



ANGUS INTEGRATION JOINT BOARD

26 JUNE 2024

FINANCE REPORT – 2023/24

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

1. ABSTRACT

The purpose of this report is to provide Angus Integration Joint Board (IJB) with an update on the financial position of Angus IJB at the end of the financial year 2023/24. It also provides an update on reserves, financial risks, IJB Committee Structures and ways of working and governance.

2. ALIGNMENT TO THE STRATEGIC PLAN

This report contributes to the following strategic enablers in the Angus IJB Strategic Commissioning Plan: -

- Deliver financial sustainability; and
- Seeking to achieve best value and cost effectiveness.

3. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) Scrutinise and note the overall financial position of Angus IJB for 2023/24;
- (ii) Note the update on Reserves in Appendix 2;
- (iii) Accept and note the issues documented regarding Financial Governance in Appendix 3; and
- (iv) Accept and note the proposals for improved IJB committee structures and ways of working in Appendix 4.

4. BACKGROUND

4.1 This report describes the 2023/24 year-end financial position for Angus IJB, including NHS Directed Services and Angus Council Directed Services.

4.2 Information contained within this report is management information and therefore varies from what is set out in the IJB's Annual Accounts which reflects reserves adjustments.

4.3 The IJB's detailed year-end financial position for 2023/24 is set out in Appendix 1. This shows that the overall projected financial position for the year to March 2024 is an under spend of c£4.098m. This position has slightly changed from the April IJB report with the main movements due to unexpected improvements against charging income and Community Joint Equipment Store costs offsetting increase costs against prescribing and debt provisions.

5. CURRENT POSITION

NHS DIRECTED SERVICES

5.1 **Local Hospital and Community Health Services** – These services have reported a year end under spend of c£0.239m, although this position has reduced from the previous projected financial position. A summary of the key movements is detailed below:

- Several service areas have operated with unfilled vacancies linked to staff turnover and recruitment which has had a consequent impact on service delivery.

- Psychiatry of Old Age service has incurred the costs associated with Angus patients boarding in non-Angus hospitals due to the non-operational ward (Prosen) in Angus.
- Medicine for the Elderly service has reported an overspend due to the service using higher levels of staffing linked to higher nursing absence levels, and an increase in overnight staffing levels required on the ward to deliver safe patient care due to ward environmental conditions. Both issues are being monitored by Management
- Community Mental Health reported a yearend under spend of £0.060m, this has changed from the previous position due to a budget movement between NHS and Angus Council Directed Services to address structural imbalance of budgets.
- Since the last report to the Board, the Substance Use service has seen an increase in drugs and pharmacy spend of £0.064m. A financial recovery plan was requested in February 2024 and is being developed to address the recurring financial overspend. The report is near to finalisation and will be presented to the Executive Management Team.
- The yearend financial exposure associated with Angus 2C GMS Practices was c£0.937m overspend.
- The year-end position does offset other, often recurring, cost pressures within the IJB's overall financial position for 2024/25 (e.g. Prescribing).

5.2 **Lead Partner Services in Angus** – The reported year end position for these services is an overspend of £0.496m for the Angus share of these costs, a slight deterioration on previous projection, noting there is some offsetting funding locally to support these costs. Key point to note includes: -

- As previously reported, the Out of Hours (OOH) Service has seen changes in demand, during and since Covid-19, resulting in increased costs. Whilst some improvement actions have been completed, the service has reported an overspend position of £1.714m, consistent with previous forecasts. The service has developed a financial recovery plan, and Angus Executive Management Team have supported an outcome that suggests a regional cost base of at least £1m beyond historic levels. If this is supported by all 3 IJBs, then this cost will need to be permanently embedded in financial plans and will require offsetting elsewhere.
- Forensic Services has seen core operational workforce issues with supplementary staffing being used to cover these service gaps to ensure the workforce is safe, resulting in a service overspend of £0.145m, a slight improvement in previous projections.
- Tayside Continence Service yearend position is an overspend of £0.338m, a slight deterioration from previous forecasts, driven by contractual price increases and patient growth.

