

# Health and Social Care Regional Integration Fund (RIF)

## Draft Internal Audit Report

November 2024

Swansea Bay University Health Board

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### Acknowledgement:

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## Executive Summary

### Purpose

To review the arrangements the health board has in place to engage with the projects and initiatives supported by the Health and Social Care Regional Integration Fund (RIF), and to ensure projects are being used effectively to deliver sustainable services that achieve better outcomes for service users.

### Overview

We have issued reasonable assurance on this area. The matters requiring management attention include:

- The memorandum of understanding between Regional Partnership Board partners has not been updated to reflect the change to RIF from the Integrated Care Fund.
- The health board has refreshed its approach to partnership working, but the Collaborative Working Framework is yet to be drafted.
- A new Strategic Partnership Group has been established and enhancing its reporting arrangements could address previous gaps in monitoring and reporting on RIF schemes.
- Health board representatives have identified enhancements to the current evaluation process, and the health board should engage with partners to consider these.

## Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved.

Trend

N/a

## Assurance summary<sup>1</sup>

Objectives	Assurance
1 Health Board responsibilities and oversight of the Regional Integration Fund	Reasonable
2 Collaboration in scheme development and alignment to national and local priorities	Reasonable
3 Reporting of scheme progress, delivery and outcomes	Limited

<sup>1</sup>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Memorandum of Understanding	1 Design	Medium
2	Collaborative Working Framework	1 Design	Medium
3	Formalisation of Strategic Partnership Groups reporting arrangements	1, 3 Design	Medium
4	Health board representative feedback on the evaluation process	2 Operation	Medium
6	Action to develop a Health Board partnership risk	2 Operation	Medium

## 1. Introduction

- 1.1 Through the Integrated Care Fund (ICF) and the Transformation Fund (TF), Regional Partnership Boards (RPBs) have tested and developed key models of integrated care that are now providing essential services as part of the health and social care system in Wales. The Health and Social Care Regional Integration Fund (RIF), whilst not a direct continuation of those schemes, will build from the work undertaken through the ICF and the TF over a five-year lifespan (April 2022 – March 2027).
- 1.2 RIF brings together several existing funding streams to provide a renewed focus on community-based care, emotional health and well-being, supporting families to stay together safely, care experienced children, home from hospital services and accommodation based solutions (six national models of integrated care). RPBs can determine which projects and services align to these models of care, but in doing so need to ensure they meet the needs of relevant population groups; and are innovative, integrated, and transformative.
- 1.3 Swansea Bay University Health Board ('the health board') is a member of the West Glamorgan Regional Partnership Board (WGRP). Of the £144.7m nationally available through RIF for 2023-24, WGRP have an allocation of £18.6m. Welsh Government has issued guidance to support the introduction of the RIF, *Health and Social Care Regional Integration Fund (Revenue Guidance 2022-27)*. This requires RPBs to establish a memorandum of understanding to include the agreed governance, accountability and decision-making processes, and appropriate arrangements to enable scrutiny of investment decisions. It also sets out RIF funding allocations and 'architecture' such as areas which require match funding or scheme length.
- 1.4 The WGRP refreshed its governance arrangements in 2023, following the development of a number of key documents to outline regional priorities, including the *Population Needs Assessment, Market Stability Report*, and its *Area Plan 2023-27*. The WGRP has published an action plan to cover the same period, including key actions and outcomes for the regional partnership to deliver.
- 1.5 This review is limited to the arrangements and mechanisms within the health board to ensure its responsibilities as a member of the RPB are discharged. The operational processes of the RPB, and its programme management office, has not been included within the scope of this audit.
- 1.6 The risks considered during the review were:
  - i. Non-compliance of legal regulations and national guidance results in the suspension and / or withdrawal of Welsh Government funds or financial penalties.

- ii. RIF is ineffectively used not allowing the achievement of better outcomes for the benefit of the region in which it is set up to serve.

## 2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	0	3	1	4
Operating Effectiveness	0	2	0	2
<b>Total</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>6</b>

2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).

### **Objective 1: There is clarity of health board responsibilities, within the wider partnership arrangements, to support oversight of RIF schemes.**

2.3 The health board is a statutory partner within the WGRP, and is required by the Social Services & Well-being (Wales) Act 2014 section 9, alongside Swansea and Neath Port Talbot Local Authorities (partner organisations), to assess the needs of the population, identify the services to address those needs, and use resources effectively in their delivery.

