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INTRODUCTION

The purpose of this document is to provide the financial statements of Perth and Kinross Integration Joint Board (IJB) for the year ending 31 March 2024. The Management Commentary also outlines the key messages in relation to the IJB's financial planning and performance for the year, and how this has supported strategic delivery.

ROLE AND REMIT

The IJB is a legal entity with responsibility for strategic planning and commissioning of a broad range of integrated health and social care services within Perth and Kinross.

The functions delegated to the IJB by Perth and Kinross Council and NHS Tayside are detailed in the <u>Integration Scheme</u> which was given Ministerial approval in November 2022. The Scheme defines the main purpose of integration as follows:

- To improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, and which require support from health and social care at the same time;
- To improve the wellbeing of those for whom it is necessary to provide timely and appropriate support in order to keep them well;
- To promote informed self-management and preventative support to avoid crisis or ill health; and
- To jointly deliver on the national health and wellbeing outcomes.

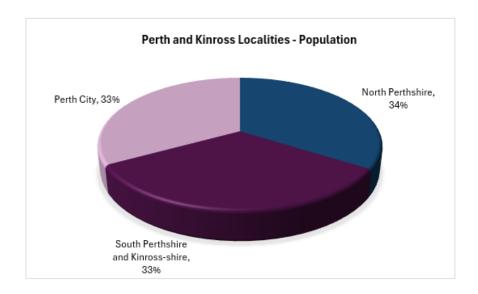
The IJB sets the strategic direction for delegated services via the preparation and implementation of the <u>Strategic Commissioning Plan</u> and seeks assurance on the management and delivery of integrated services through appropriate scrutiny, oversight and performance monitoring.

The future direction of health and social care delivery in Perth and Kinross was set by the IJB in June 2024 when a new Strategic Plan for 2024-2027, based on a revised strategic needs assessment, was approved.

PERTH AND KINROSS POPULATION CONTEXT

Perth and Kinross is a geographically large Local Authority area with significant rurality and with the total population of 154,000 split evenly across three localities North Perthshire, South Perthshire, and Perth City.

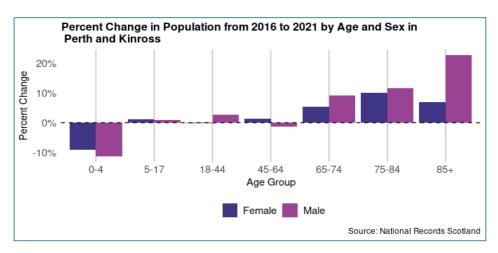
Chart 1



The population of Perth and Kinross is older when compared to Scotland overall with over 24% of people aged 65 or above compared to 19.6% for Scotland. The number of people over 85 is projected to increase by over 100% in the next 20 years.

There has been minimal change in the size of the working population, together these population changes present considerable challenges in the delivery of sustainable and effective Health and Social Care Services.

Chart 2



The Scottish Index of Multiple Deprivation indicates that 23.2% of our population lives in the least deprived quintile and 6% in the most deprived. Perth and Kinross is classified as "Mainly Rural" (Scottish Government - Rural and Environmental Science and Analytical Services) and is the 8th most rural Local Authority area in Scotland. This means that service accessibility is the main contributor to health inequalities. Perth and Kinross is experiencing and will continue to experience the combined challenges of an increasing older population, rurality, reduced availability of working age population, and reduced economies of scale.

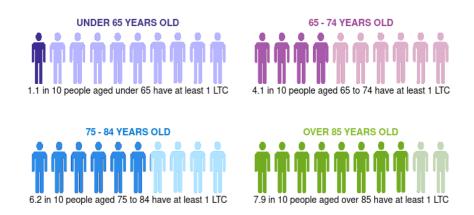
Life expectancy in Perth and Kinross is above the Scottish average, 79 years for males and 82.9 years for females compared to 76.8 years and 81 years respectively.

The number of people supported in the treatment of Long-Term Conditions (LTCs) provides some additional context on the health of our population and the consequential need for Health and Social Care support. It is estimated (based on people who had contact with NHS services) that 21.6% of the population have at least one LTC. These include

cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions namely liver disease and renal failure, arthritis, cancer, diabetes, and epilepsy.

Chart 3 shows how our population is affected by LTCs overall. We can see that the prevalence of LTCs increases with age and with an increasingly elderly population this increases pressure on Health and Social Care services.

Chart 3



STRATEGIC PLAN AND KEY ACTIVITIES FOR THE YEAR

The current <u>Strategic Commissioning Plan</u> covering 2020-25 sets out the following priorities and strategic aims of the IJB.

1. Working Together with our communities

Strategic Aim: We want people to have the health and care services they need within their local communities and to empower people to have greater control over their lives and stronger connections in their community.

2. Prevention and early intervention

Strategic Aim: We will aim to intervene early, to support people to remain healthy, active and connected in order to prevent later issues and problems arising.

3. Person-centred health, care and support

Strategic Aim: By embedding the National Health and Care Standards we will put people at the heart of what we do.

4. Reducing inequalities and unequal health outcomes and promoting healthy living

Strategic Aim: Our services and plans will seek to reduce health inequalities, to increase life expectancy, increase people's health and wellbeing and to reduce the personal and social impact of poverty and inequality.

5. Making best use of available facilities, people and other resources

Strategic Aim: We will use our combined health and social care resources efficiently, economically, and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.

To deliver against these priorities and strategic aims, we have established Care Groups to ensure sufficient focus on the needs of our population. To date the IJB has approved Care Group strategic delivery plans for:

- Community Mental Health and Wellbeing
- Learning Disabilities and Autism
- Older People's Services
- Carers
- Primary Care
- Alcohol and Drug Partnership

These plans provide more detail on how we deliver our services and they are underpinned by outcomes focused Performance Management Frameworks which are strongly linked to the <u>National Health and Wellbeing Outcomes</u>.

PRINCIPAL ACTIVITIES, KEY ACHIEVEMENTS IN 2023/24

Community Mental Health and Wellbeing

Activities and Achievements

- There has been a 27% reduction in people waiting for an assessment and all other initial mental health assessments are currently being undertaken within 10 working days.
- Demand for all mental health services is high and teams are collectively working with around 5,000 people (around 3% of the population).
- The Primary Care Mental Health Transformation Programme, launched in March 2024, supports a sustainable longer-term approach to population mental health. This provides an early intervention and prevention role with the ability to offer 240 appointments per week at capacity.
- The first Mental Health Symposium was held in October 2023, in partnership with the Gannochy Trust it was led by 3rd sector organisations focusing on improvements in supporting people with mild/moderate mental health issues and early intervention and prevention.
- Perth and Kinross HSCP were recently awarded Accreditation with Excellence by the Scottish ECT Accreditation Network. Electroconvulsive Therapy (ECT) is a highly specialised, evidence-based treatment intervention delivered by our Therapeutics Team to patients experiencing the most severe, and at times, life threatening mental illness.
- Funding has been secured to develop the Health Hub in the main foyer of Murray Royal Hospital.
- A locations of concern steering group has been established and a suicide awareness and prevention action plan will be developed.
- In 2023 the overall vacancy factor in the mental health workforce was 9%, a reduction of 4.5% from 2022.

Older People Services

- The development of our community-based services continues with the implementation of Clinical Co-ordinators and Assistant Practitioners. These are new roles which are helping to ensure people receive the right care at the right time.
- Achieved Age Friendly Accreditation and joined the Age Friendly Network making us one of three areas in Scotland to have done so.
- A Walking with Strength and Balance Evaluation and Toolkit was produced. The Toolkit has taken all the learning from Perth and Kinross to help support other health boards.

- Secured funding from the Community Led Local Development Fund (CLLD), Scottish Government and working in partnership with Rannoch Community Trust and Dunkeld, Birnam and District Community Development Trust, the Perth and Kinross HSCP and SKS Scotland Community Interest Company (SKS), to develop a model for community-led care.
- Delayed discharges have reduced by over 29% (for those over 75 years of age) and we are now over 35% lower than Scotland as a whole.
- We commissioned external service provision to support our Early Discharge Project to improve rapid discharges over the winter period.
- Unmet need in Care at Home has reduced by 20%.
- The length of time that people wait for Care at Home to start has improved by almost 60%**.
- While there was an increase in over 65-year-old emergency admissions, the rate of
 emergency bed days reduced, supported also by improved delayed discharge performance.
 This illustrates the positive impact of the Strategic Delivery Plan to improve capacity and
 flow through secondary care and shift the balance of care back into the community.
- Considerable success with the implementation of activity workers to support older people to remain mentally and physically active while they are in hospital.
- Within the Perth Royal Infirmary site our dedicated Stroke Unit team deliver integrated acute and rehabilitative care. A clinical improvement group has been established to implement a person-centred multi-disciplinary goal setting approach for stroke rehabilitation, so that patients can work to achieve what matters to them.
- Our Care at Home transformation programme aims to ensure that high-quality care is available for people in the right place at the right time, promoting healthy, independent, and dignified lives. We have been delivering 'Get into Care' courses in Perth College, schools, and employment hub to promote social care as a career and taking part in a national project to identify opportunities for international recruitment. We are also introducing more efficient and effective IT solutions and exploiting their capabilities to allow robust data analysis.

