



Scottish Borders
Health and Social Care
PARTNERSHIP

Scottish Borders Integration Joint Board

ANNUAL ACCOUNTS 2020/21

**For the Financial Year
01 April 2020 to 31 March 2021**

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Management Commentary

Purpose

Welcome to the Annual Accounts for the Scottish Borders Health and Social Care Partnership Integration Joint Board for the year ended 31 March 2021. The purpose of the Management Commentary is to inform all users of the 2020/21 Statement of Accounts and help them assess how the Integration Joint Board (IJB) has performed in fulfilling its duties over the course of the financial year.

The Scottish Borders

The Scottish Borders covers an area of 473,614 hectares (1,827 square miles) and is located in the South East of Scotland. It is situated between Northumberland to the South, Edinburgh and the Lothians to the North, and Dumfries and Galloway to the West.

The Scottish Borders is a rural area which in 2019, had a population of 115,510. The population has remained stable for a number of years in total although has had marginal increases across its 5 localities during this time.

Locality	Area name	All ages	0-15	16-64	65+	% 0-15	% 16-64	% 65+
Berwickshire	Ayton	579	86	314	179	14.85	54.23	30.92
	Chirnside	1,447	324	808	315	22.39	55.84	21.77
	Coldingham	479	61	279	139	12.73	58.25	29.02
	Coldstream	1,856	233	968	655	12.55	52.16	35.29
	Duns	2,787	472	1,612	703	16.94	57.84	25.22
	Eyemouth	3,500	715	1,917	868	20.43	54.77	24.80
	Greenlaw	623	73	399	151	11.72	64.04	24.24
	Rural Berwickshire	9,649	1,401	5,780	2,468	14.52	59.90	25.58
	Berwickshire total	20,920	3,365	12,077	5,478	16.09	57.73	26.19
Cheviot	Jedburgh	3,826	649	2,205	972	16.96	57.63	25.41
	Kelso	6,843	1,044	3,786	2,013	15.26	55.33	29.42
	St Boswells	1,430	241	737	452	16.85	51.54	31.61
	Yetholm	616	79	301	236	12.82	48.86	38.31
	Rural Cheviot	6,598	908	3,787	1,903	13.76	57.40	28.84
	Cheviot total	19,313	2,921	10,816	5,576	15.12	56.00	28.87
Eildon	Earlston	1,713	280	1,013	420	16.35	59.14	24.52
	Galashiels	12,622	1,948	8,132	2,542	15.43	64.43	20.14
	Lauder	1,813	437	1,012	364	24.10	55.82	20.08
	Melrose	2,500	415	1,438	647	16.60	57.52	25.88
	Newtown St Boswells	1,497	254	938	305	16.97	62.66	20.37
	Selkirk	5,503	851	3,129	1,523	15.46	56.86	27.68
	Stow	706	125	451	130	17.71	63.88	18.41
	Tweedbank	1,994	341	1,269	384	17.10	63.64	19.26
	Rural Eildon	8,477	1,521	5,001	1,955	17.94	58.99	23.06
	Eildon total	36,825	6,172	22,383	8,270	16.76	60.78	22.46
Teviot and Liddesdale	Denholm	706	89	392	225	12.61	55.52	31.87
	Hawick	13,857	2,391	8,151	3,315	17.25	58.82	23.92
	Newcastleton	796	119	430	247	14.95	54.02	31.03
	Rural Teviot and Liddesdale	2,581	326	1,496	759	12.63	57.96	29.41
	Teviot and Liddesdale total	17,940	2,925	10,469	4,546	16.30	58.36	25.34
Tweeddale	Cardrona	882	204	538	140	23.13	61.00	15.87
	Innerleithen	3,171	528	1,850	793	16.65	58.34	25.01
	Peebles	8,577	1,480	4,874	2,223	17.26	56.83	25.92
	Walkerburn	700	100	442	158	14.29	63.14	22.57
	Rural Tweeddale	5,372	945	3,372	1,055	17.59	62.77	19.64
	Tweeddale total	18,702	3,257	11,076	4,369	17.42	59.22	23.36
Total	Scotland total	5,463,300	921,397	3,497,758	1,044,145	16.87	64.02	19.11
	Scottish Borders total	113,700	18,640	66,821	28,239	16.39	58.77	24.84

Whilst the size of the Scottish Borders population puts it in the medium sized category it has a large land area and a sparse population density which presents its own challenges in providing health and social care.

58.80% of the population of the Scottish Borders is aged between 16 and 64 years of age. This is against a national average of 64.00%. Conversely, 24.80% of its population is over 65 years of age, significantly above the national average of 19.10%.

Whilst the overall population of the Scottish Borders may not be projected to increase significantly over the coming years, the average age of the Scottish Borders population is expected to continue to increase (i.e.) as the current older working-age cohort become pensioners with an increased life expectancy, there is expected to be fewer younger people to replace them. The Borders 16-24 age group is projected to further decrease by over 10% before 2026), and the 75+ age group is projected to increase by almost 30% over the same period.

These demographic factors therefore have a unique and challenging impact on the models of health and social care provision in the Scottish Borders and their costs and directly drive the strategic objectives, transformation requirements, planned shifts in the balance of care and resource realignment targeted by the Health and Social Care Partnership.

Role and Remit of the Integration Joint Board

On 6th February 2016, Ministerial approval was given under the Joint Working Public Bodies (Scotland) Act 2014 to establish The Scottish Borders Integration Joint Board (IJB) between NHS Borders and Scottish Borders Council. The IJB is a separate legal entity set up to integrate the planning and commissioning of health and social care services in the Scottish Borders.

The operation of the IJB is governed by its Scheme of Integration which sets out the body corporate model of integration within the Scottish Borders and details the functions delegated to it by NHS Borders and Scottish Borders Council. These delegated functions include:

ADULT SOCIAL CARE SERVICES*	ACUTE HEALTH SERVICES (PROVIDED IN A HOSPITAL)*	COMMUNITY HEALTH SERVICES*
<ul style="list-style-type: none"> • Social Work Services for adults and older people; • Services and support for adults with physical disabilities and learning disabilities; • Mental Health Services; • Drug and Alcohol Services; • Adult protection and domestic abuse; • Carers support services; • Community Care Assessment Teams; • Care Home Services; • Adult Placement Services; • Health Improvement Services; • Re-ablement Services, equipment and telecare; • Aspects of housing support including aids and adaptations; • Day Services; • Local Area Co-ordination; • Respite Provision; • Occupational therapy services. 	<ul style="list-style-type: none"> • Accident and Emergency; • Inpatient hospital services in these specialties: <ul style="list-style-type: none"> - General Medicine; - Geriatric Medicine; - Rehabilitation Medicine; - Respiratory Medicine; - Psychiatry of Learning Disability; • Palliative Care Services provided in a hospital; • Inpatient hospital services provided by GPs; • Services provided in a hospital in relation to an addiction or dependence on any substance; • Mental health services provided in a hospital, except secure forensic mental health services. 	<ul style="list-style-type: none"> • District Nursing; • Primary Medical Services (GP practices)*; • Out of Hours Primary Medical Services*; • Public Dental Services*; • General Dental Services*; • Ophthalmic Services*; • Community Pharmacy Services*; • Community Geriatric Services; • Community Learning Disability Services; • Mental Health Services; • Continence Services; • Kidney Dialysis outwith the hospital; • Services provided by health professionals that aim to promote public health; • Community Addiction Services; • Community Palliative Care; • Allied Health Professional Services

*Adult Social Care Services for adults aged 18 and over

*Acute Health Services for all ages – adults and children

Community Health Services for adults aged 18 and over, and those marked with an asterisk (),also include services for children

The IJB has a responsibility for the strategic planning of hospital services most commonly associated with the emergency / unscheduled care pathway. As such, the IJB has control of the resources supporting those associated hospital functions retained by NHS Borders and set-aside for the population of the Scottish Borders: the “Set-Aside Budget”. They are shown in the middle column above.

Strategic Plan

The IJB Strategic Plan 2018 – 2022 sets out what the IJB wants to achieve through improved health and well-being for Borders residents.

The Strategic Plan also describes priorities and actions being taken forward, including shifting the balance towards more locality-based health and social care services and outlines the performance measures used to assess the progress we are making.

The Strategic Plan is due to be refreshed in 2022, but it is anticipated that the strategic objectives will remain broadly unchanged. Our 3 Strategic Objectives focus on prevention, flow and community care:

- We will improve the health of the population and reduce the number of hospital admissions;
- We will improve the flow of patients into, through and out of hospital;
- We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

A number of key principles are outlined within the Strategic Plan which underpin all three high level objectives:

- Prevention and early intervention;
- Accessible services;
- Care close to home;
- Delivery of services within an integrated care model;
- Greater choice and control;
- Optimise efficiency and effectiveness;
- Reduce health inequalities.

This high level plan will be supported by the implementation of strategies related to specific themes such as dementia, mental health, carers and locality plans that reflect differing patterns of need across the Scottish Borders.