2.4 As per para 1.3, RIF guidance states a memorandum of understanding (MOU) is required to set out the governance, accountability and decision-making processes, which should include 'appropriate arrangements to enable scrutiny of investment decisions by relevant sovereign bodies'. A MOU was previously agreed by the WGRP partner organisations in relation to the ICF, 'Integrated Care Fund Written Agreement 2019/20 – 2020/21'. Management advised that as a regional document this would be a responsibility of the WGRP, and is currently under development. **See MA1.**

2.5 The ICF MOU details the role of the health board as the banker, and discussion with Finance leads highlighted that there has been no change in responsibilities as a result of the move from ICF to RIF. The banker role was subject to an advisory review in 2020/21 *Integrated Care Fund: Banker Role* (SBU-2021-043), and this review has not considered these arrangements, but we note in January 2024 the Audit Committee approved *Financial Control Procedure 022 – Regional Integration Fund*, clarifying the health boards governance arrangements to manage the banker process. The FCP references the ICF MOU and so will require updating in line with any changes the RIF MOU may contain. **See MA1**

- 2.6 Para 1.4 noted the regional development of key documents which have been used as the basis to develop regional strategic priorities. The associated WGRPB governance structure to oversee the delivery of plans and actions has also been refreshed to mirror this change in regional approach. The health board has welcomed the move away from the previous operational focus which had been adopted to support the regions Covid-19 response.
- 2.7 Recognising a need to provide a coherent and consistent approach to partnership working, which we note would direct and facilitate the health boards approach to RIF, the health board has progressed a number of areas to ensure it fulfills its role as a partner organisation, including:
- Workshops to develop the health boards approach to strategic partnership working.
  - Ensuring appropriate and senior health board membership of WGRPB groups; and
  - Enhancing of the health board's internal governance arrangements relating to partnerships.

#### Approach to strategic partnership working

- 2.8 Over the period of June – August 2023 the Strategy directorate delivered three partnership workshops with corporate and service group representative attendance. These provided background on the WGRPB arrangements, and the context and principles to support partnership working. A fourth workshop took place in September 2023 with a focus on Children and Young People services. These services are delivered across different service groups within the health board, and recognised as an area where there could be improved collaboration between health board and RPB partners.
- 2.9 The workshops identified four themes to be progressed:
- Development of a strategic partnership framework – work has begun on a Collaborative Working Framework. The Head of Strategic Partnerships has indicated a timescale of Q1 2024/25 for completion.
  - Mapping of roles and responsibilities– full mapping of the health board representation of WGRPB programme groups is planned to follow the identification of senior management membership of programme boards.
  - Development of a skills competency – this will be included within the Collaborative Working Framework.
  - Setup of an internal health board partnership group – see para 2.11 for detail on the establishment of the Strategic Partnership Group.

The above demonstrates there is intent to progress the themes identified, but noting this remains at an early stage we recommend that a mechanism for capturing progress within this area is developed. **See MA2**

#### Health Board membership of WGRPB Groups

2.10 To ensure the health board has appropriate input into WGRP B discussions and decisions, there has been placement of health board leads to key positions, the revised WGRP B governance structure can be found within Appendix B. Review of the membership confirmed health board Chair or Vice Chair positions for five of the six population programme boards, with the Carers Partnership being the exception. This is a more balanced distribution of membership than within the previous WGRP B structure.

#### Health Board Internal Governance arrangements

2.11 A Strategic Partnership Group (SPG) has recently been established by the health board in November 2023 *'To create an environment that enables collaborative working, professional leadership and oversight to enable a cohesive approach to Partnerships across the Health Board.'* The membership of the group is defined within its terms of reference (ToR) and includes representation from corporate directorates and Service Groups. 'Strategic Lead Representatives' from Service Groups have also been identified against WGRP B programme areas, and we could see good crossover of membership with those involved in the previous workshops referenced in para 2.8.

2.12 SPG meetings have been held in November 2023 and January 2024, with the proposed meeting in February 2024 stood down to allow for discussions with Service Group leads to identify potential opportunities relating to the WGRP B capital investment scheme due to open that month.

2.13 Recognising the significance of partnership working, which had previously been reported directly to the board, in June 2023 the health board established a Population Health and Partnerships Committee (PHPC). The Committee has an approved ToR, and review of minutes reflect agreement that its initial focus would be the priority partnerships of the WGRP B and Public Service Boards.

2.14 To demonstrate the alignment and importance of regional partnerships, the June 2023 PHPC received a report from the Strategy Team which mapped the WGRP B priority areas and goals to the health board's Recovery and Sustainability Plan.

2.15 We compared the ToR objectives for the SPG and PHPC, noting good alignment through the inclusion of development of plans and strategies, oversight of partnership workstreams, and oversight of funding/financial partnership arrangements.