Primary Care

- <u>Primary Care Strategic Delivery Plan</u> and <u>Premises Strategy</u> approved by the IJB.
- Having expanded Community Care and Treatment Services more than 7,700 appointments are now provided per month.
- First Contact Physiotherapy service successfully treated 75% of people without the need for a further follow-up appointment*.
- Primary Care Mental Health and Wellbeing Nursing Service supported almost 4,000 people during the year.
- 22 projects supported to improve the premises in which we deliver our services. These included the physical and digital infrastructure (digital platform and Medlink which provides for routine online clinical review long term conditions).
- We continued community engagement to understand the health and care needs of the Bridge of Earn community. More broadly we created a range of opportunities and methodologies for greater engagement across services, with staff, and with the people that use our services.
- 100% of our Primary Care Services signed up to Care Opinion to promote feedback from the people that use our services.
- Jan 23 Dec 23, 75% of patients were discharged after their first appointment.

^{**}period of comparison - April 22 to Feb 23 compared to Feb 23 to Mar 24.

Dental

Activities and Achievements

- The Public Dental Service (PDS) continued to reinstate delivery equivalent to pre-pandemic levels. This included clinical care for core PDS patients and a return to full clinical capacity.
- In terms of the Oral Health Improvement Team, fluoride varnish has been reinstated in the most deprived 20% of the population along with toothbrushing in schools and nurseries.
- The Public Dental Service recently reached a care opinion milestone with 100 stories shared. Of the 93 stories told in the 2023-24 financial year, all were responded to by HSCP staff within a mean time of 12 hours. 100% of staff responses were rated helpful.

Podiatry

Activities and Achievements

- The service has a fluid caseload of around 7,000 people generating over 46,000 appointments per year (a rise from 38,500 total appointments in the previous year) and a rising referral rate of approximately 600 per month.
- Following the success of the community initiative 'Footwise' in Perth City this has been replicated in Angus and more recently in Dundee. The service is exploring similar opportunities with community partners in Blairgowrie.
- Recruitment is a national issue, however the increase in capacity for student placements and improvement of the programme offered is helping to attract future recruits to Tayside.

Learning Disability and Autism

- The development of the Independent Living Panel and the commitment to provide core and cluster models of accommodation has meant more people have been supported to live within their own communities rather than in long stay institutional establishments. Since the start of our Complex Care Transformation Programme, we have seen an increase of 27% in those living in non-residential care from 2018/19 to 2023/24.
- Additional members of staff completed the supported employment qualification in 2023/24.
 All Employment Support Team members now either hold this qualification or are scheduled to complete it. This is helping to ensure that we can continue to support people with job retention and crisis employer support.
- In 2023/24, 97 people were supported to prepare for, find and maintain paid employment.
- Work commenced on a multi-disciplinary dementia post-diagnostic support pathway to ensure those with a diagnosis of learning disability and dementia are offered post diagnostic support, in line with all other members of the general population.
- The Learning Disability Intensive Support Service continues to offer a physical health check to people on their caseload. In the past year 74 checks were undertaken.
- Led by service users we successfully applied to "the angels' share" and secured funding for improvements to our sensory room, based within Gleneagles Day Centre.
- The Learning Disability Allied Health Professionals team implemented postural care clinics in line with the Postural Care Strategy requirements. This is a multi-disciplinary approach involving Physiotherapy, Occupational Therapy and Speech and Language colleagues. To date 22 people have attended.
- There has been an increase in the use of Day Opportunities and FUN Network of over 10%, highlighting the ongoing need for meaningful activity which is local and within communities.

- SCOPE team has been operational since May 2022, providing a multi-disciplinary approach in delivering support to over 340 people and their carers/families. The team support people in a variety of settings across Perth and Kinross and beyond, ensuring they have the right support at the right time in the right place. The multi-disciplinary approach has enabled people to remain in communities, as result there were no admissions into hospital or institutional care in 2023/24.
- Work has been undertaken with the SCOPE team and Day Opportunities to redesign the service based on the work which was done with service users and their families through collaborative workshops in 2022/23. This led to the implementation of a dedicated transition worker in Day Opportunities and programme of development with four workstreams that commenced in March 2024.
- Established the Hear Us Roar Group Aim of this group is to ensure people with learning disabilities are heard. They possess a powerful voice, a mighty roar, however, they often encounter mountains to climb, barriers to cross to live life well and struggle to be heard or taken seriously. Led by people with disabilities within Perth and Kinross, the group will come together with leaders and advocates to speak up, and actively shape decisions that directly impact them.
- Technology enabled care Work has been ongoing to deliver an Overnight Responder service (ONRS) within Perth and Kinross offering an alternative option of overnight care, supporting the promotion of independence within a community setting. A Test of Change commenced on 29 January at the Supported Living Team, St Catherine's Road for six months with five service users, with the potential to remove one waking night long term. Work has commenced to expand the ONRS within Perth City and Crieff.
- The input from SCOPE's outreach team was crucial in terms of offering additional support to prevent carer breakdown and providing care at home when there were gaps in care provision, enabling service users to remain within their own home.
- There is a Tayside Annual Health Checks Strategic Group which the Perth and Kinross Learning Disability team and Perth and Kinross Primary Care Managers provide representation on, and this is looking at a Tayside wide approach for implementation and delivery.
- The Tayside Mental Health and Learning Disabilities Whole System Change Programme recommenced in May 2023 with two main workstreams identified in Perth & Kinross, Pathways and Processes, and Workforce for the Future.

Unpaid Carers

- Continued to support the development of integrated teams by revising "Introduction to the Carer (Scotland) Act 2016" training materials to ensure their relevance to differing professionals.
- The percentage of people admitted to permanent care due to carer breakdown has remained largely stable (17.3% in 2022/23, 17.5% in 2023/24). This demonstrates the positive impact of having support available for carers and the success of this approach in keeping families together longer, staying at home.
- Promoted and developed peer to peer support networks with 15 groups now having been established.
- The telephone befriending service (provided by the Carers' Centre) increased the number of calls by almost 17% (147 calls per week) with 424 carers registered for the service.
- Day services (delivered via the Carers' Centre) provided over 4,100 spaces against a target of 3,700.

Substance Use

Activities and Achievements

- The first "RecoverMay" took place across Perth and Kinross during May 2023. The purpose is to highlight what recovery means to people with living and lived experience of recovery, their families and carers and people working in support services.
- Development of a new three-year Alcohol and Drug Partnership Strategic Delivery Plan.
- The implementation of <u>MAT Standards</u> 6 10, the expansion of the successful community alcohol detox service and consideration of how to respond to the emerging trend of benzodiazepine and stimulant use, both locally and across Tayside.
- The expansion of the same day prescribing clinic to five days a week.
- The establishment of our first Living Experience Engagement Group.
- The commencement of Tayside Council on Alcohol's Collaborate Routes of Recovery Project
 which is aimed at providing a wrap-around support for individuals who are contemplating/in
 the early stages of accessing medically assisted treatment or other forms of substance use
 support.
- The restarting of Hillcrest Futures young person's service.

Partnership-wide activity

- We undertook a substantial review our Strategic Commission Plan which was presented to and approved by the IJB in June 2024. This involved a large number of consultation and engagement events with communities, colleagues and partner organisations and sets the direction for the delivery of HSCP services for the next five years.
- Through our "What Matters to You" programme (Working in partnership with Health and Social Care Alliance Scotland), we are creating a movement to support our ambition in enabling a culture of kindness, compassion and civility. This approach advocates respect, innovation and action to improve outcomes for colleagues and communities.
- Over the year 1500 staff engaged in What Matters to You events culminating in a report in May 2024.
- In the past year, the peer learning programme facilitated learning for 32 students, 11 of which have now qualified and successfully gained employment. A further seven individuals have chosen to return to Perth and Kinross to undertake their dissertation research projects, which in turn are being utilised by our Contracts and Commissioning Team to inform strategic planning and design of services.
- The Community of Practice, peer learning forum facilitated five events in total throughout 2023 and 2024 that included Analysis of Trauma Informed Practice, The National Care Service, Decision Making in Adult Support and Protection, Family Group Decision Making and Human Rights and Advocacy. An event for World Social Work Day was held in March 2024 looking at learning in practice and underpinned by the What Matters to You approach. All events have proven highly popular with attendances of between 50 and 70 people.

PERFORMANCE MANAGEMENT

The IJB has delegated the authority for Performance, Risk and Audit to the Audit and Performance Committee (A&PC) which met six times in 2023/24 and received the following performance reports.

Annual Performance Report 2022/23 was approved on 31 July 2023 and provides a detailed overview of how Health and Social Care services were delivered, progress against the IJB's strategic ambitions and the performance achieved. The report describes a period when our services were continuing to recover from the effects of the pandemic when demand for

services changed significantly. This presented significant challenges but overall, the performance achieved was good when compared to the previous year and the feedback received from the people that use our services was positive.

