

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 27 JUNE 2017.

Present –

Voting Members – Harry Cartmill (Chair), George Paul, Damian Timson, Martin Hill, Susan Goldsmith, Alex Joyce, Lynsay Williams.

Non-Voting Members – Ian Buchanan (Stakeholder Representative), Elaine Duncan (Professional Advisor), Jim Forrest (Director), Mairead Hughes (Professional Advisor), Jane Houston (Staff Representative), Jane Kellock (Chief Social Work Officer), Mary-Denise McKernan (Stakeholder Representative), Martin Murray (Staff Representative), James McCallum (Professional Advisor), Patrick Welsh (Chief Finance Officer).

Apologies – Bridget Meisak (WL Voluntary Sector Gateway) and Marion Barton (Head of Health Services).

In Attendance – Carol Mitchell (NHS Lothian), Carol Bebbington (Senior Manager Primary Care and Business Support), James Millar (Standards Officer), Lorna Kemp (Project Officer).

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD HELD ON THURSDAY 20 APRIL 2017

The West Lothian Integration Joint Board approved the minute of its meeting held on 20 April 2017.

3. MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP HELD ON THURSDAY 02 MARCH 2017

The West Lothian Integration Joint Board noted the minute of the meeting of the Strategic Planning Group held on 2 March 2017.

4. MEMBERSHIP

The Board considered a report (copies of which had been circulated) by the Chief Officer concerning membership of the Board following the local government elections in May 2017.

The Chief Officer informed the Board that the Council had made

appointments to its committees and to outside bodies, including the Board. The four councillors appointed were Harry Cartmill, Dave King, George Paul and Damian Timson. Harry Cartmill had been selected to take the position of Chair, and then Vice-Chair in September.

The Board noted that two voting members from the four required to be appointed to the Board's Audit Risk and Governance Committee. It was for the Board to make those appointments.

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

It was recommended that the Board:-

1. note the appointment by West Lothian Council of Harry Cartmill, Dave King, George Paul and Damian Timson as voting members of the Board.
2. note the appointment of Harry Cartmill as Chair of the Board, and that on 21 September 2017 he would take the position of Vice-chair when a health board member would take the chair.
3. appoint two of the four to be members of the Audit Risk and Governance Committee, with immediate effect.

Decision

1. To note the terms of the report; and
2. To appoint Damian Timson and George Paul to the Audit Risk and Governance Committee, with immediate effect.

5. CONSIDERATION OF 2016/17 ANNUAL ACCOUNTS (UNAUDITED)

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer attaching the unaudited 2016/17 Annual Accounts.

The Chief Finance Officer advised that the Annual Accounts appended to the report detailed the IJBs financial position for 2016/17 taking account of the first financial year that health and social care functions and resources had been delegated to the IJB. The accounts also included 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.

The Chief Finance Officer further advised that the audit fee setting process had been completed and EY had advised that the audit fee for 2016/17 would be £25,340. This expenditure had been taken account of in the financial position reported within the annual accounts.

The Board was informed that legislation required the Board to approve an

annual governance statement. Its purpose was to give assurance and demonstrate to service users, the West Lothian community and other stakeholders that the Board operated and carried out its statutory duties in accordance with the law and in accordance with principles and standards of good corporate governance. Once it was approved, the annual governance statement had to be signed by the Chair and the Director and then incorporated into the unaudited accounts and submitted to the Board's external auditors before 30 June.

It was noted that the draft annual governance statement was in the appendix to the report, starting at page 14.

It was recommended that the Board:

1. Consider the overall 2016/17 Annual Accounts prior to submission to Ernst and Young (EY) for audit.
2. Approve the draft governance statement for inclusion in the unaudited 2015/17 annual accounts submitted to EY.

Decision

1. To note the terms of the report; and
2. To approve the draft governance statement for inclusion in the unaudited 2016/17 annual accounts submitted to EY.

6. WEST LOTHIAN INTEGRATION JOINT BOARD RESERVES POLICY

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing a draft Reserves Policy for consideration and approval.

The report recalled that the IJB had 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 would prepare a policy to hold and manage any such reserves.

The Chief Finance Officer explained that, based on equivalent general reserve balances within a range of other public sector bodies, the Reserves Policy suggested 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 did not have scope to hold reserves.