2.16 Minutes of the January 2024 SPG highlighted a need to identify health board schemes in receipt of RIF and captured discussion on the arrangements to review and monitor their progress going forward. This also included that there should be consideration of alternative options to progress funding should it be withdrawn.

#### **See MA3**

2.17 The SPG ToR includes that it will provide 'briefings' to the PHPC in line with the frequency of Committee meetings. Later audit objectives within this report outline the good level of detail provided in the reporting to PHPC meetings to date by the

Strategy team, however there is scope to ensure more formalized reporting to coincide with the operation of the SPG. **See MA3**

**Conclusion:**

2.18 The health board has taken steps to support partnership working, including focus on WGRP membership and strengthening its own internal governance arrangements. There is a need to update the WGRP MOU and to progress the development of the Collaborative Working Framework, and the formal reporting from SPG to PHPC could be further defined to support this. Therefore, we assign this objective **reasonable** assurance.

**Objective 2: There is collaboration to ensure RIF schemes are developed to reflect the national funding guidance, local RPB priorities, and include clear identifiable goals or outcomes.**

2.19 The WGRP submitted a RIF investment plan to Welsh Government in March 2022 which contained individual programme business cases aligned to the WGRP workstreams (prior to the recent restructure). Feedback received from Welsh Government was positive, noting project benefits were clearly set out. However, feedback also highlighted limited detail on performance measures and the need for qualitative indicators, and this is reflected in ongoing development work of programme level performance frameworks.

2.20 Within RIF Guidance there is a requirement that 5% of funding is allocated to direct support to carers, and 20% to be allocated to social value/third sector schemes. WGRP papers report these allocations are being applied and monitored at a regional level, and review of documentation confirmed these requirements are met by funding allocations for 2023/24.

2.21 RIF Guidance also outlines that schemes have an initial two-year period which is linked to an acceleration fund. An evaluation will then take place to consider scheme impact, and, if agreed, a further three-year period of funding will be available, through the embedding fund. At the end of the five years, RIF guidance states that where there is a pooled fund in place, schemes may be eligible for funding of up to 50% from Welsh Government. There was also to be gradual 'tapering'<sup>1</sup> of funding, where matched funding from partners would rise from an initial 10% in the first two years to a 50% contribution by the end of the embedding fund period. However, in acknowledgement of the current financial pressures Welsh Government has suspended tapering for 2023/24.

2.22 Schemes within year 1, 3, and 4 are subject to monitoring of their performance/impact, finance and deliverability. The evaluation process, and overall monitoring of schemes, is the responsibility of the WGRP Programme Management Office (PMO). As noted within para 1.5 the scope of this review does

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<sup>1</sup> Tapering is not applicable to third sector schemes, or those within ring-fenced budgets such as Dementia, Carers, or the Integrated Autism Service.



not include the operation of the Programme Management Office, or its processes. The regions RIF allocation also includes funding for the associated programme management of schemes.

- 2.23 Feedback received during fieldwork, and discussion noted at the December PHPC acknowledged that the various WGRP B programmes are at differing stages of development and maturity. As such, some schemes have been developed without corresponding strategies, although alignment with national models of care (para 1.2) or WGRP B action plans would have been considered. Action has been taken to address this, with the health board involved in the development of the regional Emotional Wellbeing and Mental Health strategy which aims to support further integration, joint commissioning of services, and mapping of services against strategy outcomes.

**Table 1 – WGRP B RIF Schemes by Programme and stage 2023/24**

<b>WGRP B Programme</b>	<b>Total RIF Funding</b>	<b>Year 1 Schemes</b>	<b>Year 2 Schemes (Evaluation)</b>	<b>Year 3-4 Schemes</b>	<b>Health Board RIF Funded schemes</b>
Carers	£888,383	1	8	15	0
Children & Younger People	£3,291,610	2	5	17	0
Communities and Older People	£9,285,810	3	10	6	2
Mental Health	£485,552	0	9	4	1
Mental Health/Dementia	£1,505,303	1	6	10	3
Wellbeing & Learning Disabilities	£224,302	1	6	1	1
Complex Care	£206,132	0	2	0	1
Neurodiverse	£16,096	0	2	0	0
Social Enterprise	£148,848	0	1	0	0