- <u>Key Strategic Performance Report</u> covering the first quarter of 2023/24. This report presented a positive position in terms of strategic performance compared to the previous reporting year with delayed discharges improving in particular.
- <u>Key Strategic Performance Report</u> covering quarter two of 2023/24. This report presented continued good performance when compared to the previous year and highlights the improvements made with delayed discharge, occupied bed days, and admissions due to a fall.
- <u>Key Strategic Performance Report</u> covering quarter three of 2023/24. This report presented a sustained level of good performance noting a continuation of improvements in delayed discharge and occupied bed days.
- Community Mental Health and Wellbeing Strategic Delivery Plan Key Performance Indicator Report covering the period to quarter two. This report describes progress made in delivering the approved outcomes set out within the Community Mental Health and Wellbeing Strategic Plan. In doing so it highlights that performance is very good with three quarters of the related indicators meeting their target.
- <u>Learning Disability and Autism Key Performance Indicator Report</u> covering the period to the end of quarter three. This report describes progress made in the delivery of the outcomes identified in the Learning Disabilities and Autism Strategic Delivery Plan. Performance in this respect is very good with all indicators meeting or exceeding target.

Latest Performance

Strategic performance is measured against the Core Suite of Integration Indicators (National Indicators) combined with those of Ministerial Steering Group (MSG). The Annual Performance Report for 2023/24 was approved by the Audit and Performance Committee on the 29 July 2024 and provides a broader overview of the activities of HSCP services and the performance achieved.

Table 1 below provides a summary of our performance for 2023/24 against these strategic indicators and provides comparisons to last year and to Scotland overall.

KPI Number	Indicator Description	22/23 Perth and Kinross	23/24 Perth and Kinross	How we compare to 22/23	Scotland 23/24	How we compare to Scotland
NI-12	Emergency admission rate for adults (18+) (per 100,000 population)	12,526	13,339	6.5%	11,707	13.9%
NI-13	Emergency bed day rate for adults (18+) (per 100,000 population)	121,394	113	-6.5%	112,883	0.5%
NI-14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (18+)	137	147	7.3%	n/a	n/a
NI-15	Proportion of last 6 months of life spent at home or in a community setting	89%	89%	0.2%	89%	-0.2%
NI-16	Falls rate per 1,000 population aged 65+ (Falls which result in a hospital admission)	28	28	0.0%	23	21.0%
NI-17	Proportion of care services graded 'good' or better Care Inspectorate inspections	73%	71%	-2.60%	77%	-6.20%
NI-18	Percentage of adults with intensive care needs receiving care at home	67%	64%	-3.2%	65%	-1.0%
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	939	664	-29.3%	902	-26.4%
MSG 1a	Emergency admissions per 100,000 population (all ages in acute hospitals)	11,589	12,660	9.2%	10,819	17.0%
MSG 2a	Number of unscheduled hospital bed days; acute specialties per 100,000 population	82,031	75,786	-7.6%	73,350	3.3%
MSG 3	A&E attendances per 100,000 population (18+)	16,286	16,445	1.0%	22,534	-27.0%
MSG 4.1	Delayed Discharge bed days per 100,000 population (18+)	19,055	14,053	-26.3%	15,007	-6.4%
Source: Public Health Scotland Core Suite Integration Indicators: July 2024 update. For indicators 12, 13, 14, 15, 16 and 18 calendar year 2023 is used as a proxy for 202324 due to the national data for 202342 being incomplete. This approach completes with guidance issued by Public Health Scotland Using more complete calendar year data for 2023 should improve the consistency of reporting between Health and Social Care Partnerships: PHS has not provided information for indicator 20 beyond 201920 because detailed cost information is not available. PHS previously published information to calendar year 2020 using costs from 201920 as a proxy but, given the impact of the CDVID-19 pandemic on activity and expenditure, reference period. Source: Public Health Scotland Care Suite Integration Indicators as proxy but and the provisional and may change as data validation continues.					from the reference	

As our population continues to age and demands for our services grow, we have continued to invest in community-based services to support people in communities and to limit the need for hospital admission.

Our rate of A&E attendances (MSG 3) has increased by 1.0% but remains 27% better than Scotland overall. Where people do require admission to hospital (6.5% increase NI-12) we look to support their recovery as quickly as possible and to expedite their discharge so that they can return safely to their home. We can see that we are being successful in this respect as we have improved the rate that we use emergency beds by (NI-13) 6.5% and improved our rate of delayed discharges for the 75+ population (NI-19) by over 29.3%. Our delayed discharge performance is more than 26% better than Scotland and when we consider all age groups 18+ (MSG 4.1) it has improved by over 26%.

Emergency Readmissions within 28 days following discharge (NI-14) remain higher than expected (increased by 7.3%). Absolute numbers are known to be relatively low however and we have committed to undertake a clinical review of cases to understand the reasons for readmission and any lessons learned.

As people age and become frailer their risk of falling increases. The characteristics of our population mean that this increasing risk is impacted to a greater extent than in other areas. Implementing early intervention and prevention measures to support those at highest risk of falling is part of our Older People Strategic Delivery Plan and we can see that the rate of falls which result in an admission to hospital (NI-16) has remained stable. Continuing to support people at home as they age can be increasingly challenging, and we can see that the percentage of adults with care needs who receive care at home (NI-18) has declined by 3.2% but remains within 1% of Scotland overall.

At end-of-life people should have the choice over where they are cared for and often this is in their own home or in a community-based setting rather than in hospital. We have improved marginally (0.2%) the proportion of the last six months of life that people spend at home or in a community setting (NI-15). It is acknowledged that this is a slow-moving indicator which is affected by the choices people make and the effectiveness of how their care is planned. Maintaining a rate of almost 90% is evidence of good performance.

We use Care Opinion to gather feedback from the people who use our services. We now have 108 services signed up 314 stories were shared within the year. These were viewed 19,808 times and overall feedback is 99% positive.

FINANCIAL OVERVIEW

Financial Performance

The Financial Plan, approved by the IJB in March 2023, projected a break-even position across Health and Social Care after the application of general reserves. The IJBs financial performance compared to the Financial Plan for 2023/24 is summarised in Table 1 below.

Table 1

	2023/24	2023/24 Year-End	Movement from
	Financial Plan	Out-Turn	Plan
	Position	Over/(Under)	Over/(Under)
	Over/(Under)		
	£m	£m	
			£m
Health	3.206	2.775	(0.431)
Social Care	0.636	2.040	1.404
Planned Earmarked Reserves Spend	3.345	3.725	0.380
Sub-Total	7.187	8.540	1.353
PKIJB General Reserve	(3.842)	(4.815)	(0.973)
PKIJB Earmarked Reserves	(3.345)	(3.725)	(0.380)
Total	-	-	-

Finance updates have been presented to the Audit & Performance Committee throughout 2023/24, reporting on the projected in year position.

The main movements from plan relate to:

- The provision of additional capacity within Older Peoples services mainly in Care at Home, inpatient community hospitals, residential placements, and inpatient wards at PRI due to demographic growth, and increased demand for services. In October 2023, the IJB approved the HSCP Winter Plan which included additional expenditure of £1.1m to support whole system resilience over the winter period through the continued investment in additional surge beds and the extension of the Early Discharge Project.
- GP Prescribing experienced increased prices and volumes throughout 2023-24 which resulted in the final overspend exceeding planned levels. Prescribing continues to be a source of pressure for the Partnership, however measures to tackle the ongoing position have been outlined within the IJB Budget for 2024-25.
- A share of the costs associated with general medical practices in Dundee and Angus, where NHS Tayside is directly managing the practices, has been attributed to P&K in 2023-24. These are known as '2C Practices' and this share of costs was above planned levels. An interim risk share arrangement was reached between the Tayside Partnerships in 2023-24 whilst a revised risk sharing agreement is developed. Work is progressing on this into 2024-25.
- In addition to the core position, the IJB has utilised various earmarked reserves. This has provided additional capacity and ensured resilience across services, whilst the Strategic Delivery Plan actions are being implemented.

Reserves

Throughout 2023/24, earmarked reserves held for specific purposes have been either partially or fully utilised or carried forward to 2024/25 for specific use in future years. This has led to a decrease in the value of earmarked reserves held at 31st March 2024. One of the main movements in earmarked reserves relates to the NHST Tayside Earmarked Reserve of £0.650m. This has been fully utilised in 2023/24 following an agreement between the Chief Officers and Chief Finance Officers of Tayside Partnerships and Partner Organisations, and subsequent IJB approval, to contribute towards the overspend in Inpatient Mental Health Services in 2023/24.

The IJB reserves balance as at 31 March 2024 is £8.3m, of this £3.6m is earmarked. The funding has been earmarked to meet Scottish Government priorities, specific projects, and local objectives, as well as balancing the 2024/25 Budget. The balance of un-earmarked (general) reserves remaining is £4.7m. This reserve balance falls slightly below the recommended levels for the IJB to meet its Reserves Policy. The updated IJB reserves policy states a level of contingency of 2% of IJB net expenditure which is recognised as good practice and can provide the IJB with the financial capacity to manage unforeseen financial risks from year to year.

