DATA LABEL: Public

West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

21 June 2017

A meeting of West Lothian Integration Joint Board will be held within the **Strathbrock Partnership Centre, 189 (a) West Main Street, Broxburn EH52 5LH** on **Tue 27 June 2017** at **2:00pm**.

BUSINESS

Public Session

1. Apologies for Absence

2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.

3. Order of Business, including notice of urgent business and declarations of interest in any urgent business

4. Confirm Minute of Meeting of West Lothian Integration Joint Board held on Thursday 20 April 2017 (herewith)

5. Note Minute of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 02 March 2017 (herewith)

6. Membership - Report by Chief Officer (herewith)

7. Consideration of 2016/17 Annual Accounts (Unaudited) - Report by Chief Finance Officer (herewith)

8. West Lothian Integration Joint Board Reserves Policy - Report by Chief

Finance Officer (herewith)

9. Proposed Financial Strategy Approach - Report by Chief Finance Officer (herewith)

10. 2017/18 Budget Update - Report by Chief Finance Officer (herewith)

11. The Lothian Hospitals Plan - Presentation by Colin Briggs (herewith)

12. IJB Annual Performance Report 2016/17 - Report by Director (herewith)

13. IJB Performance: Balanced Scorecard - Report by Director (herewith)

14. Health Improvement Priorities - Report by Consultant in Public Health (herewith)

15. Audit Scotland Report - Social Work in Scotland - Report by Head of Social Policy (herewith)

16. Clinical Governance - Report Clinical Director (herewith)

17. Primary Care Report - Report by Director (herewith)

18. Complaints Handling Procedures - Report by Director (herewith)

19. Workplan (herewith)

NOTE **For further information contact Anne Higgins, Tel: 01506 281601 or email: anne.higgins@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 20 APRIL 2017.

Present

Voting Members - Danny Logue (Chair), John McGinty, Anne McMillan, Martin Hill, Alex Joyce, Lynsay Williams.

Non-Voting Members – Ian Buchanan (Stakeholder Representative), Jim Forrest (Director), Mairead Hughes (Professional Advisor), Jane Houston (Staff Representative), Jane Kellock (Chief Social Work Officer), James McCallum, Patrick Welsh (Chief Finance Officer), Bridget Meisak (WL Vol Sector Gateway).

Apologies – Elaine Duncan, Mary-Denise McKernan, Martin Murray.

In Attendance – Alan Bell (Senior Manager, Communities and Information, WLC), Carol Mitchell (NHS Lothian), Marion Barton (Head of Health Services), Bridget Meisak (WL Voluntary Sector Gateway), Kenneth Ribbons (IJB Internal Auditor), Carol Bebbington (Senior Manager Primary Care and Business Support).

1. DECLARATIONS OF INTEREST

Danny Logue declared a non-financial interest as an employee of NHS Lothian.

2. MINUTES -

(a) The West Lothian Integration Joint Board approved the minute of its meeting held on 14 March 2017.

(b) The West Lothian Integration Joint Board noted the minute of the meeting of the Audit Risk and Governance Committee held on 6 January 2017.

(c) The West Lothian Integration Joint Board noted the minute of the meeting of the Strategic Planning Group held on 19 January 2017.

3. IJB ANNUAL ACCOUNTS COMPLIANCE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer setting out final accounts requirements and timescales for the IJB and proposed reporting arrangements to meet compliance with the Local Authority Accounts (Scotland) Regulations 2014.

The Chief Finance Officer advised that he was responsible for preparing the financial statements in accordance with relevant legislation and the

Code of Practice on Local Authority Accounting. This required the maintenance of proper accounting records and the preparation of financial statements which gave a true and fair view of the state of affairs of the IJB at 31 March 2017.

The EY Annual Audit Plan outlined requirements and timescales for the annual accounts process. The Local Authority Accounts (Scotland) Regulations 2014 required that the unaudited annual accounts, including the governance statement, were submitted to the appointed external auditor no later than 30 June each year. The regulations included a number of provisions in relation to the unaudited accounts including a requirement for the accounts to be considered by the Board, or a committee who remit included audit or governance, prior to submission to the external auditor.

The 2014 regulations required the audited accounts to be approved by 30 September. Following approval, and by 31 October at the latest, the audited annual accounts required to be signed and dated by the IJB Chair, Director and Chief Finance Officer, and then provided to the auditor.

It was therefore proposed that the annual audited accounts along with Audit Scotland's audit report be presented to the IJB for consideration and approval at its scheduled meeting on 26 September 2017.

It was recommended that the Board:-

1. Note the requirements set out in the report.

2. Note that the unaudited annual accounts would be considered by the IJB on 27 June 2017.

3. Note that the audited annual accounts would be considered for approval by the IJB at its meeting on 26 September 2017, allowing the deadline of 30 September to be met.

Decision

To note the terms of the report.

4. EXTERNAL AUDIT PLAN 2016/17

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer attaching a copy of Ernst and Young Annual Audit Plan 2016/17

The Chief Finance Officer advised that, as set out in the EY audit plan, auditors in the public sector gave an independent opinion on the 'truth and fairness' of the financial statements. Section three of the plan outlined EY's approach to the audit of the financial statements and significant risks identified.

Section 6 of the plan set out EY's audit team, timeline and deliverables. The

auditors would aim to certify the annual accounts by 30 September 2017. In terms of the audit fee, it was noted that due to the nature of the IJB, with this being the first full year of operation, no expected fee had been set centrally yet. Subsequent to this, a fee had been proposed by EY but this was still subject to agreement and further discussion with EY. Appendices to the plan set out audit independence and objectivity requirements and communications that would be provided to the IJB.

It was recommended that the Board note the external auditors' 2016/17 annual audit plan.

Decision

To note the external auditor's 2016/17 annual audit plan and that it had been approved by the Audit, Risk and Governance Committee subject to completion of the audit fee setting process and acceptance of the fee proposed by EY.

5. INTERNAL AUDIT ANNUAL REPORT

The Board considered a report (copies of which had been circulated) by the Internal Auditor advising the IJB of the Internal Audit Annual Report for 2016/17.

The Internal Auditor informed the Board that he was required to submit an annual report timed to support the annual governance statement. This would include:

- An annual internal audit opinion on the overall adequacy and effectiveness of the IJB's governance, risk and control framework;
- a summary of the audit work from which the opinion was derived;
- A statement on conformance with the PSIAS and the results of the internal audit quality assurance and improvement process.

The annual report, a copy of which was attached the report, fulfilled the requirement.

The IJB was required to conduct, at least once in each financial year, a review of the effectiveness of its system of internal control. This requirement had been discharged firstly, by the risk based audit work undertaken during 2016/17 as set out in the annual report and secondly, by the report on annual accounts compliance prepared by the Chief Finance Officer.

It was recommended that the Board:

- consider the contents of the annual report, in particular the internal audit opinion on the framework of governance, risk management and control.
- refer the annual report to the Audit, Risk and Governance

Committee for further consideration.

Decision

1. To note the terms of the annual report; and

2. To refer the annual report to the Audit, Risk and Governance Committee for further consideration.

6. ADDITIONAL ONE-OFF INVESTMENT FOR SOCIAL CARE/HEALTH PRIORITIES

The Board considered a report (copies of which had been circulated) by the Director providing details of one off funding agreed by West Lothian Council for Alcohol and Drug Partnership (ADP) Technology Enabled Care (TEC) investment.

The Board was informed that additional one off funding of £296,000 had been approved by the Council for social care/health initiatives. The use of the funding had subsequently been agreed by Council Executive on 28 March 2017 as relating to IJB functions and as an additional budget contribution to the IJB.

Health and Social Care officers had taken account of how this additional £296,000 should be utilised to support health and social care investment priorities, including taking account of the one off nature of the funding. Based on this, the following two measures had been agreed by Council Executive on 28 March 2017:-

1. Additional investment to commissioned addiction services to partially offset reduced specific Scottish Government funding for Alcohol and Drug Partnerships (ADPs).

2. Additional investment to support the Technology Enhanced Care programme (TEC)

The report recalled that Scottish Government funding for ADPs had been reduced by 23% in 2016/17. Part of the additional one off funding had been allocated to partially offset reductions to commissioned addictions services. A number of the service delivery activities had just been tendered with revised service specifications and reduced overall contract sums. It was not possible to make any change in these contracts without contravening European Procurement rules.

It was proposed that the restoration of funding be applied to the following two commissioned services for 2017/18:-

Therapeutic Support Service - £111,533

Recovery Service - £42,426

The outcomes achieved through this investment would be closely reviewed during 2017/18 and the ongoing sustainability of this investment would be

assessed as part of the overall 2018/19 budget planning process for social care and health services.

The report went on to advise that West Lothian had been innovative in exploring options to enhance investment in assistive care technologies and this was a key investment priority that would help meet future care demands and enable elderly clients to stay in their own homes. It was felt that the programme would benefit significantly if additional funding of £142,041 was added to the programme for 2017/18. This was likely to see a range of planned initiatives come on-stream at a much earlier state than would otherwise have been possible.

Both addiction services and the Technology Enhance Care programme were services which the IJB provided already under the Strategic Plan and it was proposed that the funding of £296,000 be made available to the IJB by Council for the purposes as outlined in the report with the IJB, through the Chief Officer, giving a supplementary Direction to Council to proceed on this basis.

It was recommended that the IJB agree that a further Direction be issued to West Lothian Council in respect of additional one off funding of £296,000 for ADP and TEC related investment.

Decision

1. To agree the recommendation by the Director that a further Direction be issued to West Lothian Council in respect of additional one off funding of £296,000 for ADP and TEC related investment.

2. To recognise that future proposals relating to the allocation of funding would be subject to a planning process that would take account of the entire budget and would be supported by the priorities outlined in the Strategic Plan.

7. STATUTORY ANNUAL PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) by the Director presenting the outline for the Annual Report 2016/17 and how this would be developed for publication by 31 July 2017.

The Senior Manager Primary Care and Business Support presented the report, advising that the Annual Performance Report 2016/17 as outlined in Appendix 1 to the report was structured according to the national health and well being outcomes and would include key performance measures, a performance assessment and practice examples for the reporting period.

Performance measures would be drawn from the Core Suite of Integration Indicators. Where appropriate the performance measures would be 'RAG-rated' using a traffic light system for illustrating progress against expected performance.

The Board was informed that the annual Performance Report 2016/17 would include sections on governance and decision making, financial

performance, Best Value, inspection findings, the annual review of the Strategic Plan and locality arrangements.

It provided the opportunity to reflect on the year and to celebrate the achievements delivered by employees and partners. It was also a chance to highlight new ways of working within services which focused on maximising choice and control for individuals, families and carers, tackling inequalities, long term conditions and working alongside employees, partners, professionals, third sector and communities to bring about change.

For each section the report would provide an assessment of performance and highlight examples of good practice. To this end the members of the Strategic Planning Group and Integration Joint Board were invited to submit examples for inclusion in the report.

Finally, it was noted that the Draft Annual Performance Report would be brought to the Board for comment and approval prior to publication in July 2017.

The Integration Joint Board was asked to:

1. Note the contents of the report.

2. Comment on the proposed Annual Performance Report outline

3. Consider examples of good practice for inclusion in the report.

Decision

To note the terms of the report and to note that examples of good practice were invited from Board members.

8. ARRANGEMENTS TO LIAISE AND CO-OPERATE WITH PARTNER ORGANISATIONS

The Board considered a report (copies of which had been circulated) outlining the arrangements in place to co-operate with Partner bodies to help achieve IJB objectives and outcomes.

The Board was informed of the requirements of Section 22 of the Public Bodies (Joint Working) (Scotland) Act 2014, and the West Lothian Integration Scheme in relation to collaboration, co-operation and sharing of relevant information.

The Director advised that there were a number of forums in place currently which were meeting the need for co-operation and collaboration, and these were listed in the report.

In addition to those listed, it was worth noting that there were the following national groups in place in relation to IJBs:

- Chief Officer's Health and Social Care Scotland. This group ensured

there was collaboration and a sharing of information at a national level between IJB chief officers and other partner organisations including the Scottish Government.

- Chief Finance Officers Network. This group met regularly to ensure that was collaboration and a sharing of information at a national level between IJB Chief Finance officers and other partner organisations including the Scottish Government.

The Board was asked to note the contents of the report.

In response to questions raised, the Director undertook to ascertain (i) whether a group (chaired by Carol Harris) was still in operation and (ii) the appointed staff side representative on the Primary Care Investment and Redesign Board.

Decision

To note the terms of the report.

9. EQUALITIES MAINSTREAMING REPORT AND EQUALITY OUTCOMES 2017 - 2021

The Board considered a report (copies of which had been circulated) by the Director attaching a copy of the Integration Joint Board's Equality Mainstreaming Report and Equality Outcomes 2017-2021.

Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, public bodies were required to develop and publish an equality mainstreaming report and a set of equality outcomes and to report on progress against those every two years.

The Board was informed of what West Lothian IJB was doing and what it planned to do to mainstream equality. It also set out four equality outcomes for the IJB to work towards over the coming four years. If agreed, the mainstreaming report and equality outcomes would be published ahead of the deadline of 30 April 2017 and progress against this would be published in April 2019.

It was explained that equality outcomes were results intended to achieve specific and identifiable improvements in people's life chances. The IJB's Equality Outcomes for the four year period 2017-2021 were set out in the final section of Appendix 1 to the report. The outcomes had been developed through evidence gathering and engagement work as part of the development of the strategic plan. Each outcome had been designated to a responsible officer or group.

It was recommended that the Board note the report and agree the Equality Outcomes for 2017 – 2021.

During discussion, the Board heard a suggestion by Jane Houston relating to Appendix 1 to the report at page 10. It was suggested that "policies" should read "governance". In response, officers undertook to

amend the document as suggested.

Decision

1. To note the terms of the report.

2. To agree the Equality Outcomes for 2017-2021, but subject to amending "policies" to "governance" as suggested.

10. COMMUNITY PLANNING PARTNERSHIP

The Board considered a report (copies of which had been circulated) by the Director providing an overview of the IJB relationship with the West Lothian Community Planning Partnership and the various groups and work streams associated with the Partnership.

The Board was informed that the West Lothian Community Planning Partnership (CPP) was structured to deliver the Single Outcome Agreement through a number of partnership groupings. These were:

The Community Planning Partnership Board
The Community Planning Steering Group
Four thematic Forums

1. Community Safety
2. Health and Well Being
3. Economic
4. Environment

Each grouping of the partnership had relevant representation from partner organisations based on the business of that group. This included the SOA enabler groups and related development work streams.

The IJB was represented by the Chief Officer and Senior Managers on the CPP Board; CPP Steering Group, Community Safety Strategic Steering Group and the Anti Poverty Strategy Board. In addition, members of the senior management team were involved in the CPP work streams focussed on resource aligning; resources, data and information; and enabling collaborative leadership.

Finally, it was noted that the CPP received regular reports on the health and well being outcomes and had received presentations on our approach to health and social care integration and the IJB Strategic Plan. Through the various Boards and groups representatives of the IJB ensured the CPP were actively engaged in the work of the IJB and could contribute fully to the development of plans and approaches to ensure alignment with the SOA and the National Health and Well Being Outcomes.

It was recommended that the IJB:-

1. Receive the report;

2. Note that the IJB was a member of the Community Planning Partnership

3. Note that the Chief Officer and Senior Managers represented the IJB across the activities of the Community Planning Partnership

4. Note the joint working with the Community Planning Partnership in terms of Strategic Planning and Locality Planning

Decision

To note the terms of the report.

11. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.

Chair's Closing Remarks

Referring to the forthcoming local government elections in May 2017, the Chair thanked officers and IJB members for their support and co-operation during the current term of administration.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 2 MARCH 2017.

Present – Jim Forrest (Chair, West Lothian Council), Marion Barton (Health Professional), Alan Bell (Social Care Professional), Ian Buchanan (User of Social Care), Steve Haigh (Health Professional), Jane Houston (Union Health), James McCallum (Health Professional), Martin Murray (Union WLC), Charles Swan (Social Care Professional), Robert Telfer (Commercial Provider of Social Care) and Patrick Welsh (Chief Finance Officer).

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of its meeting held on 19 January 2017. The Minute was thereafter signed by the Chair.

3. IJB ANNUAL PERFORMANCE REPORT 2016-17

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director presenting an outline for the Annual Report 2016-17 seeking examples of good practice that could be incorporated into the report.

The group were advised that the Scottish Government had issued guidance in March 2016 stipulating the requirement to publish performance reports from 2016-17 onwards. During the first year of operation the Integration Joint Board and Strategic Planning Group minutes had been made available on West Lothian Council's website.

The Public Bodies (Joint Working) (Scotland) Act 2014 specified that a performance report must be produced by an integration authority and it also provided details of the specific matters that required to be reported. The guidance also required the publication of performance reports from 2016-17 onward and the publication was to be within four months of the end of the performance reporting period. Therefore for the West Lothian IJB this requirement needed to be fulfilled by 31 July 2017 for 2016-17.

A draft version of the Annual Performance Report for 2016-17 had been prepared and was attached to the report at Appendix 1. This document had been structured in accordance with national outcomes and was to include key performance measures, a performance assessment and practice examples for the reporting period.

Performance measures would be drawn from the Core Suite of Integration Indicators and where appropriate the performance measures would be

RAG-rated using a traffic light system for illustrating progress against expected performance. The Annual Performance Report was also to include sections on governance and decision making, financial performance, Best Value, inspection findings, the annual review of the Strategic Plan and locality arrangements.

The Annual Performance Report would also provide an opportunity to reflect on the year and celebrate achievements delivered by employees and partners. It would also provide a chance to highlight new ways of working within services which focussed on maximum choice and control for individuals, families and carers.

Therefore the Strategic Planning Group was being asked to note the contents of the report, to note the proposed format of the Annual Performance Report and invite the members to submit good examples for inclusion in the performance report.

Decision

1. To note the contents of the report;

2. To note the proposed format and content of the Annual Performance Report for the IJB;

3. To agree that the document would be circulated to those members who had been unable to attend the meeting for their comment and input; and

4. To agree that once comments had been received Carol Bebbington would collate responses into one document for presenting to a future meeting of the Strategic Planning Group.

4. STRATEGIC PLAN REVIEW & STRATEGIC HEALTH AND SOCIAL CARE DELIVERY PLAN

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director advising of the first Annual Review of the IJB Strategic Plan 2016-2026, the draft Health and Social Care Delivery Plan and the proposed approach to Directions for 2017-18.

The report recalled that the Strategic Plan was the output of activities involved in assessing and forecasting needs, linking investment to agreed outcomes, planning the nature, range and quality of future services and working in partnership to put these into place.

The Strategic Plan had been reviewed on the basis of consistency with policy, economic and social context and ongoing accordance with values, resources, appropriateness, feasibility and desirability. The first Annual Review of the Strategic Plan, a copy of which was attached to the report at Appendix 1, preserved stability in the plan and did not advocate the need for a replacement plan. It also confirmed progress and reiterated and reinforced the direction set by the 2016-26 plan.

The report continued by providing details of how the Strategic Plan was being resourced

With regards to the Health and Social Care Delivery Plan this reinforced the 2020 Vision of Scotland with high quality integrated services, focused on prevention, early intervention and supported self-management. Also the aim of the delivery plan and the targeted programmes of work detailed within were to drive forward the pace of change in health and social care and to give strategic coherence to previously separate areas of policy, thereby bringing the focus required for transformational change.

Appendix 2 attached to the report set out the draft West Lothian and Social Care Delivery Plan which took account of the Strategic Plan review and the Scottish Government's Heath and Social Care Delivery Plan.

Finally the report provided an overview of the approach that would be taken to Directions noting that West Lothian IJB would issues directions to NHSL and WLC in 2017-18 on the same basis as 2016-17. For governance it was important that there was clarity on the IJB delegated functions and that regular review of performance against the Health and Social Care Delivery Plan would be undertaken by partner bodies and reported to the IJB as part of the quarterly updates.

It was recommended that the Strategic Planning Group :-

1. Comment on the draft first Annual Review of the Strategic Plan;

2. Comment on the draft Health and Social Care Delivery Plan;

3. Comment on the approach to Directions for 2017-18; and

4. Remit the draft review, draft Health and Social Care Delivery Plan and proposed approach to Directions to the IJB for approval.

Decision

1. To note the contents of the report;

2. To note that pressures continued for the NHS in West Lothian through a number of factors including delayed discharge, increase in spending on Primary Care and pressures in the care home system;

3. To note that work continued on the Change Programme to address some of these pressures areas; and

4. To note that a dialogue continued between the West Lothian IJB and other regional IJB's to work together to collectively resolve some of the identified pressures.

5. TECHNOLOGY ENABLED CARE (TEC) PROGRAMME

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing a six monthly progress report on the West Lothian Technology Enabled Care (TEC) Programme.

The report recalled that West Lothian had been awarded funding by the Scottish Government to participate in the 2 year national programme, to build on our original investment in telecare technology and accelerate commitment in line with emerging national and local priorities and technological developments. The TEC programme was firmly located within the overall strategic objectives of the IJB as detailed in the Strategic Plan and associated commissioning plans.

Work was progressing on a number of strands with most projects at the implementation phase. The report then provided a brief summary of each of the 3 main programmes being developed; these being :-

- Expansion of home health monitoring including the use of the Florence App and woundsense machines;

- Expanding the range and extent of Telecare including the testing of activity monitoring equipment, AICO interface with Telecare, wearable technology to monitor emotional state and GPS devices; and

- Expanding the use of video-conferencing between medical/health care staff and their patients.

The group were further advised that the use of technology in healthcare had an important role to play and each strand of the programme followed a rigorous review process with clear outcomes to ensure that any proposals would be fit for purpose.

A discussion ensued with regards to the detail behind some of the programmes noting that a recent demonstration of video conferencing between health care staff and patients had been very well received. It was however noted that in some cases IT equipment in GP offices was somewhat out of date and could prove problematic in supporting new advances in technology such as those detailed in the report.

The group were asked to note the progress on the West Lothian Technology Enabled (TEC) Programme and the contribution this programme was making to the IJB Strategic Plan.

Decision

1. To note the contents of the report; and

2. To note that further updates would be provided to the group as the programmes developed.

6. FINANCIAL STRATEGY APPROACH

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director setting out an initial high-level approach to medium term financial strategy which would assist the IJB in planning and prioritising future health and social care provision in West Lothian within future available resources.

The report recalled that the IJB had statutory responsibility for delegated health and social care functions in relation to the strategic planning of health and social care delivery. For the IJB to effectively plan into the future it was important that both NHS Lothian and local authorities undertook medium term financial planning over a three to five year period as an annual budgeting process was not conducive to achieving the aims consistent with planning to meet future demand and the resources to achieve this.

Both NHS Lothian and local authorities would identify assumed funding availability for IJB health and social care functions as part of the funding assumptions on their overall budget resources over the financial planning period. This would be done in consultation with the IJB Chief Officer and Finance Officer.

Expenditure pressures linked to inflation, demographics and other demand would be identified at a council social care and NHS business unit level as follows :-

- Core West Lothian Health Services
- Core West Lothian Social Care Services
- Hosted services
- Set aside acute services

Finance staff within local authorities and NHS Lothian would undertake the development of the financial planning process for both organisations in conjunction with the IJB Finance Officer. Ideally joint work on financial planning for 2018-19 and future year health and social functions would be completed before the end of 2017.

For each organisation and constituent part of the delegated budget, the outcome of the first stage of the financial planning process would be the identification of the level of savings assumed to be required to balance the budget each year. Based on the current status of IJB's it was important to note that local authorities and NHS Lothian were responsible for managing within their overall funding resources, only part of which related to IJB functions.

The development of the financial planning process would be undertaken at an officer level until the plans were developed to a point that it was appropriate to publicly report them. Additionally, subject to agreement, there may be a requirement for a public consultation process in advance of financial strategy plans being approved. Consideration was also

required as to whether any separate consultation would be required for IJB delegated functions.

The report concluded that based on current statutory arrangements the annual budget for NHS Lothian and local authorities including IJB contributions would continue to be approved by the Parent Bodies. Again the IJB Chief Officer and Finance Officer would have to be fully involved in the annual budget approval process for the Partner Bodies in terms of health and social care delegated functions.

It was recommended that the Strategic Planning Group consider the approach being proposed to medium term financial planning for IJB delegated functions as detailed in the report.

Decision

1. Noted the contents of the report and for the need to have a robust financial strategy for the IJB; and

2. Agreed that members could feedback comments on the proposal to the Chief Finance Officer.

7. TIMETABLE OF MEETINGS 2017-18

The group considered a timetable of meetings for the Strategic Planning Group throughout 2017-18.

Decision

To agree the timetable of meetings for 2017-18

8. WORKPLAN

A workplan had been circulated which provided details of the work of Strategic Planning Group over the coming months.

Decision

1. To note the contents of the workplan;

2. To note that any suggestions for additions to the workplan were to be submitted to the IJB Director.

West Lothian Integration Joint Board

Date: 27 June 2017

Agenda Item: 6

MEMBERSHIP

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

To deal with membership of the Board following the local government elections in May 2017.

B RECOMMENDATIONS

1. To note the appointment by West Lothian Council of Harry Cartmill, Dave King, George Paul and Damian Timson as voting members of the Board

2. To note the appointment of Harry Cartmill as Chair of the Board, and that on 21 September 2017 he will take the position of Vice-Chair when a health board member will take the chair

3. To appoint two of those four to be members of the Audit Risk & Governance Committee, with immediate effect

C TERMS OF REPORT

1 Local government elections were held in Scotland on 4 May 2017. Following those elections the council made appointments to its committees and to outside bodies, including the Board. The councillors chosen automatically become members of the Board, for a three year period. One of the four council members is also chosen by the council to be Chair. That appointment will last until 21 September when the positions of Chair and Vice-Chair will switch between council and health board.

2 The four councillors appointed were Harry Cartmill, Dave King, George Paul and Damian Timson. Harry Cartmill was selected to take the position of Chair, and then Vice-Chair in September.

3 Two voting members from those four require to be appointed to the Board's Audit Risk & Governance Committee. It is for the Board to make those appointments. The Board is invited to do so, and with immediate effect so that they may attend the committee meeting on 28 June.

4 The four new members will be required to comply with the Board's Code of Conduct and appropriate arrangements are in hand for that to be done.

D CONSULTATION

None

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

West Lothian Council, 7 June 2017

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	None.
Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource / Finance	N/A
Policy/Legal	The Public Bodies (Joint Working) (Scotland) Act 2014 and 2014 Order specify membership arrangements for the Board.
Risk	None

H CONTACT

James Millar, Governance Manager, West Lothian Council, james.millar@westlothian.gov.uk, 01506 281613

Jim Forrest, Director

27 June 2017

West Lothian Integration Joint Board

Date: 27 June 2017

Agenda Item: 7

CONSIDERATION OF 2016/17 ANNUAL ACCOUNTS (UNAUDITED)

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

To request that the Board considers the unaudited 2016/17 Annual Accounts of the West Lothian Integration Joint Board (IJB).

B RECOMMENDATION

It is recommended that the Board:

- considers the overall 2016/17 Annual Accounts prior to submission to Ernst and Young (EY) for audit.
- approves the draft governance statement for inclusion in the unaudited 2016/17 annual accounts submitted to EY

C TERMS OF REPORT

C.1 Background

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 specifies IJBs should be treated as if they were bodies falling within Section 106 of the Local Government (Scotland) Act 1973. This requires annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973.

1.2 The IJB accounts are proportionate to the limited number of transactions of the Board, and take account of there being no cash transactions within the IJB.

1.3 The Local Authority Accounts (Scotland) Regulations 2014 require the unaudited annual accounts to be submitted to the appointed auditor no later than 30 June each year. Prior to the submission, the Regulations also require that the unaudited accounts must be considered by the Board or a committee whose remit includes audit or governance.

1.4 The Annual Accounts appended detail the IJBs financial position for 2016/17 taking account of the first financial year that health and social care functions and resources have been delegated to the IJB. The accounts also include a Management Commentary setting out the purpose and strategic aims of the IJB and the key messages on the IJB's planning and performance for the year 2016/17.

1.5 The audit fee setting process has been completed and EY have advised that the audit fee for 2016/17 will be £25,340. This expenditure has been taken account of in the financial position reported within the annual accounts.

C.2 Annual Governance Statement

2.1 Legislation requires the Board to approve an annual governance statement. Its purpose is to give assurance and demonstrate to service users, the West Lothian community and other stakeholders that the Board operates and carries out its statutory duties in accordance with the law and in accordance with principles and standards of good corporate governance. It is concerned with systems and procedures and formal documents and policies, and not with financial or service performance. It is concerned with the way decisions are taken and not the merits of the policy decisions made.

2.2 It must be approved after consideration of an annual review of the Board's system of internal control (financial and otherwise). The findings of the review of the system of internal control are to inform the statement. That review has been carried out by the Board's consideration in April 2017 of reports by the Chief Finance Officer and the Director.

2.3 Once it is approved the annual governance statement must be signed by the Chair and the Director and then incorporated into the unaudited accounts which must be submitted to the Board's external auditors before 30 June.

2.4 There is no statutory form or content for the annual governance statement. However, legislation requires the annual governance statement to be prepared in accordance with proper practices in relation to internal control. The CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 applies to the preparation of the council's accounts and accompanying statements. It states that:-

"The preparation and publication of an Annual Governance Statement in accordance with "Delivering Good Governance in Local Government: Framework (2016)" would fulfil the statutory requirements across the United Kingdom for a local authority to conduct a review at least once in each financial year of the effectiveness of its system of internal control and to include a statement reporting on the review with its Statement of Accounts".

2.5 The draft annual governance statement is in the appendix to this report, starting at page 14. It has been prepared in accordance with that guidance which applies as part of the financial, accounting and audit regime under which the Board must operate.

2.6 Some of the characteristics of the annual statement drawn from that Framework are as follows:-

- The statement enables an authority to explain its governance arrangements and how the controls it has in place manage risks of failure in delivering its outcomes
- It should provide a meaningful but brief communication regarding the review of governance, including the role of the governance structures involved (such as the authority, the audit and other committees)
- It should be high level, strategic and written in an open and readable style
- It should provide an assessment of the effectiveness of the authority's governance arrangements in supporting the planned outcomes
- It should contain an acknowledgement of responsibility for ensuring that there is a sound system of governance
- It should make reference to an assessment of the effectiveness of key elements of the governance framework and the role of those responsible for the development and maintenance of the governance environment

- It should give an opinion on the level of assurance that the governance arrangements can provide
- There should be an action plan showing actions taken, or proposed, to deal with significant governance issues
- There should be information as to how issues raised in the previous year's annual governance statement have been resolved
- There should be a conclusion, a commitment to monitoring implementation

2.7 The Framework and Guidance contain a summary of the key elements and structures and processes that should comprise a council's governance statements. The Board does not yet have a formal and stand-alone local code of corporate governance and so these elements are described in some detail in the annual statement. Some of those are as follows:-

- Codes of conduct defining standards of behaviour for officers and members
- Policies dealing with conflicts of interest and whistle-blowing
- Ensuring compliance with law, policies and procedures
- Clear channels of communication with the community and stakeholders
- Developing and embedding a vision, priorities and values
- Measuring, monitoring and reporting on service performance
- Defining and documenting roles and responsibilities and working relationships of officers and members
- Ensuring financial management arrangements in accordance with legislation, conventions, guidance and good practice
- Induction and development of members
- Risk management, mitigation and reporting
- Effective counter-fraud and anti-corruption policies and procedures
- An Internal Audit function and Audit Committee conforming to governance and assurance requirements and guidance
- Reviewing all these arrangements

2.8 The Board is invited to approve the draft statement and enable it to be submitted to the external auditors with the unaudited accounts within the statutory deadline.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

Local Government (Scotland) Act 1973

Public Bodies (Joint Working) (Scotland) Act 2014

Local Authority Accounts (Scotland) Regulations 2014

Board meeting on 20 April 2017

F APPENDICES

West Lothian Integration Joint Board 2016/17 Annual Accounts (Unaudited)

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	None.
Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource / Finance	The Audit Scotland fee for 2016/17 has been advised as £25,340.
Policy/Legal	The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards be treated as bodies falling within section 106 of the Local Government (Scotland) Act1973.
Risk	None

H CONTACT

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Tel. No. 01506 281320 E-mail: patrick.welsh@westlothian.gov.uk

James Millar, Standards Officer, 01506 281613, james.millar@westlothian.gov.uk

27 June 2017

WEST LOTHIAN INTEGRATION BOARD

UNAUDITED ANNUAL ACCOUNTS

2016/17

CONTENTS

Accounts of West Lothian Integration Joint Board (IJB) for the period to 31 March 2016, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom.

Annual Accounts

Audit Arrangements

Under arrangements approved by the Accounts Commission for Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the accounts of West Lothian Integration Joint Board (IJB) for the year ended 31st March 2017 is:

Stephen Reid, ICAS
Partner – Government and Public Sector Assurance
Ernst and Young LLP
G1 Building
5 George Square
Glasgow
G2 1DY

Statement

The audit of the West Lothian IJBs Accounts for 2016/17 is yet to be undertaken. The unaudited accounts will be presented to the IJB and the Audit Risk and Governance Committee on 27 June 2017 and 28 June 2017 respectively .The certified accounts will be presented to the IJB for approval on 26 September 2017 following completion of the audit.

MANAGEMENT COMMENTARY

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland. The West Lothian Integration Joint Board (IJB) was established as a body corporate by order of Scottish Ministers on 21 September 2015 and is a separate and distinct legal entity from West Lothian Council and NHS Lothian. The arrangements for the IJBs operation, remit and governance are set out in the Integration Scheme which has been approved by West Lothian Council, NHS Lothian and the Scottish Government.

Functions and associated budget resources for relevant IJB functions, per the approved Integration Scheme, were delegated to the IJB from 1 April 2016 for the financial year 2016/17.

The Management Commentary outlines the key messages on the IJB's planning and performance for the year 2016/17 and how this has supported the delivery of the IJB's strategic priorities. The commentary also looks forward, outlining the 2017/18 financial plan and future financial considerations over the medium term. In addition, key risks and challenges are set out that will need to managed to best meet the needs of the West Lothian population going forward.

The Role and Remit of the IJB

The IJB's primary purpose is to set the strategic direction for the delegated functions through the development of a Strategic Plan. This arrangement builds on the previous Community Health and Care Partnership arrangements that had successfully operated in West Lothian over a number of years for health and social care functions. The IJB is delegated relevant health and social care functions and budget resources from the council and NHS Lothian to enable it to plan the delivery of delegated functions at an overall health and social care level and deliver on strategic outcomes. The IJB is responsible for the strategic commissioning of health and social care services across client groups and functional areas and gives directions to the council and NHS Lothian as to the functions to be operationally delivered by them and the resources available to them to deliver the functions. This arrangement recognises that the IJB does not employ any staff directly delivering services and does not hold cash resources or operate a bank account of its own.

Under the legislation and as part of the approved Integration Scheme, the IJB is delegated responsibility for a wide range of health and social care functions including adult social care, primary care and community health services, a range of hosted services including Oral Health and Learning Disabilities. A range of acute hospital services largely relating to unscheduled care are also delegated to the IJB.

The IJB meets on a six weekly basis and comprises eight voting members, made up of four elected members appointed by West Lothian Council and four NHS Lothian non-executive directors appointed by NHS Lothian. A number of non-voting members of the Board

including the IJB Director and Chief Finance Officer, and service and staffing representatives are also on the Board as advisory members.

West Lothian information

In preparing the Strategic Plan a comprehensive review of all health, social and economic data relevant to integration planning was carried out. An important aspect of this is understanding the needs of the West Lothian population. West Lothian currently has a population of over 177,000 which accounts for 3.3% of the total population of Scotland. Of this population 19.8% are children (0 – 15 years), 59.4% are aged between 16 to 59 years and 20.8% are aged 60 years and over.

It is estimated that West Lothian's population will grow by 12% by 2037, increasing the total population to 196,664. However, the growth in the older age group populations will be very significant over this period with the 65 – 74 years group increasing by 57% and the over 75 age group increasing by 140%. The growth in the West Lothian over 75 age group is the highest forecast growth across all Scottish local authority areas. At the same time, growth in the 25 – 49 age group will decrease by 3.6% while the 50 – 64 age group will decrease by 8.3%.

West Lothian also has a higher proportion of people living in the most deprived areas than other parts of Lothian and health indicators show a clear link between decreasing affluence leading to poorer health. While life expectancy is increasing, there is an inequality gap in life expectancy of up to 10 years between the most affluent and most deprived communities in West Lothian.

The projected increase in the population of older age groups will place a significantly increased strain on health and social care services and will present a significant challenge. In particular, increased demands on General Practice, unscheduled hospital admissions and community care will be substantial challenges in West Lothian to be addressed through IJB planning for future service delivery.

The Public Bodies (Joint Working) (Scotland) Act 2014 and the West Lothian Integration Scheme stress the importance of the IJB acting as a means of ensuring progress on integration and improved joint working across council delivered social care services and NHS delivered health care services. An effective working relationship and consistent understanding of future care models from planning through to operational delivery will be an essential requirement across the IJB, NHS Lothian and West Lothian Council in order to meet future challenges.

Organisational Developments and Performance

It has been recognised both nationally and locally that whilst health and care needs of individuals are closely intertwined, there is scope to further improve the coordination and integration of services. The way health and social care services are delivered can have a significant impact on shifting the balance of care from hospital to community care, reducing health inequalities and reducing emergency admissions and delayed discharge. Through the Strategic Plan developed it is aimed to:

- Shift the balance of care to provide more care delivered at home or in a homely setting rather than in hospital or other institutions
- Ensure care is person centred, with a focus on the individual and not just specific health and social care needs
- Further improve the joined up approach to working across professions and bodies delivering health and social care functions
- Ensure citizens, communities and staff involved in providing health and social care services will have a greater say in how these services are planned and delivered

Taking account of West Lothian's needs, the Strategic Plan aims to deliver the Scottish Government's nine national health and wellbeing outcomes for integration. These are the high level outcomes of health and social care integration which integration will be measured against, and are noted below.

- People are able to look after and improve their own health and wellbeing and live in good health longer
- 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
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- 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 health and wellbeing
- People who use health and social care services are safe from harm
- 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
- Resources are used effectively and efficiently in the provision of health and social care services

Strategic commissioning of IJB functions is a key means of assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. During 2016/17 strategic commissioning plans have been prepared and approved by the IJB for elderly, learning disability, physical disability and mental health client groups.

To achieve the best possible outcomes for people living in West Lothian, the following key principles informed the plans with the objective of ensuring a long term strategic approach to commissioning was achieved:

- To implement outcomes based approach to the commissioning of care and support services
- To commission health and social care services which meet the needs and outcomes of individual service users which are personalised and offer more choice
- To commission quality services which achieve best value
- To work with our strategic partners and colleagues within the council and NHS to ensure a strategic approach to the commissioning of services
- To ensure transparency and equality when commissioning services and appropriate stakeholder involvement and consultation which includes service users, their carers and providers
- Positively engage, consult and communicate with the independent and voluntary sectors
- To ensure the approved procurement procedures are adhered to

Based on these plans, the IJB commissions service delivery through NHS Lothian and West Lothian Council and receives the necessary information to allow it to monitor and report on performance of the services it has commissioned.

The Scottish Government in partnership with COSLA have also agreed service delivery areas that will be tracked across IJBs to measure performance under integration. These areas take account of the Scottish Government Health and Social Care Delivery Plan published in December 2016. The areas that will be measured as a means of reviewing progress on integration are:

1. Unplanned Admissions
2. Number of bed days for unscheduled care
3. Accident and Emergency Performance
4. Delayed Discharge Performance
5. End of Life Care
6. Shifting the balance of spend across institutional and community services

Taking account of this, West Lothian IJB has agreed a local Health and Social Care Delivery Plan which will set out target outcomes against each of the six performance areas at a West Lothian level. Local actions, objectives, performance measures and timescales are set out in the Plan as a structured basis for achieving the progress and outcomes required and updates on progress will be regularly reported to the IJB.

The IJB has a strong performance management culture in partnership with NHS Lothian and West Lothian Council. A wide range of performance information is used to provide the IJB with regular reports on the delivery of commissioned services and progress against associated targets and outcomes. Close joint working arrangements are in place between

the IJB, NHS Lothian and West Lothian Council to ensure robust and accurate information on strategic and operational performance is provided.

Performance is reported at a number of levels, including to the Integration Strategic Planning Group, the IJB and to the Health and Social Care Partnership Senior Management Team. The West Lothian IJBs first Annual Performance Plan has been published and covers the 2016/17 financial year. It includes a number of key achievements during 2016/17 including progress on the Frailty Programme including the introduction of an integrated Frailty Hub, work towards the redesign of mental health services, increased roll out of Technology Enabled Care and delivery of the living wage for all social care workers.

Financial Performance 2016/17

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of financial performance for 2016/17.

Expenditure on IJB Delegated Functions

Financial management, governance and accountability arrangements for IJB delegated functions are set out in the West Lothian Integration Scheme, and also by the IJB Financial Regulations approved by the IJB on 23 March 2016.

A financial assurance process was undertaken on 2016/17 funding contributions made available by NHS Lothian and West Lothian Council. Through this, baseline pressures of £2.935 million were identified in the NHS budget contribution to the IJB for 2016/17 with the council contribution assessed as representing a balanced budget contribution.

During the year the IJB worked closely with NHS Lothian to identify measures to mitigate the funding shortfall in the NHS Lothian contribution and at the year end the full value of the pressure had reduced to £1.840 million with this balance being funded by NHS Lothian through their achievement of an overall breakeven position. The NHS health services expenditure therefore matched income from NHS Lothian. In addition, council care services expenditure at the year end also matched income from West Lothian Council allowing the IJB to achieve a balanced position for 2016/17.

IJB delegated services saw continued demand growth during 2016/17. Within community care, both elderly care home and care at home demands /expenditure increased significantly reflecting a growing elderly population who are living longer with more complex needs. Growth in demands within learning and physical disability care also increased significantly reflecting an increasing shift in the balance of care from health to community care in line with integration objectives.

Within health delivered services, by far the most significant pressure related to GP prescribing which resulted in an overspend of £2.86 million. Substantial work has been undertaken to improve the prescribing budget position for 2017/18 including prioritisation of additional funding and the introduction of a new effective prescribing fund of £2 million for 2017/18 across Lothian. Mental Health was also a significant pressure in 2016/17 largely due to ongoing difficulties in recruiting nurse posts which is resulting in high agency and nurse bank costs. Options to mitigate this are also being progressed.

It will be important moving forward to 2017/18 and future years that expenditure is managed within the financial resources available and this will require close partnership working between the IJB as service commissioner, and NHS Lothian and West Lothian Council as providers of services.

Future Financial Plans and Outlook

The 2017/18 budget contributions from NHS Lothian and West Lothian Council have been taken account of in Directions issued to Partners for 2017/18. While the council contribution represents a balanced budget position, the NHS Lothian contribution represents a funding shortfall compared to forecast expenditure of £1.5 million. Taking account of this, it will be crucial that early action is taken to identify options to manage this pressure to ensure a balanced position is achieved for 2017/18.

The IJB has a statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. Plans for this are developed via the health and social care management and staff supporting the IJB. The IJBs strategic plan and strategic commissioning plans will help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process associated with health and social care services.

As part of the agreed IJB Directions to NHS Lothian and West Lothian Council, there is a requirement for the partners to work with the IJB on the preparation of a medium term financial strategy for IJB delegated functions. This reflects that strategic planning of future service delivery and financial planning are intrinsically linked. An informed approach to future service delivery must take account of assumptions around available resources as resource availability will be a key determinant in shaping future service delivery.

With regard to future years, health and social care services will be faced with significant challenges to meet demands and operate within tight fiscal constraints for the foreseeable future. This is reflective of recent Audit Scotland reports including NHS in Scotland 2016 and Social Work in Scotland which both highlight that funding is not keeping pace with demands and that significant changes to how care services are delivered will be required as current models are unsustainable going forward.

Significant risks over the medium terms can be summarised as follows:

- The wider financial environment, which continues to be challenging with a high degree of volatility in the economy, including uncertainties around Brexit
- Increased demand and expectations around services alongside reducing resources
- The impact of demographic changes particularly relevant to West Lothian which is forecast to have the highest growth in Scotland in the over 75 years age group
- Additional costs associated with new legislative and policy requirements are not accompanied with adequate additional funding resources
- Failure to implement new models of care necessary to allow effective care to be delivered within resources available and in line with the IJBs Strategic Plan

The risks above further highlight the requirement for robust financial planning which is integrated with strategic planning and commissioning plans. Based on Directions issued to partners and ongoing discussions, it is anticipated that a financial strategy over a minimum three year period will be developed over the course of 2017.

Conclusion

The first year of West Lothian Integration Joint Board having responsibility for delegated functions and resources has been both challenging and rewarding. The IJB has successfully overseen the delivery of all core services and the development and implementation of major service changes such as the Frailty programme, mental health redesign and the introduction of the living wage for social care workers.

There has been increased joint working across health and social care to integrate service delivery in areas such as supporting older people to stay in their homes and to return home from hospital as soon as possible. A local West Lothian Health and Social Care Delivery Plan has been developed setting out the transformational journey across care services that will allow key integration outcomes to be achieved over the medium term.

Prudent financial management and close joint working with NHS Lothian and West Lothian Council has allowed the IJB to successfully deliver on a range of outcomes and manage delegated financial resources within a challenging financial and operating environment.

The pace of change will continue to be challenging and a joined up approach to strategic and financial planning will be key to ensuring the future delivery of quality care services to the West Lothian population is managed within available resources.

We would like to acknowledge the significant effort of all the NHS Lothian and West Lothian Council staff supporting the IJB in its first full year of operation and look forward to building on the progress that has been made during 2016/17.

Chair
26 September 2017

Chief Officer
26 September 2017

Chief Finance Officer
26 September 2017

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief 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 so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts

I confirm that these Annual Accounts were approved for signature at a meeting of the West Lothian IJB Audit, Risk and Governance Committee at its meeting on 26 September 2017

Signed on Behalf of West Lothian Integration Joint Board

Chair of West Lothian Integration Board
26 September 2017

Responsibilities of the Chief Finance Officer

The Chief Financial Officer is responsible for the preparation of the Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority 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 the West Lothian Integration Joint Board as at 31 March 2017 and the transactions for the year then ended.

Patrick Welsh
Chief Finance Officer
26 September 2017

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.

Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by West Lothian Council and NHS Lothian. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other Board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any expenses paid by the IJB are shown below.

Taxable Expenses 2016/17 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2016/17 £
Nil	Frank Toner	Chair April 2016 to September 2016	West Lothian Council	Nil
Nil	Danny Logue	Chair October 2016 to March 2017	West Lothian Council	Nil
Nil	Julie McDowell	Vice Chair April 2016 to May 2016	NHS Lothian	Nil
Nil	Martin Hill	Vice Chair June 2016 to March 2017	NHS Lothian	Nil
Nil	**Total**			**Nil**

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair. The other voting members of the IJB during 2016/17 are noted below.

John McGinty – West Lothian Council

Anne McMillan – West Lothian Council

Alex Joyce – NHS Lothian

David Farquharson – NHS Lothian (April to August 2016)

Lynsay Williams - NHS Lothian (From August 2016)

Susan Goldsmith – NHS Lothian (From August 2016)

Remuneration: Officers of the IJB

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

Chief Officer

The remuneration of the Chief Officer is set by NHS Lothian and a contract of employment is in place with NHS Lothian. In line with the Public Bodies (Joint Working) (Scotland) Act 2014, the Chief Officer is regarded as an employee of the Integration Joint Board when undertaking duties for the Board in relation to delegated functions. This is assumed at 100% of the Chief Officer's time and this is reflected in the Integration Joint Board remuneration report.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Taking this into account, other officers, including the Chief Finance Officer, are not regarded as employees of the Integration Joint Board. Therefore, such officers do not feature in the Integration Joint Board remuneration report but may feature, as relevant, in the remuneration report of the employing partner.

Total 2015/16 £	**Senior Employees**	**Salary, Fees & Allowances £'000**	**Compensation for Loss of Office £'000**	**Total 2016/17 £'000**
12	Jim Forrest Chief Officer	100	Nil	100
12	**Total**	**100**	**Nil**	**100**
94	***2015/16 Full Year Equivalent***			

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 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 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 31/03/16 £'000	For Year to 31/03/17 £'000		Difference from 31/03/16 £'000	As at 31/03/17 £'000
Jim Forrest	3	14	Pension	5	53
Chief Officer			Lump sum	15	157
Total	**3**	**14**	**Pension**	**20**	**210**

Disclosure by Pay Bands

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

Number of Employees in Band 2015/16	**Remuneration Band**	**Number of Employees in Band 2016/17**
1	£90,000 - £94,999	0
0	£95,000 - £99,999	0
0	£100,000 - £104,999	1

Chief Officer
26 September 2017

Chair
26 September 2017

IJB DRAFT ANNUAL GOVERNANCE STATEMENT

Corporate Governance

The governance framework is the systems, processes, culture and values by which the Board is directed and controlled. It encompasses the activities through which it is accountable to, engages with and leads the West Lothian community in relation to its statutory functions. These are the arrangements put in place to ensure that the intended outcomes for West Lothian residents and other stakeholders are defined and delivered. These arrangements must always be used in the public interest.

The Board and its members, voting and non-voting, have overall responsibility for good governance arrangements – for establishing its values, principles and culture, for ensuring the existence and review of an effective governance framework, and for putting in place monitoring and reporting arrangements. Corporate governance is an essential back-office corporate service necessary to assist the effectiveness of setting, monitoring, achieving and reporting on priorities and outcomes, both national and local.

Whilst retaining its responsibility and overview of those arrangements, the Board has entrusted the delivery of some of those tasks to committees and to officers employed by West Lothian Council and NHS Lothian who serve and support the Board. That delegation does not remove or negate the responsibility of all the Board's members for governance.

Governance framework

The framework is made up of corporate documents, policies and procedures which are designed to guide and assist the Board in doing its business in accordance with the law and with proper standards and principles; ensuring that public money is safeguarded and used economically, efficiently and effectively; and fulfilling its statutory duty to promote the national health and well-being outcomes and the integration planning and delivery principles.

The statutory relationship amongst the Board, the council and the health board is a complex one. The Integration Scheme contains the agreement reached between the council and the health board in seeking to have the Board established. It cannot be changed without going through a formal statutory review process. The Board's governance arrangements provide the additional guidance and control necessary to make that relationship work for the benefit of service users and other stakeholders.

Code of Corporate Governance

The Board is subject to the accounting and audit regime which applies to Scottish local authorities. The codes and guidance which relate to the governance aspects of that regime recommend, but do not require, the adoption of a local code of corporate governance. They recommend that the local code is built around a set of over-arching principles. Below each of those is a set of sub-principles, and then more detailed standards and examples of evidence that supports an assessment of compliance.

The Board has not yet adopted such a code. The Integration Scheme contained an undertaking by the council and the health board to approach the Board's corporate governance arrangements through such a formal code. The Board has committed, through a

decision of its Audit Risk & Governance Committee, to having its own local code by the end of September 2017.

In the meantime, the Board's governance arrangements can be found in a series of formal and adopted constitutional documents and procedures. They are designed and intended to comply with the same over-arching principles which will shape its local code. Its compliance with those governance arrangements can be evidenced from those documents and procedures and from a number of significant reports, recommendations and decisions dealt with by the Board and its committees during the year. These elements of the Board's governance framework are dealt with below.

System of internal control

A significant part of the governance framework is its system of internal control (financial and other). It is an ongoing process designed to identify risks to the achievement of the Board's objectives; to evaluate the likelihood of those risks occurring; to consider the potential impact of the risks; and to manage them effectively. Those controls can never eliminate risk or failure to achieve objectives entirely – they can only provide reasonable and not absolute assurance. The design, development and management of the system of internal control is undertaken by the Director (the Board's Chief Officer) who is, by law, the only member of the Board's staff. The Director is assisted by officers who are employed by the council or by the health board but provide service and support to the Board as part of their employment duties.