- 2.24 At the date of fieldwork the WGRP B was as the evaluation stage, with 49 schemes allocated funding of £6.4m subject to review. These schemes therefore represent a third of the total allocation, with £3.5m of year two funding relating to Intermediate Care Services (ICS) which are subject to separate arrangements (para 2.33)
- 2.25 RIF schemes are aligned across the WGRP B Programme Boards for oversight. Evaluation panels are drawn from Programme Board membership, made up of representatives from the health board, local authorities and the third sector, as well as carers and service users. A standard evaluation template is completed to support the submission of recommendations made to the respective Programmes Board, the Steering Advisory Board and RPB for approval.
- 2.26 The purpose of the evaluation template is to demonstrate how the scheme is meeting its activity and outcome targets, alongside the WGRP B programme goals. This combines a summary review by the PMO of submissions by scheme managers which considers alignment with strategic priorities and models of care, scoring against impact/performance, RAG rating of activity and outcome information, and finance measures (allocation, spend and variance). Scheme managers will include

further supporting narrative within a 'Story of Change' section, which offers the opportunity to detail purpose, successes, challenges, service user experience, and referral links to statutory and other organisations.

- 2.27 The same panel will also receive monitoring information on the year 1/3/4 schemes, where the WGRPBM PMO flag amber or red rated schemes based upon performance returns on activity and outcomes. There is work underway to ensure there is a consistent approach to measuring outcomes and cost avoidance, both regionally and across Wales.
- 2.28 No health board schemes were due to undertake year two evaluations within 2023/24. Three health board schemes were rated amber as part of year 1/3/4 monitoring, with WGRPBM PMO to meet with scheme leads to review measures and reporting. **See MA3**
- 2.29 We reviewed two panels to establish the extent of health board representation and engagement in the process: Mental Health (9 schemes – total of £323k funding), and Children and Young People (5 schemes – total of 510k funding). We identified appropriate attendance from both Strategy and Service Group representatives across both panels, and there was also evidence to demonstrate consideration of comments received from a health board representative who was unable to attend in person. Panel meeting notes and subsequent information requests demonstrated scrutiny being applied throughout the evaluation process.
- 2.30 WGRPBM PMO reporting has highlighted some limitations within the current evaluation process, and performance workshops are being established to develop and refine national and local indicators to measure impact and outcomes. Story of change documents were also noted to be lengthy and there is intention to introduce text limits to address this. Discussions with management highlighted further opportunities to enhance the process such as increasing the breakdown of data by locality to support triangulation, and obtaining feedback from both service users the statutory services involved in the schemes. The scope of this review does not include the operation of the WGRPBM PMO, and it would not be the intention that the health board develop any independent mechanisms to address these areas, and so this feedback is highlighted as an area the health board could look to address through partner discussions. **See MA4**
- 2.31 Alongside the evaluation processes (see para 2.25-2.29) we note there has also been a further review of schemes to receive previously un-allocated funding. This was directed to the Emotional Wellbeing and Mental Health and Wellbeing and Learning Disability Programme Boards, which have recently developed strategies and received a lower proportion of the funding available.
- 2.32 The Learning Disability panel received 16 scheme applications. A panel comprising health board, both local authorities, third sector and carer representatives reviewed these in November 2023. Nine of the applications were submitted by the health board four of which were approved. Whilst those not taken forward received feedback, and there would not be expectation that all schemes would be successful

when applying through partnership forums, we note there is no mechanism to capture themes and consolidate learning. **See MA5**

Intermediate Care Services

2.33 ICS is the regional initiative to provide integrated health and care services to support individuals to remain living within their own homes and communities, through prevention of admission to hospital or care home, and through safe and timely discharge from acute settings.

2.34 In 2023/24 RIF funding allocated to ICS for statutory partners and third sector schemes was £7.223m, within which £2,488m is to the health board as below.

Project Name	RIF Year/Funding type	Total health board allocation
Hospital Demand and Response	Year 2 - Acceleration	£1,028,085
Optimal Model for ICS	Year 4 - Embedding	£1,356,032
PROMS and PREMS	Project Management	£12,500
Project Support Officers	Project Management	£92,022

2.35 RIF funding for year 2 and year 4 schemes are also in place for Swansea and Neath Port Talbot Local Authorities, and each WGRPB statutory partner also contributes from core funding outside of RIF for the delivery of ICS. The health board is forecasting that its total budget for core and RIF for ICS in 2023/24 will be £7,015m.

2.36 The WGRPB had identified that due to the interlinked delivery of ICS through RIF and core funding, they could not be evaluated as a proportion in isolation. Discussion with Primary Community and Therapies SG Finance leads confirmed that RIF funding is not directed to individual staff or services, but instead is used within a section 33 joint fund.

2.37 Oversight of ICS is through separate Joint Regional Partnership Boards which were established in 2022 through the WGRPB restructure (Appendix B). Terms of reference for the JPB state that they are responsible for receipt of financial and performance information related to the services supported by the section 33 joint fund.