Our Strategic Plan and 3 Strategic Objectives are underpinned by a Strategic Implementation Plan (SIP) which sets out the detail and timescales for the range of projects contributing towards the strategic objectives. The SIP has been extensively developed throughout the year and is set out under the following 10 prioritised workstreams:

- Carers Support Services;
- Locality Operations;
- Mental Health Provision;
- Older People’s Pathway;
- Technological Support and Enabled Care;
- Primary Care Improvement Plan;
- Learning and Physical Disabilities Provision;

- Joint Capital Planning;
- Commissioning of Services;
- Workforce Support and Provision.

INTEGRATION LEGISLATION		
NATIONAL OUTCOMES	STRATEGIC OBJECTIVES	PRIORITY WORKSTREAM
Outcome 1: people are able to look after and improve their own health and wellbeing and live in good health for longer	We will improve the health of the population and reduce the number of hospital admissions How <ul style="list-style-type: none"> • By supporting individuals to improve their health • By improving the range and quality of community based services and reducing demand for hospital care • Ensuring appropriate supply of good quality and suitable housing 	1. Carer Support Services
Outcome 2: 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 in their community		2. Locality Operations
Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected		3. Older People's Pathway
Outcome 4: Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services	We will improve the flow of patients into, through and out of hospital How <ul style="list-style-type: none"> • By reducing the time that people are delayed in hospital • By improving care/patient pathways to ensure a more coordinated, timely and person centered experience/approach • By ensuring people have a greater choice of different housing options which meet their long-term housing, care and support needs 	4. Technology
Outcome 5: health and social care services contribute to reducing health inequalities		5. Primary Care Improvement Plan
Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their role on their own health and wellbeing		6. Mental Health provision
Outcome 7: People using health and social care services are safe from harm	We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them. How <ul style="list-style-type: none"> • By supporting people to manage their own conditions • By improving access to health and social care services in local communities • By improving support to carers • By building extra care homes, including amenity and mixed tenure provision 	7. Learning & Physical Disability provision
Outcome 8: 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		8. Joint Capital Planning
Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services		9. Service Commissioning
	Links National Outcomes: 1,2,3,5 SIP Workstream: 5,10	10. Workforce Support and provision
	Links National Outcomes: 3,4,5,7 SIP Workstream: 3, 8,9	
	Links National Outcomes: ALL SIP Workstream: 1,2,4,6,7	

Whilst significant progress has been made towards delivery of the Partnership's Strategic Objectives, the drivers that influenced their creation and the subsequent SIP still remain. As we emerge from the Covid-19 pandemic, prioritising work to meet both short and longer term need is

required and going forward, it is expected that focus will be on work to deliver the following priority areas:

- Reduction in unnecessary admissions and the length of stay within all hospitals; and reduction in the number of delayed hospital discharges;
- Re-commissioning of hospital beds, residential care places and home care provision (*to achieve better outcomes and improve service sustainability, both workforce and financial, for SIP delivery and to achieve a reduction in hospital beds to meet care demand and infection control requirements*);
- Further development of Locality operations, incorporating services from across health and social care, in conjunction with other public sector, and third sector services and organisations;
- Redesign of our Primary Care provision by creating Multi-disciplinary Teams (MDTs) that operate within our localities and respond to our Primary Care Improvement Plan (PCIP);
- Ensuring that our workforce is prepared for both the immediate and longer term future, in terms of training, skill-base and flexible deployment in response and both professional and managerial demand requirements;
- Further development and expansion of Intermediate Care (Step Up / Step Down care, Respite and Reablement provision);
- Expanded use of technology in the delivery of care and health services, in the support of communication with communities and within internal communications and administrative support;
- Further development of our work with carer services and support agencies to enable them to access assistance and resources that support them in their crucial role within the partnership;
- Increase our focus on addressing improvements in population health and reducing health inequalities, particularly in light of the impact of Covid-19.

Operations of the IJB

Covid-19

The Covid-19 pandemic emerged shortly before the beginning of the 2020/21 financial year resulting in a significant and rapid change in the configuration and provision of health and social care services in the Scottish Borders. The financial impact of these temporary operational changes and recovery from them has been regularly captured and reported to the Scottish Government, together with the financial impact across non-delegated Health and Social Care functions, within a Covid-19 Local Mobilisation and Recovery Plan (LMP) and supporting financial model.

A range of immediate actions were taken to create additional local capacity within health and social care and support resilience during the pandemic and the vast majority of costs relating to the mobilisation and remobilisation plan actions were incurred during the 2020/21 financial year. The Mobilisation and Recovery Plan continues to be updated and refined in line with national guidance and local requirements to ensure that cost estimates, funding requirements and potential unachieved savings are presented to the Scottish Government. This has continued into 2021/22.

All direct, indirect and opportunity costs associated with the IJB functions' response to Covid-19, as contained within the 2020/21 LMP, were fully funded by the Scottish Government by 31 March 2021.

Annual Performance 2020/21

The partnership's Annual Performance Report (APR) is normally published by 31st July of each year. As a result of capacity being redirected from across the Partnership to deliver its Covid-19 response, public authorities under the Coronavirus (Scotland) Act 2020 have been granted flexibility to delay the production of the Annual Performance Report until 31 November 2021.

The APR provides a comprehensive summary of the Partnership's financial performance and its performance against the Local and National Integration Indicators identified by the IJB and the Scottish Government.

The APR also reports on delivery of the strategic objectives, highlighting projects that have been delivered under each objective.

Spotlight Areas

1. **Community Assistance Hubs:** the establishment, operation and benefit of these;
2. **Home Care, Residential Care & Acute Care:** how operationally we adapted and flexed to meet the demands of the pandemic;
3. **Workforce:** how the workforce was deployed throughout the pandemic, particularly staff being deployed and/or volunteering for unfamiliar roles.

Historically, a key focus for the Partnership has been delivering its joint programme of transformation to ensure that it can successfully address challenges and achieve the Partnership's objectives, in to ensure the best possible health and wellbeing for our communities. In this regard, at the end of 2020/21, the Partnership agreed to mainstream the majority of transformational activity and new services which it has implemented through the creation of a permanently recurring budget. Further tests to change in future will no longer be funded by a non-recurring Transformation Budget but will instead be via targeted reinvestment of efficiency savings delivered across delegated functions.

The last financial year coincided with the Covid-19 pandemic. A number of key opportunities have presented themselves throughout the pandemic however, which have enabled progression against Strategic Objectives by the Health and Social Care Partnership. A significant opportunity has been the collaborative working across the partnership. The pandemic created new ways of working across health and social care which quickly became well established such as the introduction of models of provision whereby health professionals including District Nursing and GPs quickly implemented professional and resourcing support to care homes experiencing virus outbreaks. This also extended across Social Care where internal Social Care staff supported external residential care homes and homecare services with issues relating to Covid-19.

A key area of development has been the improved relationships between the partnership and local providers, including private organisations and the 3rd sector and where already in place, a real strengthening of existing relationships was experienced through the crisis. Key examples of groups created were the Strategic Care Home Provider Group and the Strategic Care Home Oversight Group through online forums such as Microsoft Teams. Already established groups such as the Homecare Forum met more frequently and focussed on delivery within the pandemic ensuring visits were risk assessed in a consistent way and through the introduction of remote visits where possible using resources in the most efficient way.

Additionally, mechanisms were set up and shared with providers to enable them to access funds to claim back excess Covid-19 related costs, advice and support. Significant developments in the scope of the Community Care Reviewing Team (CCRT) and its role were developed over the last year. In addition, the team played a pivotal role in ensuring robust guidance to care providers was provided quickly and frequently and that supportive communications with providers, including a weekly call around, was in place. At the start of the pandemic information

was gathered from all care providers through CCRT and the social care Contracts Team which allowed a quick and flexible response to issues arising, prior to the creating of the SG portal.

NHS Borders created a Community Infection Control Advice Service (CICAS) which worked collaboratively with CCRT to provide guidance around testing and infection. The partnership also created local PPE hubs for all providers which worked with all providers to support the provision of PPE and support and guidance. In addition a locality model was created at the outset of Covid-19 which saw health and social care professionals coming together as multi-disciplinary teams to respond to clients needs on the ground as they arose.

Residential care homes were provided with technology, including tablets, to enable clients to keep in touch with their loved ones and as part of the Council digital transformation agenda, a programme called Inspire Care was rolled out, which is focussed on digital engagement for all care home residents. Whilst this is at an early stage, it is already enabling support for cognitive social interaction and improved wellbeing.

Finally, a number of staff from other non-delegated health board and local authority functions and other organisations assisted adult social care to provide support during the times when they were not able to undertake their substantive role. A number of these staff have now decided to remain working in the care profession as we emerge from the pandemic.

Going forward, the Partnership plans to further evolve into a commissioning organisation in order to enhance the shift in the balance of care. It is expected that the use of formal directions from the IJB to delegating partners, which has been limited to date, will increase significantly as it works to implement a range of new care functions and enhance existing infrastructure across care pathways including remodelling care provision, in particular residential care and care at home.

The Partnership continues to review performance, identify strengths and areas for improvement and work to deliver continuous improvement in its governance, operations and performance. A quarterly performance reporting scorecard has been developed for the IJB, in line with the themes defined by the Ministerial Strategy Group. In addition to these themes, the scorecard allows for the reporting on more localised measures which have a primary, community or social care focus.

