

DUMFRIES AND GALLOWAY INTEGRATION
JOINT BOARD

Annual Report and Financial Statements

For the Year Ended
31 March 2024



DUMFRIES AND GALLOWAY
Health and Social Care

DRAFT UNAUDITED ACCOUNTS FOR CONSULTATION



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Section 1: Management Commentary

This management commentary provides an overview of the key messages in relation to the objectives and strategy of Dumfries and Galloway Integration Joint Board (the IJB) and its financial performance for the year ended 31 March 2024. It also provides an indication of the risks and challenges which may impact upon the finances of the IJB in the future.

Update from the Chief Officer

Dumfries and Galloway Health and Social Care Partnership has a long and proud history of responding positively and swiftly to service pressures and local challenges. Since the Covid-19 Pandemic, however, the range, magnitude and impact of the pressures and challenges on our local system have been truly unprecedented:

- We have seen our financial challenges continue to grow year on year and in 2024/25 our projected financial deficit stands at £20m requiring savings of over £16.4m, with a level of financial risk in the system beyond those we have previously achieved or seen.
- We have seen growing demand for unscheduled care, particularly in terms of people with complex, multiple co-morbidities, often exacerbated by longer than expected waits for planned care as a result of the backlog that developed during the pandemic.
- We have seen the growth in waiting lists and waiting times for planned care that we experienced pre-pandemic increase post-pandemic despite our best efforts, with activity levels only recently returning to pre-pandemic levels and a need to increase these to meet national targets, in the absence of additional resource.
- We have seen that life expectancy at birth and healthy life expectancy are decreasing, with growing health inequalities becoming increasingly evident, such as increasing premature deaths in those living in the most deprived areas and a level of Acute hospital activity across all deprivation quintiles in Dumfries and Galloway that is higher than the Scottish average.
- We have seen more people waiting for Care and Support at Home than we did pre-pandemic and increasing pressures within our Care Home Sector with decreasing bed numbers and increasing demand, resulting in people having longer hospital stays than is necessary.

We continue to see significant pressures on the health and wellbeing of our staff who exceed all expectations in striving to meet increasing demand. At the same time, our difficulties in filling vacancies across our Health and Social Care workforce persist, in light of the historic reductions in the working age population.

All of which means that we need to transform the services we provide and how we deliver them. To support that, we must be clear about our purpose and why we exist as an organisation, our long-term vision for how we want things to change, our

direction for how we plan to make change happen in the short-term and our priorities for action to support that.

To successfully deliver on this, we must target our scarce and valuable local skills, experience, and expertise with purpose and to best effect across a realistic range of actions that we have confidence will transform our services and deliver positive impact across the challenges we face.

This commitment is consistent with the strategic direction and model of care we agreed through our Strategic Commissioning Plan in 2022 and will be at the heart of the refresh of our plan for 2024/25.

I continue to be heartened, humbled, and amazed in equal measure by the dedication, creativity, ingenuity, and resilience demonstrated by our local Health and Social Care workforce and our partners in the Third Sector and Independent Providers. Indeed, this may only have been matched by the real sense of community spirit, collaboration, good will and selflessness demonstrated by local people in how they have cared for and supported themselves and their neighbours.

I am incredibly grateful to you all for everything you have done to support the delivery of Health and Social Care services in the most difficult of circumstances.

Introduction

The IJB was established as a body corporate by order of the Scottish Ministers on 3 October 2015 as part of the establishment of the framework for the integration of Health and Social Care in Scotland under the Public Bodies (Joint Working) (Scotland) Act 2014.

The IJB has responsibility for the strategic planning and delivery of a defined range of Health and Adult Social Care services for the residents of Dumfries and Galloway. Within Dumfries and Galloway, a unique model has been taken forward with all Acute services delegated to the IJB reflecting the co-terminosity of its Council and NHS boundaries. This has allowed a whole system approach to planning and delivery of services for an area of 2,481 square miles and a population of 148,790. Dumfries and Galloway shares a border with South Ayrshire, Lanarkshire, Borders and Cumbria as per the map below.



Both Dumfries and Galloway Council and NHS Dumfries and Galloway, as the parties to the Integration Scheme, have nominated 5 voting members for the IJB. The Council nominated Elected Members and the Health Board Non-Executive Directors. The Chair of the IJB for 2023/24 was a Council nominee and the Vice-Chair an NHS Non-Executive member.

The IJB has appointed a Chief Officer and a Chief Finance Officer to support its purpose and delivery of objectives along with a number of other non-voting Representative Advisory Members. These Representatives are chosen from the Third Sector, the Independent Sector, Carers, Service Users, Council and NHS Board staff. Following the appointment of the previous Chief Officer to the post of Chief Executive Officer of the NHS Board from 1 April 2024, an appointment was made to the Chief Officer post on an interim basis pending a permanent appointment during 2024/25.

Four Committees of the IJB have been in operation through 2023/24. These are:

- Finance, Performance and Quality Committee
- Strategic Planning Delivery and Commissioning Committee
- Transformation and Innovation Futures Committee
- Audit, Risk and Governance Committee

Purpose and Objectives of the IJB

The main purpose of integration is to help local partners improve quality and outcomes for local populations, particularly those whose needs are complex and involve support from Health and Social Care at the same time.

The Public Bodies Joint Working (Scotland) Act 2014 places a legislative requirement on integration authorities to review their strategic plans at least once in every relevant period (the previous relevant period was 2018-21). The Integration Scheme forms a framework designed to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5(1) of the above Act.

Dumfries and Galloway IJB approved its new Strategic Commissioning Plan (SCP) in March 2022 and covers the period from 1 April 2022-2025.

During 2023/24, we have ensured a focus on delivering our SCP by mapping the actions from our ADP to the Strategic Commissioning Intentions (SCIs), Directions and our local Tactical Priorities. This approach ensures the activities of the operational Directorates within the Health and Social Care Partnership are aligned to the strategic direction agreed by the IJB.

Further, through a facilitated workshop and subsequent targeted development and support, we have worked closely with colleagues from the Third Sector and our Independent Provider Partners to identify, develop and begin to deliver their innovative ideas to help us realise our new agreed model of care.

We will draw learning from both of these approaches as we plan and implement our methods for delivery of the SCP in 2024/25 and beyond.

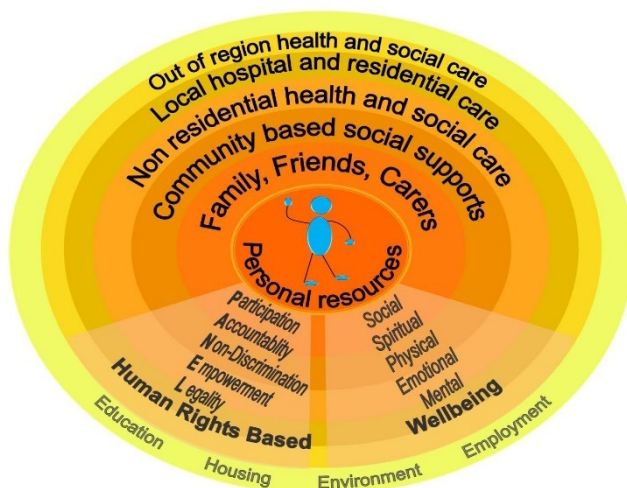
The IJB SCP 2022–2025 sets out the:

- **Vision and strategic direction**

“People living happier, healthier lives in Dumfries and Galloway”



- **Model of Health and Social Care and Support (Model of Care)**



The model illustrates:

- **Personal resources** such as a person’s knowledge and behaviour are central to managing their own health and wellbeing.
- **Family, friends and unpaid Carers** have an important role in supporting people and where appropriate should be involved in each circle of Health and Social Care and support.
- **Community based social supports** such as opportunities to connect with other people can enable someone to be involved in their community, reduce social isolation and loneliness and help them to maintain or improve their health and wellbeing.
- **Non-residential Health and Social Care** can involve diagnosis, treatment or ongoing support from people with specialised Health and Social Care knowledge. This can happen in people’s homes or communities, supporting them to stay safe, well and avoid them drifting into crisis.
- **Local hospitals and residential care** are required when people have more intensive treatment, care and support needs than can be supported at home. This may be as a result of crisis, trauma or deterioration of an existing condition and can be for a short or longer period of time.
- **Out of region Health and Social Care** is sometimes necessary to achieve the best outcomes for people, this can be over a short or longer period of time.
- **Education, housing, environment and employment** are wider social factors that can impact on people’s health and wellbeing. Working with community planning partners helps to address these.