Financial Statements

The 2023/24 financial statements comprise:

(a) Comprehensive Income and Expenditure Statement

This shows a deficit of £8.540m. The underlying operational out-turn is a £4.815m overspend of which Health Services are £2.775m and Social Care £2.040m (Table 1 refers). In line with the Integration Scheme, this deficit has been deducted from the IJB general reserve and reduces the amount available to carry forward into 2024/25. The remaining deficit of £3.725m relates to the net decrease in earmarked reserves. Further detail is provided in section (b) and (c) below and in Note 6 to the financial statements.

(b) Movement in Reserves

In 2023/24 earmarked and general reserves had an opening balance of £16.834m, this has decreased by £8.540m, providing a closing balance of £8.294m. During 2023/24, funding has been received from the Scottish Government to the IJB via NHS Tayside and Perth & Kinross Council to meet specific, earmarked outcomes in relation to the Primary Care Improvement Fund, Alcohol & Drug Partnership and Mental Health Action 15. In addition, earmarked reserves brought forward from 2022/23 have been either partially or fully utilised, and the general overspend of £4.815m has been funded from General Reserves.

(c) Balance Sheet

In terms of routine business, the IJB does not hold assets, however the balance of £8.294m reserves is reflected in the year-end balance sheet.

(d) Notes

Comprising a summary of material accounting policy areas, analysis of significant figures within the Annual Accounts and other explanatory information.

The financial statements for 2023/24 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

FINANCIAL OUTLOOK

In March 2024, the IJB approved a budget for 2024/25 and provisional budgets for 2025/26 and 2026/27. The budget requires the use of reserves (general and earmarked) and Transformation Funding from Perth & Kinross Council to balance in year 1, as well as identifying recurring shortfalls in year 2 of £3.1m and year 3 of a further £1.6m.

A range of Transformation Programmes have also commenced and will continue throughout the financial year 2024/25 and beyond. The IJB continues to face significant and increasing financial challenges due to uncertainty around funding, inflation, a growing ageing population and increasing demand and complexities. In setting this budget the IJB remained committed to supporting the Strategic Plan by prioritising and ensuring best use of available resources, underpinned by an ambitious transformation programme.

The IJB understands there are key risks and uncertainties that require to be monitored and managed closely throughout 2024/25 and Budget Review Group meetings have commenced with IJB voting members to keep members involved and aware of any upcoming issues or opportunities.

The IJB will still need to consider additional funding solutions, wider transformation of services and reductions in overall expenditure to ensure the budget can be balanced in future years.

STRATEGIC RISKS

The Strategic Risk Register records the identified risks that may impact on Perth and Kinross IJB's ability to deliver its Strategic Commissioning Plan. The Audit and Performance Committee has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and processes in place to manage the risks. Strategic Risks are therefore reported to each A&PC meeting. PKHSCP's Executive Management Team (EMT) routinely considers and reviews the IJB's strategic risks to make a collective and balanced assessment of the nature, and extent, of the key risks to which the IJB is exposed and is willing to take in pursuit of its objectives.

The following risks were regularly monitored during 2023-2024, along with corresponding improvement actions:

Ris	sk	Risk Status end March 2024
1	FINANCIAL RESOURCES: There are insufficient financial resources to deliver the objectives of the Strategic Plan.	VERY HIGH
2	WORKFORCE: As a result of our ageing workforce, difficulties in recruiting and retaining sufficient suitably skilled and experienced staff, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services and ability to deliver key corporate support functions.	VERY HIGH
3	SUSTAINABLE CAPACITY AND FLOW: As a consequence of the demographics of the Perth and Kinross population and increasing frailty there is a risk to the sustainability of 'capacity and flow' within our services resulting an inability of the wider health and care system to meet needs.	HIGH
4	SUSTAINABLE DIGITAL SOLUTIONS: As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.	HIGH
5	VIABILITY OF COMMISSIONED PROVIDERS: As a result of challenging employment conditions, the recession and cost of living crisis, EU Exit, increasing complexity of individuals supported as well as the impact of the pandemic there is a risk that our commissioned providers will be unable to meet the increased demands they are facing resulting in reduced	VERY HIGH

Ris	sk	Risk Status end March 2024
	viability of providers across our local health and social care sector.	
6	WIDENING HEALTH INEQUALITIES: As a consequence of increasing levels of poverty, deprivation, and significant rurality there is a risk that health inequalities will increase resulting in poorer outcomes for people.	HIGH
7	LEADERSHIP TEAM: Without a new permanent and integrated senior management team there is a risk of instability in leadership within the Health and Social Care Partnership	MEDIUM
8	 SUSTAINABLE PRIMARY CARE SERVICES: As a result of an inability to: Reliably recruit, train and retain workforce, Have appropriate premises to deliver clinical and support services, Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services, and address inequalities of access to services in remote and rural areas. There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This could result in inadequate care, reputational damage and failure to meet legal requirements. 	VERY HIGH
9	PARTNERSHIP PREMISES: As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.	VERY HIGH
10	WHOLE SYSTEM MENTAL HEALTH & LEARNING DISABILITIES CHANGE PROGRAMME As a consequence of a lack of workforce capacity, access to suitable estates infrastructure, ambiguity in financial framework, ineffective communication and engagement, there is a strategic risk to the delivery of Tayside's Mental Health Whole System Change Programme, resulting in failure to deliver improved outcomes, patient harm and benefits of the programme.	ТВС

Signed on behalf of the Perth and Kinross IJB



Date: 28 October 2024

Jacqueline Pepper Chief Officer

Date: 28 October 2024

Donna MitchellChief Finance Officer
Date: 28 October 2024

SECTION 2: STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Chief Finance Officer, as the IJB's Section 95 Officer, for the Annual Accounts.

RESPONSIBILITIES OF THE 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 responsibility for the administration of those affairs (Section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance 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);
- approve the Annual Accounts, however it should be noted that responsibility for approving the annual accounts has been delegated to the Audit & Performance Committee.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board's Audit & Performance Committee on 28 October 2024.

Signed on behalf of the Perth and Kinross IJB

Councillor Colin Stewart
LJB Chair

Date: 28 October 2024

SECTION 2: STATEMENT OF RESPONSIBILITIES

RESPONSIBILITIES OF THE CHIEF FINANCE OFFICER

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with 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 Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation;
- complied with the local authority accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- *kept proper accounting records which were up-to-date;*
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Perth and Kinross Integration Joint Board as at 31 March 2024 and the transactions for the year then ended.

Donna Mitchell Chief Finance Officer Date: 28 October 2024

INTRODUCTION

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables following is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

BOARD MEMBERS

At 31 March 2024, Perth and Kinross IJB had 8 voting members and 12 non-voting members, there was one non-voting position vacant.

However, there were three changes in voting positions on 1st April 2024. This follows the resignation of vice chair and non-executive member Jacquie Jenson. This position has been replaced by Beth Hamilton. Heather Dunk was appointed to the position of non-executive member on 1st April 2024, replacing the position previously held by Beth Hamilton. Finally, Bob Benson vacated his position as non-executive voting member on 1st April 2024 and a successor has yet to be appointed.

One, non-voting, Third Sector Representative position was vacant as at 31st March 2024, this has yet to be appointed to. Dr Lee Robertson, Secondary Practitioner Representative vacated her post on 1st April 2024, replaced by Dr Monica Doyle. The position as at 31st March 2024 was as follows:

Voting Members:

Councillor Colin Stewart (Chair) - from 4th October 2023

Jacquie Jenson (Vice-Chair) - from 4th October 2023

Councillor Sheila McCole

Councillor Michelle Frampton

Councillor David Illingworth

Beth Hamilton (Non-Executive Member)

Martin Black (Non-Executive Member)

Bob Benson (Non-Executive Member) - from 4th October 2023

Non-voting Members:

Jacqueline Pepper (Chief Officer)

Donna Mitchell (Chief Finance Officer)

Dr Lee Robertson (Secondary Practitioner Representative)

Dr Sarah Peterson (GP Representative)

Susie Flowers (Associate Nurse Director) from 27th April 2023

Maureen Summers (Carer Public Partner)

Sandra Auld (Service User Public Partner)

Ian McCartney (Service User Public Partner)

Lyndsay Hunter (Staff Representative)

Stuart Hope (Staff Representative)

Vacant (previously Sandy Watts, Third Sector Representative)

Dave Henderson (Independent Sector Representative)

Dr Emma Fletcher (Public Health Representative)

During 2023/24, the position of chair was held by Bob Benson who was replaced by Councillor Colin Stewart on 4th October 2023. The position of vice chair, previously held by Councillor Colin Stewart was replaced by Jacquie Jensen on 4th October 2023.

The Chief Social Work Officer position held by Jacqueline Pepper to 14th February 2024 is an advisory position rather than a non-voting position and is therefore excluded from the above list of non-voting members. Arun Singh, Strategic Lead - Children, Families and Justice, was appointed to the position of Chief Social Worker on 14th February 2024.