A full copy of the Annual Performance Report 2020/21, once available, can be requested by contacting [Mr Robert McCulloch-Graham, IJB Chief Officer, Scottish Borders Council HQ, Newtown St Boswells, Melrose. TD6 0SA](#) or by telephoning [01835 824000](tel:01835 824000).

Key Partnership Decisions 2020/21

In addition to regular, frequent and scheduled formal meetings to transact its business, the IJB, each year, holds a number of member and officer development sessions. This helps enhance its understanding of the complexities and challenges facing the services it commissions and informs the collective direction of travel to deliver its strategic priorities.

Key aspects of the IJB's business include a focus on governance and operating arrangements, strategic, operational and financial planning and monitoring of its performance and resources.

August 2020

- Approval of the new IJB Risk Management Policy;
- Approval of the refreshed IJB Risk Management Strategy;
- Approval of a revised Alcohol and Drugs Strategic Plan;
- Agreement of transfer of resources between Primary Care Improvement Plan (PCIP) workstreams within the total resource allocation for the programme in order to develop a Borders wide Primary Care Mental Health Service;

- Direction of actions to address the challenges and to mitigate risk identified in the regular Quarterly Performance Report;
- Agreement of revised priorities for the IJB set out in the Strategic Implementation plan (SIP) in light of lessons learned from experiences within services in their response to the pandemic.

September 2020

- Approval of the Annual Performance Report (APR) for publication.

October 2020

- Approval of the 2019/20 Annual Accounts.

December 2020

- Agreement of the IJB Business Plan and Meeting Cycle for 2021;
- Approval of the appointment of a representative from the Borders Carers Centre as a non-voting member of the Integration Joint Board of Scottish Borders;
- Support of changes in reporting lines within the senior management team, in order to strengthen the Strategic Commissioning function of the Integration Joint Board;
- Direction of actions to address challenges and to mitigate risk identified in the regular Quarterly Performance Report.

February 2021

- Approval of Strategic Planning Group Terms of Reference and new membership;
- Approval of extension of existing Strategic Commissioning Plan by 12 months to March 2022;
- Approved all recommendations pertaining to the Evaluation of the Health and Social Care Partnership Discharge Programme.

March 2021

- Approval of the 2021/22 Health and Social Care Partnership Financial Plan.

Locality Planning

Locality planning is a key tool in delivery of the change required to meet new and existing demands in the Borders. The IJB has developed locality arrangements, where professionals, communities and individuals can inform locality planning and redesign of services to meet local need in the best way. This is achieved through Locality Working Groups in each of the five localities of:

- Berwickshire;
- Cheviot;
- Eildon;
- Teviot & Liddesdale;
- Tweeddale.

The IJB supported 5 Locality Working Groups which developed local plans and support the creation of the initial Strategic Plan for the Health and Social Care Partnership. A further meeting was held in January of 2020 and it was decided through the Strategic Planning Group to review how the partnership engaged with communities. This work was halted by the Pandemic, but has now restarted during 2021 utilising Microsoft Teams as a platform.

Across the Scottish Borders to date, there has been an extraordinary willingness of communities to get involved in providing support to others. In March of this year, as a joined up response to Covid-19, the Health and Social Care Partnership put established Community Assistance Hubs within each of the 5 localities across the Borders.

The Community Assistance Hubs have provided a single point of contact in communities. They have assisted with the distribution of PPE, food and medication and have been involved in coordinating the response by local community groups and volunteers. The benefits of the hubs for service users include:

- quick, flexible solutions being implemented;
- improved relationships with clients;
- greater access to support that was needed via Community Groups, Third Sector, Partners and statutory services;
- right services being provided to individuals in need at the right time;
- improved joined up working with local resilience groups, Community Learning & Development services, those with community capacity and development roles, volunteers and key partners including the Third Sector and Registered Social Landlords.

The aim is for the Community Assistance Hubs to remain in place, and be developed along with the What Matters Hubs to provide wide ranging support in local communities. The single point of contact within communities would remain, triaging of calls would continue, but sitting behind this would be multi-disciplinary teams who could look at an individual's / a family's support as a whole.

Post Covid-19, the Partnership aims to develop physical hubs (in a similar format to the What Matters hubs) where individuals and families can drop in for support. These physical hubs will be supported by the Third Sector, Volunteers, Citizens Advice Scotland and other partners who would act as gatekeepers, use an asset based conversation (effective conversation model) to triage and signpost to community support where possible. If more formal support is required the multi-disciplinary team can assist. This approach has been agreed in principle by NHS Borders, Scottish Borders Council, the Community Planning Partnership and other key partners. Work is now underway to define and develop a core model which would be implemented across localities which will then have support to develop this in partnership with their communities and expand the model to meet specific local needs and demands.

Governance

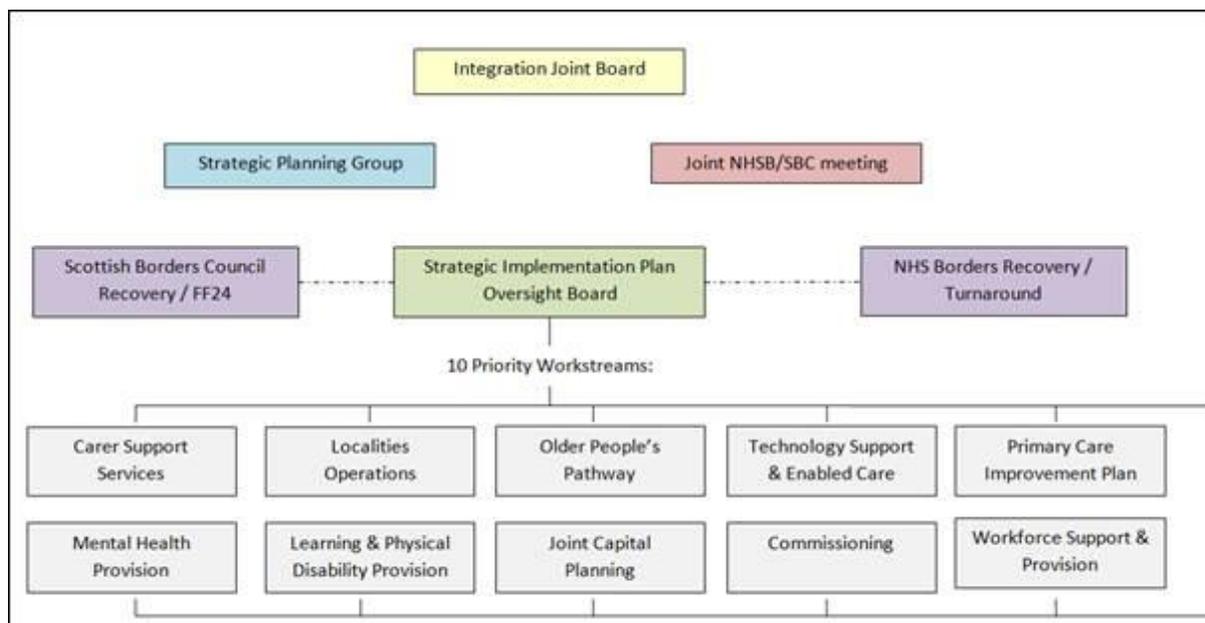
The SIP, published in September 2019, outlined a comprehensive governance and decision making arrangement which included all stakeholders and explained the required routes for decision making. The structure served its purpose at that time within the partnership, which required shared ownership throughout, providing full transparency across all parties.

The Covid-19 pandemic has changed these governance requirements. Our Covid-19 response highlights that the pandemic required a rapid and shared response and through necessity, the governance arrangements were replaced by new joint groups and new staff teams operating across different employers, in different venues with many new clients with new needs. Historic decision-making groups were therefore disbanded, new ones formed, disbanded and reformed again. Authority was delegated, and new local operations rapidly put in place. Communities themselves were mobilised, new provision and services created overnight in some cases and a new relationship with the citizens of the Borders began to be realised.

Although we have yet to exit the pandemic, the above has served us well and avoided fears of overflowing hospitals, and an inability to provide care and support for those affected. Pandemic aside, the lessons-learned from the Covid-19 response need to be applied to how we plan and deliver services, how we build relationships and how we utilise the collective resource we have. This will become increasingly important when coupled with ever increasing health and social care financial and economic pressures.

The SIP therefore needs more agile governance, built on trust between agencies, in a shared endeavour between us all, with a willingness to accept risk, learn from mistakes, and continually adapt together. As a direct result therefore, the new governance arrangements are significantly stripped down, and have a greater reliance on the delegation of responsibility.

The overall governance structure of the Health and Social Care Partnership, including how it has structured the 10 priority workstreams of its Strategic Implementation Plan, together with its interface with NHS Borders and Scottish Borders Council with regard to Transformation and the delivery of planned efficiency savings, is demonstrated by the diagram below:



The Strategic Implementation Plan Delivery Board is a multi-disciplinary team comprised of professional key leaders across Scottish Borders Council (SBC) and NHS Borders (NHSB) formed to support the delivery of the Strategic Implementation Plan of the Integration Joint Board. In doing so it will also ensure the delivery of NHS Borders objectives in relation to service transformation and financial turnaround as well as relevant elements of Scottish Borders Council’s Fit for 2024 programme.

