
Report To:	Inverclyde Integration Joint Board	Date:	26 June 2023
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/36/2023/CG
Contact Officer:	Craig Given	Contact No:	01475 715381
Subject:	2022/23 DRAFT ANNUAL ACCOUNTS		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to set out the proposed approach of the Inverclyde Integration Joint Board (IJB) to comply with its statutory requirements in respect of its annual accounts and to present the draft 2022/23 Annual Accounts and Annual Governance Statement.
- 1.3 IJBs are specified as 'section 106' bodies in terms of the Local Government (Scotland) Act 1973, and consequently are expected to prepare their financial statements in compliance with the Local Authority Accounts (Scotland) Regulations 2014 (the regulations) and the Code of Practice on Accounting For Local Authorities in the United Kingdom.
- 1.4 The Scottish Government introduced the regulations to update the governance arrangements relating to the authorisation and approval of a section 106 body's annual accounts. This report outlines the IJB's approach to comply with the regulations and presents the draft 2022/23 accounts.
- 1.5 The regulations require the Annual Governance Statement be approved by the IJB or a committee of the IJB whose remit includes audit and governance and require that unaudited accounts are submitted to the auditor no later than 30 June immediately following the financial year to which they relate.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

1. Notes the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014;
2. Approves the Annual Governance Statement included within the Accounts; and
3. Agrees that the unaudited accounts for 2022/23 be submitted to the auditor.
4. Approves the transfer to Earmarked Reserves identified in Page 9 of the Draft Annual Accounts.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 On 10 October 2014 the Local Authority Accounts (Scotland) Regulations 2014 came into force. The Scottish Government also provided additional guidance on the application of these regulations.
- 3.2 These regulations superseded the 1985 regulations and provide clearer definitions of the roles and responsibilities of Board Members and Officers in respect of the authorisation and approval of a section 106 body's annual accounts.
- 3.3 These regulations apply to any annual accounts with a financial year that begins from 1 April 2014 and therefore govern the preparation of the IJB's 2022/23 annual accounts.
- 3.4 The regulations require the Annual Governance Statement be approved by the IJB or a committee of the IJB whose remit includes audit and governance following an assessment of both the effectiveness of the internal audit function and the internal control procedures of the IJB.
- 3.5 The Audit Committee has considered the performance of internal audit and internal control procedures throughout the year.
- 3.6 The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.
- 3.7 In discharging these responsibilities, the Chief Officer has a reliance on the NHS and Local Authority's systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.
- 3.8 The IJB has adopted governance arrangements consistent where appropriate with the principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "*Delivering Good Governance in Local Government*". This statement explains how the IJB has complied with the Local Code and also meets the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.
- 3.9 The Board of the IJB comprises 8 voting members, including the Chair and Vice Chair; four voting members are Council Members nominated by Inverclyde Council and four are Board members of NHS Greater Glasgow and Clyde. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include representatives from the third and independent sector bodies and service users. Professional members include the Chief Officer, Chief Finance Officer and Chief Social Worker. The IJB, via a process of delegation from NHS Greater Glasgow and Clyde and Inverclyde Council, and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all integrated health and social care within its geographical area.
- 3.10 A Local Code of Good Governance has been approved by the Audit Committee and based on this an assurance assessment template was completed.
- 3.11 The IJB Chief Internal Auditor has confirmed that there are no additional significant governance issues that require to be reported specific to the IJB.

- 3.12 Based on the audit work undertaken, the assurances provided by Directors (of Inverclyde Council) and the Senior Management Teams (of services within NHS Greater Glasgow and Clyde) it is the Chief Internal Auditor's interim opinion (subject to receipt of the final NHSGG&C Internal Audit Annual Report for the year) that reasonable assurance can be placed upon the adequacy and effectiveness of the governance and control environment which operated during the reporting period of 2022/23.
- 3.13 Subject to the above, and on the basis of the assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of 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 internal control environment.
- 3.14 The IJB is asked to approve the Annual Governance Statement. The draft statement is enclosed on pages 19-21 of the draft annual accounts.
- 3.15 The regulations require that the unaudited accounts are submitted to the auditor no later than the 30 June immediately following the financial year to which they relate.
- 3.16 The regulations state IJB or committee whose remit includes audit and governance, for Inverclyde this is the IJB Audit Committee, must meet to consider the unaudited annual accounts as submitted to the external auditor no later than 30 June immediately following the financial year to which the annual accounts relate. The unaudited accounts are appended to this report for IJB consideration.
- 3.17 Scottish Government guidance states that best practice would reflect that the IJB or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.
- 3.18 The right to inspect and object to the accounts remains unchanged through these regulations. The timetable for the public notice and period of inspection is standardised, with the inspection period starting no later than 1 July in the year the notice is published.
- 3.19 The regulations require that the audited annual accounts should be considered and approved by the IJB or Audit Committee having regard to any report made on the audited annual accounts by the proper officer¹ or external auditor by 30 September immediately following the financial year to which the accounts relate.
- 3.20 The Audit Committee will consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts. Subsequently, the external auditor's Board Members Report and the audited annual accounts will be presented to the IJB for approval and referred to the Audit Committee for monitoring of any related action plan.
- 3.21 In order to comply with the regulations, it is proposed that the ISA260 and Board Members Report, together with a copy of the audited annual accounts, is considered by the Audit Committee and thereafter referred to the IJB for approval prior to the 30 November in the year immediately following the financial year to which they relate.
- 3.22 The regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years together with any further reports provided by the external auditor that relate to the audited accounts.

¹ The Proper Officer is set out in Section 95 of the Local Government (Scotland) Act 1973. In Inverclyde IJB this role is fulfilled by the Chief Financial Officer.

3.23 The table below summarises the key required and proposed dates for the 2022/23 annual accounts on the basis of the Audit Scotland advice.

	Required Date	Proposed Date
IJB or Audit Committee to approve Annual Governance Statement	30 June	26 June
Unaudited Annual Accounts to be submitted to external audit	30 June	By 30 June
Publication of Draft Accounts inspection period	1 July	By 26 June
Draft Accounts inspection period	2-20 July	27 June -20 July
IJB or Audit Committee to consider unaudited Annual Accounts	30 June	26 June
IJB or Audit Committee to consider any reports made by the Chief Financial Officer or External Auditor	30 Sep	tbc Sep
IJB to consider and approve the audited annual accounts	30 Sep	Tbc Sep
Audited Annual Accounts to be published	Tbc	Following the Sep IJB
Any further reports by the external auditor to be published	Following the Sep IJB	Following the Sep IJB

3.24 The draft Accounts are being prepared in line with guidance issued by CIPFA and provide an overview of the financial performance of the IJB through the following statements:

- Management Commentary
- Statement of Responsibilities
- Annual Governance Statement
- Remuneration Report
- The Financial Statements
- Notes to the Financial Statements

4.0 PROPOSALS

4.1 It is recommended that the Integration Joint Board:

1. Notes the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014;
2. Approves the Annual Governance Statement included within the Accounts; and
3. Agrees that the unaudited accounts for 2022/23 be submitted to the auditor.
4. Approves the transfer to Earmarked Reserves identified in Page 9 of the Draft Annual Accounts

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	X		
Legal/Risk		X	
Human Resources		X	
Strategic Plan Priorities	X		
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

5.2 Finance

There are no direct financial implications within this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

There are no specific legal implications arising from this report.

5.4 Human Resources

There are no specific human resources implications arising from this report.

5.5 Strategic Plan Priorities

The finances of the IJB is key to the strategic plan objectives

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

There are no equality issues within this report.

	YES – Assessed as relevant and an EqIA is required.
√	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

5.7 Clinical or Care Governance

There are no governance issues within this report.