The system of internal financial control is designed to provide assurance on the effectiveness and efficiency of operations and the reliability of financial reporting. It too is based on a framework, which includes financial regulations and a system of management supervision, delegation and accountability that is supported by regular management information, administrative procedures and segregation of duties. Its key elements include a documented internal control framework relating to financial processes, procedures and regulations; a comprehensive budgeting and monitoring framework; scrutiny of periodic and annual financial and operational performance reports; performance management information; and project management disciplines.

Reporting to members on the effectiveness of the system of internal control is carried out by the Board's Internal Auditor. The outcome of that review and recommendations were considered by and approved by the Audit Risk & Governance Committee.

The report provided details of the risk based audits undertaken for the Board, and the conclusions arising from that work. Those reports had all been submitted to the Board's Audit, Risk and Governance Committee in the course of the year. None of the audits concluded that control was unsound.

In relation to the audit of the Board's governance arrangements, it was concluded that control required improvement. It was though recognised that there was a process in place to ensure that all of the requirements of the Integration Scheme are either in place or are being progressed.

Governance documents

Although the Board does not yet have its own local code of corporate governance, it has adopted the key documents which support and inform governance arrangements and which provide evidence against which compliance with such a local code can be assessed. These are as follows.

The Integration Scheme was a statutory requirement to be agreed by the council and the health board and approved by the Scottish Ministers. It contains undertakings and explanations of issues which were specified by statute and is the basis for the Board's operations.

The Board's Standing Orders provide the rules for meetings of the Board and its committees. They comply with the relevant legislation and ensure that Board meetings take place in accordance with an agreed calendar of meetings, and that Board members and the public receive advance notice of meetings and reports in accordance with legislation. They require agendas, reports and minutes to be published on the internet and govern how meetings are run, requiring that meetings take place in public except where exclusion is justified on the basis of a very short and narrow list of exceptions which are themselves built in to Standing Orders. They also reserve significant decisions to the Board itself and provide that any committees must have with formal remits, powers and membership and must be subject to Standing Orders themselves.

The Board has approved a Scheme of Delegations to Officers which is a formal record of the decision-making powers and responsibilities which it has delegated to the Chief Officer and other officers supporting it. The Scheme distinguishes between policy matters and other issues, and recognises that not all decision-making can be undertaken directly by the Board and its members.

The Board has adopted Financial Regulations under which its Chief Finance Officer will operate its accounting and audit arrangements. They call for regular budget-monitoring and financial assurance reports to the Board.

The Board has approved detailed terms of reference for its Strategic Planning Group, Audit Risk & Governance Committee, Appointments Committee and Health & Care Governance Group. They set out their remits, powers, membership and meeting arrangements. The two committees must also comply with the Board's Standing Orders. Meetings therefore take place in public unless there is a basis in Standing Orders to exclude the public. Minutes of meetings are reported to the Board for information.

The Board has adopted a formal Code of Conduct for its members which meets statutory requirements and has been approved by the Scottish Ministers. It maintains and publishes its Register of Members' Interests with which all Board members comply

Role descriptions were agreed by the Board for each of Director, Chief Finance Officer, Internal Auditor and Standards Officer. Those posts were appointed by the Appointments Committee in 2015/16 and the job descriptions remain in place for those four significant officer positions

The Board established a Health & Care Governance Group to control health and clinical care governance for the Board and make advice and recommendations to the Board.

The Board, through its Strategic Planning Group, established its locality planning groups and their relationship with the group and the Strategic Plan.

The Board approved its Participation and Engagement Strategy after extensive and lengthy consultation with users and through the Strategic Planning Group.

The Board approved its Risk Policy and Risk Strategy after presentations and reports to the Board, the Strategic Planning Group and to the Audit Risk & Governance Committee to inform the final approved documents

The Board's Internal Audit Charter was approved by the Audit Risk & Governance Committee on 6 January 2017.

Governance procedures

The Board has established administrative arrangements and procedures to ensure effective and full implementation and use of these governance documents and to safeguard against governance failures. These are as follows.

An annual timetable of meetings for the Board and the Audit Risk & Governance Committee is agreed in advance by those bodies and can only be changed by them.

Standing Orders guarantee a minimum number of Board meetings each year, and prevent meetings being cancelled once scheduled.

Reports are presented to the Board and its committees on a template designed to ensure that relevant and sufficient information is provided to members for decision-making purposes.

The Board and its committees and groups maintain a forward work plan and/or running action note to ensure agreed actions are captured and monitored and work flow is planned and controlled to meet statutory and other timescales and deadlines.

Agendas and reports for meetings are prepared in consultation with the Chair and Vice-Chair to ensure a close link between the management and delivery responsibilities of officers and the strategic and oversight responsibilities of the Board and its members

Standing Orders guarantee public access to meeting papers and meetings except in a small number of specified cases when the Board or committee (not the Chair) may agree to exclude the public.

Procedures have been agreed by the Board to ensure that its members and its officers meet the duties they carry under the ethical standards in public life legislation. Those cover the Register of Interests, making declarations of interest and briefings, training sessions and an annual report. The Standards Officer's appointment has been approved by the Standards Commission.

The Directions issued by the Board to the council and health board in relation to their delivery of the integrated functions are styled in a way to ensure that all the statutory

requirements in legislation (for example, covering all of those functions each year, applying the Strategic Plan, financial control) and guidance (for example, securing best value) are met.

Minutes of the Strategic Planning Group and the Board's committees and groups are reported to the Board for information.

A planning cycle was agreed to ensure periodic reviews take place of care group commissioning plans.

Performance scrutiny

The Board must publish a statutory performance report within 4 months of the end of any financial year. It requires information from the council and the health board in relation to their performance of the integrated functions which have been specified in Directions issued by the Board. That also means that regular and periodic information is required to allow service performance to be assessed continuously and to inform the annual report. That information is provided with reference to a list of agreed indicators and from that the Board maintains its own performance records against the commitments and outcomes given in its Strategic Plan.

Those reports are considered at Board meetings and so all members are aware of performance information and concerns.

Financial scrutiny and assurance

The Board's Financial Regulations call for quarterly budget monitoring reports to be presented to the Board. They also call for at least an annual financial assurance report to the Board to enable it to proceed with the budgetary process, the publication of its annual financial statement and issuing Directions to the council and health board. These reports have been and will continue to be made as required.

Risk

Risks and the developing Risk Register were periodically reported to and were considered at the Board, the Strategic Planning Group and Audit Risk & Governance Committee Meetings. These reports were in addition to the process followed leading to the approval of the Board's Risk Strategy and Policy.

Significant governance decisions

The Board and its committees have engaged in matters relating to and required by good governance through consideration of reports and decisions in a wide variety of issues. These are a sample:-

- Public Sector Duty and Equalities Mainstreaming Report
- Monitoring implementation of Integration Scheme undertakings
- Continuing attention to Board members induction and training
- Internal audits of strategic planning, and financial assurance

- Chief Social Work Officer's Annual Report
- Adult Support and Protection Committee Biennial Report
- Review of Board and Strategic Planning Group Membership
- Strategic Plan Impact Assessment
- Strategic Plan Annual Review
- Consideration of the system of internal control the annual governance statement and the Board's unaudited accounts
- Reporting to the Board on the audited accounts and the external auditors' report

These examples of the activity of the Board and its committees illustrate the Board's commitments to making decisions in an environment of good governance arrangements.

Audit Risk & Governance Committee

The Audit Risk & Governance Committee monitors the independence and effectiveness of the Internal Audit service provided by the council and its Audit, Risk and Counter Fraud Manager. To ensure the required degree of independence it is given assurance in relation to non-internal audit functions through the internal audit manager of Falkirk Council. The committee approves an annual audit plan and receives reports about its completion. It considers reports brought forward in relation to the work planned and any reactive work required.

The reports contain a conclusion as to the soundness of control based on the investigation carried out and whether controls are satisfactory or require improvements. They set out improvement actions which have been agreed with officers. The findings, actions and times for completion are presented for committee approval.

The committee also receives reports in relation to governance matters, principally reports issued by the Accounts Commission and/or Audit Scotland in relation to the Board or the health and care sector as a whole. The committee also receives the annual report on corporate governance and the annual governance statement for approval.

Formal arrangements have been made and approved for liaison and information sharing with the Internal Auditors for the health board, the council and the other IJBs in the health board area.

Officer activity

The Board is required to operate a professional and objective internal audit service. The council's Audit Risk and Counter Fraud Manager is appointed as the Board's Internal Auditor. Internal audit is an independent appraisal function which examines and evaluates systems of financial and non-financial control. Internal audit operates in accordance with the "Public Sector Internal Audit Standards: Applying the IIA International Standards to the UK Public Sector" (PSIAS). An annual audit plan is prepared based on an assessment of risk and is approved by the Audit & Governance Committee. Internal audit reports are issued to the committee in relation to the outcome of significant proactive and reactive reports. There

is annual reporting to the committee of internal audit activities and to give assurance about the independence, effectiveness and soundness of the service.

The legislation which applies to the Board in relation to accounting and finance matters requires the Board to appoint a Chief Financial Officer. That role is to be performed in accordance with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2010) as set out in the Application Note to Delivering Good Governance in Local Government: Framework. The CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2010) sets out the requirement for the Chief Financial Officer to be professionally qualified and sets out the criteria for qualification. The Board has appointed its Chief Financial Officer who fulfils these criteria and operates in accordance with the Board's Financial Regulations, reporting regularly to the Board on budgetary performance and compliance and on financial assurance. The Chief Finance Officer produces the Board's annual financial statement. The role is undertaken in accordance with the relevant statutory rules, guidance and standards.

Risk management is supervised on the officer side of the council by the Board's Internal Auditor. Risk management is also embedded at a service level in the senior management team who are responsible for the delivery of the Board's integrated functions. The management team monitor, assess and mitigate risk at service level as a matter of routine at their management team meetings. That process continues at lower levels in each service's management structure. Risk assessment and monitoring and the progress towards agreed actions are carried out using Covalent.

Similarly, management teams routinely monitor performance, utilising the high-level performance indicators which are reported publicly as well as lower level management performance indicators.

Matters of concern from 2015/16

The annual governance statement for 2015/16 identified areas of concern and for improvement. They have been addressed as follows:-

- The process for assessing and addressing outstanding areas of compliance with the integration scheme has been put in place by the Audit Risk & Governance Committee and is due to be reported again in June 2017. The committee has received periodic progress reports on the agreed actions and they will continue to be pursued until complete
- An Annual Audit Plan was agreed through the Audit Risk & Governance Committee for 2015/16 and has been done again for 2016/17. That will be done on a recurring annual basis
- A strategy and policy for monitoring and reporting risk was developed and finalised and is being implemented
- Procedures for recording, monitoring and reporting on service and financial performance were developed and approved

- A process has been put in place to secure compliance with the statutory regulations in relation to the council's unaudited accounts, annual governance and other statements and audited accounts and external auditors' report
- Progress has been made in securing compliance with a number of statutory regimes, and arrangements were developed by the Board throughout the year in relation to data-sharing, freedom of information, complaints procedures. They should be concluded in 2017/18
- A programme of orientation and induction sessions and visits was put in place

Many of these issues are comprised in the review being undertaken of compliance with the Integration Scheme and so any outstanding issues shall be monitored, reported and actioned through that process.

Further areas to be addressed

The Board should ensure that it approves a local code of corporate governance in 2017/18 which complies with the 2016 CIPFA/SOLACE Framework and Guidance. Completion of that is already timetabled and will be monitored through the Audit Risk & Governance Committee.

The ongoing work to secure compliance with the Integration Scheme should be progressed and brought to a conclusion. Completion of that should address a number of issues which require to be finalised in the interests of good governance.

Following the local government elections in May 2017 the Board has new council-appointed voting members. Work should take place in relation to their induction and orientation and integration into the Board and to ensure their compliance with the code of conduct.

The Board will publish its first meaningful statutory performance report in the summer of 2017. The process for the production of the report and its effectiveness and statutory compliance should be reviewed.

A process should be established for an annual report from the Board's Clinical Director to be presented in the same manner as is the Chief Social Work Officer's annual report

The Board is subject to a duty to achieve best value. That is the same best value duty as the council, and the health board has its own best value duty based on guidance and direction. A plan should be developed to ensure that the Board complies with that duty.

Subject to committee approval, actions should be developed for the progress and completion of work for these issues and implementation will be reported to and monitored by the Audit Risk & Governance Committee.

Assurance

Based on the governance framework and arrangements already described, the Board, the council, the health board and the West Lothian community can be assured that, although there are areas for improvement, nevertheless the Board's corporate governance standards have been substantially met in 2016/17.

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in both the Expenditure and Funding Analysis and the Movement in Reserves Statement.

2015/16				2016/17		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
4	0	4	Health Services	176,526	0	176,526
4	0	4	Social Care Services	60,556	0	60,556
6	0	6	Corporate Expenditure	28	0	28
14	0	14	Cost of Services	237,110	0	237,110
	(14)	(14)	Taxation and Non-Specific Grant Income		(237,110)	(237,110)
14	(14)	0	Surplus or Deficit on Provision of Services	237,110	(237,110)	0
		0	**Surplus / Deficit on Provision of Services**			**0**

The figures within the income and expenditure account above take account of all relevant accounting entries to reflect the year end income and expenditure recorded in the ledgers for NHS Lothian and West Lothian Council in respect of West Lothian IJB functions for 2016/17.

The figures have been prepared in line with appropriate accounting policies required to provide a true and fair view in accordance with annual accounts requirements.

The Health figures above include expenditure and income for non-cash limited services such as community opticians, community pharmacists and community dentists. NHS Boards receive non-cash limited budgets for such items, whereby the Scottish Government will adjust the NHS Board budget for any over or under spends at the year end.

These are however still NHS Board budgets and for the purposes of the IJB accounts it has been agreed by the Scottish Government and CIPFA that they should be included in the delegated budget and services within the IJB's remit.

The spend and income associated with West Lothian IJB non-cash limited services in 2016/17 was £18.222 million.

Both West Lothian Council and NHS Lothian have confirmed there will be no charge to the IJB for central administration functions they provide in support of the IJB.

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 2016 £000		Notes	31 March 2017 £000
6	Short term Debtors		0
6	**Current Assets**		0
6	Short term Creditors		0
6	**Current Liabilities**		0
0	Provisions		0
0	**Long-term Liabilities**		0
0	**Net Assets**		0
0	Usable Reserve: General Fund		0
0	Usable Reserve:		0
0	Employee Statutory Adjustment		0
0	Account		0
0	**Total Reserves**		0

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2017 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 27 June 2017 and the audited accounts were authorised for issue on 26 September 2017.

Patrick Welsh **Date: 26 September 2017**

Chief Finance Officer

Notes to the Annual Accounts

1. ACCOUNTING POLICIES

1.1 General Principles

The West Lothian Integration Joint Board is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between West Lothian Council and NHS Lothian.

Integration Joint Boards (IJBs) are specified as section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their Annual Accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

The Annual Accounts summarise the Integration Joint Boards transactions for the 2016/17 financial year and its position at the year end of 31 March 2017.

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:

- All known specific and material sums payable to the IJB have been brought into account.
- Suppliers are recorded as expenditure when they are consumed. Expenses in relation to services received are recorded as expenditure when the service is received rather than when payments are made.
- Where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet. Where it is doubtful that debts will be settles, the balance of debtors is written down and a charge made to revenue for the income that might not be collected.

1.3. Going Concern

The Accounts are prepared on a historical cost basis, which provides that the entity will continue in operational existence for the foreseeable future.

1.4 Accounting Convention

The accounts are prepared on a historical cost basis.

1.5 Funding

The Integration Joint Board receives contributions from its funding partners namely West Lothian Council and NHS Lothian to fund its services. Expenditure is incurred in the form of charges for services provided to the IJB by these partners.

1.6 Post Balance Sheet Events

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 is adjusted to reflect such events.
- 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.

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

1.7 Material Items of Income and Expense

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.

1.8 Related Party Transactions

Related parties are organisations the IJB can control or influence or who can control or influence the IJB. As partners in the Joint Venture of West Lothian IJB, both West Lothian Council and NHS Lothian are related parties and material transactions with those bodies are shown in line with the requirements of IAS 24 Related Party Disclosures.

1.9 Support Services

Support services were not delegated to the IJB and are provided by the Council and the Health Board free of charge as a 'service in kind'. This is consistent with VAT advice and means that support services to the IJB are outside the scope of VAT. This arrangement was set out in a report to the IJB on 16 February 2016. The list of support services provided to the IJB by West Lothian Council and NHS Lothian is summarised as follows:

- Human Resources
- Internal Audit and Risk Management
- Information Technology
- Buildings Accommodation
- Property / Facilities Management
- Learning and Development

- Health and Safety
- Committee Services
- Procurement Services
- Financial Services
- Corporate Communications
- Legal Services

2. PROVISIONS, CONTINGENT ASSETS AND LIABILITIES

Provisions

Provisions are made where an event has taken place that gives the IJB a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential and a reliable estimate can be made of the amount of obligation.

Provisions are charged as an expense to the appropriate service line in the Income and Expenditure Statement in the year that the IJB becomes aware of the obligation and measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made, they are charged to the provision held in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year. Where it becomes less than probable that a transfer of economic benefits will be required (or a lower settlement than anticipated is made), the provision is reversed and credited back to the relevant service.

Contingent assets and liabilities

A contingent asset or liability arises where an event has taken place that gives the IJB a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent liabilities or assets also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts where they are deemed material. A review of potential contingent assets and liabilities has been undertaken for the IJB and none have been identified at 31 March 2017.

3. SEGMENTAL REPORTING

Expenditure on services commissioned by the IJB from its partner agencies is analysed over Adult Social Care, Core Health Services, Hosted Health Services, Set Aside Acute Services and Children's Service within the financial ledgers of West Lothian Council and NHS Lothian. The table below sets this out.

Health Services	Budget £000	Actual Expenditure £000	Variance £000
Core Services			
Community AHPS	3,474	3,439	35
Community Hospitals	3,100	3,188	(88)
District Nursing	3,041	2,830	211
GMS	25,144	25,121	23
Mental Health	12,689	13,323	(634)
Other	15,149	13,515	1,634
Prescribing	33,544	36,402	(2,858)
Resource Transfer	6,782	6,782	0
Total	**102,923**	**104,600**	**(1,677)**
Hosted Services			
Public Health	263	252	11
Strategic Programmes	(18)	0	(18)
AHP Dietetics	582	594	(12)
AHP Other	146	140	6
AHP Podiatry	671	620	51
AHP Rehabilitation	900	855	45
GMS	2,130	2,135	(5)
Learning Disabilities	3,270	3,271	(1)
Lothian Unsched. Care Serv.	2,206	2,205	1
Mental Health & Wellbeing	649	647	2
Oral Health Services	3,446	3,390	56
Other	(521)	(581)	60
Psychology Service	1,345	1,347	(2)
Rehabilitation Medicine	1,083	1,050	33
Sexual Health	1,132	1,109	23
Substance Misuse	1,482	1,649	(167)
UNPAC	1,368	1,375	(7)
Total	**20,134**	**20,058**	**76**
Set Aside Services			
A & E (Outpatients)	4,077	4,201	(124)
Cardiology	6,279	6,237	42
Diabetes	453	515	(62)
Endocrinology	171	166	5

	Budget £000	Actual Expenditure £000	Variance £000
Gastroenterology	2,123	2,037	86
General Medicine	9,664	9,845	(181)
Geriatric Medicine	5,427	5,334	93
Infectious Disease	3,063	3,022	41
Management	546	584	(38)
Rehabilitation Medicine	743	793	(50)
Respiratory Medicine	170	171	(1)
Therapies	549	590	(41)
Wgh Surgery	143	152	(9)
Total	**33,408**	**33,647**	**(239)**
Non Cash Limited Services			
Dental	9,743	9,743	0
Ophthalmology	3,340	3,340	0
Pharmacy	5,138	5,138	0
Total	**18,221**	**18,221**	**0**
Additional Contribution from NHS Lothian	1,840	0	1,840
Total Health Services	**176,526**	**176,526**	**0**
Social Care Services			
Learning Disabilities	14,576	14,733	(157)
Physical Disabilities	6,038	5,941	97
Mental Health	3,221	3,176	45
Older People Assess & Care	28,155	28,460	(305)
Care Homes & HWC	7,635	7,900	(265)
Contracts & Commissioning Support	5,589	4,653	936
Other Social Care Services	(4,630)	(4,279)	(351)
Total Adult Social Care Services	**60,584**	**60,584**	**0**
TOTAL ALL SERVICES	**237,110**	**237,110**	**0**

4. RESERVES

Reserves are created by appropriating amounts out of revenue balances in the Movement in Reserves Statement. When expenditure to be financed from a reserve is incurred, it is charged to the appropriate service in that year so as to be included within the Income and Expenditure Statement. Movements in reserves are reported in the Movements in Reserves Statement. The IJB has no reserves at 31 March 2017 based on the first financial year functions and resources have been delegated.

5. CORPORATE EXPENDITURE

	2016/17 £'000	**2015/16 £'000**
Audit Fee	25	5
CNORIS Fee	3	1
Total	**28**	**6**

Note – the corporate expenditure is shown within the segmental reporting expenditure and funding table.

6. SHORT TERM DEBTORS

	2016/17 £'000	**2015/16 £'000**
Central Government Bodies	0	0
Other Local Authorities	0	6
Total	**0**	**6**

7. SHORT TERM CREDITORS

	2016/17 £'000	**2015/16 £'000**
Central Government Bodies	0	6
Other Local Authorities	0	0
Total	**0**	**6**

8. VAT

The IJB is not VAT registered. 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.

9. POST BALANCE SHEET EVENTS

The audited Annual Accounts were authorised for issue on 27 September 2017 at the meeting of the IJB. Where events which took place before this date provided information about conditions which existed at 31 March 2017, the Annual Accounts and notes have been adjusted in all material respects to reflect the impact of this information. Events taking place after this date have not been reflected in the Annual Accounts and notes.

10. RELATED PARTY TRANSACTIONS

In the 2016/17 financial year the following transactions were made with NHS Lothian and West Lothian Council relating to integrated health and social care functions. In 2015/16, there were no financial transactions made relating to health and social care functions as functions were not delegated until 1 April 2016.

Income – payments for integrated functions	**2016/17 £'000**	**2015/16 £'000**
NHS Lothian	(176,526)	(4)
West Lothian Council	(60,584)	(10)
Total	**(237,110)**	**(14)**

Expenditure – payments for delivery of integrated functions	**2016/17 £'000**	**2015/16 £'000**
NHS Lothian	176,526	4
West Lothian Council	60,584	10
Total	**237,110**	**14**

West Lothian Integration Joint Board

Date: 27 June 2017

Agenda Item: 8

WEST LOTHIAN INTEGRATION JOINT BOARD RESERVES POLICY

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to provide the IJB with a draft Reserves Policy for consideration and approval.

B RECOMMENDATION

It is recommended that the Board:

- approves the draft Reserves Policy as set out in the appendix to this report

C TERMS OF REPORT

C.1 Background

The IJB approved the Financial Regulations at its meeting on 23 March 2016. These regulations laid out that the IJB may hold reserves and the Chief Finance Officer will prepare a policy to hold and manage any such reserves which will be presented to the Board for approval.

C.2 West Lothian IJB Reserves Policy

A draft reserves policy for the IJB is attached to this report and this provides full detail to support the governance for creating and holding revenue reserves for the Board. Reserves are generally held for three purposes as follows:

- To create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves
- To create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves
- To create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities

Based on equivalent general reserve balances within a range of other public sector bodies, the Reserves Policy suggests a prudent level of general reserve would be 2% of the IJB revenue budget which would be equivalent to approximately £4.5 million. Any IJB reserves would be held via West Lothian Council as NHS Lothian does not have scope to hold reserves

The proposed 2% should be seen as an optimum level of reserves that would be built up over a period of time, recognising the difficult balance between prudent financial planning and challenging budget constraints. As per the 2016/17 Annual Accounts, the IJB does not have any resources through underspends on the delivery of delegated health and social care services in 2016/17 to put towards general reserves. At this stage there would also appear to be limited scope to have resources available at the end of 2017/18 to create a reserve.

It is nonetheless important that the IJB has a Reserves Policy which supports the Financial Regulations and the financial governance framework that the IJB operates within.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

West Lothian Integration Joint Board Financial Regulations

F APPENDICES

West Lothian Integration Joint Board Draft Reserves Policy

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	None.
Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource / Finance	There are no direct resource implications arising from any decisions made on this report.
Policy/Legal	Legislation empowers the IJB to hold reserves which should be accounted for in the financial accounts and records of the Board.
Risk	None

H CONTACT

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27 June 2017

West Lothian Integration Joint Board

Reserves Policy

Contents Page

1. Introduction

1.1 Reserve Funds are established as part of good financial management. The purposes of reserve funds are as follows:

a) As a working balance to help cushion the impact of uneven cash flows

b) As a contingency to cushion the impact of unexpected events or emergencies

c) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

1.2 West Lothian Integration Joint Board (IJB) is a legal entity in its own right created by Parliamentary Order following Ministerial approval of the Integration Scheme and has been formally constituted under a body corporate model. The IJB is expected to operate under public sector best practice governance arrangements. West Lothian Council and NHS Lothian delegate certain functions and budgets to the IJB who subsequently commissions services from these two partner organisations to deliver health and social care services.

1.3 The West Lothian IJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS). The IJB is able to hold reserves which should be accounted for in the financial accounts of the Board

1.4 Financial Regulations for West Lothian IJB were formally approved by the Board on 23 March 2016. Section 4.4 of the Financial Regulations highlights that legislation empowers the IJB to hold reserves which should be accounted for in the financial accounts and records of the IJB.

1.5 This Reserves Strategy should be read in conjunction with the Financial Regulations for the IJB.

2. Statutory / Regulatory Framework for Reserves

2.1 <u>Usable Reserves</u>

Local Government bodies – which includes the IJB for these purposes – may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve – Powers

General Fund – Local Government (Scotland) Act 1973

2.2 For each reserve there should be a clear protocol setting out:

- The reason / purpose of the reserve
- How and when the reserve can be used;

- Procedures for the reserves management and control
- The timescale for review to ensure continuing relevance and adequacy

3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- Create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- Create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves
- Create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprises of three elements:

- Funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the IJB cannot have a separate earmarked reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
    - Future use of funds for a specific purpose, as agreed by the IJB; or
    - Commitments made under delegated authority by the Chief Officer, which cannot be accrued at specific times (e.g. year-end) due to not being in receipt of the service or goods;
    - Funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
    - Funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

4. Role of the Chief Financial Officer

4.1 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves that the IJB would aim to hold, known as the prudential target figure. The IJB, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.

5.2 In determining the prudential target, the Chief Finance Officer should consider the IJB's Strategic Plan, the medium term financial outlook and the overall financial

environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.

5.3 In light of the size and scale of the IJB's responsibilities, over the medium term it is proposed that a target level of general reserves should represent approximately 2% of net expenditure. This value of reserves must be reviewed annually as part of the IJB's Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

6.1 The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.

6.2 The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Financial Officer. To enable the IJB to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget report the Chief Finance Officer should state:

- The current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure.
- The adequacy of general reserves in light of the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
- An assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term
- If the reserves held are under the prudential target, that the IJB should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

West Lothian Integration Joint Board

Date:27 June 2017

Agenda Item: 9

PROPOSED FINANCIAL STRATEGY APPROACH

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to set out an initial high level approach to medium term financial strategy for agreement. Such an approach will be required to assist the IJB in planning and prioritising future health and social care provision in West Lothian within future available resources.

B RECOMMENDATION

It is recommended the IJB:

1. Agrees the approach to medium term financial planning for IJB delegated functions set out in the report
2. Agrees that the Chief Officer and Chief Finance Officer work with NHS Lothian and West Lothian Council officers to take forward financial planning for IJB delegated functions, based on the approach contained in this report

C TERMS OF REPORT

C.1 Background

The IJB has statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. The IJB's strategic plan and strategic commissioning plans should help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process around health and social care services.

Strategic planning of future service delivery and financial planning are intrinsically linked. An informed approach to future service delivery over the medium / long term must take account of assumptions around available resources over the same period and ultimately resource availability will be a key determinant of future service delivery.

Taking account of this the IJB agreed at its meeting of 14 March 2017 to direct partners to work in conjunction with the Director and Chief Finance Officer to prepare a medium term financial strategy for IJB delegated functions and that the proposed approach to this would be brought back to the Board for agreement at this meeting.

C.2 Future Financial Planning for Health and Social Care Services

As part of the 2017/18 Scottish Budget there is a requirement for NHS Boards to undertake three year financial planning and NHS Lothian are currently progressing initial work in relation to this. In terms of West Lothian Council, the council has undertaken medium term financial planning over a period and this is a standard approach. In addition, on 20 February 2017, the council approved the preparation of a priority based revenue financial plan for the period 2018/19 to 2022/23.

Discussions have taken place with NHS Lothian and West Lothian Council officers on the approach to medium term strategy and there is a consensus that this will be essential in meeting the challenges facing health and social care services going forward.

For the IJB to effectively plan the future delivery of health and social care services it has been agreed that both NHS Lothian and Local Authorities will undertake medium term financial planning over a three to five year period. This recognises that an annual budgeting process is not conducive to achieving the aims consistent with planning to meet future demands and prioritising resources to achieve this.

While it is acknowledged that future funding for health and social care services remains uncertain, all indications are that public sector funding constraints will continue over the medium term. Therefore, it is important that assumptions are made for planning purposes on the level of funding likely and resulting savings required over the medium term.

This allows the likely extent of future savings to be identified and provides the context for a more considered approach on prioritising functions and identifying areas where transformational change can be made on integrating service delivery. A medium term approach also recognises that change can often require a fairly significant lead in time, require consultation, and may be in several phases and be heavily linked or dependent on other changes planned.

This will allow for a more strategic and planned approach to identifying the estimated level of savings required over the medium terms and the service areas where savings can be made. This proposed approach will require a shift in how managers and Finance staff within both bodies work together to identify and prepare health and social care proposals and savings over a medium term period.

The proposed steps in process are as follows:

1. Agree Medium Term Funding and Expenditure / Demand Assumptions
2. Development of Saving Options
3. Reporting and Approval of Medium Term Financial Strategy and Saving Options
4. Subsequent Annual Budget Approval

C.3 Medium Term Funding and Expenditure Assumptions

Both NHS Lothian and Local Authorities would identify assumed funding availability for IJB health and social care functions as part of the funding assumptions on their overall budget resources over the financial planning period. This would be done in consultation with IJB Chief Officer and Finance Officer.

Expenditure pressures linked to inflation, demographics and other demands would be identified at a council social care and NHS Business Unit level as follows:

- Core West Lothian Health services. Overall financial planning work led by NHS Lothian finance team but informed by IJB Chief Officer and Finance Officer, West Lothian Business Unit Partner and Health and Social Care Partnership management team
- Core West Lothian Social Care Services. Overall financial planning work led by West Lothian Council finance team but informed by IJB Chief Officer and Finance Officer and Health and Social Care Partnership management team
- Hosted services. Financial planning undertaken by NHS Lothian finance team involving relevant NHS Business Unit Directors but taking account of IJB input. The impact of this financial planning then feeds through to the share of resources allocated to IJBs
- Set Aside Acute services. Financial planning work undertaken by NHS Lothian finance team involving Acute Director and taking account of IJB input and specific local issues and plans. The impact of this financial planning then feeds through to the share of resources allocated to IJBs.

As above, in all cases financial planning input would be provided by the IJB Chief Officer, Finance officer and other West Lothian Health and Social Care managers who support the IJB and are familiar with the content of the IJB Strategic Plan and Commissioning Plans.

Finance staff within Local Authorities and NHS Lothian would undertake the development of the financial planning process for both organisations in conjunction with the IJB Finance officer. Ideally joint work on financial planning for 2018/19 and future year health and social care functions would be completed before the end of 2017 to provide time for savings to be agreed and implemented prior to 1 April 2018.

Financial planning undertaken by both organisations across social care and NHS Business units would then be converted into IJB delegated functions across Core Health services, Social Care, Hosted NHS services and Acute Set Aside services.

For each organisation and constituent part of the delegated budget, the outcome of the first stage of the financial planning process will be the identification of the level of savings assumed to be required to balance the budget in each year. Based on the current status of IJBs, it is important to note that local authorities and NHS Lothian are responsible for managing within their overall funding resources, only part of which relates to IJB functions.

C.4 Development of Saving Options

Essentially council Social Policy and NHS Business Unit managers working with Finance staff would be responsible for identifying saving options. As part of this, the IJB Director and Finance Officer would have a key role in reviewing such savings particularly those linked to service change, integration and shifting the balance of care. The prioritisation of budget resources available would take account of strategic commissioning priorities and the achievement of health and social care outcomes

Consideration would be given to the timescale for achieving savings and the financial and operational implications of service changes to the provision of council and NHS provided care. The phasing of savings would reflect the lead in time for major transformational change of health and social care services that will be necessary to ensure delegated services can continue to be delivered within available resources.

The joined up approach taking account of the total health and social care services would allow for the necessary joint planning to deliver savings while integrating service delivery. This would in turn ensure a consistent approach to service and financial planning for delegated health and social care functions across the IJB, local authority and NHS Lothian.

C.5 Reporting of Medium Term Financial Strategy and Saving Options

Overall health and social care plans should be reported to the IJB while the IJB related social care element would be included in reports to the council on its overall financial strategy, and the IJB related health element would likewise be reported to NHS Lothian as part of its overall financial strategy. This ensures there is a joined up, partnership approach through a common set of budget planning assumptions reported to each body. This is essential given the strategic and operational interdependencies across the IJB, NHS Lothian and West Lothian Council.

Decisions on medium term strategy in relation to IJB functions should be formally approved by the IJB given it has a statutory responsibility for the planning of delegated functions. However, through the process outlines, these plans would have been given the necessary scrutiny by senior council and NHS managers and their Finance staff to ensure they were consistent with funding availability assumptions and were included as part of overall planning from their organisational perspective (e.g. any impact on NHS and council staffing and premises, and health and social care service delivery provided by both bodies).

C.6 Subsequent Annual Budget Approval

Based on current statutory arrangements, the annual budget for NHS Lothian and Local Authorities including IJB contributions would continue to be approved by the Parent Bodies. This would reflect the agreed medium term financial strategy and the IJB Chief Officer and Finance Officer would have been fully involved in the annual budget approval process for the Partner Bodies in terms of health and social care delegated functions.

D CONSULTATION

West Lothian Council Section 95 Officer.

NHS Lothian Director of Finance.

Other Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

Scotland's Spending Plans and Draft Budget 2017/18 published by the Scottish Government 15 December 2016

Financial Assurance of 2017/18 Budget Contributions report to IJB by Chief Finance Officer – 14 March 2017

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	Future budget resources delegated to the IJB will be used to support the delivery of outcomes.
Strategic Plan Outcomes	Future budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
Single Outcome Agreement	Future budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
Impact on other Lothian IJBs	None.
Resource/Finance	Future budget resources relevant to functions that will be delegated to the IJB from 1 April 2018.
Policy/Legal	None.
Risk	There are a number of risks associated with health and social care functions budgets, which will require to be closely managed.

H CONTACT

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27 June 2017

West Lothian Integration Joint Board

Date: 27 June 2017

Agenda Item: 10

IJB 2017/18 BUDGET UPDATE

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to provide an update on the IJB's 2017/18 delegated resources taking account of NHS Lothian's submission of the 2017/18 Local Delivery Plan and resulting updated level of delegated resources to the IJB.

B RECOMMENDATION

It is recommended the IJB:

1. Notes the updated financial assurance position on resources delegated to the IJB

2. Agrees that Directions are updated and re-issued by the IJB Chief Officer to NHS Lothian taking account of the 2017/18 budget plans submitted to the Scottish Government as part of the NHS Lothian 2017/18 Local Delivery Plan

3. Notes that financial assurance and monitoring of financial performance will be ongoing during the year and reported on a regular basis to the IJB

C TERMS OF REPORT

C.1 Background

The previous report on 2017/18 financial assurance presented to the IJB on 14 March 2017 reflected the approved council contribution to the IJB and a planned NHS Lothian contribution. Since then further refinement of the overall NHS Lothian budget has been undertaken and this has been reflected in the NHS Lothian Local Delivery Plan submitted to the Scottish Government.

This report updates the financial resources position based on the budget assumptions contained in the submitted Plan. This report also provides an update on the West Lothian Council contribution.

C.2 NHS Lothian Resources

Overall Position

NHS Lothian's Local Delivery Plan, containing 2017/18 budget plans, was submitted to the Scottish Government at the end of March 2017 setting out an overall funding gap of £22.4 million.

West Lothian Position

Based on the 2017/18 budget plans submitted to the Scottish Government, an updated allocation of resources to the IJB for delegated functions was provided by the NHS Lothian Director of Finance, on 2 May 2017 and notes an updated allocation of £142.406 million for West Lothian and an estimated funding gap of £1.474 million (compared to the funding gap of £2.2 million previously reported to the IJB in March). The split of the funding and gap between the three elements of the NHS Lothian contribution is set out in the table below.

NHS 2017/18 Contribution to WL IJB		
	2017/18	**2017/18**
	Funding £'000	**Gap £'000**
Core West Lothian Health Services	92,373	882
Share of Pan Lothian Hosted Services	18,264	(117)
Payment to IJB - Total	**110,637**	**765**
Notional Share of Acute Set Aside	31,769	709
Total Contribution	**142,406**	**1,474**

The revised NHS Lothian allocation of £142.406 million does not reflect the Health and Social Care Fund resources of £9.990 million as this funding allocation is shown in the social care budget resources reflecting the Scottish Government requirement that this funding is used for social care / living wage purposes.

The revised level of funding reflects further work on refining allocations to IJBs and updating overall NHS Lothian funding and spend assumptions with the objective of managing 2017/18 spend within budget resources available. Taking account of the Health and Social Care Fund, this represents a small overall movement (increase) in funding of £201,000 for West Lothian IJB compared to the contribution reported to the Board on 14 March 2017. This is mainly a result of additional funding provided for Mental Health services which has been a key pressure area in West Lothian.

It is important to note that the level of budget funding will continue to move throughout the year as a result of normal accounting adjustments across budget lines and additional funding awarded during the year. For example, additional funding is anticipated from the Scottish Government under the heading of transformational change which will impact favourably on the resources available to IJBs for primary care and mental health services. In addition, a further £2 million at a Lothian wide level to support Primary Care has been agreed by NHS Lothian and West Lothian will receive a share of this funding which will further increase available resources

Saving plans of £2.550 million for 2017/18 are taken account of in arriving at the NHS Lothian budget contribution of £142.406 million. Based on the methodology agreed by NHS Lothian for allocating resources, it is considered that the updated contribution represents a fair share of resources to the IJB, albeit that there remains a gap to be addressed.

In terms of this gap, a number of areas are being considered by NHS Lothian, in partnership with IJBs, to identify options to manage within both the overall NHS Lothian budget and at a West Lothian IJB budget level. These include:

- For GP prescribing, which remains by far the biggest pressure area for West Lothian, an additional £2 million Lothian wide has been prioritised to support cost effective prescribing. It is intended that this investment will mitigate growth in spend and help reduce the currently forecast pressures in prescribing

- NHS Lothian remains £12 million behind its NRAC parity figure in the new financial year. There will be ongoing dialogue with the Scottish Government to establish opportunities for additional NRAC funding in 2017/18.
- In addition, close management and monitoring of expenditure through NHS Lothian, in partnership with the IJB, will be important in meeting the objective to breakeven in 2017/18

C.3 West Lothian Council

As previously reported to the Board, the council's budget contribution to the IJB was approved by Council on 20 February 2017. While the council's budget contribution of £69.396 million represents a balanced budget position, significant increases in demands along with living wage costs will require to be closely monitored during 2017/18.

C.4 Financial Assurance – Key points

The purpose of the financial assurance process is to set out the assumptions and risks associated with the contributions agreed by NHS Lothian and the council. The council and NHS Lothian are, in accordance with legislation, responsible for agreeing the functions delegated to the IJB and setting their respective budgets including the level of payments and set aside resources to the IJB.

The IJB is then responsible for allocating the resources it has been provided back to partners to operationally deliver services. Legislation and good governance require this to be achieved through Directions issued to the council and NHS Lothian who, in line with the approved West Lothian Integration Scheme, remain operationally responsible for delivering services within the resources available.

Given NHS Lothian have now a revised 2017/18 contribution to the West Lothian IJB representing their agreed financial plan submitted to the Scottish Government, it is recommended that updated Directions are issued to NHS Lothian reflecting the updated financial resources. Taking account of the updated budget resources noted in this report, the table below shows the level of 2017/18 resources associated with IJB functions.

West Lothian IJB – Updated 2017/18 Delegated Resources	
	£'000
Adult Social Care	69,396
Core Health Services	92,373
Share of Hosted Services	18,264
IJB Payment	**180,033**
Acute Set Aside	31,769
Total IJB Resources	**211,802**

As noted, based on the financial assurance undertaken to date, NHS Lothian have further action to take to agree a balanced budget for 2017/18 although progress has been made over recent months to reduce the extent of the budget gap.

An important part of ongoing financial assurance will be regular updates to the Board on monitoring of spend against budget and the forecast outturn for the year. While NHS Lothian and West Lothian Council are operationally responsible for the delivery of functions within available resources, it will clearly be important for the Board to have oversight of the in year budget position as this influences the strategic planning role of the Board.

C.5 2017/18 Budget Monitoring

Work on monitoring the forecast 2017/18 outturn position against IJB budget resources is currently being undertaken on an operational basis by NHS Lothian and West Lothian Council.

A comprehensive monitoring exercise will be undertaken at the end of Quarter 1 to establish a forecast outturn spend against budget for 2017/18 and this will be reported to the next Board meeting. As part of this, key financial risk areas will be highlighted and regular updates will be provided to the Board on the position with risks and action being taken to manage these risks.

It will be important that this, in turn, is taken account of in financial planning in terms of resource allocation and saving requirements

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

West Lothian Integration Scheme

Public Bodies (Joint Working) (Scotland) Act 2014

IJB Financial Assurance Report to IJB on 14 March 2017

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	The 2017/18 budget resources delegated to the IJB will be used to support the delivery of outcomes.
Strategic Plan Outcomes	The 2017/18 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
Single Outcome Agreement	The 2017/18 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
Impact on other Lothian IJBs	None.

Resource / Finance	The 2017/18 budget resources relevant to functions that will be delegated to the IJB from 1 April 2017 have been quantified at £211.8 million.
Policy/Legal	Financial governance and accountability arrangements are set out in legislation and the West Lothian Integration Scheme,
Risk	There are a number of risks associated with health and social care budgets, which will require to be closely managed.

H CONTACT

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27 June 2017

The Lothian Hospitals Plan

Colin Briggs
West Lothian Integration Joint Board
June 2017

Agenda

- Process to date
- Challenges
- Integration
- Lothian Hospitals Plan

Where are we?

- A 7-stage journey to delivering a road-map for the future
- Stage 1 – How does it feel?
- Stage 2 – What does the data tell us and how can we use it?
- Stage 3 – What do we need to do?
- Stage 4 – What are our options?
- Stage 5 – What's the plan?
- **Stage 6 – Engagement**
- Stage 7 – Plans for implementation

Lothian Hospitals Plan

CHALLENGES

Challenges

- There’s not enough money
- We can do too many things
- There are too many of one kind of person
- There aren’t enough of the other kind of person

Annex 2 - Scottish Regions Round 2 Fill Rates 2016 (LATS excluded)

			Scotland			East Coast			East Region			North Region			South East Region			West Region		
Specialty	Level	Post Type	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %
Acute Internal Medicine	3	ST							1	0	0.00	5	0	0.00	7	2	28.57	6	6	100.00
Anaesthetics	3	ST							4	2	50.00	13	4	30.77	8	8	100.00	23	23	100.00
Cardiology	3	ST							3	3	100.00	1	1	100.00	3	3	100.00	6	6	100.00
Child and Adolescent Psychiatry	4	ST							1	1	100.00	2	0	0.00				5	3	60.00
Clinical Genetics	3	ST										1	1	100.00				3	3	100.00
Clinical Oncology	3	ST							4	0	0.00	1	0	0.00	6	3	50.00	8	7	87.50
Clinical Pharmacology and Therapeutics	3	ST													1	1	100.00			
Combined Infection Training	3	ST										2	1	50.00	1	1	100.00			
Dermatology	3	ST																3	3	100.00
Diagnostic neuropathology	3	ST	1	1	100.00															
Emergency Medicine	4	ST										3	0	0.00	2	2	100.00	11	3	27.27
Endocrinology and Diabetes Mellitus	3	ST										3	2	66.67	3	1	33.33	3	3	100.00
Forensic Psychiatry	4	ST	2	2	100.00				2	2	100.00	2	0	0.00				1	1	100.00
Forensic Psychiatry and Medical Psychotherapy	4	ST																1	1	100.00
Gastroenterology	3	ST										2	2	100.00	3	3	100.00	2	2	100.00
General Psychiatry	4	ST							6	1	16.67	6	3	50.00	7	7	100.00	12	8	66.67
General Psychiatry and Medical Psychotherapy	4	ST													1	1	100.00	1	0	0.00
General Surgery	3	ST							6	2	33.33	2	2	100.00	3	3	100.00	18	8	44.44
Genito-urinary Medicine	3	ST													2	1	50.00			
Geriatric Medicine	3	ST							3	1	33.33	2	2	100.00	3	3	100.00	7	6	85.71
Haematology	3	ST										2	1	50.00	1	1	100.00	4	4	100.00
Intensive Care Medicine	3	ST	9	8	88.89															
Medical Oncology	3	ST										1	0	0.00	2	2	100.00	1	1	100.00
Metabolic Medicine	3	ST																1	0	0.00
Neurology	3	ST							2	1	50.00	1	0	0.00	1	1	100.00	5	4	80.00
Old Age Psychiatry	4	ST							4	0	0.00	2	0	0.00	3	1	33.33	4	4	100.00
Otolaryngology	3	ST							3	3	100.00							7	7	100.00
Paediatric and perinatal pathology	3	ST																2	0	0.00
Paediatric Surgery	3	ST	2	1	50.00															
Paediatrics	3	ST							1	1	100.00									
Paediatrics	4	ST							1	1	100.00	4	3	75.00				3	3	100.00
Palliative Medicine	3	ST										2	2	100.00	1	1	100.00	2	2	100.00
Plastic Surgery	3	ST	9	9	100.00															
Psychiatry of Learning Disability	4	ST										1	1	100.00				3	1	33.33
Rehabilitation Medicine	3	ST	2	1	50.00															
Renal Medicine	3	ST							2	1	50.00				2	2	100.00	8	6	75.00
Respiratory Medicine	3	ST							2	2	100.00	2	2	100.00	6	6	100.00	6	6	100.00
Rheumatology	3	ST							1	1	100.00				1	1	100.00	3	3	100.00
Trauma and Orthopaedic Surgery	3	ST																12	12	100.00
Urology	3	ST				3	3	100.00										2	2	100.00
			25	22	88	3	3	100	46	22	47.83	60	27	45	67	54	80.6	173	138	79.77

Lothian Hospitals Plan

INTEGRATION JOINT BOARDS

Why do IJBs matter?

- "He who controls the money supply of a nation controls the nation"

James A Garfield, 20th US President

NHS functions which Integrated Joint Boards have responsibility for planning/ commissioning from April 2016

Hospital services (includes associated services – e.g. AHPs)

- A&E
- General medicine
- Geriatric medicine
- Rehabilitation medicine
- Respiratory medicine
- Psychiatry of learning disability
- Palliative care
- Hospital services provided by GPs
- Mental health services provided in a hospital with exception of forensic mental health services
- Services relating to an addiction or dependence on any substance.

Community Health Services

- District Nursing
- Services relating to an addiction or dependence on any substance.
- Services provided by AHPs
- Public dental service
- **Primary medical services (GP)***
- **General dental services***
- **Ophthalmic services***
- **Pharmaceutical services***
- Out-of-Hours primary medical services
- Community geriatric medicine
- Palliative care
- Mental health services
- Continence services
- Kidney dialysis
- Services to promote public health

Why do IJBs matter?
University Hospitals budgets

IJB	£m	%age of total
East Lothian	20	3%
Edinburgh	94	14%
Midlothian	18	3%
West Lothian	31	5%
University Hospitals	498	75%
Total	661	

IJB Priorities

- Reduction in institutional care
- Prevention, prevention, prevention
- Planned and anticipatory care
  - Eg, scheduled urgent, not emergency
- Coherent responses across health services (and sites)
- Coherence across primary-acute interface
- Need for high quality and affordable care

The Lothian Hospitals Plan

STRATEGIC HEADLINES

Strategic Headlines

- Are not exclusive, but have primacy
- To provide focus for NHSL, site teams, IJBs, Government, the public
- Do not explicitly cover medical – “set-aside” functions as these are for IJBs to plan and commission

Strategic Headlines

Site	Headline
Royal Edinburgh Hospital	Edinburgh's inpatient centre for highly specialist mental health and learning disability services, incorporating regional and national services
St John's Hospital	An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.
Western General Hospital	The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery
Royal Infirmary of Edinburgh	South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children's tertiary care

“Medical”

- Includes “DGH” services and as such for IJBs to plan/commission
- Clear sustainability challenges – sustaining three receiving units?
- NDPHSC outlines target of 10% reduction in UC bed-days
- Almost inconceivable WLIJB would not want a receiving unit in SJH
- MLIJB and ELIJB intend to issue Direction re number of receiving units in the City
- NHSL needs to advise/offer options
- Medical Specialties Programme Board

“Elective”

- SJH to be default site for “short-stay” surgery for Lothian (and beyond?)
  - Orthopaedics, General Surgery, Gynaecology, Urology
  - Also to be regional centre for plastics etc
- RIE to develop orthopaedic elective centre and house PAEP

“Cancer”

- Business case for new ECC and Transitional Arrangements
- WGH as “Cancer Hospital”
- Appraise regional aspects
- Appraise additional gynaecology at WGH
- Clarify and build on contributions to Cancer Agenda from SJH and RIE

Regionalisation

- HSCDP lays out expectation from Scottish Government of working more closely with other Boards
- Particularly interested in how elective care can be provided across a broader canvas
  - Eg SJH Diagnostic and Treatment Centre
  - Burns and Plastics, ENT, OMFS, etc...

The Lothian Hospitals Plan

QUESTIONS?

WEST LOTHIAN INTEGRATION JOINT BOARD

Date: 27 June 2017

Agenda Item: 12

IJB ANNUAL PERFORMANCE REPORT 2016/17

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To present to the Integration Joint Board the draft Annual Performance Report 2016/17 which is to be published in July 2017

B RECOMMENDATION

. *The Integration Joint Board is asked to*

1. *Note the contents of the report*
2. *Note and comment on the Draft Annual Performance Report 2016/17*
3. *Approve the Draft Annual Performance Report 2016/17 for publication*

C TERMS OF REPORT

Background

The Scottish Government issued guidance in March 2016, stipulating the requirement for the IJB to publish an Annual Performance Report from 2016/17 onward. The report is to be published within four months of the end of the performance reporting period i.e. by 31st July 2017 and is to be made accessible to the public.

Performance reporting guidance and regulations

The Scottish Government Guidance for Health and Social Care Integration Partnership Performance Reports in March 2016 provides detail of the specific matters that require to be reported including:

- An assessment of performance against the core suite of integration indicators
- Governance and decision making
- Financial performance and Best Value
- Inspection Findings
- Annual Review of Strategic Plan
- Locality Arrangements

The guidance states that performance reports should “include additional relevant

information to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities."

The Annual Performance Report has provided an opportunity to reflect on the year and to celebrate the achievements delivered by employees and partners. It also a highlights new ways of working within services which focus on maximising choice and control for individuals, families and carers, tackling inequalities, long term conditions and working alongside employees, partners, professionals, third sector and communities to bring about change.

The Annual Performance Report focusses on our performance in relation to the health and wellbeing outcomes and provides a variety of examples of practice to illustrate our progress. Additional information in relation to some of our change programmes and the key priorities to be taken forward into 2017/18 is also detailed.

