



West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

20 September 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 26 September 2017 at 3:00pm**.

BUSINESS

Public Session

1. Apologies for Absence
2. Order of Business, including notice of urgent business and declarations of interest in any urgent business
3. 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.
4. Minutes -
 - (a) Confirm Draft Minute of Meeting of West Lothian Integration Joint Board held on Tuesday 27 June 2017 (herewith)
 - (b) Note Minutes of Meeting of West Lothian Integration Joint Board Audit Risk and Governance Committee held on Friday 31 March 2017 (herewith)
 - (c) Note Minute of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 20 April 2017 (herewith)

DATA LABEL: Public

5. Appointments - Report by Director (herewith)
6. Audit of Annual Accounts - Report by Chief Finance Officer (herewith)
7. IJB Budget Update - Report by Chief Finance Officer (herewith)
8. Development and Induction Session: Thursday 31 August 2017 - Report by Director (herewith)
9. Provision of Support Services - Report by Director (herewith)
10. Information Management - Report by Director (herewith)
11. Consultation on the Role of the Scottish Health Council - Report by Director (herewith)
12. Public Sector Climate Change Duties - Report by Director (herewith)
13. Standards Commission Advice on Declaring Interests - Reports by Standards Officer (herewith)
14. Health and Safety Arrangements - Report by Director (herewith)
15. Physical Disability Commissioning Plan Update - Report by Director (herewith)
16. Alcohol and Drug Partnership (ADP) Performance Update - Report by Director (herewith)
17. Primary Care Premises- Report by Director (herewith)
18. Response to the Scottish Government Consultation on the Draft Carers' Charter of the Carers (Scotland) Act 2016 - Report by Head of Social Policy (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 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 32016/17 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.

15. PRIMARY CARE REPORT

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.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE held within CONFERENCE ROOM 3, WEST LOTHIAN CIVIC CENTRE, HOWDEN SOUTH ROAD, LIVINGSTON, on 31 MARCH 2017.

Present

Voting Members – Martin Hill (Chair), Anne McMillan and Lynsay Williams (by conference call)

Non-Voting Members – Jane Houston

Apologies – John McGinty and Martin Murray

In attendance – Jim Forrest (Director), Kenneth Ribbons (WL IJB Internal Auditor), Colin Carmichael (Auditor), John Boyd (EY)

Apologies – Patrick Welsh (Chief Finance Officer, WL IJB) and Marion Barton (Head of Health Services)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Committee agreed the minute of the meeting held on 6 January 2017 as being a correct record. The Chair thereafter signed the minute.

3. INTERNAL AUDIT PLAN 2017/18

The Committee considered a report (copies of which had been circulated) by the Internal Auditor.

The report explained that the Public Sector Internal Audit Standards (PSIAS) required that a risk based audit plan be prepared. The internal audit plan for 2017/18 set out the planned internal audit work for the year to 31 March 2018, a copy of which was attached as an appendix to the report.

The purpose of the internal audit plan was to audit the Integration Joint Board's processes and ensure that effective controls were in place to mitigate risks identified. The PSIAS requires that a risk based audit plan be prepared for a period of no longer than one year to ensure that the effectiveness of control over key risks was systematically reviewed. The Committee noted that separate internal audit arrangements were in place relating to the operational arrangements within the council and health sides.

The Internal Auditor advised that Falkirk Internal Audit Service would be invited to conduct an audit of West Lothian IJB's risk management arrangements to ensure an independent audit was carried out, which would be reciprocated by West Lothian Council's internal audit team undertaking an audit of Falkirk Council's risk management arrangements.

The report went on to advise that NHS Lothian Chief Internal Auditor has intimated that thirty days would be set aside within the NHS Lothian internal audit plan to enable each IJB to commission work on NHS systems. Further discussions would be required by Lothian IJB Internal Auditors to determine whether there would be merit in commissioning an audit topic jointly. A meeting with NHS Lothian and IJB Internal Auditors was scheduled to be held on 10 May 2017, the outcome of which would be reported to a future meeting of the Audit, Risk and Governance Committee.

In response to a question raised relating to communication between IJB Internal Auditors, the Internal Auditor confirmed that there was ongoing communication and quarterly meetings held.

It was recommended that the Committee approves the 2017/18 internal audit plan.

Decision

To approve the terms of the report.

4. EXTERNAL AUDIT PLAN 2016/17

The Committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing details of the external auditor's 2016/17 annual audit plan.

The report recalled that in May 2016, the Accounts Commission appointed Ernst and Young (EY) as the IJB's external auditor for the five year period to 2020/21. EY's annual plan, which was attached as an appendix to the report, outlined the work they proposed to undertake in relation to the 2016/17 audit.

The Senior Manager from Ernst & Young, John Boyd, then provided the Committee with an overview of the key areas set out in the EY Annual Audit Plan. Appendices to the plan set out audit independence and objectivity requirements and communications that would be provided to the IJB.

Section 6 of the plan set out EY's audit team, timeline and deliverables. The auditors aimed to certify the annual accounts by 30 September 2017. In terms of the audit fee, it was noted that due to this being the first year of operation of the IJB, no expected fee had been set centrally. The fee would be agreed with the Chief Officers on completion of the audit planning and understanding of the year-end audit requirements, which would be reported to a future meeting of WL IJB Audit Risk and

Governance Committee.

It was recommended that the Committee notes the external auditor's 2016/17 annual audit plan.

Decision

To note the contents of the report subject to noting that the audit fee setting process had still to be completed, which would be reported to a future meeting of WL IJB Audit Risk and Governance Committee when the fee level had been agreed.

5. INTERNAL AUDIT OF STRATEGIC PLANNING

The Committee considered a report (copies of which had been circulated) by the Internal Auditor providing details of the internal audit report and its findings.

The report explained that in accordance with the internal audit plan for 2016/17 an audit of IJB strategic planning was carried out. The objectives of the audit were to undertake a high level review of the processes for preparing and approving the IJB Strategic Plan and monitoring progress. The Internal Audit Report was attached as an appendix to the report, which included the agreed management action plan.

It was recommended that the Committee considers the internal audit report and its findings and notes that control was considered to be effective.

Decision

To note the contents and findings of the report.

6. RISK MANAGEMENT

The Committee considered a report (copies of which had been circulated) by the Director providing details of the IJB risk register.

The report explained that in accordance with the Risk Management Strategy approved by the West Lothian Integration Joint Board on 14 March 2017, the Audit, Risk and Governance Committee was required to review the risk register at least twice per annum. Appendix one to the report set out the risk description for each risk, current controls, original risk, current risk, target risk and associated risk actions. Appendix two summarised the progress made in relation to the risk actions. The standard risk assessment methodology was attached at appendix three to the report.

The Internal Auditor then responded to questions from members of the Committee. In response to a question about risk ranking he confirmed that if any high risks were identified they would be reported to the Audit Risk and Governance Committee sooner if deemed necessary. He also

confirmed that the IJB Senior Management Team met every two months and would assess whether the risk assessment was accurate.

The Chair, on behalf of the Committee, acknowledged the comprehensive information contained in the appendices to the report and agreed that this reporting format be used in future risk management reports, subject to removing the directional arrow within the linked risk actions. It was also suggested that details of the actions previously reported be included to allow comparison to be given relating to the actions taken to reduce the risk.

It was recommended that the Committee considered the risks identified, the control measures in place and the risk actions in progress to mitigate their impact.

Decision

1. To note the contents of the report;
2. To note that reports would be submitted for consideration by the IJB Audit Risk and Governance Committee twice per annum in the format agreed;
3. To note that any high risks identified would be reported to the IJB Audit Risk and Governance Committee sooner if deemed necessary.

7. WORKPLAN

The Committee noted the contents of the workplan (copies of which had been circulated).

The workplan was agreed, subject to including the following items:

- Risk Management reports to be reported every six months, included on the workplan for consideration at the meeting on 27 September 2017, subject to any high risks being reported sooner if deemed necessary;
- External Audit Report to be included on the workplan for consideration at the meeting on 27 September 2017. It was noted that the date of this meeting may require to be rescheduled depending on the timings of the report being submitted;

It was noted that the workplan would continue to be populated and any updates emailed to E. Dow.

It was also agreed that future meetings be held at West Lothian Civic Centre subject to Conference Room 3 being available, to be confirmed by E. Dow.

Decision

1. To agree the workplan subject to including the Risk Management

Report and the External Audit Report for consideration on 27 September 2017; and

2. To agree that future meetings be held at West Lothian Civic Centre subject to CR3 being available.

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

Present – Patrick Welsh, Chief Finance Officer (Chair), Carol Bebbington (Health Professional), Alan Bell (Social Care Professional), Marjory Brisbane (Health Professional), Ian Buchanan (User of Social Care), Margaret Douglas (Health Professional), Steve Haigh (Health Professional), Dianne Haley (Health Professional), Jane Houston (Union Health), Lorna Kemp (West Lothian Council), Pamela Main (Social Care Professional), James McCallum (Health Professional), Mary-Denise McKernan (Carer of Users of Health Care), Bridget Meisak (Voluntary Sector), Martin Murray (Union WLC), Alistair Shaw (Non-commercial Provider of Social Housing), Charles Swan (Social Care Professional), Robert Telfer (Commercial Provider of Social Care)

Apologies – Marion Barton, Elaine Duncan, Jim Forrest, Mairead Hughes and Jane Kellock

In attendance - Belinda Hacking, Consultant Clinical Psychologist and Head of Service for Adult Psychology Services and Amanda Fox, Programme Manager, Long Term Conditions, Edinburgh Health & Social Care Partnership.

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the minute of its meeting held on 2 March 2017 as being a correct record.

3. COPD INTEGRATED CARE MODEL

The Strategic Planning Group welcomed Belinda Hacking, Consultant Clinical Psychologist and Amanda Fox, Programme Manager, Long Term Conditions, Edinburgh Health & Social Care Partnership, to the meeting to carry out a presentation on the COPD Integrated Care Model.

Ms Fox provided background information on the number of people in the UK who suffered from COPD and the impact this had on the number of hospital admissions. The COPD Integrated Care Model created a person-centred community based 'respiratory hub' targeting high risk individuals. The successful integration of primary and secondary care, out of hours emergency services and health and social care provided an improved patient experience with new pathways designed to reduce admissions and increase the number of COPD patients managed at home who were able to confidently self-manage their condition.

Ms Hacking then provided details of the outcomes from evaluations carried out, the key findings of which were that the integrated team

approach has been a key factor in delivering better outcomes for high risk individuals suffering from COPD. The successful development of the community based respiratory hub delivering person centred care and alternative pathways to admission has resulted in a 14% reduction in bed days over the evaluation period. High risk individuals were proactively identified earlier and their physical and mental health assessed and supported.

The COPD Integrated Care Model has achieved a number of awards and accolades which included being the winner of the Scottish Health Award and the National Respiratory MCN award.

Finally, the group was advised that work would continue to reduce the number of respiratory bed days which continued to fall with a productive gain to date of £942,131. It was also reported that early work has been carried out in Midlothian to replicate some aspects of the model. The Scottish Government has recognised the care model as being exemplar and has invited the team to participate in COPD short life working group to develop a national learning workshop.

Ms Fox and Ms Hacking then responded to questions from members of the group highlighting the importance of the collaborative approach and the sharing of patient information by using a care bundle check list to record patient's journeys.

The Chair, on behalf of West Lothian IJB Strategic Planning Group, acknowledged the excellent work carried out and thanked Ms Fox and Ms Hacking for their presentation.

Decision

Noted the presentation.

4. WEST LOTHIAN FRAIL ELDERLY PROGRAMME UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Programme Manager providing an update at the end of year 1 of the 3 year Frail Elderly programme, which had been reported to the group in November 2016 and an update on progress provided in January 2017. The report outlined the four projects in the programme and the programme structure. The chart outlining the programme and the projects was attached at appendix 1 to the report.

The report highlighted that progress across the programme was mixed with some projects developing proposals more quickly than others. A full business case including financials for the Frailty Hub and Rapid Access Clinic was approved at the Frail Elderly Programme Board in March 2017 and detailed implementation planning was underway, working towards a summer target launch date. This was an important first step in the re-design of the model of care for frail elderly adults.

An update on the progress in each of the following projects were outlined within the report:

- Frailty Hub and Rapid Access Clinic;
- Older People's Mental Health Project;
- In-Patient Re-design Project; and
- Intermediate Care Project.

The Programme Manager then advised the group that in relation to the Older People's Mental Health Project, a proposal for taking the post-diagnostic support (PDS) service fully in-house was approved at the April Frail Elderly Programme Board meeting, as part of this service had previously been commissioned. It was also noted that as proposals were being developed stakeholder groups were being consulted and a communications plan would form part of the implementation plan for each project.

It was recommended that the Strategic Planning Group note and comment on the Frail Elderly Programme and its progress.

Decision

To note the contents of the report.

5. HEALTH IMPROVEMENT PRIORITIES

The Strategic Planning Group considered a report (copies of which had been circulated) by Margaret Douglas, Consultant in Public Health Medicine, providing an update on the proposed Health Improvement Priorities identified by the Health Improvement and Health Inequalities Alliance (HIHA), which included activities to fund in the next round of Health Improvement Fund projects from April 2018.

The report recalled that in January 2017 the Strategic Planning group received a paper outlining the role of the Health Improvement and Health Inequalities Alliance and the development of priorities to inform its work over the next few years. The paper also reported that the HIF Oversight Group, chaired by the Director of Public Health, had requested that the Alliance provide advice on funding priorities for a total of £213,268 per year from the NHS Lothian Health Improvement Fund, from April 2018 for West Lothian projects.

The Consultant in Public Health Medicine then advised the group of the following priorities which were identified:

- Family Engagement to promote mental health and wellbeing in children and young people;
- Infant Feeding;
- Preventative interventions to promote healthy weight in children and young people;

- Income maximisation;
- Community led health.

Full details of each of the above priorities were provided in Appendix 1 to the report.

HIHA was asked to provide recommendations to NHS Lothian for the next round of Health Improvement Funding from April 2018 to March 2021. The current HIF allocations were provided in Appendix 2 to the report. A total of £213,268 would be available for West Lothian projects from April 2018. Once the HIF Oversight Group had approved the recommendations, projects would be commissioned to meet the agreed outcomes with support from NHS Lothian Procurement. The report outlined the breakdown of the maximum allocation of funding to each of the proposed priorities.

The report recommended that the Strategic Planning Group notes and approves the proposed priorities.

The Chair suggested that the recommendation should be for the Strategic Planning Group to note and support the proposed priorities.

Decision

To note and support the proposed priorities.

6. PRIMARY CARE REPORT

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing details of the current issues and challenges being faced by General Practice which were affecting the sustainability of Primary Care provision. The report also 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 recalled that primary and community care services were facing major challenges with an increasing workload, an aging population and increasingly complex medical problems being diagnosed and managed in the community. Population growth in the core development areas of Armadale, East Calder, Whitburn, Bathgate and Winchburgh was having significant impact on General Practices and their capacity to manage the demand associated with increases in list size, leading to practices putting restrictions on their list. This then had an impact on the population not being able to register with a GP and the workload of neighbouring practices. Details of the LEGUP (List Expansion Grant Uplift Scheme) were outlined within the report. It was also highlighted that sustainability of GP services was crucial to Primary Care provision.

West Lothian Primary Care Summit took place on 22 February 2017 which focused on collaborative working across primary, secondary and

social care and the work that could be carried out to improve sustainability in primary care. The key themes emerging from the summit were summarised in the report.

The group was advised that a sustainable workforce plan was required to develop skills and support training for Advanced Nurse Practitioners and Trainee Paramedics to enhance their skills. There was also a need to develop a professional standard marketing and recruitment strategy to attract candidates to West Lothian. Investment was also required to improve IT support systems in GP practices.

The Primary Care Summit also supported the development of a Frailty Hub and Rapid Access Clinic. The Elderly Care Facilities Quality Care Programme has also been developed to support improvements in the quality of care for those in residential facilities.

During the course of the discussion the importance of GP's being given the opportunity to provide supervision in devolving services within their practices and determine how resources should be spent was highlighted. Work would continue to engage with GP Clusters and the Primary Care and Community Forum to maximise opportunities and support best use of available resources.

Finally, it was reported that the priorities outlined within the report would be incorporated into the development of West Lothian's Primary Care Plan which would also take account of the changes in the new GMS contract as these were published.

The group was asked to:

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

7. IJB ANNUAL PERFORMANCE REPORT 2016/17

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on the timeline for the Annual Report 2016/17 and to request examples of good practice to be incorporated within the report. Appendix 1 to the report provided details of the contents of the Annual Performance Report.

The report recalled that the Annual Performance Report for 2016/17 would be the first quantitative performance report and would be prepared in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and subordinate Statutory Instruments and Scottish Government Guidance. The performance report was to be published within four months of the end of the performance reporting period, i.e. by the end of July 2017 for 2016/17 period and included key performance measures, a performance assessment and practice examples for the reporting period.

The report would publish the 2016/17 performance on the core suite of integration indicators and a range of local measures as incorporated in the Balanced Scorecard, attached at appendix 2 to the report. It was intended that each section of the report would provide an assessment of performance and highlight examples of good practice.

During the course of the discussion members of the group were encouraged to provide examples of good practice by 5 May 2017 for inclusion in the IJB Annual Performance report. A suggestion was also made that it would be useful if the Balanced Scorecard included the National Target to allow a comparison to be made between the local and national targets. Another suggestion made was to include the acute sector within the performance scorecard, which would be possible if local indicators were available.

It was then agreed that the draft IJB Annual Performance Report 2016/17 update would be submitted to the next meeting of the group for consideration.

It was recommended that the Strategic Planning Group note the contents of the report and the timeline for publication, agree the performance measures to be reported and consider examples of good practice and

submit these for inclusion.

Decision

1. To note the contents of the report and the timeline for publication;
2. To note that members were encouraged to provide examples of good practice for inclusion in the IJB Annual Performance report;
3. To note the recommendations that the national target and details of the acute sector be included in the Balanced Scorecard; and
4. To agree that an update on the IJB Annual Performance Report 2016/17 be submitted to the next meeting of the Strategic Planning Group.

8. NATIONAL CARE HOMES CONTRACT

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing details of the outcome of the National Care Homes Contract negotiations for 2017/18.

The report explained that the National Care Home Contract was last reviewed fully in 2013. The contract has been subject to a major review since 2015. The settlement for 2016/17 was a compromise in anticipation of conclusion of the review in advance of the settlement for 2017/18. Unfortunately, the review of the contract has not progressed as anticipated and, as with the previous year, the settlement for 2017/18 has involved a compromise pending the outcome of the review. The providers' representatives have made it clear that their members' acceptance was conditional on a number of key points, details of which were outlined within the report.

The group noted that while West Lothian had an in-house expertise to address local commissioning should this prove necessary, a strong preference for a national contract was indicated. The main concern around local commissioning would relate to in-house capacity, given these resources were already deployed in support of major change activity within the Integration Joint Board. The two main issues that should be considered by the Strategic Planning Group and reported to the Integration Joint Board were:

1. The budget for 2017/18 was based on an increased cost for external care home provision of 2%. The contract settlement of 2.8% creates a budget pressure of £80,000 which would require to be managed within existing overall budget resources available; and
2. The condition relating to the summary of progress in October to confirm by December whether to progress negotiations for 18/19 on a new basis or to manage a move to local negotiations was potentially significant as providers previously indicated their intention to pursue local commissioning if the national negotiations did not meet their aspirations. This condition provided a clear indication that unless the

review of the contract was on track for conclusion by December it was highly likely that there would be no further compromise settlement and that local commissioning would follow.

During the course of the discussion the group noted that indications were that confirmation would be given by December 2017 on whether or not there would be a national contract. The group recommended that a report be submitted to a future meeting of the Strategic Planning Group to provide an update.

The Strategic Planning Group was asked to note the outcome of the National Care Homes Contract negotiations for 2017/18, in particular the expectation of the providers to conclude the review of the contract by December 2017, and the risks associated with a failure to achieve this.

Decision

1. To note the contents of the report; and
2. To agree that an update report would be provided to a future meeting of the Strategic Planning Group.

9. LOCALITY PLANNING UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing the group with an update on the proposals for the draft engagement plan to develop the Locality Plans.

The report explained that the Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Integration Joint Board (IJB) strategic plan divides the IJB area into at least two localities and requires the IJB to develop measures for delivery of services to those different localities. The IJB approved the Strategic Plan 2016-2026 on 31 March 2016, which identified two West Lothian localities: east and west.

The Locality Planning groups have met every two months with the main focus being the process of developing Locality Plans. A draft Engagement Plan was developed and attached at appendix 1 to the report, which set out proposals for making sure the views of people using or working in health and social care services were used to co-produce the development of the locality plans.

The Senior Manager, Community Care Support & Services, advised the group that the plan proposed that engagement took place in two phases:

1. To establish a broad and representative range of views prompted by the engagement documents; and
2. To garner responses on the proposals in draft locality plans.

Engagement activity would be guided by the commitments set out in the IJB Participation and Engagement Strategy.

The draft Engagement Plan outlined the key stages and timescales to develop the locality plans. Phase one engagement was proposed to be carried out in May/June 2017.

During the course of the discussion Bridget Meisek highlighted the importance of community engagement in the development of the locality plans. She stated that she had suggested amendments to the Engagement Plan which did not appear to have been taken into account.

The question was also raised about how the consultation would be presented and what steps would be taken to motivate people to respond to consultations. A suggestion was also made to engage in dialogue with NHS/Council staff as well as carrying out on-line surveys to ensure better means of consultation.

The Senior Manager recommended that any comments relating to the draft Engagement Plan should be sent to him and copied to Lorna Kemp, which would then be forwarded to the Locality Planning group for consideration. If amendments to the draft engagement plan were modest then these could be dealt with by circulating electronically to the Locality Planning groups. However, if significant changes were recommended then it would be appropriate for an update report to be brought back for consideration by the Strategic Planning Group. It was agreed that updates on Locality Planning would be provided to future meetings of the Strategic Planning Group.

The recommendation in the report asked the group to consider the draft engagement plan as a critical stage of the development of Locality Plans and to suggest any amendments to the Locality Planning groups.

Decision

1. To note the contents of the report and the draft Engagement Plan;
2. To note the comments from the group and the recommendation that comments be emailed to the Senior Manager, copied to Lorna Kemp;
3. To note that if comments relating to the draft Engagement Plan were modest then these would be forwarded electronically to the Locality Planning groups for consideration. If significant changes were recommended then it was considered appropriate for an update report to be brought back for consideration by the Strategic Planning Group;
4. To note that updates would be provided to future meetings.

10. WORKPLAN

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

Decision

To note the contents of the workplan, subject to including the following:

1. IJB Annual Performance Report 2016/17 – Update to meeting scheduled to be held on 15 June 2017 – Action: Carol Bebbington;
2. National Care Home Contract – Update to relevant future meeting: Action Alan Bell;
3. Locality Planning – Update to relevant future meeting: Action Alan Bell

West Lothian Integration Joint Board

Date: 26 September 2017

Agenda Item: 5

APPOINTMENTS

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To deal with some recent membership and appointment changes.

B RECOMMENDATION

1. In relation to the positions of Chair and Vice-Chair of the Board:-
 - a) To note that the position of Chair is to be held by a voting member appointed by NHS Lothian from 21 September 2017 until 20 September 2019
 - b) To note that Martin Hill has been appointed by the health board to that position
 - c) To note that the position of Vice-Chair is to be held by a voting member appointed by West Lothian Council for that same period
 - d) To note that Harry Cartmill has been appointed by the council to that position
2. In relation to the position of Chair of the Audit, Risk & Governance Committee:-
 - a) To note that Martin Hill may no longer be the Chair or a member of the Audit, Risk & Governance Committee
 - b) To appoint a voting member appointed by NHS Lothian in his place
 - c) To appoint a Chair of the committee from the members on the committee
 - d) To appoint a Vice-Chair from the remaining members on the committee
3. In relation to the position of Chair of the Health & Care Governance Group:-
 - a) To note that the position of Chair is vacant
 - b) To appoint a voting member of the Board to that position

C TERMS OF REPORT

1 Chair and Vice-Chair of the Board

- 1.1 The Integration Scheme provides that the positions of Chair and Vice-Chair of the Board will alternate every two years between members appointed by the council and the health board. The positions cannot be held by members appointed by one of those organisations at the same time. The health board and the council choose for themselves who to appoint to those positions.
- 1.2 The Board was formally constituted on 21 September 2015. A council member has held the position of Chair since then, and a health board member the position of Vice-Chair. The right to appoint to those positions now switches between the partner organisations, as of 21 September 2017.
- 1.3 The health board has appointed Martin Hill to be Chair. The council has appointed Harry Cartmill to be Vice-Chair. Their appointments will continue until 20 September 2019, unless ended before that by resignation or by the appointing partner organisation.
- 1.4 Members are asked to note the position.

2 Audit, Risk & Governance Committee

- 2.1 The remit of the Audit, Risk & Governance Committee provides that the Chair of the Board may not be a member of the committee. Martin Hill has been a member and the Chair of the committee. He may no longer hold either position on taking up the position of Chair of the Board.
- 2.2 The resulting vacancy as a member of the committee requires to be filled by a voting member appointed by the health board.
- 2.3 The vacancy as Chair requires to be filled from all the member appointed to the committee.
- 2.4 The last Vice-Chair is no longer a Board member and so a new appointment is needed from the members appointed to the committee.
- 2.5 The committee members are Jane Houston, Martin Murray, George Paul, Damian Timson, Lynsay Williams and the member appointed today to replace Martin Hill.
- 2.6 Members are asked to make appointments to those vacancies.

3 Health & Care Governance Group

- 3.1 The remit of the Health & Care Governance Group requires its Chair to be a voting member of the Board. The last Chair is no longer a Board member and so a new appointment is needed.
- 3.2 Members are asked to fill that position from the voting members of the Board.

D CONSULTATION

None

E REFERENCES/BACKGROUND

Integration Scheme

Board's Standing Orders

Audit, Risk & Governance Committee – Board meetings on 16 February and 5 April, both 2016

Health & Care Governance Group – Board meeting on 29 November 2016

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health	Not considered to be relevant
National Health and Wellbeing Outcomes	Not considered to be relevant
Strategic Plan Outcomes	Not considered to be relevant
Single Outcome Agreement	Not considered to be relevant
Impact on other Lothian IJBs	None
Resource/Finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory requirements and guidance
Risk	None

H CONTACT

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

26 September 2017

West Lothian Integration Joint Board

Date: 26 September 2017

Agenda Item: 6

AUDIT OF THE 2016/17 ANNUAL ACCOUNTS

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

To advise the Board of the outcome of the 2016/17 Audit and to provide a summary of the key points arising from the Auditor's Annual Report.

B RECOMMENDATION

It is recommended that the Board:

- notes the Auditor's 2016/17 Annual Audit Report including the completed management action plan
- agrees the audited 2016/17 Annual Accounts for signature

C TERMS OF REPORT

Introduction

The report by Ernst and Young (EY) on the 2016/17 audit is addressed to the West Lothian Integration Joint Board, is simultaneously forwarded to the Controller of Audit and forms part of the audit process. The Auditor's report covers the financial statements, financial management and sustainability, governance and transparency and Best Value.

The unaudited Annual Accounts for the financial year to 31 March 2017 were considered by the Board on 27 June 2017, in advance of the statutory deadline of 30 June 2017. These accounts were subsequently subject to a report to the IJB Audit, Risk and Governance Committee on 28 June 2017. The external audit of the Accounts and the signing of the Independent Auditor's report will be completed by the target date of 30 September 2017 following approval of the Accounts.

Key messages in the EY report

The Executive Summary section outlines the Auditor's conclusions on their audit of the 2016/17 accounts. Key points include:

- There is an unqualified opinion on the financial statements
- The financial statements were prepared to a satisfactory standard. There are no adjusted or unadjusted audit differences arising from the audit.
- The IJB has complied with the requirements of the Local Authority Accounts (Scotland) Regulations 2014.

- Achieving financial sustainability continues to represent a significant challenge for the IJB and management has recognised the need to put in place longer term financial planning arrangements.
- The IJB has generally established a sound basis to demonstrate good governance and transparency in operational activity
- Core financial management arrangements have been established and EY are satisfied that these are adequate for the current management of financial activities
- In response to the need to measure performance and progress against the IJB's Strategic Plan, EY have concluded that the IJB has identified local outcomes and key performance indicators through which to measure performance

Accounting and Audit Matters – Financial Statements

The Annual Audit report notes that audit testing has not identified any material misstatements from revenue and expenditure recognition. Overall the audit work did not identify any material issues or unusual transactions to indicate any misreporting of the IJB's financial position based on manipulation of revenue or expenditure transactions. EY did not identify any material weaknesses in the design and implementation of controls tested as part of the audit, or evidence of material management override through inappropriate judgements being applied.

In respect of opinions on other prescribed matters, which includes the management commentary, the auditable part of the remuneration report and the annual governance statement, EY have concluded that their opinion is unqualified.

Wider Scope Audit Dimensions

The wider scope audit considerations reflect EY's judgements and conclusions on the IJB's arrangements for financial management, financial sustainability, governance and transparency and value for money.

The Annual Audit report sets out the main findings and conclusions from each of these areas and emphasises in particular the need to put in place longer term financial planning arrangements.

Annual Audit Report Action Plan

An action plan including management responses to identified risks is included in the Annual Audit report. The Action Plan summarises specific EY recommendations which have been graded according to their consideration of their priority for action. A management response to each action is included in the Action Plan.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

2016/17 Audited Statement of Accounts for West Lothian Integration Joint Board

Ernst and Young – Annual Audit Report for Year Ended 31 March 2017

F APPENDICES

Ernst and Young – Annual Audit Report for Year Ended 31 March 2017

2016/17 Audited Statement of Accounts for West Lothian Integration Joint Board

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	None.
Policy/Legal	The Auditor's Report is presented to the Board in accordance with the Local Government (Scotland) Act 1973.
Risk	None

H CONTACT

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26 September 2017

West Lothian Integration Joint Board

Year ended 31 March 2017

Annual Audit Report - draft

Board meeting – 26 September 2017



Contents

Section	Appointed auditor responsibility	Pages
Executive summary		1-2
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	Notify the Controller of Audit when circumstances indicate that a statutory report may be required	4
	Review and report on, as appropriate, other information such as annual governance statements, management commentaries and remuneration reports	7
Wider scope audit	Demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the audited bodies:	
	• financial position and arrangements for securing financial sustainability	9-12
	• suitability and effectiveness of corporate governance arrangements	13
	• effectiveness of performance management arrangements in driving economy, efficiency and effectiveness in the use of public money and assets	14
Appendices	Undertake statutory duties, and comply with professional engagement and ethical standards:	
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About this report

This report has been prepared in accordance with Terms of Appointment Letter from Audit Scotland dated 31 May 2016 through which the Accounts Commission has appointed us as external auditor of West Lothian Integration Joint Board (the IJB) for financial years 2016/17 to 2020/21. We undertake our audit in accordance with the Local Government (Scotland) Act 1973 and our responsibilities as set out within Audit Scotland's Code of Audit Practice (the Code), issued on 26 May 2016.

This report is for the benefit of the IJB and is made available to the Accounts Commission, the Controller of Audit and Audit Scotland (together the Recipients). This report has not been designed to be of benefit to anyone except the Recipients. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Recipients, even though we may have been aware that others might read this report.

Any party other than the Recipients that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Recipient's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, Ernst & Young LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Recipients.

Complaints

If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with Stephen Reid who is our partner responsible for services under appointment by Audit Scotland, telephone 0131 777 2839, email sreid2@uk.ey.com. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, or with how your complaint has been handled, you can refer the matter to Russell Frith, Assistant Auditor General, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN. Alternatively you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

Purpose of this report

In accordance with the Local Government (Scotland) Act 1973, the Accounts Commission appointed EY as the external auditor of West Lothian Integration Joint Board (the IJB) for the five year period 2016/17 to 2020/21. We undertake our audit in accordance with the Code of Audit Practice (the Code), issued by Audit Scotland in May 2016; Auditing Standards and guidance issued by the Auditing Practices Board; relevant legislation; and other guidance issued by Audit Scotland.