5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

5.9 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 This report has been prepared by the IJB Interim Chief Financial Officer. The Chief Officer and the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

8.0 BACKGROUND PAPERS

8.1 None

Inverclyde Integration Joint Board Unaudited Annual Accounts 2022/23



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Management Commentary

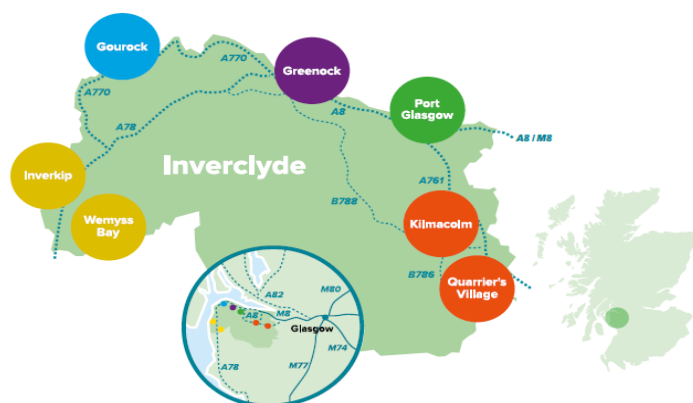
Introduction

This publication contains the financial statements for the Inverclyde Integration Joint Board (IJB) for the year ended 31 March 2023.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2022/23 and how this has supported delivery of the IJB's core objectives. This commentary also looks forward, outlining the future financial plans for the organisation and the challenges and risks which we will face as we strive to meet the needs of the people of Inverclyde.

Inverclyde IJB

Inverclyde is located in West Central Scotland along the south bank of the River Clyde. It is one of the smallest local authority areas in Scotland. Inverclyde has a total population of 76,700, making up 1.4% of Scotland's total. The population has decreased over the last decade, with projections showing this will continue. The gender split in Inverclyde is 1 male to every 1.09 females, which is a higher proportion of females than Scotland has (1.05). 21.8% of Inverclyde's population is aged over 65 years, compared to 19.6% for Scotland. Over time this is expected to increase in Inverclyde, with the projected dependency ratio set to increase from 58.6% in 2023 to 72.6% in 2043, widening the gap to Scotland.



POPULATION ESTIMATES FOR 2021

76,700 (1.4% of total Scottish population)

- 15.9% aged under 16 (in 2021)
- 14.2% aged 16 to 29 years (**Scotland = 16.9%**)
- 39.2% aged 30 to 59 year
- 29.5% aged 60 and over (**Scotland = 26.2%**)

Source: NRS population projections for Scottish Areas June 2021

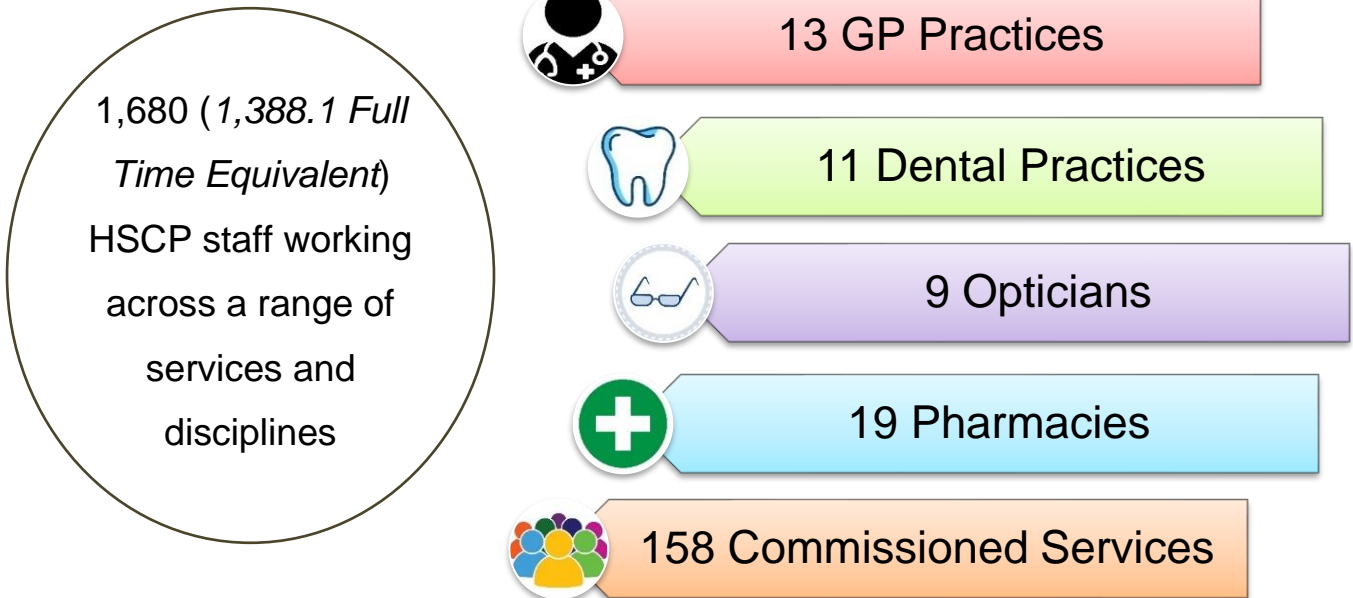
The Inverclyde IJB was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. From 1st April 2016, the IJB took formal delegated responsibility from the NHS Greater Glasgow and Clyde and Inverclyde Council for the delivery and/or planning of local health and social care services.

For some services this delegation of responsibility means the IJB taking full responsibility for planning, management, and delivery of service provision, while for others, notably hospital based services, this means planning with partners who continue to manage and deliver the services as part of wider structures (e.g., the Greater Glasgow & Clyde Acute Sector).

The Inverclyde IJB has responsibility for the strategic commissioning (either planning or direct service delivery, or both) of the full range of health and social care services; population health and wellbeing, statutory health and social work/ social care services for children, adults, older people, homelessness and people in the community justice system. The IJB discharges this responsibility through its operational delivery arm, which is the Inverclyde Health and Social Care Partnership (HSCP).

Our resources

The HSCP has responsibility for, and delivers, an extensive range of services across primary care, health and social care and through a number of commissioned services.



Interim governance structures developed in 2020/21 were continued through 2021/22 and into 2022/23 as we moved through the pandemic. Throughout this time the HSCP continued to work to put people at the centre of all that we do and ensure that essential services are delivered safely and effectively and in line with our Strategic Plan. The Strategic Plan which had previously been reprioritised to focus on Covid recovery was refreshed through 2022/23. The refreshed plan along with an Outcomes Framework was formally approved at the March 2023 IJB.

The IJB Strategic Plan is supported by a variety of service strategies, investment and management plans which aid day to day service delivery. These plans and strategies identify what the IJB wants to achieve, how it will deliver it and the resources required to secure the desired outcomes. The Strategic Plan also works in support of the Inverclyde Community Planning Partnership's Local Outcome Improvement Plan and the Greater Glasgow & Clyde Health Board Local Delivery Plan. It is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our objectives.

The Strategic Plan and other key documents can be accessed online at:

<https://www.inverclyde.gov.uk/health-and-social-care>

The operational HSCP Structure responsible for delivering services in 2022/23 is illustrated below.

HSCP Operational Structure



The Annual Accounts 2022/23

The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB’s vision and its core objectives. The requirements governing the format and content of local authorities’ annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2022/23 Accounts have been prepared in accordance with this Code.

The Financial Plan

IJBs need to account for spending and income in a way which complies with our legislative responsibilities.

Covid recovery continued to have an impact on IJB expenditure. Earmarked reserves of £8.164m were held at 1 April 2022 for the continuation of funding any related costs. Use of these funds was maximised throughout the financial year, with a final recorded spend of £3.394m (£3.106m Social Care and £0.288m Health). The remaining reserves were returned to the Scottish Government via a reduction in their funding allocation to Health. This reduction is reflected in the taxation and non-specific grant income in the Comprehensive Income and Expenditure Statement.

As per the Revised Budget reported at period 11, the IJB budgeted to deliver Partnership Services at a cost of £196.554m, including £34.704m of notional budget for Set Aside and £8.391m of spend was anticipated through Earmarked Reserves. Subsequently, funding adjustments, reductions in spend and an increase in the Set Aside resulted in actual spend of £204.013m, including Set Aside of £36.036m. Funding moved from a budgeted £196.554m at Period 11 to a year end position of £199.950m. This movement related mainly to additional funding in relation to Health pay awards of £1.6m and a final year end adjustment of Set Aside budget of £1.3m. The final position generated a deficit for the year of £4.063m, which has been reflected in IJB reserves in line with its reserves policy. The movement in projection at Period 11 vs actual and analysis of the deficit are shown in the tables on pages 11-12.