D CONSULTATION

Strategic Planning Group

Senior Management Team

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services (February 2015)
- West Lothian IJB Strategic Plan 2016-2026

F APPENDICES

Draft Annual Performance Report

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	All National Health and Well Being Outcomes
Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes

Single Outcome Agreement	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
Impact on other Lothian IJBs	Development of core Lothian Dataset
Resource/finance	The Annual Performance Report will align with the production of the Annual Accounts for the same period and cross-refers to these
Policy/Legal	The Annual Performance Report will be prepared in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.
Risk	None

H CONTACT

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Tel 01506 281017

West Lothian Integration Joint Board Annual Performance Report 2016-17

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Foreword

Photo

The first year of West Lothian Integration Joint Board having responsibility for delegated functions and resources has been both challenging and rewarding. The IJB has successfully overseen the delivery of all core services and the development and implementation of major service changes such as the Frailty programme, mental health redesign and the introduction of the living wage for social care workers.

There has been increased joint working across health and social care to integrate service delivery in areas such as supporting older people to stay in their homes and to return home from hospital as soon as possible. A local West Lothian Health and Social Care Delivery Plan has been developed setting out the transformational journey across care services that will allow key integration outcomes to be achieved over the medium term.

Prudent financial management and close joint working with NHS Lothian and West Lothian Council has allowed the IJB to successfully deliver on a range of outcomes and manage delegated financial resources within a challenging financial and operating environment.

The pace of change will continue to be demanding and a joined up approach to strategic and financial planning will be key to ensuring the future delivery of quality care services to the West Lothian population is managed within available resources.

We would like to acknowledge the significant effort of all the NHS Lothian and West Lothian Council staff supporting the IJB in its first full year of operation and look forward to building on the progress that has been made during 2016/17.

Jim Forrest
Chief Officer

July 2017

2016/17 PERFORMANCE AT A GLANCE[1]

94% of adults are able to look after their health very well or quite well (Scottish rate 94%)

85% of adults supported at homeagreed that they are supported to live as independently as possible (Scottish rate 84%)

79% of adults supported at home agreed they had a say in how their help care or support was provided (Scottsh rate 79%)

81% of adults supprted at home agreed that their health and scoial care services seemed to be well coordinated (Scottish rate 75%)

85% of adults receiving any care or support rated it as excellent or good (Scottsh Rate 81%)

80% of people had a positive experience of the care provided by their GP practice (Scottish rate 87%)

80% of adults supported at home agreed that their services and support had an impact on improving or maintaining their quality of life (Scottish rate 84%)

38% of carers feel supported to continue in their caring role (Scottish Rate 41%)

85% of adults supported at home agreed they felt safe (Scottish Rate 84%)

Premature mortality rate is 402 per 100,000 persons (Scottish rate 441)

Emergency admission rate is 11,775 per 100,000 population (Scottish rate 12,037)

Emergency bed day rate is 99,099 per 100,000 population (Scottish rate 119,649)

Readmission rate to hospital within 28 days is 104 per 1000 population (Scottish rate 95)

87% of the last 6 months of life is spent at home or in a community setting (Scotland 87%)

Falls rate is 20 per 1000 population over 65 years (Scottish rate 21)

83% of care services have been graded "good" (4) or better in Care Inspectorate inspections (Scottish 83%)

65% of adults with intensive care needs are receiving care at home (Scotland rate 62%)

The number of days people spend in hospital when they are ready to be discharged is 822 per 1000 population (Scotland rate 842)

21% of health and care resource is spent on hospital stays where patient was admitted as an emergency (Scottish average 23%)

[1]ISD (June 2017) West Lothian 2016/17 Performance Core Suite of National Health and Wellbeing Outcome Indicators

Introduction

Welcome to the first Annual Performance Report of West Lothian Integration Joint Board (IJB). The IJB was formed in October 2015 to deliver integrated health and social care as set out in the Public Bodies (Joint Working) (Scotland Act) 2014. It brings together NHS, West Lothian Council, communities and other stakeholders to plan and provide or commission services based on the local needs of our population. The NHS and Council functions delegated to the West Lothian IJB include adult community health services, adult social care services and some hospital services.[2]

Our Vision for integration of health and social care is to ***increase wellbeing and reduce health inequalities across all communities in West Lothian.*** Through working with people in their own communities, listening to them and enabling them to be active participants in how care is delivered and using our collective resources wisely will result in better outcomes for people.

Our Strategic Plan 2016-2016 has been designed to deliver on the nine national health and wellbeing outcomes for integration. These outcomes are set out in the Public Bodies (Joint Working) (Scotland) Regulations 2014 and provide a strategic framework for the planning and delivery of health and social care services and focus on the experiences and quality of services for service users, their carers and families.

National Health and Wellbeing Outcomes[3]

HWB 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

HWB 2: 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.

HWB 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

HWB 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

HWB 5: Health and social care services contribute to reducing health inequalities

HWB 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

HWB 7: People using health and social care services are safe from harm

HWB 8: 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

HWB 9: Resources are used effectively and efficiently in the provision of health and social care services

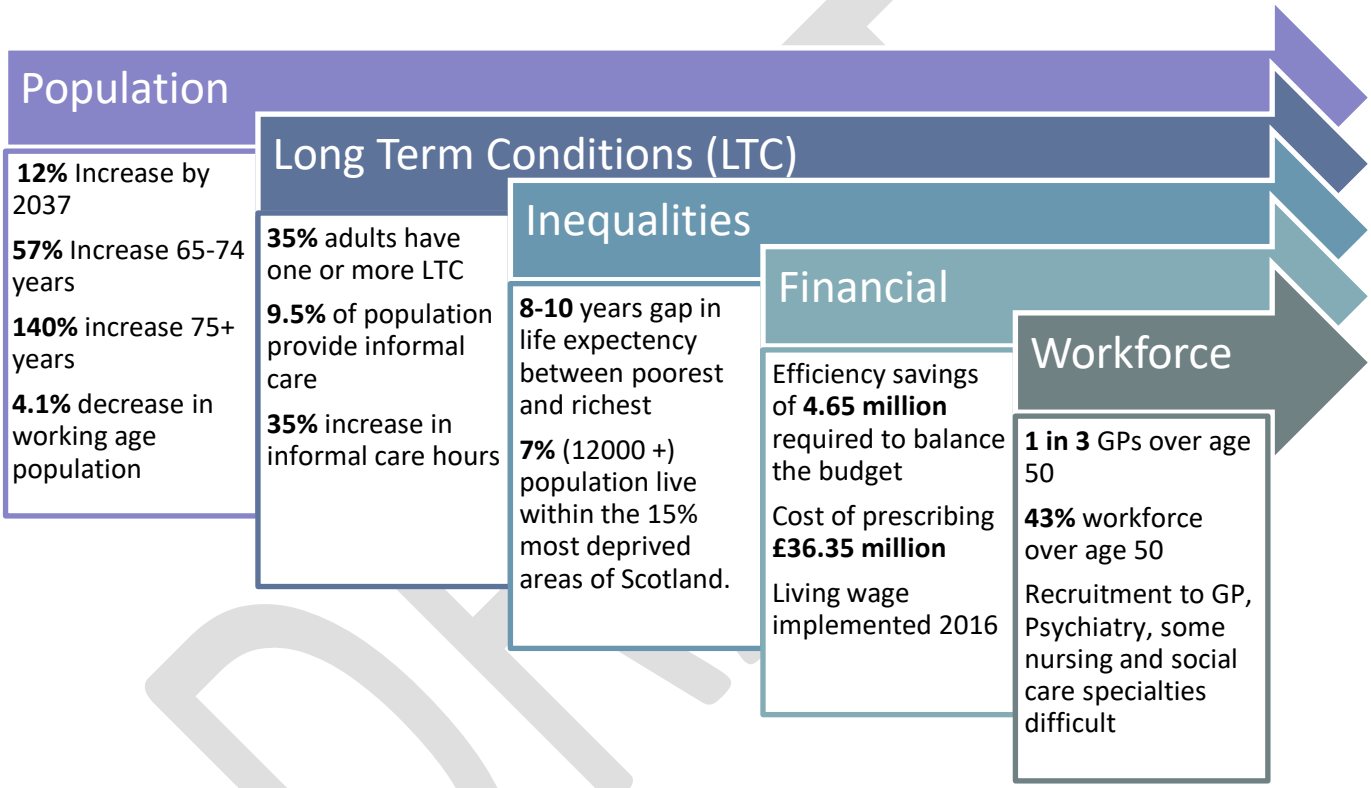
[2] West Lothian Integration Scheme http://www.westlothianchcp.org.uk/hsci

[3] Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014

This Annual Performance Report describes what the IJB has achieved against the health and wellbeing outcomes and sets out a number of important measures of progress. It also describes some of the main areas we have been working on and the difference this has made.

The Annual Performance Report is a chance to reflect on 2016/17 and to celebrate the achievements delivered by our employees and partners. It is also an opportunity to think about and appreciate the challenges that face us in terms of performance now and in the months to come.

Challenges



Our health and social care system has to adapt to the needs of our population which is getting larger, older and has more complex conditions and care needs. People who are poor or disadvantaged often have poorer health and tackling inequalities is a fundamental challenge. We have to make substantial efficiency savings to balance the budget. This means we have to do things differently to make sure we use our resources where they deliver the greatest benefit. Our workforce is getting older and there are well recognized issues in relation to recruitment which are impacting on service delivery. The needs of patients and service users must come first and we are redesigning services so that the priority is on the patient/service users journey of care through NHS and social care services, ensuring quality of care and giving them the most positive experience.

People are able to look after and improve their own health and wellbeing and live in good health for longer.

There are a range of health improvement activities in place to promote healthy eating, increase physical activity, reduce smoking and improve health in later life. Health improvement priorities have been reviewed and action plans are being developed with specific focus on mental health, alcohol use, social isolation and exercise needs/obesity.

The number of adults able to look after their own health and wellbeing is sustained at 94% and there has been improvement in smoking rates which will have long term health benefits.

We are seeing 86.2% of clients within 3 weeks from referral for alcohol and drug treatment and have an improvement plan to meet the 90% target.

94% of adults are able to look after their health very well or quite well (Scottish Rate 94%)

85% of adults with severe and chronic alcohol misuse issues maintaining or improving their health and wellbeing

86.2% of clients are being seen within 3 weeks of referral to treatment for alcohol /drugs

Adult Smoking Rate reduced to by 5% to 19.3% over last 5 years. Scottish rate 20.7%)

*Ideally located close to Bathgate Town Centre, **Rosemount Gardens** is a new purpose built supported housing complex offering 30 tenancies to people over the age of 60 years. In addition to offering comfortable homes for rent and easy access to the town centre a range of on- site facilities and services help to ensure tenants can access all they could possibly need.*

On site facilities include a well laid out garden area, café, restaurant and hairdressing salon. All are accessible and well used by the public, thus helping to ensure the facility and tenants are very much engaged with and remain part of the local community.

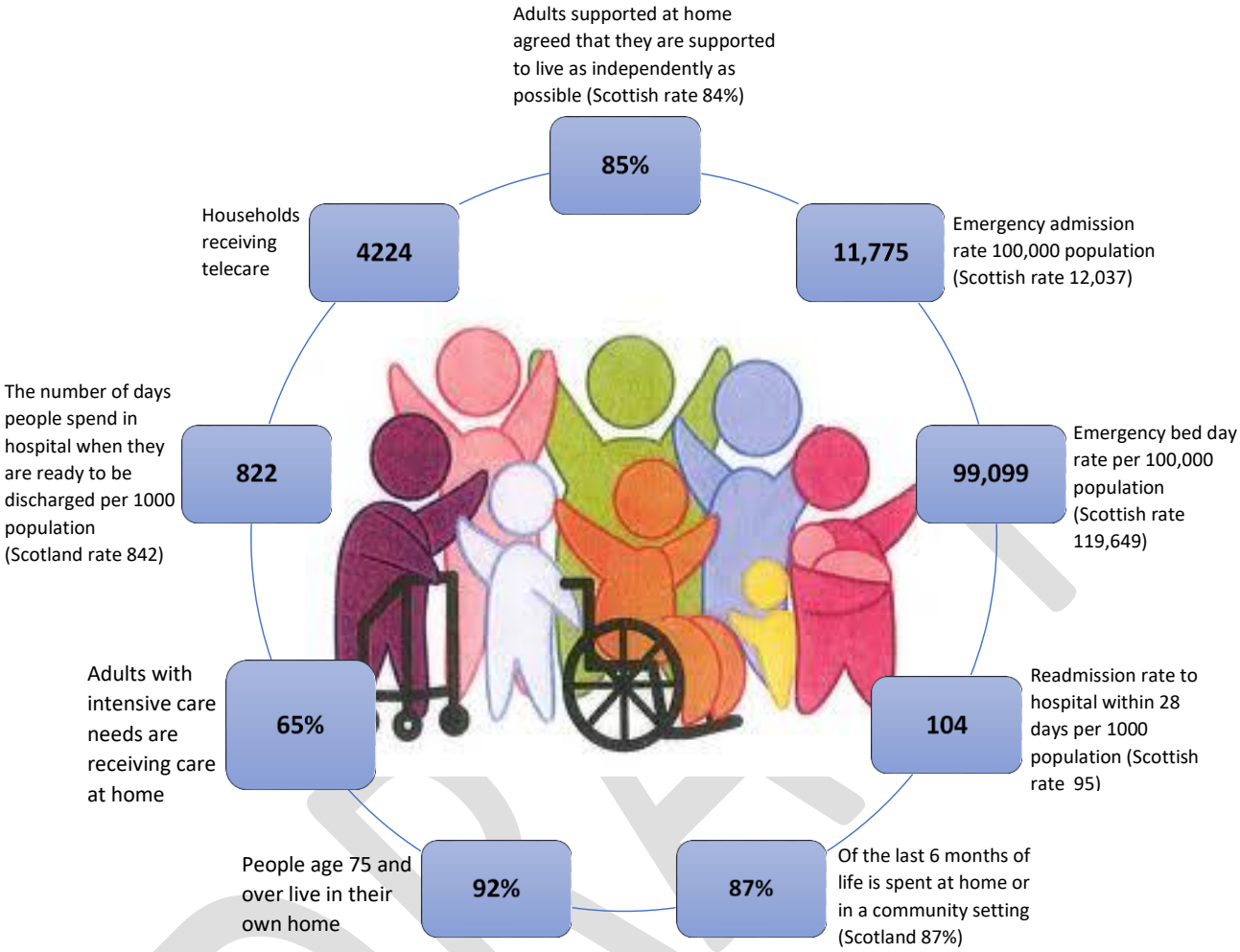
Discrete technology is available within each tenancy, if required this can be customised to suite needs and preferences. Core provision includes the installation of heat and smoke alarms and a means of summoning help in an emergency via a 24/7 call centre.

On- site Assisted Living Staff offer practical advice, support and assistance with a focus on maximising choice and sustaining independence. This support / assistance can include some or all the following:

- *Assistance to arrange property repairs and sustain the tenancy*
- *Arrange access to advice on a wide range of issues associated with supporting and maintaining independence.*
- *Support to identify and access events / activities / clubs operating within the local community.*
- *Provision of an on-site activities / events programme based on tenants' preferences.*
- *Provision of assistance to arrange the delivery of prescriptions / shopping.*

Recognising that being able to have friends and socialise plays a major part in an individual's overall quality of life and wellbeing the staff team have a recognised key role to play in developing a range of social events and activities which attract friends, family and members of the public to help ensure Rosemount Gardens remains connected to the local community. To help facilitate this the facility boast two activity rooms which are proving popular and are well used by tenants, other organisations and groups /clubs for a range of events and activities.

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.



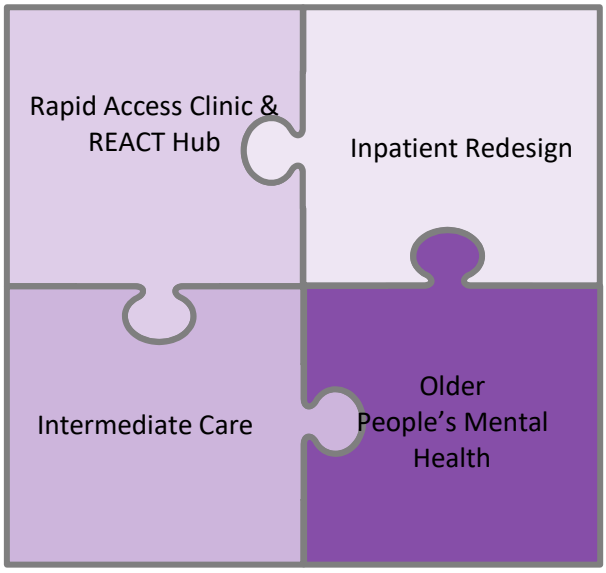
Performance indicates how well we work together to support people in their own homes or as close to home as possible and show proactive partnership working to support people in the community.

85% of adults report that they are supported to live as independently as possible this is consistent performance with 2013/14 and 1% above the Scottish average. Emergency admission and bed day rates are both lower than the Scottish average however the readmission rate is higher. We have a substantial programme of work in place to address unscheduled care activity across the whole system.

Although the number of days people spend in hospital when they are ready to be discharged is a little better than the Scottish rate (822 and 842 per 1000 respectively) this is too long. We will continue to work across the whole system to improve this and work towards the 72-hour discharge standard.

65% of adults with intensive care needs are receiving care at home which is better that the Scottish average (62%) and we have seen a steady improvement in the proportion of the last 6 months of life spent at home or in a community setting.

Focus on Frailty



The population of frail elderly people is expected to increase over the next 10 years in conjunction with the projected increase in the older age population. This will increase demand across the whole primary, secondary and social care system.

The Frailty Programme aims to design and implement a care pathway that will improve outcomes for older people in West Lothian by providing joined-up services across health and social care. The frailty programme consists of four main areas of improvement that join up like puzzle pieces to form the overall Frailty Service.

This programme aims to facilitate care in the most appropriate setting be that in hospital, at home or through our community services. Wherever possible people will have their care delivered within the community and when admission to hospital is required then this will be managed proactively to facilitate recovery and discharge home as soon as possible. In addition to ensuring rapid access and assessment for those with acute illness the programme also includes a focus on mental health and for those with new diagnosis of dementia to ensure their support needs are met.

Reflection: Patient Story

I've never been so glad to get home. I'm 91 and don't have any family nearby so some carers were asked to visit and give me some help.

On my first night home I fell in the hall and was unable to get up. I couldn't call for help as I'd left my alarm by my chair.

The carer arrived in the morning, she got me a pillow and blankets and called for help from the district nurse. They helped me up and onto my chair. A physio from the hospital arrived later and for a few days we had some lessons.

The carers continued to visit me in the morning and at night and helped me with washing, dressing and meals. They didn't come in at lunch time but always made sure I had something left for lunch.
The District Nurses also visit to look after my legs. They really know what they're doing you know.

The carers didn't have to do much for me for very long as I was often washed and dressed before they came by. I'm quite fit for my age. The thing I appreciated most was that they made me feel safe. They were there. I do have my alarm, and know I can contact someone but it was nice to have that extra support. They always reminded me to lock my door as they were leaving and I knew they'd be back to see me.

I got to know all the staff. They would tell me about their plans and sometimes their families. One lass was going shopping on Saturday after her shift for holiday clothes. She's going on holiday soon and there's that blonde one who makes me laugh. She sits on that chair every time she's here and makes me laugh. They're a lovely bunch. I couldn't fault any of them. They're all lovely.

People who use health and social care services have positive experiences of those services, and have their dignity respected

85% of adults receiving any care or support rated it as excellent or good (Scottish Rate 81%)

79% of adults supported at home agreed they had a say in how their help care or support was provided (Scottish Rate 79%)

80% of people had a positive experience of the care provided by their GP practice (Scottish rate 87%)

83% of service users can see or speak to a Doctor or Nurse within 2 working days

94% of service users are treated with respect (Scotland 90%)

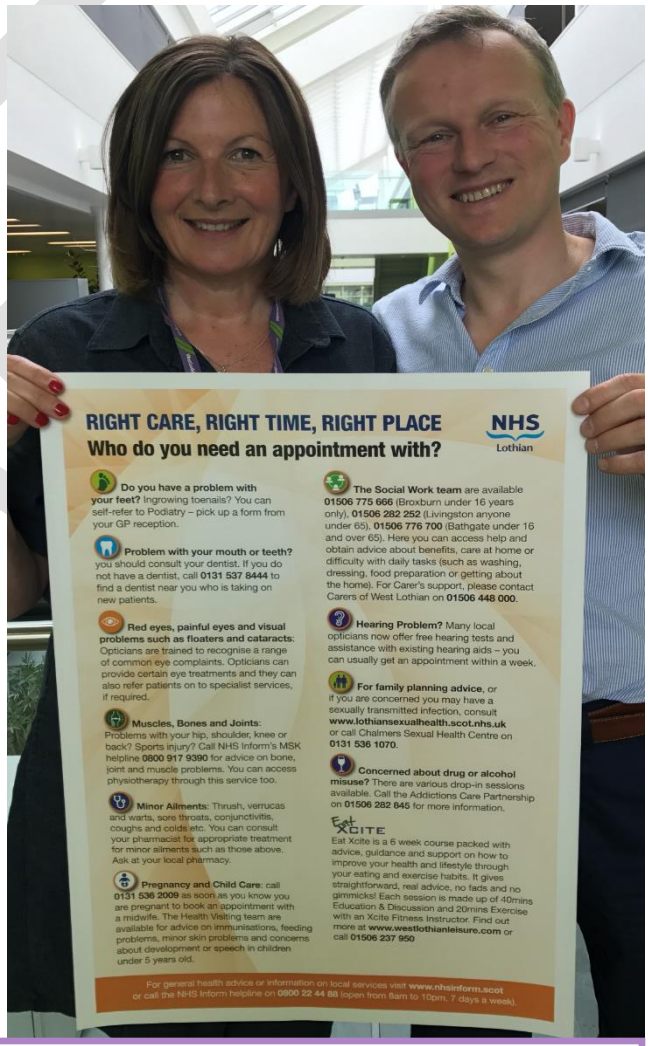
87% of Service users feel they are listened to. (84% Scotland)

These measures are directly relevant to our strategic priority of maximising choice and control, continuous improvement and quality.

For the core integration measures 79% of people agree that they had a say in how their care was provided and 85% of adults receiving care rated it as excellent or good which is 4% above the Scottish average.

People reporting a positive experience of care within their GP practice has remained at 80% and this is 6% below the national average reported in the health and care experience survey. 83% of service users could see a doctor or nurse within two working days which is on par with the rest of Scotland. Respondents of the Health and Care experience survey reported that 94% of service users felt they were treated with respect and 84% were listened to (4% and 3% above the Scottish average respectively)

These measures are important quality indicators of quality and contribute to our ongoing desire to ensure that personal experience and user voice influence improvement work.



To improve patient experience and ensure they get access to the right person first time we have developed Signposting. All the reception staff within our General Practices have undergone special training to enable then to signpost people to the right service to meet their needs.

Posters and leaflets are displayed throughout health centres and other community premises to inform people about how they can directly access services without going through their GP to ensure they get to the right professional first time.

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

80% of adults supported at home agreed that their services and support had an impact on improving or maintaining their quality of life (Scottish rate 84%)

83% of care services have been graded "good" (4) or better in Care Inspectorate inspections (Scottish 83%)

Measures included in this section link to person centred and outcome focussed work with people in relation to improving quality of life.
On core integration measures performance for services and supports improving or maintaining quality of life for adults is 4 points below the Scottish average at 80%.

The Care Inspectorate assess quality among our local providers for care and support, quality of environment, staffing and management and leadership with 83%of providers of care at home, care home, housing support and other services assessed as good or better in West Lothian

Project Search *is a new year-long, full-time, supported employment programme in West Lothian for young people with a learning disability and/or autism involving a partnership between Jabil (a large electronics manufacturing employer based in Livingston), West Lothian College and West Lothian Council.*

The aim of Project Search is to obtain paid employment for students, or to ensure that they leave the programme ready for work and better placed to secure employment in the future. The programme gives students the opportunity to experience work with the host employer, whilst receiving on-site support from a job coach from West Lothian Council and a lecturer from West Lothian College. Students take part in three work place rotations of twelve weeks, which are designed to build skills and confidence. They also study for a formal qualification at SCQFLevel 4.

The first year of the programme in West Lothian has been enormously successful and has demonstrated that young people with a developmental delay, who historically have faced significant barriers to employment, are able, with the right support and in the right environment, to develop the skills necessary for future employment. Jabil too has reported that the project has had a very positive impact on organisational culture with employees embracing the opportunity to be workplace mentors to the students. Students have been involved fully in the business during the programme, undertaking a variety of roles, for example, in production, assembly, testing, stores, facilities, finance and reception as well as attending business meetings social events.

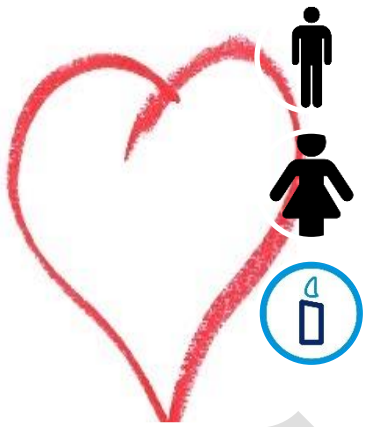
Since January the young people have been actively seeking employment in a variety of sectors where the skills they have learned at Jabil are in demand. In April, three students were successful in securing full-time employment with two electronics companies, and a further two moved to jobs in May: one to a warehouse position and the other to a post in retail. One further student is awaiting the result of the final stage of the recruitment process for a Lab Technician, and the two others are in the process of attending interviews and awaiting outcomes. All the positions secured were advertised through the open job market. Follow up work with the employing organisations reveals that the new employees are all settling well.

Health and social care services contribute to reducing health inequalities

Tackling health inequalities is a cross cutting priority for the IJB and Community Planning Partnership. The measures inform progress on tackling poverty, deprivation and inequality. The Strategic Plan 2016-26 outlines our approach to mitigating, preventing and undoing the causes and effects of inequality.

The core integration measure of premature mortality among people aged 75 and under shows positive progress with a reduction from 484 to 402 deaths per 100,000 population over 5 years.

Male Life expectancy at birth is improving more rapidly than female life expectancy and at 78.2 years is higher than the Scottish average of 77.1 years.



Male Life expectancy at birth 78.2 years:

Female Life expectancy at birth 80.8 years

Premature mortality rate 402 per 100,000 (Scotland rate 441)

West Lothian ADP commissions and works with many partners to help adults and families address problematic substance use and to achieve sustainable recovery. This includes specialised support and help to those experiencing difficulties with alcohol and drugs; individual counselling and psychosocial interventions for those affected by alcohol use; working closely with people in prison and custody on alcohol use; providing family support to parents experiencing addiction issues; offering relapse prevention support.

The Cyrenians Recovery Service uses a Public Social Partnership model to provide a moving on/after care service for those in recovery who wish to build a non-substance using lifestyle. Interventions aim to support service users to maintain their positive relationships and to contribute to and support the recovery of others and at the same time gain skills to support their future employability.

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

- 79% of adults agreed they had a say in how their help care or support was provided
- 51% of carers said they have a say in the services provided for the person they look after
- 66% of carers have a good balance between caring and other things in their life
- 38% of carers feel supported to continue in their caring role (Scottish rate 41%)
- 9.9% increase in carers (16,645 at 2011 census)
- 60% increase in care provided for 20-49 hours/week & 22% increase in 50 + hours/week

Caring without enough support in place can have a huge impact. Whether caring is full-time, or it is part of a stressful mix of work and other family responsibilities, many carers find they do not have the time or energy to maintain relationships, stay in work, or look after their own health and wellbeing.

Carers of West Lothian (CoWL) provide support and services to unpaid carers of all ages and in all caring situations throughout West Lothian
In 2016/17 the number of carers registered with them increased by 10.4% to 4949
In addition to increased numbers of carers being supported (as detailed in table above) CoWL has seen a marked increase in the complexity of the caring role, and rise in demand for support for carers, for working carers, young adult carers, parent carers and bereaved carers.

Big Lottery Fund Grant **£372,437** awarded to CoWL for 3 years. This will enhance level of support available in addition to statutory funded carer support

In 2017 CoWL 1st Scottish organisation to be accredited with **PQASSO** Quality Mark at highest Level

CoWL's quarterly newsletter and daily social media updates, supports carers to engage in their local communities.

The Carers (Scotland) Act will come into force on April 1, 2018. The package of provisions in the Act are designed to support carers' health and wellbeing and include:

- *a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.*
- *a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and*
- *a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.*

People using health and social care services are safe from harm

Measures associated with supporting people to be safe from harm are strongly linked to integrated work undertaken in respect of protection of adults at risk and in the prevention of potentially avoidable harm such as falls.

On the core integration indicators performance is positive with 85% of people supported at home feeling safe and the falls rate among people aged 65+ has remained stable at 20 per 1000.

We have a well-established falls pathway supported through close interagency working with Scottish Ambulance Service, Crisis Care and community health teams.

Telecare is an important element of our strategy to support older people for as long as possible in their own home.

The West Lothian Technology Enabled Care Programme has been awarded Scottish Government funding to participate in two national programmes building on our original investment in telecare technology and accelerating our commitment to technology enabled care.

Workstreams include:

Extending use of Home and Mobile Health Monitoring.

Expanding use of videoconferencing across all health and social care sectors

Building on emerging national digital platforms to enable direct access to advice and assistance

Expanding uptake of Telecare with focus on prevention, transitions in care & dementia

Exploring the scope & benefits of switching from analogue to digital telecare services

85% of adults supported at home agreed they felt safe (Scottish rate 84%)

4224 households receiving telecare with 700+ new installations per annum

99.8% of MAPPA cases have level of risk contained or reduced

Falls rate is 20 per 1000 population over 65 years (Scottish rate 21)

Case Study – Mrs Jones

Background:

Mrs Jones lived independently in supported accommodation. She had previously been active in the local community, attending the church and community events. Family reported that she was suffering from extreme exhaustion, was listless during the day and was reluctant to engage with people or any of her social activities. Mrs. Jones had a formal diagnosis of vascular dementia. Her daughter has Power of Attorney and had needed to take time off work due to her concerns about her mother.

Based on Mrs. Jones diagnosis and recent health issues it was considered possible that she may require long-term residential care.

Actions taken

Staff undertaking the assessment process requested the installation of activity monitoring equipment for six weeks (Just Checking). Data from the monitoring showed that Mrs. Jones, having been a shift worker prior to retirement and was very active during the night – consequently when disturbed during the day she was disoriented and unwilling to engage with family and friends. The data provided sufficient confidence in her ability to prepare food and undertake activities of daily living.

Outcomes:

Mrs. Jones still lives in supported accommodation, and has become involved in her community activities again and her health and wellbeing improved.

The introduction of Activity Monitoring meant that the need for residential care was avoided making a net saving of £26,250 per annum.

The data produced by the Activity Monitoring process may also be used as benchmark in the future.

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

Workforce engagement, participation, training and development is at the centre of our plans for the partnership. Arrangements are in place to address consultation, communication, wellbeing, health and safety.

Policies are in place to promote attendance at work

Our staff survey indicates 75% of employees would recommend West Lothian as a good place to work

There has been continued focus on managing staff absence over the course of the year.

Main causes of absence relate to mental wellbeing and musculoskeletal issues. A continued emphasis on proactive approach to health and wellbeing focuses on managing stress, Health Working Lives, Occupational health support and policies supporting employees to return to work as early as possible.

Annual performance reviews narrowly miss the 85% target and actions are in place to improve on this over the coming year

- 75% of staff say they would recommend their workplace as agood place to work
- 80% of staff have had an annual performance review
- 5% staff absence rate across all services
- 75% staff say they receive reward and recognition for good performance

To support the integration of health and social care there is a need for joint quality and performance arrangements and a robust performance management framework that meets national and local requirements.

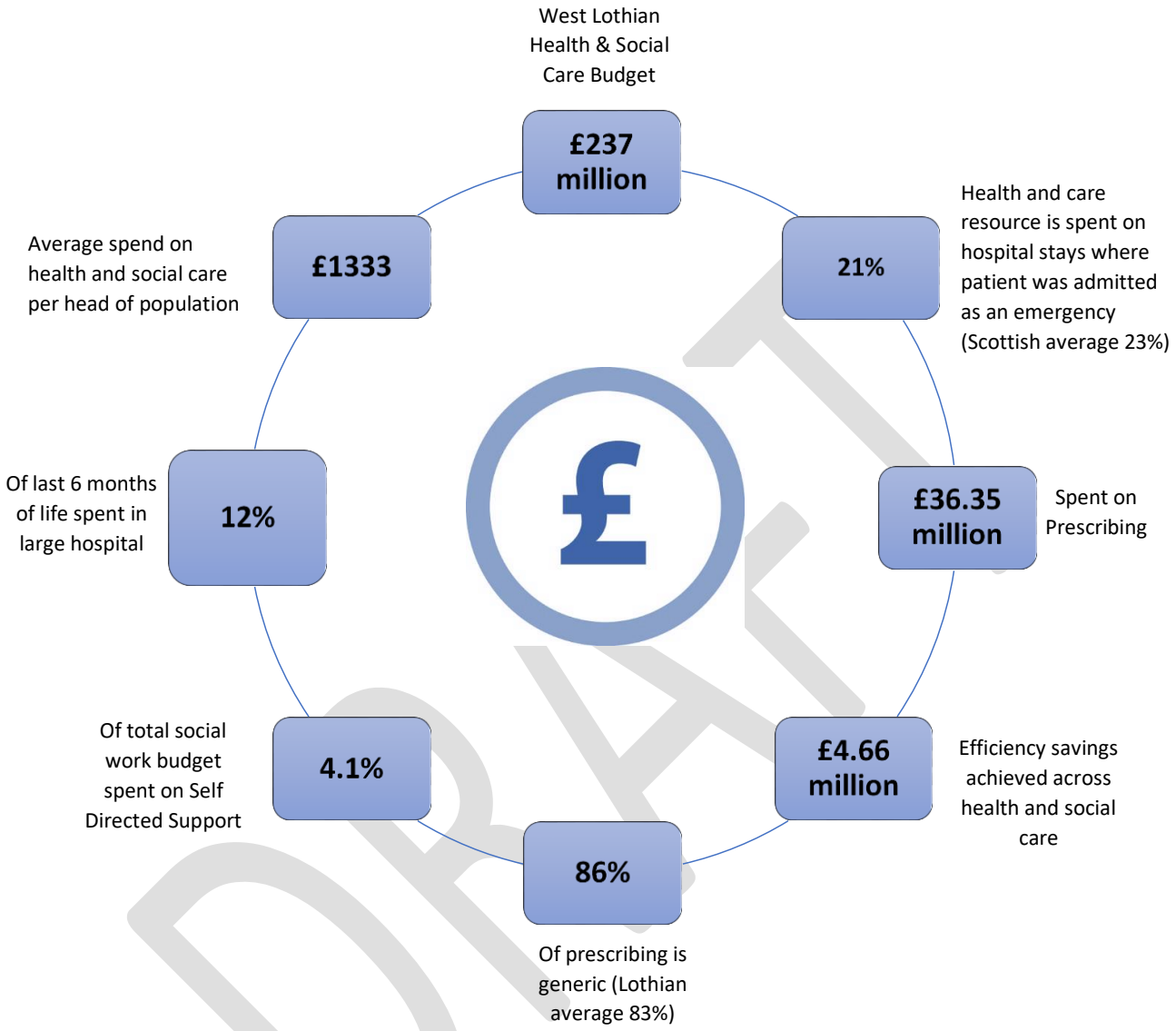
Our Quality Improvement approach is based on the business excellence model which supports effective partnership working with "Sharing what works" at the heart what we do. Our staff have been working hard to identify and implement quality improvement initiatives with focus on improving patient and service user experience.

Already holding Quality Scotland's *Committed to Excellence Award* we have continued our Excellence Journey and have achieved the prestigious *Recognised for Excellence Award* in 2017

Our **Healthy Working Lives** programme promotes health and wellbeing at work and at home. The programme is delivered throughout West Lothian with staff able to access a range of initiatives and support including:

Active travel/physical activity; healthy eating; smoking cessation;

Resources are used effectively and efficiently in the provision of health and social care services



In 2016/17, we have achieved a balanced budget position.

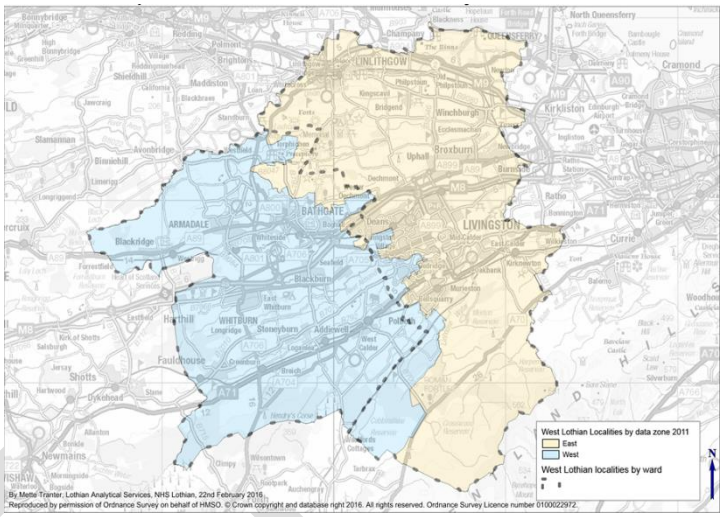
At 21% the level of health and care resource spent on emergency hospital care is below the national average of 23% and we have seen the percentage of the last 6 months of life spent in a large hospital reduce from 13.7% to 12% and a corresponding increase in percentage spent in the community from 85.9% to 87.7% demonstrating a positive shift in the balance of care.

Prescribing is our main pressure which had an overspend of £2.68million in the year. The level of generic prescribing remains high at 86%. The average cost per patient is £192 which is comparable to Scotland at £191

Successful implementation of the Social Care (Self Directed Support) (Scotland) Act 2013 has resulted in growth in Self Directed Support which promotes more individual choice and control over how services are delivered

Spotlight: Locality Planning

Within West Lothian we have defined two localities across which health and social care services will be planned and delivered. The localities provide a key mechanism for strong local, clinical, professional and community leadership and will ensure services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.



Locality groups have been formed with clear terms of reference and agreed memberships, which covers a broad cross section of the identified key stakeholders.

The main function of the locality groups is to be responsible for the planning, design and delivery of the Locality Plan for each Locality, in line with the IJB's Strategic Plan and Scottish Government Locality Guidance. The East and West Locality Groups have been working to:

- Build relationships with partners across the localities
- Develop profiles of the localities and map out what is already happening
- Clearly define how we will consult and engage with the communities.
- Determine how we can work with communities to build resilience and take an asset based approach to planning.

In general, the issues of an aging population, poor health, deprivation and unemployment are more significant in the West than the East with differences in life expectancy, life chances and health and well-being. It is also important to recognise for planning purposes that significant differences also exist within each of the localities. The table below outlines the estimated level of investment in each locality for primary care, community care and some aspects of acute services.

	2016/17	***East***	***West***
	£'000	**£'000**	**£'000**
Core West Lothian Community Health Services	104,600	59,076	45,524
NHS Hosted Services	20,058	11,488	8,570
NHS Set Aside Services	33,647	19,197	14,450
Non-Cash Limited Health Services	18,221	10,550	7,671
Adult Social Care Services	60,584	34,135	26,449
Total Health & Social Care Budget	**237,110**	**134,446**	**102,664**
Population	**177,850**	**101,658**	**76,192**
£ per head of population	**£1333**	**£1322**	**£1347**

Next Steps

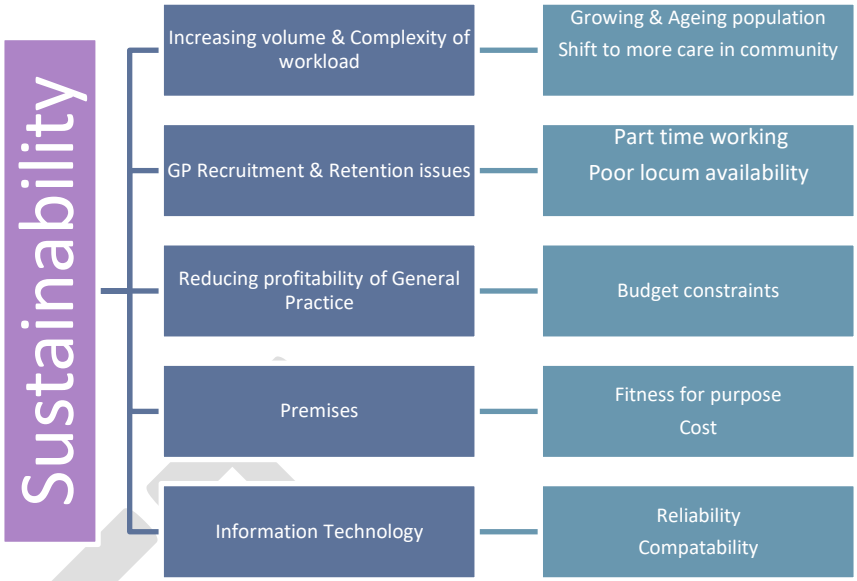
An engagement plan has been developed with a clearly defined stakeholder list and action plan to support consultation and engagement with the communities using a wide variety of engagement methods. Consultation will commence over the summer months and the output from this will inform the development of the Locality Plans.

Spotlight: Primary Care

The responsibility for Primary Care is shared between the NHS Lothian and the IJB.

In recent years General Practices have been under increasing pressure due to workload, workforce and other issues. As GPs retire it is becoming increasingly difficult to recruit and sustain the current model of care.

We held a Primary Care Summit in February 2017 to consider how we can support and sustain Primary Care in West Lothian. This involved over 80 key stakeholders and the output has shaped our priorities and has been developed into a local Primary Care Plan.



The themes emerging from the summit highlighted the need for: Workforce and skill development; Public information and education; Expanding multidisciplinary team to support delivery of primary care; Improve Information Technology and better sharing of information; improve collaborative and integrated working. A summary of initial work underway is provided below.

Information Technology

- Invest in software to support direct patient care
- Text bundles to remind patients of appointments and reduce missed appointments

Primary Health Care Team

- Increase number Advanced Nurse Practitioners
- Develop new roles e.g. Paramedics
- Support recruitment and retention

Maximise Capacity for Patient Care

- Business support
- Modelling new systems
- Productive General Practice
- Performance support

Support Training & Development

- Skills & competencies
- Support new ways of working
- Signposting

Inspection of Services

The Care Inspectorate undertook both scheduled and unscheduled inspections across a range of IJB services during 2016/17. The overall quality of care is assessed as good or better in all services for the reporting period.

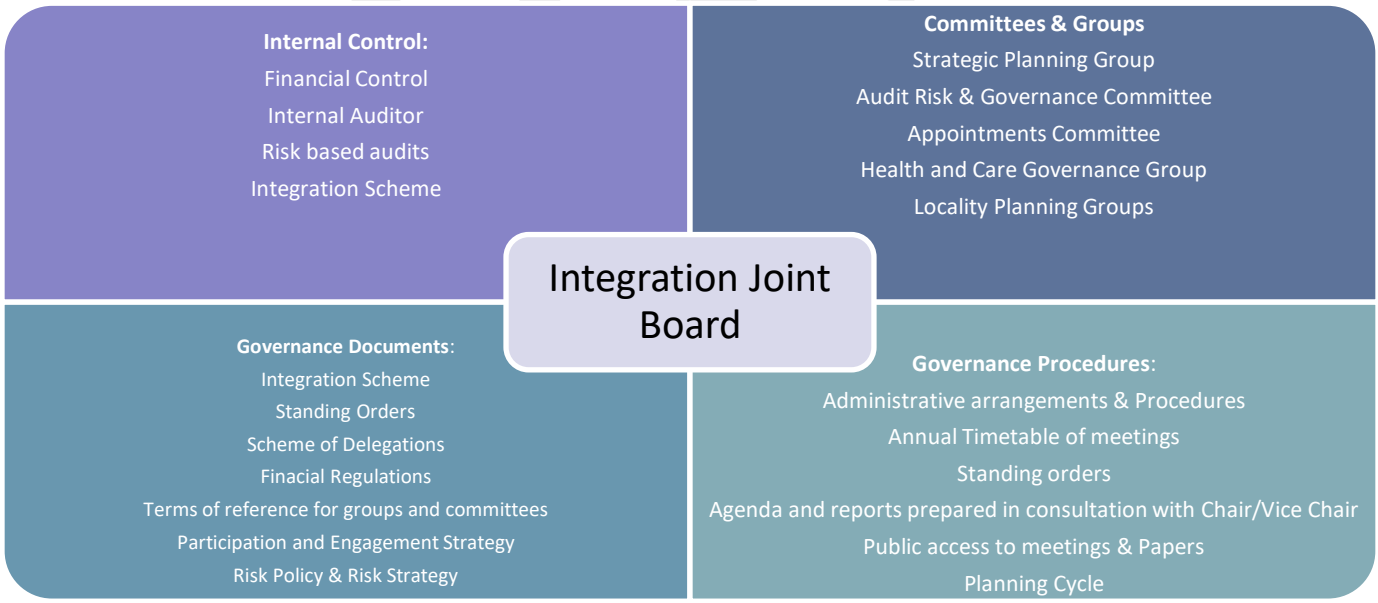
The Mental Welfare commission undertook two inspections within mental health inpatient facilities: Ward 3 and Intensive Psychiatric Care Unit during 2016/17. Recommendations from these inspections relate to

- ensuring nursing care plans are individualised and there is consistency in recording and review and that 1:1 sessions are completed, recorded and easily identifiable in the care file.
- ensuring that intramuscular "if required" psychotropic medication is not prescribed for informal patients, other than in exceptional individual circumstance and that prescriptions of medications for detained patients are properly authorised
- ensuring processes are followed for review of risk assessments and risk management plans.
- reviewing dedicated psychology provision for patients in IPCU.
- Taking forward work to improve the environment in the IPCU courtyard.

These recommendations are being taken forward by the Mental Health Management Team

Integration Joint Board Governance and Decision Making

The Board and its members, voting and non-voting, have overall responsibility for good governance arrangements – for establishing its values and principles and culture, for ensuring the existence and review of an effective governance framework, and for putting in place monitoring and reporting arrangements.



Although the Board does not yet have its own local code of corporate governance, it has adopted the key documents which support and inform governance arrangements.

Significant Governance Decisions

The Board and its committees have engaged in matters relating to good governance through consideration of reports and decisions on a wide variety of issues e.g.

- Public sector duty and equalities mainstreaming report
- Monitoring implementation of the integration Scheme undertakings
- Continuing attention to Board members induction and training
- Internal audits of strategic planning and financial assurance
- Chief Social Work Officers Annual Report
- Adults Support & protection Committee Biennial Report
- Review of Board and Strategic Planning Group Membership
- Strategic plan Impact Assessment
- Strategic Plan review
- Consideration of the system of internal control, the annual governance statement and the Board's unaudited accounts
- Reporting to the Board on the audited accounts and the external auditors report

These examples of the activity of the board and its committees illustrate the Boards commitment to making decisions in an environment of good governance arrangements

Audit, Risk and Governance

The Audit Risk & Governance Committee monitors the independence and effectiveness of the Internal Audit service provided by the council and its Audit, Risk and Counter Fraud Manager. To ensure the required degree of independence it is given assurance in relation to non-internal audit functions through the internal audit manager of Falkirk Council. The committee approves an annual audit plan and receives reports about its completion. It considers reports brought forward in relation to the work planned and any reactive work required.

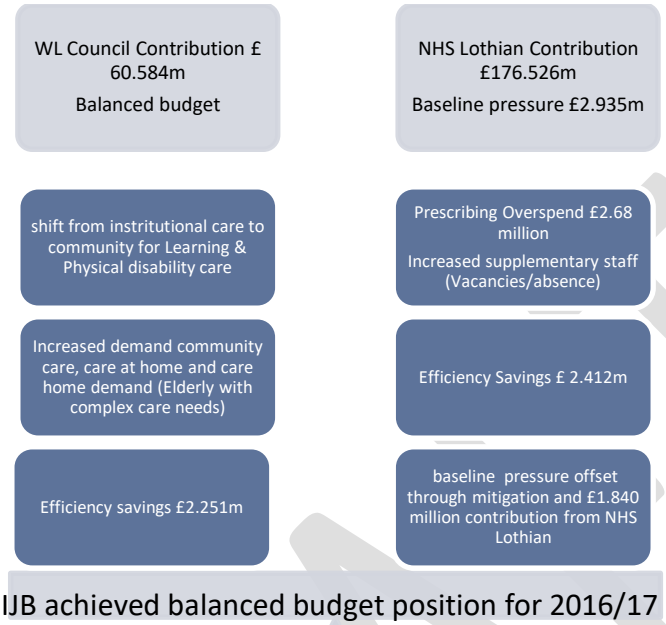
The reports contain a conclusion as to the soundness of control based on the investigation carried out and whether controls are satisfactory or require improvements. They set out improvement actions which have been agreed with officers. The findings, actions and times for completion are presented for committee approval

The committee also receives reports in relation to governance matters, principally reports issued by the Accounts Commission and/or Audit Scotland in relation to the Board or the health and care sector. The committee also receives the annual report on corporate governance and the annual governance statement for approval.

Formal arrangements have been made and approved for liaison and information -sharing with the Internal Auditors for the health board, the council and the other IJBs in the health board area.

Financial Performance and Best Value: Summary

Financial management, governance and accountability arrangements for IJB delegated functions are set out in the West Lothian Integration Scheme, and by the IJB Financial Regulations approved by the IJB on 23 March 2016.



Summary of Financial Position.

In 2016/17 The IJB has achieved a balanced budget position despite there being many pressures on the system.

We worked closely with NHS Lothian to mitigate the funding shortfall down to £1.840m with this balance being funded by NHS Lothian through their achievement of and overall breakeven position.

Prescribing is our main pressure which had an overspend of £2.68million. Substantial work has been undertaken to improve the prescribing budget position for 2017/18 including prioritisation of additional funding and the introduction of a new effective prescribing fund of £2 million for 2017/18 across Lothian.

There has also been significant pressure in Mental health due to difficulties in recruitment resulting in high agency and nurse bank costs. Options to address this for 2017/18 are being addressed.

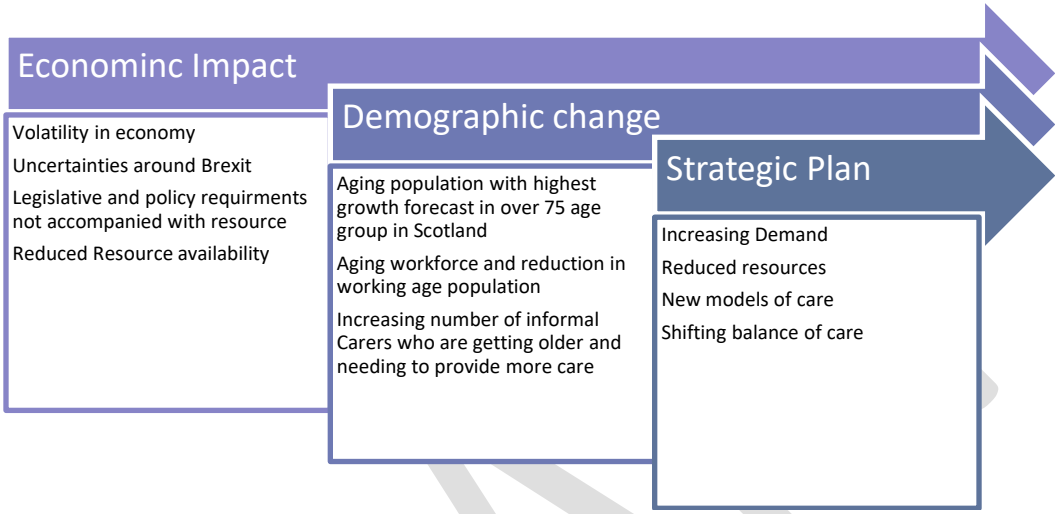
In addition, we have seen continued demand growth across our care services related to the aging population and need for more complex care. Growth in demands within learning and physical disability care reflect an increasing shift care in balance of care to community settings in line with integration objectives.