This Annual Audit Report is designed to summarise our key findings and conclusions from our audit work. It is addressed to both the members of the IJB and the Controller of Audit, and presented to both IJB management and those charged with governance, identified as being the Board and the IJB's Audit, Risk and Governance Committee. It will be published on Audit Scotland's website.

We draw your attention to the fact that our audit was not designed to identify all matters that may be relevant to the IJB. Our views on internal control and governance arrangements have been based solely on the audit procedures performed in respect of the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

Scope and responsibilities

The Code sets out the responsibilities of both the IJB and the auditor. We provided details of these in our Annual Audit Plan, which was presented to the Audit, Risk and Governance Committee on 31 March 2017. We summarise the responsibilities of the IJB in Appendix A.

Our Annual Audit Plan also provided you with an overview of how we intended to carry out our responsibilities as your auditor. We carried out our audit in accordance with this plan.

We planned our procedures using a materiality of £3.1 million and a Tolerable Error of £1.55 million. We reassessed this using the actual year-end figures, to confirm that the materiality remained appropriate for the audit. No adjustment was made to materiality amounts communicated in our Annual Audit Plan. The threshold for reporting audit differences was £155,000.

Status of the audit and audit opinion

We have substantially completed our audit of the IJB's financial statements for the year ended 31 March 2017.

Subject to satisfactory completion of the following outstanding items we expect to issue an unqualified opinion on the IJB's financial statements. However until the following further work is complete, further amendments may arise:

- review of the final version of the financial statements
- completion of subsequent events review to the date of approval of the financial statements and receipt of signed management representation letter.

Key contacts

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Acknowledgement

We would like to thank all members of the IJB's management and staff who have been involved in our work for their co-operation and assistance during our audit work.

Accounting and audit matters – our reporting on the IJB’s financial statements

Preparation of financial statements

- The unaudited financial statements were prepared to a satisfactory standard. There are no adjusted or unadjusted audit differences arising from our audit.

Significant risks

- Our testing has not identified any material misstatements from revenue and expenditure recognition. Overall our audit work did not identify any material issues or unusual transactions to indicate any misreporting of the IJB’s financial position based on manipulation of revenue or expenditure transactions.
- We have not identified any material weaknesses in the design and implementation of controls tested as part of our audit, or evidence of material management override through inappropriate judgements being applied.

Other matters and reporting requirements

- Our testing on opening balances was completed satisfactorily. We have no matters to bring to your attention in respect of our work on the qualitative aspects of the financial statements.
- We have concluded that the IJB has complied with the requirements of the Local Authority Accounts (Scotland) Regulations 2014.
- In respect of our ‘Opinions on other prescribed matters’, which includes the management commentary, the auditable part of the remuneration report, and the annual governance statement, we have concluded that our opinion is unqualified. We have not identified any other matters on which we are required to report by exception.

Wider scope audit dimensions – our judgements and conclusions on the IJB’s arrangements

Financial sustainability – area of audit focus

- We have concluded that achieving financial sustainability continues to represent a significant challenge for the IJB. While it has approved a reserves strategy, in the short term no reserves are expected to be held.
- Management has recognised the need to put in place longer-term financial planning arrangements. The success of these is critical to supporting the achievement of the IJB’s strategic objectives, and ensuring that the IJB takes a lead in strategic priorities through the directions it provides.

Governance and transparency – area of audit focus

- We have concluded that the IJB has generally established a sound basis to demonstrate good governance and transparency in its operational activity.
- The Annual Governance Statement sets out the arrangements established along with those areas identified for development in 2017/18.

Financial management

- The IJB has established its core financial management arrangements, and we are satisfied that these are adequate for the current management of its financial activities.
- We have identified areas for action which reflect the need for the IJB to continue to develop its arrangements as activity matures.

Value for Money

- In response to the need to measure performance and progress against the IJB’s Strategic Plan, we have concluded that the IJB has identified local outcomes and key performance indicators through which to measure its performance.
- The IJB has prepared its Annual Performance Report for 2016/17. In order to build on the sound basis for performance measurement and monitoring, we would expect to see development of medium term targets for key performance indicators.

Appendices

We have confirmed our independence to act as auditor of the IJB. Auditor remuneration of £19,800 was agreed with management. No non-audit services were provided.

We have made five recommendations for action by management, two of which are grade 1. All have been accepted by management.

1. Financial statements and accounting

1. Financial statements and accounting



The IJB's Annual Accounts enables the Board to demonstrate accountability for its resources and its performance in the use of those resources during the year. They are prepared in accordance with proper accounting practice, which is represented by the 2016/17 Code of Practice on Local Authority Accounting in the United Kingdom.

Audit opinion

In respect of the financial statements, we report on the truth and fairness in accordance with applicable law and the 2016/17 Code of Practice of the state of affairs of the IJB as at 31 March 2017 and of the surplus for the year then ended.

The detailed form and content of our audit report, plus the requirements underpinning the report, are contained in the Audit Scotland guidance at http://www.audit-scotland.gov.uk/uploads/docs/um/tgn_2017_5_local_authorities.pdf (Appendix 1).

We expect to issue an unqualified opinion based on the satisfactory completion of our work.

We have not identified any circumstances to notify the Controller of Audit that a statutory report may be required under the Local Government (Scotland) Act 1973.

Financial statements preparation

As part of your oversight of the Board's financial reporting process, we report on our consideration of the quality of working papers and supporting documentation prepared predominantly by the finance team to support the audit.

The nature of the IJB transactional activity during the year means that the production of the financial statements should not be a particularly onerous activity at this stage. Equally this was the first year in which the IJB was reporting on its activity and performance for the year.

We made no substantive comments on the unaudited financial statements, although we made some comments to improve the clarity of elements of presentation and disclosure. Management has updated the financial statements, including narrative information, to take account of our comments.

Materiality

We planned our procedures using a materiality of £3.1 million. We reassessed this using the actual year-end figures, to ensure that our level of materiality remained appropriate. We did not change our assessment of materiality as a result of this reassessment. Our Tolerable Error for the audit was £1.55 million and the threshold for reporting audit differences was £155,000.

We also identified areas where misstatement at a lower level than materiality might influence the reader and developed a specific audit strategy for them. They include:

- Remuneration disclosures including any severance payments, exit packages and termination benefits - we applied a materiality of £1,000 based on the potential sensitivity of these disclosures.
- Related party transactions - we considered the nature of these disclosures individually.

Audit differences

There are no unadjusted or adjusted audit differences arising from our audit.

Financial statements – our overall conclusions

- Our audit work is complete subject to final approval of the financial statements, receipt of management representation letter and update of subsequent events. We expect to issue an unqualified opinion on the IJB's financial statements.
- We undertook our audit in accordance with the materiality outlined to the Audit, Risk and Governance Committee in our Annual Audit Plan.
- The unaudited financial statements were prepared to a satisfactory standard. There are no adjusted or unadjusted audit differences arising from our audit.

Our Annual Audit Plan identified key areas of focus for our audit of the IJB's financial statements, including significant risks. This report sets out the results of our audit procedures plus any relevant observations, including our views on areas which might be conservative, and where there may be potential risk and / or exposure.

Significant risk – risk of fraud in revenue recognition

What is the risk?

Under ISA240 there is a presumed risk that revenue may be misstated due to improper recognition of revenue. In the public sector, this requirement is modified by Practice Note 10, issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

Given the nature of funding for the IJB, we rebutted the risk of improper recognition of revenue in respect of core funding from West Lothian Council and NHS Lothian. However, we considered the risk of improper recognition of the expenditure incurred by the IJB and how it accounted for this.

Results of audit procedures

We undertook the following procedures as part of our audit:

- Reviewed and tested revenue and expenditure recognition policies.
- Reviewed and discussed with management any accounting estimates on revenue or expenditure recognition for evidence of bias.
- Developed a testing strategy in respect of material revenue and expenditure streams.
- Reviewed and tested revenue cut-off around the year end.

The LASAAC-TAG guidance concluded that IJBs would be acting as principal in their own right. This conclusion led to the guidance that contributions to IJB funding should be treated as a distinct and separate transaction from the commissioning income received.

In line with the guidance, the IJB has identified partner funding contributions as un-hypothecated funding and hence presented them as 'Taxation and non-specific grant income and expenditure'. This included the 'set aside' element for large hospital services on the basis that the utilisation of the underlying resources is within the remit of the IJB's commissioning decision.

In accordance with the Integration Scheme, the IJB gave directions to both West Lothian Council and NHS Lothian setting out the functions to be performed during the year.

At the financial year end, confirmation was obtained from both West Lothian Council and NHS Lothian confirming the expenditure incurred during the year in respect of the directions provided to them by the IJB. We have agreed the figures from these confirmations to the financial statements.

We have reviewed the minutes and papers of meetings held after the year end to ensure that financial information presented to the Board is in line with the financial statements provided for audit.

As the confirmations from the other organisations account for all of the spend in relation to the directions, management at the IJB do not prepare any accounting estimates in respect of income or expenditure at the year end.

Revenue recognition – what have we concluded?

- Our testing has not identified any material misstatements from revenue and expenditure recognition.
- Overall our audit work did not identify any material issues or unusual transactions to indicate any misreporting of the IJB's financial position based on manipulation of revenue or expenditure transactions.

Our Audit Plan identified other aspects of our work which arise either in accordance with International Standards on Auditing (UK & Ireland) or in accordance with the Code. These are set out below.

Significant risk – management override

What is the risk?

As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

Results of audit procedures

1. Test the appropriateness of manual journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements

No journals are posted in relation to the Integrated Joint Board Expenditure. Confirmation letters are prepared by both NHS Lothian and West Lothian Council confirming the expenditure by each party in the year. These letters are then used to create the annual accounts. Consequently there is no financial ledger information currently supporting the IJB's performance in the year. Journals should be posted in relation to the IJB's income and expenditure, hosted by the West Lothian Council ledger.

Action plan point 1

2. Review accounting estimates for evidence of management bias, including management's retrospective consideration of prior year estimates

There are no material accounting estimates included in the financial statements. We confirmed the process for ensuring that there were no claims applicable to the IJB which required provision to be made as part of its participation in CNORIS (Clinical Negligence & Other Risks Indemnity Scheme).

3. Evaluate the business rationale for any significant unusual transactions

We did not identify any significant unusual transactions.

Other audit matters

Opening balances

International Standard on Auditing (UK and Ireland) 510: *Initial audit engagements – opening balances* requires auditors to obtain sufficient, appropriate audit evidence that opening balances do not contain misstatements that materially affect the financial statements. The standard also requires auditors to verify that appropriate accounting policies are reflected in the opening balances and that they have been consistently applied in the current period's financial statements.

Based on 2016/17 being the first year of operation of the IJB, the prior year financial statements did not contain any material balances to bring forward as opening balances.

Qualitative aspects of the financial statements

We have reviewed the significant accounting policies, which are disclosed in the financial statements, and we consider these to be appropriate to the IJB.

There was no disagreement during the course of the audit over any accounting treatment or disclosure.

There were no significant difficulties encountered in the audit.

Management override / other audit matters – what have we concluded?

- We have not identified any material weaknesses in the design and implementation of controls tested as part of our audit, or evidence of material management override through inappropriate judgements being applied.
- Our testing on opening balances was completed satisfactorily. We have no matters to bring to your attention in respect of our work on the qualitative aspects of the financial statements.

2. Financial statements and accounting



The Local Authority Accounts (Scotland) Regulations 2014 set out the statements which should be included in the Annual Report and Accounts in addition to the financial statements. These items are covered by our independent auditor's report as *Other prescribed matters*, in accordance with the Audit Scotland requirements under the Code.

Other reporting requirements

The Local Authority Accounts (Scotland) Regulations 2014 (the Regulations)

Regulations 8 to 10 set out the statutory requirements in respect to the financial statements, their availability for public inspection and the consideration and signing by the IJB or a committee with an audit or governance remit. As required, we received the unaudited financial statements by the 30 June deadline. Both the full IJB Board and the Audit, Risk and Governance Committee considered the unaudited financial statements in advance of the 31 August deadline. No statutory objections were received on the unaudited financial statements.

Management Commentary

The requirement for the IJB to include a management commentary is included in Regulation 8(2)(a). Audit Scotland requires us to read the information in the management commentary and express an opinion on whether the information given in the management commentary is consistent with the financial statements and whether it has been prepared in accordance with the statutory guidance.

Guidance on the content of the management commentary was issued by the Scottish Government within Local Government Finance Circular 5/2015, while Part 2 of the Circular provides statutory guidance on the specific requirements. These have been interpreted for the circumstances for the IJB. We were satisfied that the management commentary provided an appropriate summary of both financial and non-financial performance during the year.

Remuneration Report

Auditors are required by the Code to audit the disclosures of remuneration and pension benefit, pay bands, and exit packages and express a separate opinion within their independent auditor's report on whether they have been properly prepared in accordance with the Regulations.

The IJB disclosed the full voting membership of the IJB during the year. We considered this good practice. In line with the Additional Guidance on Accounting for Integration of Health and Social Care issued by LASAAC in March 2017, the Chair and Vice-Chair of the IJB were treated equivalently as senior councillors and included in the remuneration report.

Only the Chief Officer has been included in the remuneration report disclosures presented for audit. While management have set out their interpretation of the statutory guidance to support the rationale for why the Chief Finance Office does not require disclosure, we would recommend that the IJB keep this disclosure under review in the interests of transparency and best practice compared to other IJBs.

Action plan point 2

Annual Governance Statement (AGS)

Audit Scotland requires us to read the information in the annual governance statement and express an opinion on whether the information given in the annual governance statements is consistent with the financial statements and whether the statement has been prepared in accordance with *Delivering good governance in local government: framework 2016*.

We set out the work undertaken in respect of the IJB's annual governance statement as part of the Wider Scope – Governance and Transparency section of this Report.

Other reporting requirements – what have we concluded?

- We have concluded that the IJB has complied with the requirements of the Local Authority Accounts (Scotland) Regulations 2014.
- In respect of our 'Opinions on other prescribed matters', which includes the management commentary, the auditable part of the remuneration report, and the annual governance statement, our opinion is unqualified.
- We have not identified any other matters on which we are required to report by exception.

2. Wider scope audit

3. Wider scope audit



In accordance with the Code, conclusions and judgements formed in respect of the four audit dimensions - financial management; financial sustainability; governance and transparency; value for money - which frame the wider scope of public sector audit contribute to the overall assessment and assurance on Best Value.

Wider scope audit risks

The Code requires us to undertake work in respect of each of the four dimensions on an annual basis. The Code also sets out an expectation that 'significant' risks identified through our planning process that relate to the wider scope dimensions will be communicated with you. In undertaking our risk assessment in respect of the wider scope audit areas, we distinguish between the definition of 'significant risks' which apply to the audit of the financial statements, by referring to 'Wider Scope Audit Focus Areas'.

In our Annual Audit Plan we identified two audit focus areas, one in respect of financial sustainability and one in respect of governance and transparency.

Financial management

The Public Bodies (Joint Working) (Scotland) Act 2014 includes an obligation on the Board to appoint a proper officer under section 95 of the Act (CFO). The section 95 officer is responsible for ensuring that appropriate financial services are available to the Board and Chief Officer. Financial regulations were approved in advance of the 2016/17 financial year.

We are satisfied therefore that the Board has made arrangements for the proper administration of its financial affairs.

The IJB budget was under pressure at all points during the year. In August 2016, a risk sharing assurance model was provided to the Board whereby the budget pressures would be met by the funders. The table below summaries the outturn expenditure for the year. In total, additional funding of £1.84m million (0.8%) was required to meet the financial pressures faced in year.

Funding aspect	Original Budget £m	Additional in-year budget £m	Outturn expenditure £m
West Lothian Council	60.58	-	60.58
NHS Lothian (includes £7.13 million social care fund)	156.47	1.84	158.31
Sub-total IJB	217.05	1.84	218.89
NHS Lothian - non-cash limited*	18.22	-	18.22
TOTAL - IJB	235.27	1.84	237.11

* non-cash limited budgets are met by the Scottish Government and do not strictly have a budget set by the IJB, but they do represent delegated functions

Financial reporting

The 2016/17 budget was not finalised until the first quarter of the financial year, as a final funding offer and acceptable financial assurance arrangement was not reached with NHS Lothian until Summer 2016. Subsequent to that position being agreed, regular reports were prepared and considered by the IJB which outlined both operational and financial pressures facing the IJB.

There was evidence of outturn forecasting being undertaken, and action to address the financial pressures being faced, although additional funding was still required from the partners to reach a break-even position at the year end.

3. Wider scope audit



Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Financial management (continued)

Monitoring of expenditure

In line with the Integration Scheme, the IJB issued directions to both West Lothian Council and NHS Lothian in respect of the services and activities it was commissioning from them. The Integration Scheme sets out the process to be followed for managing both over and underspends. This process was followed for overspends in 2016/17. In respect of underspends, the Integration Scheme allows that these are retained by the IJB as reserves where they relate to a direction given by the IJB. In practice, however, agreement was assumed at a high level to consider the outturn position of the IJB in totality.

In terms of future approach to directions, the IJB has set out that these will be used to meet statutory requirements and set out high level accountability to the IJB. The operational and transformational change to service delivery will be set out in the West Lothian Health and Social Care Delivery Plan. This will set out the intentions for current year and future year delivery of health and social care services and the proposed means of achieving progress against overall health and social care delivery outcomes. Clear accountability for the transformational change and how expenditure is allocated against IJB priorities is a key element of delivering this change.

Action plan point 3

Internal control and internal audit

It is the responsibility of the IJB to develop and implement systems of internal financial control and to put in place proper arrangements to monitor their adequacy and effectiveness in practice. Our responsibility as your auditor is to consider whether the IJB has put adequate arrangements in place to satisfy itself that the systems of internal financial control are both adequate and effective in practice.

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Our first year audit has been predominantly substantive in nature, and therefore we have not tested the operation of key controls.

Although our audit was not designed to express an opinion on the effectiveness of internal control we are required to communicate to you significant deficiencies in internal control. We have not identified any such matters to report to you.

The IJB draws on internal audit support through West Lothian Council and management services for NHS Lothian. Internal audit work in the year was focussed on governance, covering all of the following areas:

- Financial assurance – graded satisfactory
- Governance – graded requires improvement
- Strategic planning – graded effective

On the basis of the work performed, internal audit's opinion for the year was that:

- the IJB's framework of governance, risk management and control is adequate and effective.

Financial management - what have we concluded?

- The IJB has established its core financial management arrangements, and we are satisfied that these are adequate for the current management of its financial activities.
- We have identified areas for action which reflect the need for the IJB to continue to develop its arrangements as activity matures.

3. Wider scope audit



Financial sustainability is focused on the medium to longer term financial viability, and considers how effectively an audited body is planning to deliver its services over the medium term.

Financial sustainability

Financial sustainability interprets auditors' requirements under ISA 570 *Going concern* and looks forward to the medium (two to five years) and longer-term (longer than five years) to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

We identified in our Annual Audit Plan that achieving a balanced budget for the IJB in 2016/17 required a focus on actions to control expenditure as well as early approval that integration funding would be used as part of the mechanism to provide the IJB with the resources to meet expenditure.

It was also clear that moving into 2017/18 and beyond, delivering on the IJB's strategic priorities would, however, require an ability to transform and deliver significant recurring efficiency savings, while at the same time ensuring that the impact on core delivery is minimised.

We therefore identified financial sustainability as a wider scope audit focus area.

Wider scope audit focus area – financial sustainability audit procedures

What did we do?	What did we find?
<p>We considered whether:</p> <ul style="list-style-type: none"> financial balance has or will be achieved? have any short-term financial challenges been identified and addressed through a financial recovery plan? How appropriate are the arrangements put in place to address any identified funding gaps? 	<p>Financial balance was achieved in 2016/17 but only through adoption of the risk sharing model which saw additional budget provision made in year from both partners as non-recurring support to balance the year-end outturn.</p> <p>In 2017/18, the budget already recognised that the financial pressures faced in 2016/17 would continue to be challenging. A baseline budget of £214.6 million has been proposed from the IJB's funding partners, representing a £2.45 million decrease on the equivalent amount in 2016/17, excluding non-cash limited expenditure. With known financial pressures on the budget, however, there is a significantly challenging position facing the IJB.</p> <p>The financial assurance process notes that the approved funding from the partners are then delegated back to the partners to deliver the operational services.</p> <p>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.</p>
<ul style="list-style-type: none"> Has a reserves strategy been put in place and how does the current level of reserves match that strategy? 	<p>The IJB approved a reserves strategy in June 2017, in recognition of this being one element of best practice in establishing the longer term financial planning process for the IJB.</p> <p>Management do not expect that the IJB will establish and build reserves in the short term and so proposed that the proposed 2% of expenditure, equivalent to about £4.5 million was a target figure that would be subject to review..</p> <p>It is noted that currently no reserves are held and it is not anticipated that this will change at 31 March 2018.</p>

Financial sustainability (continued)

Wider scope audit focus area – financial sustainability audit procedures

What did we do?	What did we find?
<ul style="list-style-type: none"> How effective are the financial planning systems in identifying and addressing risks to financial sustainability across the shorter and longer terms? 	<p>While a medium-term financial strategy remains to be developed, as noted previously we have concluded that there are adequate arrangements for assessing and reporting on the risks associated with delivery of planned financial savings.</p> <p>Given the pressures on the IJB, there is scope for greater evidence to be in place as to the impact the IJB is having on helping to address budget pressures through its strategic decision making and directions.</p>
<ul style="list-style-type: none"> Does the body understand the long-term pressures, including demand pressures, and have these been built into plans and strategies? 	<p>Board members and management have identified that a medium term financial plan needs to be developed and taken forward. This needs to include an assessment of the demographic challenges facing the IJB and the delegated functions within its control.</p> <p style="text-align: right;">Action plan point 4</p>

Financial sustainability – what have we concluded?

- We have concluded that achieving financial sustainability continues to represent a significant challenge for the IJB. While it has approved a reserves strategy, in the short term no reserves are expected to be held.
- Management has recognised the need to put in place longer-term financial planning arrangements. The success of these is critical to supporting the achievement of the IJB’s strategic objectives, and ensuring that the IJB takes a lead in strategic priorities through the directions it provides.

3. Wider scope audit



Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making, and transparent reporting of financial and performance information.

Governance and transparency

The Board and officers of the IJB are responsible for establishing robust governance arrangements. This includes ensuring effective systems of internal control, including arrangements to safeguard public money, and compliance with applicable laws and regulations. With this being the first year of full operation of the IJB, it is important that appropriate governance arrangements are established from the outset, to support delivery of strategic objectives and transparent scrutiny of the IJB's performance. We therefore identified this audit dimension as a wider scope audit focus area.

Wider scope audit focus area – governance and transparency audit procedures

What did we do?	What did we find?
<p>We considered whether:</p> <ul style="list-style-type: none"> The IJB can demonstrate that the governance arrangements are appropriate and operating effectively. Is there effective scrutiny, challenge and transparency on decision making and financial and performance reports? Is the governance framework sound and are the governance arrangements effective? Is the Governance Assurance Statement complete and does it reflect key findings from audit, scrutiny and inspection? Is appropriate and effective leadership in place? 	<p>The IJB has in place a number of the key requirements for good governance:</p> <p>We have reviewed Board minutes and papers and found these to set out clearly the matters considered and discussed. Standing Orders regulate how the business of the IJB is conducted. The Board has approved detailed terms of reference for its Strategic Planning Group, Audit Risk & Governance Committee, Appointments Committee and Health & Care Governance Group.</p> <p>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.</p> <p>On the basis of the work performed, internal audit's opinion for the year was that the IJB's framework of governance, risk management and control is adequate and effective.</p> <p>Matters for continued improvement in the governance framework have been identified, including that 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.</p> <p>We reviewed the Annual Governance Statement against the required guidance. We were satisfied that it met the requirements and was consistent with both the governance framework and key findings from relevant audit activity. We suggested changes which management took on board and made appropriate revisions.</p> <p>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.</p>

Governance and transparency – what have we concluded?

- We have concluded that the IJB has generally established a sound basis to demonstrate good governance and transparency in its operational activity.
- The Annual Governance Statement sets out the arrangements established along with those areas identified for development in 2017/18.

3. Wider scope audit



Value for money is concerned with using resources effectively and continually improving services. This includes consideration of whether resources are being used effectively; services are improving and the IJB has appropriate arrangements to demonstrate Best Value.

Value for money

The IJB's Strategic Plan was designed to demonstrate how it would deliver on the nine national health and wellbeing outcomes for integration, being:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities, 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 service users.
- 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 to reduce any negative impact of their caring role on their own 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 that 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.

In respect of performance monitoring, the IJB has developed a balanced scorecard approach to provide a framework for strategic measurement and management system. The scorecard will measure organisational performance across four perspectives: Financial; Customer; Internal Processes; Learning and Growth.

Performance indicators have been developed during the year to support these local outcomes, as well as the collation of information in respect of other indicators relevant to integration of health and social care.

The IJB prepared and published its Annual Performance Report by the statutory deadline of 31 July 2017., which sets out how the IJB performed during the year, in particular in making progress against its Strategic Plan 2016-2020.

In order to build on the sound basis for performance measurement and monitoring, we would expect to see development of medium-term targets for key performance indicators set out within the balanced scorecard so that performance can be considered and monitored against these targets.

Action plan point 5

Value for Money – what have we concluded?

- In response to the need to measure performance and progress against the IJB's Strategic Plan, we have concluded that the IJB has identified local outcomes and key performance indicators through which to measure its performance.
- The IJB has prepared its Annual Performance Report for 2016/17. In order to build on the sound basis for performance measurement and monitoring, we would expect to see development of medium term targets for key performance indicators.

Appendices

- A. IJB Responsibilities**
- B. Required communications with the Audit, Risk and Governance Committee**
- C. Auditor independence**
- D. Management representations**
- E. Action plan**

A. The IJB's responsibilities



The Code of Audit Practice (the Code) summarises the responsibilities on all audited bodies falling within the public sector audit framework. We summarise these on this page.

Responsibilities of audited bodies

Corporate governance	<p>Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including audit committees or equivalent) in monitoring these arrangements.</p>
Financial statements and related reports	<p>Audited bodies must prepare an annual report and accounts containing financial statements and other related reports. They have responsibility for:</p> <ul style="list-style-type: none"> • preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation. • maintaining accounting records and working papers that have been prepared to an acceptable professional standard and support their financial statements and related reports disclosures. • ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate authority. • maintaining proper accounting records. • preparing and publishing, along with their financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that are consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also clearly address the longer-term financial sustainability of the body. <p>Management, with the oversight of those charged with governance, should communicate clearly and concisely relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework.</p> <p>Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.</p>
Standards of conduct / prevention and detection of fraud and error	<p>Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and also to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.</p>
Financial position	<p>Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to:</p> <ul style="list-style-type: none"> • such financial monitoring and reporting arrangements as may be specified • compliance with any statutory financial requirements and achievement of financial targets • balances and reserves, including strategies about levels and their future use • how they plan to deal with uncertainty in the medium and longer term • the impact of planned future policies and foreseeable developments on their financial position.
Best Value	<p>Local authority bodies have a statutory duty, under the Local Government (Scotland) Act 1973 and associated statutory guidance, to make arrangements to secure best value through the continuous improvement in the performance of their functions.</p> <p>Specified audited bodies also have to prepare and publish performance information in accordance with directions issued by the Accounts Commission.</p>

B. Required communications



There are certain additional communications that we must provide to the Audit, Risk and Governance Committee, in accordance with ISA (UK & Ireland) 260 and other auditing standards, which are set out below.

Required communication - what is reported?	Our reporting to you
<p>Terms of engagement</p> <p>Confirmation by the Audit, Risk and Governance Committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.</p>	<p>Audit Scotland Terms of Appointment letter – audit to be undertaken in accordance with the Code of Audit Practice</p>
<p>Planning and audit approach</p> <p>Communication of the planned scope and timing of the audit, including any limitations.</p>	<p>Annual Audit Plan – 31 March 2017</p>
<p>Significant findings from the audit</p> <ul style="list-style-type: none"> • Our view of the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures • Any significant difficulties encountered during the audit • Any significant matters arising from the audit that were discussed with management • Written representations we have requested • Expected modifications to the audit report • Any other matters significant to overseeing the financial reporting process • Findings and issues around the opening balance on initial audits 	<p>This Annual Audit Report – 26 September 2017</p>
<p>Going concern</p> <p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> • Whether the events or conditions constitute a material uncertainty • Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements • The adequacy of related disclosures in the financial statements 	<p>No conditions or events were identified, either individually or together to raise any doubt about the IJB's ability to continue for the 12 months from the date of our report.</p>
<p>Fraud</p> <ul style="list-style-type: none"> • Asking the Audit, Risk and Governance Committee whether they have knowledge of any actual, suspected or alleged fraud affecting the IJB • Unless all those charged with governance are involved in managing the entity, any fraud identified or information obtained indicating that a fraud may exist involving: <ul style="list-style-type: none"> (a) management; (b) employees with significant roles in internal control; or (c) others where the fraud results in a material misstatement in the financial statements. <p>► A discussion of any other matters related to fraud, relevant to Audit, Risk and Governance Committee responsibility.</p>	<p>This Annual Audit Report – 26 September 2017</p>

B. Required communications (cont.)



Required communication - What is reported?	Our reporting to you
<p>Misstatements</p> <ul style="list-style-type: none"> • Uncorrected misstatements and their effect on our audit opinion • The effect of uncorrected misstatements related to prior periods • A request that any uncorrected misstatement be corrected • Significant corrected misstatements, in writing 	<p>This Annual Audit Report – 26 September 2017</p>
<p>Significant deficiencies in internal controls identified during the audit</p> <ul style="list-style-type: none"> • Significant deficiencies in internal controls identified during the audit. 	<p>This Annual Audit Report – 26 September 2017.</p> <p>No significant deficiencies were identified in the course of our audit which required immediate communication to the Audit, Risk and Governance Committee.</p>
<p>Related parties</p> <p>Significant matters arising during the audit in connection with the IJB's related parties including, where applicable:</p> <ul style="list-style-type: none"> • Non-disclosure by management • Inappropriate authorisation and approval of transactions • Disagreement over disclosures • Non-compliance with laws and/or regulations • Difficulty in identifying the party that ultimately controls the entity 	<p>We have no matters to report.</p>
<p>Subsequent events</p> <ul style="list-style-type: none"> • Where appropriate, asking the Audit, Risk and Governance Committee whether any subsequent events have occurred that might affect the financial statements. 	<p>We have asked management and those charged with governance. We have no matters to report.</p>
<p>Other information</p> <ul style="list-style-type: none"> • Where material inconsistencies are identified in other information included in the document containing the financial statements, but management refuses to make the revision. 	<p>We have no matters to report.</p>
<p>External confirmations</p> <ul style="list-style-type: none"> • Management's refusal for us to request confirmations • We were unable to obtain relevant and reliable audit evidence from other procedures. 	<p>We have received all requested confirmations.</p>
<p>Consideration of laws and / or regulations</p> <ul style="list-style-type: none"> • Audit findings of non-compliance where it is material and believed to be intentional. This communication is subject to compliance with legislation on "tipping off" • Asking the Audit, Risk and Governance Committee about possible instances of non-compliance with laws and/or regulations that may have a material effect on the financial statements, and known to the Audit, Risk and Governance Committee. 	<p>We have asked management and those charged with governance. We have not identified any material instances or non-compliance with laws and regulations.</p>
<p>Independence</p> <ul style="list-style-type: none"> • Communication of all significant facts and matters that have a bearing on EY's objectivity and independence. 	<p>This Annual Audit Report – 26 September 2017, Appendix C</p>

Professional ethical standards, and the Terms of our Appointment, require us to communicate all significant facts and matters that have a bearing on EY's objectivity and independence as auditor of the IJB.