The role of the SIP Delivery Board is to deliver on the work streams identified within the SIP through integrated working across the whole of the Health and Social Care Partnership and will necessarily be dynamic, changing and adapting as required. The number, nature and content of the workstreams will also change as priorities evolve. The membership for the workstreams will evolve and will be determined by the SIP Delivery Board in line with partnership governance.

A number of workstream/project groups and reference groups are already in operation. These have reformed within the above governance structure, taking on the role of one of the workstreams. Specialist input, from colleagues who are not standing members is required within the SIP Delivery Board and within each of the priority workstreams. Specialist input is added as and when required in order to support the decision making process. It is now the responsibility of the SIP Delivery Board, based on the work of its associated workstreams, to provide the detail for individual Directions that may require to be developed and recommended to the Strategic Planning Group of the IJB and ultimately to the IJB itself, for implementation across the partnership.

The work of the SIP Delivery Board requires to be dynamic and constantly change and adapt. The number, nature and content of the work streams will also change as the priorities evolve. For the present however, these terms of reference outlined here are appropriate for this time. The terms of reference and membership for the work streams will also evolve but will be determined by the Overview Group in line with partnership governance.

The Strategic Planning Group and the Joint Staff Forum offer advice to the Integration Joint Board whilst the Health and Social Care Leadership Team provide operational support and delivery and progress reporting.

During 2020/21, two further groups, reporting to the Strategic Planning Group were also established, the Strategic Independent Sector Group and an Operational Group.

Financial Position at 31 March 2020

Delegated Budget

For both 2020/21 and 2021/22 financial years, the Health and Social Care Partnership approved its Financial Plan and Budget prior to the 1st April (2021/22 was approved at its meeting of 24th March 2021).

The Partnership reported an under-spend position of **£6.236m** against the Delegated Budget at 31 March 2021 and a total movement in reserves of **£6.498m**. This under-spend related to ring-fenced funding received by NHS Borders and slippage in service developments and cost pressures which have been carried forward to 2021/22. In order to achieve this however, additional allocations from each funding partner were required during the year and at year end to deliver a break even position overall. At the 31 March 2021, the additional allocations made were:

£'000	
Additional Allocations by Partners at 31 March 2021	
NHS Borders	3,925
Scottish Borders Council	93
	4,018

The reported position across delegated functions is summarised below:

Delegated Functions Total	Base Budget	Revised Budget	Actual Outturn	Outturn Variance
	£'000	£'000	£'000	£'000
Joint Learning Disability Service	20,139	20,612	20,877	(265)
Joint Mental Health Service	18,144	19,471	19,152	319
Joint Alcohol and Drug Service	390	757	757	0
Older People Service	25,195	23,413	23,841	(428)
Physical Disability Service	2,458	2,644	2,646	(2)
Prescribing	23,130	23,132	22,660	472
Generic Services	77,437	87,787	85,665	2,122
NHSB / SBC Additional Contribution	0	4,018	0	4,018
	166,893	181,834	175,598	6,236

The area of greatest increase in expenditure from 2020/21 is within Generic Services. This increase was primarily due to:

- No efficiency savings being delivered and mandated during the financial year, unlike in previous years, as a result of Covid-19;
- Increases in funding allocations across a number of areas including General Medical Services, Dental Services and Community Pharmacy;
- Former additional IJB Transformation Funding previously excluded from the core position having now been baselined during 2020/21.

During 2020/21 functions delegated to the Partnership experienced a range of budgetary variances. Drivers for this included:

- Increased demand for social care, both residential and at home, as a result of an increased number of older people requiring care and support, particularly in the 75-84 and 85+ age cohorts;
- Additional direct costs of mobilisation to deal with the Covid-19 pandemic and subsequent remobilisation;
- Additional social care clients transitioning from Children and Families (a service which is not delegated to the IJB) to Adult Health and Social Care services;
- Non-delivery of planned Financial Planning savings across both Health and Social care functions delegated to the Partnership, only partly as a result of the Covid-19 pandemic;
- A downturn in expenditure levels due to the reduction in or pausing of normal service activity during key periods of 2020/21;
- Additional investment requirements as the Partnership strives to deliver its Health and Social Care transformation programme workstreams.

Additional funding allocations were made by the Scottish Government during the year to mitigate the net financial pressures above. Additional contributions also required to be made by partners to deliver the reported position. At the end of the financial year, **£0.093m** of corporate support was provided to Health and Social Care functions by Scottish Borders Council and **£3.925m** of additional support was provided by NHS Borders. These additional allocations from partners was primarily available as a result of under-spends and additional funding allocations across non-delegated Health and Social Care functions.

Large Hospital Budget Retained and Set-Aside

Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.

In relation to the Large Hospital Budget Retained by NHS Borders and Set-Aside, an over-spend position has been reported by NHS Borders at 31 March 2021, summarised as:

<i>Set Aside Healthcare Functions</i>	Base Budget £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000
Accident & Emergency	2,830	3,132	3,634	(502)
Medicine of the Elderly	6,230	7,099	6,401	698
Medicine & Long-Term Conditions	15,660	16,385	16,819	(434)
Planned Savings & Actions	(1,090)	(1,090)	0	(1,090)
	23,630	25,526	26,854	(1,328)

In terms of the Health and Social Care Partnership, the IJB directed **£25.526m** to NHS Borders in 2020/21. During the financial year, NHS Borders spent **£26.854m**, resulting in an over-spend of **(£1.328m)** within these Health Board functions. The over-spend position remains the responsibility of NHS Borders and as a result, has been absorbed within the overall health board financial position at outturn. The Health and Social Care partnership therefore is reporting a breakeven position at outturn summarised as:

<i>Set Aside Healthcare Functions</i>	Base Budget £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000
IJB-directed Set-Aside Functions	23,630	25,526	25,526	0
	23,630	25,526	25,526	0

Other Resources

Transformation Fund

Reported within the 2018/19 accounts of the Health and Social Care Partnership, the Integrated Care Funding (ICF) stream ended on 31 March 2017/18. This was a 3-year funding allocation made by the Scottish Government to support partnerships to begin a programme of transformation of health and social care services. Each year, **£2.130m** was allocated to the Partnership and was committed across a range of transformation workstreams.

From 1 April 2018, ICF funding was baselined within the annual NHS funding allocation and it was agreed that the annual sum of **£2.130m** would be delegated to the Health and Social Care Partnership as the IJB Transformation Fund. In 2020/21, this was uplifted by 3% to **£2.194m**.

During 2020/21, expenditure on the Transformation Fund was **£1.876m**. A summary of the funding and expenditure profile is detailed below:

	Balance b/f from 2019/20 £'000	2020/21 Allocation £'000	2020/21 Available Funding £'000	2020/21 Actual Expenditure £'000	2020/21 Funds c/f £'000
Transformation Fund	396	2,194	2,590	(1,876)	714

During 2020/21, the Fund was directed to support a range of initiatives, some of which were newly implemented and some which continued from when they were funded via ICF. These included:

- Matching Unit/ STRATA;
- Garden View Specialist Dementia Unit;
- Waverley Transitional Care Unit;
- Shared Lives;
- Home First;
- Independent Sector Partnership Representation.

From 2021/22, the Transformation Fund ceases to exist and the budget has been base-lined to support the recurring provision of these new health and social care services. Only the residual balance above remains for non-recurring use going forward.

Former Older People's Change Fund

Prior to the establishment of the Health and Social Care Partnership, NHS Borders, Scottish Borders Council and their third (voluntary) and fourth (private) sector partners worked together to deliver the Reshaping Care Programme, funded by the Scottish Government Change Fund allocation over 4 years to March 2015. This programme is now complete and at 31 March 2020,

a balance of **£0.178m** remained on the fund. During 2020/21, a further **£0.056m** was utilised to provide ongoing Older People's services formerly created by the Change Fund leaving a residual balance on the original funding allocation of **£0.122m** for carry forward to 2021/22 for use by the Partnership.

	Balance b/f from 2019/20 £'000	2020/21 Actual Expenditure £'000	Balance c/f to 2021/22 £'000
Older People's Change Fund	178	(56)	122

When combined with the brought forward reserve position of **£3.168m** and in-year underspend of **£6.236m** (total **£9.404m**), total funds carried forward to 2021/22 therefore are:

	£'000
Ring-fenced funding carried forward in Delegated Functions	9,404
Transformation Fund	714
Older People's Change Fund	122
	10,240

In the table above, **£9.404m** relates to slippage on planned investments and the use of ring-fenced funding allocations. These relate to a range of workstreams including the Alcohol & Drug Partnership, Primary Care Improvement Plan, Mental Health, Prescribing and a range of other miscellaneous funding streams including GP Premises, Winter Planning, service redesigns and technology & equipment.

Covid-19

Recognised within the Statement of Accounts and Notes to the Accounts is the cost of Personal Protective Equipment (PPE) and Community Testing Kits supplied to the Health and Social Care Partnership by the Scottish Government during the financial year. Notional funding by NHS Borders in respect of these costs is also recognised. In 2020/21, these costs were:

	£'000
Personal Protective Equipment	1,135
Community Testing Kits	379
	1,514

Financial Outlook

The IJB continues to face significant financial challenges and both of its partners are facing challenges in meeting the demand for health and social care services within the financial quantum available. This, going forward, will have a direct impact on the levels of funding provided to the IJB. Within the IJB, the key barriers to managing the financial position arises from demographic pressures of demand, together with capacity to plan and deliver required levels of transformation and efficiency savings. The significant growth anticipated in the number of older people and their need for suitable services, requires innovative solutions to allow services to be provided within funding levels available and, the ability of the partnership to transform services to help meet this demand.