5.3 **Lead Partner Services in Dundee/Perth** - As the IJB will be aware several devolved services are managed by other IJBs on behalf of Angus IJB. The reported year-end position for these services is an under spend of £0.408m, relatively consistent to previous projections. The details are set out in Table 1 below. The main points to note are: -

- Increased pressures continued against Palliative Care, Dietetics Services and the Women's Community Custody Unit.
- With the above pressures offset by a range of service under spends mainly relating to unfilled vacancies linked to recruitment challenges.

Table 1 - Lead Partner Services in Dundee and Perth IJBs on Behalf of Angus IJB	Annual Budget (£k)	Yearend Variance (Over) / Under (£k)
Angus Share of Lead Partner Services in Dundee		
Palliative Care	7,818	(290)
Brain Injury	2,048	(11)
Sexual & Reproductive Health	2,558	88
Psychological Therapies	8,721	286
Dietetics (Tayside)	4,964	(86)
Other Services in Dundee	2,295	476
Grand Total	28,405	464
Angus Share (27.1%)	7,698	126
Angus Share of Lead Partner Services in Perth		
Podiatry (Tayside)	3,695	391
Prison Health Services	5,137	85
Public Dental Service	2,763	537
Other Services in Perth	72	27
Grand Total	11,667	1,040
Angus Share (27.1%)	3,162	282
Total Angus Share of Lead Partner Services	10,859	408

- 5.4 **Family Health Services (FHS) Prescribing** – The final outturn position (£1.657m overspend) is a deterioration of £0.250m compared to previous forecast with January charges having an impact on accruals for February and March. Volumes have continued to be higher compared with the previous year patterns and planning assumptions. In addition, a further provision was required for some Community Pharmacy costs as part of a national data catch up noting the service was only informed of this matter in March 2024, with this being a similar position across Scotland.

As previously noted, the IJB has previously requested (Report 57/23, Appendix 4. August 2023) updates from the regional Prescribing Management Group (PMG) regarding a series of complicated outstanding prescribing issues. A response was received from NHS Tayside in February 2024 and through the Chief Officer, the IJB acknowledged receipt of this response and reflected that while the response from NHS Tayside does provide helpful context and an NHS Tayside perspective for the IJB, it does not resolve the fundamental issues of affordability of drug treatments within the IJBs. Further work is still required to address the governance issues being channelled through the regional Prescribing Management Group and at the December 2023 IJB meeting, this was recorded as a separate IJB action point.

- 5.5 **General Medical Services (GMS) and Family Health Services** – As noted in previous reports, all three Tayside partnerships have agreed to review the financial risk sharing for Primary Care. For 2023/24, interim working arrangements were in place and Angus IJB has been absorbing an increased proportion of financial pressures. An update on the outcome of this review will be shared with the IJB in due course.

As requested, the GMS (2C) Management Team have developed service financial recovery plans and whilst these recovery plans do demonstrate some progress in terms of reducing future over-commitments, they will also lead to continued cost exposures beyond funding levels and these pressures will have a consequent impact on other services.

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

- 5.6 **In Patient Mental Health Services** - As the IJB is aware Inpatient Mental Health Services are operationally managed by NHS Tayside. However, resources do remain formally

devolved to the IJB for Strategic Planning purposes and are reported into the Partnership's financial position.

While these services, including any overspends, were financially managed within IJBs up to 2019/20, since 2020/21 they have been financially managed by NHS Tayside. For 2023/24, and as referred to in previous IJB reports, NHS Tayside and all three Tayside IJBs reached an agreement as to how the 2023/24 overspend of £5.523m would be financially supported. The issue of unresolved future financial risk sharing continues to present a medium-term risk to the IJB. Through the IJB's Chief Officer and Chief Financial Officer, and with input from Angus Council's Chief Executive, Angus IJB will continue to participate in constructive senior-level discussions with NHS Tayside and other IJBs aimed at resolving these issues. A progress update on how future years overspend will be managed will be provided to the IJB in August 2024.