What we are required to communicate?

Communicating key elements of the audit engagement partner's consideration of independence and objectivity such as:

- The principal threats
- Safeguards adopted and their effectiveness
- An overall assessment of threats and safeguards
- Information on the firm's general policies and processes for maintaining objectivity and independence
- Communications whenever significant judgments are made about threats to objectivity or independence and the appropriateness of safeguards.

Confirmations

We confirm that there are no changes in our assessment of independence since our confirmation in our Annual Audit Plan dated 31 March 2017.

We complied with the APB Ethical Standards and the requirements of Audit Scotland's Terms of Appointment. In our professional judgement the firm is independent and the objectivity of the audit engagement partner and audit staff has not been compromised within the meaning of regulatory and professional requirements.

We consider that our independence in this context is a matter which you should review, as well as us. It is important that you and your Audit, Risk and Governance Committee consider the facts known to you and come to a view. If you would like to discuss any matters concerning our independence, we will be pleased to do this at the meeting of the IJB Board on 26 September 2017.

Summary of fees

As part of our reporting on our independence, we set out below a summary of the fees paid for the year ended 31 March 2017.	Agreed fee per Annual Audit Plan	n/a
	Auditor remuneration	£19,800
We confirm that we have not undertaken non-audit work outside the Code requirements.	Fixed costs *	£5,540
	Non-audit fees	-
Our audit fee was not agreed with management at the time of our Audit Plan. Fees now agreed are shown in the table opposite.	Total audit fees	£25,340

* Fixed costs, which are determined by Audit Scotland, comprise £1,040 pooled costs, £3,790 contribution to Audit Scotland's Performance Audit and Best Value and £710 contribution to Audit Scotland costs

ISA (UK and Ireland) 580.10 requires the auditor to obtain written representation that management, including those charged with governance, has fulfilled its responsibility for the preparation of the financial statements in accordance with the applicable financial reporting framework, including where relevant, their fair presentation.

Ernst & Young LLP

Ten George Street
Edinburgh EH2 2DZ
[Date]

This letter of representations is provided in connection with your audit of the financial statements of West Lothian Integration Joint Board (“the IJB”) for the year ended 31 March 2017. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the financial statements give a true and fair view of the IJB financial position of West Lothian Integration Joint Board as of 31 March 2017 and of its income and expenditure for the year then ended in accordance with CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2016/17.

We understand that the purpose of your audit of our financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing (UK and Ireland), which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

1. We have fulfilled our responsibilities, under the relevant statutory authorities, for the preparation of the financial statements in accordance with the Local Authority Accounts (Scotland) Regulations 2014, Section 12 of the Local Government in Scotland Act 2003 and CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2016/17.
2. We acknowledge, as members of management of the IJB, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance (or results of operations) and cash flows of the IJB in accordance with the CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2016/17. We have approved the financial statements.
3. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.

4. As members of management of the IJB, we believe that the IJB has a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with the CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, that are free from material misstatement, whether due to fraud or error.
5. There are no unadjusted audit differences identified during the current audit and pertaining to the latest period presented.

B. Fraud

1. We acknowledge that we are responsible for the design, implementation and maintenance of internal controls to prevent and detect fraud.
2. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
3. We have no knowledge of any fraud or suspected fraud involving management or other employees who have a significant role in the IJB’s internal controls over financial reporting. In addition, we have no knowledge of any fraud or suspected fraud involving other employees in which the fraud could have a material effect on the financial statements. We have no knowledge of any allegations of financial improprieties, including fraud or suspected fraud, (regardless of the source or form and including without limitation, any allegations by “whistleblowers”) which could result in a misstatement of the financial statements or otherwise affect the financial reporting of the IJB.

C. Compliance with Laws and Regulations

1. We have disclosed to you all identified or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

D. Information Provided and Completeness of Information and Transactions

1. We have provided you with:
 - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.

D. Information Provided and Completeness of Information and Transactions (continued)

2. All material transactions have been recorded in the accounting records and are reflected in the financial statements.
3. We have made available to you all minutes of the meetings of the IJB and Audit, Risk and Governance Committee (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the year to the most recent meeting on the following dates: 27 June 2017.
4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.
5. We believe that the significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
6. We have disclosed to you, and the IJB has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

E. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
3. We have recorded and/or disclosed, as appropriate, all liabilities related litigation and claims, both actual and contingent, and have disclosed in the financial statements all guarantees that we have given to third parties.
4. No other claims in connection with litigation have been or are expected to be received.

F. Subsequent Events

1. As disclosed in the financial statements, there have been no events subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.

G. Other information

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises the Management Commentary, the Remuneration Report, the Annual Governance Statement and the Statement of Responsibilities.
2. The disclosures within the Management Commentary reflects our understanding of the financial and non-financial performance of the IJB over the reporting year, is consistent with the financial statements and has been prepared in accordance with relevant guidance.
3. The information given in the Annual Governance Statement for the financial year for which the financial statements are prepared reflects the IJB's governance framework, is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).
4. The information contained in the auditable part of the Remuneration Report has been prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.
5. We confirm that the content contained within the other information is consistent with the financial statements.

Yours faithfully,

Chief Finance Officer

Chief Officer

Chair of the IJB

This action plan summarises specific recommendations included elsewhere within this Annual Audit Report. We have graded these findings according to our consideration of their priority for the Board or management to action.

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No.	Findings and risk	Our recommendation and grading	Management response
1	<p>Journal processing</p> <p>No journals are processed during the year for West Lothian IJB</p> <p>There is a risk that the financial records of the IJB during the year exist only in a range of reports arising from end user analysis and production.</p>	<p>Good practice would reflect the initial budget allocation of income as an initial journal and then additional budget and expenditure information within the financial ledger as this becomes reported. This will ensure that the transactions of the IJB are being recorded at appropriate intervals during the financial year.</p> <p style="text-align: right;"><i>Grade 2</i></p>	<p>The creation of an IJB financial ledger will be discussed with West Lothian Council finance staff to consider options for establishing the IJB ledger for 2017/18.</p> <p>Chief Finance Officer</p> <p>Target Date 31 Oct 2017</p>
2	<p>Remuneration report disclosures</p> <p>The IJB has chosen not to include the Chief Finance Officer in the remuneration report, based on their interpretation of the relevant guidance and legislation. While we do not disagree with the interpretation, there is a risk that the IJB is not seen to be fully transparent.</p>	<p>Senior officers and the IJB should review common practice across other IJBs and consider whether there is an indication that additional disclosure should be provided at some point in the future, based on good practice.</p> <p style="text-align: right;"><i>Grade 3</i></p>	<p>It is noted that there is no disagreement with the interpretation of why the Chief Finance officer has not been included in the remuneration report.</p> <p>However, it is agreed that this position will be reviewed for future years particularly to take account of any changes to accounting guidance or legislation</p> <p>Chief Finance Officer</p> <p>Target Date – Ongoing review</p>

No.	Findings and risk	Our recommendation and grading	Management response
3	<p>Use of directions / budget monitoring</p> <p>In terms of future approach to directions, the IJB has set out that these will be used to meet statutory requirements and set out high level accountability to the IJB. The operational and transformational change to service delivery will be set out in the West Lothian Health and Social Care Delivery Plan. This will set out the intentions for current year and future year delivery of health and social care services and the proposed means of achieving progress against overall health and social care delivery outcomes.</p>	<p>Clear accountability for the delivery of operational and transformational change and how expenditure is allocated against IJB priorities is a key element of delivering this change.</p> <p>It is recommended that the IJB continue to develop its arrangements to provide clear monitoring of change at a strategic level, linked to its financial strategy for the medium term.</p> <p style="text-align: right;">Grade 1</p>	<p>Progress against the Health and Social Care Delivery plan, linked to an agreed financial strategy will continue to be developed further.</p> <p>Future budget allocations will take account of transformational change and IJB priorities</p> <p>Chief Finance Officer</p> <p>Target Date - Ongoing</p>
4	<p>Financial Planning and sustainability</p> <p>The IJB is already facing significant financial pressures in 2017/18 with a need to plan to manage these in year to ensure break-even by 31 March 2018. Forward financial planning has commenced to identify the financial pressures over the next three years and the steps which the IJB will need to take to manage these.</p>	<p>It is clear that there is full recognition of the need to develop longer term financial plans but given the significance of financial sustainability to the IJB, the Board should ensure that this remains an urgent priority.</p> <p style="text-align: right;">Grade 1</p>	<p>Agreed. An approach to medium term financial planning was agreed by the Board on 27 June 2017 and this is being progressed through a joined up approach with West Lothian Council and NHS Lothian.</p> <p>Chief Finance Officer</p> <p>Target Date – Ongoing during 2017/18</p>
5	<p>Targets for key performance indicators</p> <p>The IJB reports on its performance in line with its approved performance framework and its balanced scorecard. Reporting against key performance indicators shows current performance and trend against previous performance.</p>	<p>In order to build on the established sound basis for performance measurement and monitoring, we would expect to see development of medium-term targets for key performance indicators.</p> <p style="text-align: right;">Grade 2</p>	<p>Agreed. These will be developed for reporting and approval by the Board.</p> <p>Chief Finance officer</p> <p>Target Date – December 2017</p>

About EY

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West Lothian
Council



WEST LOTHIAN INTEGRATION JOINT BOARD
ANNUAL ACCOUNTS
2016/17

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Accounts of West Lothian Integration Joint Board (IJB) for the period to 31 March 2017, 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.

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Independent auditor's report to the members of West Lothian Integration Joint Board and the Accounts Commission for Scotland

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of West Lothian Integration Joint Board for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the Board as at 31 March 2017 and of its result on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis of opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing in the UK and Ireland (ISAs (UK&I)). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Chief Finance Officer for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibilities for the audit of the financial statements

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require us to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Finance Officer; and the overall presentation of the financial statements.

Independent auditor's report to the members of West Lothian Integration Joint Board and the Accounts Commission for Scotland (continued)

Our objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK&I) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with our audit of the financial statements in accordance with ISAs (UK&I), our responsibility is to read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Report on other requirements

Opinions on other prescribed matters

We are required by the Accounts Commission to express an opinion on the following matters.

In our opinion, the auditable part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In our opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the auditable part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Stephen Reid,
for and on behalf of Ernst & Young LLP
10 George Street, Edinburgh. EH2 2DZ
Date: 28 September 2017

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 be 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.

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. The 2016/17 Annual Performance Report is available using the link below.

[West Lothian IJB Annual Performance Report-201617](#)

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.

The Health figures 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.

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.

Martin Hill

Chair

26 September 2017

Jim Forrest

Chief Officer

26 September 2017

Patrick Welsh

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

Martin Hill

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 and all other sections of the Remuneration Report will be reviewed by Ernst and Young LLP and any apparent material inconsistencies with the audited financial statements will be considered as part of their audit report.

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

Jim Forrest
Chief Officer
26 September 2017

Martin Hill
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 and this will be reported to the Committee in October 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 was 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 auditor 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, the Board's corporate governance standards have been progressed throughout 2016/17 and compliance with the Integration Scheme is ongoing through review and updates to the Audit, Risk and Governance Committee.

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.

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

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

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 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 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 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 settled, 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

1.10 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.

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	Unaudited 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

	Unaudited Budget	Actual Expenditure	Variance
	£000	£000	£000
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
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. 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

IJB FINANCE UPDATE

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to provide an update on the 2017/18 budget forecast position for the IJB delegated health and social care function and provide an update on financial planning for future years.

B RECOMMENDATION

It is recommended the IJB:

1. Notes the roles and responsibilities for managing within budget taking account of the approved West Lothian Integration Scheme
2. Notes the forecast outturn for 2017/18 in respect of IJB Delegated functions taking account of saving assumptions
3. Notes that further management action is required by Partner bodies in partnership with the IJB to manage the 2017/18 budget pressures identified and updates on this will be reported to future Board meetings
4. Notes the update on progress with financial planning for future years and proposed next steps

C TERMS OF REPORT

C.1 Background

This report sets out the overall financial performance of the 2017/18 IJB delegated resources and provides a year end forecast which takes account of relevant issues identified across health and social care services.

Reporting on the performance of delegated resources is undertaken in line with the IJB's approved financial regulations and Integration Scheme. Increasing demands coupled with constrained funding means that a partnership working approach through the IJB, NHS Lothian and council will be vital in ensuring health and social care functions are managed within available budget resources.

This will require ongoing changes to current models of care delivery over the coming years as it is widely acknowledged that current models of care provision will not be sustainable going forward. The IJB as a strategic planning body for delegated health and social care functions is responsible for working with the council and NHS Lothian to deliver change taking account of its Strategic Plan and funding resources available to NHS Lothian and West Lothian Council.

C.2 Responsibility for In Year Budget Monitoring

Budget monitoring of IJB delegated functions is undertaken by Finance teams within the council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme which notes that when resources have been delegated via Directions by the IJB, NHS Lothian and West Lothian Council apply their established systems of financial governance to the delegated functions and resources. This reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources.

Both NHS Lothian and West Lothian Council then provide the required information on operational budget performance from their respective financial systems, under the co-ordination of the IJB Section 95 officer, to provide reports to the Board on delegated health and social care functions.

In terms of in year operational budget performance, the approved West Lothian Integration Scheme notes that the council and NHS Lothian are ultimately responsible for managing within budget resources available. However, it is vital that the IJB has oversight of the in year budget position as this influences the strategic planning role of the Board and highlights any issues that need to be taken account of in planning the future delivery of health and social care services. As a result regular reports will be required for the Board on financial performance of health and social care functions.

The forecast position in this report reflects the most recent NHS and council outturn position reported. West Lothian Council is forecasting an overall breakeven budget position for 2017/18, while NHS Lothian is forecasting an overspend of £2.125 million.

C.3 2017/18 Summary Budget Outturn Forecast for IJB Delegated Functions

The position below reflects the most recently reported 2017/18 forecast position by NHS Lothian and West Lothian Council based on their first overall year end forecast. This reflects the position reported to NHS Lothian Finance and Resources Committee on 20 September and West Lothian Council Executive on 19 September 2017.

	2017/18 Budget £'000	2017/18 Forecast £'000	2017/08 Variance £'000
Core West Lothian Health Services	98,512	99,137	625
Share of Pan Lothian Hosted Services	22,358	22,272	(86)
Adult Social Care	69,551	69,551	0
Payment to IJB - Total	190,421	190,960	539
Notional Share of Acute Set Aside	33,094	34,680	1,586
Total Contribution	223,515	225,640	2,125

Appendix 1 provides further detail on the forecast position shown. As detailed above, an overspend of £539,000 is forecast on the payment to the IJB and an overspend of £1.586 million is forecast against the share of acute set aside resources attributed to West Lothian.

A summary of key risks and service pressures have been identified and these are noted in the narrative against the relevant components of the delegated budget.

C.4. Summary of Key Issues in Respect of Ongoing Risks and Emerging Pressures

Core West Lothian Health Services

These functions and resources relate fully to service areas directly under the operational management of the West Lothian Health and Social care Partnership.

Community Hospitals - An overspend of £122,000 is forecast for 2017/18, this is driven by high levels of bank staff usage to cover patient acuity, vacancies and elevated sickness levels.

Prescribing – An overspend of £841,000 is forecast. While GP prescribing costs have been lower than anticipated in the early months, this remains a major cost pressure in 2017/18, although not to the same extent as previous years. Ongoing volatility in prescribing costs and volumes makes it difficult to predict the position throughout the rest of the year and there remains a risk that the current forecast could deteriorate. Various actions and initiatives are however being progressed including through West Lothian's share of the effective prescribing fund to help manage spend within available resources.

Other areas to note include Mental Health where a pressure of £50,000 is forecast, although similar to prescribing this is significantly improved from the budget pressure experienced in previous years and represents the 2017/18 budget planning process having recognised the underfunding of mental health services in West Lothian.

Hosted Services

These functions and resources represent a share of Lothian Hosted services delegated to the IJB, the majority of which are operationally managed outwith West Lothian Health and Social Care Partnership.

Substance Misuse – An overspend of £133,000 is forecast for 2017/18 which relates to the reduction in Scottish Government funding for Drug & Alcohol services last year which has still not been fully mitigated through cost reductions.

Adult Social Care

These functions and resources relate fully to service areas directly under the operational management of the West Lothian Health and Social Care Partnership.

External Care Homes for Older People – This area is under severe pressure with higher than expected client numbers leading to a forecast overspend of £490,000. Unlike last year, this is not offset by underspends in Free Personal Care / Self-Funded placements and indicates an unprecedented level of demand to be managed.

Internal Care Homes - There is a forecast overspend of £225,000, which is due to high staff costs from sickness and absence and lower than anticipated income for resident recoveries.

Physical Disabilities – There is also a forecast overspend of £153,000 for Physical Disabilities Care at Home services, this is partially offset by underspends of £57,000 in other areas of the physical disabilities budget. The client numbers are small in this area and care costs are often very high, consequently new packages of care can have a significant impact on the forecast position.

These pressures are largely being offset by savings within Contracts and Commissioning and staff savings.

Acute Set Aside Services

These functions and resources represent a share of acute hospital services which although delegated to the IJB, are operationally managed outwith the West Lothian Health and Social Care Partnership. Health and Social The forecast overspend for the West Lothian share of acute services is £1.586 million and the key pressures are noted below.

A & E (outpatients) – An overspend of £400,000 is forecast. This overspend primarily relates to agency nurses employed on a month on month basis to meet unfilled vacancies. It is anticipated that this pressure will reduce as staff are recruited to provide a more stable workforce.

Gastroenterology – An overspend of £199,000 is forecast. This is mainly due to a recurring medicines pressure that is growing as a result of increasing patient numbers.

General Medicine - An overspend of £206,000 is forecast This is mainly due to higher than planned Nursing spend regarding recruitment problems, high sickness absence and increased acuity of a small number of patients.

Junior Medical staff – An overspend of £625,000 is forecast. This primarily relates to the requirement for additional staff to deliver 7 day working, non compliant rotas and the use of locum staff for trainee gaps.

C.5 Approved Savings Relating to IJB Delegated Functions

As part of the 2017/18 payment to the IJB from the council and NHS Lothian there is £3.520 million of budget savings identified as reported on 14th March 2017. At this stage, the monitoring undertaken estimates that £3.501 million of this target is achievable.

In addition the share of acute set aside budget includes a share of acute savings totalling £438,000 of which £418,000 is currently estimated to be achievable. The overall forecast position for the IJB takes account of the position on savings noted.

The summary split of these savings is shown in the table below along with the actual level of savings considered to be achievable at this stage.

	2017/18 Budgeted Savings £'000	2017/18 Forecast Achievable £'000	2017/18 Variance £'000
Core West Lothian Health Services	1,950	1,906	(44)
Share of Pan Lothian Hosted Services	162	187	25
Adult Social Care	1,408	1,408	0
Payment Functions - Total	3,520	3,501	(19)
Notional Share of Acute Set Aside	438	418	(20)
Total Contribution	3,958	3,919	(39)

While in overall terms satisfactory progress is being made on the delivery of 2017/18 savings, it is vital that savings are fully achieved on a recurring basis. NHS Lothian and the council have established processes in place for monitoring and reporting on the delivery of savings and regular updates will be provided to the Board on progress with delivery of savings.

C.6 Summarised Budget Position for 2017/18

The monitoring position for IJB delegated functions delivered by the council and NHS Lothian is an overspend of £2.125 million, of which £539,000 relates to the NHS Lothian payment functions and £1.586 million relates to acute set aside functions.

Various management actions are being progressed within the West Lothian Health Social Care Partnership and at a wider NHS Lothian level to manage spend within available resources. These include quality and efficiency prescribing initiatives which are anticipated to achieve cost reductions, and improved workforce modelling and staffing models in areas such as junior medical staff and nursing to reduce the use of bank and agency staff.

It should also be noted that a share of reserves and additional flexibility resources being used to partially offset the overall 2017/18 NHS Lothian forecast overspend, including on IJB delegated functions within Business Units, has not been taken account of in the IJB forecast position.

C.7 Future 2017/18 Budget Updates

To ensure the IJB has the necessary oversight of the operational delivery and financial performance of functions delegated to it for planning purposes, it is proposed that update reports on the 2017/18 budget position will be reported to all Board meetings arranged during 2017/18.

Given the overspend position forecast for 2017/18, it is intended that specific updates on material budget risk / overspend areas will be provided to all future meetings of the Board setting out progress on management actions to address the budget pressures that have been identified in this monitoring report.

C.8 Future Years Financial Planning

The IJB's approach to future financial planning was agreed by the Board on 27 June 2017, and took account of the requirement to undertake a minimum of three year financial planning. As part of this the Board agreed that the Chief Officer and Chief Finance Officer take forward financial planning with Partners based on the approved approach to developing a financial strategy.

Social Care Delegated Functions

In terms of adult and elderly social care delegated functions, officers supporting the IJB have provided significant input to the financial planning process taking account of their dual role as council employees responsible for the future operational delivery of social care services, and in supporting the delivery of the IJBs strategic objectives.

An overall estimated council gap of £73 million over the period 2018/19 to 2022/23 was agreed as the basis for future planning by Council Executive on 19 September 2017 which reflected a £7m increase from the gap previously estimated as a result of increased pay award assumptions. Taking account of this estimated total council funding gap, the savings requirement related to IJB delegated functions will inevitably be very challenging over the medium term. Budget saving proposals for delegated functions are currently being worked on at an officer level by senior managers supporting the IJB and an overall consultation on council delivered services outlining officer proposals to help meet the £73 million gap will be issued to the public on 16 October 2017. The public consultation will be open for a period of four weeks.

A Transformation Project Team has been established within the council with the objective of ensuring there is robust project management and delivery of the changes that will be required to how a number of services will be provided. In terms of delegated social care services, dedicated project management staffing resources have been agreed and at an officer level the Chief Officer and Chief Finance Officer will have key roles in the strategic programme management of service delivery changes to be agreed.

Health Delegated Functions

In terms of health delegated functions, work is ongoing regarding the forecasting of the financial gap for overall NHS Lothian and delegated IJB functions over the medium term. A Financial Planning Away Day was held in mid August 2017 involving the NHS Senior Finance Team including IJB Chief Finance Officers and various actions linked to future budget planning are being progressed from that session. A Development Session has also been held with NHS Lothian Board members on 6 September 2017 which considered the medium term financial position as well as wider planning considerations.

At a West Lothian level, a Finance Programme Board has been established with the objective of identifying officer saving proposals over the medium term across locally delivered health services. Dedicated project management resources are in place and Chief Officer, Chief Finance Officer and West Lothian Business Partner will be key members of the Board. It is important to note that for delegated health functions saving proposals will also need to take account of Lothian wide, regional and national health service changes assumed / proposed over the medium term that would impact on IJB delegated functions. Taking account of this, it is vital that there is close working and communication approach to medium financial planning assumptions across officers supporting NHS Lothian and IJB objectives.

Medium Term Financial Planning - Next Steps

In terms of the 2018/19 budget position, this is being progressed as part of the wider medium term financial strategy work but is clearly the most pressing priority given timescales and also the likelihood that the financial gap in 2018/19 will be the highest over the five year period.

High level proposals on saving areas and themes will be developed by officers over the coming weeks and it is proposed that a further development session is held with the Board during October / November 2017 to consider potential saving options across health and social care and the impact on the IJB's strategic planning role.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

West Lothian Integration Scheme

F APPENDICES

Appendix 1 – IJB 2017/18 Budget Update

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 over £223 million.
Policy/Legal	None.
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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26 September 2017

WEST LoTHIAN INTEGRATION JOINT BOARD - 2017/18 BUDGET UPDATE

	2017/18 Budget £'000	2017/18 Forecast £'000	2017/18 Variance £'000
Core West Lothian Health Services			
Community AHPs	3,462	3,504	42
Community Hospitals	2,162	2,284	122
District Nursing	3,181	3,055	-126
General Medical Services	25,328	25,328	0
Mental Health	13,461	13,511	50
Other Core	7,369	7,065	-304
Prescribing	36,767	37,608	841
Resource Transfer	6,782	6,782	0
Core West Lothian Health Services - Total	98,512	99,137	625
Share of Pan Lothian Hosted Services			
Corporate Public Health	253	268	15
Hosted AHP Services	2,181	2,163	-18
Hosted GMS	1,812	1,842	30
Health Improvement Fund	194	194	0
Hospices	858	858	0
Learning Disabilities	3,171	3,246	75
Lothian Unscheduled Care Service	1,969	1,964	-5
Mental Health	296	297	1
Oral Health Services	3,396	3,291	-105
Other Hosted Services	-269	-324	-55
Hosted Psychology Service	1,498	1,524	26
Hosted Rehabilitation Medicine	1,097	996	-101
Sexual Health	1,139	1,138	-1
Substance Misuse	1,768	1,901	133
Substance Misuse Sex Health Bbv	1,651	1,629	-22
UNPAC	1,344	1,285	-59
Share of Pan Lothian Hosted Services - Total	22,358	22,272	-86
Adult Social Care			
Learning Disabilities	16,094	15,830	-264
Physical Disabilities	6,143	6,232	89
Mental Health	2,972	3,020	48
Older Peoples Assessment and Care Mangement	28,611	28,841	230
Care Homes and Housing with care	7,679	7,855	176
Contracts and Commissioning	5,264	4,864	-400
Other Social Care Services	2,788	2,909	121
Adult Social Care - Total	69,551	69,551	0
PAYMENT TO IJB - TOTAL	190,421	190,960	539
Notional Share of Acute Set Aside			
Accident and Emergency (Out Patients)	3,997	4,397	400
Cardiology	5,932	5,918	-14
Diabetes	493	537	44
Endocrinology	170	160	-10
Gastroenterology	1,935	2,134	199
General Medicine	6,114	6,320	206
Geriatric Medicine	4,743	4,694	-49
Infectious Disease	2,671	2,661	-10
Junior Medical	4,621	5,246	625
Therapies / Management	1,215	1,318	103
Other	250	301	51
Outpatients	105	102	-3
Rehabilitation medicine	761	793	32
Wgh Surgery	87	99	12
Notional Share of Acute Set Aside - Total	33,094	34,680	1,586
TOTAL DELEGATED IJB FUNCTIONS	223,515	225,640	2,125

West Lothian Integration Joint Board

Date: 26 September 2017

Agenda Item: 8

WEST Lothian IJB DEVELOPMENT AND INDUCTION SESSION

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide the Board with a summary of the West Lothian IJB Development and Induction Session that took place on Thursday 31 August 2017, 14.00 at Strathbrock Partnership Centre.

B RECOMMENDATION

1. To note the following summary of the Development and Induction Session;
2. To agree dates for further IJB development sessions; and
3. To agree any further action to be taken.

C TERMS OF REPORT

C1 Overview of session

The purpose of the session was to provide an induction to the West Lothian Integration Joint Board for new members and to provide and to opportunity for discussion in relation to strategic development.

The session was well attended by the Director of the Board, voting and non-voting Board Members, the Chief Finance Officer for the Board, senior officers in the West Lothian Health and Social Care Partnership, the Standards Officer and the Project Officer.

Officers presented to the Board on the following subjects:

- Governance Roles and Responsibilities James Millar
- Health and Inequalities Margaret Douglas
- Finance Pat Welsh
- Strategic Plan Carol Bebbington

Participants were then split into two smaller groups to discuss the themes of priorities and engagement.

C2 Emerging Themes and Considerations

Community planning

- Consider regular feedback to the Board about activity in the Community Planning Partnership
- Consider appropriate representation for the IJB on the Community Planning Partnership Board

Cooperation with other IJBs and NHSL

- Consider regular feedback to the Board about interaction with other IJBs, NHS Lothian and West Lothian Council

Statutory Requirements

- A point was made about being clear on the differences between statutory “musts” and where there is more flexibility
- Public Sector Equality Duty – Integrated Impact Assessments should be carried out where there is a new allocation of resources, a change in an allocation of resource, or for any decision taken by the Board that could impact those with protected characteristics
- Consider revising report template to better capture all statutory requirements and all relevant information

Priorities

- Method / Matrix of Prioritisation
- Estimate of the financial envelope
- Quantify impact of demand
- Consider Existing and emergency Statutory responsibilities
- Commissioning outcomes of models of care
- Mature relationship underpinned with evidence
- What level do IJB pitch direction/solutions
- Consider political elements
- Consider Lead Commissioner/Provider models
- Potential conflict between planned and unscheduled care
- Encouraging self-care and changing public behaviour to support change programmes
- Set timescales and agree consistent measures through the setting of parameters
- Consider access to services in the context of the wider infrastructure
- Identify options in line with financial forecasting with an emphasis on improving health outcomes and bridging health inequalities

Engagement

- Balancing IJB priorities with meaningful engagement - having stakeholder

members on the IJB, SPG and Locality Groups lends itself well to this aim in that stakeholder representatives are involved with setting priorities and agreeing on what the IJB needs to consult on more formally

- Assisted living model supports engagement
- Consider models/methods/levels of engagement and appropriate representation when considering change
- Interface with IJB, NHS Lothian, Council and live local/strategic planning groups who are currently engaging with the local population – make use of existing knowledge and data to avoid duplication
- Engagement around commissioners
- Consider Carers Act – opportunity to engage and empower carers
- Providing stakeholders with facts and identified priorities; being honest about what the IJB can deliver then presenting options and choices
- Bringing people on journey of change/ongoing communication – sharing rationale for decisions and setting context of alternative options
- Engagement with other IJBs – differing priorities, seek collaborative approach to support seamless pathway of care; variation dilutes clinical mass and impacts on economies of scale
- Develop stakeholder map, communication plan
- Using Locality Development Groups as “engine room” of engagement feeding up to the IJB
- Consider how to assess impact of service changes to public health post-implementation

Other

- Board Members should bear in mind that when attending meetings of the IJB, they are there in their capacity as a member of that board and not as an NHS official or Elected Member, for example.
- A request was made that reports are made available earlier than at present to allow more time for Board Members to read and fully understand the reports.
- A request was made for some guidance on the role of non-voting stakeholder members

D CONSULTATION

The session was well attended by Board Members and officers from the Health and Social Care Partnership, all of whom had the opportunity to ask questions of officers and take part in the discussions on Priorities and Engagement.

E REFERENCES/BACKGROUND

None.

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

Strategic Plan Outcomes

Single Outcome Agreement

Impact on other Lothian IJBs The IJBs will continue to share best practice on all matters covered in the discussion.

Resource/finance Activities will be carried out within existing budgets.

Policy/Legal None.

Risk None.

H CONTACT

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01506 283519

26 September 2017

West Lothian Integration Joint Board

Date: 26 September 2017

Agenda Item: 9

PROVISION OF SUPPORT SERVICES

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To update the Board on the provision of support services by West Lothian Council and NHS in the context of the Integration Scheme.

B RECOMMENDATION

1. To note the arrangements in place for the provision of support services to the Board;
2. To note that arrangements have been made by the council and health board for the provision of support services to the Board which are realistic and sufficient for the Board's purposes;
3. To note that the services provided will be monitored continuously and reviewed every two years.

C TERMS OF REPORT

C1 Background

Although the Board is a separate and distinct corporate body it cannot employ staff and has only limited powers of contract. It must therefore rely on the council and the health board for the provision of the services it needs to perform its statutory duties.

The Integration Scheme provided that the support services needed by the Board would be agreed by the council and health board through an officer working group and then agreed with the Board once it was formally established. The services required have gradually expanded since then as the Board has had to fulfil legal duties under statutory regimes as diverse as freedom of information, corporate complaints handling procedures and climate change obligations.

C2 Current Provision of Support Services

The arrangements which have emerged before and since the establishment of the Board mean that the council provides the board with the bulk of the support services it needs. It provides committee services, legal advice, the Standards Officer, the Finance Officer, the Internal Audit function, and a Project Officer to provide support in relation to records management, information management and security, public sector equality duties, climate change and engagement and participation activity.