The IJB agreed the 2023/24 financial year balanced budget on 20 March 2023, utilising one off funds from pay contingency (£0.199m) and general reserves (£0.603m). The updated 5-year financial plan is being reported to the June 2023 IJB for consideration, taking account of forecast demand for services, inflationary pressures, pay awards and assumptions on funding from partners.

Performance

The IJB and HSCP tracks change in need and demand, and delivery of the National Wellbeing Outcomes through its performance management arrangements. Every service usually undergoes a quarterly service review (QSR), chaired by the relevant Head of Service. Service use, waiting times and any other pressures are closely reviewed alongside progress against the service's key objectives and delivery of outcomes. Any divergence from the agreed strategic direction is quickly identified and steps are put in place to get the service back on track. In 2021/22 this process was halted due to the pandemic, however in 2022/23 we re-established some of the QSRs and will aim to have all in place throughout 2023. Performance is still reviewed regularly within each service and where there are notable differences between the service's performance and what has been planned for, then these differences are reported to the Senior Management Team along with an outline of the planned remedial action in cases where the divergence is negative.

National Integration Indicators

The legislation requires that IJBs follow a prescribed format of annual performance reporting against the nine outcomes, based on 23 national indicators and a requirement to publish an annual performance report by the 31st July each year. There are 23 National Integration Indicators against which the performance of all HSCPs in Scotland is measured, the data for these is provided by Public Health Scotland (PHS) on behalf of the Scottish Government. These indicators are grouped into two types of complementary measures: outcome indicators based on survey feedback, and indicators derived from organisational or system data.

Inverclyde's summary 2022/23 will be published in line with agreed national revised timelines and approved at the September 2023 IJB meeting.

The IJB's 2021/22 Performance against the 23 National Indicators is shown below where it is available. Numbers 1 to 9 are taken from the 2020/21 biennial Health and Care Experience Survey.

Of the 19 currently reported measures we are at or better than the Scottish average in 10 (green), just below in 5 (amber) and behind in 4 (red).

In 6 measures we have seen an improving trend (green arrow), maintaining our performance in 5 (amber arrows) and reducing performance in 8 (red arrow). This trend analysis is based upon the 5 most recent reporting years.

Inverclyde is an area of social-economic deprivation which directly correlates to long term chronic disease and risk factors e.g. diet, tobacco, alcohol and drug use, obesity. This results in higher premature mortality rates, higher emergency admissions and longer term bed use in the acute system, which is indicated at measures 11, 12 and 13.

The convention for comparing performance in relation to the Scottish average are as follows:

Green	Performance is equal or better than the Scottish average	↑ ↓	Trend is improving (moving in the right direction)
Amber	Performance is close to the Scottish average	→ ←	Trend is static – no significant change
Red	Performance is below the Scottish average	↑ ↓	Trend is declining (moving in the wrong direction)

PHS are still developing 4 of the 23 National Integration Indicators so these have not been included in the report. These are:-

10	Percentage of staff who say they would recommend their workplace as a good place to work
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home
22	Percentage of people who are discharged from hospital within 72 hours of being ready
23	Expenditure on end of life care, cost in last 6 months per death

Outcome Indicators

The Health and Care Experience survey is sent to a random sample of patients who are registered with a GP practice in Scotland. Questionnaires were sent out in November 2021 asking about people's experiences during the previous 12 months. The results for 2021/22 were published on 10 May 2022 with local level results available via interactive dashboards on the PHS website.

National Integration Indicator	Time Period	Inverclyde HSCP	Scottish Average	Change from previous period	Inverclyde Long-term Trend	Scottish Long-term Trend
1 Percentage of adults able to look after their health very well or quite well	2021/22	90.1%	90.9%	→ ←	→ ←	↓
2 Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2021/22	82.9%	78.8%	↓	→ ←	↓
3 Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2021/22	66.7%	70.6%	↓	↓	↓
4 Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2021/22	68.6%	66.4%	↓	↓	↓
5 Total % of adults receiving any care or support who rated it as excellent or good	2021/22	81.3%	75.3%	↓	↓	↓
6 Percentage of people with positive experience of the care provided by their GP practice	2021/22	58.7%	66.5%	↓	↓	↓

7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2021/22	79.6%	78.1%	↓	↓	↓
8	Total combined percentage of carers who feel supported to continue in their caring role	2021/22	28.7%	29.7%	↓	↓	↓
9	Percentage of adults supported at home who agreed they felt safe	2021/22	81.9%	79.7%	↓	↔	↓

Data indicators

The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. The data presented here is the most up to date provided by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships. The figures will be subject to review and data completeness and, therefore, likely to change in subsequent releases. PHS recommend that Integration Authorities do not report any time period for indicator 20 beyond 2019/2020 within their 2021/2022 APRs as NHS Boards were not able to provide detailed cost information for 2020/2021 due to changes in service delivery during the pandemic.

	National Integration Indicator	Time Period	Inverclyde HSCP	Scottish Average	Change from previous period	Inverclyde Long-term Trend	Scottish Long-term Trend
11	Premature mortality rate per 100,000 persons	2021	508.7	465.9	↓	↑	↔
12	Emergency admission rate (per 100,000 population)	2021/22	12887	11474.9	↔	↓	↔
13	Emergency bed day rate (per 100,000 population)	2021/22	136305.9	105956.6	↔	↓	↓
14	Readmission to hospital within 28 days (per 1,000 population)	2021/22	87	102.8	↓	↓	↔
15	Proportion of last 6 months of life spent at home or in a community setting	2021/22	88.7%	90%	↔	↑	↑
16	Falls rate per 1,000 population aged 65+	2021/22	21	22.4	↔	↓	↔
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2019/20	85.1%	75.8%	↔	↔	↓
18	Percentage of adults with intensive care needs receiving care at home	2021	68.1%	64.9%	↑	↑	↑
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	2021/22	296.4	761.4	↑	↔	↓
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2019/20	21.9%	21.0%	↓	↑	↔

The Covid recovery has meant that 2022/23 has continued to be a challenging year, especially for Health and Social Care providers. Despite this the HSCP achieved a number of successes in year, including:

- We developed a refreshed Strategic Plan for the remaining period of the original 5 year Strategic Plan (2019-24) and developed an Outcomes Framework to show progress against both our national and local indicators.
- We have continued to support the delivery of the flu and Covid 19 vaccine programmes across all the Inverclyde communities. We have continued our specific focus on ensuring our most vulnerable in care homes and those who are housebound received their vaccines as early as possible.
- Through anti poverty funding we implemented the RISE project to support vulnerable young men affected by drugs and alcohol into employment. As at March 2023, 4 people are actively engaged in employment and work is progressing with an additional 14 young men.
- We commenced our Care at Home Review and established the Project Board to oversee a range of workstreams.
- We reinvigorated our approach to Unscheduled Care (UC) across Inverclyde and worked closely with our NHSGGC partners to implement to UC action plan
- We have continued our development of the new Learning Disability Community Hub with construction expected to commence September 2023.
- We have continued to work with the Alcohol and Drug partnership to implement the Medication Assisted Treatment Standards (MAT) and commissioned our Recovery network in Inverclyde
- We commenced the redesign of Homelessness Services with a Housing First approach being central to the new model of delivery.
- We established our #The Promise team and are continuing to work closely with our children, families and young people in Inverclyde to deliver the key priority areas
- Through the Whole Family Wellbeing Funding we commenced the redesign of Children's Social Work Services with the introduction of new models of 'front door' support and intensive family support.
- We commenced the roll out of trauma informed training and awareness across our workforce
- We continued our development of the replacement Social Work case management system
- We refreshed our approach to locality planning with two locality planning groups being established to support service planning across Inverclyde
- Support was given for the cost of living crisis to local residents via a specific fund set up during the financial year

Financial Performance

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of our financial performance for 2022/23.