Whilst a financial recovery plan to address some of the pressures within the service was developed during 2023/24, further work will continue through regional forums. This is described in a separate report to the IJB.

- 5.7 **Large Hospital Services** – The Board will recall the 2023/24 budget was £9.811m. However, the budget is re-set annually to match most recent activity and pricing levels. The value of this break-even budget has been re-set to £11.151m for 2023/24.

As noted previously, the IJB continue discussions with NHS Tayside regarding developing a process to manage changes in volume of these services (largely delivered in Ninewells) with the outcomes of these discussions to be shared with the IJB in due course.

Table 2 below sets out the yearend activity positions for the key Occupied Bed Days indicator for "Large Hospital" activity, with the position detailing an increase in activity, particularly compared with Pre COVID-19 (15%), and this issue may present an additional financial burden going forward.

Table 2	2019/20	2022/23	2023/24	2023/24 (Change from prior year)	2023/24 (%age Change)
Occupied Bed Days	16,871	18,330 ¹	19,408	1,078	5.9%

Note 1. From local management information.

ANGUS COUNCIL DIRECTED SERVICES

- 5.8 **Angus Council Directed Services (Adult Services)** – For financial year 2023/24 Adult Services has reported a year end under spend of £0.310m. The year end position has improved by £0.640m compared to most recent projected with a summary of the key movements detailed below.

- Community Mental Health services (Under 65s) reported a yearend overspend of £0.133m an improvement of £0.230m from previous projections. This has changed from the previous position due to a budget movement of £0.292m between NHS and Angus Council Directed Services to address structural imbalance of budgets. The budget movement has partially offset both the previous forecast overspend and a further increase in costs of £0.062m driven by higher residential placements costs. The service has developed a financial recovery plan to address the recurring financial overspend.
- Learning Disabilities service reported a yearend overspend of £0.829m, a deterioration from previous forecasts of £0.257m linked to a rise in the number of complex high-cost packages for both residential and community placements. The service Improvement Plan will include a focus on reviewing the activity data to establish baseline budgets which will inform future projections.
- Physical Disability service reported a yearend over spend of £1.159m, similar to the previous forecast, due to an increase in both service users and high-cost packages.
- Occupational Therapy services reported a yearend overspend of £0.236m, slightly higher from the previously reported position, due to both an increase in demand and

price of adaptations. The service has develop a financial recovery plan to address the recurring financial overspend.

- The Community Joint Equipment Store reported a yearend underspend of £0.093m an improvement of £0.245m due to previous projections being overstated. Work is ongoing with Dundee Health and Social Care Partnership to improve future reporting information.
- At the yearend, charging income increased by £0.250m compared to previous projections. This was due to a combination of increased numbers and value of long-term charging orders, higher than anticipated income against a previous provision offset against increase in our debt provision. Finance has commenced work with Angus Council colleagues to review the process for future allocations of Department Work and Pension income to enable the timely capturing of information.
- Older People services has commissioned a steady, but lower than budgeted, level of care home beds resulting in a yearend under spend of c£0.8m.
- Demand for Care at Home services across all services continued to exceed the available capacity within the Partnership, and if the capacity was there, it might be reasonable to assume additional annualised costs of c£1.7m if unmet need was fully delivered.
- Several service areas have operated with unfilled vacancies linked to staff turnover and recruitment which has had a consequent impact on service delivery.

CENTRALLY MANAGED BUDGET

- 5.9 **Centrally Managed Budget** – These resources show a yearend underspend of £5.204m, a slight improvement from the April report. It is important to recall that the IJB's Strategic Financial Plan previously did anticipate recurring overspends regarding Prescribing and GMS with offsetting under spends elsewhere in the IJB, including Centrally Managed Budgets. In an ideal word, and within an agreed Strategic Financial Plan, the IJB would be able to realign some budgets to match funding more closely within agreed plans (e.g. Disabilities Services, Older Peoples Service and Prescribing). However, with a series of unresolved issued within our budgetary framework, this has not been possible.