Both council and health board contribute staff resources in relation to health and care governance, equalities impact assessments and public health.

C3 Conclusion

It remains the case that most of the areas of work that remain to be addressed in the Integration Scheme are listed under support services. However, the current provision of support is deemed to be realistic and sufficient to fulfil the Board's needs. It is recommended that support provision to the Board is monitored closely and reviewed again in two years.

D CONSULTATION

The report has been prepared in consultation with the council's Governance Manager in his role as the IJB's Standards Officer.

E REFERENCES/BACKGROUND

West Lothian Integration Joint Board – Review of Integration Scheme; report to IJB Audit, Risk and Governance Committee on 28 June 2017.

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
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National Health and Wellbeing Outcomes	None
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Strategic Plan Outcomes	Officers support delivery of the Integration Scheme..
Single Outcome Agreement	None
Impact on other Lothian IJBs	The IJBs will continue to share best practice on all matters covered in the review.
Resource/finance	Activities will be carried out within existing budgets.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and other related statutory instructions and guidance.
Risk	Minimal, provided that provision of support continues.

H CONTACT

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26 September 2017

West Lothian Integration Joint Board

Date: 26 September 2017

Agenda Item: 10

INFORMATION MANAGEMENT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide the Board with an update in relation to Information Management and action taken to ensure compliance with related legislation including the Freedom of Information (Scotland) Act 2002; the Public Records (Scotland) Act 2011; and the Data Protection Act 1998.

B RECOMMENDATION

The Board is asked to:

1. Note the progress made to ensure compliance with legislation and regulation in relation to information management and sharing;
2. Note that a Records Management Plan will be submitted for the Board upon the request of the Keeper of Records, Head of National Records of Scotland (NRS);
3. Note that quarterly submissions will be made to the Office of the Scottish Information Commissioner (OSIC) with statistics on information requests made to the Board; and
4. Agree to adopt the council's Information Security Policy, Records Management Policy and Data Protection Policy in line with guidance from the Keeper of Records and in keeping with current provision of support to the Board.

C TERMS OF REPORT

C1 Background

The Integration Joint Board creates new information and records as a consequence of strategic planning and the decision-making process. Effective management of this information ensures that the Board meets its statutory

requirements in relation to managing and sharing information, as well as maintaining public confidence and best practice.

The Board is now registered with the Information Commissioners Office as a data controller and is, therefore, subject to the same data protection laws as any other public body.

C2 Records Management

IJBs have been added to the Schedule of the Public Records (Scotland) Act 2011 (PRSA). They are therefore obliged to comply fully with PRSA. The Keeper of Records, Head of National Records of Scotland (NRS) has written to Chief Officers to set out what is required of IJB's. This is attached at Appendix 1.

The Keeper understands that information and records created by IJBs will be created by an officer from one of the parent authorities. These records will therefore exist on the information system of the authority providing the administrative resource.

The council provides support to the Board by way of Committee Services, the Standards Officer and the Project Officer, therefore most new information and records, including IJB corporate information, will be held on council systems. In line with guidance from the Keeper, this information will be managed in accordance with the records and information management policies and procedures of the council; links to these documents can be found at section E of this report.

All bodies named under the Schedule to the PRSA must on invitation provide the Keeper with a Records Management Plan (RMP) for his agreement that provides clear evidence that the authority is complying with its statutory records management obligations.

The Keeper has indicated that he will write to IJB Chief Officers to request their Records Management Plans towards the end of 2017.

C3 Freedom of Information Act

The Freedom of Information Act requires every public authority to have a publication scheme, approved by the Information Commissioner's Office (ICO), and to publish information covered by the scheme. The scheme sets out a commitment to make certain classes of information routinely available, such as policies and procedures, minutes of meetings, annual reports and financial information.

The Board has published its Publication Scheme [here](#). A copy is attached to this report at Appendix 2.

An internal procedure for processing requests for information relating to the Board is in place. Requests for information will be recorded on council systems, much like complaints, and this will be signposted on the IJB pages of the Health and Social Care Partnership website.

The Board is required to submit quarterly statistics on requests for information to the Office of the Scottish Information Commissioner (OSIC). No requests for information relation to the Board have been received to date and this was reflected in the April – June 2017 submission.

C4 Conclusion

The Board has published its Publication Scheme and procedures are now in place to ensure compliance with the Freedom of Information (Scotland) Act 2002.

Adopting the council's Information Security Policy, Records Management Policy and Data Protection Policy will ensure ongoing compliance with legislation and regulation.

D CONSULTATION

The report has been prepared in consultation with the council's Information Strategy and Security Manager.

E REFERENCES/BACKGROUND

1. [WLC Information Security Policy](#)
2. [WLC Records Management Policy](#)
3. [WLC Data Protection Policy](#)

F APPENDICES

1. Letter to IJB Chief Officers from the Keeper of Records, Head of National Records of Scotland (NRS)
2. West Lothian IJB Publication Scheme

G SUMMARY OF IMPLICATIONS

Equality/Health The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.

National Health and Wellbeing Outcomes None

Strategic Plan Outcomes	The recommendations support the delivery of the Integration Scheme.
Single Outcome Agreement	None
Impact on other Lothian IJBs	The IJBs will continue to share best practice on all matters covered in this report.
Resource/finance	Activities will be carried out within existing budgets.
Policy/Legal	Public Records (Scotland) Act 2011; The Data Protection Act 1998; Freedom of Information (Scotland) Act 2002.
Risk	Minimal if compliance with legislation is regularly reviewed.

H CONTACT

Lorna Kemp
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26 September 2017

The Relationship between Health and Social Care Integrated Joint Boards and the Public Records (Scotland) Act 2011

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards (HBs) and Scottish Local Authorities (SLAs) to work together effectively to agree a model of integration. It is for them to agree which approach/model best serves their requirements.

- **Model 1:** The Health Board and Local Authority delegate the responsibility for planning and resourcing service provision for adult health and social care services to an Integration Joint Board
- **Model 2:** The Health Board or the Local Authority takes the lead responsibility for planning, resourcing and delivering integrated adult health and social care services

Almost all authorities named under the Act will choose to adopt the Model 1 option to help them deliver their obligations. Highland region has been operating a lead agency model for some time and will therefore opt for Model 2.

Integrated Joint Boards (IJB) are designated Bodies Corporate and have been added to the Schedule of the Public Records (Scotland) Act 2011 (PRSA). They are therefore obliged to comply fully with PRSA.

IJBs will appoint a chief officer and a financial officer, but no other staff. The collaborating authorities will provide corporate support to help H&SCPs function and serve strategic decision making.

IJBs will create new information and records as a consequence of strategic planning and the decision making process around the delivery of services. The Keeper understands that records created by the IJBs in the course of their strategic deliberations will be created by an administrative officer from one of the collaborating authorities. These records will therefore exist on the information system of the authority providing the administrative resource. They will be managed in accordance with the records and information management policies and procedures of that authority. Intellectual decisions about the short and long term management of this information, e.g. retention scheduling, will, however, be taken by the IJB in collaboration with the authority managing the information.

What does this mean for Integrated Joint Boards and their obligations under the Public Records (Scotland) Act 2011?

All bodies named under the Schedule to the PRSA must on invitation provide the Keeper with a Records Management Plan (RMP) for his agreement. In order to

agree a RMP the Keeper must be satisfied that it provides clear evidence that the authority is complying with its statutory records management obligations. In particular the Keeper will wish to see chief officer compliance statements and current policies and procedures showing that the six core elements of the Keeper's Model Plan, specifically required under PRSA, are fully operational on submission. That means having,

1. a named senior person to authorise and guarantee the RMPs arrangements
2. a named records manager in post
3. a fully functioning records management policy governing all the records under the responsibility of the named authority
4. archive transfer arrangements in place for records of enduring value
5. robust operational information security arrangements
6. robust operational destruction arrangements for records and hardware, including PCs, laptops, tablets and other mobile devices.

RMPs must also show compliance, or sufficient progress towards compliance, under the other eight records management elements of the Keeper's Model Plan.

<http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan>

IJBs must submit a RMP when requested by the Keeper. The Keeper acknowledges, however, that IJBs will not at the outset be complex authorities with premises, staff, and the normal office infrastructure. Case records and other service-specific information critical to the IJBs decisions will continue to be created and held by the collaborating HBs and SLAs. IJB corporate information – distinct from case and other service specific records - will be created and held by the authority administering the IJB. These records will be managed by that authority within its corporate systems on behalf of the IJB. Chief officers must therefore develop and endorse RMPs that accurately reflect this arrangement and provide, or point to evidence, such as the collaborating authority's operational policies and procedures, for the Keeper's consideration.

The Keeper requires to be satisfied that IJB records are being routinely managed in line with agreed operational records management policies and procedures before agreeing a plan. The chief officer's signature to the RMP will provide the Keeper with an assurance that he/she is content for IJB records to be managed by another authority, and that its policies and procedures adequately safeguard the IJB's records.

When will IJBs be required to comply with PRSA?

IJBs now appear under the PRSA Schedule. It is, however, very unlikely that the Keeper will invite IJBs to submit their plans before completing the process for all the

authorities originally scheduled. He expects to complete the invitation process for those authorities by end of 2017.

It is hoped that by this time all HBs and SLAs will have already been through the process and will, hopefully, be in receipt of the Keeper's agreement with regard to their own arrangements. This should make it very much easier for IJBs to assure the Keeper that their records are being managed adequately and in line with the operational policies and procedures of the authorities creating and managing their records.

Hugh Hagan
National Records of Scotland
Government Records Branch

IJB Publication Scheme

1: ABOUT WEST LoTHIAN INTEGRATION JOINT BOARD

Class description: Information about the IJB, who we are, where to find us, how to contact us, how we are managed and our external relations:

Director: Jim Forrest

Email: jim.forrest@westlothian.gov.uk, Address: West Lothian Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF, Tel: 01506 281002

Membership For West Lothian Integration Joint Board as at 26 September 2017:

Martin Hill	Chair
Harry Cartmill	Vice-Chair
Jan Buchanan	Non-Voting Member (Stakeholder Representative)
Elaine M Duncan	Non-Voting Member (Professional Advisor)
Jim Forrest	Non-Voting Member
Susan Goldsmith	Voting Member
Mairead Hughes	Non-Voting Member (Professional Advisor)
Jane Houston	Non-Voting Member (Staff Representative)
Alex Joyce	Voting Member
Jane Kellock	Non-Voting Member
Dave King	Voting Member
James McCallum	Non-Voting Member (Professional Advisor)
Mary-Denise McKernan	Non-Voting Member (Stakeholder Representative)
Bridget Meisak	Non-Voting Member
Martin Murray	Non-Voting Member (Staff Representative)
George Paul	Voting Member

IJB Terms Of Reference: [Integration Scheme Between West Lothian Council and NHS Lothian](#)

Integration Joint Board Committee Meetings:

[West Lothian Integration Joint Board Meeting Dates 2015/16](#)

[West Lothian Integration Joint Board Agenda, Minutes and Papers - 16 February 2016](#)

[West Lothian Integration Joint Board Agenda, Minutes and Papers - 23 March 2016](#)

Integration Joint Board Appointments Committee Meetings:

[West Lothian IJB Appointments Committee Agenda - 16/02/2016](#)

[West Lothian IJB Appointments Committee Agenda 09/02/2016 and Minute 26/01/2016](#)

Integration Strategic Planning Group:

[Strategic Planning Group - Terms of Reference and Procedural Rules](#)

[Strategic Planning Group Constitution](#)

[Agenda, Minutes and Papers - 23/02/2016](#)

[Agenda, Minutes and Papers - 04/02/2016](#)

2: HOW WE DELIVER OUR FUNCTIONS AND SERVICES

Class description: Information about our work, our strategy and policies for delivering functions and services and information for our service users.

[Strategic Plan 2016/26](#)

[Strategic Plan 2016-2026 \(Web Pages\)](#)

[Integration Scheme Between West Lothian Council and NHS Lothian](#)

[IJB Directions - 16/02/2016](#)

3: HOW WE TAKE DECISIONS AND WHAT WE HAVE DECIDED

Class description: Information about the decisions we take, how we make decisions and how we involve others

The information relating to this class is published online and available on the West Lothian Health and Social Care Partnership website at <http://www.westlothianchcp.org.uk/hsci>. You can navigate to information relating to relevant committees by following this link, [COINS](#), and selecting 'Council Bodies' and "Committees etc." from the menu. The three committees relevant to the IJB are on [page 6](#) :

- West Lothian Integration Joint Board;
- West Lothian Integration Joint Board Appointments Committee;
- West Lothian Integration Strategic Planning Group.

Here you can find Committee Membership, Meeting Schedules, Reports, Minutes, and Terms of Reference etc.

Roles and Responsibilities, Community Planning & Localities, Corporate Governance, Clinical & Care Governance
[Integration Scheme Between West Lothian Council and NHS Lothian](#)

4: WHAT WE SPEND AND HOW WE SPEND IT

Class description: *Information about our strategy for, and management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has actually been spent)*

[IJB Financial Arrangements and Financial Assurance Update 16/02/2016](#)

[IJB Financial Arrangements and Financial Assurance Minute 16/02/2016](#)

[Financial Regulations Report 23/03/2016](#)

[Annual Accounts](#)

5: HOW WE MANAGE OUR HUMAN, PHYSICAL AND INFORMATION RESOURCES

Class description: *Information about how we manage the human, physical and information resources of West Lothian Council*

[Integration Scheme Between West Lothian Council and NHS Lothian](#)

[SPG Report Organisational Development and Workforce Plan 23/02/2016](#)

6: HOW WE PROCURE GOODS & SERVICES FROM EXTERNAL PROVIDERS

Class description: *Information about how we procure goods and services, and our contracts with external providers*

Procurement & Contracts: [Integration Scheme Between West Lothian Council and NHS Lothian \(Page 8\);](#)
[Joint Health & Social Care Commissioning Strategy 2011 -2021](#)

7: HOW WE ARE PERFORMING

Class description: *Information about how we perform as an organisation, and how well we deliver our functions and services*

Audit: [West Lothian Integration Joint Board - Audit Plan 2015/16](#)

Performance Management: [Integration Scheme Between West Lothian Council and NHS Lothian \(Page 17\);](#)
[West Lothian IJB Annual Performance Report 2016/17](#)

8: OUR COMMERCIAL PUBLICATIONS

Class description: *Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet e.g. bookshop, museum or research journal.*

The IJB does not currently have any commercial publications.

9: OPEN DATA

Class description: *Open data made available by the authority as described by the Scottish Government's Open Data Strategy and Resource Pack, available under an open licence*

The IJB will adopt the UK government's approach to Open Data Standards in that data will be published to a minimum of 3 stars in the Government's [5 star rating scheme](#). Data will be easily accessible and available to re-use as required under the [Open Government Licence](#). Throughout the website all text documents are presented and downloadable in pdf/odf format and spreadsheets are in .csv format.

West Lothian Integration Joint Board

Date: 26 September 2017

Agenda Item: 11

CONSULTATION ON THE ROLE OF THE SCOTTISH HEALTH COUNCIL

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide the Board with an overview of the Healthcare Improvement Scotland's Consultation on the Role of the Scottish Health Council and the feedback from the Locality Development Groups; and to present a draft response for consideration.

B RECOMMENDATION

The Board is asked to consider the draft response to Healthcare Improvement Scotland's Consultation on the Role of the Scottish Health Council and provide comment.

C TERMS OF REPORT

C1 Consultation on the Role of the Scottish Health Council

The Scottish Health Council is part of Healthcare Improvement Scotland and its role is to ensure that NHS Scotland listens to the views of people and communities

Healthcare Improvement Scotland have asked IJB's to participate in their Consultation on the Role of the Scottish Health Council. This follows a reflective exercise undertaken by the Chair of the Scottish Health Council this year. The Scottish Health Council believes that services can only improve when they are informed and shaped by people who use those services, their families and carers, and local communities. Furthermore, they believe there is more that can be done to improve people's experience of engagement, whether at individual, community or national level, and to demonstrate more clearly the difference that their engagement has made.

The consultation document is attached at Appendix 1.

C2 Feedback from the Locality Development Groups

The consultation document was considered at the East and West Locality Planning Development Groups to capture feedback from the wide stakeholder representation on those groups.

It was felt across both groups that the consultation document was substantial in size but somewhat lacking in evidence of the Scottish Health Council's current activities. Rather it sets out its vision and commitments.

It was agreed that the support provided to the Locality Groups was very much welcomed and that their Participation Toolkit was a useful resource. However, it was recognised that there were capacity issues around the provision of ongoing support.

It was also agreed that the Scottish Health Council needed a higher profile for organisations to understand what support was available.

There was also felt by some that the Scottish Health Council's role should be in supporting and encouraging organisations to take responsibility for their own engagement and participation processes and in ensuring that the views of smaller pockets in local communities were being taken into account rather than focussing on large, regional engagement strategies.

C3 Conclusion

It was agreed that single response would be drafted to reflect the feedback as set out above. A draft response is attached as Appendix 2.

D CONSULTATION

The report has been prepared in consultation with the East and West Locality Planning Development Groups.

E REFERENCES/BACKGROUND

None

F APPENDICES

1. Consultation on the Role of the Scottish Health Council (SHC)
2. Draft Response to Health Improvement Scotland

G SUMMARY OF IMPLICATIONS

Equality/Health The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.

National Health and Wellbeing Outcomes

Strategic Plan Outcomes

Single Outcome Agreement

Impact on other Lothian IJBs The IJBs will continue to share best practice on all matters covered in this report.

Resource/finance Activities will be carried out within existing budgets.

Policy/Legal None

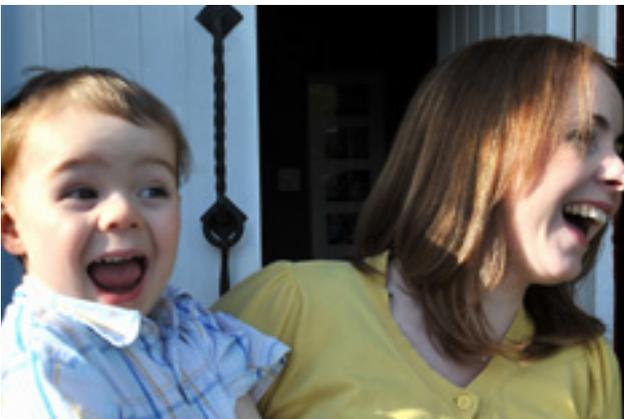
Risk None.

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26 September 2017

Consultation on the role of the Scottish Health Council: **Strengthening people's voices in health and social care**



July 2017

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Foreword

It has long been recognised that services can only improve when they are informed and shaped by people who use those services, their families and carers, and local communities.

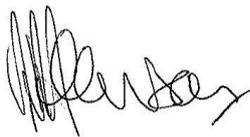
In this period of unprecedented change – where the integration of health and social care is transforming services with the aim of achieving better outcomes for people – this need for proper and meaningful engagement between those who provide services and those who access them has never been more important. Whilst there has been progress in engaging people, underpinned by legislative and policy commitments, we believe there is more that can be done to improve people's experience of engagement, whether at individual, community or national level, and to demonstrate more clearly the difference that their engagement has made.

We are pleased to present 'Strengthening people's voices in health and social care', a consultation on the role of the Scottish Health Council.

The Scottish Health Council is a key part of Healthcare Improvement Scotland and plays a leading role in ensuring that NHSScotland listens to the views of people and communities and that it acts on those views.

Healthcare Improvement Scotland is leading on this consultation which is designed to gather views on the future direction of the Scottish Health Council.

We want to hear your views to help us to ensure that the Scottish Health Council continues to evolve and play a valuable role in ensuring the voice of people and communities remains at the heart of health and social care.



Robbie Pearson
Chief Executive
Healthcare Improvement Scotland



Dr Dame Denise Coia
Chairman
Healthcare Improvement Scotland

July 2017

1 Introduction

- 1.1 Since 2005, the Scottish Health Council has worked in many different ways with NHS boards across Scotland to help them improve how they engage with patients and communities.
- 1.2 This role has evolved over time, and in the last few years the Scottish Health Council has increasingly been working across both health and social care, gathering people's views directly to inform service and policy development, and playing a leading role in shaping and implementing the *Our Voice* framework.
- 1.3 As part of Healthcare Improvement Scotland, the Scottish Health Council's role is currently being reviewed, in order to ensure that it can best support the transformation that needs to happen in health and social care, and help ensure that people's voices are heard and acted upon in service design and delivery.
- 1.4 The review process to date has been informed by a reflective exercise including engagement with stakeholders whose views have supported a case for change in the Scottish Health Council's role. The findings from this reflective exercise are set out in a report by Pam Whittle, Chair of the Scottish Health Council¹. The report was considered by the Healthcare Improvement Scotland Board in April 2017. The Board agreed that it set out a clear case for change, and that the issues it identified should be the subject of wider stakeholder consultation.
- 1.5 Acting on this case for change means building on the Scottish Health Council's strengths and experience, giving it a renewed focus, which both fits the evolving service and policy context, and better meets the aspirations of people and communities across Scotland.
- 1.6 Healthcare Improvement Scotland and the Scottish Health Council are committed to engaging well with people and communities, and other stakeholders, and listening to their views. It is therefore vital that all of our stakeholders are given meaningful opportunities to properly engage in this consultation, and Healthcare Improvement Scotland wants to hear views from a wide range of people and from organisations with an interest, to help inform our thinking. In particular, we want to consider the following.

¹ <http://www.scottishhealthcouncil.org/review2016-17.aspx>

- How the Scottish Health Council can best support people and communities, as well as NHS boards, local authorities, and Health and Social Care Partnerships, to engage with each other to make sure that services are designed and delivered with people and service providers working together to improve things for everyone.
- How the Scottish Health Council can work within and across Healthcare Improvement Scotland to support the range of ways that it operates to improve health and social care services – providing improvement support, quality assurance and developing evidence to drive and inform transformational change.
- How the Scottish Health Council might work most effectively with partner organisations, including those in the third sector, to collaborate with a shared goal of helping to ensure that people and communities are meaningfully involved.

1.7 This consultation will help shape the future of the Scottish Health Council and its responsibilities as an integral part of Healthcare Improvement Scotland. It will take full account of the changing context for health and social care services, and the need for people and communities to co-design the services and policies that matter to them and to their families.

1.8 The remainder of this paper sets out:

- the policy context i.e. the expectations set out in law and policy regarding how people and communities should be involved in health and social care
- consultation questions relating to the areas where it is considered that change is needed
- how you can offer your views, and
- an outline of the Scottish Health Council's current role.

2 Policy context

2.1 The Health and Social Care Delivery Plan, published by the Scottish Government in December 2016², sets out a programme for services working together: “so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.”

This approach fits with some of the themes expressed by people through the National Conversation on Creating a Healthier Scotland³.

2.2 ***Our Voice***

The integration of health and social care services signalled a landmark shift in the planning and delivery of services, including a much greater emphasis on localities. It is clear that continuing transformational change is needed in order that services can successfully meet all of the goals outlined above. In order to achieve this, people and communities must be at the centre of health and social care services in Scotland. This aspiration underpins the *Our Voice* framework, which was developed by a range of organisations⁴ following collaborative engagement with members of the public and people with lived experience who shared how they wanted to be involved in improving health and social care.

Aim: *Our Voice* is for everyone who wants to get involved in improving health and social care in Scotland. It is about sharing the power of decision making and being clear about the improvements that come from meaningful engagement and genuine listening.

Vision: People will be able to engage purposefully in conversations and decisions at individual, community and national level to continuously improve and transform health and social care.

² Scottish Government Health and Social Care Delivery Plan

<http://www.gov.scot/Publications/2016/12/4275/downloads>

³ <http://healthier.scot/>

⁴ The Scottish Government, NHS Scotland, COSLA, the Scottish Health Council, Healthcare Improvement Scotland, the ALLIANCE and a range of third sector partners

2.3 The *Our Voice* framework aims to support people to have their views heard and acted upon at all levels of the system.

- At individual level, people should be informed and supported to enable them to achieve the outcomes that they want, and services should be designed to work with people to achieve this. People should be informed about their rights and supported to exercise those rights, if they need that support. This includes giving feedback or making complaints.
- At local level, people and communities should have a range of options for getting involved in shaping and influencing the design and delivery of health and social care services. In order to achieve this, it is essential that the capacity of people and communities to get involved in, and to lead, local conversations, is developed. Particular support should be given to those whose voices are not always heard, and to developing local networks of people who are willing to get involved. One of the key functions of Health and Social Care Partnerships is to effectively enable participation and involvement of the voice of lived experience at integrated board, strategic planning and locality planning levels.
- At national level, mechanisms should enable greater collaboration across existing structures and networks, and the development of innovative approaches, to support the gathering of intelligence on the issues that matter to people and communities, involving as wide a range of people as possible in improving services and driving national policy. Strategic gathering and analysis of people's experience on topics of national interest will provide policy makers and health and care providers with powerful evidence for improvement.

2.4 Work is underway to put this into practice. This includes work led by the Scottish Health Council (see Appendix), as well as many other delivery partners, including the Health and Social Care Alliance Scotland (the ALLIANCE).

2.5 The aim is to ensure everyone's views can be heard – people accessing services, families and carers, communities and the wider public – and that this involvement reflects the diversity of people living in Scotland.

2.6 **Legislation and policy**

The need for meaningful participation by people and communities is underpinned by a wide range of legal duties and policy documents. These include:

- NHS Reform (Scotland) Act 2004
- Informing, engaging and consulting people in developing health and community care services, CEL 4 (2010)
- Patient Rights (Scotland) Act 2011
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working) (Scotland) Act 2014, including integration planning principles

- Community Empowerment (Scotland) Act 2015
- Carers (Scotland) Act 2016
- Health & Social Care Delivery Plan published 2016, and
- National Care Standards.

2.7 Ensuring that these commitments are delivered in practice is a shared interest for many people, groups and organisations across Scotland. Making it happen in a way that truly meets the aspirations, in a constrained financial context and with many other outcomes to be delivered, can be challenging. It is therefore essential that efforts of all organisations are focused in ways which will have maximum effect.

2.8 The third sector plays a key role both in service delivery and in advocating for the rights of people using services. There are numerous groups and organisations operating in Scotland, at local and national level, that make a positive difference every day to the lives of the people they support.

2.9 However, it is clear that more needs to be done. For example:

- The Self-Directed Support Strategy Implementation Plan 2016-18⁵ recognised the need for further action to address the challenges in making self-directed support work for everyone who receives social care support.
- The Scottish Parliament's Health and Sport Committee, through its inquiry into Integration Authorities consultation with stakeholders⁶ has heard evidence that suggests people are not always clear about how they can engage with Health and Social Care Partnerships, and that the progress and efforts being made in engaging people is not consistent across the country, with some people and organisations still feeling dissatisfied or excluded.
- The Scottish Health Council, through its work on service change, is aware of the importance of people and communities being involved meaningfully in service change processes involving local services. This is particularly important in the context of the need for transformational change outlined above, including the move to more regional planning of services.
- Although there have been recent developments to improve how people's voices can be heard at national level to shape policy and services, including the work done through *Our Voice* such as the establishment of a national Citizens' Panel, much more could be done to demonstrate a more systematic approach, that better connects the assets that exist across Scotland to support people's voices to be heard.

2.10 There is a commitment to take a human rights-based approach in health and social care. This requires considering people's rights with regard to services, as a means to support them to live fulfilling lives, within a much broader frame of reference than purely health and social care services. It means considering

⁵ 2010-2020 Self-directed Support Strategy Implementation Plan 2016-18, Scottish Government, November 2016 <http://www.gov.scot/Resource/0051/00510921.pdf>

⁶ Scottish Parliament Health and Sport Committee Inquiry on Integration Authorities Consultation with Stakeholders <http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/103489.aspx>

the social determinants of health which can underpin health inequalities.⁷ Childhood experiences, housing, education, income, employment, communities, are all relevant, alongside access to health services and social support.

- 2.11 This review presents an opportunity to consider how the Scottish Health Council can contribute to achieving this, working in collaboration with others.

2.12 **Across the United Kingdom**

The desire to improve participation by people and communities in health and social care is shared across the United Kingdom. A report by the Organisation for Economic Co-operation and Development (OECD) in 2016⁸ which sought to review approaches to the quality of health care across Scotland, England, Wales and Northern Ireland, includes sections which consider patient and public involvement. It highlights some aspects of the role of the Scottish Health Council as well as other organisations such as: Healthwatch, National Voices and NHS Citizen in England; The Board of Community Health Councils in Wales; and the Patient and Client Council in Northern Ireland.

One of the main conclusions in the report is that there is a need for greater collaboration across the different nations so that experiences, lessons and opportunities can be shared more effectively. The Scottish Health Council could help to progress this in relation to the engagement of people and communities.

⁷ World Health Organisation, Social Determinants of Health
http://www.who.int/social_determinants/sdh_definition/en/

⁸ OECD Reviews of Health Care Quality: United Kingdom 2016; Raising Standards. OECD 2016
<http://www.oecd.org/unitedkingdom/oecd-reviews-of-health-care-quality-united-kingdom-2016-9789264239487-en.htm>

3 Consultation questions

There are a total of 7 consultation questions which you are invited to answer within the online questionnaire which is accessible via the web address below:

<http://www.smartsurvey.co.uk/s/HCISconsultSHC/>

or by completing a hard copy which can be requested by emailing hcis.consult@nhs.net

In order to help us understand your responses, please give reasons for your answers where requested.

- 3.1 The importance of people and communities being at the heart of service design and delivery has been reinforced through recent engagement with Healthcare Improvement Scotland stakeholders in developing its Strategic Plan. Healthcare Improvement Scotland believes that meaningful and effective engagement is fundamental to improving health and social care in Scotland and this belief underpins all of the organisation's work.
- 3.2 This consultation is an opportunity to rethink how people and communities in Scotland can shape and design their health and social care services, and the part the Scottish Health Council can play, in collaboration with partners, in making that happen.
- 3.3 Healthcare Improvement Scotland considers that any change needs to:
 - support the delivery of the *Our Voice* vision and framework (see section 2.2)
 - build on the considerable skills and experience that the Scottish Health Council has developed with regard to engaging people (see appendix for an outline of the Scottish Health Council's current work)
 - clearly set out the organisation's role and purpose in working with: people and communities; the third sector; statutory bodies; and others with a shared interest
 - maximise the potential of the organisation to work at different levels of the system – with individuals, communities/localities, regionally and nationally
 - ensure that the organisation's work complements and strengthens, rather than duplicates, the work of other groups and organisations, and fosters strong collaboration where this would be of benefit
 - operate within and make best use of available resources, and
 - demonstrate clear added value and impact that would not be achieved otherwise.
- 3.4 The **strategic priorities** for Healthcare Improvement Scotland are to:
 - **enable people** to make informed decisions about their own care and treatment.
 - help health and social care organisations to **redesign and continuously improve** services for people.

- provide **evidence and share knowledge** that enables people to get the best out of the services that they use and help services to improve.
- provide and embed **quality assurance** that gives people confidence in the quality and sustainability of services and supports providers to improve.
- help to make **best use** of all the resources committed to health and social care.

3.5 Healthcare Improvement Scotland considers that the Scottish Health Council's work on supporting engagement of people and communities should focus on supporting the delivery of the *Our Voice* framework and the above strategic priorities. The aim would be to promote and support the development of a more systematic and ambitious approach for the engagement of people and communities in designing and improving health and social care services; an approach which helps to connect the wide range of community assets and organisations that have a shared interest in this agenda, whether at community or national level.

3.6 Collaborating with others is an essential way of working for all parts of Healthcare Improvement Scotland. This can be formal collaboration, such as our joint statutory role with the Care Inspectorate, or numerous less formal networks and relationships which support our day-to-day activity.