(a) Partnership Revenue Expenditure 2022/23

Covid again had an impact on spend across the Partnership in the year. In total £3.394m was spent in year on a variety of areas, including a small residual amount of £0.034m of Covid shielding funds. The costs were met in full by Scottish Government through reserves already held by the IJB. The core Covid grant funds of £8.130m held were used to fund expenditure of £3.358m, and the remaining funds were returned via a reduction in Scottish Government Health funding allocations.

The table below sets out the Covid position for the year including earmarked reserves held as at 31 March 2023.

Category of spend (core Covid funds)	Social Care £000	Health £000	Total £000
Public Health	0	(3)	(3)
Vaccinations	6	118	124
Workforce and Capacity	192	172	364
PPE, Equipment and IPC	104	7	111
Social Care and Community Capacity	2,587	0	2,587
Primary Care	0	(13)	(13)
Miscellaneous	181	7	188
Total Covid related spend 2022/23	3,070	288	3,358
Covid reserves position	£000s	£000s	£000s
carried forward from 21/22	7,951	213	8,164
Actual Spend at 31/03/2023 (incl final shielding spend)	3,106	288	3,394
Health spend funded from reserve	75	(75)	0
Returned to Scottish Government (unused funds)	4,770	0	4,770
REMAINING FUNDS IN COVID EMR AT 31/3/23	0	0	0

During the financial year, recruitment and retention was a factor both in house and for external providers, resulting in underspends throughout services, with in house employee costs underspends of £1.9m recorded overall, along with underspends on client commitments mainly related to external care at home services and Health supplies budgets. An overspend of £1.1m was recorded against prescribing budgets.

A total of £1.881m has been added to smoothing reserves during the year to facilitate managing services of a volatile nature, including the creation of a specific reserve to deal with any demographic pressures on client care packages during 2023/24. In addition, a specific smoothing reserve of £1.085m is held again this financial year to manage any additional implications from the 2023/24 pay award negotiations for Social Care.

During this financial year the Scottish Government intimated that reserves held were to be utilised in the first instance for specific areas including Alcohol and Drug Partnership (ADP), Primary Care Improvement Programme (PCIP) and Multi-Disciplinary Teams winter planning spend, prior to 2022/23 funding allocations being distributed. The partnership was able to maximise the use of these reserves by advancing planned expenditure where possible to minimise the reduction of in year funding.

The IJB continues to hold a Transformation Fund for the purposes of funding projects and activities which will realise future efficiencies for the Partnership. In 2022/23 an opening balance of £1.975m was held, £0.336m of expenditure was incurred in year with a further £1.034m committed. Additional funds of £0.100m have been added to the fund to allow continuation of further projects during next financial year.

Reserves are held for Winter Pressures/Planning amounting to £1.735m across various workstreams. Plans have been agreed for use of the majority of these funds in 2023/24 financial year, with the remainder to be utilised to ease pressure on care services as required during the year.

£0.784m has been earmarked for use next financial year in relation to Mental Health Recovery and Renewal work streams including CAMHS services, dementia work and Workforce Wellbeing.

Reserves of £1.077m were held as at 1 April 2022 in relation to refugee income received to fund future years expenditure. During 2022/23, grant income was received in relation to both New Scots Ukraine arrivals and some previous scheme ongoing commitments. After funding in year spend, the remaining balance was added to reserves giving a final earmarked reserve of £2.190m held to fund future years expenditure including

New Scots team employee costs, Health and Social care staff pressures, third party support and support for ongoing accommodation costs.

Overall opening reserves of £28.325m were held at 1 April 2022. During the year £14.362m of Earmarked Reserves were used to fund specific spend and projects including Covid related spend, and to facilitate the return of unused Covid funds to Scottish Government. An additional £9.626m was added to Earmarked Reserves, with no funds being drawn down from the General Reserve. A final balance of £0.673m was added to the general reserve, leading to a final net deficit of £4.063m, with total reserves of £24.262m held at year end. As is usual during budget monitoring processes, a number of areas of specific underspend have been added to earmarked reserves for use in future years, and approval has been requested as part of the annual accounts covering report. These specific areas totalling £1.420m are as follows:-

Transfer of in year underspends to earmarked reserves requested	£000s
Winter planning - Care at Home	106
Digital Strategy - CM2000 in year underspend	70
Residential/Nursing placements smoothing reserve	283
Client commitments - general /Underspend on client commitments	74
Carers - final underspend	20
Mental Health recovery and renewal - in year underspend	50
SWIFT replacement - in year maintenance underspend	76
Tier 2 School counselling - in year underspend	16
Refugees - final in year balance to reserve for future years planned spend	460
Wellbeing project	15
Temporary staffing - I promise team	30
Share of GP IT system (Board wide initiative)	146
Health Visiting students	74
Total earmarking request	1,420

Following earmarking of these specific items, a revenue underspend of £2.449m remains. £1.3m of this underspend has already been approved to be allocated to smoothing, training and general reserves as part of the IJB 2023/24 budget paper. A further request has been made as part of the annual accounts covering report to allocate the remaining underspend across various reserves, in line with the IJB reserves strategy as follows:-

Allocation of final underspend	£000s
Allocation of projected year end underspend agreed as part of 2023/24 budget setting	1,300
Final allocation of remaining underspend:-	
Staff Learning & Development Fund	100
Temporary Staffing	250
Transformation Fund	100
Children and Families residential/fostering/adoption	325
Prescribing	200
General reserves (£0.499m already agreed)	174
Total	2,449

An analysis of all earmarked reserves is set out in Note 8 to the Financial Statements on Page 33.

Total net expenditure for the year was £204.013m against the overall funding received of £199.950m, generating a revenue deficit of £4.063m. This was made up as follows:

Analysis of Deficit on Provision on Services

At year end the overall deficit was comprised of:

- an underspend on Health services of £0.042m, added to general reserves
- an underspend of £2.407m on Social Care Services, added to earmarked and general reserves
- Covid spend of £3.394m during the financial year
- Covid funds returned to Scottish Government of £4.770m
- New and net increased reserves of £4.732m as agreed by the IJB
- Further use of reserves of £3.080m being planned spend during the year against balances held

Further analysis of the movements forming the overall deficit are shown in the following table:

Detail of in year movement	£000
<i>Movements in reserves</i>	
Carers funding set aside for specific spend	304
Temporary Posts for utilisation over future years	425
ADRS fixed term posts	109
Cost of Living Fund - remaining funds	265
Client Commitments - general	605
Whole Family Wellbeing	422
Increase to reserve for New Scots and refugees	1,113
Winter Pressures - care at home	347
Winter Pressures - Health care support workers	125
Primary Care Support	231
Homelessness redesign additional funds	100
Increases to other smoothing reserves	911
Further overall increases - various	442
Covid spend in year	(3,394)
Return of unused Covid funding to Scottish Government	(4,770)
Use of Primary Care Improvement reserve	(1,371)
Use of pay contingency reserve for 22/23 pay award	(667)
Mental Health Action 15	(215)
SWIFT replacement project	(132)
Fixed term staffing - no longer required	(200)
Transformation Fund	(336)
Mental Health Transformation	(113)
Other movements in existing reserves during 2022/23 - various	(713)
<i>Revenue variances</i>	
Underspend in Council Employee Costs	1,207
Underspend in Health Employee Costs net of overspend on bank and agency staff	667
Overspend in prescribing due to inflationary pressures, volumes and availability	(1,082)
Health supplies and services underspend	692
External care at home underspend	615
Children and Families residential placements overspend	(305)
Client Commitments - overall underspend	199
Corporate director - inflationary/contingency budgets underspend	534
Homelessness under recovery arrears income	(254)
Smaller over/underspends throughout services	176
Deficit on Provision of Services	(4,063)

The period 11 budget monitoring report projected an underspend of £2.012m in Social Care core budgets. The main projected variances were linked to overspends in Children's residential placements and client commitments for both Children's and Learning Disability, and a projected overspend on employee costs for Children and Families residential units. These overspends were offset by underspends in employee costs throughout other services, care at home packages, budgets held for inflationary purposes and other client

commitments. The final underspend reported is £2.407m, with the main movements since Period 11 in relation to reduced employee costs and some additional income offset by an under recovery in homelessness rental income.