The Chief Finance Officer considered that 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 did not have any resources through underspends on the delivery of delegated health and social care services in 2016/17 to put towards general reserves. Currently, there appeared to be limited scope to have resources available at the end of 2017/18 to create a reserve. It

was nonetheless important that the IJB had a Reserves Policy which supported the Financial Regulations and the financial governance framework that the IJB operated within.

It was recommended that the Board approve the draft Reserves Policy as set out in the appendix to the report.

Decision

To approve the draft Reserves Policy as set out in the appendix to the report.

7. PROPOSED FINANCIAL STRATEGY APPROACH

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer setting out an initial high level approach to medium term financial strategy for agreement. The Chief Finance Officer considered that such an approach would be required to assist the IJB in planning and prioritising future health and social care provision in West Lothian within future available resources.

The report recalled that at its meeting of 14 March 2017, the IJB agreed 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 the June 2017 meeting.

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

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

It was noted that 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.

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.

The report went on to provide commentary on Development of Saving Options, Reporting of Medium Term Financial Strategy and Saving Options, and Subsequent Annual Budget Approval.

It was recommended that the Board:

1. Agree the approach to medium term financial planning for IJB delegated functions set out in the report.
2. Agree 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 the report.

The Chief Finance Officer and the Director then responded to questions raised by Board members.

The Board heard comments/suggestions made by members which concerned:- (i) building in flexibility to react to pressures, (ii) embedding engagement in financial planning and (iii) exploring meaningful ways to engage with the public.

Decision

To approve the recommendations by the Chief Finance Officer.

8. 2017/18 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing 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.

The report recalled that 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 had been undertaken and this had been reflected in the NHS Lothian Local Delivery Plan submitted to the Scottish Government. The current report updated the financial resources position based on the budget assumptions contained in the submitted Plan. The report also provided an update on the West Lothian contribution.

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 noted an updated allocation of £152.406 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 was set out in a table within the report.

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

It was important to note that the level of budget funding would continue to move throughout the year as a result of normal accounting adjustments across budget lines and additional funding awarded during the year.

Saving plans of £2.550 million for 2017/18 were taken account of in arriving at the NHS Lothian budget contribution of £142.406 million.

There remained a gap to be addressed and, in terms of this gap, a number of areas were 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.

West Lothian Council budget contribution was £69.396 million.

It was recommended that updated Directions be issued to NHS Lothian reflecting the updated financial resources.

The Chief Finance Officer considered that an important part of ongoing financial assurance would 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 were operationally responsible for the delivery of functions within available resources, it would clearly be important for the Board to have oversight of the in year budget position as this influenced that strategic planning role of the Board.

It was recommended that the IJB:-

1. Note the updated financial assurance position on resources delegated to the IJB.
2. Agree that Directions be updated and re-issued by the IJB Chief Officer to NHS Lothian taking account of the 2017/19 budget plans submitted to the Scottish Government as part of the NHS Lothian 2017/18 Local Delivery Plan.
3. Note that financial assurance and monitoring of financial performance would be ongoing during the year and reported on a regular basis to the IJB.

Decision

To note the terms of the report; and

To agree that Directions be updated and re-issued as recommended by the Chief Finance Officer.

9. THE LOTHIAN HOSPITALS PLAN - PRESENTATION BY COLIN BRIGGS

Colin Briggs (Director, Strategic Planning, NHS Lothian) had been invited to attend the meeting to present an overview of the Lothian Hospitals Plan.

Colin presented a number of presentation slides, one of which set out the following 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

The presentation contained a slide providing a list of NHS functions which Integrated Joint Boards had responsibility for planning/commissioning from April 2016.

The IJB priorities were listed as follows:

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

The Board was informed of the strategic headlines for the following hospitals:-

Royal Edinburgh Hospital
St John's Hospital
Western General Hospital
Royal Infirmary of Edinburgh

There followed a question and answer session relating to the information presented.

Finally, the Chair thanked Colin for his informative presentation.

Decision

To note the presentation concerning the Lothian Hospitals Plan.

10. IJB ANNUAL PERFORMANCE REPORT 2016/17

The Board considered a report (copies of which had been circulated) by the Director presenting the draft Annual Performance Report 2016/17 which was to be published in July 2017.