OUTLOOK POSITION

- 5.10 **Progress with Strategic Financial Plan (Planned Interventions)** – There is no change from the April IJB report and as previously reported all planned interventions have been re-set and captured in the Strategic Financial Plan for 2024/25 to 2026/27.
- 5.11 **IJB Strategic Financial Plan** – At the April 2024 IJB, the IJB approved the adoption of year one of the Strategic Financial Plan as an interim financial planning framework, with a request that the Executive Management Team bring forward proposals to the August 2024 IJB to address c£3.0m of the recurring financial planning shortfall in line with the need to deliver a balanced long-term financial plan.

The IJB's Executive Management Team and Strategic Planning Group continue to consider and progress options to meet the IJB's request through a combination of the Strategic Delivery Plan, the Financial Recover Plan and the Service Review.

- 5.12 **IJB Reserves** – Appendix 2 provides an update on the yearend reserves position.

6. PROPOSALS

There are no specific recommendations for approval in this report.

7. FINANCIAL IMPLICATIONS

- 7.1 The overall year end position was an under spend of c£4.098m, see Appendix 1. This is a slight change from the underspend previously reported to the April IJB, as described in this report.
- 7.2 This contrasts with the forecast overspends set out in the IJB's Strategic Financial Plan for 2023/24 which suggested an underlying overspend of £3.327m, albeit it was expected a level of in-year underspends would offset this overspend resulting in approximately breakeven outturn for 2023/24. The main differences to the plan are consistent to those described in previous IJB Finance report and include:
- Unfilled vacancies linked to staff turnover and recruitment challenges, as described above, totalling c£2.4m.
 - Unfilled vacancies linked to staff turnover and recruitment challenges in Lead Partner Services of just under c£0.4m;
 - Factors linked to timing and scale of impact of financial planning provisions c£1.8m.
 - A lower use of care home beds compared to budgeted levels of c£0.8m; and
 - Net effect of unmet need within Care at Home services c£1.7m.
- 7.3 It is evident that some key underspends are associated with unfilled posts and therefore under-delivery of planned services. This will have had a commensurate negative detrimental impact on overall service delivery in 2023/24.
- 7.4 The overall financial position of the IJB does have a material impact on the way Angus IJB provides services in the future. By making ongoing progress with delivering efficiencies alongside service redesign and modernisation, the IJB will be most able to deliver the services it requires to deliver to the local population on a sustainable basis.
- 7.5 As the IJB is reporting a year end under spend the impact of the IJB's financial position for both Angus Council and NHS Tayside is neutral. Per the Integration Scheme, the IJB initially retains any year end under spend within IJB reserves. The IJB reserves are described in more detail in Appendix 2.
- In future years, should the IJB report a year end overspend then, in the first instance IJB reserves will require to be used to address any overspend. Beyond that the stipulations of any updated Integration Scheme will come into effect. The use of significant IJB reserves will only provide short term relief and when a recurring shortfall emerges the IJB will require a series of financial planning responses beyond those already in progress.
- 7.6 For information, while the IJB's management reporting describes a year end underspend of £4.098m, the IJBs financial accounts will reflect an overspend of £0.069m. This difference reflects the flow of funds in and out of the IJB's reserves, and other issues described in Appendix 2.

8. RISK MANAGEMENT

- 8.1 **Risk** – Angus IJB formally monitors its corporate risks through the Angus Clinical, Care and Professional Governance group. The Angus Strategic Financial Plan (report 16/24, Appendix 2) detailed the current financial risks, and this remains unchanged. Many of the finance risks are IJB wide risks including funding levels and risks regarding financial planning.

Risk Description	Failure to develop and implement a balanced financial plan will lead to a risk of unsustainable services.
Risk Category	Strategic
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (very high-risk level). No change.
Mitigating Actions	Funding - Ongoing dialogue with NHS Tayside, Angus Council and, via national forums, Scottish Government.