The partnership faced a number of risks which required management and mitigation in 2020/21. Going forward, these continue to be prevalent:

- the 2021/22 Financial Plan does not currently address all historic and existing pressures;
- the Partnership's Delegated and Set-Aside Budgets remain under considerable pressure in 2021/22 as a result of the additional spend requirement of responding to the Covid-19 situation during the first half of the financial year, the additional costs of remobilisation and recovery, slippage in Transformation Programme workstreams and the inability across partner organisations to deliver required efficiency savings on which the Financial Plan is predicated;
- in respect of planned savings, there remains a significant shortfall between the level of planned efficiency savings requirement and those identified, particularly from a NHS Borders perspective. This is despite a non-recurring freeze on the allocation of any further efficiency savings requirement to delegated functions by NHS Borders beyond those brought forward from 2020/21;
- at the time of preparation of the 2020/21 unaudited accounts, the level of funding allocations by the Scottish Government for Covid-19 activity beyond that which is nationally directed, remains unclear;
- the level of some Scottish Government non-Covid-19 funding allocations to delegated functions has not yet been confirmed;
- the Partnership has now mainstreamed the services previously provided under its Transformation Programme by permanently base-lining its supporting recurring budget. In turn, this means that any future transformation activity that the Partnership wishes to undertake will require additional supporting resources to now be identified beyond the small level of historic resource carried forward;
- with pressures across all health board and council functions as a result of the Covid-19 pandemic, both delegated and non-delegated, there is a risk going forward that if these are not funded by the Scottish Government in full, neither partner will be in a position to make additional contributions to top-up the budget delegated to the IJB or Set-Aside as it has in previous financial years. Accordingly, the Partnership may be at risk of over-spend, without mitigating solutions, at the end of the financial year;
- the financial challenges facing NHS Borders is expected to result in a requirement for further brokerage in 2021/22 to enable it to meet its statutory obligations, including funding any over-spend incurred by the IJB;
- the partnership's Strategic Plan covers the 4 years from 2018/19 to 2021/22. Similarly, its Strategic Implementation Plan runs from 2019/20-2023/24. Both NHS Borders and Scottish Borders Council currently receive only a 1-year financial settlement;
- prescribing remains a high risk area due to the forecast level of spend and volatility of price and supply. Whilst there was a significant downturn in the level of prescribing and resultant expenditure levels in 2020/21 due to Covid-19, as primary care services remobilise, this trend is not expected to continue;
- there is an ongoing risk in relation to the sustainability of the workforce both internally and with our external care partners;
- further cost pressures within core operational services may emerge during 2021/22 that are not yet projected or provided for within either partner's financial plans, nor the resources delegated to the IJB;
- the risk of loss of service provision as a result of market failure would result in additional costs as alternative supply is transitioned.

Going forward, delivering financial balance will require the H&SC Partnership to increase its focus on identifying and delivering a greater level of savings in year and on a permanently recurring basis. Monitoring of existing actions to mitigate emerging pressures will further support a reduction in spend required to address the pressures it experienced during 2020/21 and previous financial years. In setting its strategic agenda for the medium-term and planning the

outcomes and new health and care services, the Health and Social Care partnership must target financial efficiency benefits and strive for overall affordability reducing in time, the requirement for Scottish Government brokerage.

Risk, Uncertainty and Change

Management of risk and in particular, Financial Risk is one of the key responsibilities of the Board. Strategic and Operational Risk Registers for the Partnership are in place. These are reviewed regularly and frequently by the Integration Joint Board and include actions to ensure that the risks outlined above are mitigated and managed appropriately. Specific prevalent risks are outlined above and within the Partnership's Risk Register, these are categorised across the following strategic themes:

- Lack of change in culture to partnership approach;
- Unclear direction by the IJB to utilise resources efficiently and effectively;
- Insufficient future provider market for care to meet increasing demand;
- Lack of partnership approach to engagement and consultation;
- Slippage in delivery by partners of efficiency savings and the ambitious programme to transform to new models of care;
- Insufficient workforce skills and capacity to meet demand and transform service delivery;
- Significant supplier failure to provide services;
- Reputational damage and financial loss if someone comes to harm;
- Lack of resources or inadequate governance to implement change and transformation programmes and projects;
- Insufficient oversight of information governance;
- Financial, space and staffing capacity to delivery required levels of service following the Covid-19 pandemic.

In addition to the above, formal confirmation that costs incurred by the Partnership in 2021/22 responding to the Covid-19 pandemic, subsequent remobilisation and vaccination programmes will be funded by the Scottish Government has yet to be received.

On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The Independent Review concluded at the end of January 2021 and its report, was published on 3 February 2021 which contained an extensive range of recommendations. Timely implementation of all the required provisions of the report and associated directions by the Scottish Government will therefore have a significant impact on the Health and Social Care Partnership both financially and otherwise although at the current time to what extent, remains unclear.

The Health and Social Care Partnership Integration Joint Board will consider its updated Risk Management Strategy in July 2021.

The Integration Joint Board

During 2020/21, the IJB was chaired by Cllr David Parker, Convenor of Scottish Borders Council. During the same period the Vice-Chair was Mr Malcolm Dickson, NHS Borders Non-Executive Director. In addition to the Chair and Vice-chair, the IJB Board comprises 4 additional voting

members from NHS Borders (Non-Executive Directors) and 4 from Scottish Borders Council (Elected Members).

Name	Nominated By	Additional Information
Cllr David Parker	Scottish Borders Council	Chair (from 01 April 2020)
Mr Malcolm Dickson	NHS Borders	Vice-Chair (from 01 April 2020)
Dr Stephen Mather	NHS Borders	01 April 2020 to 31 August 2020
Ms Sonya Lam	NHS Borders	01 September 2020 to 31 March 2021
Mrs Karen Hamilton	NHS Borders	Mr Tristram Taylor was on special leave until 31 August 2020. During this time he was replaced by Ms Sonya Lamb from 04 June 2020 until 31 August 2020 who then replaced Dr Stephen Mather from 01 September 2020.
Mr John McLaren	NHS Borders	
Mr Tristram Taylor	NHS Borders	
Cllr Shona Haslam	Scottish Borders Council	
Cllr Tom Weatherston	Scottish Borders Council	
Cllr Elaine Thornton-Nicol	Scottish Borders Council	
Cllr John Greenwell	Scottish Borders Council	

The Chief Officer of the Integration Joint Board is Mr Rob McCulloch-Graham who has been in post since 2017. The Chief Officer is also a member of the Board.

The post of CFO is also a member of the Board and was undertaken by Mr Michael Porteous on a secondment basis until 02 August 2020 when the secondment ended. The CFO post currently remains vacant with statutory responsibilities being undertaken on an interim basis by Mr David Robertson, Chief Financial Officer of Scottish Borders Council and Mr Andrew Bone, Director of Finance of NHS Borders. As responsible officer under s95 of the Local Government (Scotland) Act 1973, Mr Robertson has responsibility for signing off the accounts of the Health and Social Care Partnership.

The Board is also constituted by a number of non-voting members. These include a range of officers from across the wider partnership including Scottish Borders Council (e.g. Chief Social Work Officer), NHS Borders (e.g. Medical Director) and representatives of the Third Sector, Staff, GPs, Carers and Housing sectors. A number of officers across Scottish Borders Council and NHS Borders are also required to be in attendance.

Annual Statement of Accounts

The Integration Joint Board is required to prepare Annual Accounts by the Local Authority Accounts (Scotland) Regulations 2014. Section 12 of the Local Government in Scotland Act 2003 requires preparation of the Annual Accounts in accordance with proper accounting practices. These practices primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 supported by International Financial Reporting Standards (IFRS) and statutory guidance issued under section 12 of the 2003 Act.

David Parker

**Cllr David Parker
Chair of the IJB**

Rob McCulloch-Graham

**Mr Rob McCulloch-Graham
Chief Officer**

David Robertson

**Mr David Robertson CPFA
Acting Chief Financial
Officer (Section 95)**

On behalf of the Integration Joint Board Members and Officers of Scottish Borders Health and Social Care Partnership Integration Joint Board

Date 20 October 2021

Remuneration Report 2020/21

Introduction

The remuneration report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014. These Regulations require various disclosures about the remuneration and pension benefits of specific IJB members and senior employees in respect of earnings and pension benefits.

Remuneration

The term remuneration means gross salary, fees and bonuses, allowances and expenses, and compensation for loss of employment. It excludes pension contributions paid by the Employee. Pension contributions made to a person's pension are disclosed as part of the pension benefits disclosure below.

The information contained in the report is subject to external audit. The explanatory text within the report is reviewed by external auditors to ensure that it is consistent with the financial statements.

Remuneration of Integration Joint Board Members

The voting members of the IJB are appointed through nomination by NHS Borders and Scottish Borders Council. Nomination of the IJB Chair and Vice-Chair posts alternates between an elected member and a Health Board representative every 3 years.