The Board was informed that the Scottish Government had issued guidance in March 2016, stipulating the requirement for the IJB to publish an Annual Performance Report from 2016/17 onward. The report was to be published within four months of the end of the performance reporting period and was to be made accessible to the public.

It was noted that the Annual Performance Report had provided an opportunity to reflect on the year and to celebrate the achievements delivered by employees and partners. It also highlighted new ways of working with 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.

An Executive Summary Leaflet was then tabled at the meeting.

It was recommended that the Integration Joint Board:-

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

Questions raised by Board members were dealt with by the Senior Manager, Primary Care and Business Support.

Decision

1. To note the contents of the report.
2. To note the Executive Summary Leaflet (copies of which had been tabled).
3. To approve the Draft Annual performance Report 2016/17 for publication and to delegate to the Chief Officer to amend as appropriate following consideration by members.

11. IJB PERFORMANCE: BALANCED SCORECARD

The Board considered a report (copies of which had been circulated) by the Director presenting the draft Balanced Scorecard for performance monitoring.

The Senior Manager Primary Care and Business Support presented the report, advising that a balanced scorecard approach had been developed and that the scorecard measured organisational performance across four perspectives: Financial; Customer; Internal Processes; Learning and Growth.

In addition to the core measures for integration the scorecard incorporated some local measures and contextualising data to provide a broader picture of local performance. There was still a need to develop performance measures for thematic strategic commissioning plans and therefore the scorecard would evolve over time.

Finally, the report contained a proposal to bring the performance scorecard to the IJB on a 6 monthly basis to enable the Board to review performance.

The Integration Joint Board was 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.

Questions raised by Board members were dealt with by the Senior Manager Primary Care and Business Support. In particular, the Board heard reasons why the scorecard should be brought on a 6 monthly basis, rather than on a more frequent basis.

Decision

1. To note the terms of the report and the draft Balanced Scorecard; and
2. To agree that the performance scorecard be brought to the Board on a 6 monthly basis to enable the Board to review performance.

12. HEALTH IMPROVEMENT PRIORITIES

The Board considered a report (copies of which had been circulated) by the Consultant in Public Health concerning 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.

The Board was informed that the Health Improvement and Health Inequalities Alliance (HIHIA) had been in place in its current form since 2011. Its overall aim was 'to improve the health and wellbeing 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'.

The role of the HIHIA was defined in its terms of reference, and this was summarised in the report.

It was noted that between January and April 2017, members of the

Alliance had collated evidence and data to inform the development of priorities for its future work. Findings were summarised in Appendix 1 (attached to the report) 'Priorities for Health Improvement in West Lothian.'

Following discussion and consideration of the evidence, the group had identified priorities, and further information on each of these was provided in Appendix 1.

The report went on to explain that HIHIA had 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 had been set for this funding were:-

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

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

Based on the above considerations, HIHIA had recommended investment priorities for the Health Improvement Fund in west Lothian, and these were shown in a table within the report. These were directed towards the health improvement priorities.

Finally, the report provided details of consultation undertaken by members of the Alliance on three key questions.

The Board was invited to note and approve the proposed priorities.

Decision

To note the terms of the report and to approve the proposed priorities identified by HIHIA.

13. AUDIT SCOTLAND REPORT - SOCIAL WORK IN SCOTLAND

The Board considered a report (copies of which had been circulated) by the Head of Social Policy advising 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.

The report explained that the audit had been carried out to examine how effectively councils were 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

were utilising to address the pressures, the effectiveness of current governance arrangements and how councils were involving service users and carers in service planning.

The report found a number of key challenges, and these were summarised in the report.

The report made a range of recommendations that covered the following areas:-

- Social work strategy and service planning – transformative change in how services were delivered and funded was required.
- Governance and scrutiny arrangements – there should be in place robust governance arrangements that could measure and report of the efficiency and effectiveness of service delivery.
- Workforce – there should be a national, co-ordinated 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.

The Head of Social Policy advised that, whilst West Lothian was significantly affected by financial and demographic challenges, the council benefitted from its long-term financial management strategy. The West Lothian IJB had adopted a robust strategic commissioning approach which incorporated a number of key service redesign programmes aimed at transforming the way services were delivered across whole systems and was developing new approaches aimed at increasing community capacity.