The projected outturn for Health services at period 11 was reported as an underspend of £0.077m due to underspends on employee costs throughout services offset by an overspend on bank and agency staff within Mental Health Inpatients, along with underspends on supplies throughout services. A year end overspend of £1.1m was also projected on prescribing due to various factors including drug prices, volumes and availability. The position projected at Period 11 was largely unchanged at year end with a final underspend of £0.042m.

Period 11 vs Final Outturn

Revised Budget	IJB	Projected Outturn @ P11	Outturn	P11 vs Actual Outturn
78,505	Health Funding	76,436	78,504	2,068
78,505	Health Spend	76,359	78,462	2,103
0	Contribution	77	42	(35)
63,200	Social Care Funding	66,821	66,817	(4)
63,200	Social Care Spend	64,809	64,410	(399)
0	Contribution	2,012	2,407	395
18,593	Resource Transfer Funding	18,593	18,593	(0)
18,593	Resource Transfer Spend	18,593	18,593	(0)
0	Contribution	0	0	0
36,036	Set Aside Funding	34,704	36,036	1,332
36,036	Set Aside Spend	34,704	36,036	1,332
0	Contribution	0	0	0
0	Movement in Reserves	(8,391)	(6,512)	1,879
0	Surplus/(Deficit) on Provision of Operating Services	(6,302)	(4,063)	2,239

Revised Budget		Projected Outturn @ P11	Outturn	P11 vs Actual Outturn
196,334	IJB Funding	196,554	199,950	3,396
196,334	IJB Expenditure	194,465	197,501	3,036
0	Movement on Earmarked Reserves (Decrease)/Increase	(8,391)	(6,512)	1,879
0		(6,302)	(4,063)	2,239

(b) The Balance Sheet

The Balance Sheet summarises the IJB's assets and liabilities as at 31 March 2023, with explanatory notes provided in the financial statements.

Financial Outlook, Risks and Plans for the Future

The Inverclyde IJB has responsibility for social care and a range of health services. The IJB is responsible for financial and strategic oversight of these services.

Further reductions to public sector funding at a UK and Scottish level are predicted. This in turn is likely to have a direct effect on the funding available to HSCP's from the partner organisations for integrated services. In addition to economic performance, other factors influence the availability of funding for the public sector including demographic challenges that Inverclyde is facing.

The UK economy is still in a period of volatility at present due to the effect of the UK's exit from the European Union, the ongoing implications of the Covid 19 recovery and the current conflict in Ukraine. The Office for Budget Responsibility (OBR) forecasts the economy will avoid recession and that government decisions are expected to help inflation fall more quickly this year. Inflation has peaked and is starting to come down but remains high overall and is expected to be high for the short term but then reduce in the medium term.

The HSCP workforce plan was approved at the November 2022 IJB, and an implementation plan has now been developed.

Inverclyde IJB's current reserves position including various smoothing reserves puts the IJB in a strong position to be able to address the effect of these global and local risks. Robust budget monitoring and financial planning will ensure that we are able to continue to take decisions as required to address any emerging issues.

The HSCP is still adapting to and learning from the changes to services which occurred during the Covid 19 pandemic. A series of reviews including but not restricted to Care at Home, Children and Families, Day Services and Homelessness have been and continue to be carried out to adapt to service user needs whilst continuing the recovery.

In March 2023 the IJB agreed a balanced budget for 2023/24, which included efficiency measures of £1.301m including reductions to care home places, different ways of working for transport costs reductions, additional payroll management targets for both Health and Social Care and continuing the previous efficient practices of better ways of delivering sleepover packages. A medium-term financial plan to the period 2027/28 is being presented to the IJB in June 2023, taking account of forecast demand for services, inflationary pressures, pay awards and assumptions on funding from partners.

We have well established plans for the future, and the refreshed IJB Strategic Plan for 2023/24 along with the associated Outcomes Framework was approved in March 2023.



We are still committed to “Improving Lives”, and our vision is underpinned by the “Big Actions” and the following values based on the human rights and wellbeing of:

- **Dignity and Respect**
- **Responsive Care and Support**
- **Compassion**
- **Wellbeing**
- **Be Included**
- **Accountability**

6 Big Actions

Big Action 1: Reducing Health Inequalities by Building Stronger Communities and Improving Physical and Mental Health	Big Action 2: A Nurturing Inverclyde will give our Children & Young People the Best Start in Life	Big Action 3: Together we will Protect Our Population
Big Action 4: We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living	Big Action 5: Together we will reduce the use of, and harm from alcohol, tobacco and drugs	Big Action 6: We will build on the strengths of our people and our community

Conclusion

2022/23 continued to be a challenging operating environment, in which the IJB successfully oversaw the refresh of its Strategic Plan objectives and the delivery of core services. During this time period, the IJB continued to review its change programme designed to provide a more person-centred model of care, deliver on early intervention and prevention ambitions. During last financial year, services have continued to adapt to address ongoing implications of changing legislation in relation to Covid and the recovery from the pandemic.

Additional funding and in year under spends have allowed us to create and maintain a number of reserves to target key areas of pressure, development and to allow further transformation within our services.

The refreshed Strategic Plan and associated Implementation Plan will lead the IJB forward for 2023/24 and plans are already under way for the next Strategic Plan.

Where to Find More Information

If you would like more information, please visit our IJB website at:
<https://www.inverclyde.gov.uk/health-and-social-care>

Kate Rocks

Chief Officer

Date: tbc 2023

Craig Given

Chief Financial Officer

Date: tbc 2023

Alan Cowan

IJB Chair

Date: tbc 2023

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 the proper officer of the board has the responsibility for the administration of those affairs. In this IJB, the proper officer is the Chief Financial Officer;
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and the Coronavirus (Scotland) Act 2020, 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 Statement of Accounts.

I confirm that the audited Annual Accounts were approved for signature at a meeting of the IJB on (date to be confirmed) 2023.

Signed on behalf of the Inverclyde IJB

Alan Cowan

IJB Chair

Date: tbc 2023

Responsibilities of the Chief Financial Officer

The Chief Financial 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 these annual accounts, the Chief Financial Officer has:

- Selected appropriate accounting policies and then applied them consistently;
- Made judgements and estimates that were reasonable and prudent;
- Complied with legislation;
- Complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial 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 Inverclyde IJB as at 31 March 2023 and the transactions for the year then ended.

Craig Given

Chief Financial Officer

Date: tbc 2023

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 the external auditors to ensure it is consistent with the financial statements.

1 Integration Joint Board

The voting members of the IJB were appointed through nomination by the Health Board and Council.

2 Senior officers

The IJB does not directly employ any staff in its own right. All HSCP officers are employed through either the Health Board or Council and remuneration for senior staff is reported through those bodies. Specific post-holding officers are non-voting 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. During 2022/23 the Interim Chief Officer, Allen Stevenson left the post on 29th August 2022 to return to his substantive role. The new Chief Officer, Kate Rocks was appointed on 16th August 2022, and is employed by Inverclyde Council and seconded to the IJB. The statutory responsibility for employer pension liabilities sits with Inverclyde Council as the employing partner organisation. There is therefore no pension liability reflected on the Inverclyde IJB balance sheet for the IJB's Chief Officer. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Chief Financial Officer

Craig Given is the Chief Financial Officer of the IJB. He is employed by NHS and the Council and Health Board share his salary cost and those of all other senior officer remunerations.

Other officers

No other staff are appointed by the IJB under a similar legal regime. There are no other non-voting board members who meet the criteria for disclosure and require to be included in the disclosure below.

Salary, Fees & Allowances 2021/22 £	Name and Post Title	Salary, Fees & Allowances 2022/23 £
55,113 (FYE £116,030)	Louise Long Chief Officer (until 17/09/21)	-
-	Kate Rocks Chief Officer (from 16/08/22)	77,325 (FYE £122,320)
69,409 (FYE £116,030)	Allen Stevenson Interim Chief Officer (until 29/08/22)	48,731 (FYE £122,320)
27,887	Lisa Branter/Owl Consulting (from 8 Apr 2021 until 28 Jul 2021) Chief Financial Officer (self employed)	-
63,675 (FYE £88,385)	Craig Given Chief Financial Officer	90,587

There were no exit packages paid in either financial year.

