself requires all parties to be able to dedicate coordinated resource to progress this.	Subject to a separate update report to the June 2021 IJB (17/21). As noted in the main report, discussions will progress with NHS Tayside during 2023/24 regarding an alternative way of considering activity associated with these resources in line with the preliminary agreement reached with NHS Tayside regarding a process to manage changes in volumes of services used.
Development of improved Lead Partner Services arrangements in conjunction with neighbouring IJBs	Limited Progress – This requires proportionate improved coordination between all 3 IJBs. This is assumed to be an area where improvement actions will be taken forward on a priority basis over the coming months in early 2023/24.	The lack of progress undermines the IJB's ability to fully direct resources within the IJB's Strategic Plan.	CO/CFO - IJB intends to develop a consolidated information set regarding locally Lead Partner Services covering Finance, Performance and Risks.	Work has progressed with governance reporting. An update was provided to the Audit Committee in June 2023 (see report 45/23) on the development of Lead Partner Services arrangements.
Review Corporate Support arrangements with Partners.	Limited Progress -- This requires resolution between the IJB and its partners. Coordinated management resource is required to resolve this and that has been challenging over the last 6 years. The 2022 Integration Scheme notes... "It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements. The Parties will agree a memorandum of understanding (MoU) to define the terms and arrangements whereby the Parties agree to make available to the Integration Joint Board such professional, technical, or administrative resources as are required to support the development of the Strategic Plan and the carrying out of Delegated Functions. These arrangements will be reviewed through regular reports from the Chief Officer of the Integration Joint Board."	Shortcomings within corporate support have been a regular feature of risks identified within the IJB. These shortcomings undermine the ability of the IJB to deliver its Strategic Plan and a balanced long-term financial position. The 2022 Integration Scheme does not provide a ready-made solution or vehicle for solution of this long-standing issue. This was a missed opportunity and the IJB and partners will have to continue to work together to address this issue.	CO - Ideally a comprehensive response to be considered with both partners simultaneously as part of a review of the Integration Scheme.	At the June 2023 IJB meeting it was agreed that the IJB resets its position, acknowledging the IJB itself is no longer formally actively pursuing a review of the current corporate support arrangements. The IJB/HSCP will therefore manage any single issues on an ad-hoc basis as consistently as is reasonably practical. In doing that, the IJB would seek to retain a record of any ad-hoc agreement reached with partners or any dialogue regarding challenges within support services. This issue will be removed from this appendix going forward.
Review of Information Governance Strategy	The IJB has an outstanding action to review its 2019-2022 Information Governance Strategy.	While the previous strategy is still in place, the lack of an updated Information Governance Strategy undermines overall Information Governance within the IJB.	CO – Through the IJB's Clinical Care and Professional Governance groups, to review and update the Strategy	The IJB has been working on an update of this document to reflect the role of the IJB. It is anticipated that a review will be completed over the coming months. An update has been provided to the IJB Audit Committee in August 2023.

These issues continue to be monitored by the IJB's Audit Committee. Many are complex, require concurrent joint working with Partners and the IJB's ability to progress issues can be affected by capacity constraints.