3.7 **Areas where change is required**

There are four key areas where it is clear that change is required. Whilst these are considered in turn below, it is clear that they are interconnected.

i) Working across health and social care to support the engagement of people and communities

Through the engagement that has taken place with stakeholders to date, support has been expressed for the Scottish Health Council's remit (which currently relates only to NHS boards) to extend across integrated health and social care services, in light of the ambitions of *Our Voice*. Scottish Health Council staff have already been building extended community networks, and relationships with Integration Authorities, and this would be greatly assisted by a remit which reflects a core commitment to this agenda.

Healthcare Improvement Scotland would welcome hearing views on whether any offering of support by the Scottish Health Council should extend across social care.

Question 1 of 7 Should the Scottish Health Council support the involvement of people in social care services, as well as in health services? If yes, how should it do this?

The geographical spread of Scottish Health Council staff across 14 local offices and a national office also offers the ability to flex and adapt to emerging demands, for example, the move to more regionally driven approaches to service planning and development.

There is much good work already underway to hear the voices of people and communities, including those with lived experience and their carers, supported by a wide range of organisations working locally and nationally. Healthcare Improvement Scotland considers that there is a role for the Scottish Health Council to work across health and social care with the following groups.

- People and communities – to raise awareness of people’s rights and opportunities to get involved in health and social care; to support them to do so (for example through approaches like Voices Scotland⁹) or signpost them to information about their rights and to others who can support them; and to gather people’s views on health and social care issues, either directly, or by linking with organisations that support people, or by making better use of existing data.
- Third sector and other organisations that support people and communities – there are many local and national organisations across Scotland supporting people and communities to be informed of their rights and to get engaged in shaping health and social care services, including membership organisations such as the ALLIANCE. Collaborating with these groups or organisations on areas of mutual interest could help to strengthen the reach and potential of influence at different levels of the system. This could include sharing evidence of people’s views or about what works, or what needs to improve, in terms of engagement. It would also help to identify whether any voices are not being heard, and what action can be taken to address this.
- NHS boards, local councils, Health and Social Care Partnerships – by offering advice and sharing useful resources and evidence or good practice examples/intelligence from other parts of Scotland or beyond; helping to build awareness of staff about the importance of good practice in engaging people; promoting greater understanding of the *Our Voice* framework and how it can support and complement the implementation of legal duties to involve people.

⁹ The Voices Scotland Programme developed by Chest Heart & Stroke Scotland comprises flexible training tools to give staff and members of the public the skills and confidence to work in partnership, and seeks to support and empower people to have their say about health and social care issues

In this way, the Scottish Health Council would have an enabling role, working collaboratively across all of these stakeholders to help support delivery of the *Our Voice* vision.

Question 2 of 7

Healthcare Improvement Scotland thinks that the Scottish Health Council should work in the following ways:

People and communities

- Help people to know their right to be involved
- Support people to get involved
- Help people to get the information they need
- Ask people what they think

Community groups, voluntary organisations and membership groups

- Share the things that people are saying about health and social care services
- Share ways of listening to people and involving them
- Find out which groups of people are not being heard

NHS boards, Local Councils and Health and Social Care Partnerships

- Understand more about good ways to listen to people and involve them in giving their views
- Help Health and Social Care staff to understand how important it is to use good ways to listen to people
- Understand more about *Our Voice* and how to use it

Should the Scottish Health Council work in the ways described with:

(a) People and communities

(b) Community groups and voluntary organisations

(c) NHS boards, Local Councils and Health and Social Care Partnerships?

ii) An evidence-based approach to supporting people and communities to engage with and influence health and social care services and policy

Healthcare Improvement Scotland has a strong commitment to promoting evidence-based approaches in health and social care to improve outcomes for people. One of the organisation's strategic priorities (see page 28) is to: "provide **evidence and share knowledge** that enables people to get the best out of the services that they use and help services to improve".

Evidence is important in supporting effective and meaningful engagement of people and communities, and achieving the ambitions of *Our Voice*. It is essential in a number of ways:

- People's views and experiences of services provide clear and compelling evidence of what is working well and what needs to improve. The Scottish Health Council has a strong track record in supporting the gathering of views across Scotland, through its local office network and its ability to reach people whose views would not otherwise be heard, as well as through key national initiatives such as the *Our Voice* Citizens' Panel. This can be augmented further, through making better use of existing data and intelligence, and through testing of approaches such as Citizens' Juries.
- There are a range of existing and emerging mechanisms and approaches to support people to become more engaged. This can include, for example, developing capacity of people to engage with services, as well as developing capacity of health and social care staff to engage meaningfully with people. It can also include the use of different tools and techniques for engagement, such as those in the Scottish Health Council's Participation Toolkit¹⁰. Strengthening the evidence base can help ensure efforts are focused on understanding and using the best approaches and tools for each particular purpose.
- Healthcare Improvement Scotland is committed to looking at evidence beyond Scotland to learn from others, and share its own experience, internationally. This is as important in relation to involving people as it is in relation to other areas. Whilst there are no other bodies within the UK that have an equivalent role and remit to the Scottish Health Council, there are a number that have shared interests, such as Healthwatch England, the Community Health Councils Board in Wales, and the Patient and Client Council in Northern Ireland.

¹⁰ Scottish Health Council Participation Toolkit
http://www.scottishhealthcouncil.org/patient_public_participation/participation_toolkit/the_participation_toolkit.aspx

Question 3 of 7

The Scottish Health Council thinks more could be done to find evidence of the best ways of:

- Hearing people's views on health and social care
- Involving people and communities in health and social care services

Should the Scottish Health Council lead in finding evidence of the best ways to support people and communities to get involved and give their views? If yes, how should it do this?

iii) Supporting the involvement of people and communities in relation to service change processes

Guidance produced by the Scottish Government - '*Informing, Engaging and Consulting People in Developing Health and Community Care Services*' CEL4 (2010)¹¹ - sets out the process that NHS boards must follow to involve people and communities in developing service change proposals. It also sets out the role of the Scottish Health Council, to provide advice and support to NHS boards in following guidance, and in the case of service changes identified as 'major', to quality assure the engagement and consultation process to inform decision making.

The guidance was produced prior to the establishment of Integration Authorities. A large proportion of the services previously delivered by NHS boards now fall within the remit of Integration Authorities, where there is a greater emphasis on locality-based planning.

It is clear that service change is a key issue for people and communities, and for NHS boards, local authorities and Integration Authorities. It is important that there is a shared understanding of how people and communities should be involved in the current context. People should have opportunities to be involved from the earliest stages of service change processes right through to decision making. There should be clarity and transparency for people about what they can expect, and what is happening, throughout any service change process.

¹¹ Informing, Engaging and Consulting People in Developing Health and Community Care Services, CEL 4 (2010), Scottish Government
http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

The Scottish Health Council has considerable experience of providing advice and support to NHS boards in relation to processes for the involvement of people in complex change, including option development and appraisal. There is an opportunity to build on this experience to support people and communities to get involved in service change processes.

The Scottish Health Council has already supported some Health and Social Care Partnerships to deliver effective and proportionate engagement and consultation in line with the integration planning principles set out within the Public Bodies (Joint Working) (Scotland) Act 2014, through providing advice and sharing experience. Guidance on implementing these principles includes reference to a range of resources, including the Scottish Health Council's Participation Toolkit and also refers to the Scottish Health Council as a source of advice.

The role could be developed further and promoted more proactively, offering advice, and sharing tools and approaches for engaging people in co-producing service change. This could support delivery of the *Our Voice* aim and vision, and could also enable greater promotion of the National Standards for Community Engagement¹².

Question 4 of 7

The Scottish Government wants NHS boards to listen to patients and local people about the quality of their services.

The Scottish Health Council has helped NHS boards to involve people and communities when changes are being made to local health services.

Should the Scottish Health Council offer advice to Health and Social Care Partnerships on how to involve people and communities when changes are being made to health and social care services? If yes, how should it do this?

Currently the Scottish Health Council has a quality assurance role in the context of the CEL 4 (2010) guidance referred to above i.e. only in changes to NHS services which are identified as 'major' and which ultimately require to be approved by the Cabinet Secretary for Health and Sport. In these circumstances, the Scottish Health Council produces a report on whether the engagement and consultation process carried out by NHS boards is in line with the guidance. This report highlights any points of good practice and any learning points, and is used to inform the decision making process. It also enables the views of people and communities expressed during the process to be captured in the report, independently of the NHS board.

¹² National Standards for Community Engagement, Scottish Community Development Centre, 2016 - <http://www.scdc.org.uk/what/national-standards>

The Scottish Health Council does not have a quality assurance role in the case of service changes which are delegated to Integration Authorities. Healthcare Improvement Scotland will consider how the assurance of engagement in major service change best fits with other assurance activity within the organisation, to ensure there is appropriate connection, shared learning, and the continued development of expertise in this area.

Question 5 of 7

The Scottish Health Council checks how well NHS boards listen and take account of people's views on changes to services.

The Scottish Health Council writes reports on how well people and communities' views have been listened to and taken account of. This is called "quality assurance".

Do you have any views on the Scottish Health Council's "quality assurance" role in NHS service changes?

iv) A clear identity for the organisation that reflects the revised role and remit, supported by appropriate governance arrangements

A clear message from some stakeholders has been the need for increased public awareness of the Scottish Health Council and a name and identity for the organisation which more clearly reflects its role, particularly if its reach is to extend across both health and social care. Whilst the existing statutory role for the Scottish Health Council has been one which has not required a high level of public awareness, given that it was focused on working with NHS boards rather than the public, this would need to change if the organisation's role changes as suggested above.

Question 6 of 7

Some people are saying that not enough people know about the Scottish Health Council.

Some people are saying that we should change the name of the Scottish Health Council to something which explains more about what it does.

Do you think the name of the Scottish Health Council should be changed to make it easier to understand what it does?

A range of views have been expressed by stakeholders through the early stages of this review regarding the current and future independence of the Scottish Health Council. Some stakeholders felt that the organisation was already sufficiently independent and that this was one of its strengths. Others held the contrary view and felt strongly that the organisation was not currently sufficiently independent. Independence was questioned in relation to the Scottish Health Council's relationships with: Healthcare Improvement Scotland, its parent body; the Scottish Government, its funder; and health and social care service providers to whom it provides advice and support.

Some feedback also highlighted the need for strengthened governance arrangements, including greater diversity in Committee/Board membership, and greater openness, transparency and accountability.

Healthcare Improvement Scotland agrees that as the role and remit of the Scottish Health Council changes, it will be important to ensure that its work has a clear identity that reflects its core purpose. The reflective exercise has raised points about independence, transparency, visibility and robust governance. Healthcare Improvement Scotland agrees that ensuring appropriate arrangements for these in the future will be essential and considers that these should continue to be accommodated within Healthcare Improvement Scotland.

Question 7 of 7

We want to hear any ideas you have about how the Scottish Health Council might work in the future. We want to know any views you have on:

- (a) How the Scottish Health Council should be run and organised**
- (b) How the Scottish Health Council should tell people about what it does**

4 How you can offer your views

4.1 In order to conduct the consultation in an open and transparent manner and ensure the findings are rigorous and evidence based, Healthcare Improvement Scotland is seeking the views of a wide range of stakeholders. We are interested in the views of individuals and organisations that engage or have engaged with the Scottish Health Council, and anyone that has an interest in patient, service user, carer and public engagement and participation in health and social care services.

4.2 The consultation period runs from **21 July to 20 October 2017**. This will include the following methods:

- regional stakeholder events for discussion and deliberation
- dissemination by the internet and email for online responses with hard copies distributed where requested
- targeted stakeholder telephone interviews
- informal 'evidence' session with key stakeholders, and
- reflecting on organisations from outwith Scotland for comparison and consistency (i.e. overview of similar organisations within the United Kingdom).

4.3 Healthcare Improvement Scotland will also accept responses or material in different forms provided it is relevant to the purpose of the consultation and/or the questions within the survey. Healthcare Improvement Scotland is unable to respond to individual cases or consider complaints other than as part of the evidence for the consultation where it falls within scope outlined within this document.

4.4 Provisional dates for regional stakeholder events are as follows.

- **Friday 22 September 2017 – Perth**
- **Thursday 28 September 2017 – Edinburgh**
- **Friday 29 September 2017 – Glasgow**

Venues and all associated arrangements (including how to register) will be in place by 31 July 2017. Details will be posted on the Healthcare Improvement Scotland website:

http://www.healthcareimprovementscotland.org/shc_consultation.aspx

4.5 Confidentiality

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 – FoIA – and the Data Protection Act 1998 – DPA).

4.6 If you want the information that you provide to be treated as confidential, please be aware that under the FoIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain why you regard the information you are providing as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on Healthcare Improvement Scotland.

4.7 Healthcare Improvement Scotland will process your personal data in accordance with the DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

4.8 Healthcare Improvement Scotland welcomes responses to all of the consultation questions. **Please send your responses by 20 October 2017.** The preferred method of receiving your responses is via the online consultation questionnaire, which can be found on:

<http://www.smartsurvey.co.uk/s/HCISconsultSHC/>

Please use this to record your responses. Alternatively, you may wish to email us your responses at **hcis.consult@nhs.net**

4.9 If you do not have internet or email access, then please post your responses to:

FREEPOST- Healthcare Improvement Scotland – Delta House

4.10 A paper copy of this consultation document and the consultation response form is available on request using the email address. If you have any questions about the content of this consultation then please send them to **hcis.consult@nhs.net** or call us on 0141 225 6999.

4.11 Healthcare Improvement Scotland will collate and consider all responses to this consultation which will directly inform the future of the Scottish Health Council in co-ordination with our stakeholders. The outcome will usually be published within three months of the consultation closing date.

Appendix

The Scottish Health Council's current role

The Scottish Health Council was created in 2005, with a statutory role to “support, ensure and monitor” the patient focus and public involvement activities of the National Health Service (NHS) in Scotland. This was part of a wider drive to:

- create a more ‘patient focused’ NHS i.e. “a service that exists *for* the patient and which is designed to meet the needs and wishes of the individual receiving care and treatment”¹³
- require NHS boards “to involve people and communities routinely and effectively in the planning and delivery of health services.”¹⁴.

The Scottish Health Council was established as a Committee of NHS Quality Improvement Scotland (NHS QIS, now Healthcare Improvement Scotland) with a National Office based in Glasgow city centre, and 14 local offices, one in each territorial NHS board area. The reason for setting it up as part of NHS QIS was: “to reflect the close links that need to exist between the quality improvement and public involvement agendas”¹⁵.

Following an external review in 2008, the Scottish Health Council was restructured into its present shape and range of functions. In 2011, the Scottish Health Council became a governance Committee of Healthcare Improvement Scotland, and at that time:

- changes were made to the Scottish Health Council's Committee structure to more closely integrate with Healthcare Improvement Scotland, and
- Healthcare Improvement Scotland's Public Involvement Unit was incorporated into the Scottish Health Council directorate structure.

These changes also realigned the Scottish Health Council relationship with the Scottish Government to fit within the arrangements for Healthcare Improvement Scotland, although it continues to have its own ‘policy’ relationship to help shape and determine priorities.

The practice of holding separate Scottish Health Council annual reviews was discontinued. Instead, the performance of the Scottish Health Council was assessed as part of Healthcare Improvement Scotland's annual review process. The Scottish Health Council continues to have a statutory role which is set out in legislation, with an independent Chair who is also a member of the Healthcare Improvement Scotland Board.

¹³ Patient Focus and Public Involvement , Scottish Executive, 2001

¹⁴ Our National Health: A Plan for Action, A Plan for Change, Scottish Executive, 2000

¹⁵ Patient Focus and Public Involvement: Establishment of the Scottish Health Council, NHS HDL (2005) 11

The Scottish Health Council's work combines the following.

- Supporting improvement – including providing advice on engagement to NHS boards, and increasingly to Health and Social Care Partnerships; and building capacity for people and communities to get involved.
- Evidence – research and evaluation relating to participation of people and communities; gathering qualitative evidence of what matters to people; testing and developing participation tools and approaches.
- Quality assurance – in relation to involving people in service change processes; and the Participation Standard¹⁶.

Working with people and communities, the third sector and with statutory services, is key to the Scottish Health Council's role.

Key numbers

- **1** National Office (based in Glasgow city centre)
- **14** Local Offices – one in each NHS board area
- **64** members of staff (headcount)
- Worked with NHS boards to engage with communities in over **150** service changes since 2014
- Directly engaged with **12,985** patients, service users, carers and other members of the Scottish public during 2016

The Scottish Health Council has an annual budget of around £2.6million. The organisation currently has the following seven core portfolios or programmes of activity that contribute to furthering public engagement with NHS Scotland.

1. *Our Voice*
2. Community engagement and improvement support
3. Service change
4. Participation network
5. Performance and planning
6. Volunteering in NHSScotland
7. Public involvement unit

The Scottish Health Council also undertakes thematic work. For example, during 2016-17 the Scottish Health Council worked through a strategic partnership with Includem – an organisation that works with some of Scotland's most vulnerable young people – to test a range of approaches to strengthening how we hear the voices of children and young people in the context of the *Our Voice* framework.

¹⁶

http://www.scottishhealthcouncil.org/patient_public_participation/participation_standard/participation_standard.aspx

Our Voice

The Scottish Health Council works closely with the Scottish Government, the ALLIANCE, NHS colleagues, COSLA and other partners in delivering the *Our Voice* framework. (See section 3 above or the interactive *Our Voice* website www.ourvoice.scot for more information about *Our Voice*). Much of the Scottish Health Council's activity across its national and local staff teams has shifted to supporting delivery of *Our Voice*.

As part of this work, the Scottish Health Council has established Scotland's first ever national Citizens' Panel to engage with people on health and social care issues. The Panel recruited around 1,300 members of the public, demographically representative of the population at national level, who are being engaged via surveys to help shape policy. Work is now underway to develop and test the use of a Citizens' Jury, which offers a more deliberative means of engaging with people.

Through its local office network (see below) the Scottish Health Council has also supported the gathering of views from people across Scotland, through discussion groups, one-to-one interviews and other engagement approaches to inform the development of national policy. An example of this was the National Review of Maternity and Neonatal Services, where local staff involved 581 people, reporting in January 2017¹⁷.

Staff across the Scottish Health Council's local office network are trained in the delivery of the Voices Scotland Programme which was developed by Chest Heart & Stroke Scotland. The Programme, which comprises a series of flexible training tools to give staff and members of the public the skills and confidence to work in partnership, seeks to support and empower people to have their say about health and social care issues. Building capacity of people to get involved is one of the ambitions of *Our Voice*.

Working in collaboration with the ALLIANCE and the Coalition of Carers in Scotland, the Scottish Health Council has helped to establish a network to support the service user, carer and third sector members of the Integration Joint Boards and brought them together for a national conference in early 2017.

Community engagement and improvement support

This represents the largest part of the Scottish Health Council and includes the local office network. It delivers proactive and tailored engagement support for territorial and special NHS boards and supports people and communities to engage with local health services, in a variety of different ways. Staff in the local offices have increasingly been working with Health and Social Care Partnerships to offer advice and support in the development and improvement of engaging people.

Local office staff are experienced in using a wide range of engagement methods contained in the Scottish Health Council's 'Participation Toolkit'. Support and advice is also provided to stakeholders by local offices on how to use those tools effectively

¹⁷ National review of maternity and neonatal services: Gathering views and experiences of maternity and neonatal services. The Scottish Health Council. January 2017.
http://www.scottishhealthcouncil.org/publications/gathering_public_views/maternity_and_neonatal_review.aspx#.WRhw17ePLIU

to ensure good engagement. An important area of activity has been responding to *requests for support* from stakeholders for 'Gathering Views' on key public interest health-related topics.

The support provided by local offices is wide ranging – some examples over the past 18 months include the following.

- Within *Ayrshire and Arran*, conducting 'real time' patient interviews across a variety of hospital sites, and supporting public involvement to improve stroke services.
- Evaluation of Learning Disabilities services within the *Borders* area via interviews and one-to-one discussions.
- Supporting the development of engagement structures post health and social care integration within *Dumfries and Galloway*.
- Supporting NHS *Greater Glasgow and Clyde's* Specialist Children's Service Team to run an event for 2,000 service users and carers and delivering a Visioning Outcomes in Community Engagement (VOiCE) training event to assist with recording planning and progress.
- Providing support to refresh engagement groups working with the diabetes managed clinical network in *Greater Glasgow and Clyde* to widen membership and address health inequality and access issues.
- Assisting with the recruitment and membership of the Personality Disorder Service Steering Group in NHS *Highland*.
- Supporting NHS *Orkney's* Health Promotion directorate to source public opinion and experience of healthy living and healthy weight intervention (involving school children and gathering views).
- Conducting a stoma care nurse patient survey, and helping with the creation of a communication and engagement framework for mental health services in *Shetland*.
- Supporting opportunities for public engagement to various cancer charities to enable them to contribute to NHS development plans in the *Western Isles/Na h-Eileanan Siar*

Service change

The service change team seeks to support NHS boards to involve people when planning or changing local health services. The Scottish Health Council operates in line with a framework of national guidance which sets out both the process for NHS boards and the Scottish Health Council's quality assurance and support role. Since 2014, the Scottish Health Council has been involved in over 150 service change processes. Service change issues are often contentious, particularly in cases when NHS boards propose to centralise, regionalise or close specific services. Under the current arrangements, the role of the Scottish Health Council is to ensure local NHS boards follow the guidance on engaging with communities. It is not the role of the Scottish Health Council to represent the public or specific patient views regarding the proposed service change.

Participation network

The participation network is a centre for the exchange of knowledge, support, development and ideas in public engagement and involvement best practice. Its work has involved developing the Participation Toolkit, commissioning and undertaking

research and evaluation on a range of issues to build the evidence base for participation; sharing information and good practice through events, social media and e-newsletters; along with the development of a variety of other resources.

The team hosts and supports a Participation Research Network which brings together researchers and others interested in developing the evidence base for participation.

Performance and planning

The Scottish Health Council developed Scotland's first standard for participation (the Participation Standard) within the NHS. The Standard has been used by NHS boards since 2010 to assess their performance, which is then verified by the Scottish Health Council through engagement with local communities. In the course of this work, the Scottish Health Council has analysed over 60 self assessments, and produced national overview reports.

The Scottish Health Council has also produced a report on NHS complaints handling ('Listening & Learning'), the recommendations of which directly led to the development of a new Model Complaints Handling Procedure for NHSScotland.

Volunteering in NHSScotland

Volunteering is recognised as an important and effective way of involving people with the work of the health service. Since 2011, the Scottish Health Council has provided national leadership and guidance to support volunteering across NHSScotland. An estimated 5,500 people volunteer directly with NHSScotland each year, along with many others who volunteer via third sector organisations.

This has involved the production of support and guidance for NHS boards and the development of a Community of Practice for staff within the service who manage or have strategic responsibility for volunteers. A major initiative has been the development of the Volunteering Information System, a national database for recording and monitoring key aspects of volunteering to facilitate improvement.

The Scottish Health Council also commissioned research¹⁸ to consider the potential development of volunteering in the context of integrated health and social care services.

Public Involvement Unit (for Healthcare Improvement Scotland)

Input from the public, and from people with lived experience of services, is vital to the work of Healthcare Improvement Scotland. The Scottish Health Council, through the Public Involvement Unit, helps the wider organisation to achieve this. Alongside supporting over 40 members of the public who volunteer and work across the organisation, the unit also works closely with third sector organisations and ensures a strong focus on equalities and inclusion is at the core of the organisation's work.

¹⁸ Development of Volunteering in Health and Social Care Integration Authorities, The Scottish Health Council, March 2016

http://www.scottishhealthcouncil.org/patient_public_participation/volunteering_in_nhsscotland/guidance_and_publications/vol_in_integration_authorities.aspx#.WRh2pLePLIU

Healthcare Improvement Scotland priorities, approach and values

The Scottish Health Council is part of Healthcare Improvement Scotland. As such, its work fits within the overall strategic approach of Healthcare Improvement Scotland. *Making Care Better – Better Quality Health and Social Care for Everyone in Scotland* is Healthcare Improvement Scotland's Strategic Plan for 2017-2020. Consultation on the Strategic Plan is currently taking place. The following table sets out the proposed priorities, approach and values for the organisation.



It is important that any changes to the Scottish Health Council's role are considered within this context.

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Officer on **0141 225 6999** or email **contactpublicinvolvement.his@nhs.net**



www.healthcareimprovementscotland.org

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Telephone: 0131 623 4300

Glasgow Office: Delta House | 50 West Nile Street | Glasgow | G1 2NP
Telephone: 0141 225 6999

The Healthcare Environment Inspectorate, Improvement Hub, Scottish Health Council, Scottish Health Technologies Group, Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Medicines Consortium are part of our organisation.

APPENDIX 2

West Lothian IJB – Draft Response to the Consultation on the Role of the Scottish Health Council

To whom it may concern,

On behalf of the West Lothian Integration Joint Board, I write to provide a response to your consultation on the role of the Scottish Health Council.

Firstly I wish to express gratitude for the support provided to the West Lothian IJBs Locality Planning Development Groups. This support is very much welcomed and the Participation Toolkit was found to be a useful resource. However, it was recognised that there were capacity issues around the provision of ongoing support.

The West Lothian IJB would also suggest that the Scottish Health Council would benefit from a higher profile in order for organisations to understand what support was available to them.

Additionally, it is felt that the Scottish Health Council's role should be in supporting and encouraging organisations to take responsibility for their own engagement and participation processes and in ensuring that the views of smaller pockets in local communities are being taken into account rather than focussing on large, regional engagement strategies.

I trust this is of assistance.

Kind regards

...

West Lothian Integration Joint Board

Date: 26 September 2017

Agenda Item:12

PUBLIC SECTOR CLIMATE CHANGE DUTIES

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Board of its statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and to ask the Board to consider its corporate position on climate change.

B RECOMMENDATION

1. To note the Board's statutory requirement to report on Climate Change on an annual basis and no later than 30 November 2017;
2. To request that the Board consider its corporate position on climate change in order to provide direction to the 2016/17 submission to Sustainable Scotland Network (SSN).
3. To agree that a draft submission to SSN will be considered at the IJB meeting of 31 October 2017.

C TERMS OF REPORT

C1 Background

The [Climate Change \(Duties of Public Bodies: Reporting Requirements\) \(Scotland\) Order 2015](#), came into force in November 2015, requiring all public bodies classed as 'major players' to submit a climate change report to the Scottish Government using a standardised online template by 30 November each year.

Sustainable Scotland Network (SSN) wrote to all IJB Chief Officers in May of this year to provide information on these duties. This information is attached at Appendix 1.

C2 Reporting Requirements

The guidance notes for IJB's, attached to this report as Appendix 2, set out in detail the scope of the submission.

Required reporting focusses on corporate emissions arising from organisational operations and service delivery, as well as key information on: Organisational Profile; Governance, Management and Strategy; Adaptation; Procurement; and Validation.

However, SSN recognise the unique nature of IJB's and do not expect IJBs to be able to address every aspect of the report in the same way that NHS boards and local authorities do. For example, Section 3 of the submission asks for detailed information on emissions, all of which will be covered in NHS Lothian or council's annual reporting, the Board having no assets.

C3 West Lothian IJB's Position on Climate Change

The IJB does not currently reference climate change in its strategic plan and does not have an agreed public position on climate change.

Whilst the submission to SSN is not meant to be viewed as an assessment process with a pass or fail, it is an opportunity to review climate change action within the IJB and promote continuous improvement.

Specifically, section 2f on page 18 of the guidance in Appendix 2 asks the Board to consider its top five priorities for climate change governance, management and strategy for the year ahead. As such, the Board may wish to consider what approach, if any, it would like to take in relation to climate change ahead of the submission for 2016/17 in November.

It is proposed that a draft submission be considered at the IJB meeting of 31 October 2017.

D CONSULTATION

The report has been prepared to canvass the views of the Board in order to prepare a draft submission to Sustainable Scotland Network.

E REFERENCES/BACKGROUND

None

F APPENDICES

1. Letter from Sustainable Scotland Network (SSN) - Climate Change Reporting and Integrated joint boards (IJBs)
2. Integrated Joint Board Guidance Notes for completing Public Bodies

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	None
Strategic Plan Outcomes	
Single Outcome Agreement	
Impact on other Lothian IJBs	The IJBs will continue to share best practice on all matters covered in the review.
Resource/finance	Activities will be carried out within existing budgets.
Policy/Legal	<u>Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.</u>
Risk	None

H CONTACT

Lorna Kemp
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01506 283519

26 September 2017



Climate Change Reporting and Integrated joint boards (IJB's)

The [Climate Change \(Duties of Public Bodies: Reporting Requirements\) \(Scotland\) Order 2015](#), came into force in November 2015, requiring all public bodies classed as 'major players' to submit a climate change report to the Scottish Government using a standardised online template by **30 November** each year.

Integration Joint Boards (IJBs) appear on schedule 1 within the Order as 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

Required reporting focusses on corporate emissions arising from organisational operations and service delivery, as well as key information on: Organisational Profile; Governance, Management and Strategy; Adaptation; Procurement; and Validation.

IJB's all have a strong role to play in terms of overall public leadership and incorporating / embedding climate change and sustainability issues in their day to day operations and within decision making. This could include but is not limited to sustainable procurement decisions; provision of services and role in climate change adaptation such as emergency preparedness, response and health issues when dealing with sudden events such as extreme weather.

It is expected that a degree of proportionality should be applied to the completion of the reports, and as each of the local authorities and NHS Boards are also submitting their own climate change report each year on their own operations, there may be areas of the report that are not applicable to the IJB's to avoid the double counting of emissions. For example, section 3 of the report covers emissions, targets and projects which includes emissions from assets that are controlled or owned by the body (e.g. utilities and travel).

In advance of the online climate change reporting form opening at the end of May for the completion of the 2016/17 Public Bodies Climate Change Reports, SSN require at least one named contact (name and email address) from each Integrated Joint Board who will be issued login details to access the form and also be empowered as the main contact on behalf of the IJB for the reporting requirement. Please send this information to SSN (ssn@keepscotlandbeautiful.org) by **9th June** at the latest.

Health Facilities Scotland and SSN will work together to produce bespoke guidance for the boards on each section of the report which will be produced to coincide with the launch of the online reporting platform.

The first report required from the IJB's will be for 2016/17 activities and the deadline for submission of reports is **30th November 2017**.

CONTACT DETAILS

SSN provides support to all 181 major players on completing and submitting the reports which includes training workshops, one-to-one support, peer to peer support and accompanying guidance notes. If you have any questions, please do not hesitate to contact Craig Dun (craig.dun@keepscotlandbeautiful.org), Jennifer Kaczmariski (jennifer.kaczmariski@keepscotlandbeautiful.org) or Rebecca Vivers (rebecca.vivers@keepscotlandbeautiful.org) from the SSN reporting team or call 01786 468780 and ask to speak to one of the team.

Health Facilities Scotland provides technical and strategic support for NHS Scotland bodies. Kate Dapr , Head of Engineering and Energy can be contacted at k.dapre@nhs.net

About the **Sustainable Scotland Network**: The SSN has worked to support public sector action on sustainable development and climate change for over a decade. The Scottish Government provides funding to Keep Scotland Beautiful to develop SSN, and the SSN steering group guides the agenda. The network is open to the public sector, and welcomes members working on sustainable development and climate change from all public-sector organisations.

USEFUL LINKS

- Public Sector Climate Change Reporting – Scottish Government - <http://www.gov.scot/Topics/Environment/climatechange/publicsectoraction/publicsectorreporting>
- Climate Change Reporting webpages SSN - <http://www.keepscotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/>
- 2015/16 reports are available to view online - <http://www.keepscotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/major-players-and-climate-change-reports/>



Integrated Joint Board Guidance Notes for completing Public Bodies Climate Change Duties Report: 2016-17

These guidance notes have been prepared by the SSN team at KSB to support you in filling out your report. Please read them carefully before contacting the team with any questions. There is further support and information available on the [SSN website](#) and via the [Knowledge Hub](#).