It is important moving forward to 2017/18 and in future years that expenditure is managed within the financial resources available and this will require close partnership working between the IJB as service commissioner and NHS Lothian and West Lothian Council as providers of services.

The unaudited accounts for the IJB are available here- add link

Future Financial Plans and Outlook

The IJB has a statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. The IJBs strategic plan and strategic commissioning plans will help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process associated with health and social care services.
There are significant risks over the medium term which are summarised below



The risks above further highlight the requirement for robust financial planning which is integrated with strategic planning and commissioning plans. Based on Directions issued to partners and ongoing discussions, it is anticipated that a financial strategy over a minimum three-year period will be developed over the course of 2017.

Best Value

The IJB has a duty to achieve best value. That is the same best value duty as the Council, and the Health Board has its own best value duty based on guidance and direction. West Lothian IJB expects that the partners will adhere to the principles of Best Value: to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness: in carrying out the directions of the Board.

First Annual Review of Strategic Plan

The primary vehicle for setting the direction for integrated delivery of services is the Strategic Plan 2016-26. The Strategic Plan was reviewed based on consistency with the policy, economic and social context and ongoing accordance with values, resources, appropriateness, feasibility and desirability. In the review process set out in the Strategic Plan was endorsed. The strategic priorities remain constant. It was assessed that no replacement plan was required.

The mechanism for delivery of health and social care was reviewed and a health and social care delivery plan was developed which details out the priority actions to support the changes required in delivery of the Strategic Plan. This was approved by the IJB in March 2017.

Key priorities for 2017/18

Looking ahead for 2017/18 the key priorities are set out below:

WEST LOTHIAN INTEGRATION JOINT BOARD

Date: 27 June 2017

Agenda Item: 13

IJB PERFORMANCE: BALANCED SCORECARD

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To present to the Integration Joint Board the draft Balanced Scorecard for performance monitoring

B RECOMMENDATION

. *The Integration Joint Board is asked to*

1. *Note the contents of the report*
2. *Note and comment on the Draft Balanced Scorecard for performance monitoring*
3. *Approve the Balanced Scorecard and reporting frequency to the Board*

C TERMS OF REPORT

Background

The IJB is responsible for the monitoring and reporting of performance in relation to the national health and wellbeing outcomes and operational delivery of health and social care services on behalf of NHS Lothian and West Lothian Council

Balanced Scorecard

We have developed a balanced scorecard approach to provide a framework for our strategic measurement and management system. The scorecard will measure organisational performance across four perspectives: Financial; Customer; Internal Processes; Learning and Growth

In addition to the core measures for integration the scorecard incorporates some local measures and contextualising data to provide a broader picture of local performance.

We recognise that there is still a need to develop performance measures for our thematic strategic commissioning plans and therefore the scorecard will evolve over time to ensure that we are able to measure our progress consistently.

Data availability and frequency of reporting is variable with some administrative data available quarterly whilst survey data may only be available biennially. It is therefore proposed that the performance scorecard is brought to the IJB on a 6 monthly basis to enable the Board to review performance

D CONSULTATION

Strategic Planning Group

Senior Management Team

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services (February 2015)
- West Lothian IJB Strategic Plan 2016-2026

F APPENDICES

Balanced Scorecard

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	All National Health and Well Being Outcomes
Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes
Single Outcome Agreement	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
Impact on other Lothian IJBs	Shared resources: Lothian analytical services/ LIST
Resource/finance	The performance report will align with the financial plan and Strategic plan
Policy/Legal	The Performance Report will support compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.
Risk	None

H CONTACT

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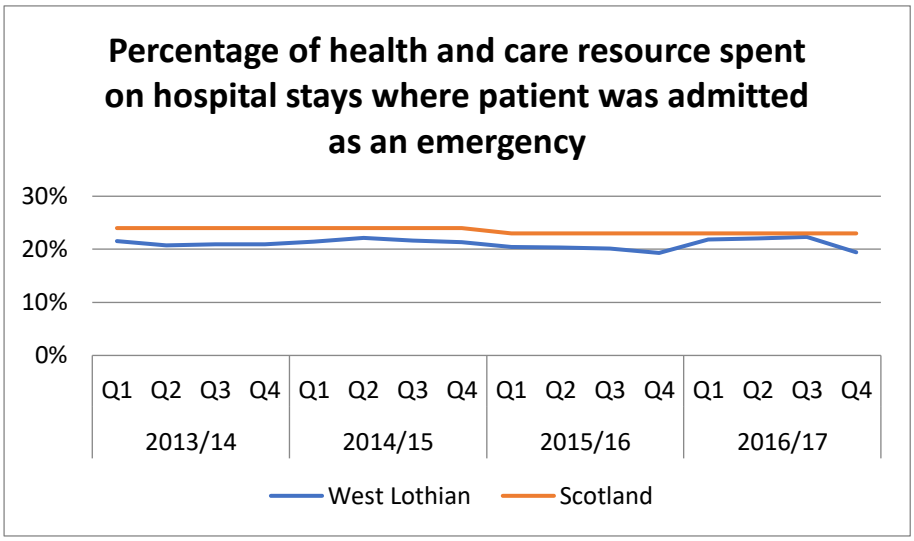
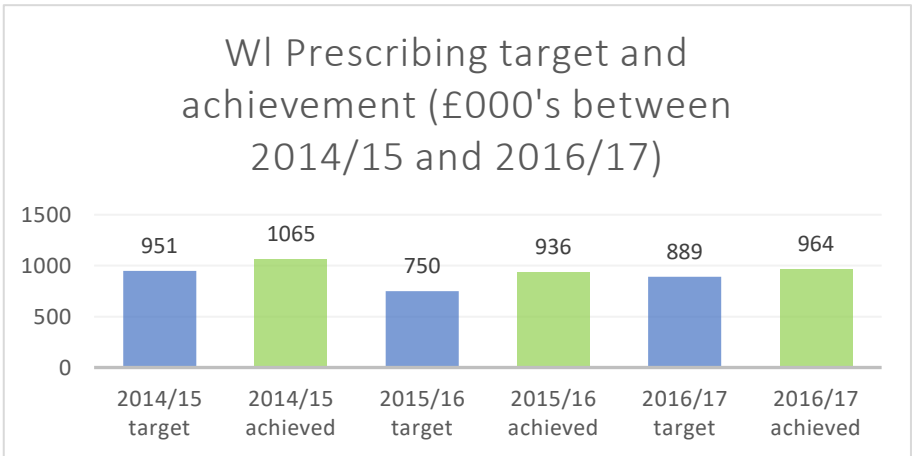
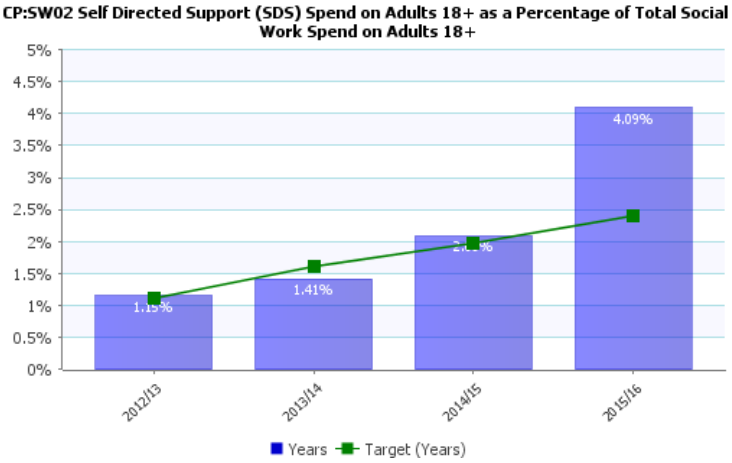
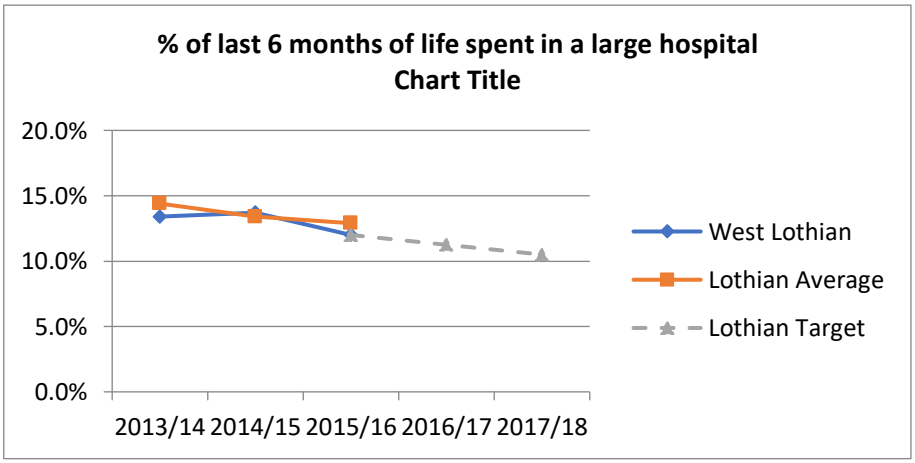
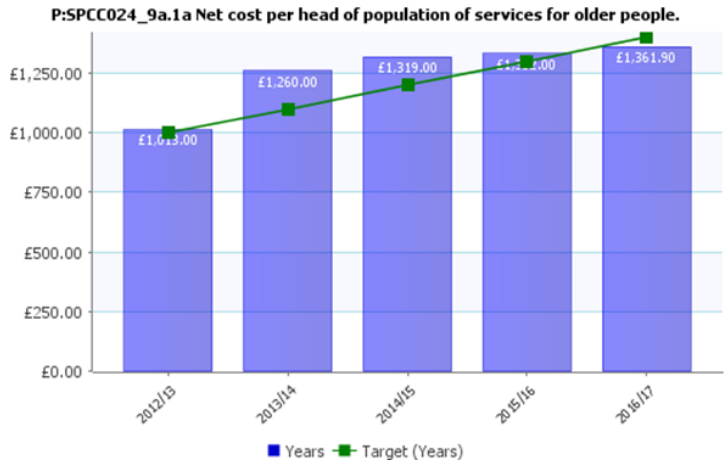
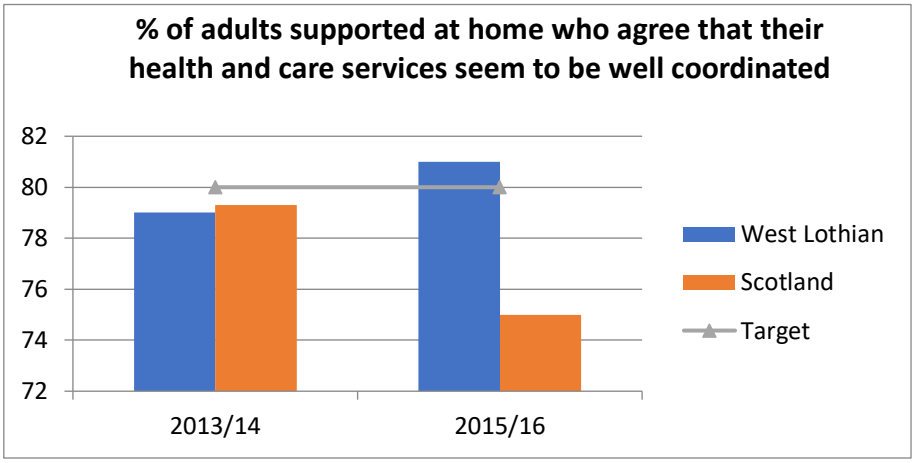
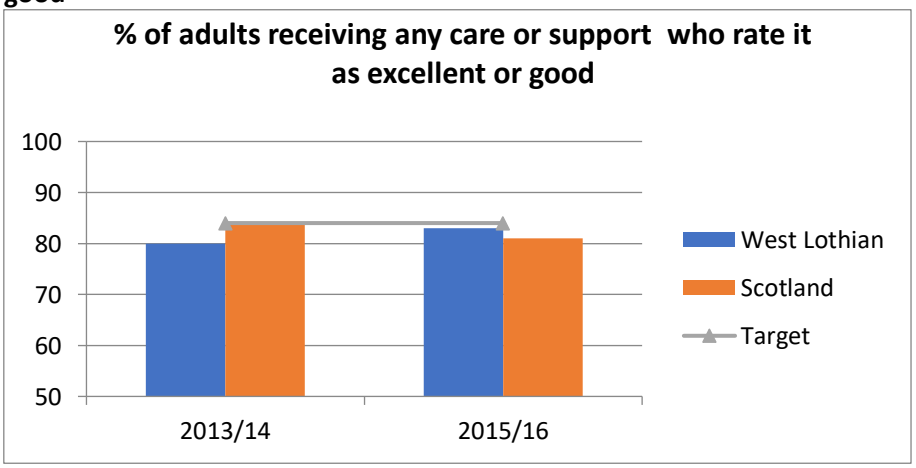
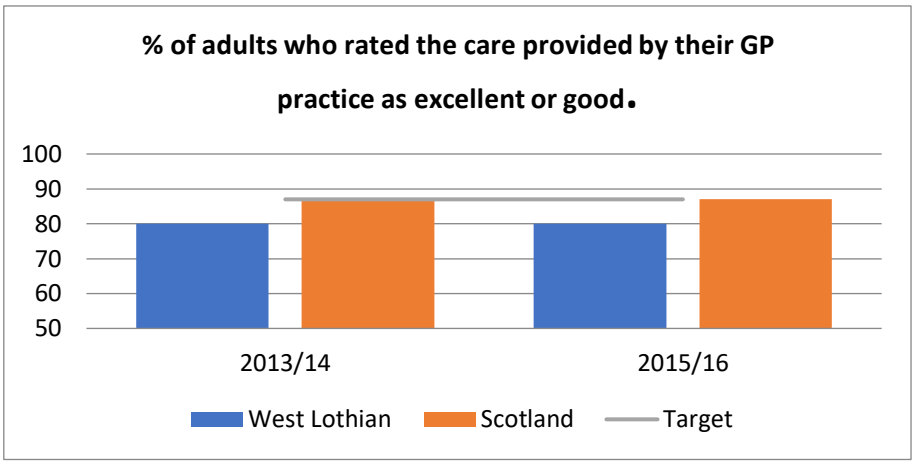
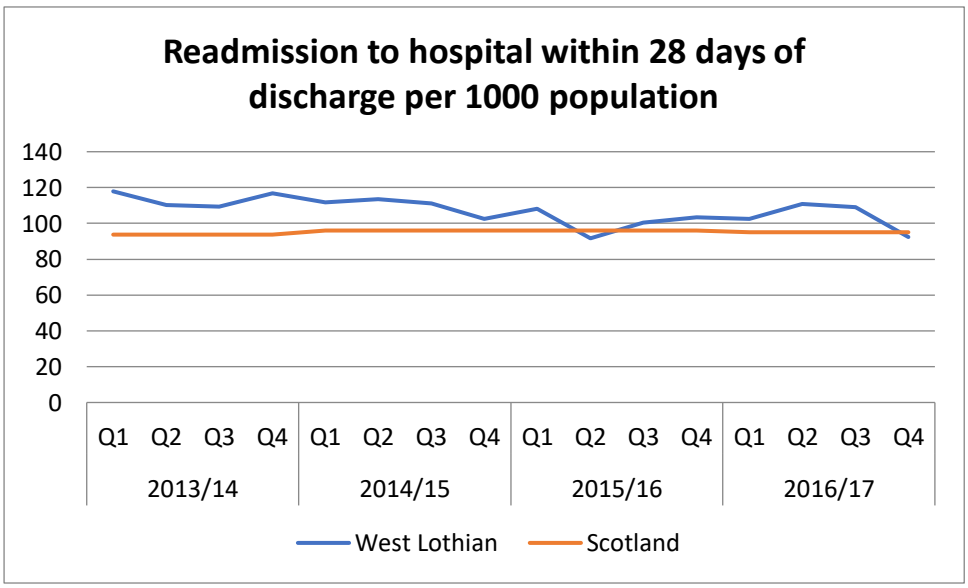
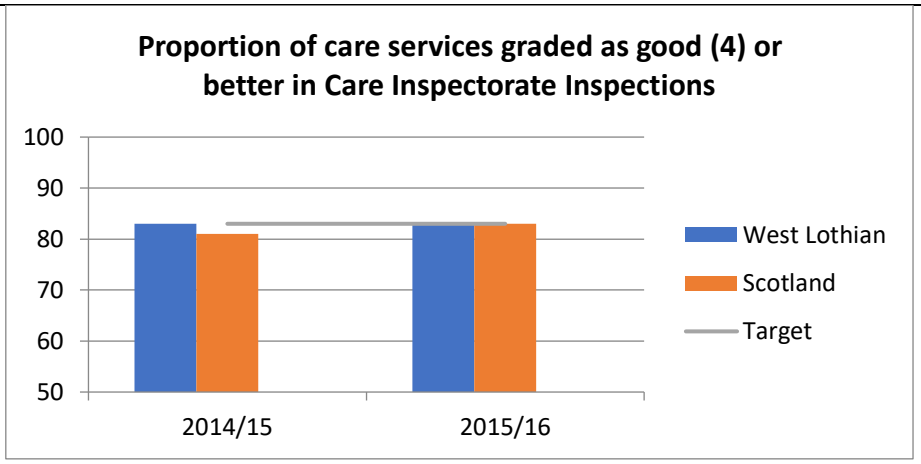
Tel 01506 281017

Scorecard Perspective	HWB Outcome	Indicators
Finance/ Business Perspective	Effective Resource Use Change Indicator	1. **Percentage of total health and care spend on hospital stays where the patient is admitted in an emergency**  Aim to reduce spend on hospital stays where patient admitted as an emergency. Current performance: level of spend at 19% at end of quarter 4 and 21% for 2016/17 which is lower than Scottish average of 23%
	Effective Resource Use	2. **Achievement of a break-even revenue position** Current performance: Balanced budget position achieved for 2016/17 taking account of spend and overall funding made available to meet expenditure. The NHS financial position for 2016/17 was an £844k overspend against a financial plan projected outturn of £906k overspend. This position was achieved despite an overspend on prescribing of £2.86m. Living Wage delivered taking account of affordability in agreeing hourly rate uplift with Providers
	Effective Resource Use	3. **Achievement of efficiency savings on recurring basis** Current performance: NHS Efficiency savings of £2.412m were delivered against planned savings of £2.403m. Delivery of £2.251m of Social Policy savings during 2016/17
	Effective Resource Use	4. **Improve the level of generic prescribing to reduce costs** Current performance: Increased generic prescribing to 86%- NHS Lothian average- 83%. Cost per patient at £193.00 is equivalent to Scottish cost per patient and although higher than Lothian average (£170) this is brought down by Edinburgh (£150) but is better than East (£200) and Mid (£198). We continue to work proactively with GPs to improve prescribing and reduce costs.
	Effective Resource Use	**5. Contribute to Lothian wide prescribing efficiency savings**  Current performance: consistently over-achieving target set by NHS Lothian for prescribing efficiency savings.

	Effective Resource Use Change Indicator	6. **Self-Directed Support (SDS) Spend on Adults 18+ as a Percentage of Total Social Work Spend on Adults 18+**  The long-term trend in favour of personalised options reflects the strategic aim of promoting more individual choice and control over how services are delivered. From 2010/11 to 2013/14, the trend saw a gradual growth in people opting for Direct Payments. The accelerated growth from 13/14 reflects the successful implementation of the Social Care (Self Directed Support) (Scotland) Act 2013. This legislation extended the range of options available to service users. The major growth in this year has been in Option 2, with service users directing the council to commission a service of their choice.
	Effective Resource Use Change Indicator	7. **Improve end of life care & reduce proportion of time spent in large hospital setting in last 6 months of life to 10.5% by March 2018**  Current performance at 12% is better than Lothian Partnerships average of 12.9%. Lothian wide target to reduce proportion of time spent in last 6 months of life to 10.5% by 2018
	Effective Resource Use	**8. Net cost per head of population of services for older people** Average annual cost per person of services for people aged 65 and over. The scope of this indicator covers a range of services including Care at Home, Care Homes, Housing with Care, Occupational Therapy, and Assessment and Care Management. The cost per person is calculated by dividing the cost of the services in scope by the estimated 65+ population.

		 More people are living longer with multiple physical and mental health conditions and often complex care and support needs. Ensuring that people whose needs are increasingly complex can be supported safely at home requires enhanced care services which increases the average cost per person.
Customer perspective	Positive experience & outcomes	**9. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.**  Current Performance: Results from the biennial Health and Care Experience Survey demonstrates slight improvement between the two years and sustained position in relation to target.
	Positive experience & outcomes	**10. Percentage of adults receiving any care or support who rate it as excellent or good**  Current Performance: Data from the Health and Social Care Survey indicates 83% of adults receiving any care or support rate it as excellent or good. This is 3% improvement on previous survey results and is better than the Scottish average

	Positive experience & Outcomes Change Indicator	**11. Percentage of people with positive experience of care at their GP practice**  Current Performance: Data from the Health and Social Care Survey indicates 80% of adults rated the care provided by their GP practice as excellent or good which is the same as the previous survey. This is below the Scottish average of 87% with West Lothian ranking lowest of the 32 partnerships. This is a key development indicator and work is being progressed to determine local improvement through the GP Clusters and Localities Groups and development of primary care transformation plan.
	Positive experience & Outcomes	**12. Readmissions to hospital within 28 days of discharge (per 1000 population)**  Current performance: the overall hospital readmission rate in 2016/17 is 104 per 1000 population and for the last quarter is 92. The Scottish rate is sustained at 95 per 1000 population. This continues to be focus for improvement through the frailty programme.
	Positive experience & Outcomes	**13. Proportion of care services graded Good (4) or better in Care Inspectorate inspections**

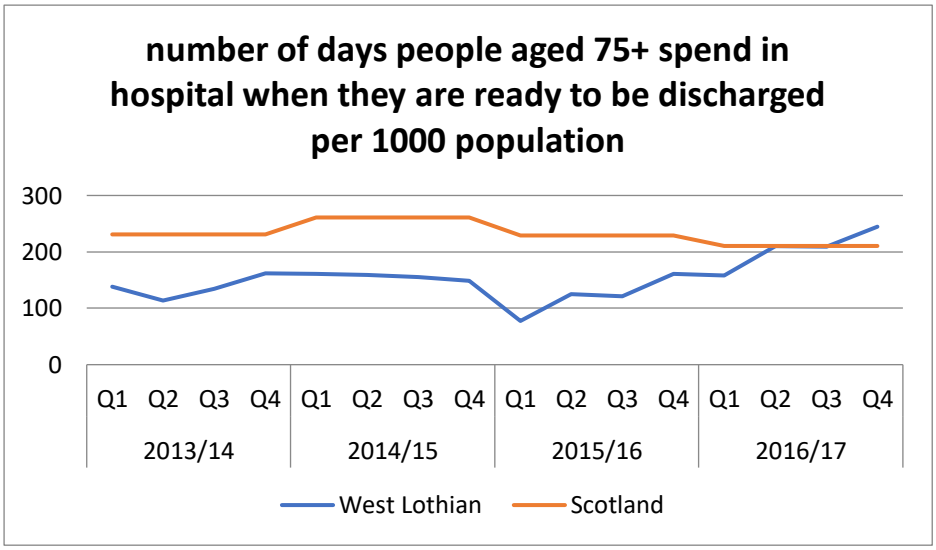


Current performance at 83% on par with Scottish average

Positive experience & Outcomes

Change Indicator

14. Number of days people spend in hospital when they are ready to be discharged (per 1000 population)

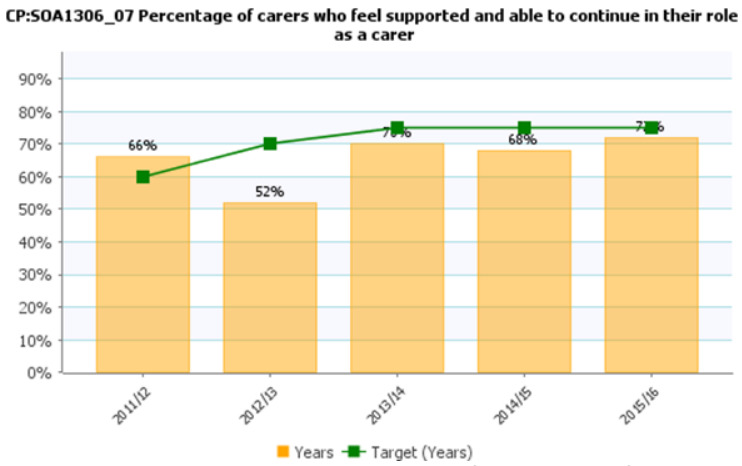


Rate is crude rate per 1,000 total population. In order to ensure consistency, a 'midnight bed count' approach is applied to each delay episode to determine which particular days should contribute to the bed day count.
We have seen a steady increase in the number of days people are delayed due to significant issues with the lack of capacity in the care homes sector and poor responsiveness of care at home providers to set up packages of care. Work is ongoing to resolve the contractual issues with care at home providers.

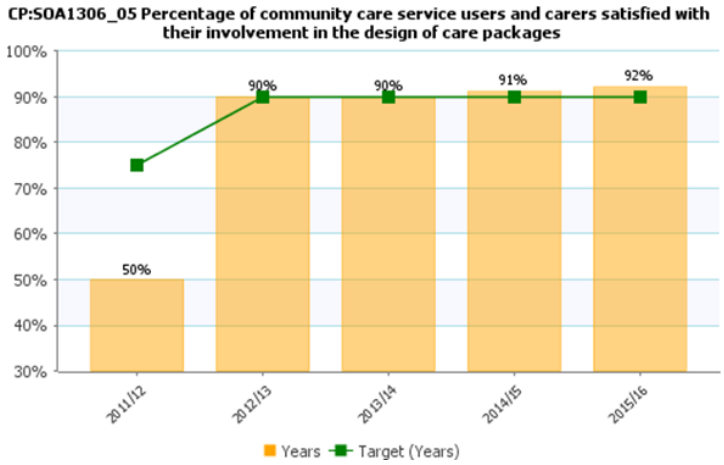
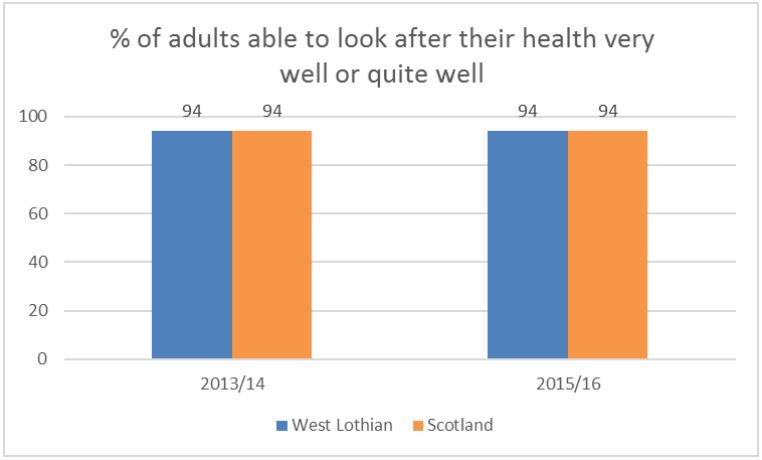
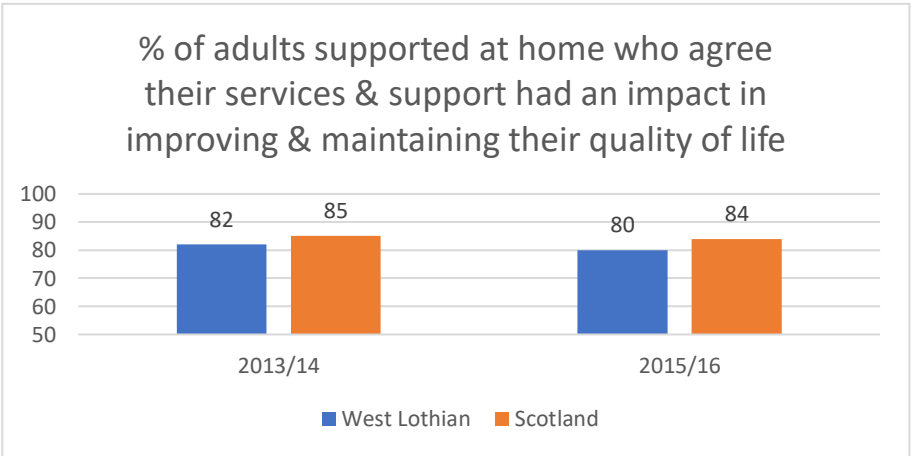
Carers are supported

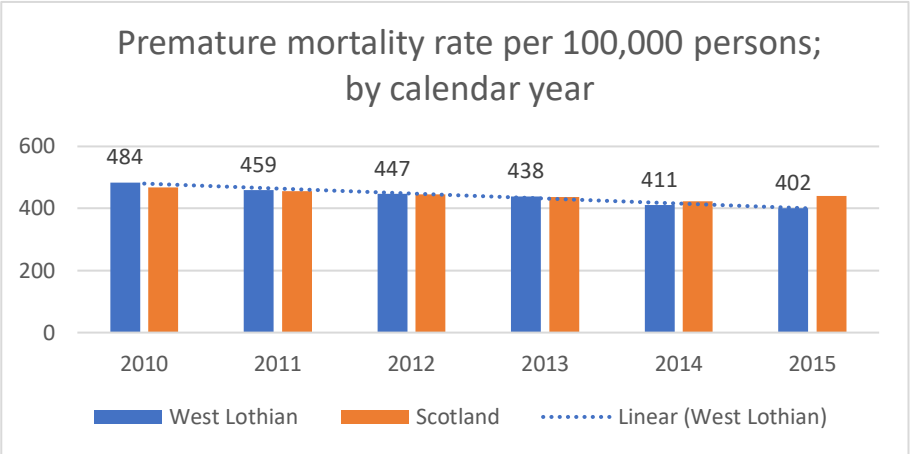
Change Indicator

15. Percentage of carers who feel supported and able to continue in their caring role.



The trend chart shows a growing level of carers who feel supported and able to continue in their role as a carer.

	Carers are supported Change Indicator	**16. Percentage of community care service users and carers satisfied with their involvement in the design of care packages** 
Internal Process Perspective	Healthier Living	**17. Percentage of adults able to look after their health very well or quite well.** 
	Healthier Living Change indicator	**18. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life** 
	Healthier Living	**19. Premature mortality rate (European Age Standardized Rate per 100,000 population <75)**

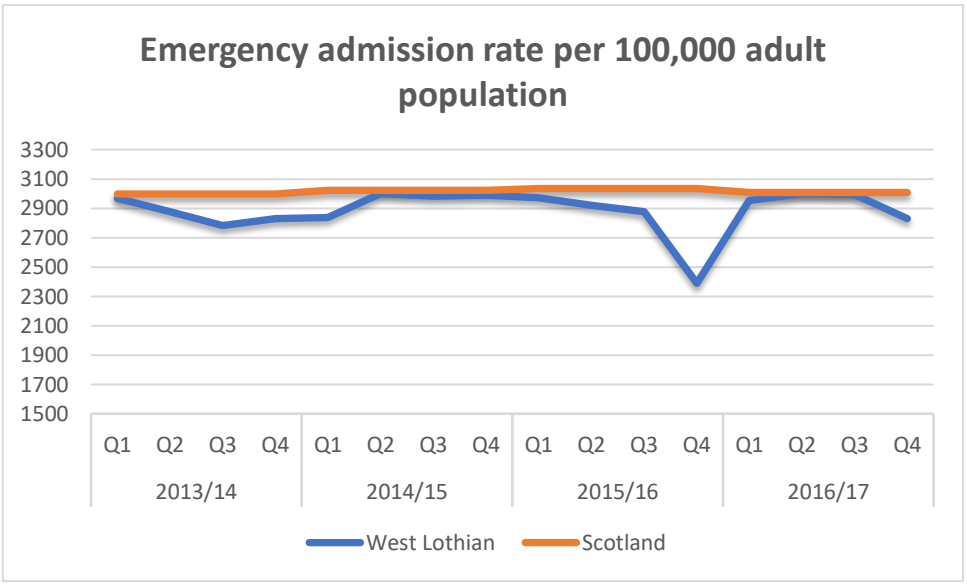


Current Performance: Premature mortality showing a decrease over time; currently EASR is 402 per 100,000 population <75 and is lower than Scotland rate of 441

Healthier Living

Change Indicator

20. Rate of emergency admissions for adults per 100,000 population

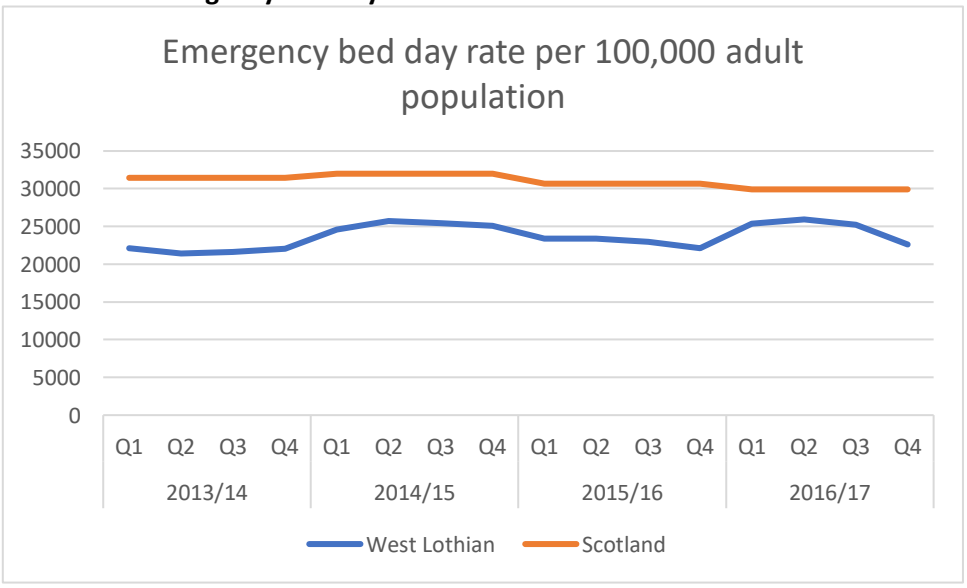


Emergency admission rate has been on par with Scottish average for 2016/17 with reduction in last quarter. Overall rate for year is 11,775 compared to 12,307 for Scotland as a whole

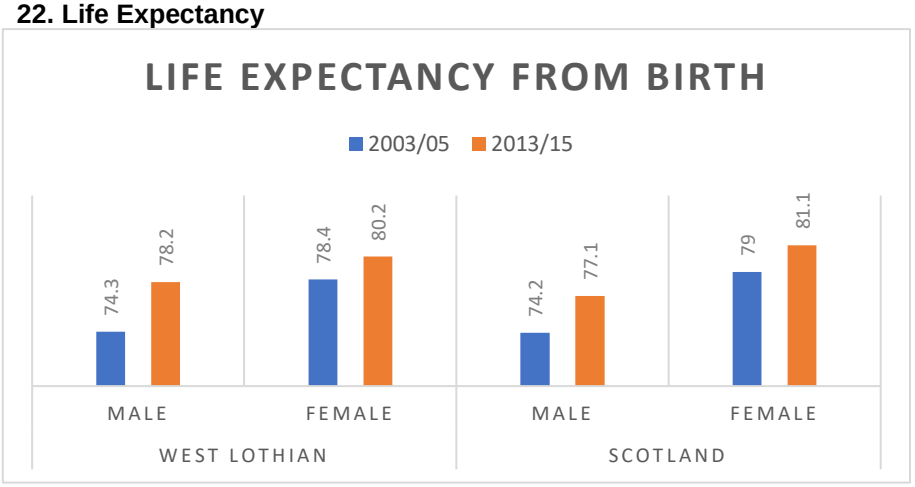
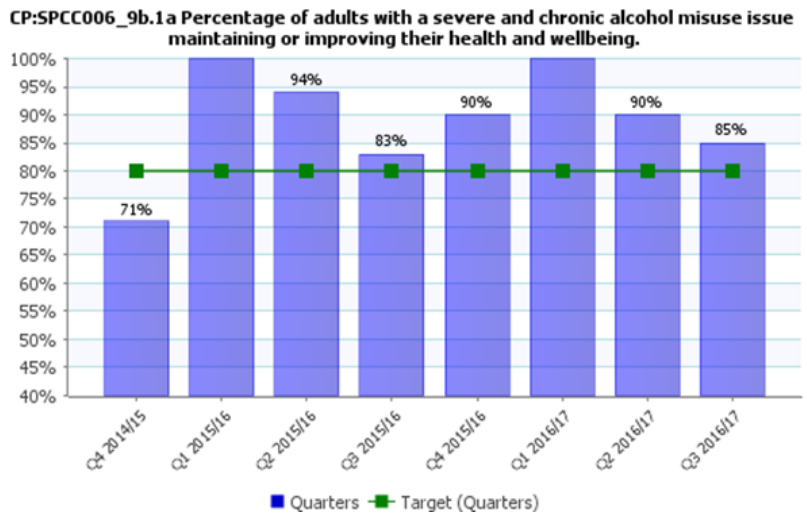
Healthier Living

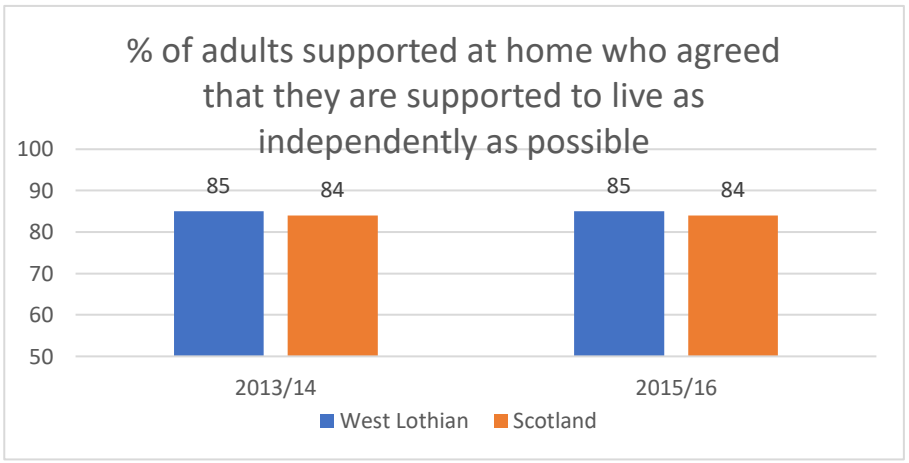
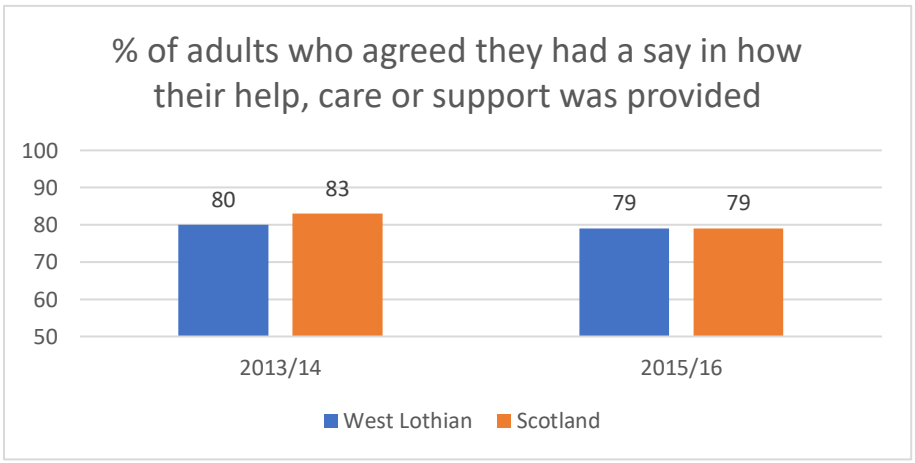
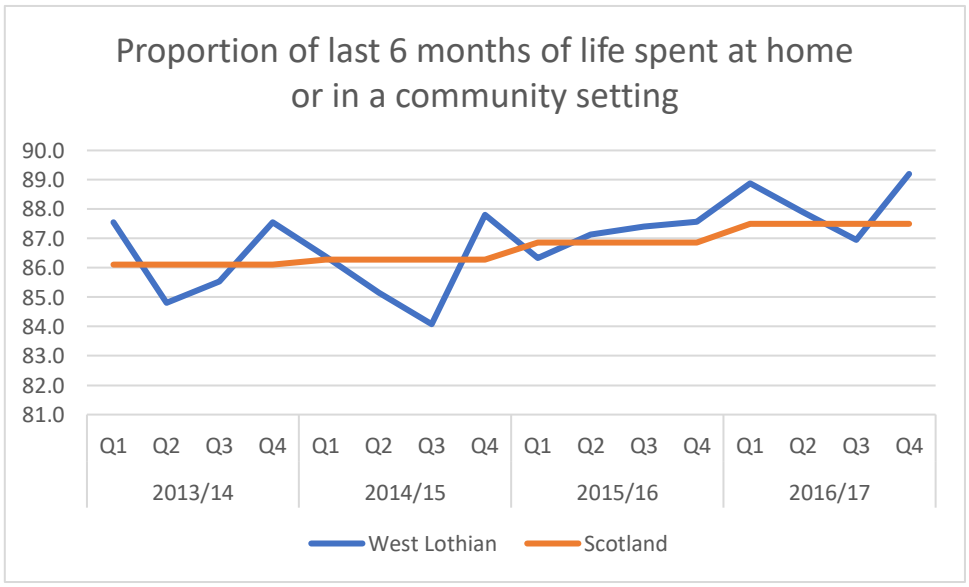
Change Indicator

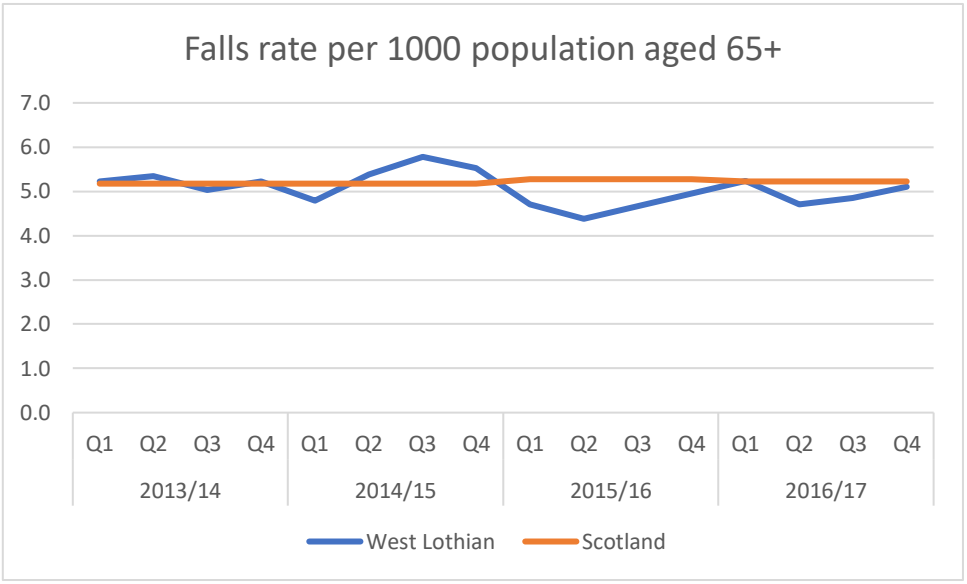
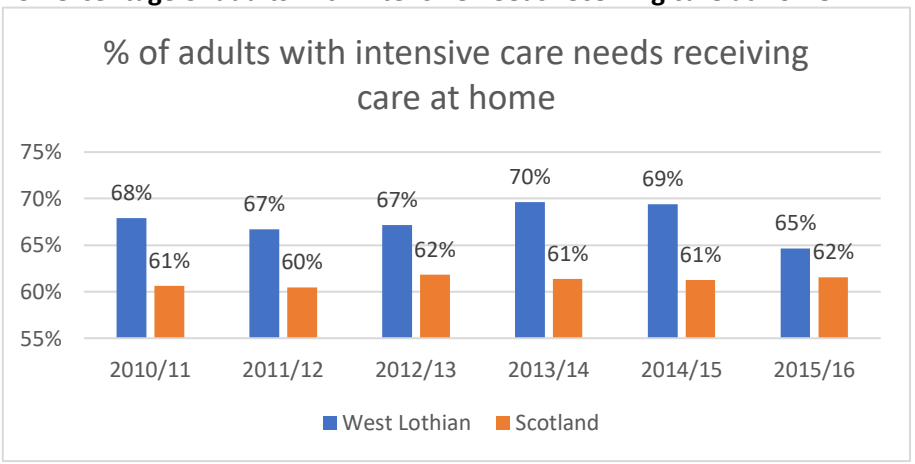
21. Rate of emergency bed days for adults

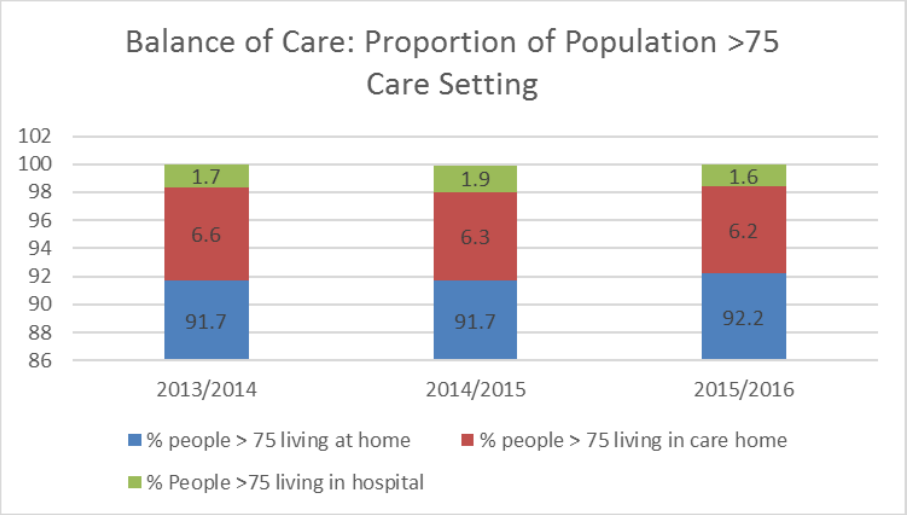


We have sustained the emergency bed day rate below the Scottish average and rank

		5th lowest in all Scottish partnerships with overall rate for 2016/17 of 99,099 compared to Scottish rate of 119,649.
	Healthier Living	**22. Life Expectancy**  Female life expectancy at birth (80.2 years) is greater than male life expectancy (78.2 years). Male life expectancy at birth in West Lothian is improving more rapidly than female life expectancy with percentage difference over the 10-year period of 5.3% compared to 3.0% for female life expectancy
	Healthier Living	**23. Warwick-Edinburgh Mental Well-being Score** The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a 14-item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The mean score for WEMWBS is **25.9,** a slight decrease from 2010 (26.07) Overall, 15.1% of respondents had a low level of wellbeing, 65.2% a moderate level and 13.7% a high level of wellbeing.
	Healthier Living	**24. Percentage of adults with a severe and chronic alcohol misuse issue maintaining or improving their health and wellbeing.** West Lothian Alcohol and Drugs Partnership (ADP) commissions a range of services for adults with severe, long standing alcohol problems to support them to maintain or improve their quality of their physical and mental health. Many of the adults concerned are seriously affected physically and mentally by prolonged alcohol misuse; this measure is designed to capture the effectiveness of interventions. Improvement is measured using a standard assessment tool. The targets for recovery within treatment contracts are based on benchmarking data from the National Treatment Agency for Substance Misuse. 