3 Remuneration: IJB Chair, Vice Chair and Voting Members

The voting members of the IJB are appointed through nomination by Inverclyde Council and Greater Glasgow & Clyde Health Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and 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. The details of the Chair, Vice Chair and other IJB voting member appointments and any taxable expenses paid by the IJB are shown below.

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 voting members.

Voting IJB Members Remuneration Table

Name	Post(s) Held	Nominated By
Councillor Jim Clocherty	IJB Member (until 5/5/22), IJB Vice-Chair (until 5/5/22)	Inverclyde Council
Alan Cowan	IJB Member IJB Chair	NHS GG&C
Simon Carr	IJB Member Audit Committee Member (until 27/6/22) Audit Committee Vice-Chair (until 27/6/22)	NHS GG&C
Councillor Lynne Quinn	IJB Member IJB Audit Committee Member (from 27/6/22)	Inverclyde Council
Councillor Elizabeth Robertson	IJB Member Audit Committee Member Audit Committee Chair	Inverclyde Council
Councillor Ciano Rebecchi	IJB Member (until 5/5/22) Audit Committee Member (until 5/5/22)	Inverclyde Council
Councillor Robert Moran	IJB Member (from 19/5/22) IJB Vice-Chair (from 19/5/22)	Inverclyde Council
Councillor Martin McCluskey	IJB Member (from 19/5/22)	Inverclyde Council
Ann Cameron-Burns	IJB Member	NHS GG&C
David Gould	IJB Member Audit Committee Member Audit Committee Vice Chair (from 27/6/22)	NHS GG&C

There were no Inverclyde IJB specific expenses recorded for voting members of the IJB during 2022/23. Any expenses claimed by voting members are paid through the relevant IJB partner organisation.

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.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/22 £	For Year to 31/03/23 £		Difference from 31/03/22 £000s	As at 31/03/23 £000s
Louise Long Chief Officer	10,637	-	Pension	-	-
			Lump Sum	-	-
Kate Rocks Chief Officer	-	14,924	Pension	2	2
			Lump Sum	0	0
Allen Stevenson Interim Chief Officer	13,396	21,158	Pension	9	50
			Lump Sum	12	63
Craig Given Chief Financial Officer	13,308	18,933	Pension	6	7
			Lump Sum	6	6

Disclosure by Pay Bands

Pay band information is not separately provided as all staff pay information has been disclosed in the information above.

Kate Rocks

Chief Officer

Date: tbc 2023

Alan Cowan

IJB Chair

Date: tbc 2023

Annual Governance Statement

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

Scope of Responsibility

The Inverclyde IJB was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. The integration scheme is currently being reviewed by all the Greater Glasgow IJB's and will be approved in due course. The timeline for the completion of this task has slipped Greater Glasgow wide due to the scale of work required in its completion and the requirement for consultation with the Health Board and each Local Authority. Inverclyde IJB is a body corporate, a legal entity in its own right but it relies on support from officers employed by Inverclyde Council and Greater Glasgow & Clyde NHS Board in relation to the conduct of its business. It is subject to the Public Bodies (Joint Working) (Scotland) Act 2014 and secondary legislation directly relating to the integration of health and social care services, and indirectly in relation to regulatory regimes affecting devolved public bodies in Scotland. The main features of the IJB's governance arrangements are described in the Local Code but are summarised below.

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

To meet this responsibility the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the Inverclyde Council and Greater Glasgow & Clyde Health Board systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

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

The Chief Financial 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).

The Chief Finance Officer has taken reasonable steps for the prevention of fraud and other irregularities.

The Governance Framework and Internal Control System

The Board of the IJB comprises voting members, nominated by either Inverclyde Council or Greater Glasgow & Clyde Health Board, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the IJB's governance arrangements are described in the Local Code but are summarised below:

- The IJB is the key decision making body. The IJB's membership (voting and non-voting), as set by statutory instrument, is fully established. An Audit Committee with detailed remit and powers and clearly defined membership considers all matters in relation to Internal and External Audit and Risk Management.
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, Standing Orders, and Financial Regulations.
- The IJB's purpose and vision are outlined in the IJB refreshed Strategic Plan which was approved and published in March 2023 and which links closely to the vision of the Inverclyde Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual action plan and national statutory performance indicators.

- The HSCP has recently commissioned a new performance management system which will be utilised for all planning actions, key performance indicators and risk management. This will support the culture of performance management and delivery of improved outcomes. The Annual performance Report is submitted to the IJB annually and from 2022/23, formal six monthly reporting will also be implemented.
- The IJB has a Code of Conduct based on the Model Code of Conduct for Integration Joint Boards. The code of conduct was revised and updated during 2021/22. A register of members' interests is published and made available for inspection.
- Two Locality Planning Groups for Inverclyde HSCP have now been established (East and West) with representation including a range of key partners and community representatives from the Inverclyde Community Planning, Communication and Engagement Groups and will be central to future planning and delivery of services.
- Inverclyde IJB were found by the Equality and Human Rights Commission (EHRC) to not be fully compliant with the Public Sector Equality Duty. New interim Equality outcomes have been developed and an Improvement Plan is now in place to ensure compliance going forward.

The governance framework set out was in place throughout 2022/23.

The System of Internal Financial Control

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. Development and maintenance of these systems is undertaken by the Health Board and Council as part of the operational delivery of the Health and Social Care Partnership. During 2022/23 this included the following:

- Financial regulations and codes of financial practice;
- Comprehensive budgeting systems;
- Regular reviews of periodic and annual financial reports that indicate financial performance against budget and forecasts;
- Monthly submission of Local Mobilisation Plans for Covid spend through NHS GG&C to Scottish Government
- Setting targets to measure financial and other performance;
- Clearly defined capital expenditure guidelines;
- Formal project management disciplines.

The IJB complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA). The Chief Internal Auditor reports directly to the IJB Audit Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment and is approved by the Audit Committee.

With regard to the entries taken from the Health Board and Council Accounts, the IJB is not aware of any weaknesses within their internal control systems and has placed reliance on the individual Annual Governance Statements where appropriate.

Review of Effectiveness

Inverclyde 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 is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Internal Audit functions of the Council and Health Board have independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2022/23, these services operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditors prepared annual reports to the relevant Audit Committees, including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

Significant Governance Issues during 2022/23

The Internal Audit Annual Reports 2022/23 for the Council and Health Board identify no significant control issues. Some actions have been agreed within the Council and Health Board Annual Governance statements to further enhance those internal control environments. None of these are considered material enough to have a significant impact on the overall control environment.

The Internal Audit Annual Report and Assurance Statement for 2022/23 concludes: “On the basis of Internal Audit work carried out in 2022/2023, the majority of the IJB’s established internal control procedures appeared to operate as intended to meet management’s requirements for the individual systems reviewed by Internal Audit. On the basis of selective testing of key controls, it can be concluded that, in the main, controls were generally operating as expected during the period under review, although it does need to be recognised that some recommendations were made by Internal Audit to improve controls. The overall opinion is Satisfactory.”

Summaries of the issues arising in relation to each system or activity covered by Internal Audit work in 2022/2023 are reported separately to the Audit Committee. Appropriate responses to the recommendations made in internal audit reports have been obtained. When actioned, the recommendations made in the Internal Audit reports should provide management with additional comfort that the system of control operates as intended. It is therefore imperative that the agreed actions are implemented by management.