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Introduction & Context

The following guidance notes have been developed to assist Integrated Joint Boards (IJBs) to complete their Public Sector Climate Change Duties reports for 2016-17. The document follows the format of the report with relevant guidance on using the online reporting form below each question.

This condensed set of guidance notes has been designed, where possible, to suit the many functions of the different IJBs completing the form. If there is not information that addresses your query whilst completing the form, please contact the SSN reporting team at ssn@keepscotlandbeautiful.org

The full set of guidance notes for all non-IJB reporting bodies may also be of use in some instances; this document can be accessed at: http://www.keepscotlandbeautiful.org/media/1558973/cc-reporting-master-guidance_final_may26th.pdf

This guidance does not replace existing environmental reporting guidelines. We would recommend DEFRA's Environmental Reporting Guidelines which can be accessed at <https://www.gov.uk/government/publications/environmental-reporting-guidelines-including-mandatory-greenhouse-gas-emissions-reporting-guidance>

Further support and resources on Climate Change Reporting can be accessed on the SSN webpages at <http://www.keepscotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/>

The Public Bodies Climate Change Duties Reporting Platform

The Public Bodies Climate Change Duties Reporting Platform contains both the required and recommended sections of the reporting template.

Reports must be submitted by **30 November 2017** through the online reporting platform here: <https://procxed.scotxed.net/ProcXed/Security/Logon.aspx>

A separate technical guidance document on how to use the online system has been produced and can be found on the SSN website at <http://www.keepscotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/climate-change-reporting-resources/online-reporting-platform-orp/>

The Legislative Context

In 2009 the Scottish Parliament passed the [Climate Change \(Scotland\) Act](#) with cross party support. Part 4 of the Act states that a “*public body must, in exercising its functions, act: in the way best calculated to contribute to the delivery of (Scotland’s climate change) targets; in the way best calculated to help deliver any (Scottish adaptation programme); and in a way that it considers most sustainable*”.

The three elements of the public bodies climate change duties are:

- **Mitigation - Reducing Greenhouse Gas Emissions**

The first element of the duties is that, in exercising their functions, public bodies must act in the way best calculated to contribute to delivery of the Act's greenhouse gas emissions reduction targets. Reducing emissions is referred to as climate change *mitigation*.

The Act has set an interim target of a 42% reduction in greenhouse gas emissions by 2020 and an 80% reduction in greenhouse gas emissions by 2050, on a 1990 baseline. The long-term targets will be complemented by annual targets, set in secondary legislation.

- **Adaptation - Adapting to the Impacts of a Changing Climate**

The second element of the duties is that public bodies must, in exercising their functions, act in the way best calculated to deliver any statutory adaptation programme. The first statutory adaptation programme – Scotland’s Climate Change Adaptation Programme (SCCAP) – was published in 2014. While public sector bodies will have varying degrees of influence in relation to adaptation, all public bodies need to be resilient to the future climate and to plan for business continuity in relation to delivery of their functions and the services they deliver.

- **Acting Sustainably - Sustainable Development as a Core Value**

The third element of the duties places a requirement on public bodies to act in a way considered most sustainable. This element of the duties is about ensuring that, in reaching properly balanced decisions, the full range of social, economic and environmental aspects are taken into account, and that these aspects are viewed over the short and long term.

The [Climate Change \(Duties of Public Bodies: Reporting Requirements\) \(Scotland\) Order 2015](#) came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes ‘An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)’ (referred throughout this document as Integrated Joint Boards).

Integrated Joint Board Context

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integrated Joint Boards (IJBs) to develop a strategic commissioning plan for integrated functions and budgets delegated to them.

Specifically, section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014 puts in place arrangements for integrating health and social care, in order to improve outcomes for patients, service users, carers and their families. This act requires Health Boards and Local Authorities to work together effectively to agree a model of integration to deliver quality, sustainable care services.

Therefore, IJBs are expected to work alongside Health Boards and Local Authorities to complete their climate change reports as per the Climate Change Order.

The unique nature of IJBs has been considered when producing this guidance document and it is recognised that several areas of the reporting form will not be applicable due to the level of control they possess in certain areas.

This guidance aims to be explicit, as much as possible, about which areas of the report are not considered to apply and where further information and context should be provided to allow for a better understanding of the individual IJB.

Understanding Behaviour

Understanding and influencing behaviour is critical to development and delivery of policies and proposals in the draft Climate Change Plan (<http://www.gov.scot/Resource/0051/00513102.pdf>). To support development of robust and effective policies and programmes that take account of the role of behaviours, the draft Climate Change Plan recommends using the ISM (Individual, Social, Material) approach. ISM, developed as part of the Scottish Government's Climate Change Behaviours Research Programme, is useful for designing behavioural dependencies into any project. It takes account of all the factors that influence people's actions and decisions. ISM supports good practice by helping to identify potential barriers, benefits and optimal solutions for introducing organisational change and is particularly suited for the design and evaluation of low carbon interventions.

Figure one (Annex 1) illustrates the role of ISM in helping inform policy development and low carbon project design. Information on using ISM including SSN support and resources is available at <http://www.keepsotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/using-ism-for-sustainable-change/>.

Objectives and Principles of Public Sector Reporting

The introduction of required reporting is intended to help with Public Bodies Duties compliance, engage leaders and encourage continuous improvement. It is hoped a standardised report will assist in providing accurate and consistent performance information to inform the direction of future policy, legislation, funding and support services.

The objectives which inform the introduction of required public sector climate change reporting include:

- To aid continuous improvement, to better inform policy and action, and to demonstrate and share good practice and progress.
- To consolidate a range of reporting currently taking place across the public sector major players, to reduce reporting fatigue and to improve consistency and clarity of reporting.
- To ensure long-term commitment and consistency on climate change reporting.
- To link reporting to the provision of better targeted support provided by Scottish Government and its partners.
- To better align public sector reporting with national level reporting and policy development.

For public sector bodies, reporting on climate change activity is good practice since:

- It increases accountability and transparency, making it easier for the public to understand how a body is performing in climate change areas.
- It can assist with better decision making and strategic planning and help identify opportunities for financial efficiencies and cost savings by linking forward-looking targets with performance indicators.
- It can support the analysis of historical and comparative data which can help identify trends in climate change and business performance.
- It can assist with leadership engagement and improvement and raises senior management awareness of the impacts of climate change.
- It can assist with integrating climate change objectives in corporate business plans and embed climate change action in all departments.
- It can assist with establishing a climate change reporting hierarchy and the mainstreaming of climate change within body decision making.

How to Approach This Report

- Not all questions within the report apply to IJBs, this guidance shows which questions to complete - **only complete the questions that you are instructed to complete**. This is particularly relevant for Section 3.
- Where you ARE instructed to complete a question, only provide the information you have. If you do not have the information, simply use the text box or comments column to explain your situation and action planned to develop this area (if applicable).
- Report information should be drawn only from the reporting year (e.g. 2016/17)
- If you cannot complete a question explain (where possible) why the question cannot be completed (for example, "The IJB is not responsible for this work/policy area, please see our corresponding NHS Board report for this information as they have responsibility here").
- Provide examples to illustrate answers where required. Please note, some text boxes have a maximum word count and these limits are noted against the relevant questions.
- This is not an assessment process with a pass or fail. This is an opportunity to review climate change action within your body and promote continuous improvement.

- Submission is required on or before **30 November 2017**. Build in enough time to your reporting year processes to enable submission by this date.
- Ensure that your login details are operational to allow access to the online reporting platform.

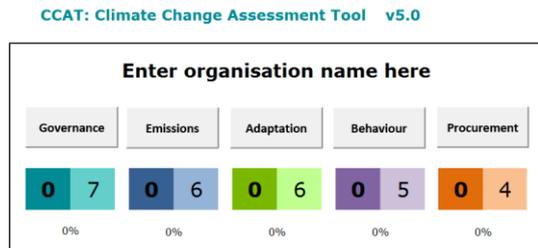
As explained above, we recognise the unique functions of IJBs and as such have provided the following section by section guide to summarise what is expected from reporters from this first reporting cycle;

- Part 1: Profile of reporting body – It is expected that this section is completed as far as possible. It is however recognised that IJBs may not have any staff to report. Particular attention should be paid to Q1g which asks for some context as to the IJB's roles and functions. This is your opportunity to detail as fully as possible how your IJB interacts with your corresponding Local Authority and Health Board.
- Part 2: Governance, Management and Strategy – It is expected that this section is completed as far as possible. It is recognised that, in a lot of instances, the accountability and responsibility for climate change governance, management and strategy will not lie within the IJB itself, but with the corresponding Local Authority/Health Board. Where this is the case, it is acceptable to clearly state this.
- Part 3: Emissions, Targets and Projects – IJBs are not expected to complete the majority of this section. However, please identify in 3f any carbon reduction projects the IJB is responsible for or involved in. Please use Q3k to provide as much detail as possible regarding who it is that is responsible for reporting on emissions, setting climate change and sustainability targets as well as completing climate change mitigation projects.
- Part 4: Adaptation – It is expected that this section is completed as far as possible. The exception here is Q4d where it asks IJBs to report on their obligations as laid out by the Scottish Climate Change Adaptation Programme (SCCAP). IJBs are not listed within the SCCAP so it is sufficient for IJBs to simply enter N/A in the '*delivery progress made*' column for all objectives within the table here.
- Part 5: Procurement – It is expected that this section is completed as far as possible.
- Part 6: Validation – It is expected that this section is completed as far as possible. We do not expect IJBs to undergo peer to peer or external validation but it is encouraged. Internal validation is sufficient.
- Part 7: Recommended Reporting: Reporting on Wider Influence – Where applicable, IJBs are strongly encouraged to complete this section of the report which will also be considered as part of the assessment of individual and sector progress and activity. Questions 4, 5 and 6 here are deemed particularly crucial and IJBs are encouraged to complete these questions.

Other tools available to assist with the completion of the report

A table of useful tools, links and supporting information can be accessed in Annex 1 at the end of this document. The key tools that will assist you in completing the report are summarised below and IJBs are encouraged to use these:

1. [The Climate Change Assessment Tool \(CCAT\)](#). This interactive self-assessment tool will provide the body with a performance rating and improvement actions to undertake. This tool has been developed to help self-evaluate performance under the climate change duties and create a targeted action plan and will be useful if climate change processes are being developed.



2. Public bodies are also encouraged to use the [ISM \(Individual, Social, Material\) Tool](#) to help inform the design, implementation and evaluation of climate change projects and initiatives.

Support for using ISM is available from the Sustainable Scotland Network team at Keep Scotland Beautiful.

3. Adaptation Scotland's [5 Steps to managing your Climate Risks: A Guide for Public Bodies in Scotland](#).



Recommended Reporting: Reporting on Wider Influence

The recommended reporting section reflects the diverse yet influential functions that public sector major players have in addressing climate change and supporting Scotland's efforts on climate change mitigation and adaptation beyond their estate boundary.

Recommended reporting provides scope for all public sector bodies to go further and continue to report additional information, policies and practices available to them which is unique to climate change and their body's functions.

Where applicable, IJBs are strongly encouraged to complete this section of the report which will also be considered as part of the assessment of individual and sector progress and activity.

It should be noted that it is not essential to complete all questions within this section and that IJBs are encouraged to provide as much information as possible.

More information on these standards and templates are contained in Part 7 of this Guidance.

Part 1: Profile of reporting body

This part of the report provides key information about the reporting IJB and the reporting year covered by the report. It also provides space to record information on metrics relevant to the rest of the report, including information on annual budgets, and other factors used by the body to measure performance. These metrics can be useful in helping explain underlying influences on organisational emissions and other data, and can be used to normalise data (for examples 'emissions per staff employee' or 'emissions normalised by budget growth').

Organisational Profile	
1a	Name of reporting body <i>Provide the name of the body that is the subject of this report ("the body")</i>
	Why: This information must be provided so that it is clear who the reporting body is.
	How to complete This will be pre-populated based on the login details for the online reporting system. If the name of your public body is not present, please contact SSN by email at ssn@keepsotlandbeautiful.org
1b	Type of body
	How to complete This will be pre-populated to represent the body type selected in question 1a (Integrated Joint Board).
1c	Highest number of full-time equivalent staff in the body during the report year.
	Why: This information is required in order to provide a better understanding of the scale of activity of the body in addressing climate change in relation to its size. It is expected that larger public sector bodies with many staff, large budgets and a significant public presence, will be expected to report climate change action at a scale that reflects their size.
	How to complete IJBs may have no direct responsibility for any staff in which case please enter '0'. If this is not the case for your specific IJB, please read the guidance in the next paragraph and complete this questions accordingly. FTE refers to "full time equivalent" staff. For example; two members of staff working 50% of a full time contract would be regarded as one full time staff member. There is no need to count any members of staff who work less than 20% of a full time contract.
	TIP! <i>Must be a number.</i>
1d	Metrics used by the body <i>Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.</i>
	Why: The body is being asked to detail how it monitors and reports on its performance in general. These metrics may be related to growth, service provision and performance. This is important to note in order to set the context and scale for each individual reporting body.

	<p>How to complete</p>	<p>A reporting metric is any unit of measurement used to monitor, quantify and/or report on the consumption of a resource, a service provided or process throughput.</p> <p>Major players within the public sector will differ in terms of their service provision and so will report using metrics that reflect the specific work they carry out. When completing this question, select the metrics from the drop down box which applies to the reporting body. Use the Comments Column to provide further information on the metric, where necessary.</p> <ul style="list-style-type: none"> If the body uses a metric that is not present, enter this information in the cells marked "other" and provide a description of "Units" and an overall "Value" of the metric. Multiple "other" options can be added, if necessary. <p><i>Note - the body should not complete the rest of this report using the metrics they have stated in the table. This is for background information only.</i></p> <p>Example 1 - Alternative reporting metrics</p> <table border="1"> <thead> <tr> <th>Metric</th> <th>Units</th> <th>Value</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Patient bed nights</td> <td>number of patient bed nights</td> <td>6000</td> <td></td> </tr> <tr> <td>Number of full-time students</td> <td>number FTS</td> <td>5000</td> <td></td> </tr> <tr> <td>Population supplied with treated water</td> <td>population</td> <td>3500000</td> <td></td> </tr> <tr> <td>Other (Please specify in the comments)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Metric	Units	Value	Comments	Patient bed nights	number of patient bed nights	6000		Number of full-time students	number FTS	5000		Population supplied with treated water	population	3500000		Other (Please specify in the comments)			
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Other (Please specify in the comments)																						
	<p>TIP!</p>	<ul style="list-style-type: none"> Units will be automatically populated once the Metric has been selected from the dropdown list. To Add / Remove a Metric select the 'Add/ Remove' button from the bottom left corner of the table and confirm the action by selecting add / remove when prompted. 																				
<p>1e</p>	<p>Overall budget of the body Specify approximate £/annum for the report year.</p> <p>Why:</p>	<p>This information is required in order to provide a better understanding of the size and therefore the scale of environmental impact of the reporting body. This will provide a more accurate picture of whether the body is addressing sustainability on the same scale as its impacts.</p> <p>This should relate to the overall budget of the body, not just what the body allocates for climate change.</p>																				
	<p>How to complete</p>	<p>Provide a total sum in £ in the corresponding entry field for 1e. Please put a comment to state which part of the budget you have provided.</p>																				
	<p>TIP!</p>	<ul style="list-style-type: none"> Must be a number only with up to 2 decimal places. This question will not allow the use of symbols e.g. £ 																				
<p>1f</p>	<p>Report Year Specify the report year</p> <p>Why:</p> <p>How to complete</p>	<p>The Government recognises that bodies vary in their administrative time periods; financial, calendar and academic reporting years are all being used in the public sector.</p> <p>This question has now been pre-populated for you. In the case of IJBs, the default reporting year type is "Financial". If this is not the case (i.e. if the IJB works a Calendar year), please contact SSN and it will be updated.</p>																				

1g	Context <i>Provide a summary of the body's nature and functions that are relevant to climate change reporting.</i>	
	Why:	Following feedback on the questions included within the reporting schedule, this question has been included in section 1 to enable unique circumstances relating to scope of estate, accountability for emissions or function to be explained.
	How to complete	<p>For IJBs this is a crucial question to complete. We recognise all IJBs are unique so it is vital we are able to gather as much information here as possible regarding the various roles and responsibilities your own IJB has and how it is currently in alignment with either the Local Authority or the Health Board.</p> <p>In addition to this, please provide any narrative within the text box in regards to climate change reporting that is descriptive of your public body e.g.</p> <ul style="list-style-type: none"> • Sharing of building facilities with other public bodies or reporting agencies and details of how emissions are reported as a result – e.g. if your body shares facilities with another public body also completing this report, make clear within this section if discussions have taken place to avoid double counting of emission sources within reports. • Information on unique functions/services the body provides.
	TIP!	• Text box with a word limit of approx. 6000 characters (1000 words)

Part 2: Governance, Management and Strategy

Taking action to strengthen a public body's governance, management and strategy with regard to climate change will significantly contribute to the successful implementation of the Climate Change Duties.

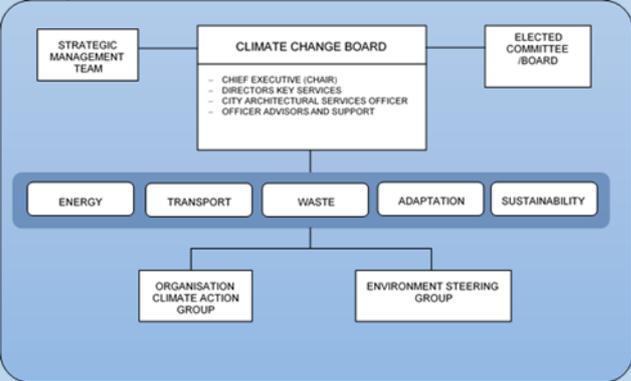
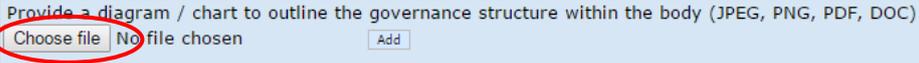
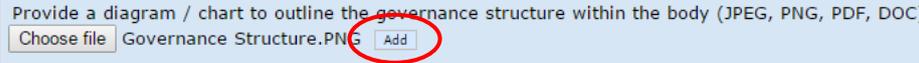
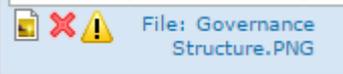
Governance refers to the arrangements in place at Board or Council level (Non-Executive level, i.e. Councillors, Board Members, Chair of the Board, etc.), whereas Management refers to senior executive functions within bodies (i.e. Chief Executive, Head of Finance, Service Director etc.). Information reported should clearly show where responsibility and accountability lies and that individuals and organisational groups have clear and understood responsibilities on climate change.

It is recognised that in a lot of instances, the accountability and responsibility will not lie with the IJB itself, but with the corresponding Local Authority/NHS Board. Where this is the case, it is acceptable to clearly state this.

Nevertheless, IJBs are encouraged to report evidence that demonstrates how organisational governance and management arrangements have proven to be effective in dealing with climate change responsibilities. Evidence could include examples of decisions taken about key climate change policies and resource allocations. Likewise, information on how the governance and management arrangements operate (i.e. regularity of meetings, reports received, decision/directions given, etc.) would be useful.

This section also provides space to report relevant strategies and plans, including corporate and thematic/service level plans.

Governance and Management	
2a	How is climate change governed in the body?
Why:	This question focuses on responsibility for climate change issues at governance level. The body is required to describe how governance of climate change is recognised within the body – for example Board-level or Council-level arrangements for addressing climate change responsibilities. This question seeks to establish the reporting and review structure and the level of engagement between leaders, department managers, practitioners and staff generally.
How to complete	<p>The body must provide information on its structure of climate change/sustainability governance. This information should contain:</p> <ul style="list-style-type: none"> A summary of the hierarchy within the body relating to climate change issues and who takes responsibility at differing levels which demonstrates regular and meaningful engagement at Board (or equivalent) level, and between the Board, emission source managers, climate change practitioners and staff. Provide a summary of the roles played by the body's governance bodies and members. Include reference to adaptation, transport, business travel waste, land use, information and communication technology, procurement and behaviour change if these sit outside the main climate change governance.

		<p>This information can be provided in written, tabulated or diagram form, or a combination of all. The diagram below gives a generic example of what a governance structure may look like.</p> <p>Example 2 - Governance structure</p> 
<p>2b</p>	<p>TIP!</p>	<ul style="list-style-type: none"> • Text box with a word limit of approx. 6000 characters (1000 words). • To upload a diagram or chart select the 'Choose file' (or 'Browse') button at the bottom of the text box.  <ul style="list-style-type: none"> • A new window will open where the appropriate file can be selected from your computer. Once the file has been located click the 'Open' button on the screen. The new window will close and the bottom of the text box will display a message similar to that in the image below. To attach the file to the form, click on the 'Add' button (highlighted).  <ul style="list-style-type: none"> • Once a file has been added to the form, the bottom of the text box will display the following icons:  <ul style="list-style-type: none"> • The <i>first icon</i> indicates that the file has been attached and if you click on this icon the attachment will open in a new window. • If you click on the <i>second icon</i> you delete the file from the form. • The <i>final icon</i> indicates that the overall form has not been saved since attaching the file. Once you save the form this icon will disappear.
	<p>Why:</p>	<p>The question focuses on management of climate change in the body. It is not enough to simply assign climate change responsibilities to individuals and groups. The body must also act on those responsibilities by monitoring, reporting and taking action on climate change. The body should be able to demonstrate an organisational management system which effectively addresses climate change, or an environmental management system that feeds into a general corporate structure.</p> <p>This question is also about how climate change is considered in every process in the body. By ensuring that climate change is considered at all</p>

	<p>levels and in all activities, a body shows that the issue is embedded in its structure and not a separate issue to be addressed out with everyday procedures. The body should review its procedures, activities and structure and consider to what extent climate change is included in all decision making processes.</p>															
<p>How to complete</p>	<p>The response should include:</p> <ul style="list-style-type: none"> • How does the body manage, monitor, report and administer climate change issues? It would be useful to know how these processes allow progress to be tracked and how this influences decision-making to keep projects and initiatives on-track to meet targets and objectives, including how finance and investment decisions are taken to maintain action on climate change. • Provide a brief summary of how climate change is embedded across all departments and how decision making is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. Include reference to adaptation, transport, business travel, land use, waste, ICT, sustainable procurement and behaviour change if these sit outside its main climate change delivery structures. • Information contained in this response should show reporting flows through the body and how climate change impact and reduction is considered through the general management of the body. • Key individuals and groups with management responsibility for climate change and a description of what groups are responsible for and how information and performance is reported. <p>Example 3 - Climate change management system</p> <table border="1" data-bbox="443 1261 1377 1933"> <thead> <tr> <th>Board/Individual</th> <th>Description</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Environmental Directorate</td> <td>Directors and senior managers, elected members, officer level representative.</td> <td>Meets quarterly to discuss action on a range of topics including climate change, sustainability and environmental management. Review and take action based on reporting feedback from Executive Board.</td> </tr> <tr> <td>Carbon Management Committee</td> <td>Directors, senior management, officer and support staff</td> <td>Meets quarterly to review action on climate reduction plan and other strategies governed by the Environmental Directorate and Climate Change Development Group. Reports to Executive Board on a quarterly basis.</td> </tr> <tr> <td>Carbon Management Team</td> <td>Senior management, officer, support staff</td> <td>Responsible for adaptation, biodiversity, community engagement. Reports monthly to Climate Change Development Group and Carbon Management Committee on activities.</td> </tr> <tr> <td>Other services</td> <td>Senior management, officer, support staff</td> <td>Responsible for corporate emissions, waste, transport. Reports monthly to Climate Change Group on activities it has been tasked with</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • The body should provide a description of how climate change is being embedded throughout the body. This information can be provided in 	Board/Individual	Description	Action	Environmental Directorate	Directors and senior managers, elected members, officer level representative.	Meets quarterly to discuss action on a range of topics including climate change, sustainability and environmental management. Review and take action based on reporting feedback from Executive Board.	Carbon Management Committee	Directors, senior management, officer and support staff	Meets quarterly to review action on climate reduction plan and other strategies governed by the Environmental Directorate and Climate Change Development Group. Reports to Executive Board on a quarterly basis.	Carbon Management Team	Senior management, officer, support staff	Responsible for adaptation, biodiversity, community engagement. Reports monthly to Climate Change Development Group and Carbon Management Committee on activities.	Other services	Senior management, officer, support staff	Responsible for corporate emissions, waste, transport. Reports monthly to Climate Change Group on activities it has been tasked with
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		<p>written, tabulated or diagram form, or a combination of all. Examples of typical information that might be provided is given below.</p> <ul style="list-style-type: none"> ○ All staff contracts contain obligation to assist body in climate change targets and performance. This is also included in any appraisal process. ○ Use of the ISM Tool to address individual, social and material aspects of embedding and implementing action. ○ Use of the CCAT (Climate Change Assessment Tool) tool to foster cross-organisational engagement and assessment. Further information on CCAT is provided in Q2g. ○ Regular climate change performance reviews by managers and the Board. ○ Staff receive induction training containing climate change and sustainability information. ○ Regular update training on general and specific climate change procedures. ○ All heads of service given climate change related targets to achieve. ○ Consideration of all potential climate change and sustainability benefits of all projects, tenders and contracts. ○ Daily procedural duties that all staff must adhere to such as IT switch off and office temperature policy. ○ Annual climate change awareness programme focussing on key events such as Earth Hour.
	TIP!	<ul style="list-style-type: none"> ● <i>Text box with a word limit of approx. 6000 characters (1000 words).</i> ● <i>This information can be provided in written, tabulated or diagram form, or a combination of all. If a diagram is being used please insert this into the space provided below the text box.</i> ● <i>See Q2a TIP for how to upload a diagram or chart.</i>
Strategy		
2c	<p><i>Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?</i> <i>Provide a brief summary of objectives if they exist.</i></p>	
Why	<p>This question relates to climate change issues being recognised in strategic planning for the overall operations of the body. Climate change issues being mentioned in corporate documents (e.g. corporate plan / annual report) can provide an indication of the body’s commitment to climate change and the seriousness with which it treats the subject.</p>	
How to complete	<p>Provide evidence of any specific climate change mitigation and adaptation objectives which are contained within the corporate plan (or equivalent) of the body. You should include in this section the information within the document that clearly states the wording of the statement or objectives in quotable form. This will probably be no more than a paragraph. The body should also provide a hyperlink to any relevant documents but must reference the exact location of the information requested in this document. <i>**Please note that this question is not relating to specific documents such as Carbon Management Plans or Carbon Strategies – these are covered in the next question**</i></p> <p>Provide evidence from as many documents as necessary.</p>	

Example 4 - Strategic document excerpt	
Wording of objective	Name of Document
Communities are able to adapt to climate change and reduced finite natural resources.	Council wide Single Outcome Agreement Page 25; Para 3.
Adapting to Climate Change.	Business Plan 2012 – 2017, Page 12, Para 1.
Sustainability will be embedded into our estates and changes made to minimise our environmental impact. This will be achieved through a 20% reduction in CO ₂ e by 2020 from a 2012 baseline.	Corporate Strategy 2015 – 2018, Page 5; Para 1.
To reduce the environmental impact of the services that we fund as well as reducing our carbon footprint.	Annual Report 2015 – 16.
TIP!	<ul style="list-style-type: none"> For each separate objective, an additional row should be added. To Add or Remove an objective select the 'Add or Remove' button from the bottom left corner of the table.
2d	<p>Does the body have a climate change plan or strategy? If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed</p>
Why:	Many public sector bodies in Scotland have developed a dedicated overarching climate change strategy that contains information on their climate change impact, target performance and reduction measures in addition to strategic planning and finance documents.
How to complete	<p>Provide the name of any relevant documents (e.g. Carbon Management Plan), the date it was integrated in to organisational structure, and a hyperlink to the document if possible.</p> <p>Note – this question is primarily interested in corporate emissions relating to the process and service delivery of a body.</p>
TIP!	<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).



2e	Does the body have any plans or strategies covering the following areas that include climate change? <i>Provide the name of any such document and the timeframe covered.</i>																									
	Why:	It is the case that some bodies wish to address climate change action by embedding it in existing strategy and policy documents for specific business areas, rather than creating a unified climate change strategy. If this is the case, the body must provide this information.																								
	How to complete	<p>Please provide any specific information relating to the list of 11 categories provided in the table. This should be provided irrespective of whether the body has previously mentioned any general climate change or sustainability strategy or plans in previous questions.</p> <ul style="list-style-type: none"> - Please ensure that the strategies and policies that are listed should include reference to climate change. - Please check that any plans or strategies mentioned in section 4 – Adaptation are also included within this question. <p>Example 5 – Specific climate change strategies</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #00AEEF; color: white;"> <th>Topic Area</th> <th>Name of Document</th> <th>Link</th> <th>Time period covered</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Adaptation</td> <td>Climate Change Adaptation Framework</td> <td><insert link here in text format></td> <td>2015-2020</td> <td></td> </tr> <tr> <td>Business Travel</td> <td>Travel Plan</td> <td><insert link here in text format></td> <td>2012- 2016</td> <td></td> </tr> <tr> <td>Staff Travel</td> <td>Home working Policy</td> <td><insert link here in text format></td> <td>2015 onwards</td> <td>To be revised / updated as needed.</td> </tr> <tr> <td>Energy Efficiency</td> <td>Corporate Asset Management Strategy</td> <td><insert link here in text format></td> <td>2013 - 2018</td> <td></td> </tr> </tbody> </table> <p>The policy areas within the table are:</p> <ol style="list-style-type: none"> 1) Adaptation 2) Business Travel – Travel undertaken by employees to carry out operational functions 3) Staff Travel - Travel by staff to work (commute) 4) Fleet Transport 5) Energy Efficiency 6) Information and communication technology 7) Sustainable / renewable heat 8) Waste Management 9) Waste and sewerage 10) Land Use 11) Other 	Topic Area	Name of Document	Link	Time period covered	Comments	Adaptation	Climate Change Adaptation Framework	<insert link here in text format>	2015-2020		Business Travel	Travel Plan	<insert link here in text format>	2012- 2016		Staff Travel	Home working Policy	<insert link here in text format>	2015 onwards	To be revised / updated as needed.	Energy Efficiency	Corporate Asset Management Strategy	<insert link here in text format>	2013 - 2018
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TIP!	<ul style="list-style-type: none"> • <i>To Add or Remove an objective select the ‘Add or Remove’ button from the bottom left corner of the table.</i> • <i>Although the ‘Topic Area’ column appears to have drop down selection boxes, the column is locked. The drop down selection box can be used to add as many additional or multiple objectives.</i> • <i>When entering in a topic in the other box, please state topic area in comments box.</i> 																									

2f	What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?	
	Why:	This question is about how the body changes and develops its management response to climate change over time. The body must demonstrate how it is developing and refining its own climate change management objectives. This requires the body to demonstrate how it is prioritising climate change management and strategy by evidencing what is important to it in relation to these issues.
	How to complete	Please provide either written evidence of these objectives for the year ahead. The body may include additional hyperlinks (URL link) as extra information, but not as a replacement for written evidence required. If providing a hyperlink, please ensure that the location of the relevant information is clearly referenced.
TIP!		<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).
2g	Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability/performance? <i>If yes, please provide details of the findings and the resultant action taken. (a) This refers to the tool developed by Resource Efficient Scotland for self-assessing a body's capability/performance in relation to climate change.</i>	
	Why:	The Climate Change Assessment Tool (CCAT) has been developed in association with Resource Efficient Scotland. The tool is designed to produce an automated assessment of how a body takes responsibility for, administers, reports and takes action on climate change. It also provides recommendations on how the body can improve its performance. Use of this tool demonstrates the body is motivated to understand its climate change position and has as an appetite to improve its performance. User guidance and a workshop presentation will help you undertake a self-assessment with other key managers.
	How to complete	If the body has used CCAT, please provide the overall assessment scores produced and information on improvement measures identified as well as action the body is taking to address these and the date that the exercise was carried out. For more information on CCAT, please follow the link: http://www.resourceefficientscotland.com/resource/resource-efficient-scotland-climate-change-assessment-tool-ccat If you have not used CCAT but have used other equivalent tools for self - assessment of performance (e.g. Good Corporate Citizenship Assessment Model (GCCAM) used by NHS Organisations) please state the tool that has been used and the assessment results and actions.
TIP!		<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).
Further Information		
2h	Supporting information and best practice. <i>Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.</i>	
TIP!		<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).