Strategic Commissioning Intentions (SCIs) that set out IJB ambitions for improving Health and Social Care outcomes over the lifetime of the SCP are set out as follows:

- People are supported to live independently at home and avoid crisis
- Fewer people experience Health and Social Care inequalities
- People and communities are enabled to self manage and supported to be more resilient
- People have access to the care and support they need
- People's care and support is safe, effective and sustainable
- People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential
- People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering Best Value

The Tactical Priorities link the vision, Model of Care and SCIs. These will be used as the basis for the development of Directions from the IJB to NHS Dumfries and Galloway and Dumfries and Galloway Council.

Operational Delivery

The operational delivery of the IJB functions is delegated back to Dumfries and Galloway Council and NHS Dumfries and Galloway who in turn delegate the operational delivery to the Health and Social Care Partnership. This is led by the Chief Officer/Deputy Chief Officer, supported by 6 General Managers covering:

- Community Health and Social Care Services
- Acute and Diagnostic Services
- Mental Health Services
- Women Children's and Sexual Health Services
- Facilities and Clinical Support Services
- Information Management and Technology (IM&T/eHealth)

2023/24 Financial Planning

The IJB, like many other public bodies, has faced significant financial challenges for some time and is required to operate within tight fiscal constraints for the foreseeable future due to the continuing difficult national economic outlook and increasing demand for services. A Financial Plan was developed for 2023/24 with the objective that the IJB operates within the resource available, however, given the scale of the deficit on the NHS delegated budget, a balanced budget was unable to be developed, with a Financial Recovery Plan, alongside the NHS Board, developed to support the longer term ambition return to a breakeven position.

The Financial Plan reflected the agreement with Dumfries and Galloway Council on the level of additional investment by the Scottish Government into Social Care and the funding delegated by NHS Dumfries and Galloway from the Health budget, including additional financial support from both bodies to support the pay increases to staff,

which were awarded later in the financial year. The level of inflationary pressures in particular, plus the increased levels of activity witnessed across the whole Health and Care system, have materially impacted on the IJB's financial position.

The IJB has approved an ambitious agenda for change aimed at:

- Better integration of care and support to improve people's experience of Health and Social Care.
- Driving innovative change that delivers better outcomes for the people who access Health and Social Care support.
- Changing our primary approach to one of prevention and early intervention, shifting our focus away from 'crisis management'.
- Developing partnership approaches to Health and Care delivery that enable people to retain as high a level of independence as possible, and have greater choice and control over their own lives.
- Reducing inequalities in Health and Social Care.

Financial Statements

The financial statements for 2023/24 are set out on pages 35-36 of the accounts and incorporate financial and other information as required by the Code of Practice on Local Authority Accounting in the United Kingdom (*The Code*). The Statement of Accounting Policies included on pages 37-45 explains the basis for the recognition, measurement and disclosure of transactions and other events in the Financial Statements, to ensure that they present a 'true and fair view' of the IJB's financial performance. An explanation of each of the financial statements which follow and their purpose is shown at the top of each statement.

Financial Performance 2023/24

The IJB delivered a balanced financial position for 2023/24. This was after additional non-recurring resource of £20.018m received from the NHS Board to support the NHS Board in-year deficit position, primarily through the additional resources provided by Scottish Government. The IJB carried forward ringfenced reserves of £15.4m into 2023/25 relating to the balance of the Social Care Fund, Winter Planning Resource, Primary Care Improvement Funding, Alcohol and Drug Partnership monies, and other ringfenced funding. As at the 31 March 2024, these had reduced to £8.8m as set out below. The IJB has no general reserves.

	31/03/23	31/03/24
Adult Social Care Winter Planning	£1.2m	£0.2m
Alcohol and Drugs Partnership	£1.1m	£0.2m
Community Living Change Fund	£0.4m	£0.3m
Mental Health Recovery and Renewal	£1.2m	£0.5m
Mental Health Strategy	£0.3m	£0
Primary Care Improvement Fund	£0.6m	£0.2m
Social Care Fund	£6.6m	£4.3m
Winter Planning Health and Social Care	£4.1m	£3.1m
TOTAL	£15.5m	£8.8m

The IJB can retain these reserves for 2024/25, with the use of these reserves to support management of pressures within Social Care, and development and transformation of new services across the Partnership to support the Strategic Commissioning Plan aims, along with the specific initiatives that they were designated for. There are a number of future year commitments against these reserves to support the plans for each of the policy areas and will also be required in 2024/25 to help bridge the in-year financial gap as savings plans are developed and implemented.

Additional resources were provided in-year to the IJB from the NHS Board totalling £20.018m to support the overspend in the Health element of the delegated budget, primarily through the additional resources provided to the NHS Board from Scottish Government.

The original Integration Scheme came into effect on the 3 October 2015; the date the Parliamentary Order to establish the IJB came into force. Any revised Integration Scheme will come into effect on the date of ministerial approval.

The Dumfries and Galloway Integration Scheme describes:

- The model of integration in Dumfries and Galloway
- Details the functions delegated from the Parties to the IJB and
- Lays out the governance arrangements the Parties have in place to enable the IJB to meet its responsibilities.

In March 2020, the Scottish Government instructed that Health Boards and Local Authorities should ensure that, if your scheme is due for review, you jointly carry out the minimum requirement of a review, and that this is acknowledged jointly and formally. This review can note anything that requires further work between partners and set out plans for the completion of that work at a later date, including the production of a successor scheme. Meanwhile, the current Integration Scheme will remain.

The light touch review undertaken by Dumfries and Galloway in 2020 detailed what they wanted to change, but was not a fully consulted-on replacement scheme. That being the case, the review was sufficient to meet the requirements set out above. However, the task at that point was to develop those changes, consult on them, and submit the new scheme to Scottish Government for approval. In September 2020, a revised Scheme following the light touch review was submitted, however, as this review did not include the necessary consultation laid out in legislation, formal approval was not granted.

In 2022/23 a review of the Integration Scheme has taken place between the Health Board and Local Authority and a revised and refreshed Integration Scheme was approved by the NHS Board and Dumfries and Galloway Council in December 2023. Thereafter, the Scheme was forwarded to Scottish Government for their approval, with feedback received that some minor changes were required. This was resubmitted to them and, at this point, we are awaiting their formal approval.

The Integration Joint Board (IJB) issue Directions to the Health Board and Local Authority or jointly to both partners. Directions are the legally binding mechanism by which the IJB tells the constituent authorities, the Health Board and Local Authority, what to deliver using the integrated budget. The Health Board and Local Authority are responsible for complying with and implementing all Directions, related to the delivery of health and social care, issued to them by the IJB.

Over the last 18 months, the Health and Social Care Partnership has been working with both constituent Parties together with members of the Integrated Joint Board to ensure that we have a robust governance process in the management of Directions. Where both Parties approved a new governance procedure for the recording, monitoring and management of Directions.

As at 31st March 2024 there were 35 open IJB Directions, where a newly developed reporting format was considered and welcomed by both parties so a consistent approach is taken. Further work will be undertaken in this current financial year to ensure reporting against the original Direction ask together with anticipated impact to ensure we are reporting on the delivery and impact.

Financial Outlook and Key Risks

The IJB faces ongoing service and cost pressure arising from a range of factors. Both of the Parties to the IJB are facing challenges in meeting the demands for services within the finances available; this will have a direct consequence on the funding provided to the IJB. Within the IJB, the major risks to managing the financial position arises from demographic, activity and inflationary cost pressures, and the consequent changes to demands for Health and Social Care.