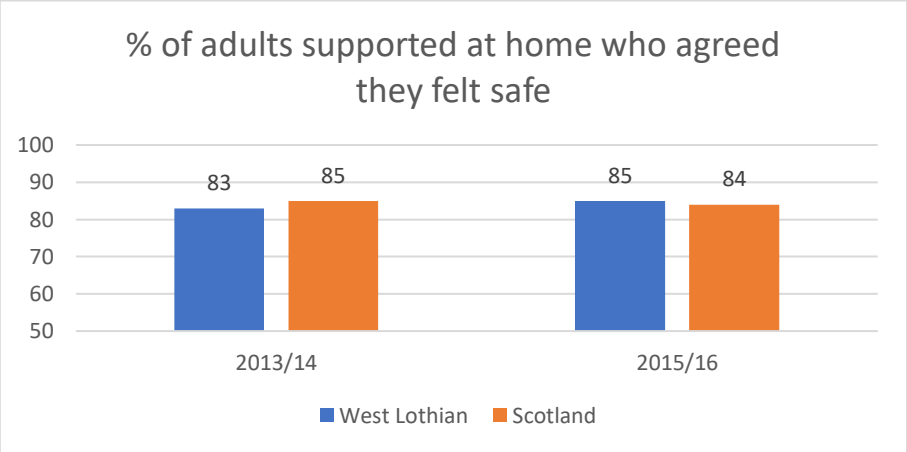
		Current performance: for the first 3 quarters 2016/17 performance is above 80% target
	Independent Living Change Indicator	**25. Percentage of adults supported at home who agree that they are supported to live as independently as possible.** 
	Independent Living	**26. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided** 
	Independent Living Change Indicator	**27. Proportion of last 6 months of life spent at home or in a community setting**  This indicator demonstrates the proportion of the last 6 months of life spent at home

		or in a community setting and the balance of care between community and hospital care over time. Current performance: The trend chart demonstrates an increasing trend towards more care at home and in a community setting with 89.2% in quarter 4 compared to 87.5 % for Scotland as a whole.
	Independent Living	**28. Falls rate per 1000 population in over 65s**  **Falls rate for 2016/17 is 20 per 1000 population over 65 years compared to 21 per 1000 for Scotland as a whole.**
	Independent Living Change Indicator	**29 Percentage of adults with intensive needs receiving care at home** 
	Independent Living Change Indicator	**30. Percentage of people aged 75+ who live in own home, rather than a care home or a hospital setting** **There has been a decrease in the number of people living in hospital and care home settings between 2013 and 2016. Demonstrating a shift in the balance of care to community provisions.**



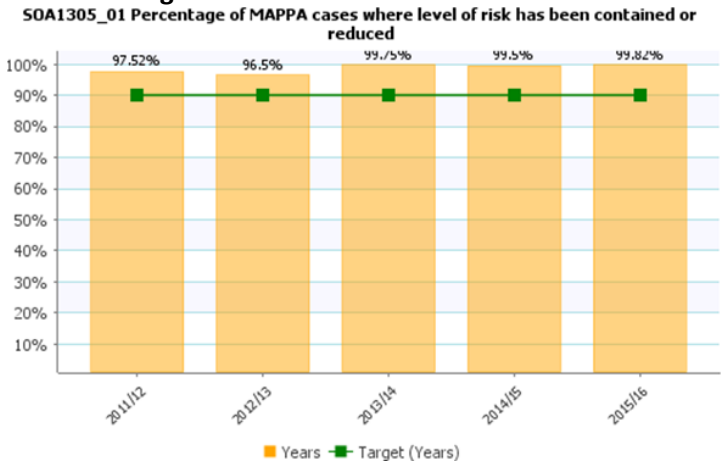
Services are safe

31. Percentage of adults supported at home who agree they felt safe.



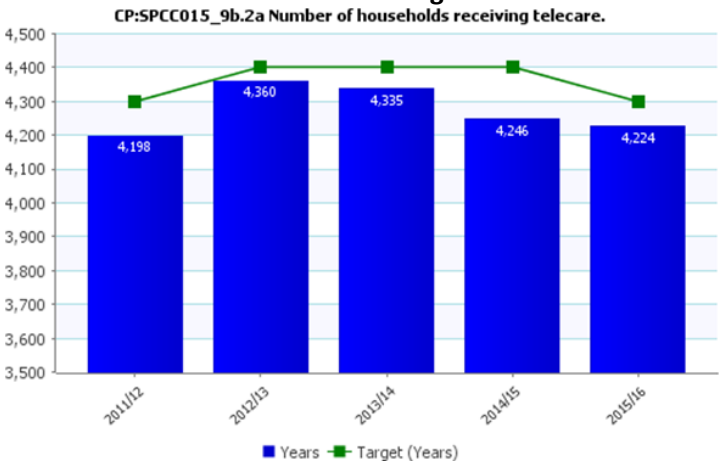
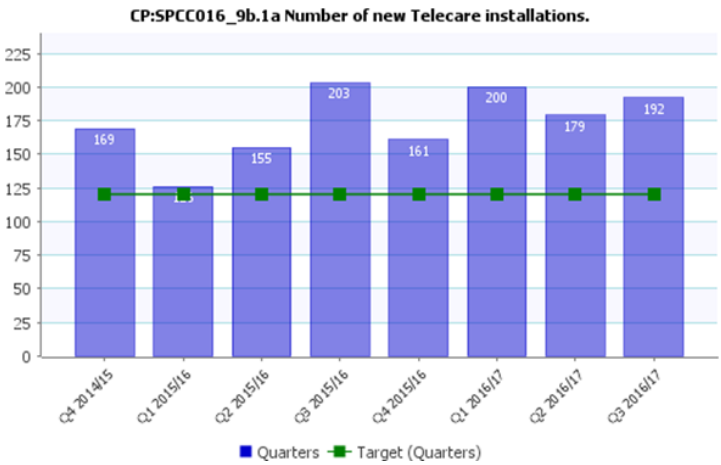
Data available from the biennial Health and Social Care Survey indicates 85% of service users felt safe which is an improvement from previous survey (83%) and 1% better than Scottish rate (84%)

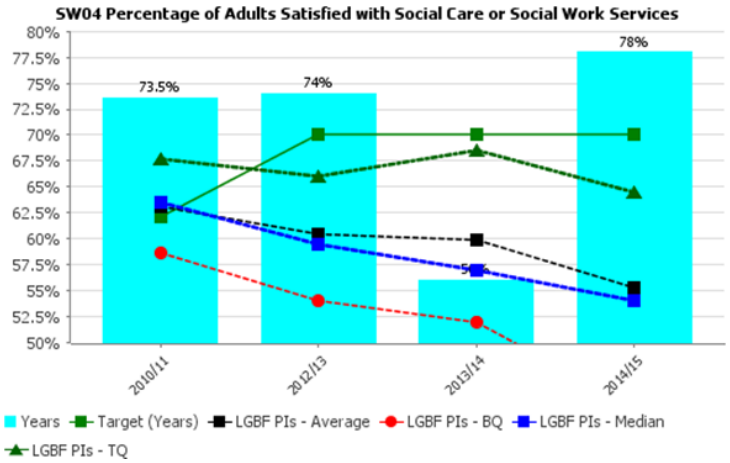
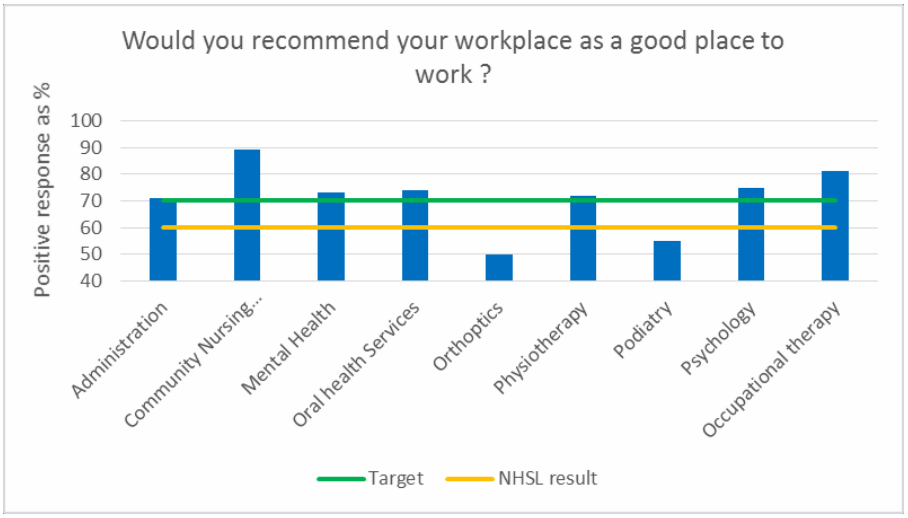
32. Percentage of MAPPA cases where level of risk has been contained or reduced

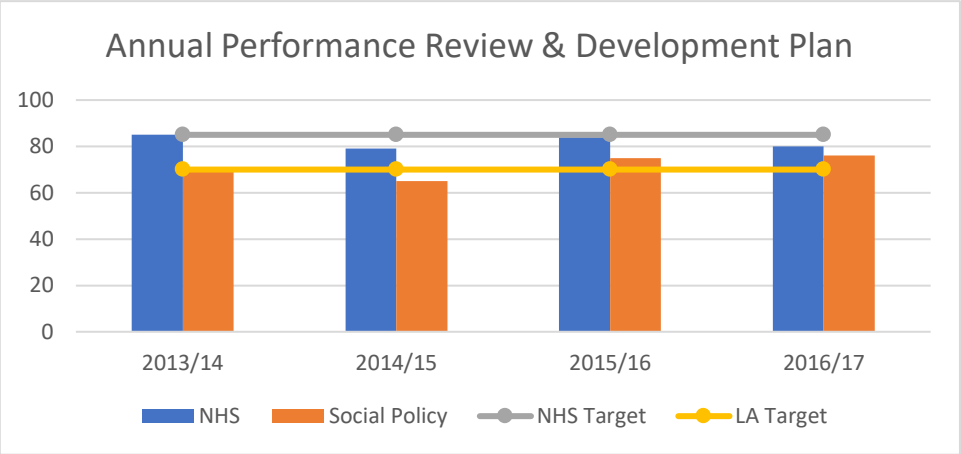
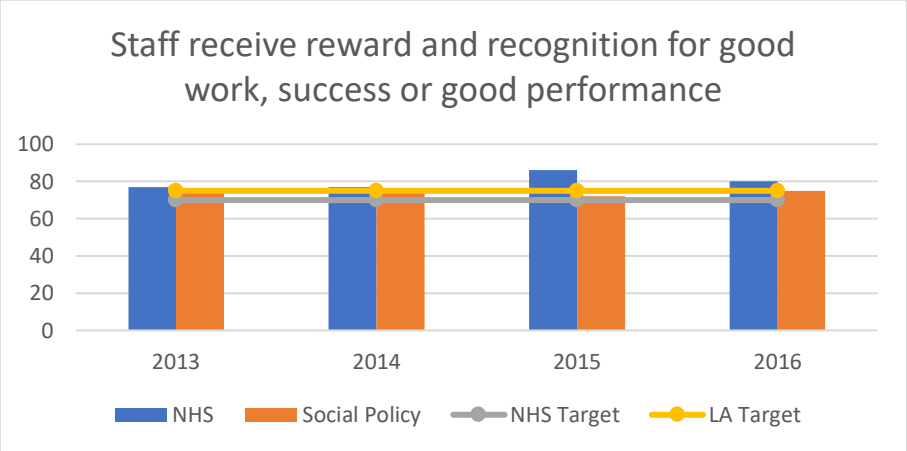
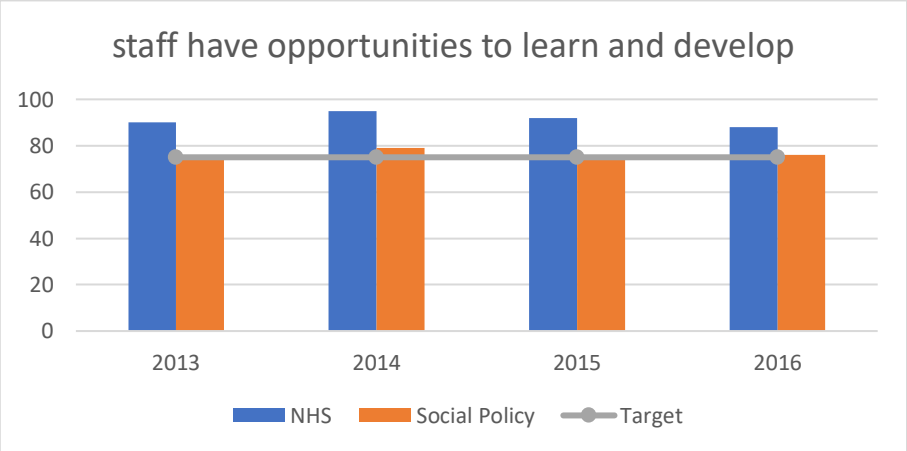


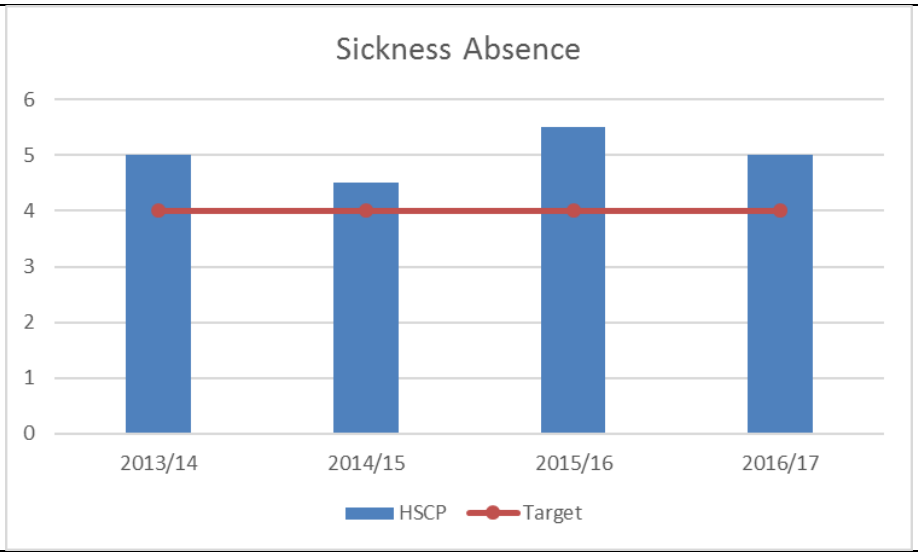
This is an indicator of how many offenders managed under the Multi Agency Public Protection Arrangements have had their level of risk contained or reduced. This demonstrates how effectively the services involved manage risk.

Performance in relation to this area of high risk offender management is consistently meeting and exceeding the target expected. Variations can be possible when monitoring a relatively small number of individuals but performance is remaining consistent. 2013/14, 2014/15 and 2015/16 has seen performance at over 99%. This is a positive reflection on partnership arrangements to protect the public.

	Services are safe Change Indicator	**33. Number of households receiving telecare**  This indicator measures the total number of households receiving telecare, enabling people to stay independently in their own homes for as long as possible where it meets their needs, is based on choice and is safe for them and their carers. After a period of sustained investment and growth, as might be expected, the service level has plateaued. In addition there has been a slight decrease in each of the past three years in the number of households receiving telecare and this trend continues in 2015/16 with an overall marginal reduction since 12/13 of 2.6%. The programme continues to meet the demand experienced and there has been no decrease in the average number of installations. The reducing trend is due to a slightly higher rate of natural turnover. Additionally, over the life of the programme, a more mature understanding of the benefit of telecare has likely resulted in more focused provision and a reduction in the average timeframe for the provision. To reflect this, the target has been amended.
	Services are safe Change Indicator	**34. Number of new telecare installations** The provision of telecare enables disabled, elderly and vulnerable people to stay independently in their own homes. It contributes to people being able to stay independently in their own homes for as long as possible and also supports earlier hospital discharge.  The performance of this indicator is subject to a number of factors and whilst the target remains at 120 per quarter. The demand for new equipment is variable.

	Services are safe	**35. Percentage of Adults Satisfied with Social Care or Social Work Services**  With the exception of a sharp dip in 13/14, West Lothian has performed well in terms of customer satisfaction, particularly when benchmarked against other authorities.
	Services are safe	**36. Percentage of adult protection plans reviewed indicating a reduction in risk of harm** Measuring progress in Adult Protection work is challenging. Quite often, small measures can indicate significant improvements in peoples' lives. However, one area where progress can be measured is through an audit of the Adult Protection Plans to determine whether there has been a reduction in the risk of harm.  This indicator is collected on an annual basis. The figure for 2015/16 was 100% which is very positive and an increase from 88% in 2014-15.
Learning & Growth perspective	Engaged workforce	**37. Percentage of staff who say they would recommend their workplace as a good place to work** 

	Engaged workforce Change Indicator	**38. Staff have an annual performance review and personal development plan** 
	Engaged workforce	**39. Staff receive recognition for good work, success or good performance** 
	Engaged workforce	**40. Staff have opportunities to learn and develop** 
	Engaged	**41. Achieve 4% staff absence rate across all service areas**

	workforce	 Sickness Absence 6 5 4 3 2 1 0 2013/14 2014/15 2015/16 2016/17 HSCP Target

West Lothian Integration Joint Board

Date: 27th June 2017
Agenda Item: 14

HEALTH IMPROVEMENT PRIORITIES

CONSULTANT IN PUBLIC HEALTH

A PURPOSE OF REPORT

The purpose of this report is to inform the Board about the work of the Health Improvement and Health Inequalities Alliance, its priorities for future work, and the proposed activities to be funded in the next round of Health Improvement Fund projects from April 2018.

B RECOMMENDATION

It is recommended that the Board:

1. Notes and approves the proposed priorities

C TERMS OF REPORT

C.1 Role of the Health Improvement and Health Inequalities Alliance

The Health Improvement and Health Inequalities Alliance (HIHIA) has been in place in its current form since 2011. Its overall aim is 'to improve the health and well-being of those who live and work in West Lothian and to address the gap between those with the best health outcomes and those with the poorest health outcomes'. It is responsible for providing strategic direction for specific areas of health improvement work, with operational delivery being the responsibility of the relevant managers. It works within the framework of the Local Outcomes Improvement Plan and other relevant strategic frameworks. Its responsibilities include oversight of West Lothian activities funded by the Health Improvement Fund.

The role of the HIHIA is defined in its terms of reference as:

- Develop a coordinated approach and vision for the delivery and

planning of health improvement activities in West Lothian;

- Monitor the plans developed by each of the sub-groups to take forward the vision of the HIHIA;
- Ensure that progress towards achieving key outcomes is monitored and reported through the Community Planning process;
- Act as a conduit between community planning partnership and operational activity;
- Identify cross cutting issues across the sub-groups and develop integrated multi-agency solutions;
- Set up and oversee short-life working groups to address specific strands of work which will contribute to agreed Community Planning Partnership outcomes;
- Act as a key consultative group for major policy development with a strong focus on influencing strategic plans across the Community Planning Partnership;
- Develop processes which maintain a regular and effective means of communication between partnerships;
- Promote joint staff training and development.

C.2 Health improvement delivery

HIHIA currently oversees action plans for the following areas of work:

- Children and Young People's health and wellbeing (also reports to the Children's Strategic Planning Group)
- Health in Later Life
- Tobacco
- Food and health (West Lothian eatright and Infant Feeding programmes)
- Physical activity (West Lothian On the Move programme)

Each of these reports formally to HIHIA at least once per year. Other sub-groups working on oral health, sexual health, and mental wellbeing are no longer meeting because the relevant programmes are being developed and delivered at a Lothian level and there is limited staff capacity to support local groups.

C.3 Strategic influence

As well as overseeing programmes of work to address these health improvement topics, HIHIA recognises that wider work within the Community Planning Partnership has a significant impact on health. For this reason, the group also provides input to other policy areas as appropriate. In the last year this has included, for example, engaging with the development of the Local Development Plan, Active Travel Plan and Local Housing Strategy.

C.4 Setting priorities for future work

Between January and April 2017, members of the Alliance collated evidence and data to inform the development of priorities for its future work. The work has included collating the following:

- Relevant reports about the West Lothian context
- Routine data on health and health determinants in West Lothian
- Information on current health improvement activities in West Lothian
- Consultation with members of other groups in West Lothian
- A development session involving members of the working group

Findings are summarized in the paper in Appendix 1, *Priorities for Health Improvement in West Lothian.*

C.5 Priorities

Following discussion and consideration of the evidence, the group has identified the following priorities. Further information on each of these is given in the full paper in Appendix 1.

- Family Engagement to promote mental health and wellbeing in children and young people

Stakeholders identified mental wellbeing for children and young people as a clear priority. It will be addressed through the work of the Early Intervention and Prevention Group, which reports through HIHIA and also through the Children's Strategic Planning Group. In addition, stakeholders identified parenting support as a priority to ensure parents are able to support their children's wellbeing. To address these linked issues, HIHIA recommends that work should be commissioned to achieve 'Improved family functioning and resilience in children and young people'.

- Infant Feeding

West Lothian continues to have low rates of breastfeeding. It has completed the initial stages of UNICEF Baby Friendly in the Community accreditation and this work is led by an Infant Feeding Advisor, funded by HIF. HIHIA recommends that this work should continue but that in addition there is a need for further work to enhance community and family support for breastfeeding mothers.

- Preventative interventions to promote healthy weight in children and young people

The prevention of obesity requires work to improve nutrition, reduce nutritional inequalities, and also to increase physical activity. These require partnership work as well as delivery of specific interventions and both will continue to be areas of focus for HIHIA. HIHIA recommends that work be commissioned to address nutritional inequalities and, separately, to increase physical activity. Both of these should focus on children and young people. The work on nutrition and nutritional inequalities should encompass community support for breastfeeding mothers as noted above.

- Income maximization

Poverty is well recognized as a fundamental cause of poor mental and physical health. Welfare advice services can demonstrate good evidence of financial gains to people using them, which is very likely to bring wider benefits to their health. Currently welfare advice services are provided in several healthcare settings in West Lothian and there is work to agree a strategic approach to avoid duplication and ensure these are best located in relation to need.

- Community led health

A recent review identified a need to increase community capacity in West Lothian by funding community led health work. In discussion, HIHIA considered that work towards the above outcomes could best be met by work that explicitly adopts a community led health approach. In addition, HIHIA will continue to explore how to encourage and support community led health approaches within West Lothian.

C.6 Health Improvement Fund recommendations

HIHIA has been asked to provide recommendations to NHS Lothian for the next round of NHS Lothian Health Improvement Funding, from April 2018 to March 2021.

The overall priorities that were set for this funding are:

- Early years support and early interventions for children and young people
- Social capital and community capacity building.

There will be a total of £213,268 available for West Lothian projects from April 2018. The responsibility for the funding sits with the NHS Lothian HIF Oversight Group but it has asked heath improvement partnerships to recommend the priority activities and outcomes for the next round of projects. Projects will be commissioned to meet the agreed outcomes with support from NHS Lothian Procurement.

Based on the above considerations, HIHIA has recommended the following investment priorities for the Health Improvement Fund in West Lothian. These are directed towards the health improvement priorities discussed above.

Outcome	Activity	Maximum allocation
Improved family functioning and resilience in children and young people	Delivery of programme of activities to meet this outcome using a community led health approach– to be commissioned	51,000
Improved infant feeding knowledge and practice	Funding of the Infant Feeding Advisor post	30,000
Improved nutrition and reduced nutritional inequalities particularly for children and young people	Delivery of programme of activities to meet this outcome, including work to increase community support for breastfeeding mothers, using a community led health approach– to be commissioned	51,000
Increased physical activity in children and young people	Delivery of programme of activities to meet this outcome using a community led health approach– to be commissioned	51,000
Income maximisation for individuals and families with low financial resources	Delivery of welfare advice service in selected GP practices – to be commissioned	30,000
TOTAL		**£213,000**

D CONSULTATION

Members of the Alliance were asked to consult with a range of colleagues and opportunistically at other meetings they attended, by asking the following three questions:

1. What are the key issues and assets that affect health in WL?
2. What are the gaps in health improvement work?
3. Which determinants should we focus on in order to make biggest difference to health?

In this way, feedback was obtained from members of the Strategic Planning Group, the Whitburn Regeneration Action Group, the Early Intervention and Prevention Working Group and West Lothian Tobacco Free group. In addition, the working group drew on feedback from attendees of the Health and Social Care Partnership Localities Development day that was held in June 2016.

E REFERENCES/BACKGROUND

Scottish Government Health and Social Care Delivery Plan:
http://www.gov.scot/Publications/2016/12/4275

F APPENDICES

APPENDIX 1: PRIORITIES FOR HEALTH IMPROVEMENT IN WEST LOTHIAN

G SUMMARY OF IMPLICATIONS

Equality/Health	HIHIA will carry out an Integrated Impact Assessment on its new work programme. All HIF projects are required to have an Integrated Impact Assessment of their action plans before Service Level Agreements are approved.
National Health and Wellbeing Outcomes	The Health Improvement and Health Inequalities Alliance contributes to the following national outcomes: We live longer, healthier lives We have tackled the significant inequalities in Scottish society Our children have the best start in life and are ready to succeed
Strategic Plan Outcomes	The Health Improvement and Health Inequalities Alliance contributes to the following outcome in the Strategic Plan: People are able to look after and improve their own health and wellbeing and live in good health for longer
Single Outcome Agreement	The Health Improvement and Health Inequalities Alliance contributes to the following outcomes in the SOA/LOIP: We live longer, healthier lives and have reduced health inequalities. Our children have the best start in life and are ready to succeed
Impact on other Lothian IJBs	None
Resource/Finance	The resource implications include £213,268 of HIF funding, and staff time to develop and implement a revised work programme for the Alliance.
Policy/Legal	Commissioning of HIF projects will be supported by NHS Lothian Procurement staff and meet the requirements of the Procurement Reform Scotland Act 2014.
Risk	The main risk is of destabilising the current successful health improvement programmes – either those directly funded by HIF or those that work in partnership with these. Several staff funded by HIF are employed within the Health Improvement Team on fixed term contracts.

H CONTACT

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0131 465 5437
29 May 2017

PRIORITIES FOR HEALTH IMPROVEMENT IN WEST LOTHIAN

HEALTH IMPROVEMENT AND HEALTH INEQUALITIES ALLIANCE, APRIL 2017

INTRODUCTION

The West Lothian Health Improvement and Health Inequalities Alliance [HIHIA] is a Partnership Group that aims 'to improve the health and well-being of those who live and work in West Lothian and to address health inequalities between those with the best health outcomes and those with the poorest health outcomes'.

The role of HIHIA, as defined in its Terms of Reference, is given in Appendix 1. HIHIA currently oversees action plans for the following areas of work:

- Eatright
- West Lothian on the Move
- Tobacco
- Children and Young People's health and wellbeing (also reports to the Children's Strategic Planning Group)
- Health in Later Life

In addition, in recognition of the important impact on health of wider work within the Community Planning Partnership, the Alliance also provides input to other policy areas as appropriate.

The Alliance does not oversee work relating to drugs or alcohol, as these have been addressed by the alcohol and drugs partnership (ADP), although the ADP is currently not meeting.

HIHIA makes recommendations to NHS Lothian on the West Lothian funding identified within the NHS Lothian Health Improvement Fund (HIF). NHS Lothian is reviewing priorities for the Health Improvement fund and has asked each of the Lothian Health Improvement Partnerships to identify priorities for their area. These should reflect the overall priorities for HIF, which are:

- Early years support and early interventions for children and young people
- Social capital and community capacity building.

This report has been agreed by HIHIA members in order both to outline priorities for the future work of the Alliance, and more specifically to inform future funding priorities for HIF.

METHODS

This report summarises information drawn from a range of sources:

- Relevant reports about the West Lothian context
- Routine data on health and health determinants in West Lothian
- Consultation with members of other groups in West Lothian
- A development session involving members of the working group

Reports and data sources

The group reviewed information from available reports and data profiles including:

- West Lothian single outcome agreement
- West Lothian Community Planning Strategic Needs Assessment
- West Lothian regeneration framework
- West Lothian "Better Off" Anti Poverty Strategy
- West Lothian Ward Profiles
- West Lothian Economic Profile
- West Lothian Community health profile
- West Lothian Health and Wellbeing Profiles – key indicators and overview
- The role of the third sector in supporting community development for health – a scoping exercise in West Lothian
- Findings of Early Intervention and Prevention Needs Assessment

Consultation

The group used three questions to identify views on the priority health improvement issues in West Lothian. The questions were:

1. What are the key issues and assets that affect health in WL?
2. What are the gaps in health improvement work?
3. Which determinants should we focus on in order to make biggest difference to health?

HIHIA members considered these questions themselves at a HIHIA meeting in December 2016 and then members of the Alliance were asked to use them opportunistically at other meetings they attended. In this way, feedback was obtained from members of the West Lothian Strategic Planning Group, the Whitburn Regeneration Action Group, the Early Intervention and Prevention Working Group and West Lothian Tobacco Free group. In addition, the working group drew on feedback from attendees of a Health and Social Care Partnership Localities Development day that was held in June 2016.

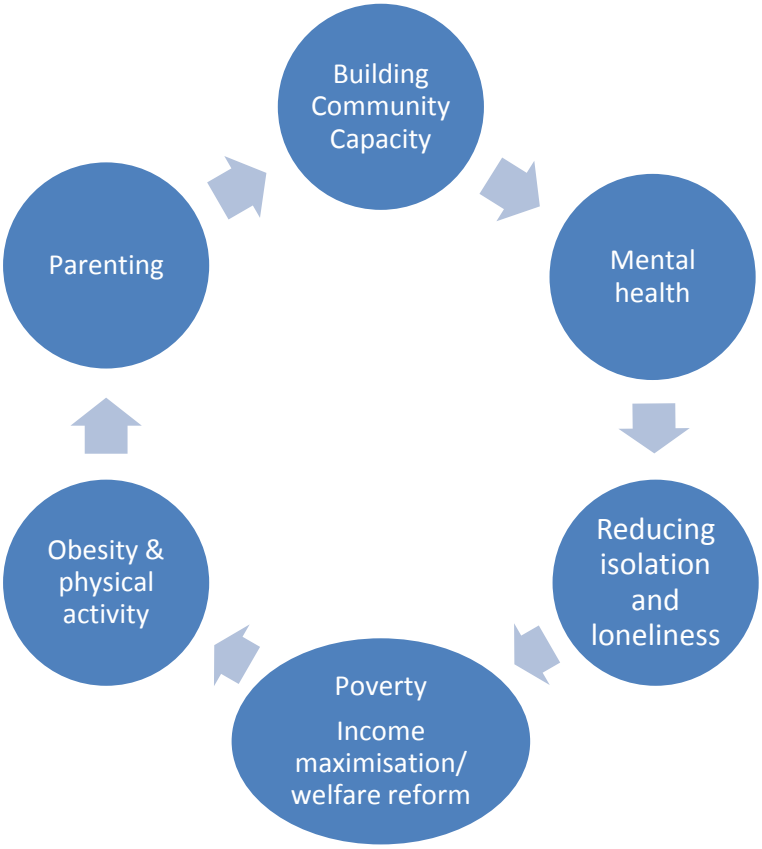
Identifying priorities

The working group held a development session in February 2017. The group reviewed available feedback and considered:

- Our evidence base and what it tells us about the health and wellbeing of the people of West Lothian.
- What works/strengths/assets we can build on/enhance with in West Lothian?

- Gaps/deficits in West Lothian and how do we know?
- Specific groups who may require extra support to achieve better health outcomes.

This generated a list of potential priorities for future health improvement activity, which were refined then circulated to all HIHIA members for further comment. The potential priorities are shown in the diagram below. It is worth noting that development session participants felt that the areas of priority are inter-linked.



These priorities and the other evidence here were then considered at a HIHIA meeting in March 2017 to agree the priority outcomes outlined at the end of this report.

THE WEST LOTHIAN CONTEXT

The population, environment and economy of West Lothian have been changing rapidly in recent years.

The total population of West Lothian has been increasing steadily and was estimated to be 178,550 in 2015. Currently West Lothian has the youngest population in Scotland, but this means that it is now aging more rapidly than most areas of Scotland. It is estimated that between 2012 and 2037 there will be:

- 89.9% increase in the over 65 population in West Lothian.
- 140.2% increase in the over 75 population.
- A decrease in the working age population in West Lothian. The 25-49 age group will decrease by 3.6% while the 50-64 age group will decrease by 8.3%.

In the East of West Lothian, over 50,000 people live in the new town of Livingston. In the West many settlements are former coal mining towns with strong community identities. Recent house building has brought new residents to many of these towns. There are also smaller rural villages and two thirds of the land is agricultural. About 44% of workers living in West Lothian commute out of the area to work and 64% of adults commute to work by car.

In 2014, 67% of West Lothian households were owner occupied compared with 60% in Scotland overall. The social rented sector was 22% compared with 24% for Scotland. The private rented sector has been increasing across Scotland and in West Lothian increased from 1% of households in 1999 to 10% in 2014, though this is still less than the Scottish average of 14% in that year.

The number of households in West Lothian is projected to increase from 73,847 in 2012 to 84,500 in 2037, an increase of 17%. West Lothian already has a high proportion of households with children and this is projected to continue. The proportion of single person households in West Lothian is below the Scotland average but is projected to be more than a third of all households by 2037. This may imply a large number of people at risk of social isolation.

West Lothian is less affluent than many other parts of Lothian and has a higher proportion of people living in the 20% most deprived areas in Scotland. The average gross annual salary for jobs located in West Lothian is slightly lower than the Scottish average, although this gap has been narrowing. The Local Regeneration Framework seeks to target resources to the communities with the highest needs, while recognising the need for broader action as about half of the people with high levels of need live outside these areas. Better Off, the West Lothian Anti-Poverty strategy, aims to minimise the impact of poverty across West Lothian, particularly given the impact of recent recession and welfare reform. These strategies are important for health because the health of the West Lothian population closely reflects the social and economic circumstances of residents.

HEALTH IN WEST LOTHIAN

Life expectancy has increased steadily in the last ten years in West Lothian. In 2013, life expectancy in West Lothian was 77 years for males and 80 years for females. This is the lowest life expectancy in Lothian for both sexes and below the Scotland average life expectancy for females.

The West Lothian Health and Wellbeing profile identifies the following indicators for which West Lothian differs significantly from the Scotland average, to suggest possible priorities for improvement:

- Active travel to work – 10% in West Lothian compared with 16% in Scotland.
- Babies exclusively breastfed at 6–8 weeks - 24%, compared with 27% in Scotland.
- Mothers smoking in pregnancy – 22%, compared with 19% in Scotland.
- Psychiatric hospitalisation – 341 per 100,000 people compared with 292 per 100,000 in Scotland.
- Young people not in employment, education or training – 8% compared with 7% for Scotland.
- Older people (65+) with multiple emergency hospitalisations – 5,945 per 100,000 people, compared with 5,159 per 100,000 for Scotland.

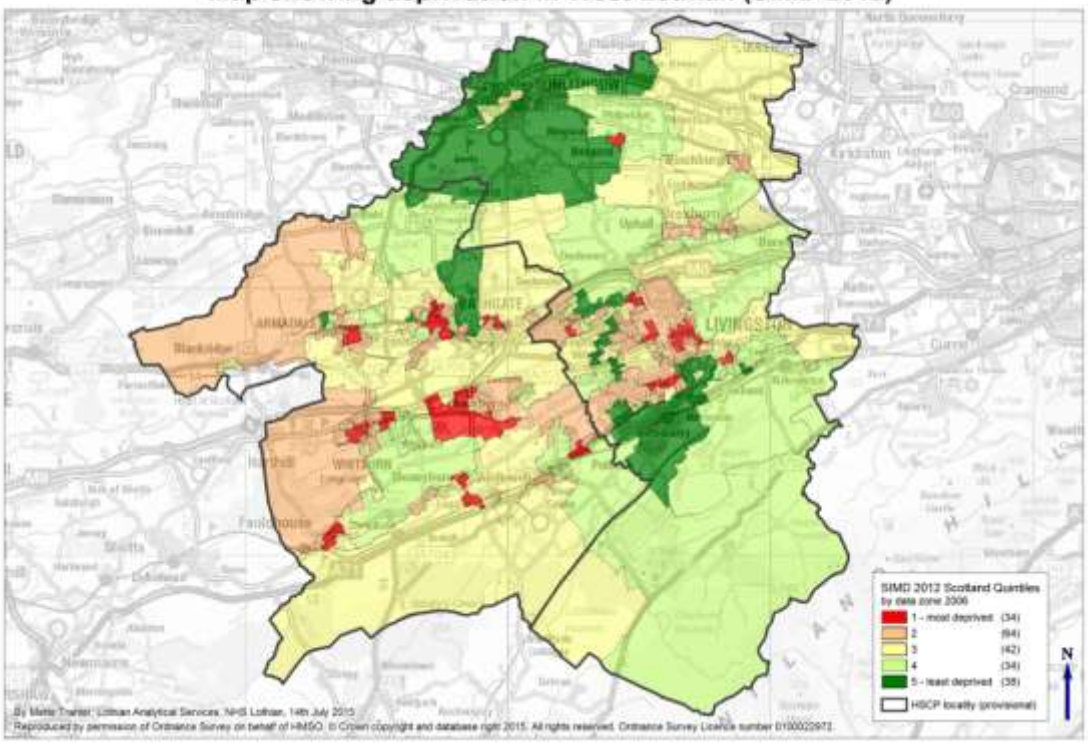
Inequalities

There are differences in life expectancy which reflect wider inequalities across the area. Life expectancy is 74.1 years for men living in the 20% most deprived areas in West Lothian but 80.4 years for men living in the 20% least deprived areas in West Lothian. The equivalent figures for women are 78.5 years and 82.7 years. For nearly all health indicators there is a gradient showing better health with increased affluence.

Mortality rates until recently were significantly higher in the West locality of West Lothian, but the rates have been converging. This may reflect differences in population as newer populations move into communities that have previously experienced poor relatively poor health.

Health inequalities reflect social circumstances and the underlying distribution of power and resources in the population. To address 'health' inequalities it is as important to tackle major non-medical causes of ill health, like social isolation, homelessness and poverty as it is to tackle individual behaviours and clinical risk factors. This means that making links between health outcomes and work in diverse policy areas such as planning, housing, education, transport, employability, sport and leisure is important to improve health of the people most likely to suffer poor health.

Map showing deprivation in West Lothian (SIMD 2012)



CURRENT HEALTH IMPROVEMENT ACTIVITY IN WEST LOTHIAN

West Lothian has an aging population and this will increase future demands on health and social care services, which are already recognised to be under pressure. This reinforces the need to invest in interventions that can promote positive wellbeing and prevent future ill health.

The working group attempted to map the current activity in West Lothian that is 'badged' as health improvement and specifically funded as such. In doing so, the group recognised that a wide range of activities and services can have a positive impact on health and it can be difficult to define and separate out 'health improvement' activity.

There are several clinical services that work with individuals to address and prevent risk factors for future disease rather than (or as well as) treating current illness. These include, among others, smoking cessation, immunisation, provision of contraception, routine dental care, child and adult weight management, antenatal care, health visiting services. These preventative services are very important and should be supported, but a full mapping of these is beyond the scope of this report.

Other mainstream public services such as education, early years services, social work, criminal justice, community learning and development, housing and leisure are all important to promote good health and prevent ill health. The previous section identified the contextual issues that affect health of people in West Lothian. As noted, as well as delivering specific interventions and programmes it is important to work with other policy areas to try to ensure that wherever possible the physical, social and economic environments all promote good health.

The third sector can also play an important role in health improvement. There are approximately 600 groups and organisations within the third sector in West Lothian. The strength of the third sector is their flexibility to be able to react to the changing needs of the communities they work with. They often have strong links and relationships with local people and staff work hard to foster good relationships which allow them to be seen as part of the community. A scoping review of community led health in West Lothian found relatively few organisations that considered their work to be focused on health improvement. But although third sector organisations might not define their work explicitly as health improvement, they often support health and well being by connecting people and building community capacity. Given current pressures on the public sector, more joined up working between the third sector and public sector can be a way to support local communities to take control of and improve their own health.

The table shows only activities that are 'badged' as health improvement in West Lothian. Activities that are not funded beyond April 2017 have been excluded from this table. Most, but not all, of these activities fit the definition of health improvement below which is used for HIF funded projects:

"The main function of health improvement is to find ways of preventing ill-health, protecting good health and promoting better health – this is closely linked to quality of life and the concept of well being. This is achieved by working with local communities and organisations across public, private and voluntary sectors to address the personal, socio-economic and cultural factors that influence the health of each person. Relevant interventions are at the level of group, (inter) organisation, community, whole population and systems. This should be distinguished from clinical interventions that treat individual patients".

Table: 'Badged' health improvement activities and services in West Lothian, 2017

	Activity	**Funding source**
	Health Improvement Team Manager	WLC/IJB
Community led health	Health Issues in the Community programme	WLC/ IJB
Food and health	Food & health development officer	NHS Lothian - HIF
	'Get Cooking' programme	WLC/ IJB
	School Food programme	NHS Lothian - HIF
Physical activity	WL On the Move development officer	NHS Lothian - HIF
	Put Your West Foot Forward programme	NHS Lothian - HIF
	Buddy walks programme	NHS Lothian - HIF
	Ageing Well programme	NHS Lothian
Mental health	Mental Wellbeing Development Officer	WLC/IJB
Child health	Children and Young People team	WLC
	Child Safety equipment	NHS Lothian - HIF
	Infant Feeding programme	HIF/ NHS Lothian
	Sure Start	WLC
Tobacco	WLDAS Young People and tobacco programme	NHS Lothian
Income maximisation	CAB service in 5 General Practices	NHS Lothian - HIF
Generic (current focus on child health)	Senior Health Promotion Specialist	NHS Lothian

(As noted above, the table does not include clinical preventative services or services relating to drugs or alcohol.)

The table shows that there are several different sources of funding for these activities. NHS Lothian is currently reviewing priorities for HIF funding and has asked HIHIA to make recommendations regarding the activities to fund using HIF in West Lothian. The recommendations need to take account of the impact of ceasing any of the current HIF funded activity, and ensure HIF funded activity complements but does not duplicate activities that are funded from other sources.

In addition to these activities, which are all specific to West Lothian, there are several NHS Lothian Senior Health Promotion Specialists, each of whom works across Lothian on a specialist topic. Among others, they deliver programmes for: Food and Health; Physical Activity; Sexual Health; Children and Young People; Tobacco prevention; Prison Health; Capacity building programme and others.

PRIORITIES FOR FUTURE HEALTH IMPROVEMENT ACTIVITY IN WEST LOTHIAN

The group developed the priorities detailed below based on consultation feedback and taking into account the other evidence detailed in this document. This section outlines very briefly why the group identified each of these as a priority, suggests some of the kinds of interventions needed to address them, and specifies recommended outcomes to be sought from the interventions to be funded from HIF. In each case, the specific interventions funded by HIF need to be part of an overall programme of work involving other partners to make a broader impact.

Family Engagement

There is growing evidence that childhood experiences – positive or negative – have long lasting effects on both physical and mental health throughout life. The consultations highlighted particular concern about young people's mental health and wellbeing in West Lothian, with significant pressures on mental health services for young people. Poor mental health among children and young people can also have long term impacts on their educational attainment, health related behaviours, economic and health outcomes throughout their lives.

Mental wellbeing, for both children and adults, is promoted by positive factors including positive and supportive social connections, adequate sleep, exposure to greenspace, and physical activity. Stressors that can damage mental wellbeing include social and economic exclusion, trauma, poor environmental conditions. Children's physical and mental health are strongly affected by family relationships, parental health, household adversity, and the availability and quality of support to parents/carers.

Societal and community level actions are needed to address many of these issues, and this requires wider partnership work. The group recognised support for parents/carers as a priority to underpin healthy attachments and provide parents/carers with skills that foster positive mental and physical health. There was concern not to duplicate other programmes including those delivered by the Children and Young People team in Social Policy.

Outcome: Improved family functioning and resilience in children and young people.

Activity to fund: Delivery of a commissioned programme of activities to meet this outcome using a community led approach for parents/carers to foster healthy attachments, good relationships, home activities, play and respectful communication in families from an early stage.

Infant Feeding

There is ample evidence of the benefits of breastfeeding to both the baby and the mother. The group felt this should continue to be a priority area because West Lothian's breastfeeding rate remains stubbornly low compared to the Scottish average, and there are evidence-based interventions, which are being implemented but need continued support to have an impact. There is also growing awareness of the importance of optimal maternal nutrition, with particular concern about maternal obesity.

Breastfeeding is influenced by the quality of support available to mothers, practical issues such as return to work and workplace policies, the attitudes of their partners and other family members, wider cultural attitudes and marketing activities of formula manufacturers. A long term programme

of work is needed at national and local levels to address all of these issues. There is a national programme to improve Maternal and Infant Nutrition, which in West Lothian is led by an Infant Feeding Adviser funded by HIF. This work programme has been focusing on obtaining UNICEF Baby Friendly Accreditation, which was achieved during 2016.

The group felt it is important to maintain the existing work to ensure high quality professional and peer support for women and to strengthen this by identifying ways to engage with relatives and partners. There was a suggestion the current post should be funded by mainstream NHS funding rather than HIF.

Outcome: Improved infant feeding knowledge and practice.

Activity to fund: Continued provision of an infant feeding advisor post in West Lothian

Preventative interventions to promote healthy weight

The consultations highlighted concern about the rising prevalence of obesity in West Lothian. Obesity is associated with an increased risk of a range of health conditions and increased mortality. It is now well recognised that the causes of the increase in obesity relate to an 'obesogenic environment'. Features of the obesogenic environment include car dominant modes of transport with reduced daily physical activity and over-supply and marketing of foods that are high in calories but often low in other nutrients.

The prevention of obesity needs to include both actions that increase levels of physical activity and actions that support healthier nutrition. There are of course many other health benefits from increased physical activity and better nutrition.

Physical activity brings numerous benefits to physical and mental health. The greatest benefits are experienced by people who were previously inactive. A recent Scottish review identifies three priority interventions to increase population physical activity: 'Whole-of-school' programmes, advice on physical activity within healthcare; transport systems that prioritise active travel. In West Lothian the On the Move programme is funded by HIF and includes a development officer, and officers who coordinate the Keep Your West Foot Forward programme of walking groups and Buddy Walks. They also work closely with the Active Travel coordinator.

An adequate, balanced diet is a necessity for good health. Many people in Scotland eat a diet that is low in fruit and vegetables but rich in high-energy processed foods. Nutritional inequalities contribute to health inequalities – not least because the cost of eating a healthy diet is greater than the cost of eating a less healthy diet. Food poverty and food insecurity are increasing, with adverse effects on health. Food consumption is driven by food production and marketing as much as individual choices. At national level there is work with food industry seeking to formulate healthier products. In West Lothian the eatright programme is funded by HIF and includes the eatright development officer and a school food development officer.

Outcome 1: Improved nutrition and reduced nutritional inequalities particularly for children and young people.

Activity to fund: Delivery of a commissioned programme of activities to meet this outcome, including work to increase community support for breastfeeding mothers, reduce maternal obesity and support good family nutrition using a community led health approach.

Outcome 2: Increase physical activity in children and young people.

Activity to fund: Delivery of a commissioned programme of activities to meet this outcome using a community led health approach.

Income maximisation

The group recognised this as a priority because of the very strong links between poverty and poor health. West Lothian has several areas with relatively high numbers of people with low incomes. Much of the actions to address that sit within the Anti-Poverty Strategy and in Regeneration Plans. It is important that any other activities supported by HIHIA complement these.

There is growing evidence of the benefits of co-locating welfare advice services in healthcare settings. This is less stigmatising, enables the services to reach people in need, and can reduce some of the pressures on general practices. In West Lothian five general practice locations have co-located advice sessions, funded by HIF. The service can demonstrate high financial returns for the patients who use them. A needs assessment of welfare advice in NHS settings has identified priority locations to deliver these services, recognising the need for a strategic approach to make the best use of all advice services across West Lothian. A report outlining this approach is being developed to go to both the Anti-Poverty Strategy and the IJB.

The group recommended that this service should continue to be supported by HIF and that HIHIA should work closely with the Anti-Poverty Strategy to ensure it complements other services and targets the practices with high levels of need. There was however a suggestion that some of this may be delivered by re-locating some of the mainstream work of advice providers.

Outcome: Income maximisation for individuals and families with low financial resources..

Activity to fund: Delivery of commissioned Welfare Advice Services in selected general practice locations.

Social capital and reduced isolation

In West Lothian the projected increase in single person households, influxes of new populations into existing communities and pressures on public servcies all suggest that developing community capacity and social capital should be a priority.

Research studies consistently support a strong association between social capital and both mental and physical health. Communities with high level of social participation and cohesion have higher individual and collective resilience as well as general wellbeing. This can be supported by community led health activities, which are designed to foster strong local ownership. These activities use a community development approach to engage with local people, and other agencies, and increase the capacity of the community to respond to their own issues and priorities.

In West Lothian for many years there has been Health Issues in the Community training for community activists. There are over 600 voluntary sector organisations although few of these identify themselves as having a specific health improvement role. The group identified a need to increase community capacity in West Lothian and agreed that several of the priorities above should be delivered using a community led health approach. This was felt more appropriate than providing more generic funding for community led health. The group also recognised the important role of the Voluntary Sector Gateway to support this approach more widely.

Appendix 1: **Role of the Health Improvement and Health Inequalities Alliance**

The role of the HIHIA is to:

- Develop a coordinated approach and vision for the delivery and planning of health improvement activities in West Lothian;
- Monitor the plans developed by each of the sub-groups to take forward the vision of the HIHIA;
- Ensure that progress towards achieving key outcomes is monitored and reported through the Community Planning process;
- Act as a conduit between community planning partnership and operational activity;
- Identify cross cutting issues across the sub-groups and develop integrated multi-agency solutions;
- Set up and oversee short-life working groups to address specific strands of work which will contribute to agreed Community Planning Partnership outcomes;
- Act as a key consultative group for major policy development with a strong focus on influencing strategic plans across the Community Planning Partnership;
- Develop processes which maintain a regular and effective means of communication between partnerships;
- Promote joint staff training and development.

West Lothian Integration Joint Board

Date: 27 June 2017

Agenda Item: 15

AUDIT SCOTLAND REPORT - SOCIAL WORK IN SCOTLAND

REPORT BY HEAD OF SOCIAL POLICY

A PURPOSE OF REPORT

The purpose of this report is to advise the Board on the West Lothian position with regards to the recommendations resulting from the Audit Scotland report on the national audit of social work published in September 2016.

B RECOMMENDATION

It is recommended that the Board notes the recommendations made by Audit Scotland and the West Lothian position.

C TERMS OF REPORT

Background

As reported to the Integration Joint Board Audit and Risk Committee on 6th January 2017 the audit was carried out to examine how effectively councils are planning to address financial and demographic pressures facing social work in Scotland. In particular to determine the extent of the financial and demographic pressures, the strategies councils are utilising to address the pressures, the effectiveness of current governance arrangements and how councils are involving service users and carers in service planning.

The report found a number of key challenges:

- Council budgets have fallen by 11% in real terms since 2010/11. Whilst social work budgets have increased slightly since 2010/11, this is not sufficient to meet increased demand. Audit Scotland has estimated that spending will require to increase by around 16- 21% to 2020 to meet demand should councils and Integration Joint Boards (IJBs) continue to provide services in the same way.

- Current models of social work and social care are not sustainable. Fundamental decisions need to be made nationally and locally about new delivery models. Attention needs to be given to increasing community capacity.

- Whilst the integration of health and social care has made governance arrangements more complex, councils retain responsibility in relation to statutory social work services.

- With integration and other policy and legislative changes, the role of the Chief Social Work Officer (CSWO) has become more complex and challenging. CSWOs need to have the status and capacity to fulfil statutory duties effectively.

Recommendations

The report made a range of recommendations that covered the following areas:

- Social work strategy and service planning – transformative change in how services are delivered and funded is required.

- Governance and scrutiny arrangements – there should be in place robust governance arrangements that can measure and report on the efficiency and effectiveness of service delivery.

- Workforce – there should be a national, coordinated approach to addressing workforce issues.

- Service efficiency and effectiveness – to take a robust approach to disinvestment and to undertake a review of national eligibility criteria.

West Lothian position - summary

Whilst West Lothian is significantly affected by financial and demographic challenges, the council benefits from its long-term financial management strategy. The West Lothian IJB has adopted a robust strategic commissioning approach which incorporates a number of key service redesign programmes aimed at transforming the way we deliver services across whole systems and is developing new approaches aimed at increasing community capacity.

It should also be note that the role of the CSWO is well defined and supported in West Lothian, and is linked effectively into council and partnership governance arrangements

A more detailed overview of the West Lothian position with regards to the recommendations made in the report by Audit Scotland is provided in Appendix 1.

CONCLUSION

The Audit Scotland Report – Social Work in Scotland highlighted the need for transformative measures to be developed and implemented to address the challenges and complexities that lie ahead for social work and social care in Scotland and it is acknowledged that the recommendations are extremely challenging to achieve both locally and nationally.

D CONSULTATION

None

E REFERENCES/BACKGROUND

None

F APPENDICES

Appendix 1: Overview of Recommendations and West Lothian Position
Appendix 2: Social Work in Scotland, Audit Scotland, September 2016

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	n/a
Strategic Plan Outcomes	n/a
Single Outcome Agreement	– People most at risk are protected and supported to achieve improved life chances – Older people are able to live independently in the community with an improved quality of life – We live longer, healthier lives and have reduced health inequalities
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	The report references the key legislative and policy drivers for social work and social care services in Scotland.
Risk	None

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27th June 2017

Health and social care series

Social work in Scotland

ACCOUNTS COMMISSION

Prepared by Audit Scotland
September 2016

The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about/ac

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

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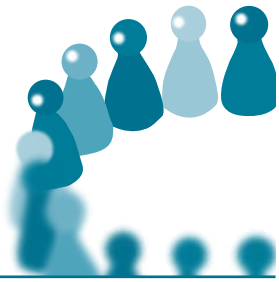

These quote mark icons appear throughout this report and represent quotes from interested parties.

Links

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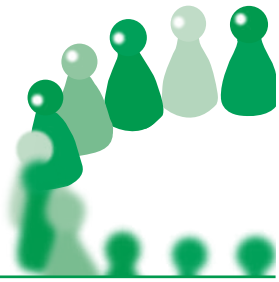
Key facts



Estimated annual value of the contribution of 788,000 unpaid carers

£10.8 billion

17,400 children are looked after or are on the child protection register

Councils spend £3.1 billion on social work services a year

£3.1 billion

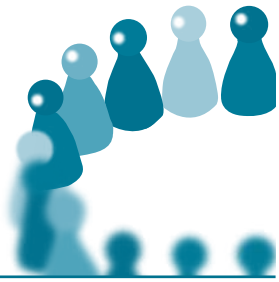
36,000 adults are in care homes and 61,500 people receive homecare

Councils spend £1.6 billion a year on social work services purchased from the third and private sectors

£1.6 billion

200,000 people are employed in social work/care, including 10,000 professional social workers

Summary



Key messages

1 Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

2 Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase).

3 The integration of health and social care has made governance arrangements more complex, but regardless of integration, councils retain statutory responsibilities in relation to social work services. Elected members have important leadership and scrutiny roles in councils. It is essential that elected members assure themselves that service quality is maintained and that risks are managed effectively. Elected members have a key role to play in a wider conversation with the public about service priorities and managing people's expectations of social work and social care services that councils can afford to provide in the future. The Scottish Government also has an important role to play in setting the overall context of the debate.

4 With integration and other changes over recent years, the key role of the chief social work officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively.

current approaches to delivering social work services will not be sustainable in the long term

Key recommendations

Social work strategy and service planning

Councils and IJBs should:

- instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges (paragraph 111)
- work with the Scottish Government, their representative organisation (COSLA or the Scottish Local Government Partnership (SLGP)), Social Work Scotland and other stakeholders to review how to provide social work services for the future and future funding arrangements (paragraphs 35–41)
- develop long-term strategies for the services funded by social work by:
  - carrying out a detailed analysis of demographic change and the contribution preventative approaches can make to reduce demand for services (paragraph 52)
  - developing long-term financial and workforce plans (paragraph 81)
  - working with people who use services, carers and service providers to design and provide services around the needs of individuals (paragraphs 69–72)
  - working more closely with local communities to build their capacity so they can better support local people who may be at risk of needing to use services (paragraph 112)
  - considering examples of innovative practice from across Scotland and beyond (paragraphs 54, 67–68)
  - working with the NHS and Scottish Government to review how to better synchronise partners' budget-setting arrangements to support these strategies (paragraph 36).