A follow up process is in place which ensures that all actions arising from internal audit reviews are captured within a follow up database and are subject to follow up and validation by the Internal Audit on a regular basis, with reporting on progress to the Audit Committee.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB’s governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB’s principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Kate Rocks

Chief Officer

Date: tbc 2023

Alan Cowan

IJB Chair

Date: tbc 2023

The Financial Statements

Comprehensive Income and Expenditure Statement

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

2021/22			2022/23			
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
2,885	(1,004)	1,881	Strategy & Support Services	4,137	(2,386)	1,751
32,295	(1,281)	31,014	Older Persons	35,375	(893)	34,482
13,567	(281)	13,286	Learning Disabilities	14,787	(360)	14,427
8,293	(486)	7,807	Mental Health – Communities	7,948	(656)	7,292
11,032	(343)	10,689	Mental Health – Inpatients	12,445	(601)	11,844
18,203	(1,632)	16,571	Children & Families	18,769	(1,617)	17,152
3,334	(168)	3,166	Physical & Sensory	4,104	(606)	3,498
4,392	(585)	3,807	Addiction/Substance Misuse	5,613	(1,467)	4,146
13,676	(621)	13,055	Assessment & Care Management / Health & Community Care	15,264	(2,660)	12,604
7,805	(5,314)	2,491	Support / Management / Admin	10,530	(2,960)	7,570
2,087	(2,002)	85	Criminal Justice / Prison Service	2,271	(2,232)	39
1,782	(542)	1,240	Homelessness	1,938	(422)	1,516
26,370	(459)	25,911	Family Health Services	28,174	(843)	27,331
19,167	(1)	19,166	Prescribing	20,570	(1)	20,569
20,931	(13,643)	7,288	Covid	3,711	(323)	3,388
348	0	348	IJB Operational Costs (see note 4)	368	0	368
186,167	(28,362)	157,805	Cost of Services Directly Managed by Inverclyde IJB	186,004	(18,027)	167,977
35,960	0	35,960	Set Aside	36,036	0	36,036
222,127	(28,362)	193,765	Total Cost of Services to Inverclyde IJB	222,040	(18,027)	204,013
0	(207,158)	(207,158)	Taxation and Non-Specific Grant Income (Note 2)	0	(199,950)	(199,950)
222,127	(235,520)	(13,393)	Surplus on Provision of Services	222,040	(217,977)	4,063
		(13,393)	Total Comprehensive Income and Expenditure			4,063

There are no statutory or presentation adjustments which affect the IJB's application of 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 provided in these annual accounts.

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.

Movements in Reserves During 2022/23	General Reserves £000	Earmarked Reserves £000	TOTAL Reserves £000
Opening Balance at 31 March 2022	(962)	(27,363)	(28,325)
Total Comprehensive Income and Expenditure	(673)	4,736	4,063
Closing Balance at 31 March 2023	(1,635)	(22,627)	(24,262)

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 2022 £000		Notes	31 March 2023 £000
Current Assets			
28,344	Short term debtors	5	24,283
Current Liabilities			
(19)	Short term creditors	6	(21)
28,325	Net Assets		24,262
28,325	Reserves	8	24,262
28,325	Total Reserves		24,262

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2023 and its income and expenditure for the year then ended.

The unaudited financial statements were issued on 26 June 2023 and the audited financial statements were authorised for issue by Craig Given on tbc 2023.

Craig Given

Chief Financial Officer _____

Date: tbc 2023

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General principles

The Inverclyde Integration Joint Board is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. The Integration Scheme is a legally binding agreement between Inverclyde Council and NHS Greater Glasgow and Clyde.

Integration Joint Boards (IJB's) are specified as section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Local Authority Accounts (Scotland) Regulations 2014 and the Code of Practice on Accounting for Local Authorities in the United Kingdom, supported by International Financial Reporting Standards (IFRS). These are issued jointly by CIPFA and the Local Authority (Scotland) Accounts Advisory Committee (LASAAC) and are designed to give a "true and fair view" of the financial performance of the IJB.

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

There were additional health and social care costs incurred in NHS Greater Glasgow & Clyde and Inverclyde Council that do not form part of the income and expenditure recorded in these accounts. This follows national accounting guidance and the assessment of principal/agency arrangements in each body. It includes expenditure on PPE and testing kits.

The Annual Accounts summarise the IJB's transactions for the 2022/23 financial year and its position at the year end of 31 March 2023.

1.2 Accruals of expenditure and income

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. 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 or conditions required to earn the income, and receipt of the income is probable
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet
- Where debts may not be received, the balance of debtors is written down

1.3 Funding

The IJB is primarily funded through funding contributions from the statutory funding partners namely Inverclyde Council and NHS Greater Glasgow and Clyde. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Inverclyde.

1.4 Cash and Cash Equivalents

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

1.5 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. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

1.6 Provisions, Contingent Liabilities and Contingent Assets

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

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

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

1.7 Events After the Reporting Period

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts are adjusted to reflect such events. No material events have taken place.
- Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect. No material non-adjusting events have taken place.

Events taking place after the date of authorisation for issue are not reflected in the Annual Accounts.

1.8 Exceptional items

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Income and Expenditure Statement or in the notes to the accounts, depending on how significant the items are to an understanding of the IJB's financial performance.

1.9 Related Party Transactions

As parties to the Inverclyde Integration Scheme both Inverclyde Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 3 in line with the requirements of IAS 24.

1.10 Support services

Support services were not delegated to the IJB through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided are mainly comprised of: provision of financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

1.11 Indemnity Insurance

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

Unlike Health 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.

1.12 Clinical and Medical Negligence

The IJB provides clinical services to patients under the statutory responsibility of NHS Greater Glasgow and Clyde. In connection with this it is responsible for any claims for medical negligence arising within the services it commissions, up to a certain threshold per claim. For claims in excess of this threshold the Health Board and IJB are members of CNORIS established by the Scottish Government which reimburses costs to members where negligence is established.

The IJB would make provision for claims notified by the NHS Central Legal Office according to the value of the claim and the probability of settlement. Where a claim was not provided for in full the balance would be included as a contingent liability. The corresponding recovery from CNORIS in respect of amounts provided for would be recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets.

1.13 Reserves

Reserves are created by appropriating amounts out of revenue balances. When expenditure to be financed from a reserve is incurred, it is charged to the appropriate service in that year so and included within the Income and Expenditure Statement. Movements in reserves are reported in the Movement in Reserves Statement. Reserves are classified as either general or earmarked reserves.

1.14 VAT

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 H.M. Revenue & 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 irrecoverable from H.M. 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.

2 Taxation and Non-Specific Grant Income

31 March 2022 £000	Taxation and Non-Specific Grant Income	31 March 2023 £000
147,529	NHS Greater Glasgow and Clyde Health Board	133,133
59,629	Inverclyde Council	66,817
207,158	TOTAL	199,950

Greater Glasgow and Clyde Health Board Contribution

The funding contribution from the Health Board above includes £36.036m in respect of 'Set Aside' resources relating to hospital services. 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 the level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

3 Related Party Transactions

The IJB has related party relationships with Greater Glasgow & Clyde Health Board and Inverclyde 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.

31 March 2022 £000		31 March 2023 £000
	Transactions with NHS Greater Glasgow & Clyde	
(147,530)	Funding Contributions received	(133,134)
(4,200)	Service Income received	(6,297)
133,380	Expenditure on Services Provided	125,610
(18,350)	TOTAL	(13,821)
	Transactions with Inverclyde Council	
(59,629)	Funding Contributions received	(66,817)
(24,162)	Service Income received	(11,729)
88,748	Expenditure on Services Provided	96,430
4,957	TOTAL	17,884

31 March 2022 £000		31 March 2023 £000
	Balances with NHS Greater Glasgow & Clyde	
0	Debtor balances: Amounts due to the NHS	0
0	Creditor balances: Amounts due from the NHS	0
0	Net Balance with the NHS Board	0
	Balances with Inverclyde Council	
(19)	Debtor balances: Amounts due to the Council	(21)
28,344	Creditor balances: Amounts due from the Council	24,283
(28,325)	Net Balance with the Council	(24,262)

Key Management Personnel: The non-voting Board members employed by the Health Board or Council and recharged to the IJB include the Chief Officer, Chief Financial Officer, representatives of primary care, nursing and non-primary services, and staff representatives. Details of remuneration for some specific post holders is provided in the Remuneration Report.

4 IJB Operational Costs

31 March 2022 £000	Core and Democratic Core Services	31 March 2023 £000
277	Staff costs	290
43	Administrative costs	47
28	Audit fees	31
348	TOTAL	368

The cost associated with running the IJB has been met in full by NHS Greater Glasgow and Clyde and Inverclyde Council. For the 2022/23 Accounts this is combined within the gross expenditure for both partners.

5 Short Term Debtors

31 March 2022 £000	Short Term Debtors	31 March 2023 £000
28,344	Other local authorities	24,283
28,344	TOTAL	24,283

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.