The significant growth in the number of older people and their need for suitable services, requires innovative solutions to allow services to be provided within the funding available, and the ability of the Partnership to transform services to help meet this demand. Increasingly, workforce sustainability pressures are becoming more challenging across both Acute and Primary Care services and whilst the increasing medical locum bill reflects the challenges around recruitment of medical staff, this is something which is a risk across all staff groups.

Key Financial Risks and Uncertainties

The Financial Plan for 2024/25, as agreed, reflects a significant deficit of £20.079m projected, with a savings challenge of at least £16.4m based on the resources allocated from the NHS Board and Local Authority, and a number of significant risks in the position, plus potentially further additional non-recurring savings required to balance any potential in-year cost pressures.

The management of financial risks during 2024/25 continues to be critical for the IJB and there are already a number of further risks emerging that have not all been reflected in the financial position. Enhanced reporting on all aspects of the financial position, especially delivery of savings, will be reported through the Health and Social Care Leadership Team and IJB's Finance, Performance and Quality Committee.

A total of £14.577m in additional recurring funding has been received from the NHS and Council through their budget settlements. This includes a baseline inflation uplift for NHS of 0% for 2024/25 with the £5.302m received to support 2023/24 pay uplifts. Resources were provided to Councils to uplift budgets to Health and Social Care Partnerships (HSCPs) and reflects a total of £8.055m as set out in the table below.

Council Funding Settlement to IJB's 2024/25

	National Total £000s	Share	D&G Position £000s
Scottish Living Wage £12ph	230,000	3.32%	7,639
Free Personal Care	11,500	3.62%	416
Settlement 2024/25	241,500		8,055

In addition to the baseline funding noted above, there are a number of recurring and non-recurring allocations which are currently anticipated; at this time these have not been included in the plan on the basis that they will come with conditions on what they must be spent on and will therefore not impact on the overall Financial Plan. We are also anticipating additional resource to support pay uplifts for staff which exceed the level of uplift received within the baseline funding.

Overarching risks which the IJB holds in relation to the delivery of the in-year Financial Plan are noted below:

- Pay award and any impact to Service Level Agreement (SLA) uplift is fully funded by Scottish Government through NHS and Local Authority uplifts.
- Anticipated allocations are distributed from Scottish Government at the level expected and are not top sliced.
- No worsening of the operational directorate forecasts above planning estimates.
- The recurring and non-recurring savings target can be identified in full for the year.
- The cost pressures and cost containment work can start impacting on reducing expenditure.
- No further significant pressures emerge in relation to inflationary pressures such as uplifts to National Care Home Contract and Care at Home rates which are not supported by additional funding.

Analysis of Non-Financial Performance

Scottish Government has acknowledged that all Partnerships have experienced a particularly challenging winter period with extraordinary pressures caused by the combination of Covid-19, Flu, Strep A and other respiratory diseases, alongside pressures in Social Care, which have arguably led to tougher conditions than the first years of the pandemic.

In Partnership with the NHS Board, we supported the development of the Annual Delivery Plan (ADP) and Medium Term Financial Plan which was commissioned by Scottish Government. The draft 2023/24 ADP was submitted to the Scottish Government on 8 June 2023 and was subsequently approved by the NHS Board on

12 June 2023. Within Dumfries and Galloway, the ADP aimed to align plans for remobilisation with the Strategic Commissioning Plan for Health and Social Care, in order to inform whole system recovery. Plans were developed in Partnership to ensure that locally we are able to respond to the national drivers for recovery whilst supporting the delivery of our Strategic Commissioning Plan.

Moving forward, the ADP and 2023-26 Medium Term Plan will set the direction as we move into the next phase of national Remobilisation, Recovery and Redesign work and will primarily focus on 'recovery and renewal' and are in line with our SCP. We have developed our local response to the 10 national drivers of recovery in light of defined local Tactical Priorities. Detailed reporting on progress with the ADP is undertaken through the Health and Social Care Leadership Group and the NHS Performance and Resources Committee.

There are regular performance reporting arrangements into the IJB's Finance, Quality and Performance Committee alongside the links into the NHS Board Performance and Finance Committee and the Local Authorities Social Work Committee. Further details on these and other key performance indicators are given in the Performance Analysis section below.

Commentary on key measures

Following the pandemic challenges of 2020/21 and 2021/22, the recovery phase continues to bring challenges across the country.

- Other than the 31 day cancer waiting time standard, no waiting times standards have been met either at Dumfries and Galloway or at Scotland level.
- Compliance with the Child and Adolescent Mental Health Services (CAMHS) waiting time standard has fallen since the previous year. This is affected by a period where the data system was replaced, during which there were issues with data completeness.
- Access to diagnostic scopes and scans was much better in Dumfries and Galloway than observed across Scotland, however, the waiting time standard was not met. For diagnostic scans the latest figure was 90% meeting the standard and for scopes 83% meeting the standard against a target of 100%. These are both marginal improvements on the previous year.
- The 4 hour Emergency Department (ED) waiting standard was met 79% of the time against the revised winter ambition of 87% in 2023/24. Most longer waits relate to flow 3, which is the medical admissions flow.
- Before the pandemic, 12 hour waits to leave the ED were very rare, but people across Scotland are now experiencing very long waits. There were 811 people across Dumfries and Galloway who experienced a long wait during 2023/24 (over 62,000 across Scotland) compared to 646 the previous year.
- The proportion of people seen by an Allied Health Professional (AHP) for musculoskeletal (MSK) issues within 4 weeks averaged at 55% across the year. This masks the successful improvement trajectory towards meeting the standard which has climbed to 70% so far. The successful recruitment is having a very positive effect and the number of people on the waiting list

has fallen significantly from 2,198 in May 2023 to 907 in January 2024.

- The new outpatient activity (NOP) standard was not met but at 56% was better than the Scottish average of 43%.
- Compliance to the psychological therapy waiting time standard was lower for Dumfries and Galloway (65%) than Scotland (79%). Whilst the teams have been meeting their planned activity trajectory (see local measures further below), this has not been enough to bring the waiting list into a recovery position.
- The waiting time standard for people agreeing inpatient or day case treatment (TTG) was met 54% of the time for D&G and 58% of the time for Scotland. These figures have not changed substantially from the previous year.

Because we are in a recovery position, like the rest of Scotland, some of the historic waiting times standards have been paused in favour of a locally agreed recovery trajectories. In these cases, teams are aiming to see a specific number of people in order to catch up with the backlog. Most of these are not compared to Scotland.

- For elective in-patient or day case treatment (TTG), the local recovery ambitions for 2023/24 were mostly able to deliver against the levels that were planned. However, the waiting list has risen from 4,315 to 5,105; an increase of 18%.
- The new outpatient activity (NOP) ambitions were not met as the number of new appointments did not keep pace with the ambition. NHS Boards were asked to prioritise the people waiting the longest, which was relatively successful but did not address the growing waiting list. The NOP waiting list has risen from 9,993 to 11,438; an increase of 14%.
- The emergency length of stay following an emergency admission metric was not reduced across all settings (7.5 against a target of 7.0), however, the DGRI Acute hospital only portion of this measure has kept on track with the ambition. This demonstrates the system pressures relating to cottage hospitals and the interface with community care and support.
- In addition, the number of people experiencing delays in hospital (all settings) continues to be high, with around 90 at any given census point identified as being better served in a different setting. The previous year was the all time high for delays, so 2023/24 has shown an improvement but is still much higher than would be desirable for a stable system.
- Another indicator of the pressures on the system are how many planned operations have had to be cancelled. These may be because of capacity, patient or clinical reasons. The pre-pandemic average was 8.0% and Dumfries and Galloway has remained consistently higher than this, going up to an average of 10.7% cancellations in 2023/24.

Performance against the national standards is shown below, as well as a snapshot of performance against agreed local trajectories. Performance against local trajectories is monitored and reported through the Board and Committee structure on a routine basis. Final year end figures will be available in July 2024.