Additional remuneration and expenses paid to IJB members including the Chair, Vice-Chair and other Board members relating to their role on the IJB are detailed below. All IJB Board members are supplied to the IJB at no cost to the Board by their respective organisations.

Expenses 2019/20 £	Name	Post(s) Held	Nominated By	Expenses 2020/21 £
0	Cllr David Parker	Chair	Scottish Borders Council	0 ^{*1}
2,104	Mr Malcolm Dickson	Vice-Chair	NHS Borders	1,214
3,296	Dr Stephen Mather	Member	NHS Borders	728 ^{*2}
0	Ms Sonya Lam	Member	NHS Borders	0 ^{*3}
0	Mrs Karen Hamilton	Member	NHS Borders	0
0	Mr John McLaren	Member	NHS Borders	0
0	Mr Tristram Taylor	Member	NHS Borders	0
97	Cllr Shona Haslam	Member	Scottish Borders Council	0
163	Cllr Tom Weatherston	Member	Scottish Borders Council	0
5	Cllr Elaine Thornton-Nicol	Member	Scottish Borders Council	0
54	Cllr John Greenwell	Member	Scottish Borders Council	0
5,719	Total			1,942

^{*1} Dr Stephen Mather left the role of Chair of the IJB on 31 March 2020

^{*2} Dr Stephen Mather left the role of voting member of the IJB on 31 August 2020

^{*3} Ms Sonya Lam undertook the role of voting member and Chair of the IJB from 04 June 2021 replacing Mr Tristram Taylor, who was on special leave until 31 August 2020 and Dr Stephen Mather from 01 September 2020

Due to a lower level of face to face meetings as a result of Covid-19, there is a reduction in the level of IJB members' expenses compared to the previous financial year.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair and Vice-Chair of the IJB as they are defined above.

Remuneration of Senior Employees

The term 'Senior Employee' means:

1. Any employee who has responsibility for the management of the Integration Joint Board to the extent that the person has the power to direct or control the major activities of the Board (including activities involving the expenditure of money), during the year to which the Report relates, whether solely or collectively with other persons;
2. Who holds a post that is politically restricted by reason of section 2(1) (a), (b) or (c) of Local Government and Housing Act 1989 (4); or
3. Whose annual remuneration, including any remuneration from a local authority subsidiary body, is £0.150m or more.

The IJB does not employ any staff in its own right. Specific post-holding officers are non-voting members of the board however:

Chief Officer: Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers: The Chief Financial Officer (CFO) was seconded at no cost to the IJB from one or other partner organisation for part of 2020/21 until 02 August 2020 following which, the CFO of Scottish Borders Council undertook the role on an interim basis. The CFO undertakes the statutory role of section 95 Officer for the IJB. The employment contract for the CFO will adhere to the legislative and regulatory framework of the employing partner organisation. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

The Chief Officer therefore has responsibility for the management of the IJB, supported by the Chief Financial Officer within a financial context as Section 95 Officer (Local Government (Scotland) Act 1973) to the Partnership. Regardless of how these posts are supplied to the partnership or funded, both are therefore deemed to be Senior Employees in line with criterion 1 above.

Total 2019/20 £	Name	Employing Organisation	Salary 2020/21 £	Fees and Allowances £	Total 2020/21 £
112,740	Mr Rob McCulloch-Graham	Scottish Borders Council	104,327	3,130	107,457
63,570	Mr Michael Porteous	NHS Borders	24,172	0	24,172
176,310	Total	Total	128,499	3,130	131,629

*1 Mr Michael Porteous left the post of Chief Financial Officer to the IJB on 02 August 2020. Only Salary costs incurred to this date have therefore been included. Following Mr Porteous' departure, the acting CFO is David Robertson, Scottish Borders Council CFO, on an interim basis. Mr Robertson's Salary costs are disclosed within the Council's 2020/21 Accounts.

*2 Mr Michael Porteous' Full Year Equivalent Salary is £71,151.

During the period, no payments were made in respect of bonuses, compensation for loss of office or any non-cash benefits. No exit packages were agreed by the Board during this period.

Mr Rob McCulloch-Graham held an employment contract with Scottish Borders Council on Scottish Borders Council pay terms and conditions of employment and is a member of the Scottish Borders Council Local Government Pension Scheme (LGPS). This scheme became a career average pay scheme on 1 April 2015. Benefits built up to 31 March 2015 are protected and based on final salary. Accrued benefits from 1 April 2015 will be based on career average salary.

Mr Michael Porteous has an employment contract with an NHS Board and is a member of the NHS Pension Scheme (Scotland) 2015. The NHS Superannuation Scheme became a career average pay scheme from 1 April 2015, replacing previous 2008 section and 1997 scheme. Benefits built up to 31 March 2015 are protected and based on final salary.

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis, there is no pensions liability reflected on the IJB Balance Sheet for the Chief Officer or any other officers. The IJB however has the responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB.

The following table shows the IJB's funding during the year to support officers' pension benefits and the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions:

Name	In-Year Pension Contributions For Year To		Accrued Pension Benefits At 31 March 2021	
	31 March 2020 £	31 March 2021 £	Pension £	Lump Sum £
Chief Officer Mr Rob McCulloch-Graham	20,167	19,342	13,940	0
	Movement from 31 March 2020 =		2,263	0
Chief Financial Officer Mr Michael Porteous (06 August 2018 to 31 March 2019)	8,073	3,070	23,840	65,564
	Movement from 31 March 2020 =		1,945	6,986
	Total Movement from 31 March 2020 =		4,208	6,986

*1 Mr Michael Porteous left the post of Chief Financial Officer to the IJB on 02 August 2020. Only In-Year Pension Contributions to this date have therefore been included. Accrued Pension Benefits shown are also at 02 August 2020. Following Mr Porteous' departure, the acting CFO is David Robertson, Scottish Borders Council CFO on an interim basis. Mr Robertson's LGPS Pension Contributions and Benefits are disclosed within the Council's 2020/21 Accounts.

*2 Mr Michael Porteous' Full-Year Equivalent In-Year Pension Contributions For Year to 31 March 2021 is £9,037.

The regulations require any officer whose remuneration for the year was **£0.050m** or above, to be disclosed in bandings of **£0.005m**. For the IJB in 2020/21 this is:

Number of Employees in Band 2019/20	Remuneration Band	Number of Employees in Band 2020/21
	£50,001 - £55,000	
	£55,001 - £60,000	
1	£60,001 - £65,000	
	£65,001 - £70,000	
	£70,001 - £75,000	
	£75,001 - £80,000	
	£80,001 - £85,000	
	£85,001 - £90,000	
	£90,001 - £95,000	
	£95,001 - £100,000	
	£100,001 - £105,000	
	£105,001 - £110,000	1
1	£110,001 - £115,000	

David Parker

Cllr David Parker
Chair of the IJB

Rob McCulloch-Graham

Mr Rob McCulloch-Graham
Chief Officer

On behalf of the Councillors and Officers of Scottish Borders Health and Social Care Partnership

Date 20 October 2021

Statement of Responsibilities

Integration Joint Board

The Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature by the Integration Joint Board at its meeting on 20 October 2021.

Signed on behalf of Scottish Borders Health and Social Care Partnership Integration Joint Board.

David Parker

Cllr David Parker
Chair of the IJB

Date 20 October 2021

Chief Financial Officer

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

In preparing the Annual Accounts, the CFO is responsible for:

- selecting suitable accounting policies and then applying them consistently;
- making judgements and estimates that are reasonable and prudent;
- complying with the Code of Practice and legislation.

The CFO is also required to:

- keep adequate proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the IJB.

I certify that the financial statements give a true and fair view of the financial position of Scottish Borders Health and Social Care Partnership Integration Joint Board as at 31 March 2021 and the transactions of the Joint Board for the year then ended.



**Mr David Robertson CPFA
Acting Chief Financial
Officer (Section 95)**

Date 20 October 2021

Annual Governance Statement 2020/21

Introduction

The Annual Governance Statement explains the IJB's governance arrangements and system of internal control and reports on their effectiveness.

Scope of Responsibility

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

To meet this responsibility the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on NHS Borders and Scottish Borders Council (the partners') systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives. The system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The Board of the IJB comprises voting members, nominated by either NHS Borders or Scottish Borders Council, as well as non-voting members including a Chief Officer appointed by the Board.

The IJB's Local Code of Corporate Governance (IJB Local Code), which was approved by the Board in September 2018, sets out the framework and key principles which require to be complied with to demonstrate effective governance. The IJB Local Code reflects the changing context of integration and is consistent with the principles and recommendations of the new CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) and the supporting guidance notes for Scottish authorities. The overall aim of the Framework is to ensure that: resources are directed in accordance with agreed policy and according to priorities; there is sound and inclusive decision making; and there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

The main features of the governance framework and internal control system associated with the IJB Local Code's seven core principles of good governance in existence during 2020/21 included:

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting rule of law

The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the approved Scheme of Integration, Constitution and Standing Orders to make sure that public business is conducted with fairness and integrity. The Board has a standalone Terms of Reference setting out its remit.

Reliance is placed on the values and standards set out in the codes of conduct within the employer partner organisations, which incorporate "The Seven Principles of Public Life" identified by the Nolan Committee on Standards in Public Life.