Governance and scrutiny arrangements

Councils and IJBs should:

- ensure that the governance and scrutiny of social work services are appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change (paragraphs 87– 93)
- improve accountability by having processes in place to:
  - measure the outcomes of services, for example in criminal justice services, and their success rates in supporting individuals' efforts to desist from offending through their social inclusion
  - monitor the efficiency and effectiveness of services

  - allow elected members to assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively
  - measure people's satisfaction with those services
  - report the findings to elected members and the IJB (paragraph 90, 108–109).

Councils should:

- demonstrate clear access for, and reporting to, the council by the CSWO, in line with guidance (paragraphs 104–106)
- ensure the CSWO has sufficient time and authority to enable them to fulfil the role effectively (paragraphs 102–107)
- ensure that CSWO annual reports provide an annual summary of the performance of the social work service, highlighting achievements and weaker areas of service delivery, setting out the council's response and plans to improve weaker areas and that these are actively scrutinised by elected members (paragraphs 108–110).

Workforce

Councils should:

- work with their representative organisation (COSLA or the SLGP), the Scottish Government and private and third sector employers to put in place a coordinated approach to resolve workforce issues in social care (paragraphs 21–23)
- as part of their contract monitoring arrangements, ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised (paragraph 24).

Service efficiency and effectiveness

Councils and IJBs should:

- when planning an initiative, include evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money (paragraphs 53–53)
- work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of recent policy and legislative changes (paragraphs 46–47)

Councils should:

- benchmark their services against those provided by other councils and providers within the UK and overseas to encourage innovation and improve services (paragraphs 54, 67–68).

Introduction

1. Scottish councils' social work departments provide and fund essential support to some of the most vulnerable people in society. They supported and protected over 300,000 people in 2014/15, around 70 per cent of whom were aged 65 and over.[1] Social work departments also provide and fund social care, for example care at home for older people who require help with dressing and taking medication. People supported by social work and social care in Scotland in 2014/15 included:

- 15,404 looked-after children (LAC), that is children in the care of their local authority
- 2,751 children on the child protection register, a list of children who may be at risk of harm[2]
- 61,500 people who received homecare services[3]
- 36,000 adults in care homes.[4]

2. In 2014/15, councils' net expenditure on social work was £3.1 billion.[5] Net spending is total spending less income, for example from charges for services. Just over 200,000 people work in social work and social care, around one in 13 people in employment in Scotland.[6] Many are employed in the private and third sectors that councils commission to provide services.[7] In addition, the Scottish Government estimates that there are 759,000 unpaid carers aged 16 and over in Scotland, 17 per cent of the adult population, and 29,000 young carers under 16.[8]

3. Social work services have recently been reorganised. The Public Bodies (Joint Working) (Scotland) Act 2014 requires councils and NHS boards to create an integration authority to be responsible for the strategic planning of adult social care services, some health services and other functions delegated to it. It is also responsible for ensuring the delivery of those functions. The Integration Joint Board (IJB) also has an operational role as described in the locally agreed operational arrangements set out within their integration scheme. The Act also allows councils to integrate children's and families' services and criminal justice social work.

4. Councils delegate their responsibility for strategic planning of adult social services, and any other services they have decided to include, to the integration authority. All council areas, apart from Highland, have created an IJB to plan and commission integrated health and social care services in their areas. The voting membership of IJBs comprise equal numbers of council elected members and NHS board non-executive directors. Our recent report *Health and social care integration* includes a description of the integration arrangements in each council area.[9]

5. The Scottish Government sets the legislative basis and the overall strategic framework for the delivery of social work. Its overall vision is 'a socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement'.[10] The Scottish Government also sets the key outcomes that councils' social work services are expected to contribute to achieving, for example 'Our people are able to maintain their independence as they get older and are able to access appropriate support

when they need it.' This report focuses on councils' social work services, but recognises the role of the Scottish Government in setting the overall context in which councils operate.[11]

About the audit

6. The overall aim of the audit was to examine how effectively councils are planning to address the financial and demographic pressures facing social work. The objectives were to assess:

- the scale of the financial and demand pressures facing social work
- the strategies councils are adopting to meet these challenges
- the effectiveness of governance arrangements, including how elected members lead and oversee social work services
- the impact of financial and demand pressures on people who use services and on carers, and how councils involve them in planning how services are provided.

7. Social work comprises a wide range of services, and we have not covered all of them in this report. We also did not examine health and social care integration arrangements, which will be the subject of separate audit work, but we did consider their impact on councils' financial, operational and governance arrangements. Our methodology included:

- fieldwork interviews with elected members, senior managers and social workers in six council areas, Midlothian, East Renfrewshire, Comhairle nan Eilean Siar, Glasgow City, Perth and Kinross and West Lothian
- meetings and focus groups with stakeholders, including:
  - 33 focus groups and 12 interviews with service users and carers (165 participants)
  - four focus groups with service providers (over 40 participants)
  - attending the Coalition of Carers in Scotland Annual General Meeting
- desk research, including analysing both the impact of legislation and policy, and financial and demographic data.

8. Our audit took into account the findings of previous audits including:

- *Commissioning social care* (March 2012)
- *Reshaping care for older people* (February 2014)
- *Self-directed support* (June 2014)
- *Health and social care integration* (December 2015)
- *Changing models of health and social care* (March 2016)

In addition, we are planning further audit work on health and social care integration and following up our report on self-directed support.

9. We have produced four supplements to accompany this report:

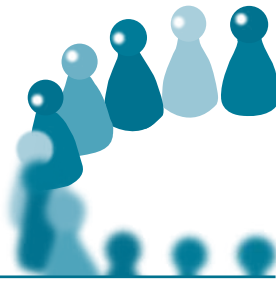
- Supplement 1 presents the findings of our survey of service users and carers.
- Supplement 2 lists advisory group members, who gave advice and feedback at important stages of the audit. It also describes the detailed audit methodology, the roles and responsibilities of the key social work organisations and social work legislation.
- Supplement 3 describes the governance and scrutiny arrangements in each of our fieldwork councils, providing an illustration of the variety and complexity of arrangements across Scotland.
- Supplement 4 is a self-assessment checklist for elected members.

10. This report has three parts:

- Part 1 Challenges facing social work services.
- Part 2 Strategies to address the challenges.
- Part 3 Social work governance and scrutiny arrangements.

Part 1

Challenges facing social work services



Key messages

1 Councils' social work departments provide important services to some of the most vulnerable people across Scotland. But they are facing significant challenges. These include financial pressures caused by a real-terms reduction in overall council spending, demographic changes, and the cost of implementing new legislation and policies. We have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase), if councils and IJBs continue to provide services in the same way. Additional funding provided to IJBs via the NHS may partially relieve the financial pressures.

2 Councils are implementing a wide range of legislation and policy changes aimed at improving services, better supporting carers, improving outcomes for people and increasing the wages paid to adult care workers. This has significant financial implications. Councils are also under pressure due to increasing demand associated with demographic changes, particularly people living longer with health and care needs.

3 Since 2010/11, councils' total revenue funding has reduced by 11 per cent in real terms. Social work spending increased by three per cent in real terms over the same period, and now accounts for a third of overall council spending. Further reductions in councils' budgets are an additional pressure on social work services, particularly as their financial commitments continue to increase.

4 Social care providers have difficulty recruiting and retaining suitably qualified staff, particularly homecare staff and nursing staff. However, the number of social workers has increased over recent years.

councils' social work departments provide important services to some of the most vulnerable people across Scotland

Social work is a complex group of services

11. Social work departments provide and fund a wide range of specialist services for children, adults and families, and other specific groups. These services aim to improve the quality of their lives and help people to live more independently (Exhibit 1, page 12). Each of these client groups will include people requiring care, support or protection. For example, through care at home, child protection or helping people overcome addiction. Social workers deal with people with complex problems and with vulnerable people who need support at different

times or sometimes throughout their lives. They often specialise in particular service areas, for example criminal justice, children and families or mental health.

Social work services are implementing a considerable volume of legislation and policy change

12. Since the Scottish Parliament was established, there has been an increase in the volume of legislation related to social work. Councils are currently implementing several important pieces of legislation (Exhibit 2, page 13). This legislation is designed to improve services and the outcomes for people who use them, for example by bringing about increasingly personalised services to meet individuals' needs. However, implementing legislation can increase financial pressures and staff workload in the medium term.

Exhibit 1

Social work and social care services

Social work provides a variety of services to protect and support people in three client groups.

Children's services	Adult services	Criminal Justice services
Support for families	Residential care	Offender services
Child protection	Care at home	Providing social enquiry reports
Adoption services	Day care	Supervision of community payback and unpaid work
Kinship care	Hospital discharge coordination	Supporting families of prisoners
Fostering	Adult support and protection	Supervision of offenders on licence
Child care agencies	Mental health and addiction services	
Looked-after young people	Dementia and Alzheimer's services	
Day care	Supporting people with disabilities	
Residential care	Services to support carers	
Child and adolescent mental health	Provision of Aids and adaptations	
Supporting child refugees	Re-ablement services	
Supporting trafficked children	Supported living	
Support for young people involved in offending behaviour	Supporting refugee families	
Support for children with disabilities and their families	Supporting victims of people trafficking	
	Intermediate care	

Source: Audit Scotland

Exhibit 2

Social work and social care services

Councils are implementing a great deal of legislation, some with significant cost implications.

Legislation	Key features of legislation	Associated costs (from the financial memorandum to the Bills)
Social Care (Self-Directed Support) (Scotland) Act 2013	The Act aims to ensure that adults and children (including carers and young carers) have more choice and control over how their social care needs are met. It stipulates the forms of self directed support (SDS) that councils must offer to those assessed as requiring community care services.	• All local authorities are at different stages in the self-directed support agenda, meaning costs will vary widely.
The Children and Young People (Scotland) Act 2014	The Act makes provisions over a wide range of children's services policy, including 'Getting it Right for Every Child'. It includes: • local authorities and NHS boards having to develop joint children's services plans in cooperation with a range of other service providers • a 'named person' for every child • extending free early learning and childcare from 475 to 600 hours a year for all three and four-year-olds and two-year-olds who have been 'looked after' or have a kinship care residence order • a statutory definition of 'corporate parenting' • increasing the upper age limit for aftercare support from 21 to 26.	Additional annual costs estimated to be: • £78.8 million in 2014/15 • £121.8 million in 2016/17 • £98.0 million in 2019/20 • Cumulative total from 2014-15 to 2019-20 is £595 million.
The Public Bodies (Joint Working) (Scotland) Act 2014	The aim of the Act is to achieve greater integration between health and social care services to improve outcomes for individuals. It also aims to improve efficiency by 'shifting the balance of care' from the expensive acute sector, such as large hospitals, to less expensive community settings. The Scottish Government estimates partnerships should achieve potential efficiencies of £138-£157 million a year by providing support to keep people out of hospital and enabling them to return home as soon as they are well enough.	Costs to health boards and local authorities: • 2014/15: £5.35 million • 2015/16: £5.6 million • 2016/17: £5.6 million.

Cont.

Legislation	Key features of legislation	Associated costs (from the financial memorandum to the Bills)
The Carers (Scotland) Act 2016	The Act aims to improve support to carers by: • changing the definition of a carer so that it covers more people • placing a duty on local authorities to prepare an adult care and support plan or young carer statement for anyone it identifies as a carer, or for any carer who requests one • introducing a duty for local authorities to provide support to carers who are entitled under local criteria • requiring local authorities and NHS boards to involve carers in carers' services • introducing a duty for local authorities to prepare a carers strategy • requiring local authorities to establish and maintain advice and information services for carers.	Estimated additional costs for local authorities are: • £11.3-£12.5 million in 2017/18, rising to £71.8-£83.5 million by 2021/22. • The total estimated impact on councils between 2017/18 and 2022/23 is £245-£289 million.
The Community Justice (Scotland) Act 2016	The Community Justice (Scotland) Bill seeks to establish new arrangements for providing and overseeing community justice. Currently eight community justice authorities (CJAs) bring together a range of agencies to coordinate local services for offenders and their families. They will be abolished and replaced by a model involving national leadership, oversight and support for community justice services by a new body called Community Justice Scotland, funded by, and responsible to, Scottish ministers.	The provisions will have few if any financial implications for local authorities other than during the transitional period.
The UN Convention on the Rights of Persons with Disabilities (UNCRPD) (Scottish framework and delivery plan)	The delivery plan provides a framework to allow people with disabilities to have the same equality and human rights as non-disabled people. It includes legislation, such as Self-Directed Support and the Children and Young People (Scotland) Act 2014. The draft delivery plan groups the UNCRPD articles into four outcomes covering equal and inclusive communication and access to: • the physical and cultural environment, transport and suitable affordable housing • healthcare and support for independent living, with control over the use of funding • education, paid employment and an appropriate income and support whether in or out of work • the justice system.	It is difficult to predict the overall impact in terms of cost, but it may have a significant impact on the way councils deliver services.

Note: Cost information is taken from the financial memorandum that accompanies each Bill.

Source: Audit Scotland

13. In addition to changes in legislation, there have been a number of significant policy developments, some backed by legislation, that require considerable change to the way that social work services are provided. These include:

- Increased personalisation of services – Personalisation of services, for example through self-directed support (SDS), is a major change to the way councils support people with social care needs. The human rights principles of fairness, respect, equality, dignity and autonomy for all form the basis of SDS. Social work professionals need to see people as equal partners in determining their care needs and controlling how they meet their needs. This means they are not limited to choosing from existing services. Social work services may need to move spending away from existing services towards giving people their own budget to spend. This can lead to a reduction in use of some services. However, it can be difficult for councils to withdraw existing underused services because of public and political pressures.

- An increased focus on prevention – The report from the Commission on the Future Delivery of Public Services (the Christie Commission) highlighted the need to transform the way public services are planned and delivered.[12] The report identified prevention, early intervention and providing better outcomes for people and communities as key to this transformation.

- An increased focus on joint working – A series of initiatives over recent years has aimed to encourage a more joined-up approach to health and social care. These include the creation of Local Health Care Cooperatives (LHCCs) in 1999, and their replacement by Community Health Partnerships (CHPs) in 2004. LHCCs and CHPs lacked the authority to redesign services fundamentally.[13] The Public Bodies (Joint Working) (Scotland) Act 2014 aimed to achieve greater integration between health and social care services to improve outcomes for individuals and improve efficiency by 'shifting the balance of care' from the acute sector to community settings.

14. New legislation often has financial consequences and, to allow MSPs to consider the full impact of legislation, a financial memorandum to each Bill sets out the estimated cost of implementation. These are the best available estimates at the time, but have sometimes proved inaccurate. The Scottish Government may fund or partially fund these costs but councils sometimes dispute these estimates and the level of funding required.

15. New legislation can also affect how councils deliver services by creating entitlements to services based on specific criteria. Councils need to respond to these and manage the expectations of people who use services and carers. These entitlements can be based on needs assessments, or on the expected outcomes, or they can create rights to services for particular groups. Transitions are important as entitlements change depending on age. For example:

- Children have the right to specific support that adults may not have. As a result, councils have to be careful in managing the expectations of parents as children reach adulthood.

- People aged over 65 may be entitled to free personal care, but 64-year-olds with similar needs may have to make a financial contribution to their care.

I receive 37 hours of support and seven sleepovers. I get personal care, support with the running of my flat, to shop and support to be involved in the community. They also enable me to attend university.

Service user, physical disabilities

When [grandchild] turned 16 I was told that this Saturday service was going to stop because he would now be under adult services. I had no forewarning, no-one from adult services contacted me; I contacted them and they couldn't offer any support. It's a funding issue.

Carer

Social work services face significant demographic challenges

16. The impact of demographic change on health and social care spending has already been well reported.[14] Between 2012 and 2037, Scotland's population is projected to increase by nine per cent. All parts of the population are projected to increase, but by different amounts:

- the number of children by five per cent
- the working age population by four per cent
- the number of people of pensionable age by 27 per cent.[15]

17. Overall demand for health and social care will depend significantly on the number of older people and the percentage who require care. Although life expectancy continues to increase, healthy life expectancy (HLE), that is the number of years people can expect to live in good health, has not changed significantly since 2008 (Exhibit 3). This means that a larger number of older people may require support for longer, unless HLE increases. Councils and the Scottish Government have taken steps to try to increase HLE. This includes measures to reduce smoking, alcohol consumption and environmental pollution and providing information to the public about the benefits of a healthy lifestyle.

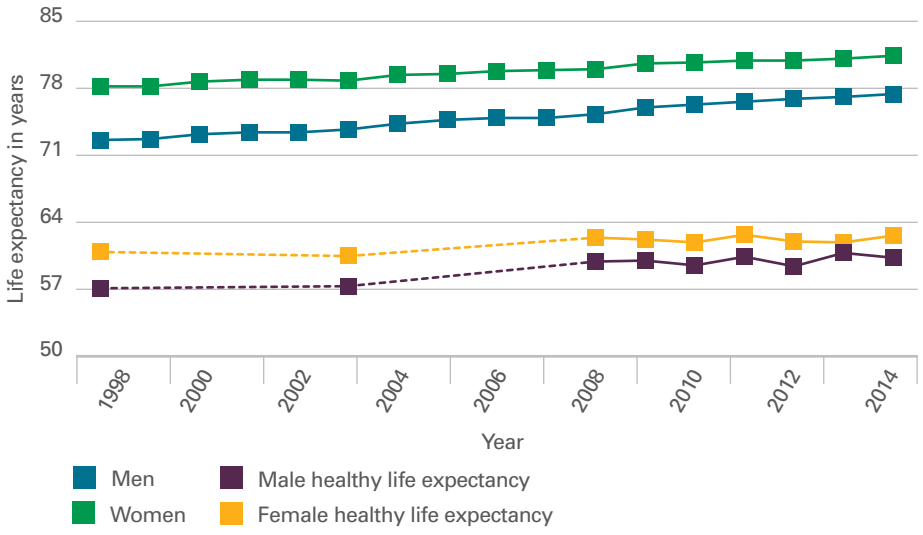
Supporting looked-after children and child protection has increased demand on social work services

18. Looked-after children (LAC) are children in the care of their local authority. They may live in their own home, with foster or kinship carers or in a residential

Exhibit 3

Changes in life expectancy and healthy life expectancy

Life expectancy is increasing faster than healthy life expectancy, potentially increasing service pressures.



Note: Data on healthy life expectancy was not collected annually until 2008.

Source: Scottish Health Survey, Scottish Household Survey, National Records of Scotland births, deaths and populations data

home. Most become looked after for care and protection reasons. The term also includes unaccompanied children seeking asylum and young people who have been illegally trafficked. As at July 2015, 17,357 children in Scotland, around 1.8 per cent of the total, were looked after or on the child protection register.[16,17] Of these 15,404 were looked after, 2,751 were on the child protection register and 798 were both looked after and on the register. While there has been a recent reduction, possibly due to improvements in prevention, the number of LAC has increased by 36 per cent since 2000, although the numbers and trends vary among councils. The number of children on the child protection register increased by 34 per cent between 2000 and 2015, with three in every 1,000 children under 16 now on the register. In smaller councils, the number of children on the register (and resultant workload) can fluctuate significantly, particularly when sibling groups in large families are registered.

19. The reasons for these increases are likely to be complex. Many of the councils we visited think that increases in drug and alcohol use by parents are important factors. Others have seen an increase in reporting of domestic abuse and alcohol-related incidents in more affluent areas that might have gone unreported in the past. In addition, early intervention policies are likely to have led to an increase in the number of looked after children, but a decrease in the time that councils look after them. Early intervention means identifying people at risk and intervening to prevent the risk. Between 2007 and 2014, the number of children removed from the register who had been on it for less than a year increased from 2,421 (79 per cent of the total) to 3,930 (87 per cent). Over the same period, the number of children who had been on the register for more than a year fell from 663 to 569.

Councils and service providers face difficulties in recruiting staff

20. Just over 200,000 people work in social work and social care services, representing around one in 13 people in employment in Scotland.[18] Almost half work part time and 85 per cent are women. The private sector is the biggest employer (42 per cent of staff), followed by the public sector (31 per cent) and the third sector (28 per cent). This distribution varies considerably among councils, and the public sector is the biggest provider in the three island authorities.

21. Many third and private sector providers raised staff recruitment as a significant issue for them. Councils have fewer recruitment problems, the exception being in remote rural areas, where it can be difficult to recruit specialised staff. Third and private sector providers reported that the apparent causes for these difficulties included:

- Low pay – providers in both the private and third sectors felt that the rates councils pay under their contracts only allowed them to pay staff at, or near, the minimum wage. In addition, travel time between clients is sometimes unpaid.
- Antisocial hours – providing homecare often requires carers to assist people to get out of bed in the morning and into bed at night. This can mean weekend working, split shifts and antisocial hours, with no additional pay. The increased personalisation of care has contributed to this as carers increasingly provide care to suit individuals, rather than fitting individuals into the care system.

Driving down costs to the extent that staff are recognised as being in a 'low wage sector' increases the problem of recruitment.

Service provider

- **Difficult working conditions** – staff have to take care of people with a variety of care needs that some find difficult, for example, assisting people with bathing and personal hygiene, or who have dementia or incontinence.

22. The cycle of continually recruiting and training staff is costly and could potentially have an impact on the quality of services provided. Service provider focus groups highlighted a need to provide staff with a sustainable career path to improve recruitment and retention. Overall, the public sector has the most stable workforce and the private sector the least, although this does not appear to be the case for all categories of staff (Exhibit 4).[19]

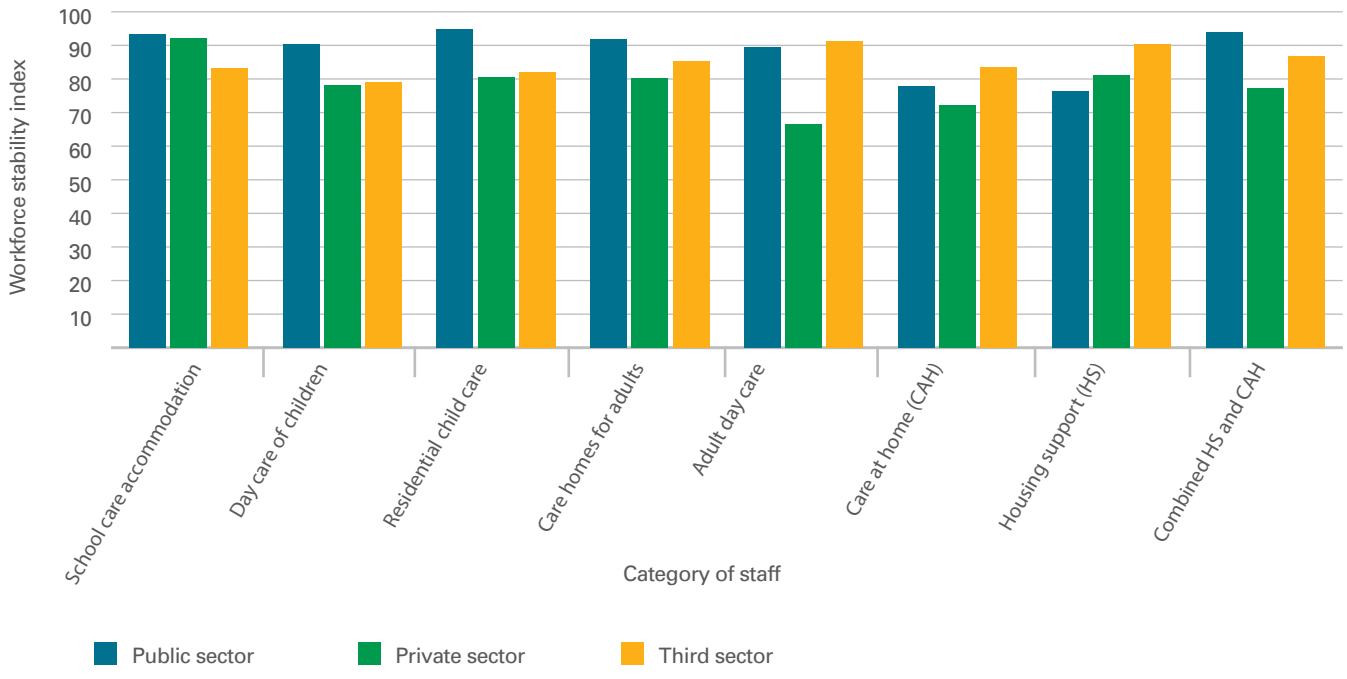
23. Some care providers expressed concerns that leaving the EU and the potential introduction of a points-based immigration system could create problems for staff recruitment. A 2008 workforce survey indicated that 6.1 per cent of the social care workforce in Scottish care homes for older people were EU – non-UK workers, and a further 7.3 per cent were employed under work permits. Most of those employed from within the EU came from Poland and the Czech Republic and those from outside the EU were from the Philippines, India and China.[20]

24. Four per cent of the workforce have a no guaranteed hours (NGH) contract.[21] When combined with the other contract types that may be considered a zero hours contract (bank and casual or relief), they comprise roughly ten per cent of the contracts in the workforce. Providers believe zero hours contracts are

Exhibit 4

Social work workforce stability 2013/14

The public sector workforce is generally the most stable.



Note: Because of data limitations, the SSSC cannot provide an accurate estimate for turnover. However, they are able to calculate a 'stability index' of staff who are still in post after a year. If the index is 90 per cent it means that 10 per cent of staff present at the start of the period are no longer present. It is important to note that this does not mean that turnover is 10 per cent as the measure excludes staff who joined and left within the period under consideration.

Source: Scottish Social Services Council (SSSC)

essential to provide a flexible and personalised service to people, while also providing flexibility for staff. These contracts are suitable as long as they are not exclusive and staff are free to accept or turn down work without being penalised. As part of good contract management, councils should ensure that providers use zero hours contracts properly.

25. There are skills and staffing shortages in several areas of social work and social care, including:

- Homecare staff – 69,690 people work in housing support or care at home.[22] Both third sector and private sector providers find it difficult to recruit staff. Rapid staff turnover is a significant threat to maintaining service standards, particularly in adult day care.

- Nursing staff – 6,620 registered nurses work in the care sector, 4,930 of them in adult care homes. Ninety-one per cent of registered nurses are in the private sector. Care providers in both the private and third sectors are having trouble recruiting qualified nursing staff for care homes. As a result, providers were trying to recruit staff from outside the UK. Although data is not collected on vacancy rates for nursing staff in the care sector, there were 2,207 whole-time equivalent (WTE) vacant nursing and midwifery posts in the NHS in Scotland at 31 March 2016.[23]

- Mental health officers (MHOs) – are specialist social workers with a statutory role in the detention and treatment of people with mental illness. They look into the circumstances of individuals where people have concerns about their mental health. They can apply for a court order that would allow an individual to be taken to a 'place of safety' for up to seven days.[24] In December 2014, the number of registered MHOs was at its lowest level since 2005. However, in 2015 there was a small increase (two per cent) to create a total of 670 practising MHOs. In 2015 there were 15 unfilled posts for MHOs in Scotland and 17 further post holders who were unavailable, for example through career breaks or secondments, about five per cent of the total.[25]

The professional social work role is changing

26. The workforce includes 11,127 professional social workers registered in Scotland. Almost three-quarters, 8,242, work in councils and 2,040 (18 per cent) are employed by other providers. Most of the rest are self-employed, unemployed or recently retired. Not all qualified social workers work in roles where they are required by law to hold a social work qualification (statutory roles), for example they may work in management roles. The number of WTE social workers employed by councils in statutory roles increased significantly between 2001 and 2015, from 3,873 to an estimated 5,630. Of these, 31 per cent work with adults, 49 per cent with children, 15 per cent in criminal justice; five per cent work generically.[26]

27. The majority of social workers in our focus groups were optimistic about their role and their ability to make a positive difference to people's lives. Changes in structural and partnership arrangements in health and social care have introduced more working in multidisciplinary teams, for example with health visitors or occupational therapists. Social workers sharing offices with other disciplines can be both rewarding and effective. We found that social workers who had worked in multidisciplinary teams for some time were convinced that improved

communication with community NHS staff had improved services. However, some were concerned about erosion of their professional identity. Moreover, adapting to working with colleagues from a different culture, for example in approaches to risk, could be challenging.

Unpaid carers provide the majority of social care in Scotland

28. The Scottish Government estimates that there are 759,000 unpaid carers aged 16 and over in Scotland, around 17 per cent of the adult population. Of these, 171,000 (23 per cent) provide care for 35 hours or more a week. In addition, there are an estimated 29,000 young carers under 16, around four per cent of the under 16 population.[27] There are many more unpaid carers providing support to people than those in the paid social services workforce.

29. In 2010, the Scottish Government reported that unpaid carers saved health and social services an estimated £7.68 billion a year.[28] More recently, Carers UK estimated the value of unpaid care in Scotland to be £10.8 billion, more than three times current social work net spending.[29]

30. The Carers (Scotland) Act 2016 became law in March 2016. It provides for the planning and provision of support, information and advice for unpaid carers and encourages councils to become involved in carers' services. It also means councils are required to prepare a carer support plan for carers, including young carers, who want one. A carer support plan sets out information about the carer's circumstances, the amount of care they are able and willing to provide, the carer's needs for support and the support available. The Act also requires each council to establish and maintain an information and advice service for carers who live or care for people in its area.

> **(Unpaid) Carers do everything! Link everything! Anchor everything!**
>
> Carer

> **24/7 carers are there, understanding the person's needs.**
>
> Carer

Social work services are facing considerable financial pressures

31. In 2014/15, councils' net spending on social work services was £3.1 billion (Exhibit 5, page 21). Services for older people made up around 44 per cent of this spending, and services for children and families around 28 per cent. A range of other services make up the remainder.

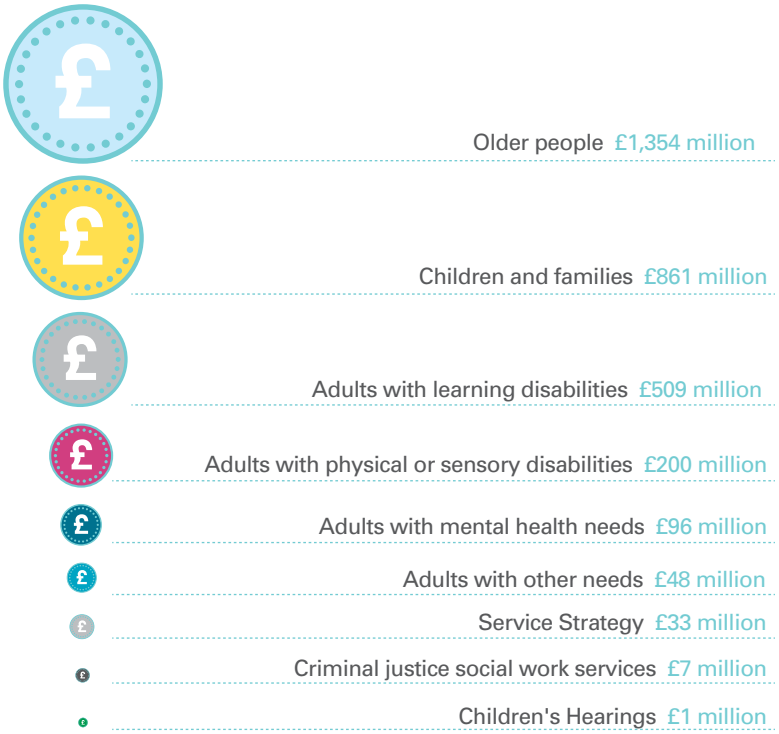
32. In 2016/17, councils' total revenue funding, that is the funding used for day-to-day spending, will be five per cent lower than in 2015/16. This is a reduction of 11 per cent in real terms since 2010/11.[30] This is a significant pressure on all council services, including social work. The 2016/17 figure does not include £250 million that the Scottish Government allocated to health and social care integration authorities to support social care, because the Scottish Government routed it through the NHS boards' budgets rather than council budgets.

33. Against the trend of falling council spending, councils' total social work net spending increased in real terms from £3.2 billion to £3.3 billion between 2010/11 and 2014/15, an average increase of 0.8 per cent a year.[31] As a result, spending on social work increased from 28.9 per cent to 32 per cent of council spending.[32] An analysis of council accounts found that two-thirds of councils reported social work budget overspends totalling £40 million in 2014/15. Most councils identified homecare services for adults and older people as the service under most pressure.

Exhibit 5

Social work spending, 2014/15

Around 44 per cent of the £3.1 billion net social work spending is on services for older people and this percentage is likely to increase with demographic change.



Source: Local Government Financial Statistics 2014-15 (Annex A), February 2016

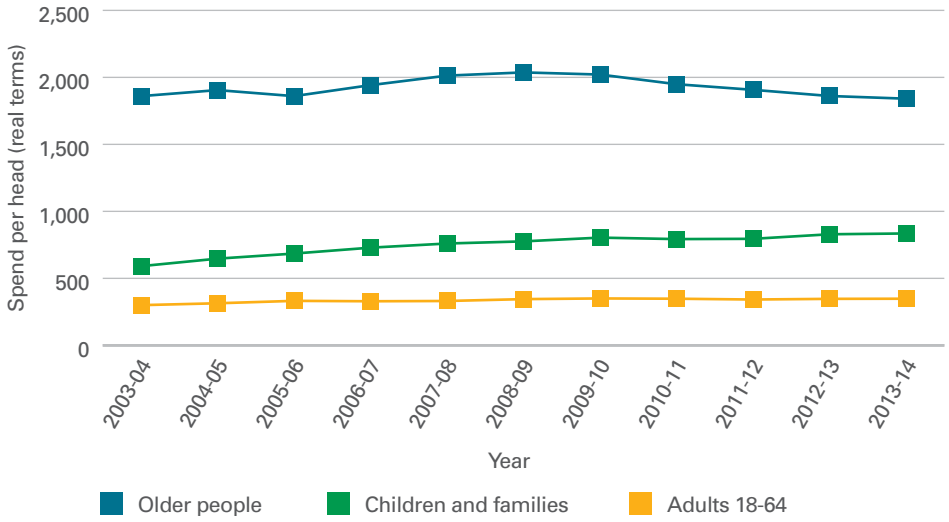
34. There have been significant long-term changes in spending per head among different age groups (Exhibit 6, page 22). The reduction in spending on older people is a combination of a lower percentage of older people receiving services (paragraph 46) and a reduction in the real-terms cost of care homes (paragraph 62) and homecare (paragraph 59). The increase in spending on children and families may be related to an increase in the number of looked after children, an increase in the complexity of children and families' cases and an increased focus on early intervention.

Few councils and IJBs have long-term spending plans for social work

35. We examined council budgets and spending plans for 2015/16, 2016/17 and beyond to assess whether the trends identified above are likely to continue in the medium term. Budget information is more difficult to collect and interpret than historic expenditure information because councils do not present this information consistently. In addition, most IJBs had not finalised their budgets at the time we were conducting our analyses. Budgets for 2016/17 were very similar to 2015/16 in cash terms. We also analysed councils' savings plans. Councils plan to save £54 million from social work budgets in 2016/17, mainly through changing how they provide services, reducing services and making efficiency savings.

Exhibit 6

Real-terms spending on social work services per head, 2003/4 to 2013/14



Source: Expenditure on Adult Social Care Services, Scotland, 2003/4 to 2013/14, Scottish Government

36. Councils and NHS boards work on different financial planning cycles and agree budgets at different times of the year. A survey of IJBs by the Scottish Parliament's Health and Sport Committee found that over half of IJBs were unable to set a budget for 2016/17 before June 2016, and over a quarter before August 2016.[33] A number of responses mentioned delays in receiving the health allocation for the partnership as a cause of difficulty in setting budgets. If councils and NHS boards continue with different budget cycles, it will make it more difficult for IJBs to agree budgets for services in a timely way.

37. In February 2016, as part of the local government settlement, the Scottish Government announced funding of £250 million to support social care for the three years to 2018/19. Some of this funding was to help pay the Living Wage (£8.25 an hour) to all care workers in adult social care, regardless of age from 1 October 2016.

38. The Living Wage Foundation sets the Living Wage. It is up-rated annually and they will announce a new rate in November. The local government settlement does not require councils to increase wages to the new Living Wage rate when the Living Wage Foundation announces it in November.

39. The Scottish Government has estimated that over the period 2012-32, spending on social care for older people will need to increase by between 1.5 per cent and 3.3 per cent a year, depending on changes to healthy life expectancy (HLE).[34] We have calculated lower and upper limits of the cost of demographic change based on Scottish Government projections. Added to this are cost pressures arising from legislation, based on their financial memorandums, and the cost implications of the commitment to the Living Wage for care workers (Exhibit 7).[35]

Exhibit 7

Potential financial pressures facing Scottish councils by 2019/20

Councils face significant cost pressures.

Reason for cost increase	Lower limit (£ million)	Upper limit (£ million)
Demographic change (older people only)	£141	£287
The Children and Young People (Scotland) Act 2014	£98	£98
The Carers (Scotland) Act 2016	£72	£83
The Living Wage	£199	£199
Potential cost increase by 2019/20	**£510**	**£667**

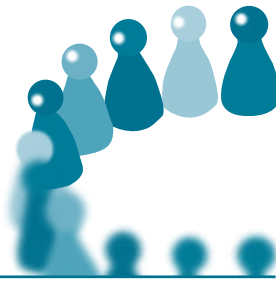
Source: Audit Scotland analysis of financial memorandums and information provided by the Scottish Government

40. Together they imply increases in social work spending of between £510 and £667 million (a 16–21 per cent increase) by 2019/20. Additional Scottish Government funding to implement legislation and to IJBs (via the NHS) may partially relieve some of these pressures, as could potential savings from health and social care integration and by providing services differently.

41. Councils and IJBs need to develop longer-term financial strategies and plans for social work services, taking into consideration the above financial pressures. For example, they need to assess the affordability of options for changing the way they deliver services, so that elected members can consult the public and make informed decisions. Some of the councils we visited had already done this. For example, West Lothian Council had detailed projections of cost pressures for the client groups in social work and had considered the options available to meet those pressures depending on the level of funding available.

Part 2

How councils are addressing the challenges



Key messages

1 Councils have adopted a number of strategies to achieve savings. They have tightened eligibility criteria so that fewer people receive services and targeted funding to people in greatest need. They have also achieved significant savings in the cost of homecare and care homes through competitive tendering and the national care home contract.

2 Current approaches will not be sustainable given the scale of the challenge, and there are risks that reducing costs further could affect the quality of services. Fundamental decisions are required on long-term funding and social work service models for the future.

3 There has been a limited shift to more prevention and different models of care. Many councils have taken an opportunistic or piecemeal approach to changing how they deliver services, often to meet financial challenges or as the result of initiative funding by the Scottish Government.

4 Opportunities for people who use social work services and carers to be involved in planning services are limited. There is scope for councils and IJBs to do more to work with them to design, commission, deliver and evaluate services to achieve better outcomes. Service providers also have an important role to play in commissioning services, and councils are not doing enough to work with them to design services based around user needs.

5 People who use services and their carers value the support they get from social work and social care services. Our focus groups had a number of concerns about homecare, such as shorter visits and people using services seeing a number of different carers.

6 The Scottish Government's Living Wage commitment provides an opportunity to improve recruitment and retention of social care staff, and to create a more stable skilled workforce. But it adds to the financial pressures on councils and providers.

fundamental decisions are required on long-term funding and social work service models for the future

Councils, COSLA and the Scottish Government have agreed approaches intended to address major long-term pressures

42. Social work services operate within a number of national strategies, developed by the Scottish Government and councils that are intended to

respond to the major challenges set out in Part 1, such as demographic change, personalisation and prevention. These include:

- **Social Services in Scotland: a shared vision and strategy for 2015-2020** – this builds on the *21st Century Social Work Review* published in 2005. It covers the whole of social work and its aims include:
  - encouraging a skilled and valued workforce
  - working with providers, people who use services and carers to empower, support and protect people
  - a focus on prevention, early intervention and enablement.[36]
- **The 2020 Vision for Health and Social Care in Scotland** envisages that by 2020 people will live longer healthier lives at home, or in a homely setting and that Scotland will have an integrated health and social care system with a focus on prevention and supported self-management.[37]
- **Reshaping Care for Older People** (RCOP) – a ten-year change programme focused on giving people support to live independently in their own homes and in good health for as long as possible. In 2011/12, the Scottish Government introduced the Change Fund, totalling £300 million to 2014/15, specifically to develop this area of policy.[38]

43. Our report, *Reshaping care for older people* commented on slow progress of RCOP and the need to monitor its impact. It also reported that initiatives are not always evidence-based or monitored and that it was not clear how councils would sustain and expand successful projects.[39] Our report *Changing models of health and social care* concluded that the shift to new models of care is not happening fast enough to meet the growing need, and the new models of care that are in place are generally small-scale and not widespread.[40]

Councils have changed eligibility criteria to reduce the number of people who qualify to receive services to balance their budgets

44. Councils have a statutory duty to assess people's social care needs. If they assess a person as needing support and eligible to receive services, they must provide or pay for services to meet these needs.[41] If people are eligible for support, the Social Care (Self-Directed Support) (Scotland) Act 2013 also requires councils to offer people a choice of four options in how their social care is provided:

- a direct payment – this allows people to choose how their support is provided, and gives them as much control as they want over their individual budget
- direct the available support – the person asks others to arrange support and manage the budget
- the council arranges support – the councils choose, arrange and budget for services
- a mix of all the above options.

45. To balance their budgets, councils prioritise funding and staff to those people most in need by setting eligibility criteria and assessing each person's needs against these criteria. Councils have discretion on the thresholds for care they use locally. The level set in each council will depend on the resources available and

I have a say about who is on my team. I got to meet them and do interviews. I did the questions in advance.

Service user, young person with physical disabilities

on the council's policies and priorities. Councils assess people's needs using a common framework of four eligibility levels:

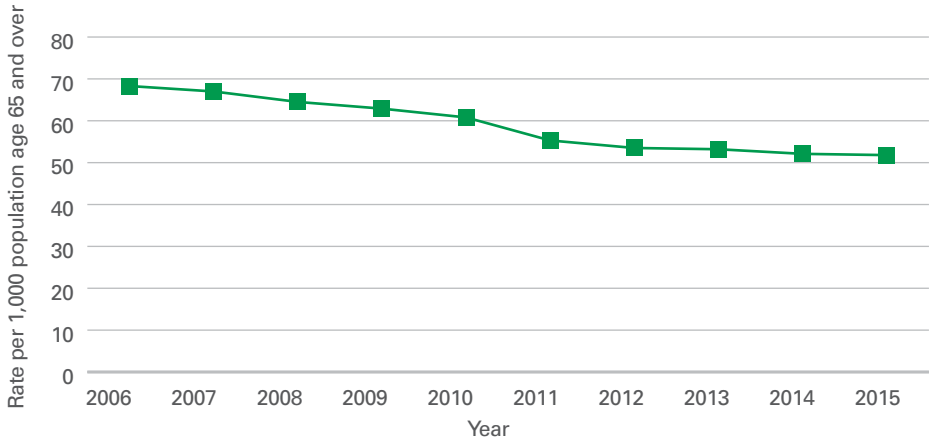
- **Critical Risk (high priority)** – Indicates major risks to an individual's independent living or health and wellbeing likely to require social care services 'immediately' or 'imminently'.
- **Substantial Risk (high priority)** – Indicates significant risks to an individual's independence or health and wellbeing likely to require immediate or imminent social care services.
- **Moderate Risk** – Indicates some risks to an individual's independence or health and wellbeing. These may require some social care services that care providers manage and prioritise on an ongoing basis, or they may simply be manageable over the foreseeable future with ongoing review but without providing services.
- **Low Risk** – Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.[42]

46. Because of funding pressures, most councils now only provide services to people assessed as being at critical and substantial risk. Focusing services on people with higher levels of need resulted in a reduction in the percentage of older people receiving homecare between 2006 and 2015, from just under 70 per 1,000 population to 50 per 1,000 (Exhibit 8). Of the councils we visited, only West Lothian still provides services to people assessed as at moderate risk.

Exhibit 8

Proportion of people aged 65+ receiving homecare, 2006 to 2015

The proportion of people aged 65 and over receiving homecare has fallen from just under 70 per 1,000 to just over 50 per 1,000.



Source: Expenditure on Adult Social Care Services, Scotland, 2003-04 to 2013-14, Scottish Government

47. Because most councils no longer provide services to people in the two lower risk eligibility criteria, and because of the considerable financial and legislative changes in social work since the current framework was developed, it may be an opportune time for COSLA and councils to review the framework to ensure that it is still fit for purpose.

48. Some councils have also limited the level of service they provide in some areas. Examples from our fieldwork include reducing the length of carer worker visits, providing ready meals and frozen meals, with one hot meal per day (leaving snacks for other meals) and restricting showers to once or twice a week for some people.

Councils are finding it hard to fund a strategic approach to prevention

49. Developing a strategic approach to prevention is essential for councils to sustain provision of social services. In 2011, the Christie Commission concluded that Scotland needed to 'devise a model of public services that is both financially sustainable and is capable of meeting the significant longer-term challenges'. It also proposed that a radical shift towards preventative public spending was essential. In September 2011, the Scottish Government set out an ambitious vision to enable everyone to live longer, healthier lives at home or in a homely setting by 2020.[43] Central to the vision is a focus on prevention, anticipation and supported self-management. The Scottish Government also set up change funds to stimulate prevention work, specifically in the areas of early years, re-offending and re-shaping care for older people.

50. Councils, IJBs and other stakeholders all believe that prevention is the key to meeting the growing demands for social work services within finite resources. However, the councils we visited varied in how well they are developing and implementing preventative strategies. Some, including West Lothian and East Renfrewshire, have a strong focus on prevention, for example they maintain prevention budgets and build prevention into how they plan and provide services. Councils cited various challenges to shifting service models towards prevention:

- a lack of funding because resources are locked into current service models to meet existing demands and savings may not materialise for several years after implementation
- a lack of social worker time – a concern that social work has become crisis based
- managing relatives' expectations – for example, some relatives prefer the council to provide a full care package of residential care rather than have their relation go through a re-ablement programme to allow them to live more independently at home
- community resistance – for example, opposition to closing a local hospital or care facility to free up funding for more accessible community-based care
- cultural differences between councils and the NHS – a common perception among a number of social workers in our focus groups is that the NHS is more risk averse and less used to giving staff responsibility to take the initiative on the care of individuals.

I had an OT (occupational therapy) assessment, and social work and they gave me 15 minutes of care. It's really not enough time. It's the choice between getting washed or getting dressed

Service user, physical disabilities

51. Councils have commonly adopted some prevention initiatives, most of which are effective in the short term, but examples of long-term initiatives are more limited. Common prevention activities included:

- Re-ablement – involves encouraging people using services (often people leaving hospital) to develop the confidence and ability to live more independently and be less reliant on social care. This is usually a six-week programme of intensive help; it commonly results in people requiring less or even no ongoing support. Glasgow City Council found that 30 per cent of clients had no further need of a service following a period of re-ablement. The change fund initially funded this project but the council now funds it as the savings justify the investment.

- Using technology to enable people to continue living in their own homes for longer and to give reassurance to their carers and families. All councils provide a community alarm service. More advanced telecare systems use movement sensors and smoke detectors to alert the service to potential problems or prompt people to take medication. For example, West Lothian Council uses technology to help people with dementia, their families and carers manage issues that may arise in and around the home. Examples include:
  - a GPS device to help relatives or carers to find a vulnerable person if they get lost
  - extreme temperature and flood sensors fitted in kitchens
  - sensors to alert a carer when the person gets out of bed
  - removable sensors, called 'just checking', placed at doorways to monitor movement and assess lifestyle patterns.

- Early intervention for children and families is another widely implemented approach. Social work services work with relevant partners to support children and families at risk of needing support that is more intensive in future, or with older children at risk of becoming an offender. Midlothian Council attributed a significant drop in the number of their children on the child protection register from 158 in 2011 to 29 in 2015, at least partially, to early intervention and prevention work.[44]

- Restricting out of area service for looked-after children – out of area placements tend to involve young people with troubled histories and challenging behaviour and children with significant learning disabilities. Some out of area placements will be the most suitable for a child, such as where the child has complex treatment needs that the council cannot meet or to ensure they can be effectively safeguarded. However, such placements are very expensive (weekly fees to independent providers range from £800 to £5,500) and can have negative consequences. For example, children may try to run away, putting themselves at risk, and children away for long periods will lose contact with their peers and find it difficult to re-integrate into the local community when they leave care.[45] Our fieldwork councils reported that keeping children local to their communities, for example in supported foster placements, could achieve better outcomes for children and achieve considerable financial savings for the council.

I have a feature that picks up if I get out of bed for too long, in case I've fallen in the night. I like to get up and wander about if I can't sleep, and then there is this booming voice asking if I am OK! It's a first class service.

Service user, older person

Councils need to measure the impact of prevention initiatives more systematically

52. Measuring and evaluating the success of prevention work is difficult. By its very nature, it is not easy to quantify what has not happened because of

prevention. It is also hard to attribute outcomes to specific courses of action in an environment where many factors are involved. Even so, councils do not always systematically evaluate initiatives, and there is a risk that opportunities for improvement, making savings or stopping ineffective activity are lost. Councils and IJBs should bring together information on the evaluation of successful prevention initiatives. They can use this to make long-term strategic investment decisions towards prevention as a key part of their long-term budget planning, rather than relying on short-term initiative funding as at present. Prevention needs to be seen as an integral part of councils' and IJBs' overall long-term strategies for services they can continue providing over the long term, rather than an add-on financed by short-term funding.

53. In our fieldwork, we found examples of successful evaluation. An evaluation of Glasgow's Recreate service to support ex-offenders found that in 2014/15 it generated a Social Return on Investment of between £6.14 and £9.54 per £1 invested (Case study 1).[46]

Case study 1

Glasgow Recreate

This service gives ex-offenders the chance to volunteer for up to six months in meaningful roles where they gain new skills and experiences to help them to move forward in their life. Volunteers can access various opportunities, including landscaping and gardening, painting and decorating, retail and warehousing, and woodwork.

With the support of skilled tradespeople, they work on projects for organisations such as community groups, charities, housing associations, and Glasgow Land and Environmental Services. Each volunteer has a dedicated mentor who helps them to access additional volunteering opportunities, housing support, employability services, and money advice and make positive changes in their personal life. They also help volunteers to complete CVs, identify training and development needs, and set goals to help them become more work-ready to help them break the cycle of re-offending.

Volunteers benefit from rail, bus and subway travel, lunch, gym membership, training and development, information about other organisations, and employment support. During 2015/16, there were 58 volunteers in the scheme (up from 34 in 2013/2014), 57 per cent of whom moved into employment. Ninety-six per cent of participants did not re-offend and of those who did, the frequency and severity of the offending was reduced.

Source: Glasgow City Council

Recreate is a good mix of volunteering, learning and mentoring. I worked hard and it paid off.

Recreate volunteer

54. Some councils are learning from experience elsewhere to tackle particular issues. For example, East Renfrewshire Council visited Shropshire County Council to explore how it developed a community-led social work service. It has agreed to be one of three organisations that will pilot the programme in Scotland. There is scope for councils to do more to look at what others are doing, nationally and internationally, and share experience and learning.

Councils have achieved savings through competitive tendering

Councils purchased around £1.6 billion of services in 2014/15

55. Currently, councils spend around £1.6 billion a year on outsourced social care services, roughly two-thirds to the private sector and a third to the third sector (Exhibit 9). Spending on private sector services is mainly to provide homecare, residential care and nursing homecare for older people (£800 million). Most third sector spending is to provide services for children with disabilities (£244 million). Larger providers provide services across a large number of councils and are in a good position to identify good practice.

56. In procuring services, councils need to take into account the long-term financial viability of care providers. Providers could be put at risk by a combination of several factors, including:

- a fall in the number of care home residents
- increased paybill costs because of knock-on impacts of Living Wage
- increased uncertainty following Brexit may make it difficult for private sector providers to finance capital investment, such as building or refurbishing care homes.

Exhibit 9

Breakdown of contracted out social care spending by sector, 2014/15

Most private sector services are for adults while the third mostly sector provides services for children.