Performance indicators comparing NHS Dumfries and Galloway to the target/standard, Scotland or local agreed trajectory; 2022/23 and 2023/24

p – dates marked with a p are provisional as the full year of data is incomplete.

Indicator	Time Period	Aim	D&G	Scot	Time Period	Aim	D&G	Scot
Against the Target/Standard								
Cancer 31 day: % of people diagnosed with cancer beginning treatment within 31 day standard of decision to treat	2022/23	95%	98%	94.5%	2023/24	95%	99%	94.5%
Cancer 62 day: % of people referred urgently with a suspicion of cancer beginning treatment within 62 day standard of receipt of referral	2022/23	95%	82%	73%	2023/24	95%	84%	72%
CAMHS 18 weeks: % of young people commencing CAMHS treatment within 18 weeks	2022/23	90%	96%	70%	2023/24p	90%	66%	79%
Diagnostic scans: % of people waiting less than 6 weeks for a relevant diagnostic test/investigation (measured on month end Census)	March 2023	100%	83%	55%	March 2024	100%	90%	56%
Diagnostic scopes: % of people waiting less than 6 weeks for a relevant diagnostic test/investigation (measured on month end Census)	March 2023	100%	80%	42%	March 2024	100%	83%	42%
ED 4 hours: % of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment	2022/23	95%	79%	68%	2023/24	95%	79%	68%
ED long waits: % of people who wait over 12 hours from arriving in accident and emergency to admission, discharge or transfer for treatment	2022/23	0%	1.5%	4.5%	2023/24	0%	1.7%	4.2%

Indicator	Time Period	Aim	D&G	Scot	Time Period	Aim	D&G	Scot
MSK waits: Proportion of people currently waiting no longer than 4 weeks from referral (all sources) to a first AHP Musculoskeletal outpatient appointment (measured on month end Census)	March 2023	90%	32%	36%	March 2024p	90%	55%	25% (Dec 23)
New Outpatients (NOP): Proportion of people waiting no longer than 12 weeks from referral (all sources) to a first doctor led outpatient appointment (measured on month end Census)	2022/23	95%	62%	48%	2023/24	95%	56%	43%
Psychology 18 weeks: % of people commencing Psychological Therapy based treatment within 18 weeks	2022/23	90%	69%	81%	2023/24p	90%	65%	79%
Treatment Time Guarantee (TTG): % of people waiting no longer than 12 weeks from agreeing treatment with the hospital to treatment for inpatient or day case treatment.	2022/23	100%	57%	58%	2023/24	100%	54%	58%
Against the local trajectory								
TTG trajectory; Target number of people to be seen for inpatient or day case treatment	March 2023	667	573	n/a	March 2024	610	669	n/a
TTG long waits 104 week; People currently waiting over 2 years for inpatient or day case treatment (reduce to 0 by Sept 2022)	March 2023	0	0	n/a	March 2024	0	0	n/a
TTG long waits 78 week; People currently waiting over 18 months for inpatient or day case treatment (reduce to 0 by Sept 2023)	March 2023	0	1	n/a	March 2024	0	12	n/a
TTG waiting list: All people awaiting inpatient or day case treatment	March 2023	n/a	4,315	n/a	March 2024	n/a	5,105	(+18%)

Indicator	Time Period	Aim	D&G	Scot	Time Period	Aim	D&G	Scot
NOP trajectory; Target number of people to be seen for a first doctor led outpatient appointment	March 2023	3,296	2,935	n/a	March 2024	3,370	2,267	n/a
NOP long waits 104 week; People currently waiting over 2 years (reduce to 0 by Aug 2022)	March 2023	0	0	n/a	March 2024	0	8	n/a
NOP long waits 78 week; People currently waiting over 18 months (reduce to 0 by Dec 2022)	March 2023	0	1	n/a	March 2024	0	15	n/a
NOP waiting list; All people waiting to be seen for a first doctor led outpatient appointment	March 2023		9,993		March 2024		11,438	(+14%)
Psychological therapies - target number of people to be seen	March 2023	193	200	n/a	March 2024p	132	175 (Feb 23)	n/a
Emergency LOS All; Average length of stay following an emergency admission to Acute or cottage hospitals, excluding obstetrics and Midpark	March 2023	7.0	8.0	n/a	March 2024	7.0	7.5	n/a
Emergency LOS DGRI; Average length of stay following an emergency admission to DGRI, excluding obstetrics	March 2023	6.0	6.0	n/a	March 2024	6.0	5.9	n/a
Delayed discharges – number of people delayed at the end of month snapshot	March 2023	73	107	n/a	March 2024p	73	90	n/a
Proportion of planned operations which are cancelled; all reasons	March 2023	8.0%	9.5%	8.0%	March 2024p	8.0%	10.7%	8.7%

Performance indicators comparing Dumfries and Galloway Council Adult Social Care Services to Scotland; 2022/23 (Latest year)

Indicator	Time Period	Aim	D&G	Scot	Time Period	Aim	D&G	Scot
Against the Scotland average								
Home care costs per hour for people aged 65 or over	2021/22	↓	£23.39	£30.99	2022/23	↓	£26.19	£30.45
Self Directed Support (Direct Payments and Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+	2021/22	↑	6.6%	8.4%	2022/23	↑	7.2%	8.7%
Percentage of people 65+ with long-term needs receiving personal care at home	2021/22	↑	63.0%	61.9%	2022/23	↑	62.4%	61.5%
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2019-20	↑	81.6%	80.0%	2021-22	↑	84.1%	78.1%
Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2019-20	↑	80.3%	80.8%	2021-22	↑	77.3%	78.8%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	2019-20	↑	76.0%	75.4%	2021-22	↑	75.3%	70.6%
Percentage of carers who feel supported to continue in their caring role	2019-20	↑	34.7%	34.3%	2021-22	↑	31.0%	29.7%
Residential costs per week per resident for people aged 65 or over	2021/22	↓	£243	£691	2022/23	↓	£442	£684
Rate of readmission to hospital within 28 days per 1,000 discharges	2021/22	↓	92.6	106.7	2022/23	↓	92.5	101.7
Proportion of care services graded good or better in Care Inspectorate inspections	2021/22	↑	80.3%	75.8%	2022/23	↑	77.0%	75.0%

Indicator	Time Period	Aim	D&G	Scot	Time Period	Aim	D&G	Scot
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2021/22	↓	783	748	2022/23	↓	1347	919

Source: Local Benchmarking Framework: [Explore the data | Benchmarking \(improvementservice.org.uk\)](#)

Performance information for the Integration Joint Board can be found on www.dghscp.co.uk with other performance information being publicly available from other organisations including the following:

- NHS Performs brings together information on how hospitals and NHS Boards within NHSScotland are performing including: Accident and Emergency (A&E) performance; hospital waiting times; the numbers of cancelled operations; healthcare associated infections (HAI); numbers of patients who remain in hospital longer than they need to be (delayed discharges); numbers of hospital beds; hospital deaths. This can be found at www.nhsperforms.scot/

Future Performance

The Partnership has developed an NHS ADP for 2024/25 following some minor evolutions to the guidance, and the Medium Term Plan (MTP) continues to describe the challenges, opportunities and ambitions for the coming 1-5 years. There is a range of overlapping priorities that define the context within which we intend to deliver:

- 10 Nationally Defined Areas for Recovery
- Locally Defined Tactical Priorities
- Locally Defined Commitments as an Anchor Organisation
- The Strategic Commissioning Intentions, as set out in the IJB's Strategic Commissioning Plan
- Nationally Defined Recommendations from the Audit Scotland Report on the NHS in 2022

The actions laid out in the ADP for 2024/25 are strongly influenced not only by the need to transform the services we provide and how we deliver them, but also reflect sound Financial Management. Progress against these actions will be regularly reported through the NHS Board and NHS Performance and Resources Committee and from there to the IJB's Finance, Performance and Quality Committee.

Scottish Government have also developed a new performance framework for 2024/25, populated by nationally collected and collated data. This will be used to assess the impact of the ADP actions during the coming financial year.