6 Short Term Creditors

31 March 2022 £000	Short Term Creditors	31 March 2023 £000
(19)	Other local authorities	(21)
(19)	TOTAL	(21)

7. Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts include:

- Some COVID-19 related costs have been excluded from the IJB's accounts in accordance with national accounting guidance. Costs associated with the provision of PPE and testing kits by NHS National Services Scotland to Inverclyde for social care services. Inverclyde Council is acting as principal and therefore Inverclyde IJB has not recognised the £0.207m expenditure and associated funding within the financial statements as they are acting as agents.
- It should be noted that the set aside budget is an estimate provided by NHS Greater Glasgow & Clyde as an estimate of costs incurred by the Inverclyde IJB as opposed to actual judgement figures.

The set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year and while these are provided by the Health Board which retains responsibility for managing the costs of providing the service the HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

- Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which Inverclyde IJB accounts have been prepared. The services which are hosted by Inverclyde are identified in the table below. This also shows expenditure in 2022/23 and the value consumed by other IJB's within Greater Glasgow and Clyde.

Host	Service	Actual Net Expenditure 2022/23	Consumed by Other IJBs
Inverclyde	General Psychiatry	£7,503,417	£1,928,150
Inverclyde	Old Age Psychiatry	£4,340,936	£35,703
	Total	£11,844,353	£1,963,853

The services which are hosted by other IJB's on behalf of the other IJB's including Inverclyde are identified in the following table. This also shows expenditure in 2022/23 and the value consumed by Inverclyde IJB.

Host	Service	Actual Net Expenditure 2022/23	Consumed by Inverclyde IJB
East Dunbartonshire	Oral Health	£13,456,680	£892,178
	Total	£13,456,680	£892,178
East Renfrewshire	Learning Disability	£9,590,892	£521,159
East Renfrewshire	SCTI – Scottish centre for technology for communication impaired	£265,458	£32,038
	Total	£9,856,350	£553,197
Glasgow	Continence	£5,030,908	£360,786
Glasgow	Sexual Health	£11,442,272	£384,445
Glasgow	MH Central Services	£9,649,937	£861,169
Glasgow	MH Specialist Services	£14,973,252	£955,605
Glasgow	Alcohol & Drugs Hosted	£15,729,878	£506,885
Glasgow	Prison Healthcare	£8,728,924	£666,994
Glasgow	HC in Police Custody	£2,192,510	£159,834
Glasgow	Old Age Psychiatry	£16,903,443	£330
Glasgow	General Psychiatry	£53,743,513	£423,828
	Total	£138,394,637	£4,319,876
Renfrewshire	Podiatry	£7,312,214	£1,059,198
Renfrewshire	Primary Care Support	£4,137,852	£245,318
Renfrewshire	General Psychiatry	£10,342,321	£104,324
Renfrewshire	Old Age Psychiatry	£8,220,150	£0
	Total	£30,012,537	£1,408,840
West Dunbartonshire	MSK Physio	£7,374,140	£487,660
West Dunbartonshire	Retinal Screening	£846,155	£56,801
West Dunbartonshire	Old Age Psychiatry	£1,916,401	£0
	Total	£10,136,696	£544,461
Grand Total		£201,856,900	£7,718,552

8. Movement in reserves

The table on Page 33 shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general reserve.

2021/22		2022/23	
Balance at 31 March 2022 £000	Transfers Out 2022/23 £000	Transfers In 2022/23 £000	Balance at 31 March 2023 £000
SCOTTISH GOVERNMENT FUNDING			
236 Mental Health Action 15	236	21	21
843 Alcohol & Drug Partnerships	843	894	894
1,527 Primary Care Improvement Programme	1,527	156	156
8,130 Covid - 19	8,167	37	0
320 Community Living Change	28	0	292
34 Covid Shielding SC Fund	34	0	0
217 Winter planning - MDT	217	253	253
206 Winter planning - Health Care Support Worker	206	331	331
712 Winter pressures - Care at Home	29	376	1,059
0 Winter pressures - Interim Beds	0	92	92
115 Care home oversight	91	41	65
877 MH Recovery & Renenal	616	523	784
0 Learning Disability Health Checks	0	32	32
0 Carers	0	304	304
49 Covid projects - funding from Inverclyde Council	49	0	0
EXISTING PROJECTS/COMMITMENTS			
109 Integrated Care Fund	1	0	108
102 Delayed Discharge	17	8	93
350 Welfare	37	28	341
338 Primary Care Support	57	288	569
504 SWIFT Replacement Project	208	76	372
136 Rapid Rehousing Transition Plan (RRTP)	0	44	180
437 LD Estates	0	63	500
1,077 Refugee Scheme	74	1,187	2,190
312 Tier 2 Counselling	0	17	329
148 C&YP Mental Health & Wellbeing	148	0	0
68 CAMHS Post	68	0	0
100 CAMHS Tier 2	0	0	100
89 Dementia Friendly Inverclyde	80	0	9
1,103 Contribution to Partner Capital Projects	4	0	1,099
254 Staff Learning & Development Fund	50	200	404
200 Fixed Term Staffing	200	0	0
350 Homelessness	0	100	450
164 Autism Friendly	7	0	157
0 Whole Family Wellbeing	1	487	486
0 Temporary Posts	0	675	675
0 ADRS fixed term posts	0	109	109
0 National Trauma Training	0	50	50
0 Cost of Living	0	265	265
0 Wellbeing	0	15	15
TRANSFORMATION PROJECTS			
1,975 Transformation Fund	336	100	1,739
250 Addictions Review	0	42	292
88 DN Redesign	88	0	0
750 Mental Health Transformation	113	0	637
676 IJB Digital Strategy	163	70	583
BUDGET SMOOTHING			
800 Adoption/Fostering/Residential Childcare	0	700	1,500
425 Continuous Care	0	0	425
798 Prescribing	0	293	1,091
1,003 Residential & Nursing Placements	0	283	1,286
600 Learning Disability Client Commitments	0	0	600
0 Client commitments - general	0	605	605
891 Pay contingency	667	861	1,085
27,363 Total Earmarked	14,362	9,626	22,627
UN-EARMARKED RESERVES			
962 General	0	673	1,635
962 Un-Earmarked Reserves	0	673	1,635
28,325 Total Reserves	14,362	10,299	24,262

9. Expenditure and Funding Analysis

31 March 2022 £000	Inverclyde Integration Joint Board	31 March 2023 £000
	HEALTH SERVICES	
28,455	Employee Costs	32,169
99	Property Costs	148
23,383	Supplies & Services	8,557
25,944	Family Health Service	28,170
18,989	Prescribing	20,386
35,960	Set Aside	36,036
(3,740)	Income	(6,297)
	SOCIAL CARE SERVICES	
33,814	Employee Costs	36,012
1,612	Property Costs	1,775
1,343	Supplies & Services	1,697
207	Transport	256
830	Administration	950
50,897	Payments to Other Bodies	55,515
(24,376)	Income	(11,729)
	CORPORATE & DEMOCRATIC CORE/IJB COSTS	
277	Employee Costs	290
43	Administration	47
28	Audit Fee	31
193,765	TOTAL NET EXPENDITURE	204,013
(207,158)	Grant Income	(199,950)
(13,393)	DEFICIT ON PROVISION OF SERVICES	4,063

10. External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2022/23 are £31,470 (2021/22 £27,960). There were no fees paid to Audit Scotland in respect of any other services.

11. Post balance sheet events

These are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Statement of Accounts is authorised for issue. An adjustment is made to the financial statements where there is evidence that the event relates to the reporting period; otherwise, the financial statements are not adjusted, and where the amount is material, a disclosure is made in the notes.

The Chief Financial Officer issued the Unaudited Statement of Accounts on 26 June 2023. There have been no material events after the balance sheet date which necessitate revision of figures in the financial statements or notes thereto including contingent assets or liabilities.

12. Contingent assets and liabilities

There are no equal pay claims to our knowledge pending against both the Council and Health Board. Since the IJB is not the employer for any of the staff in question it is not financially liable for any amounts due.

13. New 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. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

Independent Auditor's Report