	Resolve outstanding budget issues – Ongoing dialogue with NHS Tayside. Progress with Strategic Commissioning, Delivery and Financial Recovery Plans alongside Service Review - Monitor via Executive Management team meetings and reports to IJB regularly. Managing services within agreed budgets - Financial recovery plans may be requested from over-committed services.
Residual Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (very high-risk level). No change.
Planned Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (high-risk level). No change.
Approval Recommendation	Even with the progression of all agreed actions, this risk remains very high. Scheduled reporting and monitoring will continue alongside the further development of risk mitigation actions.

- 8.2 **Governance** - As previously noted, there remain a few long-term financial governance issues that the IJB's Audit Committee continues to monitor, but progress has been limited. A summary of the main issues is set out in Appendix 3.

In April 2023 (report 27/23), the IJB received information regarding IJB committee structures and future ways of working. This includes six recommendations for improved future working arrangement practices for the IJB. It was agreed a follow up would be provided to the IJB in June 2024. This updated is provided in Appendix 4.

9. PUBLIC HEALTH IMPLICATIONS

There are no direct public health implications arising from the recommendations of this report.

10. CLIMATE SUSTAINABILITY IMPLICATIONS

There are no direct environmental implications arising from the recommendations of this report.

11. EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A copy of the Equality Impact screening assessment, showing that a full Equality Impact Assessment is not required for the following reasons:

- As the nature of the report is a finance update on operational matters; and
- No impact on any protected characteristics.

Will be made available on the IJB's web site after the relevant IJB meeting.

12. COMMUNICATION AND ENGAGEMENT

Not Applicable.

13. DIRECTIONS

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

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

REPORT AUTHOR: Alexander Berry, Chief Finance Officer

EMAIL DETAILS: tay.angushscp@nhs.scot

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

Appendix 2: IJB Reserves 2023/24

Appendix 3: Financial Governance

Appendix 4: Committee Structures and Ways of Working

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

Angus Health & Social Care Partnership - Financial Monitoring Report 2023/24

	Adult Services		Angus NHS Directed Services		HSCP	
	Annual Budget	Yearend Variance (Over) / Under	Annual Budget	Yearend Variance (Over) / Under	Annual Budget	Yearend Variance (Over) / Under
	£k	£k	£k	£k	£k	£k
Local Hospital and Community Health Services						
Older Peoples Services						
Psychiatry Of Old Age			6,129	190	6,129	190
Medicine For The Elderly			7,009	(292)	7,009	(292)
Minor Injuries + Illness Units			2,071	503	2,071	503
Community Nursing			7,979	19	7,979	19
Management & Admin	1,718	(135)			1,718	(135)
Care at Home	6,252	(22)			6,252	(22)
Intermediate Care	416	9			416	9
Community Support	871	16			871	16
Supported Accommodation	342	72			342	72
Internal Residential	4,858	(128)			4,858	(128)
Care and Assessment	25,482	2,067			25,482	2,067
Community Mental Health	7,065	440			7,065	440
Older Peoples Service	47,005	2,318	23,187	419	70,192	2,737
General Adult Psychiatry	4,831	(133)	3,941	60	8,771	(73)
Admin Community Support	3,437	28			3,437	28
Non Residential Care	9,161	(216)			9,161	(216)
Residential Care	6,706	(641)			6,706	(641)
Learning Disability(Angus)			670	92	670	92
Learning Disability	19,303	(829)	670	92	19,973	(738)
Physical Disabilities	5,771	(1,159)	0	0	5,771	(1,159)
Substance Use	1,794	38	1,998	125	3,792	163
Community Services						
Physiotherapy			3,090	21	3,090	21
Occupational Therapy	1,632	(236)	789	69	2,420	(167)
Joint Store	975	93			975	93
Anti-Coagulation			219	29	219	29
Primary Care			1,768	45	1,768	45
Angus 2c (gms) Services			687	(937)	687	(937)
Carers	774	27			774	27
Homelessness	1,431	119			1,431	119
Other Community Services			1,850	127	1,850	127
Community Services	4,812	3	8,403	(646)	13,215	(643)
Planning / Management Support						
ljb Management	364	27	2,045	152	2,409	179
Improvement And Development	1,903	46	615	37	2,517	82
Planning / Management Support	2,267	73	2,660	189	4,927	262
Local Hospital and Community Health Services			40,859	239		
Lead Partner Services - Angus						
Forensic Service			1,185	(145)	1,185	(145)
Out of Hours			9,334	(1,714)	9,334	(1,714)
Speech Therapy (Tayside)			1,509	8	1,509	8
Locality Pharmacy			3,405	(0)	3,405	(0)
Tayside Continence Service			1,734	(338)	1,734	(338)
Hosted Services Centrally Managed Budget			418	357	418	357
Hosted Services Recharges to Other IJBs			(12,820)	1,335	(12,820)	1,335
Lead Partner Services in Angus	0	0	4,765	(496)	4,765	(496)
Lead Partner Services - Dundee/Perth	0	0	10,859	408	10,859	408
GP Prescribing			23,633	(1,634)	23,633	(1,634)
Other FHS Prescribing			(591)	(23)	(591)	(23)
General Medical Services			21,244	36	21,244	36
Family Health Services			16,508	53	16,508	53
In Patient Mental Health Services			9,463	0	9,463	0
Large Hospital Set Aside			11,151	0	11,151	0
Total	85,783	310	137,892	(1,417)	223,675	(1,106)
Centrally Managed	586	3,964	1,378	1,240	1,964	5,204
Grand Total	86,369	4,275	139,270	(177)	225,639	4,098