		Third sector £'000	Private sector £'000	Total £'000
Social care adult	Day care	43	1,113	1,156
	Homecare	18,290	261,403	279,693
	Mental health services	14,297	12,974	27,272
	Nursing homes	19,273	318,376	337,649
	Residential care	1,883	219,962	221,845
Social care children	Adoption	23,208	35,871	59,079
	Childcare services	49,481	30,217	79,698
	Domestic violence	3,229	41,511	44,740
	Children with disabilities	243,878	17,831	261,708
Social care other		195,945	112,363	308,308
Total		**569,527**	**1,051,621**	**1,621,148**

Note: 'Other' includes advice and counselling services, advocacy service providers, alcohol and drug rehabilitation, community centres, community projects, disability and special needs service providers.

Source: Spikes Cavell database

57. Councils and Scotland Excel need to monitor the financial health of providers as part of their contract monitoring activity. The failure of a provider could have significant consequences for care services as well as people who use care services because Section 12 of the Social Work (Scotland) Act 1968 places a duty on Scottish local authorities to provide or arrange care for any individual in their area who requires assistance in an emergency.

Competitive tendering has reduced the cost of homecare

58. Councils have achieved significant financial savings through outsourcing services such as homecare to the private and third sectors through competitive tendering and re-tendering contracts. The percentage of homecare provided directly by council staff has fallen steadily, both in terms of the number of clients served and the number of hours provided (Exhibit 10, page 32).

59. Between 2010/11 and 2014/15, the average cost of providing homecare to people aged over 65 fell by 7.2 per cent in real terms, to £20.01 per hour.[47] An unintended consequence of driving down spending is increased staff turnover, as private and third sector providers employ staff on poorer terms and conditions than some other large employers or councils.

Too many (paid) carers – regular new carers needing shown ropes again! Gah!!

Unpaid carer

60. Third sector and private sector providers in our focus groups described some councils' procurement processes as inefficient and wasteful. They highlighted inconsistencies in how councils used framework agreements. These are agreements with suppliers to establish the terms that will govern contracts that councils may award during the life of the agreement.[48] Some private sector providers were concerned that they had invested time and money in signing up to frameworks, only to find that councils did not use their services.

Councils have made savings in the cost of care home services

61. The National Care Home Contract sets out the cost to councils of care home placements into private or third sector care homes. COSLA negotiates the fee structure annually with the representative bodies for private and third-sector providers in Scotland.[49] These bodies are Scottish Care and the Coalition of Care and Support Providers in Scotland. The contract includes an additional payment for care homes doing well in Care Inspectorate assessments, with penalties for poorly performing homes.

62. Between 2006 and 2015, the number of residents in older people's care homes decreased by two per cent (from 33,313 to 32,771).[50] The net cost of residential care (gross expenditure on care homes minus income) to councils has been falling. Between 2010/11 and 2014/15, the weekly residential costs to councils for each resident aged 65 or over fell by ten per cent in real terms to £372.[51]

63. The pattern of service provision has changed, with an increase in private sector provision and a fall in other sectors. Between 2006 and 2015, the change in the number of older people in residential care in each sector was:

- private sector – increased by five per cent (24,568 to 25,700)
- local authority/NHS – decreased by 23 per cent (4,876 to 3,747)
- third sector – decreased by 14 per cent (3,869 to 3,324).[52]

64. The percentage of adults in care homes who mainly pay for their own care is increasing; the percentage increased from 22 per cent of residents in 2006 to 27 per cent in 2015.[53] In 2015, the average gross weekly charge for people who paid for their own care was £708, compared with the average weekly fee for publicly funded residents of £508.[54]

Service providers want to be more involved in commissioning services

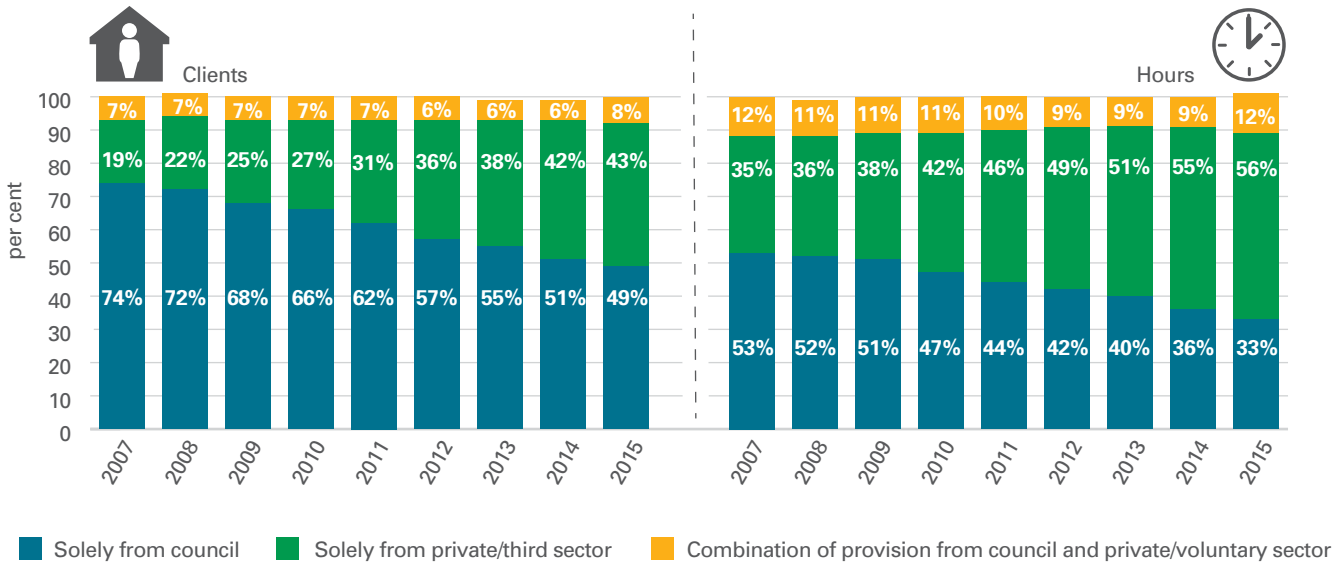
65. Commissioning social care is about how councils, NHS boards and others work together to plan and deliver services that will meet future demands and use resources, such as money, skills and equipment effectively. Jointly planned investment in home or community-based social care can save spending on unnecessary, and relatively expensive, hospital or residential care, and encourage innovation. The Christie Commission concluded that it is particularly important to:

- work closely with individuals and communities to understand their needs, maximise talents, resources, and support self-reliance, and build resilience
- recognise that effective services must be designed with and for people and communities – not delivered 'top-down' for administrative convenience
- maximise scarce resources by using all available resources from the public, private and third sectors, individuals, groups and communities.

Exhibit 10

The share of homecare provided by councils and the private/third sector, 2007 to 2015 (all ages)

Homecare provided directly by councils has fallen steadily over the past ten years.



Note: Of data limitations, the SSSC cannot provide an accurate estimate for turnover. However, they are able to calculate a 'stability index' of staff who are still in post after a year. If the index is 90 per cent it means that 10 per cent of staff present at the start of the period are no longer present. It is important to note that this does not mean that turnover is 10 per cent as the measure excludes staff who joined and left within the period under consideration.

Source: Social care services, Scotland, 2015, Scottish Government, December 2015

66. Councils have a challenging task to manage the market for providing services in their local area. There are potential tensions around making savings while ensuring high-quality services at a fair cost in an environment of increasing demand and financial pressures. There are risks to the quality of services if councils continue to drive down costs at the rate they have in the past without changing how they provide services.

67. Service providers from our focus groups who work across more than one council area found that different councils have different processes, procedures and attitudes to partnership working. They identified commissioning and procurement as common areas for improvement. In particular they felt that councils should:

- ensure they have staff with the appropriate skills for commissioning, such as financial planning and managing contracts, and be open in commissioning and contract decision-making processes. Some participants complained about unnecessary bureaucracy, noting gaps in expertise and risk appraisal and a lack of awareness of the challenges facing providers, for example the cost of employing qualified and experienced staff

- collect evidence about the effectiveness of all services (both in-house and external) and use this evidence in planning and decision-making. Councils face difficult choices, but providers felt councils sometimes protected their in-house services and workforce while cutting externally provided services, without comparing cost-effectiveness

- improve partnership working and relationships with providers. Although there were pockets of good practice, providers suggested that councils needed to work more collaboratively to provide stability to both those who provide and those who use services

- involve providers more in assessing and designing services, taking advantage of the experience and knowledge of good practice that larger providers have gained from working with councils across the UK.

68. One innovative example we identified was the Public Social Partnerships (PSP) approach used at East Renfrewshire Council (Case study 2, page 34). PSPs are strategic partnering arrangements, based on a co-planning approach. In this instance, the council worked with third-sector organisations and people who use services to share responsibility for designing services based around the needs of those who use them. Once designed, the council can then commission the service for the longer term. Several service providers in our focus groups mentioned the inclusive approach taken by East Renfrewshire Council as an example of good practice in commissioning services. It is important that councils have effective means of sharing good commissioning practice and working with practitioner groups within national organisations, such as COSLA and Social Work Scotland.

Some councils think 'out of the box', others are in a box with a very large padlock!

Service provider

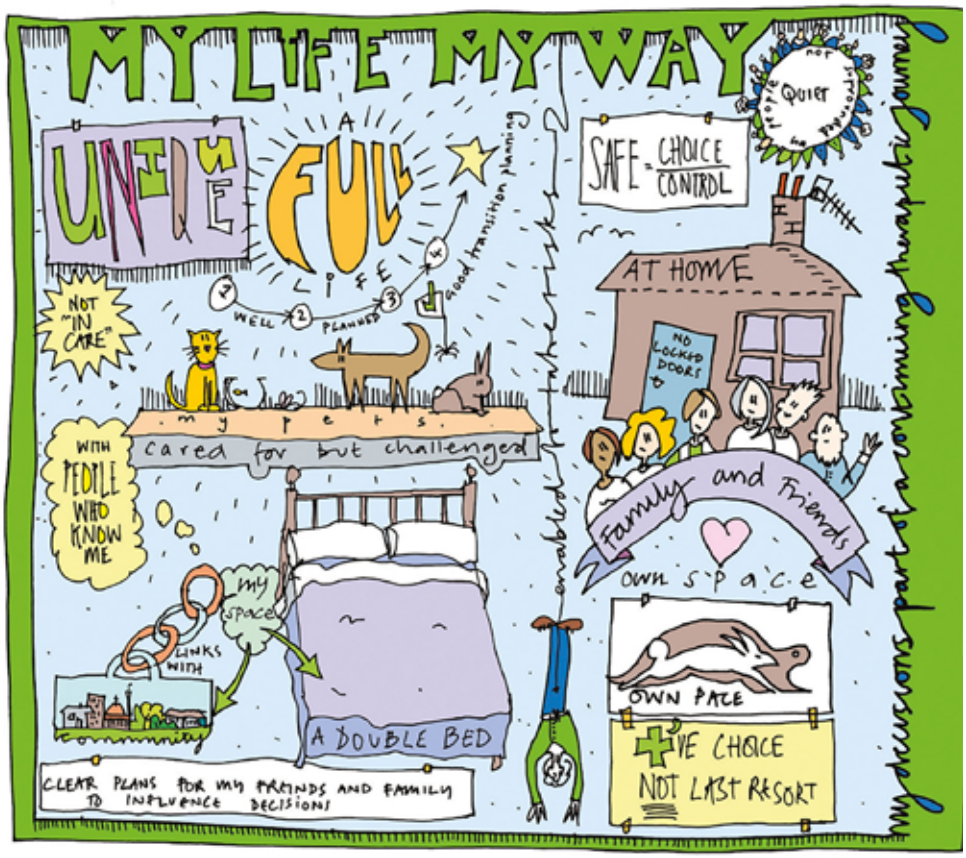
We are left out of planning discussions while having to deal with the consequences of decisions made by councils.

Provider focus group

Case study 2

East Renfrewshire Council: innovation in commissioning services

The Public Social Partnerships approach is a two-year funded programme, supported by the Scottish Government and designed to develop creative ideas for meeting the needs of people in, or about to enter, residential care. The partnership is across sectors and between people who use services. It is designed to develop thinking and support innovation. Participation in the project also helps to build resilience in people and communities by focusing on what people want rather than the services they currently receive. The illustration below describes one of the outputs from the process showing a visualisation of residential care from the point of view of someone who uses services.



Source: East Renfrewshire Council

People who use services, and carers, would value being more involved in planning how services are provided

69. The Christie Commission recognised the importance of people being involved in designing services to meet their needs. This approach is now supported by legislation such as the Community Empowerment (Scotland) Act 2015 and the Carers (Scotland) Act 2016.

70. People in our focus groups, both carers and people using services, valued the support they receive from social work services. Several said that without support they would not be able to cope or maintain employment. Feedback from our survey of 165 people indicated that the type of service provided determined whether service users felt able to influence their service delivery. For example, where service users had one-to-one support or had close relationships with staff in sheltered accommodation, they felt confident about influencing the service.

71. However, a significant number of service users felt that they had little influence over their social care provision. Some had concerns about speaking up in case the care they received was reduced or changed. Others, particularly older people, didn't want to hurt the feelings of the people providing care. While some had experience of raising issues with care providers and services being adapted accordingly, others found that no steps were taken to rectify issues. Some service users then felt care providers did not listen to them. Carers were more likely than people who use services to speak up if they were concerned about any aspects of the service delivery, but carers felt that care professionals did not treat them as partners.[55]

72. People who use social work services, and their carers, are very diverse, with differing needs. Although it is not easy to do, it is important that councils seek views and provide opportunities for involving as wide a range of people as possible in planning services or changing how they are provided. However, we found limited opportunities for people to be involved. Most of the six fieldwork councils involve representatives of both people who use services and carers in planning groups. For example, Perth and Kinross Council includes carer representatives on its multidisciplinary Carers Strategic Group. However, we found less evidence of people who use services and carers being involved more extensively in designing services.

73. Midlothian Council is one example where people who use services and carers are represented on joint planning groups, such as the Joint Older People's Planning Group that developed the Midlothian Joint Older People's Strategy 2011-15. A recent tender exercise for Care at Home in Midlothian included volunteer carers assessing all submissions, interviewing and final scoring. However, carers and people who use services generally have little involvement in commissioning or tendering, and there is scope to do more.

74. All of our fieldwork councils have a carers' strategy. All provide information for carers on their websites, including how and where to get help, which is usually through a carer assessment in the first instance. They also have partnerships with, or links to, other organisations and carers' centres in their area that provide information and support to carers. About half of the carers' centres are network partners of the national organisation Carers' Trust Scotland. Councils use various methods to collect the views of people using services, and of carers, including annual satisfaction surveys, carers' conferences and carer representatives on panels.

75. IJBs' membership must include a representative from people using services and a carer representative.[56] This is intended to ensure that carers have a role in planning and delivering of services delegated to IJBs. However, this alone is not enough to involve and consult the diverse range of people who use services and carers. Glasgow City Council has a carers' champion to represent the views of carers within the council (Case study 3, page 36).

I feel very lucky to live in [local authority]. The services for disabled people are the best in Scotland compared to other areas. [Local authority] listened to what people wanted, like supported living and individually tailored support plans.

Carer

Mental health services don't always recognise the carer input until they need them!

Carer

Everything is subject to funding therefore there is no consistency. Carers' centres need to be funded so that their services are ongoing.

Carer centre staff saved my life.

Carers

Case study 3

Glasgow City Council's Carers' Champion

Glasgow City Council's Carers' Champion represents the collective views of the city's unpaid carers within the council and speaks independently on carer issues. His role includes raising the profile of unpaid carers across the council and its wider network of agencies while also helping to develop strategies and policies that will support carers.

Glasgow has also introduced a privilege card for adult carers living in Glasgow who provide care for a Glasgow resident. It entitles them to various savings including:

- savings as part of Glasgow Life's concessionary discount scheme
- 20 per cent discount at a range of cafes in venues, such as art galleries and museums
- 20 per cent off City Parking multi-storey car parks
- discounts at certain cinemas and other commercial outlets.

In July 2015, Glasgow evaluated its Glasgow Carers Partnership, which includes Glasgow City Council, NHS Greater Glasgow and Clyde and voluntary sector organisations supporting carers within Glasgow. The council will use the resulting report and recommendations in planning and investment in carer services.

Source: Glasgow City Council

I had a procedure in hospital and I was in and out the same day, but the carer came to take me to hospital and came back at midnight to take me home. It was above and beyond.

Service user, physical disabilities

Some people we surveyed who use a homecare service were unhappy with the quality of their service

76. Between 2010/11 and 2014/15, the percentage of adults satisfied with social care or social work has fallen from 62 per cent to 51 per cent.[57] Our survey of 165 people who use services and of carers found that views on homecare dominated their discussions about the quality of care. Generally, participants with positive experiences of their current service provision highlighted some of the following factors:

- the importance of respectful and flexible carer workers
- good relationships with carer workers
- the ability to influence service delivery through self-directed support
- good timekeeping.

77. However, there were many examples of people not happy with their service experience. Common issues identified across all five local authority areas covered included:

- **Length of time a care worker spends with the person** – Most said that the care worker would be in their home for 15–20 minutes at a time. Many reported that this was not enough time to provide good quality care.

I did have [care company], and I got 15 minutes, so I had a choice between having breakfast and them running a bath for me to have on my own once they'd gone, or a shower with no breakfast.

Service user, physical disabilities

- **Timekeeping** – People who receive homecare discussed their experiences of homecare staff arriving earlier or later than expected. People we spoke to were frustrated at the homecare staff's timekeeping and poor communication.

- **Flexibility of role (undertaking tasks)** – Most people felt that the quality of care they received was affected by the limited flexibility of homecare staff in undertaking other household tasks.

- **Meals** – A large number of people receiving homecare and carers were not satisfied with the quality of the meals.

- **Trained homecare staff** – Others questioned the skills of some homecare staff. Their experience was that the homecare staff did not know how to handle them, or use equipment safely.

> **Sometimes they're late and sometimes they don't come at all.**
>
> Service user, learning disabilities

Paying care staff the Living Wage could help to reduce problems recruiting care staff, but may create other risks for providers

78. The Scottish Government's Living Wage commitment provides clear benefits for low-paid workers. However, increases in employee costs and contract costs will put pressure on councils' and service providers' finances. There are a number of risks with the current approach:

- The Scottish Government has no powers to enforce the Living Wage commitment; the UK Government reserves the power to set and enforce the legal minimum wage. The legal minimum wage across the UK is £7.20 for people aged 25 and over. The Living Wage is £8.25.

- There is a risk that providers operating across the UK may choose not to pay the Living Wage in Scotland.

- There is a risk that this could lead to unsustainable paybill increases. As well as increasing wages, National Insurance contributions and pension contributions will also rise, and service providers will need to maintain wage differentials. A recent survey of independent providers found that almost all will struggle to fund increases to £8.25 an hour. Future rises in the Living Wage may increase this pressure.

- Where councils have awarded contracts based on price before the adoption of the Living Wage, there is a risk that contractors who lost contracts, but who already pay wages at or above the living wage (and offering higher quality services) may ask councils to re-tender contracts.

> **Many people felt it was very important to have some continuity of care worker in terms of safety and building a rapport, but this was lacking. Just depressed at so many different (paid) carers coming in at all different times.**
>
> Carer

79. Applying the Living Wage also provides significant opportunities to better manage the staffing issues we describe in Part 1. Reduced staff turnover could potentially offset increased costs and provide an opportunity to improve staff skills. It could also make it easier to create a career structure for care workers and an opportunity to specialise, for example in providing services for younger people with particular disabilities, or for older people suffering from dementia.

80. Comhairle nan Eilean Siar and Perth and Kinross council felt there were particular challenges in recruiting suitably qualified staff to deliver services in isolated rural areas. In Eilean Siar, the council has set up college courses to encourage young people to view care as a worthwhile career option (Case study 4, page 38).

> **She gave me a fish pie and it was cold in the middle. She said she didn't have time to do it again, so I had to ask her to make me an omelette."**
>
> Service user, older person

Case study 4

Comhairle nan Eilean Siar: developing a stable workforce

Comhairle nan Eilean Siar faces major demographic change over the next 20 years including a projected 19 per cent decline in the working age population and a 19 per cent increase in the over 75 population. There are also a high number of single person households with no family carers available. To help arrest the decline in working age population through migration, the council has developed a project to make being a care worker a viable and attractive career for young people leaving school, as well as adults looking at career options. There are four programmes:

- Pre-Nursing Scholarship: developed to encourage people to take up a nursing career locally and part of a national initiative to increase the nursing workforce. A critical aspect of this programme is the facility to provide equitable access to learning across the Western Isles in rural and remote locations.
- Prepare to Care: This course aims to qualify and prepare students for employment, further training, or both of these, within health and social care by developing the knowledge, skills and understanding required to work in the care sector.
- Senior Phase SVQ2 Pilot: Provides flexibility in terms of work-based assessment across health and social care and equips young people to work in the community. The newly revised Social Care and Health SVQ2 is being piloted with young people in Uist and Barra by Cothrom in partnership with the council and NHS Western Isles.
- Foundation apprenticeship: Skills Development Scotland selected the council's Education and Children Services department as a pathfinder authority for the senior phase vocational pathway development in Health and Social Care.

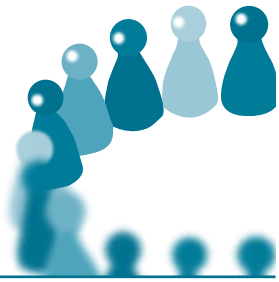
Source: Comhairle nan Eilean Siar

81. As explained in Part 1, the recruitment and retention of suitable staff is a significant problem across the care sector. Councils and providers need to work together and with the Scottish Government on long-term planning to ensure there is an effective, well-trained sustainable workforce to meet future demand. The Scottish Government has commissioned work to identify the recruitment and retention challenges facing the sector and assess whether there is a case for a national workforce-planning tool. In addition, the Scottish Social Services Council (SSSC) is working with partners to develop career pathways within social care. The first is to develop foundation apprenticeships, a vocational pathway to enable young people to experience work in the care sector and encourage care as a positive career choice.

> **The girls that came in didn't know how to use a stand aid, and they couldn't do manual lifting.**
>
> Service user, physical disabilities

Part 3

Governance and scrutiny arrangements



Key messages

1 The integration of health and social care has resulted in complex and varied governance arrangements for social work services. Elected members have important leadership and scrutiny roles, but there are risks that increased complexity could lead to members not having an overall view of social work. At a time of great change, it is essential that elected members assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively. It is important that elected members receive training and guidance on the operation of the new governance arrangements and that elected members not involved in the IJB are fully informed about its operation.

2 The key role of the chief social work officer (CSWO) has changed significantly in recent years and there are risks that CSWOs may have too many roles and have insufficient status to enable them to fulfil their statutory responsibilities effectively.

3 There is scope for councils and their community planning partners to do more to promote and empower communities. This includes working with them to design, commission, deliver and evaluate services to achieve better outcomes, and to build capacity to allow communities to do more to support themselves. Elected members need to play a key role engaging with communities in a wider dialogue about council priorities.

elected members need to play a key role engaging with communities in a wider dialogue about council priorities

Social work governance and scrutiny arrangements are more complex because of health and social care integration

82. Councils' responsibilities in relation to social work are set out in the Social Work (Scotland) 1968 Act. The Act's provisions include promoting social welfare, caring for and protecting children, supervising and caring for people put on probation or released from prison and the children's hearings system.

83. Under the Public Bodies (Joint Working) (Scotland) Act 2014, councils and NHS boards are required to create integration authorities. These are responsible for the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. Governance describes the structures, systems, processes, controls and behaviours by which an organisation manages its activities and performance. The Act also allows councils and NHS boards to integrate other areas of activity, such as children's health and social care services and criminal justice social work.

84. This means that councils delegate to the integration authority (IA) their responsibility for strategic planning for adult social services and for any other services they decide to include. Councils still carry the ultimate responsibility for the delivery of social work services in their area and elected members need to assure themselves that the council is meeting its statutory responsibilities.

85. IAs are responsible for planning and commissioning functions delegated from the local council and NHS board. IAs can adopt one of two main structures. All areas except the Highland Council area are following the body corporate model. Under this, they have created an Integration Joint Board (IJB) to plan and commission integrated health and social care services in their areas. Highland is following the lead agency model, NHS Highland is the lead for adult health and care services, with Highland Council the lead for children's community health and social care services. IJBs are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. Councils and NHS boards delegate budgets to the IJB. The IJB decides how to use these resources to achieve the objectives of its strategic plan. The IJB then directs the council and NHS board to deliver services in line with this plan.

86. Councils have adopted various arrangements for integration. Nine councils integrated children's social work services within the IJB and 16 councils integrated social work criminal justice services.[58] The following arrangements were adopted by our fieldwork councils:

- Midlothian Council and Comhairle nan Eilean Siar include criminal justice but not children's social work services.
- East Renfrewshire Council and Glasgow City Council include both children's social work and criminal justice social work services.
- West Lothian Council and Perth and Kinross Council only include adult services.

87. The governance and scrutiny arrangements in four of our fieldwork councils (Comhairle nan Eilean Siar, Glasgow, Perth and Kinross and West Lothian) are included in Supplement 3. These illustrate the variety and complexity of arrangements now in place within councils.

88. At the time of our fieldwork, governance arrangements were still under discussion. Council chief executives were clear that accountability lies with the council for services delegated to the IJB because, under legislation, the council retains statutory responsibility for delivering social work services. But we have previously highlighted the risk that ultimate responsibility might lie with IJBs, which plan and direct councils and NHS boards in how services are to be delivered.[59] All parties need to recognise this risk and set out clearly an agreed understanding of each other's roles and responsibilities. It is essential that the chief officer of the IJB is clear about how this joint accountability will work in practice.

89. Accountability arrangements for the IJB chief officer are complex. The chief officer has a dual role. They are accountable to the IJB for the responsibilities placed on the IJB under the Act and the integration scheme. They are accountable to the council and NHS board for any operational responsibility for integrated services, as set out in the integration scheme.

90. Governance and scrutiny arrangements for IJB and non-IJB services within our fieldwork councils varied, even where the same services are included within

the IJB's remit. For example, in East Renfrewshire, scrutiny of performance happens within the IJB Audit and Performance Committee and an annual report is presented to the Council. While Comhairle nan Eilean Siar concluded that appropriate scrutiny could be provided within its existing council committee structure and that a separate mechanism for IJB functions was not required. Supplement 3 shows the variation in integration arrangements in four of our fieldwork councils. Whatever model councils choose, elected members need to assure themselves that the scrutiny arrangements are working effectively.

91. As governance and scrutiny arrangements for social work were still in transition at the time of our fieldwork visits (some changes were implemented in March 2016), it is too early to make judgements as to whether there are duplications or gaps in scrutiny. Councils indicated that they would review arrangements if they did not appear to be working effectively. Our fieldwork highlighted a number of potential risks. These include:

- the potential for an overall view of governance being lost when social work services (and budgets) are split, for example between education and children's services and the IJB
- a focus on health and adult services could restrict discussion of children's services and, in particular, criminal justice services on IJB scrutiny committees.

92. Council representation on the IJB is generally four or five senior elected members (around ten per cent of elected members), usually including the leader of the council and a senior opposition member. This means that a small subset of elected members of the council and members of the NHS board will be responsible for social work governance and scrutiny within the IJB and its committees. There is a risk that the majority of elected members could feel excluded from social work decision-making and scrutiny. There is also a risk that this arrangement leaves responsibility for governance and scrutiny with a small number of very busy elected members. Councils have set up a variety of mechanisms to ensure they keep all elected members informed. For example, Comhairle nan Eilean Siar and the IJB will hold at least two meetings a year with the wider membership of the council and NHS Western Isles.

93. It is important that elected members receive training and guidance on the operation of the new governance arrangements. The Scottish Government has produced guidance on the roles, responsibilities and membership of the Integration Joint Board.[60] COSLA is working with the Improvement Service and the Scottish Government to support elected members who do not sit on IJB boards to help them fulfil their role, including councils' ongoing statutory duties. COSLA intends to produce an elected member briefing note focusing on councils' role and interests to ensure they are kept informed of the changes. It is also hosting workshops for elected members to share their experiences. We have included an elected member's checklist as Supplement 4. Elected members may wish to use the checklist to help them consider the effectiveness of the arrangements in their council.

Health and social care integration may make strategic planning of services more difficult

94. Each IJB is required to produce a strategic plan that includes strategies for all the services delegated to it. We examined strategies for social work services in our fieldwork councils. Strategies are set out in various ways depending on the health and social care arrangements in each council. While the plans for integrated services were well developed, they are new and untested.

95. Where councils have chosen not to include services for children within their IJB, they usually continue to follow existing arrangements. For example, some align children's social work services with education, in education and children's services. In others, these services are part of an existing Health and Social Care Partnership Directorate. Strategies for services that are not within the IJB are set out in council plans such as the education and children's services plan.

96. Where criminal justice services are included within the IJB, strategies were not always as clearly set out. IJB plans generally included few references to criminal justice and some services did not have a specific criminal justice plan. Whether as part of the IJB or not, councils have, until now, worked in partnership with their Community Justice Authority (CJA) and contributed to its area and action plans. However, under The Community Justice (Scotland) Act 2016, CJAs will be abolished from 2017. Responsibility for community justice will transfer to community planning partnerships. It is important that under the new approach, strategies for criminal justice services are clearly set out as part of the IJB or community planning arrangements.

97. All the social work plans we examined demonstrate links to community planning. As members of the community planning partnerships, both IJBs and councils have signed up to local single outcome agreements (SOA) with the Scottish Government, and share the vision and priorities within these.

98. It is important that there are clear linkages between the planning of those services that are integrated and those that are not, for example the transition from children's services to adult services or between children's services and criminal justice. Planning for these transitions needs to be well coordinated to ensure a seamless service without overlaps or gaps in services, particularly where responsibility is split between the IJB and the council.

99. It is important that the scrutiny arrangements reflect the risks associated with managing transitions. Councils and elected members will need to ensure they have a strategic overview of the whole of social work service and ensure that strategy, budget arrangements, commissioning, procurement and workforce planning are coordinated at a council-wide level.

I'm happy with the services for my daughter but it was a hard fight over many years. As she moves to adult services, am I going to have to start fighting again? It worries me.

Carer

There is a risk that chief social work officers may become over-stretched

100. The Social Work (Scotland) Act 1968 requires local authorities to appoint a single chief social work officer (CSWO) who must be a qualified social worker and registered with the Scottish Social Services Council. The CSWO should demonstrate professional leadership. They have a responsibility to highlight where a council policy may endanger lives or welfare and ensure that they provide councillors and officers with professional advice in relation to social work and social care services. The CSWO should have access to the chief executive and other senior managers, councillors and social work officers. The CSWO is one of five statutory officers in councils: that is, officers that each council is required to appoint by law.[61]

101. Scottish ministers issued revised guidance on the role of the CSWO in July 2016 to reflect the introduction of health and social care integration. This summarises the minimum scope of the CSWO role, recognising the diversity of the structures and partnerships that deliver social work services. The CSWO's responsibilities apply to social work functions whether delivered by the council or

by other bodies under integration or partnership arrangements.[62] The guidance states that management and reporting structures are a matter for councils. But if the CSWO is not a full member of the corporate management team, elected members must be satisfied that the officer has appropriate access, influence and support at the most senior level. We found consensus among elected members and chief executives that it is important that the CSWOs are senior enough to carry out their responsibilities effectively. However, the CSWO's position in the hierarchy, and the arrangements to allow them to contribute to decision-making, varied between councils.

102. When the CSWO role was combined with that of Director of Social Work, the ability to influence was clear. But councils have developed executive team structures and most no longer have a Director of Social Work. At present six CSWOs are at director level and 24 are heads of service, the tier below this, with one tier-three manager in a temporary acting up role. In addition, a large proportion of CSWOs are new to the role. A survey by Glasgow Caledonian University, in November 2015, found that over half had been in post less than three years, and nine for less than a year.

103. CSWOs have strategic and professional responsibility for social work, including monitoring service quality and professional standards. Good practice indicates this should be across the full range of a council's social work functions. Scottish ministers' guidance says the CSWO must have the power and authority to provide professional advice and contribute to decision-making in the council and health and social care partnership arrangements. However, the structure of social work provision has changed over time and CSWOs do not always have operational responsibility across all functions. For example, in Midlothian, the CSWO has operational responsibility for adult services but not for services for children or older people.

104. Integration does not change the CSWO's responsibility to provide professional leadership. However, some CSWOs expressed concerns that, where children's services and/or criminal justice sit within the IJB, health issues and adult care will dominate the IJB both in terms of the agenda and in terms of personnel. They were concerned that representation of these services on the agenda would be small in comparison to adult services.

105. Reporting lines for CSWOs always lie within the council and the establishment of IJBs does not change this. However, CSWOs now have an additional statutory, non-voting place as adviser to the IJB (or the Integration Joint Monitoring Committee in Highland's lead agency model). CSWOs need to establish good, effective working relationships with their IJB chief officer. CSWOs' roles vary across all thirty-one IJBs in terms of what they are accountable for. Integration means that those CSWOs who were previously responsible for adult social care services will lose direct responsibility for their management and budget.

106. Scottish ministers' guidance indicates that the CSWO must be visible and available to any social services worker, and ensure well-grounded professional advice and guidance on practice is available. Social workers in our focus groups generally felt that their CSWO was both visible and accessible, and felt confident about consulting them.

107. The ability of CSWOs to carry out their role effectively and not become too 'stretched' across multiple functions is a potential concern. CSWOs may have

to report to one or more council committees, sit on the IJB, and attend the council corporate management team or senior management team and the IJB management team, as well as undertake day-to-day service management roles. It is important for CSWOs to achieve the trust and confidence of councils' NHS partners in order to have an influence in decision-making. CSWOs had mixed views on whether their role within the IJB would have a negative impact on their visibility or accessibility to elected members and social workers. It is too early to see how effective new arrangements will be.

108. The statutory guidance requires all CSWOs to report annually to the council and IJB on all of the statutory, governance and leadership functions of the role and delivery of the council's social work functions. This applies however they are organised or delivered. A review of CSWO annual reports in 2013 found a lack of consistency in the content and format. After consultation with relevant individuals and groups, the chief social work adviser published guidance on the content and a template for the report. The CSWO annual report gives an opportunity for the CSWO to draw together all the important strands of their work and report on them to elected members. It should provide an opportunity for the CSWO to raise their profile with elected members and, more importantly, draw their attention to any potential concerns about social work or governance issues.

109. The CSWO reports we examined from our fieldwork sites generally followed the template, but varied in the amount and level of information included. For example, Glasgow's report for 2014/15 is more concise (nine pages long with links to relevant reports and strategies), with less detail included compared with Perth and Kinross (71 pages), which contains a lot of activity information and good practice examples. CSWO reports may be considered at various meetings including full council, relevant council committees or panels or the IJB. Social work performance is regularly scrutinised through council or IJB monitoring systems and scrutiny happens through monthly, quarterly or six-monthly performance reports at appropriate committees. CSWO reports are also important in providing a high-level summary of the performance of social work functions during a particular year. It is essential that they are subject to effective scrutiny by elected members. However, we did not find evidence of detailed scrutiny of the report or challenge at these meetings.

110. The Scottish Social Services Council (SSSC) working with universities and others, has recently developed a qualification for CSWOs. The postgraduate diploma is aimed specifically at those currently in the CSWO role or who aspire to the role. There is also an option to proceed to a Masters qualification. CSWOs and social worker managers who we interviewed who are studying for this qualification all found it helpful and useful in practice, as well as helping the council in succession planning.

Elected members are key decision-makers for local social work services

111. During the era of steadily increasing council spending that ended in 2010, people's expectations were raised as to the level of service that social work services could provide. Councils are now in an era of reducing spending. Councils need to play a leading role in a wider conversation with the public about the level of social work services they can realistically provide and how they can best provide it. Current arrangements for providing care are not sustainable in the long term, given the demographic and financial pressures. As we reported in *Changing models of health and social care*: 'Services cannot continue as they are and a significant cultural shift

in the behaviour of the public is required about how they access, use and receive services'.[63] Elected members need to play a key role in this change, engaging with communities in a wider dialogue about council priorities.

112. The Christie Commission suggested that councils should work closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance, and build resilience. Communities have a significant role to play, and councils and their community planning partners should do more to encourage and help them to assume more responsibility for supporting themselves. North Lanarkshire's *Making Life Easier* service is a website that helps people to identify problems and develop their own solutions through information, professional advice and direct access to services and support (Case study 5).

Case study 5

Making Life Easier

North Lanarkshire Council worked with ADL Smartcare to develop a website to help those who wish to live independently at home. Making Life Easier provides professional advice and guidance on health issues and on managing daily living tasks. It includes hints and tips and signposts to organisations such as social and support groups, lunch clubs and drop-in cafes.

People and their carers can do an online self-assessment to identify safe and suitable equipment and minor adaptation choices that will help them manage their lives. People can choose to get the equipment and minor adaptations they need without charge through a link to the council's integrated equipment and adaptation service, or there is information on how to buy it for themselves.

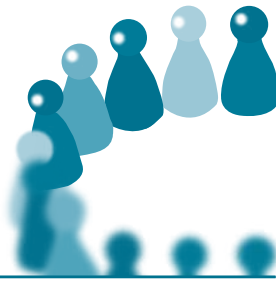
East Lothian Council is developing a similar service, which they will call HILDA – Health and Independent Living with Daily Activities.

Source: North Lanarkshire Council

113. Although health and social care integration will change the way social work services are commissioned and funded, councils remain responsible for promoting social welfare.[64] This includes improving outcomes for people who use services. Councils and IJBs need to ensure they are scrutinising budgets, plans and outcomes, including the effectiveness of services and the impact on individuals.

114. Elected members may find that their role changes, but they remain the key decision-makers for social work services on behalf of their constituents and they ensure effective scrutiny, governance and strategic oversight of the new arrangements. It is essential that elected members assure themselves of the quality of social work services and ensure councils manage risks effectively at a time of great change. With increasing financial pressures, councillors may face a difficult challenge in managing people's expectations, but they have a crucial role in doing so and providing leadership for their communities.

Endnotes



1 Social Care Services 2015, Scottish Government, December 2015.

2 Children's Social Work Statistics Scotland, 2014/15, Scottish Government, April 2016.

3 Social Care Services 2015, Scottish Government, December 2015.

4 Social Work and Social Care Statistics for Scotland: A Summary, Scottish Government, January 2016.

5 Scottish Local Government Financial Statistics, Scottish Government, February 2016.

6 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.

7 We use the term 'third sector organisation' to describe organisations that are neither public sector nor private sector, including voluntary and community organisations (both registered charities and other organisations such as community groups), social enterprises, mutuals and co-operatives.

8 In this report, we use the word carer to mean someone who provides unpaid care. Staff who are employed to provide care are referred to as care workers.

9 *Health and social care integration*, Audit Scotland, December 2015.

10 Social Services in Scotland: a shared vision and strategy 2015 - 2020, Scottish Government,

11 National Performance Framework, Scottish Government, March 2016.

12 The Scottish Government established the independent Commission, chaired by Dr Campbell Christie CBE, in November 2010 to develop recommendations for the future delivery of public services. The Commission published its report in June 2011.

13 *Health and social care integration*, Audit Scotland, December 2015.

14 *Changing models of health and social care*, Audit Scotland, March 2016, included Scottish Government analysis of projected health and social care expenditure, provided to Audit Scotland in February 2016.

15 *Scotland's Population, The Registrar General's Annual Review of Demographic Trends 2014*, published August 2015.

16 All local authorities are responsible for maintaining a central register of all children who are the subject of an inter-agency Child Protection Plan. The register provides a system for alerting practitioners that there is professional concern about a child. Social work departments are responsible for maintaining a register of all children in their area who are subject to a Child Protection Plan.

17 Children's Social Work Statistics Scotland, 2014/15, Scottish Government, April 2016.

18 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.

19 Experimental Statistics: Staff Retention in the Scottish Social Service Sector, SSSC, March 2016.

20 Workforce Survey of Independent Care Homes for Older People in Scotland, Scottish Care, March 2008.

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24 Mental Health (Care and Treatment) (Scotland) Act, 2003.

25 Scottish Social Services Workforce Data, Mental Health Officers (Scotland) Report 2015, August 2016.

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27 Scotland's Carers, Scottish Government, March 2015.

28 *Caring Together: The Carers Strategy for Scotland 2010 - 2015*, Scottish Government, July 2010.

29 *Valuing Carers; The rising value of carers' support*, Carers UK, 2015.

30 *An overview of local government in Scotland 2016*, Audit Scotland, March 2016.

31 The net expenditure breakdown in Exhibit 5 is taken from Scottish Local Government Financial Statistics 20014-15. The total net expenditure figure of £3.3 billion is from the audited accounts and includes pension costs and capital accounting costs that the £3.1 billion in the local financial returns (LFRs), on a funding basis, will exclude.

32 *An overview of local government in Scotland 2016*, Audit Scotland, March 2016.

33 Scottish Parliament, Health and Sport Committee, Integrated Joint Board survey responses, August 2016.

34 Information supplied by Scottish Government.

35 Scottish Government unpublished analysis, March 2016.

36 *Social Services in Scotland: a shared vision and strategy 2015-2020*, Scottish Government, March 2015.

37 *Route Map to the 2020 Vision for Health and Social Care*, Scottish Government, May 2013.

38 *Reshaping Care for Older People – A Programme for Change 2011–21*, Scottish Government, COSLA and NHS Scotland, 2010.

39 *Reshaping care for older people*, Audit Scotland, February 2014.

40 *Changing models of health and social care*, Audit Scotland, March 2016.

41 The NHS and Community Care Act 1990 provides a statutory framework for community care, which forms the cornerstone of community care law. It places a duty on local authorities to assess an individual's need for 'community care services'.

42 Scottish Government and COSLA guidance on a national framework for eligibility criteria, 2009.

43 *Route Map to the 2020 Vision for Health and Social Care*, Scottish Government, May 2013.

44 Data from Children's Social Work Statistics Scotland, 2011/12, Scottish Government, March 2013 and Children's Social Work Statistics Scotland, 2014-15, Scottish Government, June 2016.

45 *Getting it right for children in residential care,* Audit Scotland, September 2010.

46 Recreate Volunteer Programme: A social return on investment (SROI) analysis, Margaret Smith and Vikki Binnie, 2014. An SROI considers the length of time changes last to assess future value. Because this user group is often associated with a chaotic lifestyle, the study shows a range in value to reflect a conservative estimate and an estimate reflecting the sustained changes possible.

47 Local Government Benchmarking Framework, Improvement Service (website).

48 A framework agreement does not have to be a contract. However, where it is a contract it is treated like any other contract, and the EU procurement rules apply.

49 The 2016/17 fees paid to providers for local authority placements are set at £624.54 a week for nursing care and £537.79 for residential care until 30 September. After that, fees will increase to £648.92 a week for nursing care, and £558.77 for residential care until April 2017 (the £372 figure in paragraph 62 has income from contributions deducted). Fees for self-funders tend to be substantially higher.

50 Scottish Statistics on Adults Resident in Care Homes, 2006-2015, ISD Scotland, October 2015.

51 Local Government Benchmarking Framework, Improvement Service (website).

52 The Care Home Census: Scottish Statistics on Adults Resident in Care Homes 2006-2015. The census includes data on adults living in care homes in Scotland that are registered with the Care Inspectorate.

53 NHS National Services Scotland, Public Health and Intelligence, 2016.

54 These figures are for residents who do not require nursing care. The equivalent figures for residents who do require nursing care are £775 and £590.

55 The Scottish Government is holding a 'national conversation' on health and social care services. Some of the carer's quotes are taken from the Coalition of Carers in Scotland event to support carers to contribute their views, held on 25 November 2015.

56 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

57 Local Government Benchmarking Framework, the improvement service.

58 A full list of the arrangements in all councils is included in Exhibit 8, page 22 of *Health and social care integration*, Audit Scotland, December 2015.

59 *Health and social care integration*, Audit Scotland, December 2015.

60 Roles, Responsibilities and Membership of the Integration Joint Board, Scottish Government, September 2015.

61 The others are: The Head of Paid Service (chief executive) responsible to councillors for the staffing and ensuring the work of the council is co-ordinated; the Monitoring Officer prepares governance documents and advises councillors about legal issues; the Chief Financial Officer; the Chief Education Officer.

62 The Role of Chief Social Work Officer, Guidance Issued by Scottish ministers, pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, Revised Version, July 2016.

63 *Changing models of health and social care*, Audit Scotland, March 2016.

64 Social Work (Scotland) 1968 Act.

Social work in Scotland

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Appendix 1

Key Recommendations	West Lothian Position
Social Work Strategy and Service Planning.	
That transformative change in how services are delivered and funded is required. Debate to be undertaken with communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges. Work with national and local stakeholders to review how to provide social work services for the future and future funding arrangements Develop long-term strategies for the services funded by social work by: ○ carrying out a detailed analysis of demographic change and the contribution preventative approaches can make to reduce demand for services ○ developing long-term financial and workforce plans ○ working with people who use services, carers and service providers to design and provide services around the needs	In West Lothian a comprehensive review of all health, social and economic data which is relevant to integrated planning and subsequent delivery of services designed to target those most in need has been undertaken. Strategic Needs Assessments, across all client groups have been undertaken to inform service development and planning to meet future needs. Commissioning Plans are in place for: • Learning Disability • Physical Disability • Older People • Mental Health • Children • Criminal Justice • Alcohol and Drug Partnership Commissioning Plans for both Children's Services and Community Justice Services will be developed later in 2017 following the completion of the Strategic Needs Assessments currently underway for: • Early Intervention and Prevention • Looked After Children and Young People • Community Justice

of individuals ○ working more closely with local communities to build their capacity so they can better support local people who may be at risk of needing to use services ○ considering examples of innovative practice from across Scotland and beyond ○ working with the NHS and Scottish Government to review how to better synchronise partners' budget-setting arrangements to support these strategies	A robust strategic commissioning approach has been adopted which incorporates a number of key service redesign programmes aimed at transforming the way we deliver services across whole systems, including: • **Frail Elderly Programme** - whole system approach to the most efficient and effective delivery of provision to the frail elderly population, supporting the national health and care outcomes • **Mental Health Re-design Programme** - Whole system redesign to deliver sustainable and cost effective service which meets the needs of adults with mental health problems in the community. • **Learning Disability Modernisation Programme** - Whole system redesign to shift the balance of care in favour of community based Service. The programme aims to improve wellbeing, choice, independence and inclusion for people with a learning disability **Integrated business and financial planning** The IJB has a 3 year financial planning process which is linked to strategic performance priorities. SP has an annual budget plan which is closely aligned to service priorities. Strategic Commissioning plays a key role in assessing and forecasting needs and linking investment to agreed outcomes when planning the nature, range and quality of future services. The financial plan is reviewed annually, with revenue budget set each year. This is monitored through financial controls and the budget monitoring process, with regular reports to SMT, EMT and IJB. **Participation and Engagement** The Participation and Engagement Strategy is currently in development and sets out the HSCP's commitment to involving carers and service users in developing and improving services.

Governance and scrutiny arrangements	
Ensure that the governance and scrutiny of social work services are appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change.	A clear governance framework exists within the Health and Social Care Partnership within which professionals and the wider workforce operate. Where groups of staff require professional leadership, this is provided by the relevant Health Lead or Chief Social Work Officer, as appropriate. Further assurance is provided through the responsibility of the Chief Social Work Officer to report directly to the Council and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in turn report to the NHS Board on professional matters. **Health and Care Governance Group** The role of the Health and Care Governance Group is to consider matters relating to the IJB strategic plan development, governance, risk management, service user feedback and complaints, care standards, education, learning, continuous improvement and inspection activity. The Health and Care Governance Group provides advice to the IJB strategic planning and locality planning groups within the Partnership. The Integration Joint Board Strategic Plan 2016-19 is currently subject to its first annual review.
Improve accountability by having processes in place to: ○ measure the outcomes of services, for example in criminal justice services, and their success rates in supporting individuals' efforts to desist from offending through their social inclusion ○ monitor the efficiency and effectiveness of services ○ allow elected members to assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively ○ measure people's satisfaction with those	**Improvement** WL HSCP has a cyclical corporate programme of self-assessment to evaluate achievement in services and support improvement across the organisation. The HSCP uses the Public Service Improvement Framework which is a recognised programme of self-assessment. **Performance** A core suite of indicators have been developed from national data sources so that the measurement approach for the agreed integration health and wellbeing outcomes is consistent across all areas. The core indicators are grouped into two types of complementary measures: • Personal outcomes and quality measures and • Indicators derived from organisational/system data.

services ○ report the findings to elected members and the IJB	WL IJB has adopted a balanced scorecard approach to provide the framework for their strategic measurement and management system. The scorecard will measure organisational performance across four balanced perspectives: • **Financial & Business:** Effective resource use • **Customer:** Positive experiences and outcomes; carers are supported • **Internal Processes:** Healthier Living; Independent • **Living;** Services are safe • **Learning and Growth:** Engaged and developed workforce
Demonstrate clear access for, and reporting to, the council by the CSWO, in line with guidance. Ensure the CSWO has sufficient time and authority to enable them to fulfil the role effectively. Ensure that CSWO annual reports provide an annual summary of the performance of the social work service, highlighting achievements and weaker areas of service	The role of the Chief Social Work Officer (CSWO) is well defined and supported in West Lothian, and is linked effectively into council and partnership governance arrangements. **Governance and Access** CSWO is one of the Statutory Officers identified within West Lothian Council's Scheme of Delegation. The Scheme of Delegation also details the responsibilities of the Chief Executive of West Lothian Council to: • to meet regularly with CSWO to promote and enforce good governance, to facilitate the council's compliance with legislation and to consider and recommend to the council improvements in the corporate governance of the council where necessary; and • to ensure that the CSWO has appropriate access to elected members and senior and other officers to enable them to carry out their statutory roles effectively. Appendix 3 of the Scheme of Delegation outlines the role of the CSWO. **Reporting** The CSWO's annual report provides a summary of performance across all Social Work services, highlights developments that have been made, identifies the challenges faced by the service and outlines the action that should be taken to mitigate these challenges.

delivery, setting out the council's response and plans to improve weaker areas and that these are actively scrutinised by elected members	The report is submitted to the Social Policy PDSP, Integration Joint Board, Health and Care PDSP and to the Scottish Government annually. Work is currently underway to develop the CSWO Annual Report for 2016/17 prior to its submission to the Scottish Government by 30th September.
Workforce	
Put in place a coordinated approach to resolve workforce issues in social care	The People Strategy has been developed to support delivery of the council's priorities (Corporate Plan) and the modernisation of services. NHSL ensure effective management and development of people through robust HR strategies, policies and procedures which are aligned to the strategic direction of the organisation. The strategy and WLC/ NHSL HR policies and procedures are communicated through team briefings and meetings and intranet (mytoolkit.net and HR on-line NHSL intranet site) WL HSCP has clearly defined policies and procedures in place to ensure the organisational structure is agile and is developed to meet priorities. The structure and resources are reviewed annually through management planning. A review of our capabilities and to maximise the opportunities of integration resulted in the development of an Organisational Development and Workforce Plan 2016-2019
As part contract monitoring arrangements, ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised.	A robust Contract Monitoring Framework is in place.
Service efficiency and effectiveness	
Include evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money.	Priority setting and decision making across the HSCP is intelligence-led. Capture of customer, systems, and performance and consultation data is commissioned by leaders to inform decision making. This is evidenced through management and performance reports.
Work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of recent	In conjunction with partners and key stakeholders a review of the eligibility framework will be undertaken to ensure that it is still fit for purpose.

policy and legislative changes.	
Benchmark services against those provided by other councils and providers within the UK and overseas to encourage innovation and improve services	West Lothian Health and Social Care Partnership (WL HSCP) participates in professional networks and benchmarking clubs to ensure practice and performance are challenged and that we learn from best in class. WL HSCP is involved in the LGBF network and emergent family groups. Relative value of benchmarking and comparative data is challenged through internal analysis and the results are reported along with performance results, to the appropriate performance meetings and governance bodies.

West Lothian Integrated Joint Board

Date: 27th June 2017

Agenda Item: 16

CLINICAL GOVERNANCE:

REPORT BY CLINICAL DIRECTOR

A PURPOSE OF REPORT

The purpose of the report is to inform the Board of the current situation with regard to General Practice and Primary Care Services in West Lothian.