Part 3: Emissions, Targets and Projects

This section requires information on corporate Greenhouse Gas (GHG) emissions of the reporting body. This refers to the GHG emissions that bodies produce by carrying out their activities or service provision. This will generally be related to electricity, gas and different types of transport use, but may also include GHG emissions arising from landfilling of its own waste and also water consumption, etc.

As it is known that IJBs do not have authority over these aspects of their estate or capital assets (including buildings, fleet etc.), it is acceptable to leave this section of the report blank.

However, we do ask that Question 3f and 3k are completed to detail who is responsible for reporting on emissions, setting climate change and sustainability targets as well as completing climate change mitigation projects.

The following guidance has therefore been significantly reduced with most of the questions only left in for context. Should you wish to read the full set of guidance notes detailing how to complete this section of the report, you can find this [here](#).

For any additional information required on what is expected of IJBs within this section, please email SSN at ssn@keepsotlandbeautiful.org

Emissions, targets and project data

Emissions

3a	<p>Emissions from start of the baseline year (for body's carbon footprint) to end of the reporting year.</p> <p><i>Complete the following table using the greenhouse gas emissions total calculated on the same basis as for annual carbon footprint/management reporting or, where applicable, sustainability reporting. Include greenhouse gas emissions from the estate and operations (a) measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b). If data is not available for any period from the baseline year onwards, provide an explanation in the comments column.</i></p> <p><i>(a) No information is required on the bodies effect on emissions beyond the estate or operational boundaries.</i></p> <p><i>(b) This refers to the document entitled "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resource Institute, Washington DC, USA (2004), ISBN: 1-56973-569-9</i></p>
3b	<p>Breakdown of emission sources.</p> <p><i>Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas emissions inventory); this should correspond to the last entry in table 3a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor (a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.</i></p> <p><i>(a) Emission factors are published annually by the UK Government Department for Environment, Food and Rural Affairs (Defra).</i></p>

3c	Generation, consumption and export of renewable energy. <i>Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.</i>	
Targets		
3d	Targets. <i>List all the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency waste, water, information and communication technology, transport, travel and heat targets should be included.</i>	
Projects and changes		
3e	Estimated total annual carbon savings from all projects implemented by the body in the report year. <i>If no projects were implemented against an emission source, enter "0". If the body does not have any information for an emissions source enter "unknown". If the body does not include the emissions source in its carbon footprint, enter "N/A".</i>	
3f	Detail the top 10 carbon reduction projects implemented by the body in the report year. <i>Provide details of the top 10 projects (based on estimate emissions savings) implemented in the report year.</i>	
Why	The report requires further detail on the top 10 projects the IJB has implemented or been involved with during the report year. This is requested in order to provide greater clarity on how the IJB prioritises reduction activities and how much progress has been made against these important activities. Please detail who is responsible for climate change mitigation projects. Note that projects may be internal or external projects to reduce emissions.	
3g	Estimated decrease or increase in emissions from other sources in the report year. <i>If the body's corporate emissions increased or decreased for any other reason in the report year, provide an estimate of the amount and direction.</i>	
3h	Anticipated annual carbon savings from all projects implemented by the body in the year ahead. <i>If no projects are expected to be implemented against an emission source, enter "0". If the body does not have any information for an emissions source, enter "Unknown". If the body does not include the emission source in its carbon footprint, enter "N/A".</i>	
3i	Estimated decrease or increase in emissions from other sources in the year ahead. <i>If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.</i>	
3j	Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint. <i>If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").</i>	
3k - Further Information		
Further information	<i>Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.</i>	

	<p>How to complete</p>	<p>Please provide any other supporting information that you feel is relevant to the information that you have provided for Section 3.</p> <p><u>IMPORTANT</u> As mentioned above, please use this question to provide as much detail as possible regarding who it is that is responsible for reporting on emissions, setting climate change and sustainability targets as well as completing climate change mitigation projects.</p>
	<p>TIP!</p>	<ul style="list-style-type: none"> • <i>Text box with a word limit of approx. 6000 characters (1000 words).</i>

Part 4: Adaptation

The global climate is changing and this is impacting how we live and work in Scotland. We are already experiencing increases in autumn and winter rainfall, increased heavy rainfall, sea level rise and long term increases in temperature across all seasons. These changes are impacting all areas of life and will pose an increasing challenge in the future.

Taking early action to assess risks and adapt to the impacts of climate change will safeguard assets, infrastructure, services, communities and business continuity.

This section of the reporting template should be used to report progress towards adapting to climate change and documenting how climate change adaptation is integrated into functions and services.

It is recognised that IJBs will be at very early stages (at best) in their work to assess and manage climate change risks. Therefore, data or information relating to the questions may not be currently available. In this case, bodies are required to provide detail as to when this assessment is likely to take place.

If the IJB is new to climate change adaptation we would recommend contacting Adaptation Scotland for further support and guidance. You will find their contact details and adaptation guidance documents here: www.adaptationscotland.co.uk/

The [NHS Scotland Standards for Organisational Resilience](#) specifies minimum standards and related performance criteria for resilience within Health Boards across Scotland. Section 9 sets out a standard to enable Health Boards to begin to address the effects of climate change. This could be adapted by the IJBs.

Adaptation	
Assessing and managing risk	
4a	<p>Has the body assessed current and future climate-related risks? If yes, provide a reference or link to any such risk assessment(s).</p>
Why	<p>Climate is expected to continue to change significantly in the decades ahead so it is important to assess both <u>current</u> and <u>future</u> climate risk.</p> <p>This question wants to know if the body has assessed the risks that both i) <u>current</u> and ii) <u>future</u> climate change present to its assets, infrastructure, service provision and business continuity.</p> <p>By identifying and quantifying these risks the body is able to identify actions that will reduce risk both now and in the future.</p>
How to complete	<p>The body's risk and/or business continuity manager may be able to provide information to help complete part of this question. Information should be separated into:</p> <ul style="list-style-type: none"> i) Current climate risk assessment ii) Future climate risk assessment <p>Current climate risk and vulnerability</p> <p>Many bodies regularly assess the risks associated with <u>current</u> weather and climate. For example, assessments linked to flood risk management, business continuity and, emergency planning for severe weather events. This information may be held in service/ department level risk assessments and/ or corporate risk assessments.</p>

		<p>The response to this question should include a reference and link to these documents, and key points should be pulled out from the risk assessments as evidence of their completion.</p> <p>If the body does not assess <u>current</u> weather and climate risks then this should be clearly noted in the response.</p> <p>One approach to assessing the bodies current climate vulnerability is set out in Step 2 of Adaptation Scotland’s ‘<i>Five Steps to Managing Your Climate Risks</i>’ guidance. Table 2 (pg. 18) illustrates a weather impacts table that can be used to identify the most disruptive weather impacts, and the consequences these had on the body.</p> <p>Future climate risk</p> <p>Adapting to climate change will only be possible if risks linked to future climate change are assessed and understood. This means assessing risks that are likely to emerge from the 2020’s onwards.</p> <p>Some bodies will have a corporate level climate change risk assessment. Others will have a series of more detailed climate change risk assessments that assess risks facing different services, assets, infrastructure and communities.</p> <p>Assessments of future climate risk might also be included as part of risk assessments that address other issues. For example within corporate risk assessments or as part of flood risk assessments.</p> <p>The response to this question should include references and links to a climate change risk assessment and/ or other risk assessments that include assessment of future climate risk. If this has been completed, the key climate threats and opportunities should be noted.</p> <p>If the body does not currently assess <u>future</u> climate change risks then this should be noted in the response.</p> <p>Step 3 of Adaptation Scotland’s ‘<i>Five Steps</i>’ guidance (pg. 23) provides an example process and template for assessing future climate risk and identifying and prioritising the key climate threats and opportunities.</p>
	TIP!	<ul style="list-style-type: none"> • <i>Text box with a word limit of approx. 6000 characters (1000 words).</i>
4b	<p>What arrangements does the body have in place to manage climate-related risks? Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.</p> <p>Why</p> <p>How to complete</p>	<p>The question asks for information on how the body is managing current and future climate related risks in relation to climate change adaptation. In this instance ‘arrangements’ refers to any strategic plans, policies and action plans in the body relating to their internal function and wider activity to manage current and future climate risk.</p> <p>The body should provide details of how the current and future climate risks identified through risk assessments (see question 4a) are being addressed. These could be presented through climate change risk management procedures or strategies, adaptation action plans or any adaptation policies and actions included across policy areas.</p>

		<p>The response could include information about:</p> <ul style="list-style-type: none"> • a climate change adaptation strategy or action plan that manages your identified climate risks, or • any strategies, plans, or policies that include climate change adaptation. Relevant information could be included across many policy areas including business continuity, asset management, infrastructure, biodiversity, forestry, flood risk management, land use, development, regeneration, and emergency planning. <p>The response to this question does not have to link directly to the information provided in question 4a. For example, your body may have climate change adaptation policies and actions that are not currently linked to a specific risk assessment and information about these can be included in your response to this question.</p> <p>If the body has not undertaken any work in this area, it should state this in the text box provided.</p> <p>Step 1 of Adaptation Scotland’s ‘Five Steps’ guidance (section 1.3 page 11) highlights the importance of identifying where adaptation reporting arrangements sit within the body early in the adaptation planning process. This is reiterated in Step 4 of the guidance (Page 30)</p>
	TIP!	<ul style="list-style-type: none"> • <i>Text box with a word limit of approx. 6000 characters (1000 words).</i>
Taking action		
4c	<p>What action has the body taken to adapt to climate change? <i>Include details of action taken to adapt to climate change and to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders.</i></p>	
	Why	<p>The question asks the body to describe all adaptation related activity undertaken in the reporting year for its own internal function and in relation to any activity it carries out. This will help to clarify how proactive the body has been in taking practical action over and above strategy and planning development.</p>
	How to complete	<p>Responses to this question should include adaptation actions that fall under both or one of the categories below:</p> <ul style="list-style-type: none"> • Building adaptive capacity (BAC) • Deliver adaptation actions (DAA) <p>Building Adaptive Capacity Action to build adaptive capacity includes work to increase the bodies capacity to understand and make decisions that will enable it to adapt to climate change. Example actions include:</p> <ul style="list-style-type: none"> • Raising awareness of the need to adapt among staff, customers and stakeholder bodies • Participating in training that increases knowledge of how to adapt to climate change • Assessing climate risks though in house risk assessments and/or commissioning specialist research. • Developing policies and plans that address climate risks, for example addressing the need to adapt to climate change through planning and place making.

		<ul style="list-style-type: none"> Participating in cross sector partnerships /projects that enable increased understanding of climate risks and joint action to address these. <p>Deliver Adaptation Action Delivering adaptation action refers to ‘on the ground’ delivery of actions that increase the body’s ability to adapt to future climate change.</p> <p>Example actions include:</p> <ul style="list-style-type: none"> Introduction/ improvement of green infrastructure (e.g. Street trees, high quality green spaces, green roofs, and green walls) that contributes to reducing flooding and overheating risk and, supports nature to adapt. Introduction of natural flood risk management and/or managed coastal realignment. Embedding climate change adaptation in the design and implementation new assets/ buildings/ infrastructure/ areas of public realm. Retrofitting existing buildings, assets and public realm to increase ability to adapt to climate change. Hard engineering solutions, for example, measures to reduce the impacts of heavy rainfall, overheating and severe weather on buildings, flood prevention infrastructure and, measures to reduce the risk of landslides impacting road and rail networks. <p>If the body has not undertaken any work in this area, it should state this in the text box provided.</p>
	TIP!	<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).
4d	<p>Where applicable, what progress has the body made in delivering the policies and proposals included in the Scottish Climate Change Adaptation Programme (a) (“the Programme”)?</p> <p><i>If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year.</i></p> <p><i>(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp12) which currently has effect. The most recent one is entitled ‘Climate Ready Scotland: Scottish Climate Change Adaptation Programme’ dated May 2014.</i></p>	<p>The question wants to know how the body is acting to support delivery of policies and proposals contained within the Scottish Climate Change Adaptation Programme. This should be considered for organisational function and any external activity.</p> <p>This question refers to policies and proposals contained within the Scottish Climate Change Adaptation Programme which can be downloaded at http://www.gov.scot/Resource/0045/00451392.pdf</p> <p>IJBs currently have no obligations for action with the SCCAP. Therefore it is requested that you simply please enter N/A in the</p>

		'delivery progress made' column for all objectives within the table here.
	Review, monitoring and evaluation	
4e	What arrangements does the body have in place to review current and future climate risks? <i>Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, plans and policies in Question 4(b).</i>	
	Why	Scotland's climate is already changing and is expected to continue to change significantly in the years ahead. It is therefore important for bodies to regularly review and assess changing climate risks and related policies, strategies and actions to keep it accurate and up-to-date. This question wants to know if the body has a system in place to regularly review its climate risks and associated plans, strategies, policies and actions in relation to organisational function and wider activity if any is carried out.
	How to complete	Please provide details of any measures or systems that are in place to ensure that climate risks are reviewed and responded to on a regular basis. This could include details of review timescales for risks assessments provided under question 4a and/or details of review periods for strategies, plans and policies specified under question 4b. This information is useful in determining whether there is capacity and commitment within your body to assess and manage climate risks on an ongoing basis. If the body has not undertaken any work in this area, it should state this in the text box provided.
	TIP!	<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).
4f	What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions? <i>Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).</i>	
	Why	Adaptation is an iterative process that calls for close monitoring to ensure that your body is 'adapting well'. The question wants to know how the body monitors and evaluates the effectiveness of its adaptation actions in order to tailor them to climate change risks as they evolve. This question is asked in relation to internal functioning of the body and for any activity it carries out.
	How to complete	The body should provide information on what the criteria is for monitoring and evaluating climate change adaptation work being undertaken – <ul style="list-style-type: none"> Within the body, and also; to fulfil duties outlined in Scotland's Climate Change Adaptation Programme. Monitoring and evaluation of climate change adaptation is key to ensuring your adaptation work is current and working well. This information provides an insight into the impact of adaptation work and how the body is planning for adaptation in the future.



		<p>If the body has not undertaken any work in this area, it should state this in the text box provided.</p> <p>For further guidance on this section, please refer to Step 5 of the 'Five Steps'. In addition, ClimateXChange has developed a set of indicators for monitoring and evaluating the impact of adaptation actions. For more information about the indicators please visit www.climatexchange.org.uk or contact info@climatexchange.org.uk.</p>
	TIP!	<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).
Future priorities for adaptation		
4g	<p>What are the body's top 5 climate change adaptation priorities for the year ahead? Provide a summary of the areas and activities of focus for the year ahead.</p>	
	Why	<p>This question helps to convey the type and scale of action the body considers to be crucial in planning for climate change adaptation in the year ahead for its own functioning and any external activity it carries out.</p>
	How to complete	<p>The body should provide details of climate change adaptation priorities for the coming year. This may include work to assess current or future climate risks, implement adaptation actions or monitor and evaluate progress.</p> <p>Examples could relate to work being carried out by the body and/or being delivered in partnership with others.</p>
	TIP!	<ul style="list-style-type: none"> Text box with a word limit of approx. 3000 characters (500 words).
Further information - Supporting information and best practice.		
4h	<p>The body should provide any other relevant information relating to climate change adaptation which has not been covered by the questions in this section. Please also use this opportunity to explain any examples of climate change adaptation action which might be deemed best practice.</p>	

Part 5: Procurement

Sustainable procurement is the process by which bodies make decisions on purchasing of utilities and resources that will maximise benefit to the body as well as minimising the impact on the environment. Sustainable procurement should help bodies assess resource purchase and use in relation to whole-life costings, origin of materials, operating costs and discard implications.

Under new procurement legislation, at the start of a financial year, public bodies who spend over £5m per annum, will be required to publish a Procurement Strategy which must set out how the body intends to ensure that its procurement activities will contribute to the carrying out of its functions and the achievements of its purpose and are carried out in a manner which is compliant with the Sustainable Procurement Duty. As the Sustainable Procurement Flexible Framework will be covered in emerging legislation elsewhere, this section seeks to obtain information on how your body's procurement policies and activities contribute to compliance with climate change duties.

Further information on public sector procurement in Scotland can be found at <http://www.gov.scot/Topics/Government/Procurement>

It is recognised that for IJBs, the procurement of contracted services may be the responsibility of the Local Authority or Health Board under existing procurement procedures. This section is therefore an opportunity to explicitly state how procurement for goods and services works within your own IJB and who is responsible for it.

Procurement	
5a	<p><i>How have procurement policies contributed to compliance with climate change duties?</i> <i>Provide information relating to how the procurement <u>policies</u> of the body have contributed to its compliance with climate changes duties.</i></p>
Why	This question will help to clarify how sustainable procurement policy has had an impact on climate change reduction, reporting and compliance issues.
How to complete	<p>State whether the body has a procurement policy in place and whether this contributes to its compliance with climate change duties.</p> <p>For example – does the policy in place include specific reference to the climate change duties or address any of the following three areas contained within the duties:</p> <ol style="list-style-type: none"> 1) Contribute to carbon emission reduction (climate change mitigation) For example do you have any reference within your existing policy in regards to climate change, specifically in reference to policies that will lead to a reduction in greenhouse gas emissions or enhance carbon storage? 2) Contribute to climate change adaptation – for example, do you have any reference within your existing policy in regards to climate change adaptation. For example, response to actual or expected climate change and their harmful consequences or in reference to retrofitting or new infrastructure? 3) Contribute to acting sustainably – for example, any social, environmental or economic impacts such as policies contributing



		towards air quality; resource efficiency; jobs / skills / engage and work with small businesses; green economy
	TIP!	<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).
5b	<p>How has procurement activity contributed to compliance with climate change duties?</p> <p><i>Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.</i></p>	
	Why	This question will help to clarify how sustainable procurement activity has had a material impact on compliance with climate change duties through carbon reduction and climate change adaptation.
	How to complete	<p>The body should detail any specific examples of procurement activity within the report year that has contributed to its compliance with the climate change duties.</p> <p>For example, this could be activities that have delivered a reduction in CO₂e emissions; contributed to climate change adaptation and / or contributed to acting sustainably. Any examples that are able to quantify the impacts of the climate change relevant procurement activities would be exemplar.</p>
	TIP!	<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).
Further Information		
5c	<p>Supporting information and best practice</p> <p><i>The body should provide any other relevant supporting information and examples of best practice by the body in relation to procurement. Please provide any further information that is relevant but has not been addressed in response to questions 5a and 5b.</i></p> <p>It is recognised that for IJBs, the procurement of contracted services may be the responsibility of the Local Authority or Health Board under existing procurement procedures. This question is therefore an opportunity to explicitly state how procurement for goods and services works within your own IJB and who is responsible for it.</p>	
	TIP!	<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).

Part 6: Validation & Declaration

It is important for bodies to introduce internal and/or external arrangements to assure themselves about the quality of figures and information contained in their climate change report. Internal arrangement could include:

- A robust system of internal control and validation
- Senior management review of data and/or climate change report
- Peer review by utilising other external networks
- Review by external experts to validate data, findings and content of climate change report.

The Scottish Government expects all reports to be published prior to submission and that validation of quantitative and qualitative information is regarded as good business practice and risk management of any inaccuracies or inconsistencies that could result in legal challenge or reputational damage.

For IJBs, we expect that internal validation is undertaken for this report however more robust methods of validation (peer to peer, external) are always encouraged.

Validation and Declaration	
6a	<p>Internal validation process Briefly describe the body's internal validation process, if any, of the data/information contained within this report.</p>
	<p>Why</p> <p>Many bodies undertake a system of internal validation when creating and publishing reports for external audiences, or in compiling data or other information that may be used in reports. This could include colleague or senior management review or internal data validation.</p>
	<p>How to complete</p> <p>The body should provide any information relating to internal validation of any of the information given in this document. The body should consider the following list:</p> <ul style="list-style-type: none"> • Was a project leader identified for the purposes of coordinating the data compilation and creation of this report? • Was this document created using a process for information gathering and verification? • Was the document and/or any of the data/information reviewed and signed off by an individual at executive level? • Was the completed document reviewed by an individual with responsibility for auditing or validation before being submitted? • Is the document saved securely to allow edit only by permitted authors? • Is the data and information used to collate the report, retained securely to avoid erroneous edit or deletion? <p>If there has been no internal validation process, please indicate this in the text box of question 6d.</p>
<p>TIP!</p> <ul style="list-style-type: none"> • Text box with a word limit of approx. 3000 characters (500 words). 	
6b	<p>Peer validation process Briefly describe the body's peer validation process, if any, of the data or information contained within this report.</p>
	<p>Why</p> <p>Peer validation provides a sense check to documentation and data by an individual with expertise or knowledge relating to the information contained in the report or service area. By instigating peer review a body is providing</p>

		a level of assurance that the information is valid, accurate and relevant to the service area.
	How to complete	<p>The body should provide any information relating to peer validation of any of the data or information contained in this report. Peer review can be defined as assessment of work by one or more people of similar competence to the report producers. In the case of this process peer review will be undertaken by individuals within a similar body.</p> <p>If the body has a peer review process, please provide a description of this. This could include:</p> <ul style="list-style-type: none"> • A description of the type or proportion of the information contained within the report that was peer reviewed. • A description of the reviewing body. • A description of the process of peer review and why peer review was undertaken. <p>If there has been no peer validation process, please indicate this in the text box.</p>
	TIP!	<ul style="list-style-type: none"> • <i>Text box with a word limit of approx. 3000 characters (500 words).</i>
6c	External validation process	<i>Briefly describe the body's external validation process, if any, of the data or information contained within this report.</i>
	Why	External validation of reporting information provides a body with an extra level of assurance that the information it is stating is correct and accurate.
	How to complete	<p>The body should provide information relating to any external validation process that any aspect of this report has undergone. Examples of this are as follows:</p> <ul style="list-style-type: none"> • Energy consumption validated by external bureau services. • Sustainability and climate change information and action accredited by an external standard e.g. ISO14064/50001, Carbon Trust Standard, etc. • Any process or information validated through external audit or reporting requirement by a Government body e.g. CRC reporting etc. • Any informal external validation process (regarding information contained in this report) that the body voluntarily submits to. <p>If there has been no external validation process, please indicate this in the text box.</p>
	TIP!	<ul style="list-style-type: none"> • <i>Text box with a word limit of approx. 3000 characters (500 words).</i>
6d	No Validation undertaken	If the body has not undertaken any validation of the information in this report, indicate this in the space provided and the reasons why this has not been undertaken.
	TIP!	<ul style="list-style-type: none"> • <i>Text box with a word limit of approx. 3000 characters (500 words).</i>
6e	Declaration	<p>The body should ensure that a person with senior responsibility signs off on this document to verify its content.</p> <p>Please provide their role/title in the body and the date the form was approved.</p>
	TIP!	<ul style="list-style-type: none"> • <i>Text box with a word limit of approx. 3000 characters (500 words).</i>

Part 7: Recommended Reporting: Reporting on Wider Influence

What is ‘Recommended Reporting’?

This section of the template allows public sector bodies to report on their wider influence in reducing greenhouse gas emissions, and document relevant achievements not reported within the ‘Required’ section of the reporting template. This includes activities designed to reduce greenhouse gas emissions, and also other sustainability activities such as biodiversity, food, and water/resource use.

Why have a ‘Recommended Reporting’ section?

The influence of public sector bodies goes much further than their corporate estate and it is important to capture this. The Recommended Reporting template has been designed to capture this important information and enable good practice to be documented and shared between public bodies.

What does this mean for our body?

There is no mandatory requirement for public sector bodies to complete this section, nor is there a requirement to complete the whole section if you have only started to gather data or commenced action in any of the particular areas. However IJBs are encouraged to complete as much as they can within this section, particularly while the content remains ‘recommended’ as it may benefit their reporting capacity in future years. It will also help us to identify training gaps.

For further help and support on this section of the template, please contact the Sustainable Scotland Network reporting team at Keep Scotland Beautiful by email to: ssn@keepscotlandbeautiful.org or call 01786 468780 and ask to speak to one of the team.

Where applicable, IJBs are strongly encouraged to complete this section of the report which will also be considered as part of the assessment of individual and sector progress and activity.

Wider Influence on GHG emissions		
1	Why	To identify if the body gathers other data on emissions within their area. It is expected analysis of this question will identify good practice to share between public bodies.
	How to complete	<p>If the body does not gather further information or report on emissions then please leave this table blank.</p> <p>Please use this table to provide any data you collect beyond your corporate estate e.g. transport, energy or waste. Use the comments box to give a description.</p>
	TIP!	<ul style="list-style-type: none"> <i>Add and remove any rows as necessary.</i>

2a	Targets <i>Please detail your wider influence targets.</i>	
	Why	<p>This section has been aligned with the sectors of the draft Climate Change Plan – the draft Third Report on Policies and Proposals 2017-2032.</p> <p>Please provide any information on targets you have set within the public body to either reduce overall emissions and/or emissions in the different sectors of the draft Climate Change Plan.</p> <p>Table 3 in the next section will allow more detail around % saving, finances etc. to be provided to meet the targets that have been listed within this section of the Template.</p> <p>What to do if target periods have run out. If no new targets have been set, the completed targets can be entered (using a target completion date that is passed by selecting 2016). Please provide comments around whether the target was achieved or not and whether there are future plans to revise or set new targets.</p>
	How to complete	<p>Reporting an Overall Emissions Reduction Target If you have set an overall strategic/area-wide reduction target: Select 'Overall reduction target' from the dropdown menu and provide a description. Select a Target Type - the type of target can be 'absolute' i.e. a figure, or a percentage, per capita or 'other' depending on what suits your target.</p> <p>Reporting on draft Climate Change Plan Sector Specific Targets Select the appropriate 'Sector' from the dropdown list (electricity, residential etc.) and complete as above. You can add/remove rows as necessary.</p>
	TIP!	<ul style="list-style-type: none"> • <i>Use the comments box to provide further detail and link to any external documents</i>
2b	Does your body have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.	
	Why	To identify areas where emissions have been factored into plans and strategies wider than your corporate influence.
	How to complete	Strategy / or action plan information should be added here e.g. details of Local Transport Strategies, Council Plans and Local Development Plans that include information related to influencing emissions reduction beyond your corporate boundary. Links to relevant external documents should also be provided here.
TIP!	<ul style="list-style-type: none"> • <i>Text box with a word limit of approx. 6000 characters (1000 words).</i> 	
3	Policies and Actions to reduce Emissions <i>Please detail any of the specific policies and actions which are underway to reduce emissions.</i>	
	Why	Table 3 allows you to provide more detailed information on the policies and actions you have developed to reduce emissions. It is recognised that not all

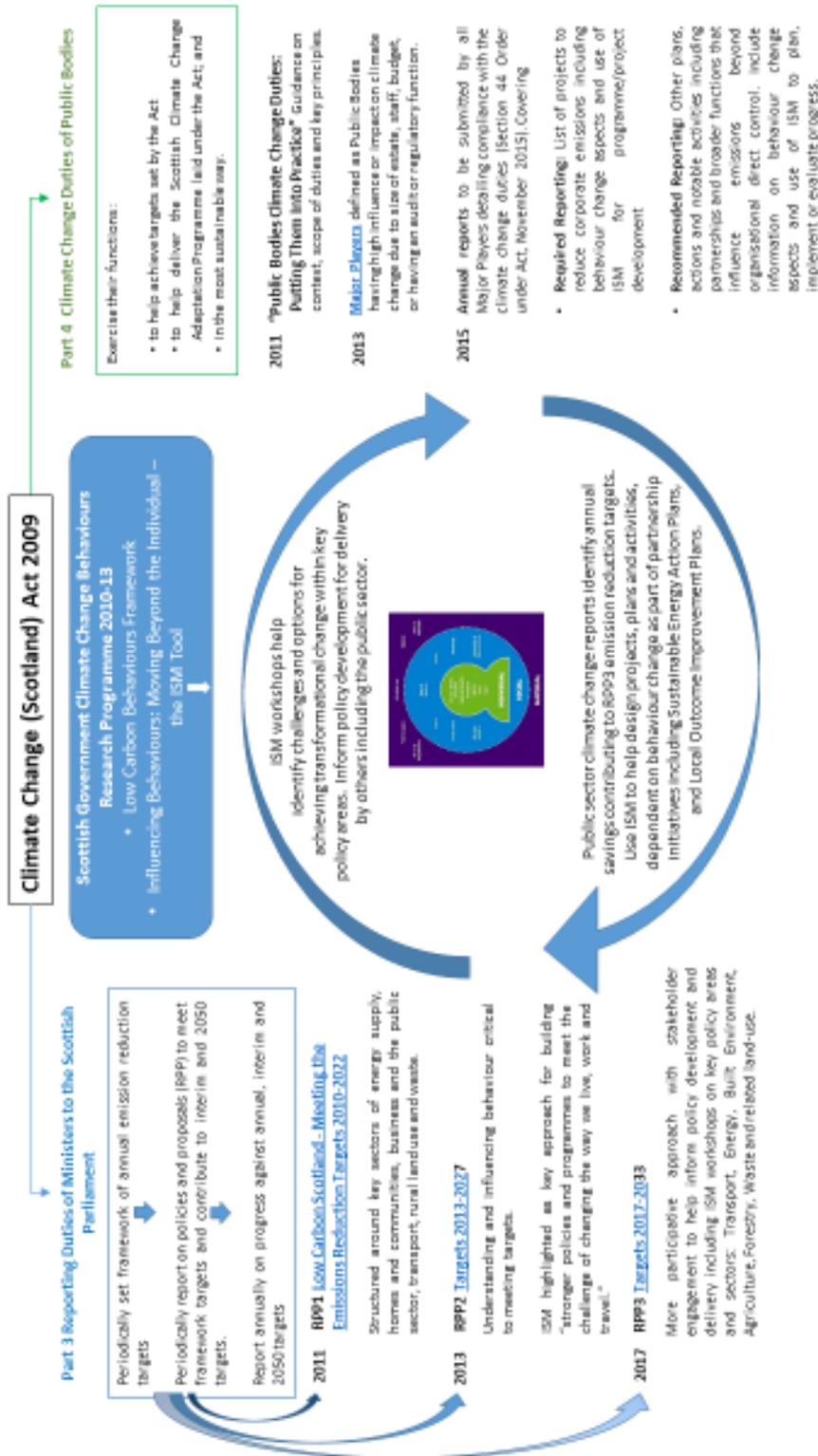
		the requested information will be able to be populated this reporting period. However, please complete as much information as you have available to help identify any reporting or project gaps.
	How to complete	<p>The Template allows information to be reported on both retrospective and future projects, as well as the policies and actions from this current reporting period. This will allow information to be obtained on the cumulative impact of policies and actions. As area-wide work often has a long-term focus, this means that this table to capture expected future projects.</p> <p>Complete as much of the table as possible for each policy and action, providing comments where necessary. As noted above, if you do not have information for each box in the table then please complete as many boxes as possible and leave boxes you cannot source information for blank.</p> <p>You can add as many policies and actions needed by selecting 'add' at the bottom of the table.</p> <p>Please use the text box below Table 3 to provide any detail on data sources or limitations relating to the information provided in Table 3. This will aid understanding of reported data and will enable the reporting template to be improved in future years.</p>
4	<p>Partnership Working, Communications and Capacity Building <i>Please detail any climate change partnerships, communication and capacity building initiatives below.</i></p>	
	Why	This question is asked to identify good practice within bodies and to demonstrate links between different public sector agencies and will allow further information to be gathered on the policies and actions stated in Table 3. This question is designed to build up a better picture nationally of the role that community, public and private sector partners play in achieving the policies and actions to meet the overall targets outlined.
	How to complete	<p>Select the 'key action type' most suited to the action you intend to report. 'Other' can be selected if the options do not fit what you plan to report. Where applicable these will be merged into the template in future reporting years.</p> <p>Provide a clear description. Select if you were the project lead, provide the lead body name if this is not your body. List any private/public/3rd sector partners in the boxes provided. Give details on the outputs, this could be project actions/deliverables e.g. media content, training, technology development or infrastructure information. Only a brief summary is required.</p> <p>For IJBs this is an important question within the report that we would encourage to be completed.</p>
	TIP!	<ul style="list-style-type: none"> To Add or Remove a Key Action select the 'Add or Remove' button from the bottom left corner of the table.
5	<p>Other Notable Reportable Activity <i>Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.</i></p>	
	Why	This question was developed to capture additional information around key public sector policies and projects not identified in other areas.
	How to complete	Select the 'key action type' for the action you intend to report and provide a description within the 'key action description' box. 'Other' can be selected if



		<p>the options do not fit what you plan to report. Where applicable, these will be merged into the template in future reporting years.</p> <p>Provide a description. Select if you were the project lead, or participant or supporter depending on the level of input you had to the project, providing impact information.</p> <p>The comments box can be used to provide any further information you would like to include or links to any external documents/web pages you believe relevant.</p> <p>For IJBs this is an important question within the report that we would encourage to be completed.</p>
	TIP!	<ul style="list-style-type: none"> To Add or Remove a Key Action select the 'Add or Remove' button from the bottom left corner of the table.
6	Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template.	
	Why	To capture anything else you feel we may have missed. Information provided here will be used to improve the reporting template in future years
	How to complete	<p>Use this box to describe/list any further activity not included elsewhere in this report</p> <p>For IJBs this is an important question within the report that we would encourage to be completed.</p>
	TIP!	<ul style="list-style-type: none"> Text box with a word limit of approx. 6000 characters (1000 words).