Appendix 2: IJB Reserves 2023/24

The IJB's Reserves Policy sets out that the IJB may hold both "ear-marked" reserves and general reserves. Ear-marked reserves will generally be for specific projects or issues, ear-marked due to specific constraints or ear-marked due to funding factors. General reserves are intended to assist the IJB manage its overall resources over the longer term.

Reflecting the IJB's reported financial accounting position, table 3 below shows a slight reduction in year-end reserves. The main factors are as follows:

1. Decreases in existing Scottish Government ear-marked reserves (c£0.898m), including Expanding Care at Home, Mental Health Action 15, Community Living Fund and Mental Health Facilities Project.
2. Full deployment of both Financial Planning Reserve 2023/24 and Financial Planning Reserve 2023/24 (decrease in reserves of £4.128m) reflecting decisions made by the IJB during 2023/24.
3. Creation of a new Workforce Health Reserve of £0.900m.
4. As the IJB has reported a "management" accounting under spend of £4.098m, this increases the IJB reserves with this balance being held in a new "Financial Planning Reserve".

Contingency Reserves – At the year end, and as agreed previously, the IJB holds a contingency reserve of £6.900m (3% of turnover). At any time, the IJB may require to commit this reserve to address developing situations and should the IJB overspend in a financial year then the IJB's contingency reserves would be required to offset any in year overspend. It is already envisaged that this reserve will be required to support the IJB's Strategic Financial Plan although reserves only provide short term relief to ongoing financial pressures.

Ear-marked Reserves – The IJB's ear-marked reserves are listed in table 3 below. Evolving financial plans exist for each reserve but, where these are not fully developed, the IJB will require to develop plans to ensure this funding is mobilised effectively in a way that meets any relevant Scottish Government criteria, is sustainable and delivers good value for money.

The IJB also retains some locally derived "ear-marked reserves" as follows: -

Strategic Plan Reserve – year end closing position of £2.790m. This resource is managed over the duration of the Strategic Commissioning Plan to March 2026 and is overseen by the Strategic Planning Group. This reserve has been used to support several Project posts and due to recruitment challenges across the HSCP these costs have been contained within core budgets in 2023/24.

Financial Planning Reserve 2022/23 – Opening Value at April 2023 - £1.090m. This reserve has been fully deployed as described in IJB Report 81/23.

Financial Planning Reserve 2023/24 – Opening Value at April 2023 £3.038m. This resource has been fully deployed as described in IJB report 81/23 and 3/24.

Financial Planning Reserve 2024/25 (new) - £3.648m. As previously agreed, the IJB's "management accounting" variance (after increasing the Contingency Reserve per reports 3/24) will be placed in this reserve. The application of these funds will be considered in due course.