2.38 The Head of Integrated Care Services, Swansea (a joint health board and Swansea Local Authority role), outlined that work is progressing to standardise and enhance financial reporting to improve clarity relating to ICS spending from partners. This was also evidenced from review of JPB meeting minutes.

2.39 There is also intention to develop a performance dashboard, in collaboration with the WGRPB PMO, to strengthen reporting to demonstrate scheme contribution to the achievement of section 33 objectives, such as reduction in unscheduled care admissions, reduced length of stay in an acute hospital bed, co-production of care packages.

2.40 The funding associated with year 4 will expire in March 2025. Welsh Government has confirmed to RPBs that there will be funding available for mainstreaming services with a pooled fund in place. However, the WGRP and other regions are awaiting further clarification, and a report to the Steering and Advisory Boards in December escalated a risk on this issue while the funding mechanisms and parameters are not known. At the date of concluding fieldwork, we were informed that the health board and local authority partners were in discussions with the WGRP to undertake a review of ICS.

#### Conclusion:

2.41 There is a consistent process to develop and evaluate RIF schemes, and there is evidence of health board engagement within these, and in the development of strategies to direct regional working. There are opportunities for enhancements to both the process and in how the health board reflects on decisions. No evaluation was possible for RIF funds within Integrated Care Services, but there are arrangements to improve transparency in this area. We assign this objective **reasonable** assurance.

### **Objective 3: The health board receives sufficient information on scheme funding, delivery, and outcomes, which are reported appropriately within the organisation.**

2.42 Prior to the establishment of the PHPC, reporting on partnerships was through a summary paper provided at Board level. Review of Board papers for the period January 2022 – September 2023 identified four reports (January 2022, May 2022, January 2023 and July 2023) which set out decisions and developments within the WGRP. The reports were based upon WGRP meeting minutes, initially only for the most recent meetings, but the format has since developed to capture updates on a periodic basis. Due to this detail relating to RIF schemes was high level or narrative in nature.

2.43 The PHPC has received a number of detailed reports following its establishment in June 2023. This reflects the Committees focus on the WGRP and responds to requests from Committee members for additional detail on how funding is allocated to schemes, the evaluation process and the level of health board engagement.

2.44 PHPC reports in October and December 2023 referenced health board receipt of RIF funds, however they did not provide a full listing of schemes. **See MA3.** As per para 2.15 we note the SPG will begin to capture this detail, and periodic onward reporting to the PHPC would address the current gap. In line with other board sub-committees the PHPC provides a key issues report to the board following each meeting, and this has been used to reference the work undertaken to ensure appropriate membership of WGRP groups, and the need for improving health board collaboration and partnership working.

2.45 There has been development of a SPG highlight report to capture key areas, priorities and challenges discussed at SPG meetings. The paper has also included

copies of PHPC papers and WGRP B programme board reporting. Discussion with Service Group representatives indicated that they have found these useful, and it has been included within Service Group Board reporting as part of the Mental Health and Learning Disabilities Service Group Board reporting. The Head of Strategic Partnerships outlined that it will also be shared with PCTSG as part of attendance at that meeting.

- 2.46 Risks captured on the Health Board risk register (HBRR) are assigned to Board sub-committees for oversight and to inform work programmes. The first Population Health and Partnership risk report was received at the December 2023 Committee meeting. No risks were directly assigned to the Committee, with the paper providing detail on two associated risks (*Engagement & Impact Assessment Requirements*, and *Failure to Develop an Approvable IMTP*). The Committee highlighted concern around the absence of a risk detailing partnerships, their relationships, and impact on delivery of health board priorities. **See MA6**
- 2.47 The health board's Board Assurance Framework (BAF) includes an objective assigned to the PHPC: *BAF4 Focus on Population Health Needs*. We reviewed the BAF presented to the Audit Committee and Board in November 2023 and could see further references to WGRP B arrangements across a number of objectives (*BAF3.1 Primary and Community Care, BAF3.3 Urgent & Emergency Care, BAF3.6 Children, Young People and Maternity*). We recognise that the health board is continuing work to develop and strengthen the content within the BAF at present.

#### Conclusion:

- 2.48 The health board has addressed a previous gap to provide assurance on the effectiveness of partnership arrangements through the recent establishment of the PHPC. Initial reporting through this forum has provided good outline of key documents, governance structures, and the evaluation process for RIF. The establishment of the SPG will also provide an opportunity to establish ongoing reporting, however this is too early to see in practice. There is a gap in the HBRR in relation to partnerships and delivery but we note intention to address this. Noting the above we assign this objective **limited** assurance.