B RECOMMENDATION

Board is asked to:
Note the contents of the report.
Be reassured that West Lothian HSCP are successfully maintaining service provision
Support innovative approaches to primary care service provision and assist in managing public expectations.

C TERMS OF REPORT

Background
Throughout Scotland, General Practice continues to be in crisis. An ever-increasing workload coupled with severe recruitment and retention problems and ongoing under-investment has created the "perfect storm", threatening the viability of individual GP practices and presenting significant challenges for Health and Social Care Partnerships to maintain access and service provision. To cope with demand when unable to recruit new GPs, practices across Lothian are increasingly opting to restrict or close their lists to new patients, and some GP partnerships are giving up altogether and handing back their contracts to the Health Board. When this happens, the Health Board has 3 options: advertise the practice to find a new group of GPs to take on the contract, run the practice as a salaried service under direct HSCP management, or disperse the patients to other neighbouring practices.

Restricted Lists
West Lothian has 22 GP practices; currently 2 are operating restricted lists. This compares to 7 practices in Mid Lothian and 40 practices in Edinburgh. Over the past year West Lothian HSCP have successfully averted at least 4 further list closures by working with practices to provide support, promote a collaborative approach and avoid a domino effect. In many areas of West Lothian there is little overlap in practice boundaries, so it is particularly important for patients that lists remain open as patients do not have the option of an alternative practice where they can easily register.

Contractual Status
West Lothian HSCP is committed to supporting the independent contractor model of General Practice. At its best, this model allows for agile and innovative service provision tailored to the needs of the local population. Over the past 4 years, West Lothian HSCP have stepped in temporarily to manage 3 practices, where due to retirement or ill health the GPs had handed back their contract, however 2 have now successfully been returned to independent contractor status and the patients from one small practice have been taken on by a neighbouring practice.

In January this year, following the loss of several GP partners, the remaining GPs at a large West Lothian practice returned their contract. With 11500 patients the option of dispersal was not viable without destabilising neighbouring practices; however the challenge of reprovisioning GP services for such a large practice was considerable.

Following intensive efforts, a small team of salaried and locum GPs was recruited, but it was clear this would be insufficient to meet the needs of the population. Following innovative approaches adopted elsewhere, additional staff were brought in to help manage different patient groups: SAS provided a paramedic to do home visits, a CPN undertook on- the-day assessment of mental health problems and a physio was brought in to deal with patients with musculoskeletal problems. The practice appointment system was adapted to ensure patients were directed to these staff where appropriate, and training was provided for reception staff to carry out this signposting function.

The practice came under HSCP management as of 1/4/17 and service provision has been maintained at all times.

D CONSULTATION

Comment
In West Lothian we have been largely successful in averting practice list closures, taking a proactive approach, making use of available LEGUP funding and encouraging collaboration via the practice managers group.

As far as practice collapse is concerned, we have for several years tracked practice vulnerability using a risk assessment tool, however with the recruitment crisis ever-worsening, what has become clear is that any practice can quickly flounder if one or two key individuals leave and cannot be replaced. Our approach now is to work with ALL practices to improve resilience and adopt new ways of working such that maintaining service provision is less reliant on high levels of medical staffing. The West Lothian Primary Care Summit in March of this year generated a useful consensus on the direction of travel among numerous key stakeholders, and the outcome now forms the basis for the primary care development plan.

Traditionally, managing GP practices was never a function required of the HSCP or former CHCP management team as the situation simply did not arise. The current need to undertake this work presents a considerable challenge to the team, whose resources are not configured to carry out such a role. Equally, the responsiveness of other parts of the service to a crisis of this sort is not sufficiently agile to facilitate a rapid transition to new ways of working, and requires to be addressed.

Next Steps
The 11,500 patient practice has been advertised and potentially suitable candidates have been identified to take on the practice on a standard GMS contract. Pending successful interview we hope to return the practice to GMS status very shortly.

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	Temporary service difficulties are unlikely to have long term effects on Health and Wellbeing outcomes
Strategic Plan Outcomes	
Single Outcome Agreement	
Impact on other Lothian IJBs	none
Resource/finance	Maintaining a GP practice through an acute crisis has a range of financial implications and draws personnel and resources from other service areas.
Policy/Legal	none
Risk	The risk of practice collapse in West Lothian is ongoing

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Tuesday 27 June 2017

West Lothian Integration Joint Board

Date: 27 June 2017
Agenda Item: 17

PRIMARY CARE REPORT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

This paper outlines the current issues and challenges being faced by General Practice which are affecting the sustainability of Primary Care provision and provides an overview of the measures being taken to support General Practice and the key priorities emerging from the West Lothian Primary Care Summit held on 22nd February 2017.

B RECOMMENDATION

1) To note the contents of the report
2) To note the current issues and challenges in sustaining Primary Care Services in West Lothian
3) To support the priorities identified through the partnership and the Primary Care Summit for further development
   a) LEGUP support for list size growth
   b) Development of emergency fund to support practices in difficulty to maintain service provision
   c) Enhance the capacity of primary care teams with extended role practitioners to increase capacity and sustainability in primary care.
   d) Develop marketing and recruitment strategy to support practices with recruitment
   e) Continue to support training of advanced nurse practitioners
   f) Expand REACT and develop Frailty Hub and Rapid Access Clinic
   g) Elderly Care Facilities Quality Care Programme
   h) Signposting and Support Hubs to promote self management and direct access to alternative services
   i) Invest in IT hardware and software to support direct patient care and information sharing
   j) Advance health and social care integration through better joint working between primary and social care

C TERMS OF REPORT

Background

It is well recognised that primary and community care services are facing major challenges; with an increasing workload, an aging population, and increasingly complex medical problems being diagnosed and managed in the community. Investment in primary care has fallen behind investment in hospitals, despite increasing expectations of the work that should be done in primary care. The relationship between the public and health professionals is also changing with an increasing focus on giving people information and involving them in decisions about their care.

Population growth in the core development areas of Armadale, East Calder, Whitburn, Bathgate and Winchburgh is having significant impact on General Practices and their capacity to manage the demand associated with increases in list size. This has led to practices putting restrictions on their list which impacts both on the population not being able to register with a GP and the workload of neighbouring practices.

LEGUP (List Expansion Grant Uplift Scheme) provides a short term financial incentive for practices to take on more patients and is managed by the Primary Care Contracts Organisation and overseen by the Primary Care Joint Management Group. The expectation is that once practices have been supported to expand, the increased list size will generate the increased income needed to maintain service provision. The HSCP have distributed this funding (1 grant of £25K) to support practices with high population growth over the last two years.

The IJB agreed the **premises** priorities for Primary Care at its meeting on 14th March2017 which include:

a. Development of new Health Centre premises in East Calder
b. Development of an additional GP practice in new building in Armadale
c. Refurbishment of Whitburn Health Centre
d. The established development of Blackburn Partnership Centre to be progressed to implementation in September 2017.

Sustainability of GP services is crucial to our Primary Care provision. Whilst the majority of practices operate on an independent contractor basis, for some practices the recruitment, patient demand, financial, premises and other issues are such that they have required practical and financial support from the HSCP and PCCO to maintain service provision. The establishment of an **emergency fund** to support sustainability would be advantageous in order to maintain service provision and capacity.

Over the past three years the HSCP has had to take over direct management of two practices under Section 2c of the GMS contract due to retirements or resignations. Following a period of stabilisation the HSCP have sought to return the practice to a GP managed contract and have been successful with this approach. From the 1st April the HSCP have taken Deans & Eliburn into a 2c managed service arrangement and will be taking the opportunity to develop the primary care team with advanced skilled practitioners to test a model for change.

Premises, GMS income and associated funding streams are only part of the community service capacity which needs to be developed. This work needs to come together with the workforce planning for all associated disciplines and the development of new roles and partnership working to manage capacity issues and support provision of primary care.

West Lothian Primary Care Summit
The West Lothian Primary Care Summit took place on 22nd February 2017. The discussion focused on collaborative working across primary, secondary and social care and how we could work together to improve sustainability in primary care. The summit was attended by representatives from West Lothian GP practices, acute services, social care, voluntary and independent sectors, Scottish Ambulance service, senior managers and IJB and NHS Lothian board members. The key themes emerging from the summit are summarised below.

Expansion of the Primary Care Team
With major problems with GP recruitment and retention and an aging nursing workforce there is a need to develop short and long term strategies to recruitment and retention and to maximise opportunities to expand the primary care workforce through the use of other healthcare professionals. This needs to be underpinned with workforce planning including identification of necessary skills and competencies. For example:

- More use of AHPs with new practitioners as part of primary care team under GP direction e.g. Physiotherapy extended scope practitioner model in development for pilot with two practices from May 2017
- Psychologist to support mental health caseload
- Psychiatric nurses to provide acute assessment and care planning for mild to moderate mental health patients- testing model in one practice from April 2017
- Integrated Care Pharmacists to undertake wide range of clinical work at practice level including prescribing.
- SAS Primary Care Paramedic to be based in practices for home visits/minor illness/injuries. Model in development with SAS in West Lothian.
- Patient transport/ volunteer drivers to bring patients to the health centre and reduce demand for house calls/ domiciliary phlebotomy/DN visits.

It will not be possible to provide every practice with this wider range of practitioners and therefore we will look to cluster provision with groups of practices to optimise resource use.

West Lothian has 22 practices and current level of GP vacancies is equivalent to10 WTE. These vacancies are spread over several GP Practices.

In additional to national actions on GP training and retention there is a need to develop a professional standard **marketing and recruitment** strategy to include contractor practice vacancies.

There was also concern regarding locum rates and when these are inflated that this impacts on market availability and costs of locums for other practices and that a national agreement on locum rates would be advantageous.

Over recent years, primary care **Advanced Nurse Practitioner (ANP)** posts have been established, with these practitioners managing a similar acute caseload to GPs and having a key role in our modern primary care workforce. Therefore we will seek to continue to support ANP training and development.
As the increasing number of frail older people living with multiple complex health conditions are supported to live in community settings a very significant and expanding proportion of GP time is required to manage the additional clinical care demand.

The Frailty Programme was established to established to transform the way we work, taking a whole system approach to redesign services to manage current and future

demand. The programme covers primary and secondary care, the acute sector and social care within West Lothian. The Primary Care Summit provided positive feedback on **REACT** with the GPs being supportive of an expanded and more accessible service.

The development of a **Frailty Hub and Rapid Access Clinic** will provide patients, their families and GPs with one point of contact to refer frail elderly patients for appropriate assessment and care. This will build on the successful REACT service and will help to ensure patients are assessed and provided with the appropriate care in the right place.

Elderly Care Facilities Quality Care Programme has been developed to support improvements in the quality of care for those in residential facilities. The programme will be led by a dedicated care home lead GP and will aim to streamline care, reduce inappropriate emergency admissions and unscheduled care demand on GPs, LUCS, and ambulance services.

Research suggests that 27% of GP appointments were potentially avoidable and it was recognised that we should continue to do what works well and learn from successes in other areas.

There is a clear appetite to avoid medicalisation and to use resources better to empower patients to self manage and direct refer to a range of agencies and services. We have developed **Signposting** communication which is being widely distributed through a variety of media to ensure information is available and accessible to the West Lothian population.

To support the signposting of patients we have developed triage/signposting training for practice staff to increase competencies and skills in support of their roles and responsibilities. This training has been made available to all staff in the West Lothian practices and through time will optimise use of resources and promote self management as the norm.

In addition there was a clear desire to manage mental health distress in a more proactive way with less emphasis on medical care and more on social supports. This could be supported through the development of **Support Hubs** and this will be explored further. In addition to mental health it was also thought that this type of support model could be used effectively for MSK – 1st point of contact for MSK problems; Alcohol problems and social work/ social care distress.

Invest In Information Technology

GP practice clinical IT systems are provided and maintained by NHS Lothian eHealth. Most practices in Lothian use VISION, a smaller number of practices use EMIS. There is widespread agreement that IT provision to GP practices is outdated. Most GP practices have ageing PCs with outdated and poorly compatible software. GP systems are very slow and are prone to crashing.

These limitations are extremely frustrating and operationally inefficient as they impact on GP consulting time. The opportunity cost of time spent waiting for systems to load and rebooting PCs in the consultation is immense, not to mention the cumulative effect of these frustrations on morale.

GP systems also have no connectivity with those used in the acute sector, the out of hours service, community nursing, social care and the Scottish Ambulance Service.

The following IT priorities emerged:

- To establish with e-health what can be done to sort capacity and improved hardware and software in General Practices and support provision of mobile technology such as tablets for home visiting and remote working

- Set up and fund text reminder/cancellation service for patients.
- Teleconference/videoconference facilities.
- Promote IT self help resources such as Babylon.
- Improve pathway into social services to support real-time records update with systems that link.
- Support sharing of information e.g.
    - The SAS see patients (some multiple times) but are unable to feedback information to GP practices. SAS have capacity to send patient report forms direct to practices but NHSL IT not willing to support implementation.
    - Patients also have social care needs and need to be able to support sharing information with social work.

There was positive discussion on how to **advance Health and Social Care Integration** which could be improved through:

- Development of social care "Anticipatory Care Plans" to support appropriate interventions and prevent admissions due to crisis
- Review of social work referral systems to improve access and resources.
- Develop joint working teams – health/social care/ voluntary sector – a "community MDT" for each locality with shared ownership which would avoid duplication and streamline process for clients.
- Case managers directly linking with social care to optimise patient care.
- Agreement on schedules and timeframes to support joint working e.g. agreement on response times for crisis prevention.
- Work with voluntary organisations to offer more early intervention.
- More structured post-discharge process to signpost to appropriate services and better integration with discharge hub to facilitate this.
- Review benefits system to reduce impact on GP workload
- Managing public perception on changes especially implementation of *Realistic Medicine* which will require political and organisational support

It was clear that the GPs considered they are best placed to determine how resources should be spent in primary care and that there is a balance to be struck between developing HSCPand NHS Lothian services and devolving funds directly to GPs. We will continue to engage with GP Clusters and the Primary Care and Community Forum to learn from evidence and test changes in order to maximise opportunities and support best use of available resources.

The above priorities will be incorporated into the development of West Lothian's Primary Care Plan which will also take account of the changes in the new GMS contract as these are published.

D CONSULTATION

West Lothian Primary Care Summit February 2017
Primary Care & Community Forum

E REFERENCES/BACKGROUND

F APPENDICES

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	All National Health and Well Being Outcomes
Strategic Plan Outcomes	Primary Care is critical to all Strategic Plan Outcomes
Single Outcome Agreement	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
Impact on other Lothian IJBs	Mutual Aid, Management of Risk
Resource/finance	Within available resources
Policy/Legal	None
Risk	High Risk on HSCP Risk Register

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12 June 2017

West Lothian Integration Joint Board

Date: 27 June 2017
Agenda Item: 18

COMPLAINTS HANDLING PROCEDURE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To agree a Complaints Handling Procedure for the Integration Joint Board to adopt and submit to the Complaints Standards Authority.

B RECOMMENDATION

It is recommended that the Board note the report and agree to:

1. adopt the Complaints Handling Procedure and submit it to the Complaints Standards Authority for feedback before 3 July 2017;

2. review complaints performance and improvement actions on a six-monthly basis.

C TERMS OF REPORT

C1 Background

The Scottish Public Services Ombudsman (SPSO) has written to all Chief Officers of Integration Joint Boards (IJBs) asking them to adapt and adopt the model Complaints Handling Procedure (CHP). IJB's have been asked to submit their CHPs to the Complaints Standards Authority by 3 July 2017.

The model CHP was first introduced in 2012 with the aim of simplifying and improving complaints handling through a standardised system for complaints across public bodies. It was developed with a working group of local authority complaint experts and in consultation with SOLACE, COSLA and other key stakeholders in the sector.

More recently, the SPSO has been carrying out work to align the NHS and Social Work Complaints Handling Procedures (CHPs) to improve consistency around how complaints spanning integrated health and social care services

should be handled.

Adopting the model Complaints Handling Procedure will ensure consistency in complaints handling across the IJB and its parent bodies, NHS Lothian and West Lothian Council.

C2 Complaints about the Integration Joint Board

Complaints to the IJB will be directed through existing West Lothian Council systems. The initial point of contact for complaints is the council's Customer Service Centre or in writing to the Director of the Board.

The definition of a complaint to the IJB is:

'An expression of dissatisfaction by one or more members of the public about the IJB's action or lack of action, or about the standard of service the IJB has provided in fulfilling its responsibilities as set out in the Integration Scheme'.

Issues that are not covered by this definition are likely to be covered by other Complaints Handling Procedures (CHPs), relating to either health (NHS Lothian) or social work services (West Lothian Council).

Complaints will be recorded on the council's Customer Relationship Management (CRM) system as IJB complaints and a response will be co-ordinated by the IJB Project Officer.

C3 Reporting Complaints Performance and Improvement Actions

The council's CRM system allows for the separate recording and reporting of complaints to the Board.

The SPSO asks that complaints statistics and identified improvement actions are regularly reported to the IJB for review so that any systemic issues can be identified. Given the small number of complaints expected initially, it is recommended that complaints and identified improvement actions are reviewed by the Board on a six-monthly basis initially. This reporting interval will be regularly reviewed to ensure it is still appropriate.

C4 Conclusion

The IJB is required to adopt the SPSO's model Complaints Handling Procedure and to submit this for feedback by 3 July 2017.

The procedure proposes that existing council systems will be utilised to receive, record and report on complaints to the Board.

The Board is asked to agree the procedure for adoption and submission to the Complaints Standards Authority and to further agree to review complaints performance and improvement actions on a six-monthly basis.

D CONSULTATION

The IJB Complaints Handling Procedure has been developed in line with the SPSO's guidance and advice and will be submitted to the Complaints Standards Authority for feedback before the deadline of 3 July 2017.

Additionally, work is ongoing between NHS Lothian and the four corresponding Health and Social Care Partnerships to ensure that a consistent approach is taken to complaints handling across all relevant public bodies in the Lothians.

E REFERENCES/BACKGROUND

None

F APPENDICES

Appendix 1 – West Lothian IJB Complaints Handling Procedure

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as relevant to equality and the Public Sector Equality Duty, however it is not deemed necessary to conduct an equality impact assessment given the nature of the report.
National Health and Wellbeing Outcomes	Resources are used effectively and efficiently in the provision of health and social care services.
Strategic Plan Outcomes	The procedure will give service users an avenue to complain about: • IJB procedures • IJB decisions • the administrative or decision-making processes followed by the IJB in coming to a decision
Single Outcome Agreement	None
Impact on other Lothian IJBs	The model Complaints Handling Procedure ensures consistency across all Lothian IJBs.
Resource/finance	Activities will be carried out within existing budgets.
Policy/Legal	Scottish Public Services Ombudsman Act 2002 and Amendment Order 2006

Integration Scheme Regulations 2014

Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory instructions and guidance

Risk None

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West Lothian
Health & Social Care Partnership
www.westlothianchcp.org.uk

NHS Lothian

West Lothian Council

West Lothian Integration Joint Board
Complaints Handling Procedure

June 2017

Foreword

Our complaints handling procedure reflects the West Lothian Integration Joint Board's commitment to valuing complaints. It seeks to resolve dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure introduces a standardised approach to handling complaints across integration authorities, which complies with the SPSO's guidance on a model complaints handling procedure. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early resolution.

As far as possible, this procedure aligns with those of NHS Lothian and West Lothian Council to ensure that a consistent approach is taken to complaints handling across the Health and Social Care Partnership.

Complaints give us valuable information we can use in terms of how we fulfil our responsibilities. Our complaints handling procedure will enable us to address dissatisfaction and may also prevent the same problems that led to the complaint from happening again. Handled well, complaints can give customers a form of redress when things go wrong, and can also help us continuously improve the way we conduct business.

Jim Forrest
Director
West Lothian Integration Joint Board

Councillor Harry Cartmill
Chair
West Lothian Integration Joint Board

What is a complaint?

West Lothian Integration Joint Board's (IJB) definition of a complaint is:

> 'An expression of dissatisfaction by one or more members of the public about the IJB's action or lack of action, or about the standard of service the IJB has provided in fulfilling its responsibilities as set out in the Integration Scheme'.

The Integration Scheme sets out how NHS Lothian and West Lothian Council will work together to deliver health and social care services and can be found at http://www.westlothianchcp.org.uk/hsci.

Issues that are not covered by this definition are likely to be covered by other Complaints Handling Procedures (CHPs), relating to either health (NHS Lothian) or social work services (West Lothian Council).

A complaint may relate to dissatisfaction with:

- West Lothian IJB's procedures
- West Lothian IJB's decisions
- the administrative or decision-making processes followed by the IJB in coming to a decision

This list does not cover everything.

A complaint is **not**:

- a first time request made to the IJB
- a request for compensation only
- issues that are in court or have already been heard by a court or a tribunal
- disagreement with a decision where a statutory right of appeal exists
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision.

We will not treat these issues as complaints, but will instead direct the customer raising them to use the appropriate procedures.

Handling anonymous complaints

We value all complaints. This means we treat all complaints including anonymous complaints seriously and will take action to consider them further, wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further

action, we may decide not to pursue it further. Any decision not to pursue an anonymous complaint must be authorised by a senior manager.

If an anonymous complaint makes serious allegations, it will be considered by a senior officer immediately.

If we pursue an anonymous complaint further, we will record the issues as an anonymous complaint on the complaints system. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

What if the customer does not want to complain?

If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, tell them that we do consider all expressions of dissatisfaction, and that complaints offer us the opportunity to improve services where things have gone wrong. Encourage them to submit their complaint and allow us to deal with it through the CHP. This will ensure that they are updated on the action taken and receive a response to their complaint.

If, however, the customer insists they do not wish to complain, we will record the issue as an anonymous complaint. This will ensure that their details are not recorded on the complaints database and that they receive no further contact about the matter. It will also help to ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate.

Who can make a complaint?

Anyone who is affected by the decisions made by the IJB can make a complaint. This is not restricted to people who receive services through the IJB and their relatives or representatives. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints brought by third parties as long as the customer has given their personal consent.

Complaints involving the Health & Social Care Partnership or more than one organisation

A complaint may relate to a decision that has been made by the IJB, as well as a service or activity provided by the Health and Social Care Partnership (HSCP). Initially, these complaints should all be handled in the same way. They must be logged as a complaint, and the content of the complaint must be considered, to identify which services are involved, which parts of the complaint we can respond to and which parts are appropriate for the HSCP to respond to. A decision must be taken as to who will be contributing and investigating each element of the complaint, and that all parties are clear about this decision. The final response must be a joint response, taking into account the input of all those involved.

Where a complaint relates to a decision made jointly by the IJB and the Health Board or Local Authority, the elements relating to the IJB should be handled through this CHP. Where possible, working together with relevant colleagues, a single response addressing all of the points raised should be issued.

Should a member of staff who represents the HSCP receive a complaint in relation to the IJB, and they have the relevant and appropriate information to resolve it, they should attempt to do so. If the staff member feels unable to offer a response, the complaint should be passed to the IJB team as early as possible for them to resolve.

If a customer complains to the IJB about services of another agency or public service provider, but the IJB has no involvement in the issue, they will be advised to contact the appropriate organisation directly.

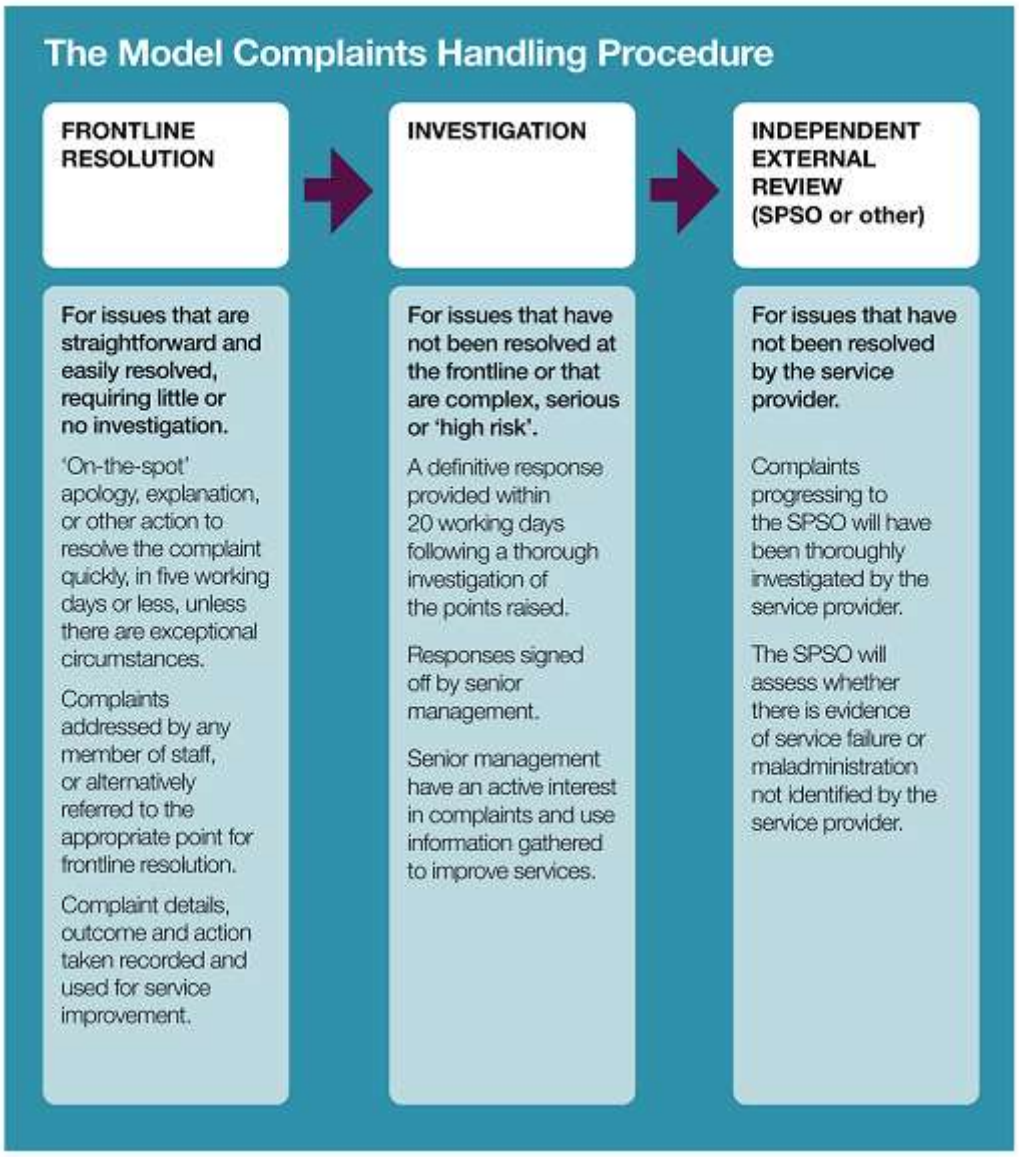
If we need to make enquiries to an outside agency in relation to a complaint we will always take account of data protection legislation and SPSO guidance on handling our customer's personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

The complaints handling process

The CHP aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- **frontline resolution**, and
- **investigation**.



For clarity, the term 'frontline resolution' refers to the first stage of the complaints process. It does not reflect any job description within the IJB but means seeking to resolve complaints at the initial point of contact where possible.

Stage one: frontline resolution

Frontline resolution aims to quickly resolve straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage; if the member of staff receiving the complaint is not able to provide a response, then it should be referred on to a more appropriate member of staff.

The main principle is to seek early resolution, resolving complaints at the earliest opportunity. This may mean a face-to-face discussion.

Whoever responds to the complaint, it may be settled by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. They may also explain that, as an organisation that values complaints, we may use the information given when we review policies and processes in the future.

A customer can make a complaint in writing, in person, by telephone, by email or by having someone complain on their behalf. Frontline resolution will always be considered, regardless of how the complaint has been received.

Phone us: **01506 280000**

Email us: **customer.service@westlothian.gov.uk**

Write to us: **Director**
West Lothian Integration Joint Board
Civic Centre
Howden South Road
Livingston
EH54 6FF

What we will do when we receive a complaint

1 On receiving a complaint, we will first decide whether the issue can indeed be defined as a complaint. The customer may express dissatisfaction about more than one issue. This may mean we treat one element as a complaint, while directing them to pursue another element through an alternative route.
2 If we have received and identified a complaint, we will record the details on our complaints system.
3 Next, we will decide whether or not the complaint is suitable for frontline resolution. Some complaints will need to be fully investigated before we can give the complainant a suitable response. A senior officer will escalate these complaints immediately to the investigation stage.
4 Where we consider frontline resolution to be appropriate, we will consider four key questions:

- What exactly is the complaint (or complaints)?
- What does the complainant want to achieve by complaining?
- Can I achieve this, or explain why not?
- If I cannot resolve this, who can help with frontline resolution?

What exactly is the complaint (or complaints)? It is important to be clear about exactly what the customer is complaining about. Staff may need to ask the supplementary questions to get a full picture.
What does the complainant want to achieve by complaining? At the outset, staff will seek to clarify the outcome the complainant wants. Of course, they may not be clear about this, so there may be a need to probe further to find out what they expect and whether they can be satisfied.
Can I achieve this, or explain why not? If staff can achieve the expected outcome by providing an on-the-spot apology or explain why they cannot achieve it, they will do so. If they consider an apology is suitable, they may wish to follow the SPSO's guidance on the subject, which can be found on the SPSO website. The customer may expect more than we can provide. If their expectations appear to exceed what the organisation can reasonably provide, the officer will tell them as soon as possible in order to manage expectations about possible outcomes. Decisions at this stage may be conveyed face to face or on the telephone or via e-mail. In those instances, you are not required to write to the customer as well, although you may choose to do so. A full and accurate record of the decision reached must be kept, including the information provided to the customer.
If I can't resolve this, who can help with frontline resolution? If the complaint raises issues which you cannot respond to in full because, for example, it relates to an issue or area of service you are unfamiliar with, pass details of the complaint to more senior staff who will try to resolve it.

Timelines

Frontline resolution must be completed within **five working days** of the IJB receiving the complaint, although in practice we would often expect to resolve the complaint much sooner.

Staff may need to get more information or seek advice to resolve the complaint at this stage. However, they will respond to the complainant within five working days, either resolving the matter or explaining that the IJB will investigate their complaint.

Extension to the timeline

In exceptional circumstances, where there are clear and justifiable reasons for doing so, senior management may agree an extension of no more than five working days with the complainant. This must only happen when an extension will make it more likely that the complaint will be resolved at the frontline resolution stage.

If, however, the issues are so complex that they cannot be resolved in five days, it will be appropriate to escalate the complaint straight to the investigation stage.
If the customer does not agree to an extension but it is unavoidable and reasonable, a senior manager can still decide upon an extension. In those circumstances, they will then tell the complainant about the delay and explain the reason for the decision to grant the extension.

Such extensions will not be the norm, though, and the timeline at the frontline resolution stage will be extended only rarely. All attempts to resolve the complaint at this stage will take no longer than **ten working days** from the date the IJB received the complaint.

The proportion of complaints that exceed the five-day limit will be evident from reported statistics. These statistics will be presented to the IJB on a six-monthly basis.

Appendix 1 provides further information on timelines.

Closing the complaint at the frontline resolution stage

The response to the complaint must address all areas that we are responsible for and must explain the reasons for our decision. Staff will keep a full and accurate record of the decision reached. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the frontline stage will be reported to the IJB on a six-monthly basis.

When to escalate to the investigation stage

The IJB will escalate a complaint to the investigation stage when:

- frontline resolution has been attempted but the customer remains dissatisfied and requests an investigation
- the customer refuses to take part in frontline resolution
- the issues raised are complex and require detailed investigation
- the complaint relates to serious, high-risk or high-profile issues.

When a previously closed complaint is escalated from the frontline resolution stage, the complaint will be entered as a stage two complaint on the complaints system.

We will take particular care to identify complaints that might be considered serious, high risk or high profile. The SPSO defines potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
- generate significant and ongoing press interest
- pose a serious risk to an organisation's operations
- present issues of a highly sensitive nature, for example concerning:
    - a particularly vulnerable person
    - child protection.

Stage two: investigation

Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically complex or require a detailed examination before we can state our position. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the complainant a full, objective and proportionate response that represents our final position.

What we will do when we receive a complaint for investigation

It is important to be clear from the start of the investigation stage exactly what is being investigated, and to ensure that all involved – including the customer - understand the investigation's scope. It may be helpful for an investigating officer to discuss and confirm these points with the customer at the outset, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic.

In discussing the complaint with the customer, the investigating officer will consider three key questions:

1. What specifically is the complaint or complaints?
2. What does the complainant want to achieve by complaining?
3. Are the complainant's expectations realistic and achievable?

It may be that the customer expects more than we can provide. If so, our staff will make this clear to them as soon as possible.

Where possible we will also clarify what additional information we will need to investigate the complaint. The customer may need to provide more evidence to help us reach a decision.

Details of the complaint must be recorded on the system for recording complaints. Where appropriate, this will be done as a continuation of frontline resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted frontline resolution, staff will ensure that all relevant information will be passed to the officer responsible for the investigation, and record that they have done so.

Timelines
The following deadlines are appropriate to cases at the investigation stage:

- complaints must be acknowledged within **three working days**
- the IJB will provide a full response to the complaint as soon as possible but not later than **20 working days** from the time they received the complaint for investigation.

Extension to the timeline
Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20-day limit. However, these would be the exception and we will always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timescale, senior management will set time limits on any extended investigation, as long as the complainant agrees. They will keep the customer updated on the reason for the delay and give them a revised timescale for completion. If the customer does not agree to an extension but it is unavoidable and reasonable, then senior management can consider and confirm the extension. The reasons for an extension might include the following:

- Essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but they cannot help because of long-term sickness or leave.
- Further essential information cannot be obtained within normal timescales.
- Operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions.
- The customer has agreed to mediation as a potential route for resolution.

These are only a few examples, and senior management will judge the matter in relation to each complaint. However, an extension would be the exception and we will always try to deliver a final response to the complaint within 20 working days.

As with complaints considered at the frontline stage, the proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics will be presented to the IJB on a six-monthly basis.

Appendix 1 provides further information on timelines.

Mediation

Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the complaint. Where appropriate, we may consider using services such as mediation or conciliation using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

Mediation will help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions.

If the IJB and the customer agree to mediation, revised timescales will need to be agreed.

Closing the complaint at the investigation stage

We will inform the customer of the outcome of the investigation, in writing or by their preferred method of contact. This response to the complaint will address all areas that we are responsible for and explain the reasons for the decision. We will record the decision, and details of how it was communicated to the customer, on the system for recording complaints. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the investigation stage will be reported to the IJB on a six-monthly basis.

In responding to the customer, we will make clear:

- their right to ask SPSO to consider the complaint
- the time limit for doing so, and
- how to contact the SPSO.

Independent external review

Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures and maladministration (administrative fault), as well as the way we have handled the complaint.

We will use the following wording to inform customers of their right to ask SPSO to consider the complaint. The SPSO provides further information for organisations on the Valuing Complaints website. This includes details about how and when to signpost customers to the SPSO.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the Scottish Government, NDPBs, agencies and other government sponsored organisations. If you remain dissatisfied with an organisation after its complaints process, you can ask the SPSO to look at your complaint. The SPSO cannot normally look at complaints:

- where you have not gone all the way through the organisation's complaints handling procedure more than 12 months after you became aware of the matter you want to complain about, or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO
4 Melville Street
Edinburgh
EH3 7NS

Freepost SPSO

Freephone: **0800 377 7330**
Online contact **www.spso.org.uk/contact-us**
Website: **www.spso.org.uk**

Governance of the Complaints Handling Procedure

Roles and responsibilities

As per the Public Bodies (Joint Working) Act and as specified within the IJB's Integration Scheme, the Director's role is to provide a single senior point of overall strategic and operational advice to the integration authority. In line with this, overall responsibility and accountability for the management of complaints lies with the Director.

Our final position on a complaint must be signed off by an appropriate senior officer and we will confirm that this is our final response. This ensures that our senior management own and are accountable for the decision. It also reassures the customer that their concerns have been taken seriously.

Director (Chief Officer)

The Director provides leadership and direction in ways that guide and enable us to carry out the business of the IJB effectively. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Director will usually delegate responsibility for the investigation of complaints to appropriate members of the Senior Management Team and Heads of Service in the Health & Social Care Partnership. Regular complaints reports assure the IJB of the quality of complaints performance.

Senior Management Team and Heads of Service

Members of the Senior Management Team and Heads of Service in the Health & Social Care Partnership may be responsible for investigating complaints, managing complaints and the way we learn from them, and overseeing the implementation of actions required as a result of a complaint.

IJB Project Officer

The IJB Project Officer is responsible and accountable for the management and recording of the investigation and will be involved in co-ordinating the response to the customer. The Project Officer will also act as the SPSO liaison officer and will respond to SPSO reports, as well as confirming and verifying that SPSO recommendations have been implemented.

Complaints about senior staff

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, the investigation is conducted by an individual who is independent of the situation.

Recording, reporting, learning and publicising

Complaints provide valuable customer feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across the IJB. We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can

identify and address the causes of complaints and, where appropriate, identify opportunities for improvements.

Recording complaints

To collect suitable data it is essential to record all complaints in line with SPSO minimum requirements, as follows:

- the complainant's name and address
- the date the complaint was received
- the nature of the complaint
- how the complaint was received
- the date the complaint was closed at the frontline resolution stage (where appropriate)
- the date the complaint was escalated to the investigation stage (where appropriate)
- action taken at the investigation stage (where appropriate)
- the date the complaint was closed at the investigation stage (where appropriate)
- the outcome of the complaint at each stage
- the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action.

Reporting of complaints

Complaints details are analysed for trend information to ensure we identify procedural failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform improvement actions.

We publish on a six-monthly basis the outcome of complaints and the actions we have taken in response. This demonstrates the improvements resulting from complaints and shows that complaints can influence our processes. It also helps ensure transparency in our complaints handling service and will help the public to see that we value their complaints.

We will:

- publicise on a six-monthly basis complaints outcomes, trends and actions taken
- where and when possible, use case studies and examples to demonstrate how complaints have led to improvements.

This information should be reported regularly to the integration authority and reporting intervals will be regularly reviewed.

Learning from complaints

At the earliest opportunity after the closure of the complaint, officers involved in handling the complaint will make sure that the customer and relevant staff in the integration authority understand the findings of the investigation and any recommendations made.

Senior management will review the information gathered from complaints regularly and consider whether processes could be improved or internal policies and procedures updated.

As a minimum, we must:

- use complaints data to identify the root cause of complaints
- take action to reduce the risk of recurrence
- record the details of corrective action in the complaints file, and
- systematically review complaints performance reports to improve processes.

Where we have identified the need for improvement:

- the action needed to improve services must be agreed by the integration authority
- senior management will designate the 'owner' of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be taken
- the designated individual must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance should be monitored to ensure that the issue has been resolved
- we must ensure that the integration authority learns from complaints.

Publicising complaints performance information

We also report on our performance in handling complaints annually in line with SPSO requirements. This includes performance statistics showing the volumes and types of complaints and key performance details, for example on the time taken and the stage at which complaints were resolved.

Maintaining confidentiality

Confidentiality is important in complaints handling. It includes maintaining the complainant's confidentiality and explaining to them the importance of confidentiality generally. We must always bear in mind legal requirements, for example, data protection legislation, as well as internal policies on confidentiality and the use of customer's information.

Managing unacceptable behaviour

People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the complainant acting in an unacceptable way. Customers who

have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance.

A customer's reasons for complaining may contribute to the way in which they present their complaint. Regardless of this, we must treat all complaints seriously and properly assess them. However, we also recognise that the actions of customers who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, work with the Health Board and the Council to apply the relevant organisational policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour. Where a decision is made to restrict access to a customer under the terms of an unacceptable actions policy, the relevant procedure will be followed to communicate that decision, notify the customer of a right of appeal, and review any decision to restrict contact with us. This will allow the customer to demonstrate a more reasonable approach later.

Getting help to make your complaint

All members of the community have the right to equal access to our complaints handling procedure and we understand that you may be unable, or reluctant, to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service.

We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain on your behalf. You can find out about advocates in your area by contacting the Scottish Independent Advocacy Alliance.

Scottish Independent Advocacy Alliance
Tel: **0131 260 5380**
Fax: **0131 260 5381**
Website: **www.siaa.org.uk**

We are committed to making our service easy to use for all members of the community. In line with our statutory equalities duties, we will always ensure that reasonable adjustments are made to help customers access and use our services.

If you have difficulties putting your complaint in writing, or want this information in another language or format such as large font or Braille, please tell us in person, contact us on **01506 280000**, or email us at **customer.service@westlothian.gov.uk.**

Time limit for making complaints

This complaints handling procedure sets a time limit of six months from when the customer first knew of the problem, within which time they may ask us to consider the complaint, unless there are special circumstances for considering complaints beyond this time.

We will apply this time limit with discretion. In decision making we will take account of the Scottish Public Services Ombudsman Act 2002 (Section 10(1)), which sets out the time limit within which a member of the public can normally ask the SPSO to consider complaints. The limit is one year from when the person first knew of the problem they are complaining about, unless there are special circumstances for considering complaints beyond this time.

If it is clear that a decision not to investigate a complaint will lead to a request for external review of the matter, we may decide that this satisfies the special circumstances criteria. This will enable us to consider the complaint and try to resolve it.

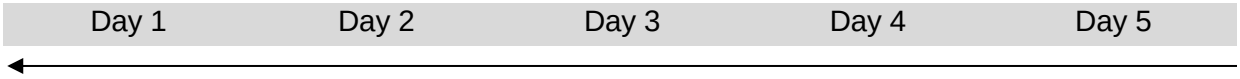
Appendix 1 - Timelines

General

References to timelines throughout the complaints handling procedure relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

Timelines at frontline resolution

We will aim to achieve frontline resolution within five working days. The day the Director receives the complaint is day 1. Where they receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.

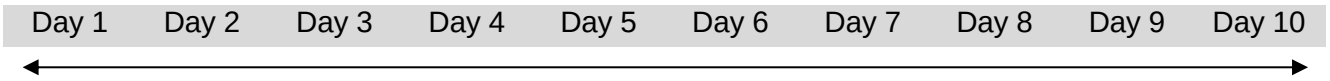


Day 1:
Day the IJB receives the complaint, or next working date if date of receipt is a non-working day.

Day 5:
Frontline resolution achieved or complaint escalated to the investigation stage.

Extension to the five-day timeline

If the IJB has extended the timeline at the frontline resolution stage in line with the procedure, the revised timetable for the response will take no longer than 10 working days from the date of receiving the complaint.



Day 1:
Day the IJB receives the complaint, or next working date if date of receipt is a non-working day.

In a few cases where it is clearly essential to achieve early resolution, the IJB may authorise an extension within five working days from when the complaint was received. They must conclude the frontline resolution stage within 10 working days from the date of receipt, either by resolving the complaint or by escalating it to the investigation stage.

Day 10:
Frontline resolution achieved or complaint escalated to the investigation stage.

Transferring cases from frontline resolution to investigation

If it is clear that frontline resolution has not resolved the matter, and the complainant wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the complainant is told this will happen.

Timelines at investigation

The IJB may consider a complaint at the investigation stage either:

- after attempted frontline resolution, or
- immediately on receipt if they believe the matter to be sufficiently complex, serious or appropriate to merit a full investigation from the outset.

Acknowledgement

All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt. The date of receipt is:

- the day the case is transferred from the frontline stage to the investigation stage, where it is clear that the case requires investigation, or
- the day the complainant asks for an investigation after a decision at the frontline resolution stage. It is important to note that a complainant may not ask for an investigation immediately after attempts at frontline resolution, or
- the date The IJB receives the complaint, if it is sufficiently complex, serious or appropriate to merit a full investigation from the outset.

Investigation

The IJB will respond in full to the complaint within **20 working days** of receiving it at the investigation stage.

The 20-working day limit allows time for a thorough, proportionate and consistent investigation to arrive at a decision that is objective, evidence-based and fair. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline resolution stage.

Day 1	Day 5	Day 10	Day 15	Day 20

Day 1:
Day complaint received at investigation stage, or next working day if date of receipt is a non-working day. Acknowledgement issued within three working days.

Day 20:
The decision issued to complainant or agreement reached with them to extend deadline

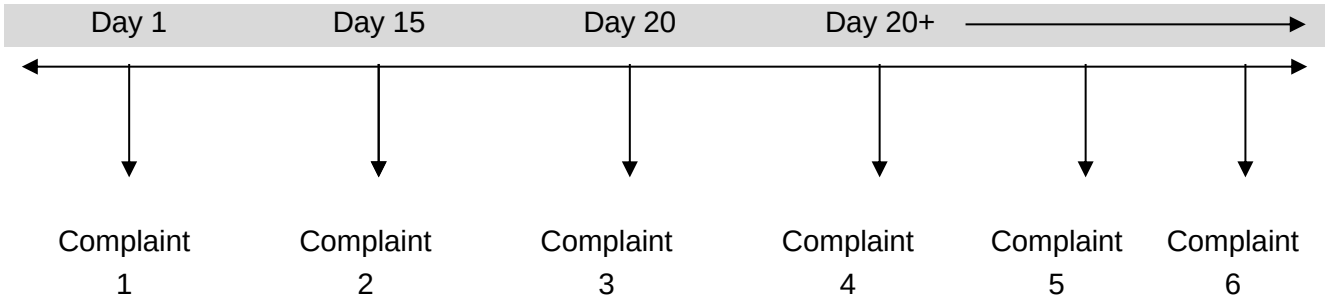
Exceptionally you may need longer than the 20-day limit for a full response. If so, the Director will explain the reasons to the complainant, and agree with them a revised timescale.

Day 1:
Day complaint received at investigation stage, or next working day if date of receipt is a non-working day. Acknowledgement issued within three working days.

By Day 20:
In agreement with the complainant where possible, decide a revised timescale for bringing the investigation to a conclusion.

By agreed date:
Issue our final decision on the complaint

Timeline examples
The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

Complaint 1
Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day 1.

Complaint 2
Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the frontline resolution stage.

Complaint 3

Complaint 3 refers to a complaint that we considered appropriate for frontline resolution. We did not resolve it in the required timeline of five working days. However, we authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five days. We resolved the complaint at the frontline resolution stage in a total of eight days.

Complaint 4

Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try frontline resolution; rather we investigated the case immediately. We issued a final decision to the complainant within the 20-day limit.

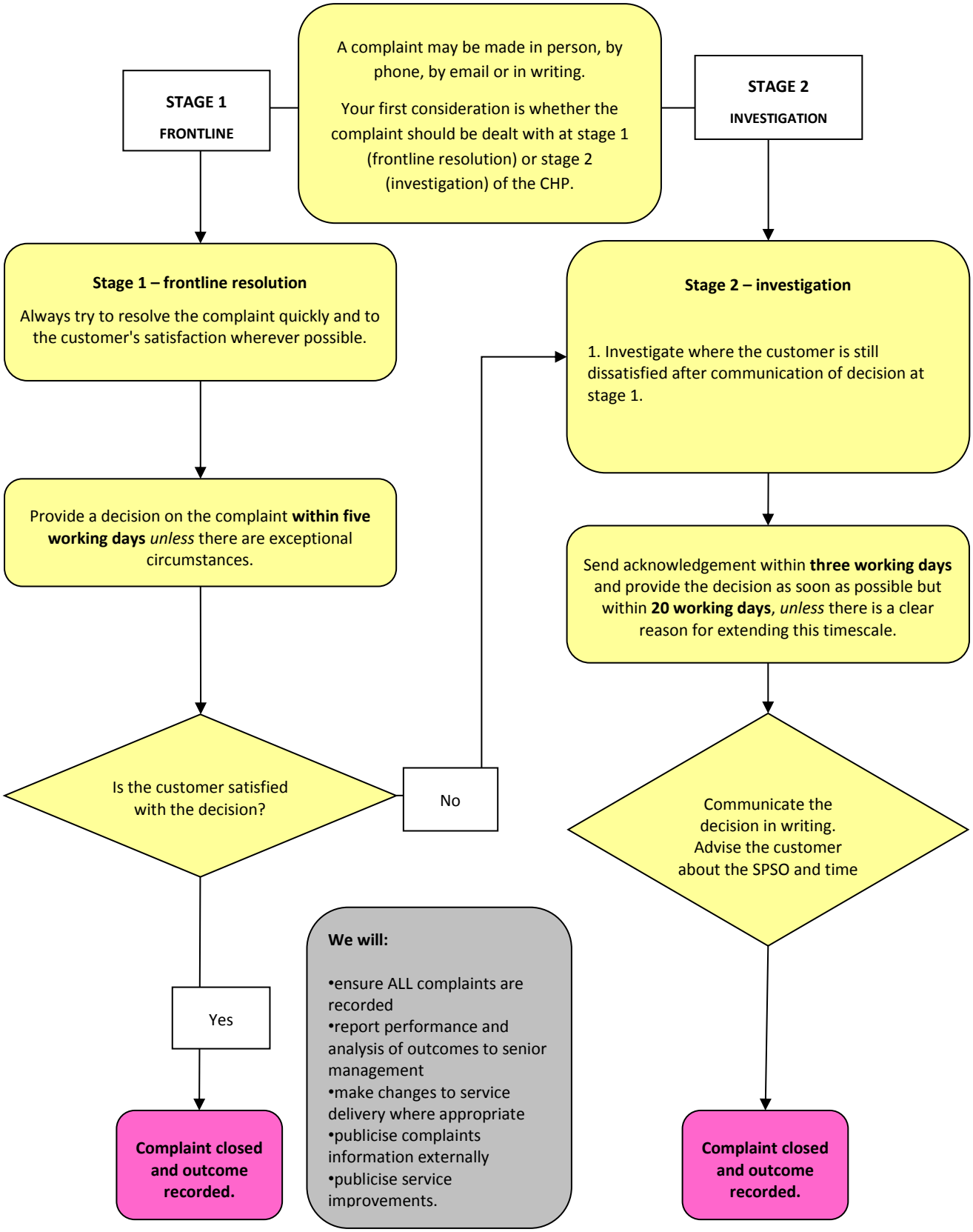
Complaint 5

We considered complaint 5 at the frontline resolution stage, where an extension of five days was authorised. At the end of the frontline stage the complainant was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days we still met the combined time targets for frontline resolution and investigation.

Complaint 6

Complaint 6 was considered at both the frontline resolution stage and the investigation stage. We did not complete the investigation within the 20-day limit , so we agreed a revised timescale with the customer for concluding the investigation beyond the 20-day limit.

Appendix 2 - The complaints handling procedure



Meeting Date: 27 June 2017
Item No: 19

Action Note Ref	Workplan Item	Matter Arising and Decision Taken	Lead Officer	IJB Meeting Date
		JUNE		
		Unaudited Annual Accounts	Patrick Welsh	27 June 2017
		Priorities for Health Improvement	Margaret Douglas	27 June 2017
	Workplan Item	Lothian Hospitals Strategic Plan		27 June 2017
		Finance Report		27 June 2017
		Clinical Director's Report		27 June 2017
		SW Audit		27 June 2017
		Statutory Annual Performance Report	Carol Bebbington	27 June 2017
		Complaints Handling Procedure	Lorna Kemp	27 June 2017
		Report on Primary Care Summit	Carol Bebbington	27 June 2017
		FUTURE UNSPECIFIED MEETING		
		IJB Information Management	Lorna Kemp	27 June 2017
		Membership Review		
		JIT Evaluation Tool		
		REPORTS DUE ON A CYCLICAL BASIS		
	To be Presented Annually	Audit of Annual Accounts	Patrick Welsh	By 30 September each year
A/N 29 Nov 2016	To be Reviewed Annually	Standing Orders	James Millar	
	To be Reviewed Annually	Review of Performance		
A/N 31 Jan 2017	To be Reviewed Annually	Risk Register	Kenneth Ribbons	
	To be Reviewed Every 3 Years	Delegation of Powers to Officers	James Millar	
	To be Presented Annually	Chief Social Work Officer's Annual Report	Jane Kellock	05 December 2017