Property Reserve – £3.300m. This reserve was created via report 26/22 to "support future property and accommodation commitments with intention of releasing revenue funds to support the IJB's Strategic Financial Plan..." and it has subsequently been noted this reserve could also be used flexibly to support some strategic aspects of the IJB's Primary Care Premises Strategy.

Primary Care Investment Reserve – £0.700m. This reserve has been created as per previous report (66/22) which noted the reserve was created to "support future primary care investment funds".

Mental Health Recovery Financial Reserve – year end closing position of £1.959m. This reserve was created in 2022/23 as per report 27/23.

Workforce Reserve - £0.900m. This reserve was developed in 2023/24 as per report 3/24.

Table 3 Angus IJB Reserves	Reserves Opening Balance April 2023	Change in Year	Closing Balance March 2024	Additional Comment (including commentary regarding deployment of funds)
	£k	£k	£k	
General Fund Balance (Usable Reserve) -General Reserve	6,450	450	6,900	Per Report 3/24
General Fund Balance (Ear-Marked Reserves) (Local)				
Strategic Plan Reserve	2,790	0	2,790	
Financial Planning Reserve 2022/23	1,090	(1,090)	0	Per report 81/23 & 3/24
Financial Planning Reserve 2023/24	3,038	(3,038)	0	
Financial Planning Reserve 2024/25	0	3,648	3,648	As per year end position.
Property Reserve	3,300	0	3,300	Per Report 26/22
Local Primary Care Investment Reserve	700	0	700	Plans are being developed.
Mental Health Recovery Financial Reserve	2,000	(41)	1,959	Per Report 27/23
Workforce Reserve	0	900	900	Per Report 3/24
	12,918	379	13,297	
General Fund Balance (Ear-Marked Reserves) (Scottish Government Funding)				
Primary Care Improvement Fund	137	(72)	65	Re-evaluating service models.
Mental Health Action 15	166	(166)	0	
Primary Care Transformation Fund	190	(17)	173	Plans being developed.
Primary Care Premises	245	0	245	
Alcohol & Drug Partnership Fund	59	25	84	Plans developed.
Forensic Medical Services	8	(8)	0	
Drug Death Task Force	44	(24)	20	Plans developed.
Community Living Change	332	(104)	228	Plans being developed.
Workforce Wellbeing Primary and Social Care	30	(30)	0	
Mental Health Facilities Project	324	(102)	222	Plans developed.
General Dental Services	109	0	109	Plans being developed.
Community Nursing Neurological Care	41	(41)	0	
Dementia Post Diagnostic Support	9	(9)	0	
Unscheduled Care	42	(42)	0	
Expanding Care at Home	340	(340)	0	
Learning Disability Health Checks	43	42	85	Plans being developed, aligned to Tayside service model.
Realistic Medicine - GMS	15	0	15	Plans developed.
Carers PPE Reserve	3	(3)	0	
Long COVID Support Fund	59	(7)	52	Plans developed.
	2,196	(898)	1,298	
Total General Fund Balance (Ear-Marked Reserves)	15,114	(519)	14,595	
Total General Fund Balance	21,564	(69)	21,495	