The IJB is dependent upon arrangements within the partner organisations for areas such as:

- ensuring legal compliance in the operation of services;
- handling complaints;
- ethical awareness training and whistle-blowing policies and procedures;

- staff appointment and appraisal processes which take account of values and ethical behaviour;
- identifying, mitigating and recording conflicts of interest, hospitality and gifts; and
- procurement of goods and services which are sustainable, represent value of money and which reinforce ethical values.

Other areas where the IJB places significant reliance on arrangements in place within the partner organisations are set out in the remainder of the statement.

The Chief Officer is responsible for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with.

Professional advice on the discharge of duties is provided to the Board by the IJB Chief Officer supported by the Board Secretary.

B. Ensuring openness and comprehensive stakeholder engagement

Board meetings are held in public unless there are good reasons for not doing so on the grounds of confidentiality.

Unless confidential, decisions made by the Board are documented in the public domain. Community engagement was encouraged as part of the development of the Scheme of Integration and the Health & Social Care Strategic Plan 2018-2021 was developed following consultations with interested parties including members of the public.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The vision, strategic objectives and outcomes are reflected in the Health & Social Care Strategic Plan 2018-2021 and the associated Strategic Implementation Plan, which reflect on-going assessment of need.

Implications are considered during the decision making process by way of the standard report template covering Personnel, Carers, Equalities, Financial, Legal, and Risk implications.

D. Determining the interventions necessary to optimise the achievement of the intended outcomes

In determining how services and other courses of action should be planned and delivered the IJB has a statutory responsibility to involve patients and members of the public.

The Health & Social Care Strategic Plan 2018-2021 is based on consultation during its review and update and describes the planned redesign of Health and Social Care. The Strategic Implementation Plan sets out how services will be planned and delivered using the integrated budgets to achieve the strategic objectives.

The IJB is the strategic commissioner of health and social care services from NHS Borders and Scottish Borders Council for the delivery of services in line with the Strategic Plan. In future there will be more use of Directions as service redesign and re-commissioning in line with the transformation programme is progressed.

E. Developing the entity's capacity, including the capability of leadership and the individuals within it

The IJB Chief Officer is responsible and accountable to the Board for all aspects of management including promoting sound governance and providing quality information/support to inform decision-making and scrutiny.

Regular meetings are held between the Chief Officer and the Chair and Vice Chair of the IJB. The IJB Chief Officer also meets regularly with the Chief Executives of the partner organisations.

Members of the IJB Board are provided with the opportunity to attend Development Sessions relevant to their role.

F. Managing risks and performance through robust internal control and strong public financial management

The IJB Chief Officer has overall responsibility for the strategic commissioning of health and social care services. The IJB Board is responsible for key decision-making.

The IJB has approved a Risk Management Strategy which includes: the reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities; and monitoring risk management activity and performance. Improved strategic risk review and reporting to the Board have been established to embed risk management into the culture of the IJB.

The IJB Chief Financial Officer is responsible for the proper administration of all aspects of the IJB's financial affairs. The IJB CFO post was filled on an interim secondment basis until August 2020; since then the role has been fulfilled jointly by the NHS Borders and Scottish Borders Council Directors of Finance.

The IJB's system of internal financial control is dependent upon on the framework of appropriate financial regulations, codes of financial practice, and reporting standards.

Quarterly Revenue Budget Monitoring reports are presented to the Board for monitoring and control purposes including the annual outturn.

The IJB also relies upon the partners for:

- Counter fraud and corruption arrangements; and
- Management of data in accordance with applicable legislation.

G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

The IJB's Chief Internal Auditor (SBC's Chief Officer Audit & Risk) provided an independent and objective audit opinion on the effectiveness of the IJB's internal control, risk management and governance arrangements within the Internal Audit Annual Assurance Report. Provision of Internal Audit services for the IJB by SBC's Internal Audit team is carried out in conformance with the Public Sector Internal Audit Standards.

The IJB responds to the findings and recommendations of Internal Audit, External Audit, Scrutiny and Inspection bodies. The IJB Audit Committee is integral to overseeing assurance and monitoring improvements in internal control and governance.

Quarterly Performance Reports were presented to the Board for the purposes of monitoring and control. An Annual Performance Report for 2020/21 was presented to the Board, which focuses on performance over the year. The Annual Accounts and Report for 2020/21 sets out the financial position in accordance with relevant accounting regulations.

Review of Adequacy and Effectiveness

The IJB is required to conduct an annual review of the effectiveness of its governance framework.

The review was informed by: an annual assessment against the IJB's Local Code of Corporate Governance carried out by IJB Internal Audit; IJB Internal Audit reports; IJB External Audit reports; relevant reports by other external scrutiny bodies and inspection agencies; and relevant partners' (NHS Borders and Scottish Borders Council) Internal Audit and External Audit reports. In respect of the three improvement areas of governance identified by the IJB in 2019/20 (nos. 1-3), progress made with their implementation during the year has been limited by the effect of the Covid-19 pandemic. These therefore continue to be noted in the section below, nos. 1-3.

Improvement Areas of Governance

The review activity outlined above has identified the following areas where further improvement in governance arrangements can be made to enhance compliance with the Local Code:

- 1 Recruit on a permanent basis to the IJB Chief Financial Officer post.
- 2 Improve the clarity and transparency of Directions from the IJB to partners.
- 3 Develop the Workforce Planning Framework to align to Strategic Commissioning Plan.
- 4 Ensure regular updates on progress against the Ministerial Strategy Group (MSG) Self Evaluation HSCP Action Plan and Best Value Areas of Improvement.

In addition, the Public Bodies (Joint Working) (Scotland) Act 2014 requires each Health Board and corresponding Local Authority to review the Integration Scheme every five years. The review of the integration scheme has been delayed as a consequence of the pandemic. It has been agreed that the current scheme is continuing until the new scheme is agreed, and the next steps and timeframe for completing this process have been agreed.

The implementation of these actions to enhance the governance arrangements in 2021/22 will be driven and monitored by the IJB Chief Officer in order to inform the next annual review. Internal Audit work planned in 2021/22 is designed to test improvements in governance arrangements.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements and system of internal control, while recognising that improvements are required to fully demonstrate compliance with the Local Code in order for the IJB to fully meet its principal objectives. Systems are in place to regularly review and improve governance arrangements and the system of internal control.

David Parker

Cllr David Parker
Chair of the IJB

Rob McCulloch-Graham

Mr Rob McCulloch-Graham
Chief Officer

On behalf of the Councillors and Officers of Scottish Borders Health and Social Care Partnership

Date 20 October 2021

Independent Auditor's Report

Independent auditor's report to the members of Scottish Borders Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Scottish Borders Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the annual accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the Board as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is five years. I am independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Financial Officer and Integration Joint Board Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Integration Joint Board Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- [obtaining an understanding of the applicable legal and regulatory framework and how the Board is complying with that framework;](#)
- [identifying which laws and regulations are significant in the context of the Board;](#)
- [assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and](#)
- [considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.](#)

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Financial Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this statutory other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Gillian Woolman

**Gillian Woolman MA FCA CPFA
Audit Director
Audit Scotland
102 West Port
Edinburgh
EH3 9DN**

Date 20 October 2021

Statement of Accounts

Comprehensive Income and Expenditure Statement (CIES) For the Year Ended 31 March 2021

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments, these would normally be included in both the Expenditure and Funding Analysis and the Movement in Reserves Statement. For 2020/21, there are none.

An adjustment has been made to the 2019/20 prior year figure in respect of a reduction in expenditure pertaining to the Transformation Fund of **£0.060m**. This has increased the overall Surplus on Provision of Services for 2019/20 and funds carried forward / reserves by the same amount. This adjustment is reflected across all statements included within these accounts hereon, including the Movement in Reserves Statement and Balance Sheet.

Gross Expenditure 2019/20 £'000	Income 2019/20 £'000	Net Expenditure 2019/20 £'000		Gross Expenditure 2020/21 £'000	Income 2020/21 £'000	Net Expenditure 2020/21 £'000	Note	
104,225	0	104,225	Health Services Delegated	118,984	0	118,984	3,4,7	
62,693	0	62,693	Social Care Services Delegated	60,060	0	60,060		
25,378	0	25,378	Health Services Retained and Set-Aside by NHS Borders	25,526	0	25,526		
174	0	174	Corporate Services	168	0	168		
192,470	0	192,470	Cost of Services	204,738	0	204,738		
0	(196,212)	(196,212)	Taxation and Non-Specific Grant Income	0	(211,236)	(211,236)	5	
0	(196,212)	(196,212)	(Surplus) or Deficit on Provision of Services	0	(211,236)	(211,236)		
						(3,742)	Total Comprehensive Income and Expenditure	(6,498)

The Integration Joint Board came into existence in February 2016. In 2015/16 a set of shadow-board accounts were prepared. The 2020/21 Comprehensive Income and Expenditure Statement therefore relates to the financial activity pertaining to the fifth full year of financial operation of the IJB since its formation.