The report provided the following appendices:-

Appendix 1 – Overview of Recommendations and West Lothian Position

Appendix 2 – Social Work in Scotland, Audit Scotland, September 2016.

The Head of Social Policy then responded to questions raised by Board Members. In addition, she undertook to link with the IJB Staff Representative (Martin Murray) concerning a timeframe for the OD Plan to be forward to the Strategic Planning Group.

The Board was asked to note the recommendations made by Audit Scotland and the West Lothian position.

Decision

To note the terms of the report.

14. CLINICAL GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Clinical Director informing the Board of the current situation with regard to General Practice and Primary Care Services in West Lothian.

The Board was informed that West Lothian had 22 GP practices; currently 2 were operating restricted lists. This compared to 7 practices in Mid Lothian and 40 practices in Edinburgh. Over the previous year, West Lothian HSCP had 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 was little overlap in practice boundaries, so it was particularly important for patients that lists remained open as patients did not have the option of an alternative practice where they could easily register.

The report advised that, over the previous 4 years, West Lothian HSCP had stepped in temporarily to manage 3 practices, where due to retirement or ill health the GPs had handed back their contract, however 2 had successfully been returned to independent contractor status and the patients from one small practice had been taken on by a neighbouring practice.

The report provided details of the loss of several GP partners at a large West Lothian practice in January 2016. With 11,500 patients the option of dispersal was not viable without destabilising neighbouring practices; however the challenge of re-provisioning GP services for such a large practice was considerable. The practice had come under HSCP management as of 1 April 2017 and service provision had been maintained at all times.

Finally, it was noted that the 11,500 patient practice had been advertised and potentially suitable candidates had been identified to take on the practice on a standard GMS contract. Pending successful interview, it was hoped that the practice would return to GMS status in the near future.

The Board was asked to:

- note the contents of the report.
- be reassured that West Lothian HSCP were successfully maintaining service provision
- support innovative approaches to primary care service provision and assist in managing public expectations.

Decision

1. To note the terms of the report; and
2. To agree to support innovative approaches to primary care service provision as recommended.

The Board considered a report (copies of which had been circulated) by the Director outlining the current issues and challenges being faced by General Practice which were affecting the sustainability of Primary Care provision and provided 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 22 February 2017.

The report provided commentary on population growth in the core development areas of Armadale, East Calder, Whitburn, Bathgate and Winchburgh.

It was noted that the List Expansion Grant Uplift Scheme (LEGUP) provided a short term financial incentive for practices to take on more patients and was managed by the Primary Care Contracts Organisation and overseen by the Primary Care Joint Management Group.

The report provided details of the West Lothian Primary Care Summit and the Expansion of the Primary Care Team.

The Board was recommended to:-

1. note the contents of the report
2. note the current issues and challenges in sustaining Primary Care Services in West Lothian
3. 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.

Decision

To note the terms of the report.

16. COMPLAINTS HANDLING PROCEDURES

The Board considered a report (copies of which had been circulated) by the Director attaching a Complaints Handling Procedure for adoption by the Board.

The Board was informed that the Scottish Public Services Ombudsman (SPSO) had written to all Chief Officers of IJBs asking them to adapt and adopt the model Complaints Handling Procedure. IJB's had been asked to submit their CHPs to the Complaints Standards Authority by 3 July 2017.

The model CHP had been introduced in 2012 with the aim of simplifying and improving complaints handling through a standardised system for complaints across public bodies. It had been developed with a working group of local authority complaint experts and in consultation with SOLACE, COSLA and other key stakeholders in the sector.

It was noted that complaints to the IJB would be directed through existing West Lothian Council systems. The definition of complaint was set out in the report.

Complaints would be recorded on the council's Customer Relationship Management (CRM) system as IJB complaints and a response would be co-ordinated by the IJB Project Officer.

The SPSO had asked that complaints statistics and identified improvement actions were regularly report to the IJB for review so that any systemic issues could be identified. Given the small number of complaints expected initially, it was recommended that complaints and identified improvement actions were reviewed by the Board on a six-monthly basis initially. This reporting interval would be regularly reviewed to ensure it was still appropriate.

It was 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.

Decision

To approve the recommendations outlined in the report.

17. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.