## Appendix A: Management Action Plan

Matter Arising 1: Regional Integration Fund Memorandum of Understanding (Design)		Impact
<p>Welsh Government has issued guidance to support the introduction of the RIF, <i>Health and Social Care Regional Integration Fund (Revenue Guidance 2022–27)</i>. This requires RPBs to establish memorandum of understanding (MOU) to include the agreed governance, accountability and decision-making processes, and appropriate arrangements to enable scrutiny of investment decisions.</p> <p>A MOU was previously agreed by partner organisations in relation to the ICF, <i>'Integrated Care Fund Written Agreement 2019/20 – 2020/21'</i>. Whilst it is recognised that the MOU is not a legally binding document, and responsibility for developing the document remains with the WGRPBM PMO, it remains outstanding at the time of fieldwork closing.</p> <p>The ICF MOU details the role of the health board as the banker, and discussion with Finance leads highlighted that there has been no change in responsibilities as a result of the move from ICF to RIF. In January 2024 the Audit Committee approved Financial Control Procedure 022 – Regional Integration Fund, clarifying the health boards governance arrangements to manage the banker process. The FCP references the ICF MOU and so will require updating in line with any changes the RIF MOU may contain.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• Non-compliance with Welsh Government guidance.</li> </ul>
Recommendations		Priority
1.1	The health board should take steps to ensure there is an updated written memorandum of understanding provided by the WGRPBM.	<b>Medium</b>
1.2	Once the memorandum of understanding has been agreed, the Financial Control Procedure (022) – Regional Integration Fund, should be updated to reflect this change in agreement.	

1.3	Following finalisation, the memorandum of understanding, alongside any changes in key content, should be communicated within the health board.		
<b>Agreed Management Action</b>		<b>Target Date</b>	<b>Responsible Officer</b>
1.1	The Financial Control Procedure (022) – Regional Integration Fund, will be updated by the Health Board to reflect the updated MOU.	31/07/24	Director of Finance
1.2	Once updated both documents will be shared internally within the Health Board via the Management Board. The covering paper will outline the process followed and will highlight any changes to the documents.	30/09/24	Director of Strategy/ Director of Finance

<b>Matter Arising 2: Collaborative Working Framework (Design)</b>	<b>Impact</b>
<p>Over the period of June – August 2023, the health board’s Strategy directorate delivered three partnership workshops, with corporate and service group representative attendance at each. These workshops provided background on the WGRP arrangements, and the context and principles to support partnership working which we note would direct and facilitate the health boards approach to RIF.</p> <p>The workshops identified four themes to be taken forward in support of the health board’s approach to partnership working:</p> <ul style="list-style-type: none"> <li>• Development of a strategic partnership framework – work has commenced on a Collaborative Working Framework based upon the partnership principles identified through the workshops, but this has yet to progress to a draft document which the Head of Strategic Partnerships has indicated a timescale of Q1 2024/25 for completion.</li> <li>• Mapping of roles and responsibilities across the organisation – full mapping of the health board representation of WGRP groups is still at planning stage, there has been identification of key individuals within Service Groups as leads for regional priority areas, these feature within the membership of the Strategic Partnership group.</li> <li>• Development of a skills competency – we are informed that this will be included within the Collaborative Working Framework, and there is intention to include partnerships within wider health board managerial training programmes.</li> <li>• Setup of an internal health board partnership group – establishment of the Strategic Partnership Group.</li> </ul> <p>The above demonstrates there is intent to progress the themes identified, but noting this remains at an early stage we would suggest there could be a mechanism for capturing progress within this area.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• Lack of clarity relating to the health boards approach to partnership working.</li> </ul>
<b>Recommendations</b>	<b>Priority</b>
<p>2.1 The SPG should develop a work plan / action plan to set out timescales and leads to deliver the partnership working themes and actions identified.</p>	<p><b>Medium</b></p>



2.2	The Collaborative Working Framework should be finalised; with ratification by the Population Health & Partnerships Committee.		
Agreed Management Action		Target Date	Responsible Officer
2.1	A draft work plan will be presented to the Strategic Partnerships Group in March. The work plan will reflect the priorities identified as part of the development workshops and the first two meetings of the SPG where discussions have been progressed in relation to RIF and Capital Investment.	31/03/24	Director of Strategy
2.2	The Collaborative Framework will feature in the SPG work plan, and will be ratified by the Population Health & Partnerships Committee.	30/09/24	Director of Strategy