Whilst these challenges are considerable for Dumfries and Galloway, they are also being felt across Scotland.

Developing and delivering strategy

- The IJB published the 2022-2025 Dumfries and Galloway Health and Social Care Workforce Plan. [The Health and Social Care National Workforce Strategy](#) was subsequently published, and an exercise to align the plan to the strategy was concluded and signed off at IJB Strategic Planning Delivery and Commissioning Committee on 27 October 2022. Progress in delivering this plan is through the ADP's reporting line through the NHS Performance and Finance Committee and then into relevant IJB Committee.
- [The Participation and Engagement Strategy, 2022-2025](#) was developed through considerable input from individuals and organisations with roles or experience in participation from both within Dumfries and Galloway Health and Social Care Partnership, and from the wider public realm. This was followed by 19 weeks of formal consultation with the public and stakeholders, which led to further development of the Strategy. The IJB published the final version on 8 December 2022 with evidence of delivery against this strategy reported quarterly to the Transformation, Innovation and Futures Committee.
- The [Digital Health and Care Strategy 2020-2024](#) has been developed within the framework of 'Scotland's Digital Health and Care Strategy: Enabling, Connecting and Empowering' (the national digital strategy), published in April 2018. The Health and Social Care Partnership set up a Digital Transformation Programme Board in January 2023, which will have oversight of the delivery of the Digital Strategy locally. The Programme Board oversaw the development of a local Digital Delivery and associated culture change plan. These were agreed by Health and Social Care Leadership Group in March 2024 and will be moved to implementation, overseen by a new Digital Steering Group.
- Engagement, participation and consultation with local people led to the identification of palliative and end of life care, step-up for assessment treatment and care planning, and step-down for rehabilitation following Acute hospital stay, as the priorities for bed-based care within local communities. In September 2023, the IJB took the Strategic Commissioning Decision to procure flexible beds in local care homes and supported housing facilities to deliver these services for local population in Dumfries and Galloway.

Inspection of Services

Health and Social Care services delivered by statutory and non-statutory providers in Dumfries and Galloway are regularly monitored and inspected in a range of ways to give assurance about the quality of people's care. The Partnership is required to report details of any inspections carried out relating to the functions delegated to the IJB.

- The Care Inspectorate is a scrutiny body which looks at the quality of care in Scotland to ensure it meets high standards. Their vision is that everyone experiences safe, high quality care that meets their needs, rights and choices.
- Healthcare Improvement Scotland (HIS) provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services.

In addition to inspections, the Partnership's commissioning officers also apply contract monitoring processes to services commissioned for delivery of Health and Social Care on behalf of the Partnership.

During 2023/24, there were two reports published by Healthcare Improvement Scotland relevant to Dumfries and Galloway for Mid Park Hospital and Police Custody services.

There were 21 Care Home Inspections in total for the time period 2023/24. The Care Inspectorate assesses each home on a pre-set scale from Grade 1 (unsatisfactory) and Grade 6 (excellent).

15 Care Homes were inspected out of a potential of 29 Care Homes. 10 had individual inspections and 5 had reinspections.

Within Dumfries and Galloway, the ranking of our grades from inspections is as follows:

- Grade 5 – we have 1 care home at this grade
- Grade 4 – we have 4 care homes at this grade
- Grade 3 – we have 10 care homes at this grade

The overall scoring for all of our 29 care homes based on recent reports and ranking as set out below, with currently 1,063 registered beds or places in Dumfries and Galloway.

- Grade 5 – we have 4 care home at this grade
- Grade 4 – we have 13 care homes at this grade
- Grade 3 – we have 12 care homes at this grade
- Grade 2 – we have 2 care homes at this grade

The IJB continues to be committed to working with all of our partners to implement the Strategic Commissioning Plan and to progress the transformational change required to secure recurring financial and operational sustainability across Health and Social Care services in 2023/2024 and beyond.

Service redesign and innovation will be key to changing the way services are planned and delivered. Prevention and early intervention remain a key component in the transformation of services. Managing delayed discharges is an essential consideration which is dependent on the capacity of community care services. The IJB will, however, require to consider prioritising, reducing or stopping some services. Effective communication and public awareness is essential to managing expectations of future service delivery.

Nicole Hamlet
Interim Chief Officer
Dumfries and Galloway
IJB

Andy McFarlane
Chair
Dumfries and Galloway
IJB

Katy Kerr ACMA
Chief Finance Officer
Dumfries and Galloway
IJB

Section 2: Statement of Responsibilities

Responsibilities of the IJB

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In Dumfries and Galloway IJB, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure that the Annual Accounts are prepared in accordance with legislation and so far as compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts for signature.

Responsibilities of the Chief Finance Officer

The Chief Finance Officer, as S95 Officer, is responsible for the preparation of the IJB's Annual Accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (*The Code*), are required to present a true and fair view of the financial position of the IJB at the accounting date and its transactions for the period.

In preparing these 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 the Code of Practice and legislation.
- Complied with the local authority Accounting Code (in so far as it is compatible with legislation).
- 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 these Annual Accounts present a true and fair view of the financial position of the Dumfries and Galloway Integration Joint Board at the reporting date and the transactions for the year ended 31 March 2024.

Katy Kerr ACMA
Chief Finance Officer
Dumfries and Galloway IJB

Section 3: Remuneration Report

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 below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by external auditors to ensure it is consistent with the Annual Accounts.

IJB Membership

The voting members of the IJB are nominated by the parent organisations ie. Dumfries and Galloway Council and NHS Dumfries and Galloway. There are 5 voting members from each parent organisation.

For 2023/24 IJB membership was as follows:

Name	Parent Organisation	To/from
Councillor Andy McFarlane	Dumfries and Galloway Council	23/06/2022
Councillor Paula Stevenson	Dumfries and Galloway Council	23/06/2022
Councillor Ian Carruthers	Dumfries and Galloway Council	23/06/2022
Councillor Chrissie Hill	Dumfries and Galloway Council	23/03/2023
Councillor Denis Male	Dumfries and Galloway Council	23/03/2023
Vicky Keir	NHS Dumfries and Galloway	29/10/2020
Kim Dams	NHS Dumfries and Galloway	14/05/2022
Greg Black	NHS Dumfries and Galloway	23/06/2022
Rihanna Davies McCrorie	NHS Dumfries and Galloway	17/04/2023 - 31/03/2024
Gwilym Gibbons	NHS Dumfries and Galloway	17/04/2023

There were a number of changes from the start of 2023/24 due to the change in Council leadership and a number of NHS Non-Executive members coming to the end of their term. The tables below show the details of the voting members at the start of 2023/2024.

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 member costs borne by the partner.

There were no taxable expenses paid by the IJB therefore no remuneration disclosures are provided for the Chair or Vice-Chair.

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.

At the IJB meeting on the 23 March 2023, the following Voting Members and IJB Chair were approved:

Voting Members	Substitutes for Voting Members
Andy McFarlane (Chair)	
Ian Carruthers	Karen Carruthers
Chrissie Hill	Gail MacGregor
Denis Male	David Slater
Andy McFarlane	Andy Ferguson
Paula Stevenson	Carolyne Wilson

Following the NHS Board meeting on the 17 April 2023, the following NHS Board Voting Members were approved:

Voting Members	Substitutes for Voting Member
Kim Dams (Vice-Chair)	Bill Irving
Greg Black	
Vicky Keir	
Rhianna Davies-McCrorie	
Gwilym Gibbons	

These changes are made every 2 years as outlined in the Public Bodies (IJB)(Scotland) Order 2014 and the Dumfries and Galloway Integration Scheme.