IJB CHAIR AND VICE-CHAIR

The voting members of the IJB are appointed through nomination by Perth & Kinross Council and NHS Tayside. Nomination of the IJB Chair and Vice-Chair postholders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB to either the Chair or the Vice-Chair in 2023/24.

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 or Vice-Chair.

OFFICERS OF THE IJB

The IJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Other Officers

The IJB is required to appoint a proper officer who has responsibility for the administration of its financial affairs in terms of Section 95 of the 1973 Local Government (Scotland) Act. The employing contract for the Chief Finance Officer adheres to the legislative and regulatory governance of the employing partner organisation. The Chief Finance Officer is included in the disclosures below.

Total	Senior Employees	Salary, Fees & Allowances	Total
2022/23		£	2023/24
127,786	Jacqueline Pepper	135,517	135,517
	Chief Officer		
64,352	Jane Smith Chief Finance Officer (left 12th January 2023)	27,720	27,720
18,012	Donna Mitchell Chief Finance Officer	85,098	85,098
210,150	Total	248,335	248,335

Donna Mitchell was appointed to the position of Interim Chief Finance Officer on the 23rd December 2022 and to the position of Chief Finance Officer on 1st January 2024. The above costs for Donna Mitchell include a change in salary scale point for the period December 2022 to December 2023.

The previous Chief Finance Officer, Jane Smith, left the organisation on 12th January 2023, however costs associated with a backdated pay award have been incurred in this financial year and disclosed within the table above.

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 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. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions. Some employees of NHS Scotland have been affected by the 'McCloud' Public Service Pension Remedy rollback. This has the effect of increasing the lump sum and reducing the annual pension benefit presented in this report.

Senior Employee	In Year I Contrib		Accrued Pension Benefits		
	For Year to 31/03/23	For Year to 31/03/24		Difference from 31/03/23	As at 31/03/24
	£	£		£	£
Jacqueline Pepper	21,724	23,038	Pension	11,022	54,859
Chief Officer			Lump sum	2,013	35,281
Jane Smith (left 12 th Jan 2023)	13,352	5,493	Pension	-4,643	28,188
Chief Finance Officer			Lump sum	19,192	76,522
Donna Mitchell	3,062	14,467	Pension	5,306	21,138
Chief Finance Officer			Lump sum	2,853	11,077
Total	38,138	42,998	Pension	11,685	104,185
			Lump Sum	24,058	122,880

DISCLOSURE BY PAY BANDS

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band	Remuneration Band	Number of Employees in Band	
2022/23		2023/24	
1	£60,000 - £64,999	0	
0	£85,000 - £89,999	1	
1	£125,000 - £129,999	0	
0	£135,000 - £139,999	1	

EXIT PACKAGES

No exit packages were paid to IJB staff during this period or the previous period.

Councillor Colin Stewart

IJB Chair

Date: 28 October 2024

Jacqueline Pepper

Chief Officer

Date: 28 October 2024

INTRODUCTION

The Annual Governance Statement explains Perth and Kinross Integration Joint Board's (IJB) governance arrangements and reports on the effectiveness of the IJB's system of internal control.

SCOPE OF RESPONSIBILITY

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

To meet this responsibility the IJB has established arrangements for governance that includes a system of internal control. The system is intended to manage risk to support achievement of the IJB's aims and objectives. The governance arrangements are broadly consistent with the principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government".

Reliance is also placed on the NHS Tayside and Perth & Kinross Council systems of internal control that support compliance with each organisations' policies and promotes achievement of each organisations' aims and objectives. Reliance is also placed on the internal control environment operating in Dundee City IJB and Angus IJB in respect of Lead Partner services.

The system can only provide reasonable and not absolute assurance of effectiveness.

THE GOVERNANCE FRAMEWORK

Perth and Kinross IJB comprises of eight voting members, four nominated from Perth and Kinross Council and four from NHS Tayside. IJB membership also includes non-voting members including a Chief Officer, Chief Finance Officer, professional advisers for health, social work and social care along with stakeholder members from carers groups, service user representatives, the third sector and staffside representation. The IJB has an Audit and Performance Committee which is chaired by an IJB voting member. The Audit and Performance Committee met six times during 2023-24.

The governance framework comprises the systems, processes, culture and values the IJB has in place to help achieve its strategic objectives. The IJB recognises that the following are fundamental elements of good governance within public sector organisations: -

- Leadership, Culture & Values
- Stakeholder Engagement
- Vision, Direction & Purpose
- Decision Making
- Organisational Development
- Scrutiny & Accountability
- Internal Controls

The system of internal control is a crucial part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on a continuous process designed to

identify and prioritise risks in relation to the achievement of Perth & Kinross IJB's intended outcomes. These risks are evaluated based on likelihood and impact and they need to be mitigated and managed proportionately.

The key features of the governance arrangements that were in place during 2023/24 are summarised below, along with the improvement activity that has been undertaken during the year to increase effectiveness.

LEADERSHIP, CULTURE AND VALUES

A code of conduct for members and employees is in place along with a register of interests. A standards officer has been appointed and standing orders are in place which are reviewed on a regular basis. The standards officer provides advice and guidance to Members of the Board on issues of conduct and ensures that a Register of Interests is kept. A development programme for IJB members has been in place since inception and this has been a key feature in developing working relationships between the Chair, members and officers.

The IJB Chair and Chief Officer meet regularly. The Strategic Commissioning Plan provides a clear and shared direction and purpose across the IJB membership and the Perth and Kinross Health and Social Care Partnership (PKHSCP) Executive Management Team.

The IJB Chair is supported to carry out the role with independent legal and governance support and effective committee secretariat services. The Chief Officer is a Director in the partner organisations and a member of their Executive Leadership Teams, attends the NHS Board and Perth and Kinross Council meetings and is directly accountable to both Chief Executives.

The Chief Officer benefits from the support of Perth and Kinross Council's Chief Social Work Officer, who is also a member of the IJB. Health Care Professionals who are members of the board also provide a level of support to the IJB, helping to align oversight and assurance.

The Chief Officer continues to progress a more integrated management structure within the Health and Social Care Partnership. This has been partly implemented during 2023/24 and the full revised leadership arrangements are now due for completion in 2024/25. This will further mitigate the risk identified in relation to senior management stability and capacity.

Improvement activity during the year:

- P&K HSCP leaders and managers are participating in a Leadership Development Programme which has been developed by Perth and Kinross Council. This will continue in 2024-2025.
- We have offered and provided development opportunities in relation to the PKIJB Integration Scheme for the current IJB Membership. This will be included in the induction programme for any new IJB Members.
- We have continued to develop a culture and ethos striving to be the best that we can be. This ethos has been delivered through a series of values-based Perth and Kinross Offer sessions delivered to staff and led by the Chief Officer.
- What Matters to You? events have continued to contribute to our positive culture and ethos relating to ambition, compassion and integrity.

STAKEHOLDER ENGAGEMENT

Perth and Kinross IJB Meetings are held in public and online. Membership includes wide stakeholder representation including carers' representatives, service users, the third sector and the independent sector.

We have dedicated support for communications through our partner bodies which supports communication with staff and wider stakeholders.

Our Engagement and Participation Strategy is being reviewed and will be refreshed to strengthen stakeholder engagement and the evaluation of the impact we are making.

The HSCP has a dedicated Community Engagement Team who play a key role in delivering community engagement and participation across the Partnership area.

The Strategic Commissioning Plan 2020-2025 was published following engagement with local people. The Strategic Planning Group meets regularly throughout the year and this group has a broad and diverse membership which represents all localities and service user groups to ensure the voice of all is represented in our Strategic Planning work. We maintain close links with the Community Planning Partnership and Local Action Partnerships.

The HSCP works closely with Independent Contractors such as Care Providers, GPs, Dentists, Optometrists and Pharmacists in the delivery of Health and Care Services across Perth and Kinross.

The Partnership has engaged with elected members of Perth & Kinross Council around the Financial Plan and the challenges facing the IJB.

Improvement activity during the year:

- All members of the IJB were involved in the budget development for 2024/25.
- A wide range of engagement opportunities have been facilitated, both at an
 operational and strategic level, ranging from provider forums, Strategy Groups to the
 Strategic Planning Group, all of which have a wide representation from all service user
 groups/providers. This has bolstered the good working relationships in place.
- Our Communications Protocol in partnership with Perth and Kinross Council and NHS
 Tayside Communications Teams, which has been shared across the IJB, has been
 updated.
- Perth and Kinross's Local Outcome Improvement Plan sets out what the Community Planning Partnership will do over the short, medium and longer term to make Perth and Kinross the best place in Scotland where everyone can live life well, free from poverty and inequality.
- We have strengthened our connection with the Public Health Division and this helped inform our revised Strategic Plan.
- A dedicated HSCP Communication and Digital Media post is being funded which will
 ensure that a sustained approach to communication and a bespoke social media/web
 presence can be implemented.

VISION, DIRECTION AND PURPOSE

The Strategic Commissioning Plan 2020-2025 sets out the IJB's strategic aims and ambitions, how these link to the National Health and Wellbeing Outcomes and how progress will be measured. The IJB approved a refreshed Strategic Plan in June 2024 and this new plan will be supported by a performance management framework.