Matter Arising 3: Formalisation of Strategic Partnership Group Reporting arrangements (Design)		Impact	
<p>The terms of reference for the Strategic Partnership Group (SPG) state that it will provide 'briefings' to the Population Health and Partnership Committee (PHPC) in line with the frequency of Committee meetings.</p> <p>The PHPC reporting has provided detail on RIF allocations, WGRP evaluation arrangements and the health board's intentions for engaging with these and, demonstrates good use of WGRP reports and documents to inform the Committee.</p> <p>There has been development of a highlight report to collate key discussions, priorities, challenges based upon the SPG meetings and this could form the basis of periodic reporting to the PHPC. The January 2024 SPG meeting included agreement to identify health board schemes in receipt of RIF.</p> <p>PHPC reports in October 2023 and December 2023 referenced health board receipt of RIF funds, however they did not provide a full listing of schemes where the health board has received funding, and there could be consideration of including this detail, through incorporation of information provided by the WGRP, within future reporting.</p> <p>Review of WGRP papers identified that no health board schemes were due to undertake year two evaluations within 2023/24, however three health board schemes in relation to dementia were rated amber as part of year 1/3/4 monitoring.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Lack of scrutiny on delivery and progress</li> </ul>	
Recommendations		Priority	
3.1	The proposed reporting from SPG to PHPC should contain periodic inclusion of the performance status of health board schemes funded through RIF. This could be through collation of the quarter two/quarter four reporting provided by the WGRP evaluation process.	<b>Medium</b>	
Agreed Management Action		Target Date	Responsible Officer
3.1	The SPG will receive quarterly reports in relation to the RIF and the progress of Health Board schemes through the 5-year RIF process. An annual RIF assurance report on Health Board schemes will be provided to the PHPC.	30/06/2024	Director of Strategy

Matter Arising 4: RIF Scheme Performance Measures (Operation)		Impact
<p>WGRPBM reporting has highlighted some limitations within the current evaluation process, and performance workshops are being established to develop both national and local measures, definitions, and indicators to measure difference made. Story of change documents, which make up part of the evaluation process, were also noted to be lengthy and there is intention to introduce text limits to address this. WGRPBM is in the process of developing a performance framework to identify consistent national and local indicators. Once developed there is intention to apply these to RIF schemes and they will support future evaluations.</p> <p>Feedback from health board representatives received during fieldwork highlighted some enhancements which would be helpful to apply to future evaluations:</p> <ul style="list-style-type: none"> <li>• Enhancing the breakdown of data by locality to support triangulation;</li> <li>• Obtaining supplementary service user feedback (currently only supplied through the scheme submitted story of change); and</li> <li>• Use of feedback from statutory services involved in referral to schemes.</li> </ul> <p>Management has outlined that the health board continues to engage with WGRPBM PMO to enhance the robustness of evaluation processes in partnership. It was also noted that panel members would have opportunity to obtain feedback from health board colleagues, and this would be an expectation of those involved within evaluation processes.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• Scheme evaluation lacks sufficient service user and statutory partner feedback.</li> </ul>
Recommendations		Priority
4.1	<p>As part of its ongoing engagement with partners the health board should collaborate to strengthen the robustness of reviews through collating feedback from representatives involved within the evaluation process, and ensure there is guidance provided to health board representatives outlining expectations and responsibilities of panel membership.</p>	<b>Medium</b>
Agreed Management Action		Target Date
		Responsible Officer