Remuneration: Officers of the IJB

The IJB does not employ any staff in its own right, however, specific post-holding officers are Advisory members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The pay arrangements for the Chief Officer have been determined by the NHS employer, with arrangements for NHS staff determined under national arrangements. The pay arrangements for NHS senior managers whose posts are part of the Executive and Senior Management Cohorts are, subject to Scottish Government Health and Social Care Directorates guidance, determined by the local NHS Remuneration Sub-Committee who ensures the application and implementation of fair and equitable systems for pay and for performance management on behalf of the NHS Board.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other Advisory Board Members who meet the criteria for disclosure are included in the disclosures below:

Total 2022/23 £	Senior Employees	Salary, Fees and Allowances £	Other Benefits £	Total 2023/24 £
116,198	Mrs J White Chief Officer	120,713	0	120,713
100,420	Mrs K Kerr Chief Finance Officer	106,922	0	106,922

Remuneration for the Chief Officer and Chief Finance Officer reflects their total salary for both their roles within the IJB and also their NHS responsibilities, with remuneration also disclosed in the NHS Board accounts. Due to the integrated model in Dumfries and Galloway, no arbitrary apportionment of the remuneration between the two roles has been made with full remuneration disclosed.

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 are 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 total contributions 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.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/23 £	For Year to 31/03/24 £		Difference From 31/03/23 £000	As at 31/03/24 £000
Mrs J White Chief Officer	15,919	16,409	Pension	(3)	40
			Lump sum	34	106
Mrs K Kerr Chief Finance Officer	13,758	14,520	Pension	(1)	44
			Lump sum	33	118
Total	29,677	30,929	Pension	(4)	84
			Lump Sum	67	224

Note: The figures in the "Difference from 31/03/23" columns represent the difference between the unrounded pension benefits as at 31 March 2024 and the unrounded pension benefits as at 31 March 2023, rounded to the nearest £1,000. In a small number of cases, basing the calculation on the rounded pension benefits as at 31 March 2024 and as 31 March 2023 results in a marginally higher or lower difference.

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 2022/23	Remuneration Band	Number of Employees in Band 2023/24
0	£95,000 - £99,999	0
1	£100,000 - £104,999	0
0	£105,000 - £109,999	1
0	£110,000 - £114,999	0
1	£115,000 - £119,999	0
0	£120,000 - £124,999	1

Nicole Hamlet
Interim Chief Officer
Dumfries and Galloway IJB

Andy McFarlane
Chair
Dumfries and Galloway IJB

Section 4: Annual Governance Statement

This statement sets out the framework within which the IJB has put in place proper arrangements (known as the governance framework) for the governance of the IJB's affairs. The governance framework facilitates the effective exercise of the IJB's functions, ensuring that appropriate arrangements are in place for the management of risk and that appropriate systems of internal financial control are in place.

Scope of Responsibility

Dumfries and Galloway IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The IJB also has a duty under the Local Government Act 2003 to make arrangements to secure 'Best Value', through continuous improvement in the way in which its functions are exercised, having regard to economy, efficiency, effectiveness, the need to meet the equal opportunity requirements, and contributing to the achievement of sustainable development.

In discharging this overall responsibility, the IJB is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, and which includes arrangements for the management of risk.

The IJB complies with the requirements of the Chartered Institute of Public Finance and Accountancy (CIPFA) Statement on "*The Role of the Chief Financial Officer in Local Government 2010*". The IJB's Chief Finance Officer (Section 95 Officer) has overall responsibility for the IJB's financial arrangements, and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

The IJB Internal Audit function complies with the requirements of the United Kingdom Public Sector Internal Audit Standards 2013:

"Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes".

The IJB uses the systems of Dumfries and Galloway Council and NHS Dumfries and Galloway to manage its financial records. The operational delivery of services within the NHS Dumfries and Galloway and Dumfries and Galloway Council, on behalf of the IJB, is covered by their respective internal audit arrangements.

The Audit, Risk and Governance Committee performs a scrutiny role in relation to the application of the Public Sector Internal Audit Standards 2013 (PSIAS) and regularly monitors the performance of the IJB's Internal Audit service.

The IJB has appointed a Chief Internal Auditor who has responsibility to review independently and report to the Audit, Risk and Governance Committee annually, to provide assurance on the adequacy and effectiveness of risk management, internal control and governance processes within the IJB.

Members and officers of the IJB are committed to the concept and delivery of sound governance and the effective delivery of IJB services.

This statement explains how the IJB has complied with the Framework and also meets the requirements of The Local Authority Accounts (Scotland) Regulations 2014 which requires all relevant bodies to prepare an annual governance statement.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes, culture and values by which the authority is directed and controlled and its activities through which it accounts to, engages with and leads its communities. It enables the authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate services and value for money.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, objectives and outcomes and can, therefore, only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's policies, objectives and outcomes, to evaluate the likelihood and potential impact of those risks being realised, and to manage them efficiently, effectively and economically.

The governance framework has been developed within Dumfries and Galloway IJB for the period ended 31 March 2024 and up to the date of approval of this statement of accounts.

The Governance Framework

In relation to the development of its governance arrangements during 2015/16, the IJB established a Strategic Planning Group as required by regulation to shape and influence the development of strategic plans, to provide views on any 'significant decision' being considered by the IJB and to provide support and comment within the Partnership on the development of policies across the full range of delegated functions. This has been reviewed and continues to be an effective mechanism around the review and scrutiny of the Strategic Plan. This group was further reviewed as we assess the development of the updated IJB governance arrangements for 2023/24.

The IJB has four Committees supporting the operation of the Board:

1. **Transformation, Innovation and Futures Committee** - This committee will maintain oversight of those areas of business as specified by the IJB:

- Sustainability and Modernisation
 - Population Health
 - Partnership and Collaboration
 - Health Inequalities Outcome and Inclusion
 - Engagement and Participation
2. **Strategic Planning Delivery and Commissioning Committee** - This committee will maintain oversight of those areas of business as specified by the IJB:
- Strategic Needs Assessment
 - Strategic Planning Group
 - Planning Priorities
 - Commissioning Plan
 - Directions
 - Workforce Planning
3. **Finance, Performance and Quality Committee** - The committee will maintain oversight of those areas of business as specified by the IJB:
- Finance/Delegated Budget
 - Performance and Business Intelligence
 - Quality Assurance
4. **Audit, Risk and Governance Committee** - This committee will maintain oversight of those areas of business as specified by the IJB:
- Corporate Risk
 - Clinical and Care Governance
 - External Audit
 - Annual Report and Accounts
 - Freedom of Information
 - Internal Audit
 - Records Management
 - Regulatory bodies recommendations and requirements

The IJB has developed a range of governance related documents including: Standing Orders, Scheme of Delegation, Complaints Policy, Freedom of Information, and Risk Management Strategy. Through the work of the Audit, Risk and Governance Committee, it has been agreed that the Risk Strategy and risk arrangements for the Partnership should be reviewed as these have evolved since the initial Risk Strategy was developed at the inception of the IJB and a workshop organised for July 2024.

A Register of Members Interests has been established for IJB Members. IJB Members have also been invited to sign the Code of Conduct for Members of Devolved Public Bodies. The IJB has its own governance support separate from the NHS and Council through the Chief Officer's Business Support Team.

A review of annual performance of the IJB is prepared and published each year by the Partnership. This is currently being drafted and will be available by the end of July 2024 in line with latest timescales for submission. A performance overview is included in this report.

During 2023/24, work progressed on updating and reviewing the IJB's Corporate Risk Register and Strategy. The current risks are:

- Sufficiency or stability of resource - to meet needs set out in Strategic Commissioning Plan
- Failure to make progress against nine National Health and Wellbeing Outcomes
- Failure to deliver the strategic direction and intentions set out within the Strategic Commissioning Plan

The Chief Officer has considered whether there are any weaknesses in our internal controls which require highlighting for 2023/24. The challenges associated with the imbalance of demand and capacity in the care at home market have continued to impact of our management of delayed discharges. The scale of the financial challenge remains a significant concern with additional resource required from the HS Board during 2023/24 to balance the overall financial position as part of the additional financial support which the NHS Board received from Scottish Government.

Internal Financial Control

The IJB's system of internal controls is based on a framework of regular management information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability. The IJB uses the systems of Dumfries and Galloway Council and NHS Dumfries and Galloway to manage its financial records.