To support progress against the 2020-25 plan we have developed Care Group Strategic Delivery Plans, underpinned by outcomes focused performance management frameworks.

These Strategic Delivery Plans have been approved by the IJB and closely aligned to the 3 Year Financial Plan and Workforce Plan. Progress is overseen by Strategy Groups, the P&K HSCP Transformation Board and Executive Management Team. Annually, the IJB reviews strategic progress and the Audit and Performance Committee considers performance against approved Strategic Delivery Plan outcomes.

The publication of our Annual Performance Report documents our achievement throughout the year in achieving our strategic objectives and national outcomes.

Improvement activity during the year:

- The Perth and Kinross extended executive leadership teams are engaged in the development of the new Strategic Plan for 2024-2027. This has improved links with our partner bodies.
- HSCP Heads of Service now routinely attend Community Planning Partnership meetings ensuring cohesion and good partnership working.
- A Joint Strategic Needs Assessment has been completed informing the vision, direction and purpose of the new Strategic Plan.
- The Transformation Board has been re-established and meets regularly. This board seeks to deliver an appropriately robust governance structure which provides vision, direction, purpose as well as approval, oversight, scrutiny and assurance on the significant health and social care transformation and improvements taking place.
- A Primary Care Strategic Delivery plan was approved by the IJB in June 2023 and is now being implemented and aims to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Perth and Kinross
- A Primary Care Premises Strategy was approved by the IJB during 2023-24 which identifies our premises needs for the short, medium and long term.

DECISION-MAKING

All reports to the IJB are in an agreed format that supports effective decision-making. The IJB and Audit and Performance Committee Annual Work plans ensure regular opportunity for review and scrutiny of progress in delivering strategic priorities.

The Executive Management Team (EMT) meet regularly to oversee delivery service redesign priorities and for escalation of operational risk that may impact on strategic delivery.

The work of our Transformation Board supports informed decision making on health and social care transformation and improvement.

Development sessions have taken place throughout the year to support informed decision making by IJB members.

Integrated financial planning across health and social care services and the development of financial frameworks to support strategic delivery plans ensures an effective link between strategic and financial planning.

The Partnership's Business Improvement Team is a key project and programme management resource supporting the leadership team in reviewing strategic and service priorities where business improvement and transformation is required.

ORGANISATIONAL DEVELOPMENT

IJB Members are supported by a programme of training throughout the year. Induction is provided for any new IJB Members when required.

Over the year, a program of development sessions has been provided to IJB Members to inform and support ongoing decision-making. An extensive development programme is scheduled in advance to ensure IJB members remain fully informed of significant developments. This programme is presented to Members at each meeting and is continually updated to reflect the changing environment.

In addition to this, the IJB has met on four occasions to ensure members are informed in relation to prioritisation of financial resources and budget setting.

The HSCP is midway through implementation of a 3-year workforce plan. This has an associated action plan to support implementation with updates on progress being provided to the IJB for information, assurance and scrutiny.

Improvement activity during the year:

 A series of IJB Member visits took place during the year. This ensured Members remain informed and supported in decision making and aware of good practice as well as the challenges facing health and social care services in Perth and Kinross. These included visits to the Prison Healthcare Service, Public Dental Service, Psychiatry of Old Age, amongst others.

SCRUTINY AND ACCOUNTABILITY

In order to comply with regulations outlined by the Scottish Government's Integrated Resources Advisory Group, the IJB established an Audit and Performance Committee in July 2016. The role of the IJB Audit and Performance Committee ensures that good governance arrangements are in place for the IJB. It is the responsibility of this committee to ensure that proportionate audit arrangements are in place for the IJB and that annual financial statements are compliant with good practice standards. All IJB Members have a standing invitation to attend Audit and Performance Committee meetings. Both the IJB and the Audit and Performance Committee have annual work plans in place.

We report at each Audit and Performance Committee meeting on financial performance and we are required to publish externally audited Annual Accounts each year. The Annual Performance Report details our activity, reports on our success and outlines further areas for improvement and development.

Our performance against the core set of integration indicators is reported quarterly to the Audit and Performance Committee and to the Executive Management Team.

We have a robust process in place to capture and encourage service user feedback via Care Opinion and our SUPER Survey platform and will begin to include stories in our formal reporting to highlight individual experiences and outcomes.

Our Partnership Improvement Plan is presented to the IJB's Audit and Performance Committee and provides an update on implementing improvement actions/recommendations arising from our Annual Review of Governance and other self-assessments as well as internal and external audit recommendations and other external inspections.

We have included an assessment of how we are delivering against our Best Value responsibilities within the Annual Performance Report.

Improvement activity during the year:

- We have scheduled regular updates to the IJB on Strategic Delivery Plans thereby improving our assurance reporting on achieving the IJB's Strategic Plan objectives.
- We have sought and gained clarification on the Memorandum of Understanding with Perth and Kinross Council and NHS Tayside for the sharing of data.
- The Chief Officer, as Lead Partner for the coordination and strategic planning of inpatient mental health and learning disability services, has rationalised the detailed reporting of the Whole System Mental Health and Learning Disabilities Change Programme across Tayside.
- We conducted a self-assessment ensuring we comply with the characteristics of Best Value in accordance with the Local Government in Scotland Act 2003 Best Value Guidance. Improvement actions identified from this have been included in our Partnership Improvement Plan.

INTERNAL CONTROL FRAMEWORK

The governance framework operates on the foundation of internal controls including management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability. During 2023/24 this included the following:

The Chief Finance Officer having overall responsibility for the Integration Joint Board's financial arrangements and being professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly. The Chief Finance Officer complied fully with the five fundamental elements as stated within the CIPFA Role of the Chief Financial Officer in Public Service Organisations guidance of September 2023. The development of a 3-year financial plan 2023 to 2026 informed by the financial frameworks underpinning our Strategic Delivery Plans. The 3-year financial plan has been developed and considered with engagement from all IJB members via Budget Development Sessions.

The IJB's approach to risk management is set out in the Tayside IJB Risk Management Strategy. During 2023/24, the Audit and Performance Committee has overseen and provided robust scrutiny on the IJB's strategic risk register and its associated risk improvement plan.

A schedule of strategic risk reporting to the Executive Management Team is in place. The overall strategic risk profile is reviewed and a balanced assessment is made.

Our approach to strategic risk continues to mature with a development session on the IJB's risk appetite having taken place. The IJB's risk appetite is scheduled to be set in the first half of 2024-25.

The annual work plan for the IJB sets out clear timescales for reporting on key aspects of strategy implementation and transformation. A work plan is also in place for the IJB's Audit and Performance Committee. An annual report from this Committee is presented to the IJB providing assurance that the Committee has met its remit throughout the year.

A Directions policy and procedure is now in place with enhanced governance arrangements being practiced.

Regular review of service quality against recognised professional clinical and care standards is provided by the PKHSCP Care and Clinical Governance Forum. This provides assurance to NHS Tayside Care Governance Committee and Perth and Kinross Council Performance and Scrutiny Committee. Assurance is then provided to the IJB from its partners on the effectiveness of the clinical and care governance arrangements in place.

We have an established Internal Audit Service from Perth & Kinross Council Internal Audit Services and Fife, Tayside and Forth Valley Internal Audit Services (FTF).

We have a Data Protection Officer in place to ensure the IJB's our GDPR requirements are met.

The HSCP has business continuity plans in place which are regularly reviewed in accordance with processes in place with Partner organisations and any applicable national guidance.

We are working with the other IJBs in Tayside to ensure strong and effective arrangements are in place to support the strategic planning and delivery of lead partner services.

The following wider internal control framework also includes:

- Complaints handling procedures;
- Clinical Care Governance monitoring arrangements;
- Procedures for whistle-blowing;
- Data Sharing Arrangements;
- Code of Corporate Governance including Scheme of Delegation, Standing Financial instructions, standing orders, scheme of administration;
- Reliance on procedures, processes and systems of partner organisations

• The Annual Internal Audit Report which concludes that reasonable reliance can be placed on the Council's risk management and governance arrangements, and systems of internal control for IJBs have also provided formal assurance that adequate and effective governance arrangements were in place throughout during 2023/24.

Improvement activity during the year:

- We have ensured that P&K IJB are meeting their statutory obligations as a Category 1 responder.
- We have reviewed the appropriateness of the arrangement where the IJB's Chief Officer also had the role of Chief Social Work Officer. Independent professional advice and leadership for the IJB in this area is confirmed by the appointment by the Perth and Kinross Council Chief Executive of a new CSWO.
- We have undertaken reviews of the IJB's Reserves Policy and Financial Regulations.
- We have improved our HSCP Care and Professional Governance reporting by now reporting to both statutory partners. This provides assurance that effective and robust systems of Clinical, Care and Professional Governance are in place within our Statutory Partners.