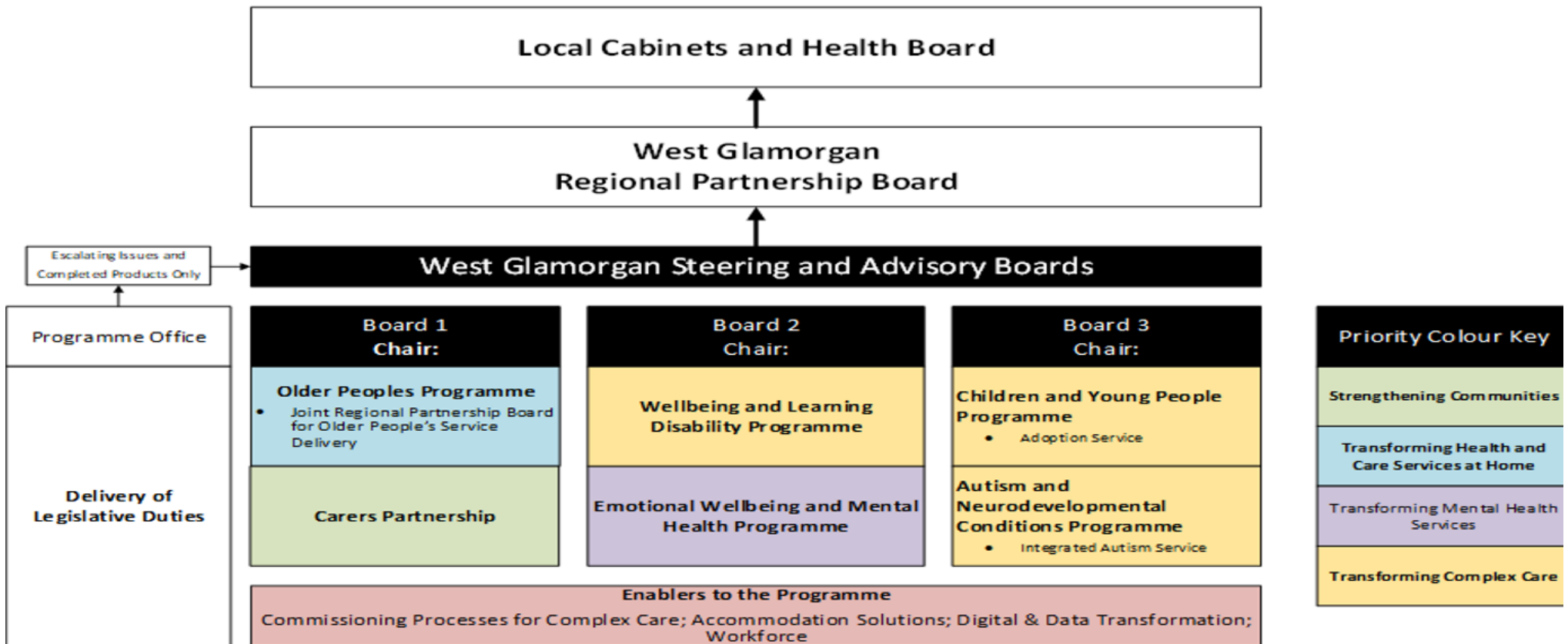
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4.1	The monitoring of RIF will be included within the SPG work plan, with advice and support provided on Health Board schemes pre and post the WGRP evaluation process, to identify lessons learnt, and to inform the Health Board's planning process.	31/03/24	Director of Strategy
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Matter Arising 5: Review of feedback on health board applications (Design)		Impact	
<p>The WGRPБ agreed that previously un-allocated RIF funding would be directed to the Emotional Wellbeing and Mental Health Board, and Wellbeing and Learning Disability Board, as both areas have recently developed strategies and had received lower proportions of funding compared to other programmes within the WGRPБ.</p> <p>The Learning Disability panel received 16 scheme applications, nine of which were health board applications. A panel comprising health board, both local authorities, third sector and carer representatives reviewed these in November 2023.</p> <p>Four health board applications were successful. Whilst there would not be expectation that all schemes would be successful when applying through partnership forums, and those not taken forward would receive feedback from the WGRPБ PMO, we noted there no current mechanisms to consider any themes and consolidation of learning from applications.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Lessons learnt may not be gained from unsuccessful applications.</li> </ul>	
Recommendations		Priority	
5.1	The SPG meetings should include review of feedback received evaluation of health board applications, and collation of these to identify lessons learnt which could inform future applications as per 4.1.	<b>Low</b>	
Agreed Management Action		Target Date	Responsible Officer
5.1	<i>The same process will be followed as described in 4.1:</i> The monitoring of RIF will be included within the SPG work plan, with advice and support provided on Health Board schemes pre and post the WGRPБ evaluation process, to identify lessons learnt, and to inform the Health Board’s planning process.	31/03/24	Director of Strategy

Matter Arising 6: Action to develop a Health Board partnership risk (Operation)		Impact
<p>Health Board risk register (HBRR) risks are assigned to Board sub-committees for oversight and to inform work programmes. The first Population and Partnership risk report was received at the December 2023 PHPC.</p> <p>No risks were directly assigned to the Committee, with the paper providing detail on two associated risks (Engagement &amp; Impact Assessment Requirements, and Failure to Develop an Approvable IMTP).</p> <p>The Committee highlighted concern that there were currently no risks detailing partnerships, their relationships, and impact on delivery of health board priorities. Review of draft minutes for the meeting did not include an action with associate timescale to address this.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Lessons learnt may not be gained from unsuccessful applications.</li> </ul>
Recommendations		Priority
6.1	The health board should ensure its risk register includes an entry which addresses the risk to delivery of priorities due to the quality and fragility of partnership relations.	<b>Medium</b>
Agreed Management Action		Target Date
6.1	Risks related to partnerships to be ratified at next Committee meeting.	31/03/24
		Responsible Officer
		Director of Strategy

## Appendix B: West Glamorgan Governance Structure (April 2023)



## Appendix C: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.





GIG  
CYMRU  
NHS  
WALES

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Cydwasaethau  
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