Development and maintenance of the systems is undertaken by the NHS Dumfries and Galloway and Dumfries and Galloway Council as part of the operational delivery of the Health and Social Care Partnership. In particular, the system includes:

- Comprehensive budgeting systems
- Setting targets to measure financial and other performance
- Regular reviews of periodic and annual financial reports which indicate financial performance against forecasts and targets
- Formal project management disciplines, as appropriate

The Deputy Director of Finance (NHS Dumfries and Galloway) and the Head of Finance and Procurement (Dumfries and Galloway Council) have provided assurances that the charges for the services commissioned reflect the income and expenditure recorded in their financial systems and that they are complete and accurate reflecting appropriate charges.

Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the Partners of

the IJB are continually seeking to improve the effectiveness of its systems of internal control.

Reliance is placed on the existing counter fraud and anti-corruption arrangements in place within each partner which have been developed and are maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).

The main objectives of the IJBs internal control systems are:

- To ensure adherence to policies and directives in order to achieve the organisation's objectives
- To safeguard assets
- To ensure the relevance, reliability and integrity of information, so ensuring as far as possible the completeness and accuracy of records
- To ensure compliance with statutory requirements

The system of financial control is reviewed to ensure continued effectiveness by the work of managers in the IJB and by the work of Internal Audit and External Audit in their Annual Report and other reports.

Review of Effectiveness

The review of effectiveness of the governance framework including the system of internal controls is informed by the work of the Audit, Risk and Governance Committee of the IJB who have responsibility for the development and maintenance of the governance environment, the Annual Report by the Chief Internal Auditor, and also by reports/comments made by External Audit and other review agencies and inspectorates.

The Chief Internal Auditor reports directly to the IJB Audit, Risk and Governance Committee on all audit matters with the right of access to the Chief Officer, Chief Finance Officer and the Chair of the Audit, Risk and Governance Committee.

In addition to regular reports to the IJB Audit, Risk and Governance Committee, the Chief Internal Auditor prepares an Annual Report for the Audit, Risk and Governance Committee. Internal Audit aims to give reasonable assurance on the IJB's systems of internal control using a risk based programme of work.

Assurance

Subject to the above, and on the basis of the assurance provided, we consider that the governance and internal control environment operating during 2023/24 provides reasonable and objective assurance that any significant risk impacting on our principal 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 and action plans are in place to address identified areas for improvement.

Nicole Hamlet
Interim Chief Officer
Dumfries and Galloway IJB

Andy McFarlane
Chair
Dumfries and Galloway IJB

Section 5: Independent auditor's report to the members of Dumfries and Galloway Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

AUDITORS REPORT

AUDITORS REPORT

AUDITORS REPORT

AUDITORS REPORT

Section 6: Comprehensive Income and Expenditure Statement

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

2022/23 £000		Note	2023/24 £000
	Expenditure		
485,737	Health and Social Care	8	518,089
144	Operational Expenditure	5	151
485,881	Cost of services		518,240
(470,623)	Taxation and Non-Specific Grant Income	6	(511,514)
15,258	(Surplus)/deficit on provision of services and total comprehensive income and expenditure		6,726

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 and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not required to be provided in these annual accounts.

The in-year overspend was a planned overspend with agreement of the use of reserves confirmed with the partner organisations.

Section 7: Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement in Reserves during 2023/24

	General Fund £000	Unusable Reserves £000	Total Reserves £000
Total Comprehensive Income and Expenditure Opening Balance at 31 March 2023	15,514	0	15,514
Increase or (Decrease) in 2023/24	(6,726)	0	(6,726)
Closing Balance at 31 March 2024	8,788		8,788

Movement in Reserves during 2022/23

	General Fund £000	Unusable Reserves £000	Total Reserves £000
Total Comprehensive Income and Expenditure Opening Balance at 31 March 2022	30,772	0	30,772
Increase or (Decrease) in 2022/23	(15,258)	0	(15,258)
Closing Balance at 31 March 2023	15,514		15,514

Section 8: 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.

2022/23 £000		Note	2023/24 £000
15,514	Current Assets Short Term Debtors	7	8,788
0	Current Liabilities Short Term Creditors		0
15,514	Net Assets		8,788
15,514	Usable Reserves – General Fund	9	8,788
0	Unusable Reserves		0
15,514	Total Reserves		8,788

The Statement of Accounts present a true and fair view of the financial position of the Dumfries and Galloway Integration Joint Board as at 31 March 2024 and its income and expenditure for the year then ended.

The unaudited accounts were authorised for issue on 28 June 2024.

Katy Kerr ACMA
Chief Finance Officer
Dumfries and Galloway IJB

Section 9: Notes to the Annual Accounts

Note 1: Accounting policies

i. General principles

The Annual Accounts summarise the IJB's transactions for the 2023/24 financial year and its position at the year end of 31 March 2024.

The Dumfries and Galloway 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 Annual Accounts are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historic cost convention has been adopted.

ii. Accruals of expenditure and income

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.

iii. Funding

The IJB is funded through funding contributions from the statutory funding partners, Dumfries and Galloway Council and NHS Dumfries and Galloway. Expenditure is incurred as the IJB commissions' specified Health and Social Care services from the funding partners for the benefit of service recipients in Dumfries and Galloway.

iv. Cash and cash equivalents

The IJB does not operate a bank account or hold cash. Instead, the funding partners utilise, as directed by the IJB, the amount of funding due to the IJB to pay for services. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The balance of funding due to or from each funding partner as at 31March is represented as a debtor or creditor on the IJB's Balance Sheet.

v. Offsetting of Debtors and Creditors

The IJB and the funding partners have confirmed that there is a 'right of offset', and that there is an intention to allow settlement of balances to be undertaken on a net basis. On this basis the IJB's Annual Accounts present the balances due to and from the funding partners on a net basis rather than as separate creditors and debtors. The offsetting of debtors and creditors by the IJB primarily relates to the funding contributions due from the funding partners and the commissioning expenditure that the IJB is committed to paying the funding partners for. Details of the net balances due to or from the funding partners are disclosed in Note 10: Related Parties.

vi. 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 Board therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges for the Chief Officer and Chief Finance Officer from the employing partner are treated as employee costs.

vii. 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 31March shows the extent of resources which the IJB can use in later years to support service provision.

viii. Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board Member and officer responsibilities. NHS Dumfries and Galloway and Dumfries and Galloway 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 CNORIS (The Clinical Negligence and Other Risks Indemnity Scheme). 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.

ix. Segmental Reporting

Operating segments are reported in a manner consistent with the internal reporting provided to the IJB.

x. VAT

The IJB is not registered for VAT 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 related to VAT, as all VAT collected is payable to HM Revenues & Customs (HMRC) and all VAT paid is recoverable from it. 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 2: Adjustments to 2022/23 Audited Accounts – Segmental Analysis

Following a restructure for services commissioned within Dumfries & Galloway Council, the 2022/23 segmental analysis was required to be restated to reflect this new structure. This is a presentational adjustment and does not affect the overall total.

Note 3: Accounting Standards issued not 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.

IFRS 16 Leases supersedes IAS 17 Leases and is being applied by HM Treasury in the Government Financial Reporting Manual (FReM) from 1 April 2022. IFRS 16 introduces a single lessee accounting model that results in a more faithful representation of a lessee's assets and liabilities, and provides enhanced disclosures

to improve transparency of reporting on capital employed. No impact is anticipated, of IFRS 16, on the IJB.

Note 4: Critical Judgements and Estimation uncertainty

Annual Accounts can include some estimated figures and critical judgements. Estimates are made taking into account the best available information, however, actual results could differ from the assumptions and estimates used. There are no estimates and judgements in the IJB accounts.

Note 5: Events after the Reporting Period

The Chief Finance Officer authorised the unaudited 2023/24 Annual Accounts for issue on ?. There have been no other material events since the date of the balance sheet which required revision to the figures in the Annual Accounts.