Appendix 3: Financial Governance

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

Issue	Status / Background to Status	Implications of Status	Commentary	Action Required
Development of Large Hospital Set Aside arrangements in conjunction with NHS Tayside	Limited Progress - See separate IJB report (81/20) – A complicated concept that requires resolution between NHS Tayside and all local IJBs. Coordinated management resource is required to resolve this and that has been challenging since the inception of IJBs.	Lack of progress inhibits the IJB's ability to fully direct resources within the IJB's Strategic Plan. Pre-COVID 19 information suggested Angus had reduced its use of Acute Services since Integration. Information from 2022/23 suggests Acute Services activity has risen post-COVID 19.	Subject to a separate update report to the June 2021 IJB (17/21). As noted in the main report, discussions will continue to progress with NHS Tayside regarding an improved way of considering activity associated with these resources.	CO/CFO - Ongoing dialogue between NHS Tayside and local IJBs, including through the Planned Care Board and the unscheduled care Board.
Development of improved Lead Partner Services arrangements in conjunction with neighbouring IJBs	Good Progress – This has required proportionate improved coordination between all 3 IJBs.	Previous lack of progress undermined the IJB's ability to fully direct resources within the IJB's Strategic Plan.	Improved financial governance arrangements have been introduced between Lead Partners. Further work has progressed regarding clinical and care governance and updates have been provided to the IJB's Audit Committee	This improvement work is nearing completion with a final update to be reported to the IJB Audit Committee.
Review of Information Governance Strategy	The IJB has an outstanding action to review its 2019-2022 Information Governance Strategy.	While the previous strategy is still in place, the lack of an updated Information Governance Strategy undermines overall Information Governance within the IJB.	Good progress with developing a new information governance model, with these arrangements confirmed with NHS Tayside and formal negotiations commenced with Angus Council.	The IJB will continue to meet with Angus Council to agree the new information governance arrangements with updates to be reported to the IJB Audit Committee.

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

Appendix 4: Committee Structures and Ways of Working

In April 2023, the IJB received a report (27/23) regarding IJB committee structures and future ways of working. This report included 6 recommendations for improved future working arrangements practices for the IJB. The changes were intended to ensure the retention of the primacy of the IJB Board, to acknowledge and extend the role of the Strategic Planning Group as delegated by the IJB, to maintain the integrity of the Audit Committee and Clinical Governance functions and to deliver a forum for performance issues. It was agreed an update report would be provided to the IJB in June 2024.

By 6 recommendations or refinements to arrangements that were in place at that time are shown in the table below together with an update regarding the current status of each of the refinements:-

Ref.	Refinement	Current Status
1	The IJB is introducing a Performance Steering Group (PSG) to oversee the management of performance issues and minutes of this meeting will, in future, be shared with the IJB's SPG.	Performance Steering Group now established, and minutes routinely shared with Strategic Planning Group.
2	The IJB has committed to more regular Board Member liaison forums (for all members), though these forums would not be decision-making or assurance-providing forums. Sessions would remain voluntary, and any discussion material shared through this type of forum would be made available to all IJB members.	The IJB has introduced a series of development session for IJB members covering a range of relevant topics. The IJB does retain a series of liaison meetings with Angus Council and NHS Tayside IJB representatives.
3	That the IJB ensures "decision" and assurance/statutory reports are given primacy on IJB agendas and that less space/time is given to "for information" items – noting these can be discussed, shared and debated through other channels.	This remains the IJBs intention and the IJB has used "briefing notes" to share information out-with IJB meetings.
4	That the IJB agrees to channel more follow up reporting of strategic issues to the SPG, notes that some strategic development issues could be progressed through the SPG and that the IJB can follow up reporting of performance issues through the new PSG.	The IJB has introduced regular Strategic Planning updates to the 2024/25 workplan. However the intention remains to channel relevant strategic development issues through the IJB's Strategic Planning Group. Future issues regarding Performance Management (e.g. issues emanating from Annual or Mid-year Performance Reports) can be channelled through the IJB's Performance Steering group, albeit feedback to any specific action points can still be made available to the IJB itself.
5	Due to the future nature of SPG activity, it would now be intended that the SPG's minutes and a Chair's Assurance Report are provided to IJB meetings.	This action has now been completed and has become business as usual.
6	If it were felt the augmented arrangements were suboptimal at a future review point, then a further review of the IJB and its sub-committee structures could be undertaken at that time.	N/A – See comments below.

From the above, it can be seen that most of the refinements have now been actioned or are still the intended way forward. On that basis, it is recommended that the IJB endorses the current arrangements as being fit for purpose.

That said, the governance framework for Angus IJB, and other IJBs, continues to evolve and if, in the future, further refinements to governance arrangements are required (e.g. to reflect changes to the Integration Scheme, changes at the interfaces with Partners or issues regarding the delivery of the IJB's Strategic Commissioning Plan) then these will be brought forward as future proposals.