ONGOING REVIEW AND FURTHER DEVELOPMENTS

To support the annual review of governance, we have undertaken a full self-assessment using the Internal Control Environment Self-Assessment Tool provided by Internal Audit. The annual self-assessment has been informed by a full progress update of our Partnership Improvement Plan.

Governance areas that require further development are highlighted in the Partnership Improvement Plan. This includes areas identified via our self-assessment as well as recommendations received from other external or internal auditors during 2023/24. Progress updates on the Partnership Improvement Plan are provided to the IJB's Audit and Performance Committee.

Perth and Kinross IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review of the effectiveness of the framework has been informed by:

- the work of the Executive Management Team who have responsibility for development and maintenance of the governance environment.
- the Annual Report by the Chief Internal Auditor.
- reports from Audit Scotland and other review agencies.
- self-assessment against Internal Audit's Internal Control Environment Self-Assessment Tool 2023/24.
- progress reported against PKHSCP's Partnership Improvement Plan to the IJB's Audit and Performance Committee.
- the draft Annual Governance Statements for Perth & Kinross Council, NHS Tayside, Dundee IJB and Angus IJB.

REVIEW OF ADEQUACY AND EFFECTIVENESS

The Chief Internal Auditor reports directly to the IJB Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

In addition to regular reports to the IJB's Audit and Performance Committee during 2023/24, the Chief Internal Auditor prepares an annual report to the Audit and Performance Committee including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

The Internal Audit Annual Report 2023/24 received by the IJB's Audit and Performance Committee on 24 June 2024 concluded by stating that; in the Chief Internal Auditor's opinion, reasonable reliance can be placed on the IJB's risk management and governance arrangements and systems of internal control for 2023/24, subject to management implementation of any agreed actions.

The Annual Governance Statements of NHS Tayside, Perth and Kinross Council, Dundee IJB and Angus IJB have been considered in preparing this Annual Governance Statement. There were no issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

ACTION PLAN FOR 2023/24

To strengthen governance arrangements 17 actions were identified in 2023/24. Of these, 11 have been fully completed. Progress on implementation of the actions is provided via the Partnership Improvement Plan. The remaining actions continue to be a part of the Partnership Improvement Plan until completion. The Partnership Improvement Plan is monitored by the Executive Management Team and scrutiny provided via the Audit and Performance Committee.

The 6 remaining outstanding actions from 2023/24 are all nearing completion or have a plan is in place to ensure implementation can be achieved during 2024/25.

ACTION PLAN FOR 2024/25

The key areas where further progress is required to further strengthen governance arrangements will be set out in detail in the Partnership Improvement Plan and are summarised below:

Decision Making

- To support informed and effective decision making, we will review and refresh the standard IJB reporting template to ensure that information is made clearer to Members. This may include specific references to Best Value Characteristics and Sustainability Impact.
- We will strengthen the approach to the completion of EQIAs on all Audit and Performance Committee reports to support more effective decision making and improve reporting and transparency.

Scrutiny and Accountability

• Conduct a self-assessment utilising the Scottish Government's "Programme and Project Management Principles" to ensure that project and programme Management Governance is effective.

Internal Controls

- Evaluate the objectives within the new strategic plan to ensuring strategic risks are refreshed and relevant.
- Investigation and establishment of an appropriate procedure to ensure that the IJB's Whistleblowing processes are fit for purpose.
- Conduct a review and update of the IJB's Standing Committee Terms of Reference.

Requiring Collaboration with Statutory Partners

For a further improvement, we are reliant on the leadership of NHS Tayside and Perth & Kinross Council as partners to the Integration Scheme:

• Review the arrangements and the information presented by the IJB in relation to statutory Public Bodies Climate Change reporting.

The above areas will form new key elements of the Partnership Improvement Plan as it rolls forward to 2024/25.

CONCLUSION AND OPINION ON ASSURANCE

Whilst recognising that improvements are required, as detailed above, we consider that the internal control environment operating during 2023/24 provides reasonable and objective assurance that any significant risks impacting on the achievement of our objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the governance and internal control environment.

Councillor Colin Stewart IJB Chair		
Date: 28 October 2024		
Jacqueline Pepper Chief Officer		
Date: 28 October 2024		

SECTION 5: FINANCIAL STATEMENTS

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2022/23		2023/24
Net Expenditure		Net Expenditure
£000		£000
48,495	Community and Hospital Health Services	50,875
28,337	Hosted Health Services	31,205
28,054	GP Prescribing	30,844
51,231	General Medical/Family Health Services	52,787
25,752	Large Hospital Set aside	26,206
309	IJB Operating Costs	359
94,277	Community Care	105,603
276,455	Cost of Services	297,879
(260,040)	Taxation and Non-Specific Grant Income (Note 4)	(289,339)
16,415	(Surplus) or Deficit on Provision of Services	8,540
16,415	Total Comprehensive (Income) and Expenditure (Note 3)	8,540

This statement shows a deficit of £8.540m. This deficit has been included within reserves at 31st March 2024 (as per Movement in Reserves Statement and Note 6 below).

SECTION 5: FINANCIAL STATEMENTS

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB's reserves. There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund Balance is therefore solely due to the transactions shown in the Comprehensive Income & Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not shown in these annual accounts.

Movements in Reserves During 2023/24	General	Usable
	Fund	Reserves
	Balance	
	£000	0003
Opening Balance at 1 April 2023	(16,834)	(16,834)
Total Comprehensive (Income) / Expenditure (Transferred to the General Fund Balance)	8,540	8,540
Closing Balance at 31 March 2024	(8,294)	(8,294)

Movements in Reserves During 2022/23	General Fund Balance	Usable Reserves
	£000	£000
Opening Balance at 1 April 2022	(33,249)	(33,249)
Total Comprehensive (Income) / Expenditure (Transferred to the General Fund Balance)	16,415	16,415
Closing Balance at 31 March 2023	(16,834)	(16,834)

SECTION 5: FINANCIAL STATEMENTS

BALANCE SHEET

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		Notes	31 March
2023			2024
£000			£000
16,834	Short Term Debtors	5	8,294
16,834	Current Assets		8,294
-	Short-Term Creditors		-
-	Current Liabilities		-
-	Provisions		-
-	Long-Term Liabilities		-
16,834	Net Assets		8,294
(16,834)	Usable Reserve: General Fund	6	(8,294)
(16,834)	Total Reserves		(8,294)

The unaudited annual accounts were issued on 24 June 2024, and the audited annual accounts were authorised for issue on 28 October 2024.

Donna Mitchell

Chief Finance Officer

Date: 28 October 2024

NOTE 1: ACCOUNTING POLICIES

A. GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2023/24 financial year and its position at the year-end date of 31 March 2024.

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.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The Chief Finance Officer is responsible for making an annual assessment of whether it is appropriate to prepare the accounts on a going concern basis. In accordance with the Code of Practice on Local Authority Accounting in the United Kingdom, an authority's financial statements shall be prepared on a going concern basis; that is, the accounts should be prepared on the assumption that the functions of the authority will continue in operational existence for at least twelve months from the date of approval of the financial statements and it can only be discontinued under statutory prescription.

B. ACCRUALS OF INCOME AND EXPENDITURE

Activity is accounted for in the year that 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.

C. FUNDING

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

D. 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 or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

E. EMPLOYEE BENEFITS

The IJB does not directly employ staff. Staff 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 and a Chief Finance Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

F. 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. Details of contingent liabilities for 2023/24 can be found in note 11 to the accounts.

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.

G. 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 shows the extent of resources which the IJB can use in later years to support service provision.

H. INDEMNITY INSURANCE

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Perth & Kinross Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The

IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material

the overall expected value of known claims taking probability of settlement into consideration is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

I. CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

In applying the accounting policies set out above, the Integration Joint Board has had to make certain judgments about complex transactions or those involving uncertainty about future events. The critical judgments made in the Annual Accounts are:

The Integration Scheme sets out the process for determining the value of the resources used in Large Hospitals, to be Set-Aside by NHS Tayside and made available to the IJB.

An estimate is used for the expenditure and is based on 2023/24 activity and direct cost per occupied bed day, uplifted for inflation.

The figure of £26.206m for 2023/24 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Perth & Kinross IJB annual accounts. This is consistent with the treatment of Large Hospital Set-Aside in 2022/23 financial statements. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

J. RELATED PARTY TRANSACTIONS

Related parties are organisations that the IJB can control or influence or who can control or influence the IJB. As partners in the Joint Venture of Perth and Kinross Integration Joint Board, both Perth & Kinross Council and NHS Tayside are related parties and material transactions with those bodies are disclosed in Note 8 in line with the requirements of IAS 24 Related Party Disclosures.

K. SUPPORT SERVICES

Support services were not delegated to the IJB and are provided by the Council and the Health Board free of charge as a 'service in kind'. These arrangements were outlined in the report of Corporate Supporting Arrangements to the IJB on 23 March 2016.

NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Chief Finance Officer on 28 October 2024. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2024, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

NOTE 3: EXPENDITURE AND INCOME ANALYSIS BY NATURE

2022/23		2023/24
£000		£000
94,277	Services commissioned from Perth and Kinross Council	105,603
181,869	Services commissioned from NHS Tayside	191,917
275	Other IJB Operating Expenditure	323
3	Insurance and Related Expenditure	3
31	External Audit Fee	33
(260,040)	Partner Funding Contributions and Non- Specific Grant Income	(289,339)
16,415	(Surplus) or Deficit on the Provision of Services	8,540

Costs associated with the Chief Officer and Chief Finance Officer are included within "other IJB operating expenditure". The insurance and related expenditure relates to CNORIS costs (see note 1,H). Auditor fees related to fees payable to Audit Scotland with regard to external audit services carried out by the appointed auditor.

NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

2022/23		2023/24
£000		£000
(79,034)	Funding Contribution from Perth and Kinross Council	(83,241)
(181,006)	Funding Contribution from NHS Tayside	(206,098)
(260,040)	Taxation and Non-specific Grant Income	(289,339)

The funding contribution from NHS Tayside shown above includes £26.206m 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.

NOTE 5: DEBTORS

2022/23		2023/24
£000		£000
7,825	NHS Tayside	3,500
9,009	Perth & Kinross Council	4,794
16,834	Debtors	8,294

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

NOTE 6: USABLE RESERVE: GENERAL FUND

The IJB holds a balance on the General Fund for two main purposes:

- 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;
- to provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's Risk Management Framework.

As at March 2024, the IJB's Annual Accounts showed that Perth and Kinross IJB had reserves totalling £8.294m. The following table sets out the reserve balances as at 31 March 2024.

	Balance as at 1 April 2023	Transfers In/(Out)	Balance as at 31 March 2024
	£000	£000	£000
COVID 19 Fund	642	(642)	0
Winter Resilience Fund	1,084	(1,084)	0
Primary Care: Digital Back scanning	446	(282)	164
Primary Care Improvement Fund	0	18	18
Primary Care Reserve	755	(255)	500
Alcohol and Drug Partnership Fund	1,152	(295)	857
Mental Health Recovery and Renewal Fund	682	(276)	406
Mental Health Action 15 Fund	106	(106)	0
Community Living Change Fund	475	(386)	89
Service Specific Reserve	1,378	233	1,611
Health Reserves Fund (NHS Tayside)	650	(650)	0
Sub-total Earmarked Reserves	7,370	(3,725)	3,645
General Reserves - Health	2,009	(2,009)	0
General Reserves - Social Care	7,455	(2,806)	4,649
Sub-total General Reserves	9,464	(4,815)	4,649
Closing Balance at 31 March 2024	16,834	(8,540)	8,294

The above table shows the remaining balance of each funding stream as at 31 March 2024. The Transfers In/(Out) column represents the movement in funding i.e. the net of budget received and expenditure incurred in 2023-24.

The Primary Care Improvement Fund Reserve included receipts of £5.182m and expenditure of £5.164m, resulting in a closing balance of £0.018m.

NOTE 7: AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Tayside area, Perth and Kinross IJB acts as the lead partner for Public Dental services/Community Dental services, Prison Healthcare and Podiatry.

The IJB directs services on behalf of Dundee and Angus IJBs and reclaims the full costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2022/23		2023/24
£000		£000
6,693	Expenditure on Agency Services	7,067
(6,693)	Reimbursement for Agency Services	(7,067)
-	Net Agency Expenditure excluded from the CIES	-

NOTE 8: RELATED PARTY TRANSACTIONS

The IJB has related party relationships with NHS Tayside and Perth & Kinross 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.

Income - payments for integrated functions

2022/23		2023/24
£000		£000
79,034	Perth and Kinross Council	83,241
181,006	NHS Tayside	206,098
260,040	Total	289,339

Expenditure - payments for delivery of integrated functions

2022/23		2023/24
£000		£000
94,311	Perth and Kinross Council	105,639
181,869	NHS Tayside	191,917
275	NHS Tayside: Key Management Personnel Non-Voting Board Members	323
276,455	Total	297,879

This table shows that expenditure within Perth and Kinross Council is £22.398m greater than Perth and Kinross Council funding contributions. This represents IJB funding received from NHS Tayside being directed into Perth and Kinross Council (£19.110m), the PKC contribution towards IJB key management personnel (-£0.161m), the transfer from reserves (£4.215m)

included in note 5 and a contribution from Social Care General Reserve towards overspends incurred on partnership health budgets (-£0.766m).

Key Management Personnel: The non-voting board members employed by the NHS Board and Perth and Kinross Council and recharged to the IJB include the Chief Officer and the Chief Finance Officer. Details of the remuneration for these specific post-holders are provided in the Remuneration Report.

Perth and Kinross Council employs the council staff and Chief Social Work Officer representatives on the IJB but there is no discrete charge for this representation. Similarly, NHS Tayside employs the health board representatives and there is also no charge for this.

Balances with Perth and Kinross Council

2022/23		2023/24
£000		£000
9,009	Debtor balances: Amounts due from Perth and Kinross Council	4,794
-	Creditor balances: Amounts due to Perth and Kinross Council	-
9,009	Total	4,794

Balances with NHS Tayside

2022/23		2023/24
£000		£000
7,825	Debtor balances: Amounts due from NHS Tayside	3,500
-	Creditor balances: Amounts due to NHS Tayside	-
7,825	Total	3,500

NOTE 9: VAT

The IJB is not VAT registered and as such the VAT is settled or recovered by the partner agencies.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts relating to VAT, as all VAT collected is payable to HM Revenue and Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is not recoverable from HM Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as

generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the commissioning IJB.

NOTE 10: INPATIENT MENTAL HEALTH

During 2020-21, the Scottish Government actioned the transfer of operational management responsibility for Inpatient Mental Health Services in Tayside from the Integration Joint Boards (previously hosted by Perth and Kinross) to NHS Tayside. This meant that NHS Tayside managed the budget and associated variances in 2020/21 and beyond.

The IJB is responsible for the planning of Inpatient Mental Health Services. This means that £11.698m has been included within the Hosted Services line in the CIES in 2023-24, which constitutes Perth & Kinross IJB's share of Inpatient Mental Health.

2022/23		2023/24
£000		£000
17,508	Share of Hosted Services	19,507
10,829	Share of Inpatient Mental Health	11,698
28,337	Total share of Hosted Services	31,205

NOTE 11: CONTINGENT ASSETS AND LIABILITIES

A review of contingent assets and liabilities has been undertaken on behalf of the IJB by Legal Services, as at 31 March 2024 the following contingent liabilities have been identified:

There is a contingent liability relating to a package of care being delivered by Moray Council and a dispute with Perth and Kinross Council about ordinary residence. In the event of an adverse decision Perth and Kinross IJB would be liable for the costs incurred in the delivery of care to date.

As part of the Agenda for Change pay deal for 2023/24 it was agreed to look at modernisation of staff terms and conditions. Three commitments were made:

- Implementation of protected learning time
- Review of the working week
- Review of Band 5 nursing profiles

Further details can be found in Scottish Government circulars; PCS(AFC)2024/1 and PCS(AFC)2024/2, issued in March 2024. This confirms protected learning time and review of the working week are effective from 1 April 2024, meaning there is no impact on the 2023/24 financial statements. There is currently no circular for the Band 5 nursing profiles review and as such, no sufficiently reliable estimate can be made of the likely cost, timing and uptake.

NOTE 12: ACCOUNTING STANDARDS ISSUED BUT NOT YET ADOPTED

The Code requires the disclosure of information relating to the impact of an accounting

change that will be required by a new standard that has been issued but not yet adopted. There are no such standards which would have a significant impact on the P&K IJB annual accounts.

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 Perth and Kinross Integration Joint Board for the year ended 31 March 2024 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 financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the 2023/24 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the body as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 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 <u>Code of Audit Practice</u> 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 by the Accounts Commission on 3 April 2024. My period of appointment is four years, covering 2023/24 to 2026/27. I am independent of the body 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 body. 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 body'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.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Audit and Performance Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance 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 Finance 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 Finance Officer is responsible for assessing the body'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 there is an intention to discontinue the body's operations.

The Audit and Performance 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 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:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the body;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the body;
- inquiring of the Chief Finance Officer concerning the body's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on 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 body'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 parts of the Remuneration Report

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

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The 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 other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of 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 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 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 the 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 108 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.

Rachel Browne CPFA Audit Director Audit Scotland 4th Floor 102 West Port Edinburgh EH3 9DN

28 October 2024

SECTION 8: GLOSSARY OF TERMS

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Contingent Asset/Liability

A Contingent Asset/Liability is either:

- a possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not wholly within the IJB'scontrol; or
- a present benefit/obligation arising from past events whereit is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Defined Benefit Pension Scheme

Pension scheme in which the benefits received by the participants are independent of the

SECTION 8: GLOSSARY OF TERMS

contributions paid and are not directly related to the investments of the scheme.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period, eg creditors or cash overdrawn. A non- current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

SECTION 8: GLOSSARY OF TERMS

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.



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P ejete-li si Vy, anebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p eložen pouze stru ný obsah listiny) Kontaktujte prosím Customer Service Centre 01738 475000 na vy ízení této požadavky.

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