Under the Scheme of Integration, both partners are required to fund any adverse outturn balance on delegated services. Following additional allocations by partners, the net surplus position above therefore is only generated by ring-fenced funding uncommitted at 31 March 2021:

£'000	
Additional Allocations Delegated by Partners at 31 March 2021	
NHS Borders	3,925
Scottish Borders Council	93
	4,018

Total Comprehensive Income and Expenditure of (**£6.498m**) includes a breakeven position for the IJB on Set-Aside functions. The impact of an underlying over-spend of **£1.328m** on these functions has been accounted for only as part of NHS Borders' overall 2020/21 outturn position as there is no adverse impact on the Health and Social Care Partnership's outturn position or on earmarked general reserves carried forward to 2021/22.

Movement in Reserves Statement

The IJB approved its Reserves Policy in 2016/17. In 2020/21, the policy was again applied in order that the Health and Social Care Partnership may carry forward funding. This relates to ring-fenced funding allocations to NHS Borders, unspent Older People's Change Fund and Transformation Fund balances and uncommitted Covid-19 funding allocations.

No statutory adjustments have been made in respect of any absence entitlement on the part of the Chief Officer which has been earned but not yet taken as at 31 March 2021.

	General Fund Balance £'000	Useable Reserves: Employee Statutory Adjustment Account £'000	Total Reserves £'000
Opening Balance at 31 March 2020	3,742	0	3,742
Adjustments between accounting basis and funding under regulations	6,498	0	6,498
Closing Balance at 31 March 2021	10,240	0	10,240
Increase or Decrease during 2020/21	6,498	0	6,498

The overall balance held in IJB reserves has increased significantly at March 2021. This reflects the impact of the pandemic on the IJBs planned investments in relation to whole system transformation, as well as increased slippage on ring-fenced allocations for which delivery is phased over more than one year. Within these ring-fenced allocations a residual balance is held against Covid-19 allocations not utilised in 2020/21 and which will be set against expenditure plans for 2021/22 in line with Scottish Government guidance.

Balance Sheet at 31 March 2021

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

31 March 2020 £'000			31 March 2021 £'000		Note
5,666		Short-Term Debtors	12,965		6
	5,666	Current Assets		12,965	
(1,924)		Short-Term Creditors	(2,725)		6
	(1,924)	Current Liabilities		(2,725)	
	3,742	Net Assets		10,240	
	3,742	Useable Reserve: General Fund		10,240	
	3,742	Total Reserves		10,240	

The unaudited accounts were issued on 14 June 2021 and the audited accounts were authorised for issue on 20 October 2021.



**David Robertson CPFA
Acting Chief Financial
Officer (Section 95)**

Date 20 October 2021

Notes to the Annual Accounts

1 – Significant Accounting Policies

1.1 General Principles

The Annual Accounts summarise the Integration Joint Board's transactions for the 2020/21 financial year and its position at the year-end of 31 March 2021.

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

It is therefore required to prepare Annual Accounts by the Local Authority Accounts (Scotland) Regulations 2014. Section 12 of the Local Government in Scotland Act 2003 requires these to be prepared in accordance with proper accounting practices. These practices primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounting convention adopted in the Annual Accounts is historical cost. They are prepared on a going-concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future.

1.2 Accruals of Income and Expenditure

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

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

1.3 Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, NHS Borders and Scottish Borders Council. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Scottish Borders.

1.4 Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to / from each funding partner, as at 31 March 2021, is represented as a debtor or creditor on the IJB's Balance Sheet.

1.5 Employee Benefits

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

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as Employee-Related costs. Where material, the Chief Officers absence entitlement as at 31 March 2021 will be accrued, for example in relation to annual leave earned but not yet taken. There are no charges from funding partners for other staff.

1.6 Provisions, Contingent Liabilities and Contingent Assets

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

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

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

No provisions or contingent liabilities or assets have been made at 31 March 2021.

1.7 Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2021 shows the extent of resources which the IJB can use in later years to support service provision.

The IJB's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March 2021, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

1.8 VAT

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

In November 2016, HMRC issued an opinion on the VAT treatment of services provided by IJB's partners. This related to the VAT treatment of the exchanges of staff between the Health Board and Local Authority, when under the direction of the Integrated Joint Board.

Relevant to the Scottish Borders, where other than the Chief Officer, the supply of these services is seen as part of the party's statutory obligation/contribution to the IJB and therefore the local authority and health board have not recharged for any costs incurred, HMRC's opinion is that there is no consideration and as such no supply for VAT purposes.

2019/20 £'000		2020/21 £'000
129,603	Services commissioned from NHS Borders	144,510
62,693	Services commissioned from Scottish Borders Council	60,060
147	Employee Benefits Expenditure	141
27	Auditor Fee: External Audit	27
(196,212)	Partners' Funding Contributions	(211,236)
(3,742)	Net Cost of Services / (Surplus)	(6,498)

The Fee charged by the Independent Auditor for 2020/21 was £27,330, an increase of 2.9% from 2019/20.

5 – Taxation and Non-Specific Grant Income

5.1 Taxation and Non-Specific Grant Income

2019/20 £'000		2020/21 £'000
(140,786)	Funding Contribution from NHS Borders	(159,523)
(55,426)	Funding Contribution from Scottish Borders Council	(51,713)
(196,212)	Taxation and Non-Specific Grant Income	(211,236)

The funding contribution from the NHS Board shown above includes **£25.526m** in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

6 – Debtors and Creditors

6.1 Debtors

The IJB's Debtors include money owed to the partnership at 31 March 2021 and any payments made in respect of delegated functions in advance of the financial year 2021/22:

31 March 2020 £'000		31 March 2021 £'000
13	Funding NHS Borders	13
5,653	Funding Scottish Borders Council	12,952
0	Funding Non-Public Sector	0
5,666	Debtors	12,965

6.2 Creditors

The IJB's Creditors include payments due by the partnership not yet made by the 31 March 2021 and any income it has received in advance of the financial year 2021/22:

31 March 2020 £'000		31 March 2021 £'000
0	Funding NHS Borders	0
(1,924)	Funding Scottish Borders Council	(2,725)
0	Funding Non-Public Sector	0
(1,924)	Creditors	(2,725)

The net balance between Debtors and Creditors relates to the earmarked reserves held by the IJB of **£10.240m**.

31 March 2020 £'000		31 March 2021 £'000
3,742		10,240

7 – Related Party Transactions

7.1 Related Party Transactions

The IJB has related party relationships with NHS Borders and Scottish Borders Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

NHS Borders

2019/20 £'000		2020/21 £'000
(140,786)	Funding Contributions	(159,523)
0	Service Income	0
129,603	Expenditure on Services Provided	144,510
0	Key Management Personnel	0
13	Support Services	13
(11,170)	Net Transactions with NHS Borders	(15,000)

Key Management Personnel: There are no non-voting Board members employed by the NHS Board and recharged to the IJB.

31 March 2020 £'000		31 March 2021 £'000
13	Debtors: Amounts Due from NHS Borders	13
0	Creditors: Amounts Due to NHS Borders	0
13	Net Balance with NHS Borders	13

Scottish Borders Council

2019/20 £'000		2020/21 £'000
(55,426)	Funding Contributions	(51,713)
0	Service Income	0
62,693	Expenditure on Services Provided	60,060
147	Key Management Personnel	141
14	Support Services	14
7,428	Net Transactions with Scottish Borders Council	8,502

Key Management Personnel: The senior officers employed by the Local Authority and recharged to the IJB include only the Chief Officer. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

31 March 2020 £'000		31 March 2021 £'000
5,653	Debtors: Amounts Due from Scottish Borders Council	12,952
(1,924)	Creditors: Amounts Due to Scottish Borders Council	(2,725)
3,729	Net Balance with Scottish Borders Council	10,227

Net Transactions with the Integration Joint Board's partners during 2020/21 was therefore **£6.498m**.

The majority of Net Balance with the Integration Joint Board's partners at 31 March 2021 of **£10.240m** relates therefore to the carry forward of earmarked reserves on behalf of the Integration Joint Board.

8 – Other Notes to the Accounts

8.1 Provisions:

No provisions have been made at the 31 March 2021.

8.2 Useable Reserve: General Fund:

The IJB holds a balance on its General Fund Reserve at 31 March 2021. This balance is earmarked in that it relates to funding received from the Scottish Government ring-fenced for specific purposes such as Primary Care Improvement or Alcohol and Drugs Partnership activity. The IJB has an approved Reserves Policy which enables it over time to earmark or build up funds which are to be used for specific purposes in the future such as known or predicted future expenditure needs. This supports strategic financial management. The Policy can also enable a contingency fund to be established in order to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

8.3 Unusable Reserve: Employee Statutory Adjustment Account:

Only one officer, the Chief Officer, requires to be considered in relation to absence entitlement earned but not yet taken at 31 March 2021. The value of this untaken but accrued entitlement is not considered material to the overall financial position of the IJB as presented in the Comprehensive Income and Expenditure Statement.

8.4 Agency Income and Expenditure:

The Scottish Borders Partnership IJB is co-terminus between NHS Borders and Scottish Borders Council. The IJB does not act as the lead agency / manager for any delegated health or care services nor does it commission services on behalf of any other IJBs.

8.5 Contingent Assets and Contingent Liabilities:

No Contingent Liabilities or Contingent Assets have been identified relating to any item not recognised on the IJB's Balance Sheet.