Note 6: Expenditure and Income Analysis

2022/23 £000		2023/24 £000
90,415	Services Commissioned from Dumfries and Galloway Council	94,616
395,322	Services Commissioned from NHS Dumfries and Galloway	423,473
110	Operational Expenditure - Employee Benefits	117
3	- Insurance and Related	3
31	- Auditor Fee: External Audit Work	31
(470,623)	Partners Funding Contributions	(511,514)
15,258	(Surplus)/deficit on the provision of services	6,726

Note 7: Partners Funding Contributions

2022/23 £000		2023/24 £000
94,333	Funding Contribution from Dumfries and Galloway Council	90,379
376,290	Funding Contribution from NHS Dumfries and Galloway	421,135
0	Other Non-ringfenced grants and contributions	0
470,623	Partners Funding Contributions	511,514

The funding contribution from the NHS Board shown above includes no funding for 'set aside' resources relating to Acute hospital and other resources as the NHS has delegated all strategic and operational responsibility to the IJB for all Acute hospital budgets which are included in the funding contributions agreed. The Council contributions shown include NHS Resource Transfer but are net of Social Care Fund spend which transfers from the NHS.

The funding contributions from the partners shown above include all funding provided to partners from the Social Care Fund and Integrated Care Fund and any specific funding provided to the partner agencies for service provision.

Note 8: Short Term Debtors

2022/23 £000	Debtor	2023/24 £000
5,908	NHS Dumfries and Galloway	3,419
9,606	Dumfries and Galloway Council	5,369
15,514	Total Short Term Debtors	8,788

Note 9: Segmental Analysis

Segmental analysis, as required under IFRS has been reported for each service group commissioned by the IJB.

*2022/23 £000	Service	2023/24 £000
18,487	Adult Services (Regional)	19,025
502	Adult Support & Protection	1,162
1,188	Management & Governance	804
7,686	Physical Disability Support	8,171
28,581	Short Term Care (Older People)	26,298
5,476	In House Complex Care & Support	5,944
25,778	Learning Disability Support	29,990
2,717	Mental Health Support	3,222
90,415	Services Commissioned from Dumfries and Galloway Council	94,616
154,564	Acute and Diagnostics Directorate	158,360
6,804	E Health	0
21,803	Facilities and Clinical Support	44,789
30,844	Mental Health Directorate	32,892
72,914	Community Health and Social Care (NHS)	78,086
53,076	Primary Care Services	54,990
27,572	Resource Transfer/Social Care Fund/Strategic Planning	30,627
27,745	Women and Children's Directorate	23,729
395,322	Services Commissioned from NHS Dumfries and Galloway	423,473
485,737	Health and Social Care	518,089

*Note – The figures in 2022/23 for services commissioned from Dumfries and Galloway Council have been restated to reflect the new structure that was implemented in 2023/24.

Note 10: Movement in reserves

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

- To earmark 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. This reflects the timing of ringfenced allocations which needs to be matched to specific expenditure and release of reserves depends on timing and nature of expenditure which spans financial years.
- 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.

The tables below show the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure and the amount held as a general contingency.

Current Year	Balance at 31 March 2023	Transfers Out	Transfers In	Balance at 31 March 2024
		2023/24	2023/24	
	£000	£000	£000	£000
Adult Social Care Winter Planning	1,184	1,019	0	165
Alcohol and Drug Partnerships	1,071	872	0	199
Community Living Change Fund	437	120	0	317
Mental Health Recovery and Renewal	1,210	737	0	473
Mental Health Strategy – Action 15	305	305	0	0
Primary Care Improvement Fund	575	352	0	223
Social Care Fund	6,642	2,380	0	4,262
Winter Planning Health and Social Care	4,090	941	0	3,149
Total Earmarked	15,514	6,726	0	8,788
Contingency	0	0	0	0
General Fund	15,514	6,726	0	8,788

Prior Year	Balance at 31 March 2022	Transfers Out	Transfers In	Balance at 31 March 2023
	£000	2022/23 £000	2022/23 £000	£000
Adult Social Care Winter Planning	2,203	1,019	0	1,184
Alcohol and Drug Partnerships	1,604	533	0	1,071
Community Living Change Fund	497	60	0	437
Covid-19 Funding	16,346	16,346	0	0
Mental Health Recovery and Renewal	2,352	1,142	0	1,210
Mental Health Strategy – Action 15	461	156	0	305
Primary Care Improvement Fund	2,262	1,687	0	575
Social Care Fund	1,704	137	5,075	6,642
Winter Planning Health and Social Care	3,343	0	747	4,090
Total Earmarked	30,772	21,080	5,822	15,514
Contingency	0	0	0	0
General Fund	30,772	21,080	5,822	15,514

Note 11: Related parties

The IJB has related party relationships with NHS Dumfries and Galloway and Dumfries and Galloway Council. In particular, the nature of the Partnership means that the IJB may influence, and be influenced by, its partners. Both the NHS and Local Authority provide a range of services to the IJB for corporate support, including finance, human resources, admin and corporate services. These services are provided free of charge as services in kind. The following tables provide additional information on the related party transactions.

2022/23 £000	Transactions with NHS Dumfries and Galloway	2023/24 £000
(376,290)	Funding Contributions received from the NHS Board	(421,135)
395,322	Expenditure on Services Provided by the NHS Board	423,473
110	Key Management Personnel: Advisory Board Members	117
34	Support Services	34
19,176	Net Transactions with NHS Dumfries and Galloway	2,489
Notes		
Key Management Personnel: The Advisory Board Members employed by the NHS Board and recharged to the IJB include the Chief Officer and the Chief Finance Officer.		
As at 31/03/23 £000	Balances with NHS Dumfries and Galloway	As at 31/03/24
5,908	Debtor balances: Amounts due from the NHS Board	3,419
0	Creditor balances: Amounts due to the NHS Board	0
5,908	Net Balance with NHS Dumfries and Galloway	3,419

2022/23 £000	Transactions with Dumfries and Galloway Council	2023/24 £000
(94,333)	Funding Contributions received from the Council	(90,379)
90,415	Expenditure on Services Provided by the Council	94,616
(3,918)	Net Transactions with Dumfries and Galloway Council	4,237
As at 31/03/23 £000	Balances with Dumfries and Galloway Council	As at 31/03/24 £000
9,606	Debtor balances: Amounts due from the Council	5,369
0	Creditor balances: Amounts due to the Council	0
9,606	Net Balance with Dumfries and Galloway Council	5,369

Note 12: Contingent Liabilities

A review of potential contingent assets and liabilities has been undertaken for the IJB and none have been identified at 31 March 2024.

Section 10: 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 Annual Accounts, normally a period of twelve months commencing on 1 April. 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.

ACMA

Associate of the Chartered Institute of Management Accountants.

ADP

Annual Delivery Plan

AI

Artificial Intelligence

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 (eg. 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 Annual 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

CNORIS

The Clinical Negligence and Other Risks Indemnity Scheme

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.

FReM

Financial Reporting Manual

HACE

Health and Care Experience

Health and Social Care Partnership (H&SCP)

Is the name given to the Parties' service delivery organisation for functions which have been delegated to the IJB.

HSCGP

Health and Social Care Governance and Performance Group

HMRC

HM Revenue and Customs

IAS

International Accounting Standards

IFRS

International Financial Reporting Standards

IJB

Integration Joint Board

IM&T

Information, Management and Technology

LASAAC

The 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.

MSG

Ministerial Strategic Group

PDD

Planned Date of Discharge

PSIAS

Public Sector Internal Audit Standards 2013

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 Elected Members, the Chief Executive, the Executive Directors and their close family and household members.

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. Some capital reserves such as Fixed Asset Restatement Account cannot be used to meet current expenditure.

S95 Officer

The IJB is required to make arrangements for the proper administration of its financial affairs and to secure that one of its officers has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In Dumfries and Galloway IJB that officer is the Chief Finance Officer.

SCIs

Strategic Commissioning Intentions

SCP

Strategic Commissioning Plan

The Code

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

TPs

Tactical Priorities