Annexes

Annex 1: Role of ISM in influencing Policy Development and Project Design



Annex 2: Required Reporting - Practical Support and Tools

Several Scottish funded delivery bodies and agencies offer different types of support to the public sector in Scotland. This includes:

- [Sustainable Scotland Network](#)
- [Resource Efficient Scotland](#)
- [Adaptation Scotland](#)

The following table contains a list of hyperlinks to assistance currently available. This list has been split in terms of its relevance to the reporting template and guidance sections.

Embedding, Learning & Engagement			
SSN Climate Change E-learning Module	Online Tool	SSN	http://www.keepsScotlandBeautiful.org/sustainability-climate-change/sustainable-scotland-network/sustainability-resources/e-learning-module/
ISM and Low Carbon Behaviours	Support & resources	SSN	ISM and Low Carbon Behaviours
Governance Management and Strategy			
Climate Change Assessment Tool	Online Tool	Resource Efficient Scotland	http://www.resourceefficientscotland.com/resource/resource-efficient-scotland-climate-change-assessment-tool-ccat
Adaptation			
Adaptation Scotland	Guidance / Resources	Adaptation Scotland	http://www.adaptationscotland.org.uk/
5 Steps to Managing Your Climate Risk	Guidance	Adaptation Scotland	http://www.adaptationscotland.org.uk/how-adapt/tools-and-resources/five-steps-managing-your-climate-risks
Climate Adaptation Wizard	Online Tool	UKCIP	http://www.ukcip.org.uk/wizard/
Adapt ME toolkit – Monitoring and Evaluation	Online Tool	UKCIP	http://www.ukcip.org.uk/wordpress/wp-content/PDFs/UKCIP-AdaptME.pdf
ClimateXChange Indicators and trends	Website / Guidance	ClimateXChange	http://www.climateexchange.org.uk/adapting-to-climate-change/indicators-and-trends/
Procurement			
Public Sector Procurement	Information	Scottish Government	http://www.gov.scot/Topics/Government/Procurement
Sustainable Procurement Duty	Information, Tools, Case Studies	Scottish Government	http://www.gov.scot/Topics/Government/Procurement/policy/corporate-responsibility/Sustainability

Annex 3: Glossary of Key Terms

Term	Definition
Adaptation	Increasing resilience to a changing climate
Area-wide emissions	Emissions generated across a geographical area
Arrangements	Systems, policies, actions developed
Baseline year	The year used to measure progress against targets
Behaviour change	Projects, actions, systems developed to encourage more sustainable practices by individuals or bodies
Body	Organisation
CCAT	Climate Change Assessment Tool developed by Resource Efficient Scotland, available here
DECC	Department of Energy and Climate Change
DEFRA	Department for Environment, Food and Rural Affairs
Draft Climate Change Plan (RPP3)	Draft Climate Change Plan - the draft Third Report on Policies and Proposals 2017-2032
Footprint	Everything included within your reporting boundary
FTE	Full time equivalent (employees)
Greenhouse Gas Protocol	The Greenhouse Gas (GHG) Protocol, developed by World Resources Institute (WRI) and World Business Council on Sustainable Development (WBCSD), sets the global standard for how to measure, manage, and report greenhouse gas emissions.
ISM	Individual, Social, Material approach developed as part of Scottish Government's Climate Change Behaviours Research Programme
Major player	Organisation deemed to have significant influence in Scotland
Mitigation	Reducing emissions is referred to as climate change mitigation
PBCCD	Public Bodies Climate Change Duties
PSSR	Public Sector Sustainability Reporting
Recommended Reporting	Climate Change Reporting on wider influence of public body i.e. reporting on emissions beyond estate boundary
Reporting boundary	The list of emission sources the body chooses to measure over a reporting period e.g. gas, electricity, waste etc.
Reporting metric	Unit of measurement used to monitor, quantify or report on the consumption of a resource or service provided
Required reporting	Minimum reporting required by all major player public bodies for 2016-17 activities

SCCAP	Scottish Climate Change Adaptation Programme
Scope 1 emissions	Direct emissions from sources owned or operated by the body
Scope 2 emissions	Indirect emissions from the consumption of purchased electricity, steam or power generated out with the body
Scope 3 emissions	Indirect emissions that are a consequence of the operations or services of the body

Keep Scotland Beautiful is the charity that enables action on sustainable development by working with organisations and communities to change behaviour to reduce carbon emissions and environmental impact. It is part of our work to make Scotland clean, green and more sustainable.



T: 01786 471333 E: info@keepscotlandbeautiful.org

F facebook.com/KSBScotland **T** @KSBScotland

www.keepscotlandbeautiful.org



West Lothian Integration Joint Board

Date: 26 September 2017

Agenda Item: 13

STANDARDS COMMISSION ADVICE ON DECLARING INTERESTS

REPORT BY STANDARDS OFFICER

A PURPOSE OF REPORT

To inform members of recently-issued advice by the Standards Commission on the declaration of interests at meetings.

B RECOMMENDATION

To note the terms of the advice issued by the Standards Commission on How to Declare Interests at Meetings.

C TERMS OF REPORT

- 1 One of the functions of the Standards Commission for Scotland is to issue advice to councillor and members of devolved public bodies in relation to the ethical standards regime in Scottish public life. In particular, it is to issue advice to assist councillors and board members in complying with their respective codes of conduct.
- 2 On 10 August 2017 the Commission issued a short advice note entitled "Advice Note for Members On How to Declare Interests". It is designed to help members make declarations at the correct time. It is also designed to assist them with words they may use to ensure that members of the public understand the interest being declared and the decision about whether the member making the declaration will participate or not.

- 2.2 It also repeats one part of its formal guidance in relation to making what could be termed “non-declaration declarations”. This may be useful where a member has considered an interest and has decided that it is so remote and insignificant that it does not require to be declared. However, the member may anticipate that questions might arise and so take the opportunity to make it clear that the interest has been considered in the appropriate way but discounted.
- 2.3 Voting members of the Board still have the benefit of the Commission’s dispensation issued in March 2015 and re-issued in March 2016. A councillor does not have to declare that they are a councillor at every Board meeting simply because they are. A health board member does not have to declare that they are a health board member at every Board meeting, simply because they are. That is designed to let council and health board members participate fully in the Board’s business without having to worry about a conflict of interest between their two roles. There may be a specific interest that still requires to be declared. That would be something beyond the fact that a councillor is a council-appointed member, or a health board member is appointed by the health board. Examples would be where a councillor is also an employee of the health board, or where a health board-appointed member has a close relative directly affected by a potential decision.
- 2.4 Non-voting members of the Board who are employees of either council or health board have the same privilege. That is expressly stated in the Board’s Code of Conduct rather than having been granted by the Commission.
- 2.5 Members are asked to note the advice from the Standards Commission and take it into account when considering and then making a declaration of interest at a Board or a Board or Group committee meeting.

D CONSULTATION

None

E REFERENCES/BACKGROUND

Advice Note for Members on How to Declare Interests - http://www.standardscommissionscotland.org.uk/uploads/files/1502362646170810_Advice_Note_for_Members_how_to_declare_interests_Final.pdf

Board’s Code of Conduct

F APPENDICES

- 1 Advice Note for Members on How to Declare Interests (August 2017)

G SUMMARY OF IMPLICATIONS

ADVICE NOTE FOR MEMBERS ON HOW TO DECLARE INTERESTS

1. Introduction

- 1.1 This Advice Note, issued by the Standards Commission for Scotland (Standards Commission), aims to provide advice to members of devolved public bodies on how and when to declare an interest at meetings.
- 1.2 Devolved Public Bodies are obliged to have Codes of Conduct for their appointed members. These Codes are based on a Model Code of Conduct approved by the Scottish Parliament. The Model Code identifies and outlines the types of interest that must be declared. The Standards Commission has produced Guidance on how the provisions in the Model Code should be interpreted. A copy of the Guidance can be found on the Standards Commission's website at www.standardscommissionscotland.org.uk/guidance/guidance-notes. This Advice Note does not, therefore, repeat advice about what interests require to be declared and / or how members should identify whether they have a declarable interest. Instead, it aims to provide guidance on when such a declaration should be made. The Advice Note also suggests wording that members may wish to use when declaring an interest.

2. When an interest should be declared

- 2.1 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered at a meeting. You should review agendas or papers sent in advance of meetings in order to determine whether you have a declarable interest in any items. Your declaration of interest must be made as soon as practicable at the meeting, however if you do only identify the need for a declaration of interest when a particular matter is being discussed then you must declare the interest as soon as you realise it is necessary.
- 2.2 The interest must be declared at the meeting in question, regardless of whether or not you have already provided advance notice of it to any officer, colleague or the chair.

3. Wording to use

- 3.1 In order to be as transparent and consistent as possible, you may wish to consider using the following wording:

1.

VI.0

H



INTEGRITY IN PUBLIC LIFE

ADVICE NOTE FOR MEMBERS ON HOW TO DECLARE INTERESTS

1. Introduction

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- 2.2 The interest must be declared at the meeting in question, regardless of whether or not you have already provided advance notice of it to any officer, colleague or the chair.

3. Wording to use

- 3.1 In order to be as transparent and consistent as possible, you may wish to consider using the following wording:

“I declare an interest in item (x) for the following reason(s) ”

- 3.2 The information you provide in terms of your reasoning does not need to be detailed but should be sufficient for those at the meeting to understand why you are making a declaration.
- 3.3 For example, you could state: *“I am a Member of (x), who are one of the parties affected by”, or “my partner is employed by (x) who could be potentially benefit from”.*
- 3.4 You may wish to refer to the objective test when making a declaration. For example, if you are associated with a body, society or organisation as a result of your private and personal interests (and not because of your role as a member of devolved public body) and you consider the objective test applies, you could state:

“I am an officeholder of (x). I consider my interest in (x) would be seen by a member of the public acting reasonably in a different light because it is the interest of a member of a devolved public body as opposed to an ordinary member of the public. As such, I consider the objective test applies and I will withdraw from the meeting during any discussion and voting on item (x)”.

- 3.5 Again, in order to be as transparent as possible and so that your actions are recorded in any minute of the meeting, you should end your declaration by clearly stating that you will leave the room when the item you have the interest in is being considered. For example, you may wish to state:

“As I have declared an interest, I will withdraw from the meeting during any discussion and voting on item (x)”.

- 3.6 Occasionally, in the interests of transparency you may wish to explain to the meeting that you have considered making a declaration but have decided it would not fall within the objective test. In such circumstances you should consider saying something along the lines of:

“I have considered whether I require to declare an interest in item (x) for the following reasons However, having applied the objective test, I consider that my interest is so remote / insignificant that it does not require me to remove myself from consideration of the item.”

4. Further Sources of Information

- 4.1 If you any queries or concerns about this Advice Note or how to interpret or act in accordance with the provisions in the Model Code of Conduct for Members of Devolved Public Bodies, you should seek assistance from your Standards Officer.
- 4.2 Further information can also be obtained from the Standards Commission using the contact details outlined below.

Standards Commission for Scotland
Room T2.21, Scottish Parliament
Edinburgh, EH99 1SP
Tel: 0131 348 6666
Email: enquiries@standardscommission.org.uk

Data control and version information				
Date	Action by	Version Updated	Current version	Brief Description
10/08/17	LJ	N/A	V1	Implementation of Advice Note



WEST LOTHIAN INTEGRATION JOINT BOARD

Date: 26 September 2017

Agenda Item: 14

IJB HEALTH AND SAFETY ARRANGEMENTS

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To present to the Integration Joint Board the arrangements for health and safety

B RECOMMENDATION

. The Integration Joint Board is asked to

- 1. Note the contents of the report*
- 2. Note the Health and Safety arrangements in place*
- 3. Approve the reporting frequency to the Board*

C TERMS OF REPORT

West Lothian Council and NHS Lothian have statutory responsibilities to ensure compliance with Health and Safety at Work Act 1974 and to ensure that staff are well informed, appropriately trained, involved in decisions which affect them, treated fairly and consistently and provided with a safe working environment.

Although the IJB does not directly employ staff they issue directions to NHS Lothian and West Lothian Council to deliver services on their behalf and should therefore have oversight of the health and safety arrangements to ensure compliance with health and safety law, the staff governance standards and health and safety performance.

West Lothian Council and NHS Lothian set out their commitment and responsibilities for staff at all levels in their respective Health and Safety Policies. Managers are required to ensure these are effectively communicated and implemented within their areas of responsibility, making staff aware of their allocated responsibilities and general duties under the policies.

West Lothian Health and Social Care Partnership have established a Health and Safety Committee with membership from health and social care managers,

Health & Safety advisors from NHS Lothian and West Lothian Council, staff representatives and specialist advisors to provide expert advice on key risks e.g. manual handling, management of violence and aggression, infection control, fire and facilities.

The Health and Safety Committee meets quarterly and its remit includes:

- Consultation on and implementation of health and safety policies.
- Establishment of objectives for the development of health and safety performance in line with the health and safety policy and for a continuing improvement in health and safety culture at all levels of the organisation.
- Ensuring the necessary infrastructure is in place to meet the statutory obligations in health and safety and to implement relevant policies.
- Setting priorities and action plans for improving health and safety performance, and establishing any necessary sub-groups to achieve the objectives.
- Receiving quarterly reports from departments and Health and Safety audits to demonstrate compliance and progress in health and safety management across all service areas.
- Developing other procedures as it may deem necessary for the improvement of health and safety performance.
- Ensuring an adequate response to events such as those arising from: HSE inspections, reports from other agencies, and serious incidents.

The committee reports through the respective governance routes of NHS Lothian and West Lothian Council.

NHS Lothian and West Lothian Council have identified key Health and Safety risks that their staff and others are exposed to

NHS Lothian	West Lothian Council
Violence & Aggression	TBC
Slips, Trips & Falls	
Traffic Management	
Manual Handling	
Clinical Sharps	
COSHH (Including skin surveillance & RPE/FFP3 use)	
Windows Management (Preventing vulnerable patients from falling from windows & balconies)	
Adverse Event Investigation (including RIDDOR reporting)	
Hot Water Management (Preventing Vulnerable Patients being Scalded/Burned)	
Environmental Ligature Point Management	
Stress Management	
Fire Safety Management	

All of the above key risks may or may not be applicable to each Service. As part of the risk profile process each service manager with their teams reviews and identifies what hazards and risks that their staff may/could be exposed to. Once identified the significant findings are recorded on relevant risk assessment form and risk controls effectively communicated. Health and safety related education/awareness/training, is then planned, organised and related to the risks that staff are or potentially will be exposed to.

Regular inspection and auditing is undertaken to ensure that standards are being implemented and management controls are working. Arrangements are in place for undertaking health surveillance, stress management, staff surveys, safety tours & reviewing risk assessments.

Service managers and their teams are responsible for ensuring each workplace is inspected regularly and that the outcomes are recorded and action plan developed to prioritise and mitigate risk and that the necessary remedial actions are carried out within agreed prioritised timescales.

A programme of specific health and safety audits is maintained and carried out, by the Health and Safety departments of NHS Lothian and West Lothian Council.

Adverse events are reported through the respective reporting systems of NHS Lothian (DATIX) and West Lothian Council (RIVO). Adverse events are investigated to an appropriate level in line with the requirements of the NHS and Council policies with a view to finding the root cause and incidental failures, to learn lessons and take improvement actions where appropriate.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) puts duties on employers to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). Reports are required to be submitted to relevant authorities within the timeframe required under law.

The Health and Safety Advisors collate reports for committee and management teams which highlight key issues and provide some analysis of adverse events and identify trends. The first quarter 2017/18 reports are attached within Appendix 1.

D CONSULTATION

Senior Management Team
Health and Social Care Partnership Health and Safety Committee

E REFERENCES/BACKGROUND

F APPENDICES

Appendix 1: HSCP (NHS) H&S Report July 2017

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	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
Strategic Plan Outcomes	Adherence to Health & Safety Policy and Procedures underpins the safe and effective deployment of the strategic plan
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	None
Resource/finance	Within available resources
Policy/Legal	Health & Safety at Work Act 1974 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 NHS Lothian Health & Safety Policy West Lothian Council Health & Safety Policy
Risk	Non compliance with Health & Safety Policy and Procedures will potentially result in harm to employees and others and lead to potential litigation, fines and loss of reputation

H CONTACT

Contact Person:

Carol Bebbington, Senior Manager Primary Care & Business Support

<mailto:carol.bebbington@nhslothian.scot.nhs.uk>

Tel 01506 281017

HSCP Health & Safety Committee

Meeting Date: 25th July 2017

(Report prepared by); Helen Copland, Health and Safety Advisor NHS Lothian

HSCP HEALTH & SAFETY UPDATE

1 Purpose of the Report

The purpose of this briefing report is to provide information and an update to the Health and Social Care Partnership Health and Safety Committee regarding any health and safety related issues or topics which are current across NHS Lothian. The information was compiled by the Health and Safety Service based at Pentland House, Edinburgh.

- 1.2** Any member wishing additional information should contact the Health and Safety Adviser in advance of the meeting.

2 Recommendations

- 2.1** The Committee is requested to note the information supplied herein.

3 Discussion of Key Issues

3.1 Performance Management

It is important to note that there is an increasing move toward all services through the quarterly review process providing a level of assurance on the risks associated with some elements of the annual health and safety plan. For example what level of assurance can be given by the management teams on your site that the risk to staff from violence and aggression is being managed and controlled? The site can then report back to the NHSL Committee giving significant assurance that the risk has been reduced to tolerable level –or has outstanding concerns.

The role, remit and governance arrangements for NHS Lothian Health and Safety Committee will be reviewed over the next few months.

Quarter 1 (1st April 2017 to 30th June 2017), should be reported on at this meeting and information should have been provided from all the management teams as required as part of the quarterly review process. Requirements at a local level include a review of department arrangements for the following:

- Managing the violence and aggression risk which principally means reviewing the ward/department violence and aggression risk. If the risk is not significant then these findings can be recorded on the NHSL general risk assessment form. Where the risk

is significant then this assessment process should be completed and recorded using, risk reduction system (RARRS or as it known the PURPLE PACK).

- COSHH (Control of Substances Hazardous to Health) Review and update your arrangements for identifying and managing the tasks/environment that may/could present a risk from hazardous substances. Please also ensure that you also identify through the COSHH risk assessments those staff that require the use of respiratory equipment (FFP3 masks or powered respirators) evidence of Fit testing and of practicing donning and doffing of full PPE required.
Proposal for Substantive posts for fit testers for NHSL proceeding to sign off. But, in the first instance, there has been 2000 staff identified as priority for fit testing – front door services. All other areas, to continue with ‘business as usual’ (the way you have been managing this for the last few years). If no ‘competent’ fit testers, then the option is to buy in the service of fit testing of staff. Information available on request.
- Skin Health – ensuring this has occurred on an annual basis for all staff that have been identified as needing this process – recording information on the SK1/2/3 which are the documents from the Health Surveillance procedure for skin health document.
- For patients: Making sure where “*vulnerable patients*” are cared for, that the Safe Bathing, Showering and Surface Temperature Policy is communicated to staff and the requirements of the Policy are being met. Ensure that the risk has been assessed and recorded.

3.2 2017 – 2018 Quarter 2 Reminder

Review and update the arrangements for

- Manual Handling and the risk to staff from musculoskeletal injury, ensuring that where the manual handling risk assessment process determines that up to date competency based assessments have been completed.
- Preventing fall from Windows or Balconies – evidence of RA and checking process.
- Workplace inspection - Undertaking your ward/department workplace inspection. This is a physical walk round to identify any hazards associated with ward/workshop/lab/office etc such as poor flooring, ventilation and or lighting as examples.
- Issue the staff questionnaire, collate responses and importantly act on any findings

3.3 Health and Safety Managers Training and Refresher Training Update

The Managers Day 1 and Day 2 training sessions are now available to book on PWA. Manager’s refresher sessions are also available.

Access to all the above can be found on the Health and Safety Intranet Site.

3.4 Health and Safety Adviser Pan Lothian Activity Update

Health and Safety Advisers are involved in a range of subjects, below is a list of what they have been involved in over the last three months;

- Responding to requests to visit departments to assist and support staff with H&S queries
- Clinical enabling work at the RIE
- National CAP Group on Cleaning Products and COSHH
- Water Safety Group (legionella and pseudomonas)
- Medical gas survey for the Dental Service
- Noise Survey for the Laundry Service at St J's
- Sharps adverse event survey across NHSL
- Staff exposure to passive smoking in prisons
- Emerging Infections Group – development of fit test team, site store areas
- Supporting the Services where there is or have been HSE involvement.
- Local Health and Safety Committee, traffic management groups and AER groups support.

3.5 Audit, Inspection, Safety tours or Walkabout Reports

Health and Safety Advisers will over the next few months be completing assurance checks in Emergency Departments, Acute admission units and across Women's Services on the compliance with the Health and Safety (Sharp Injuries in Healthcare) Regulations 2013 and NHSL Skin Health procedure. On this occasion, Medical staff are also being 'dip tested'.

SHARPS – as a reminder for staff – safety devices available–

IV/IM – needles and cannula

SC - butterfly

Lancet

Insulin delivery system – syringe with safety needle

'Cap/Basket' for Blood culture bottles

Blunt fill tubes for drawing up from vials and ampoules

4 Policies / Procedures / Protocols

4.1 The following policies have been reviewed, updated and approved at the NHSL Health and Safety Committee on the 30th May 2017.

- NHS Lothian Health and Safety Policy

*It is important that managers and their staff are made aware of the most up to date health and safety related policies that are relevant to them.

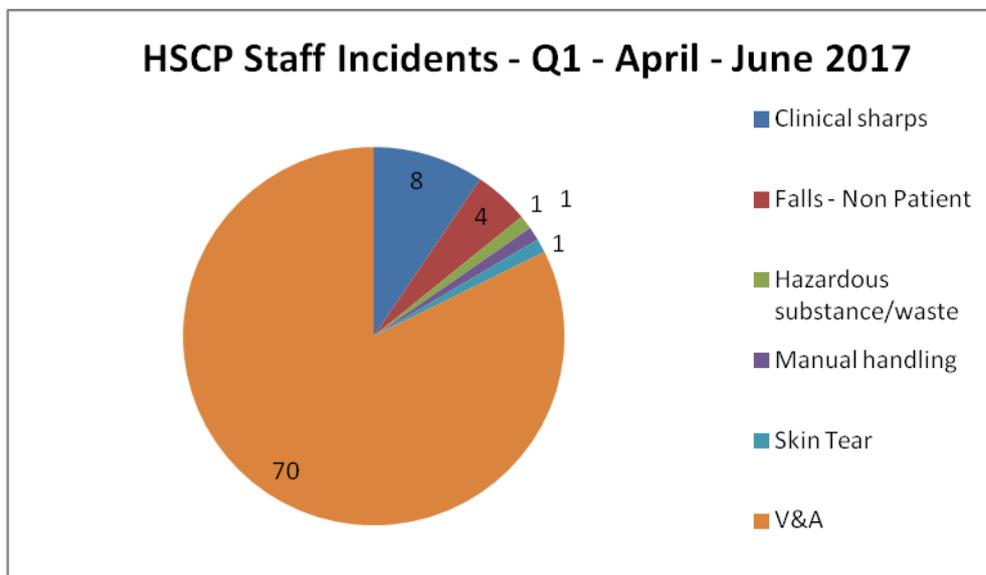
All ratified Health and Safety policies can be found on the Health and Safety intranet site.

5 HSCP Staff Adverse Events Statistics

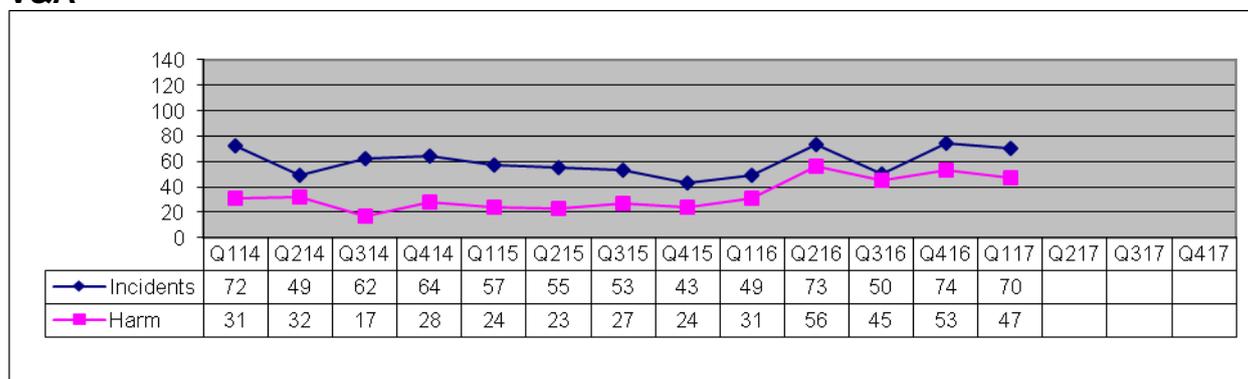
It is important that Adverse Events are investigated to the level required within the Adverse Event Management Policy and Procedure.

5.1 Overall for Q1 there were 85 recorded staff related adverse events, of those 60 resulted in some form of harm to a member of staff.

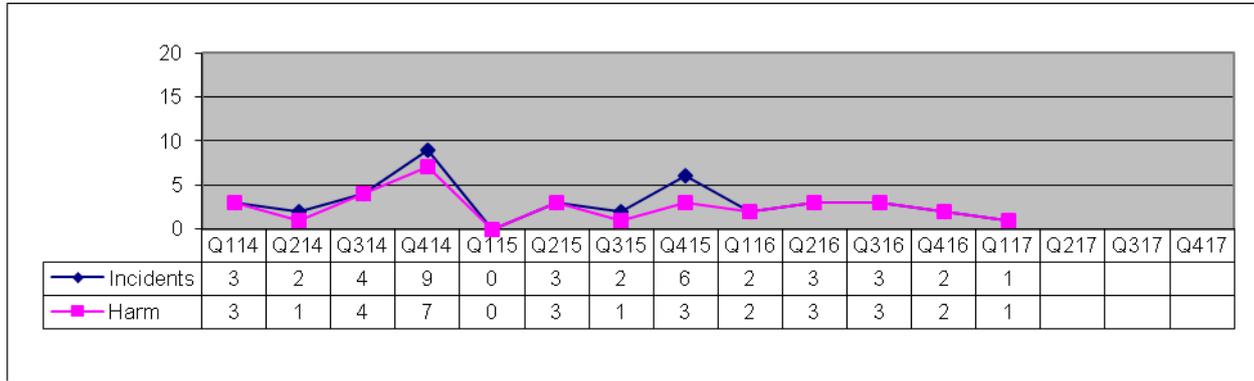
	Total	Of Which Harm
Clinical sharps	8	8
Falls - Non Patient	4	3
Hazardous substance/waste	1	0
Manual handling	1	1
Skin Tear	1	1
V&A	70	47
Total	85	60



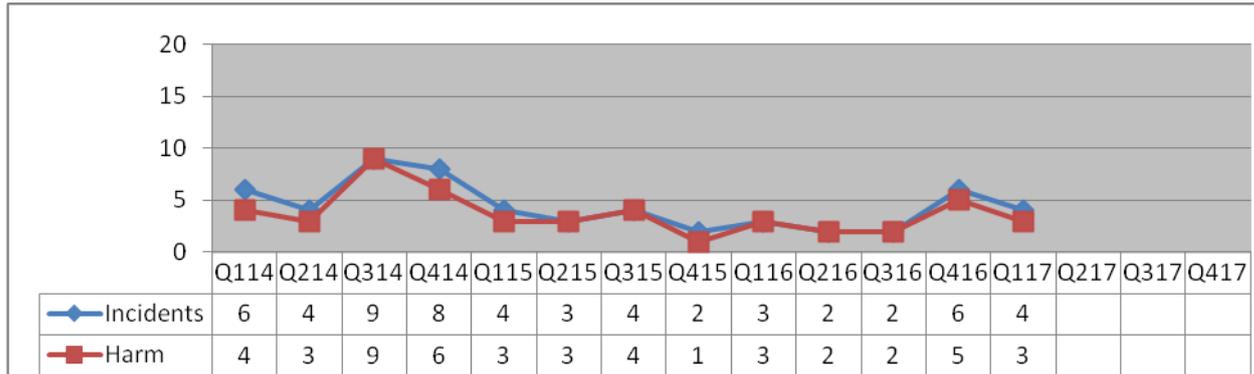
V&A



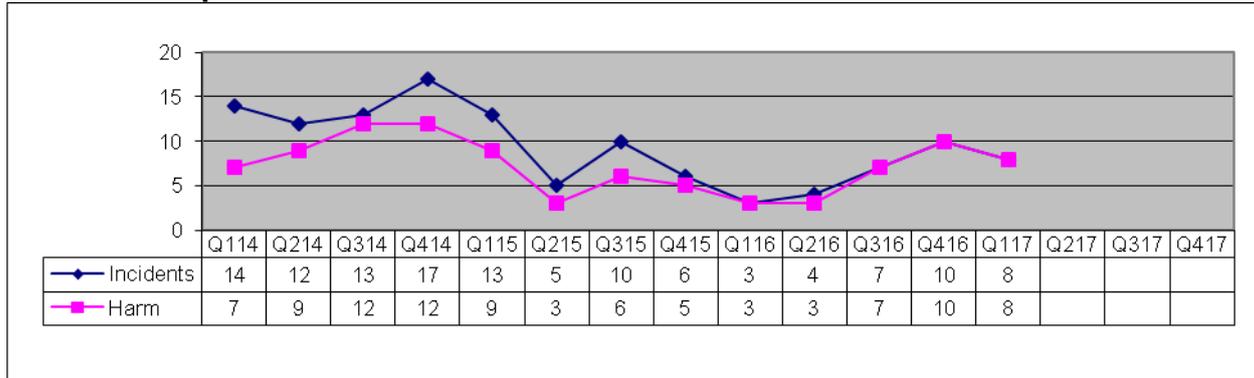
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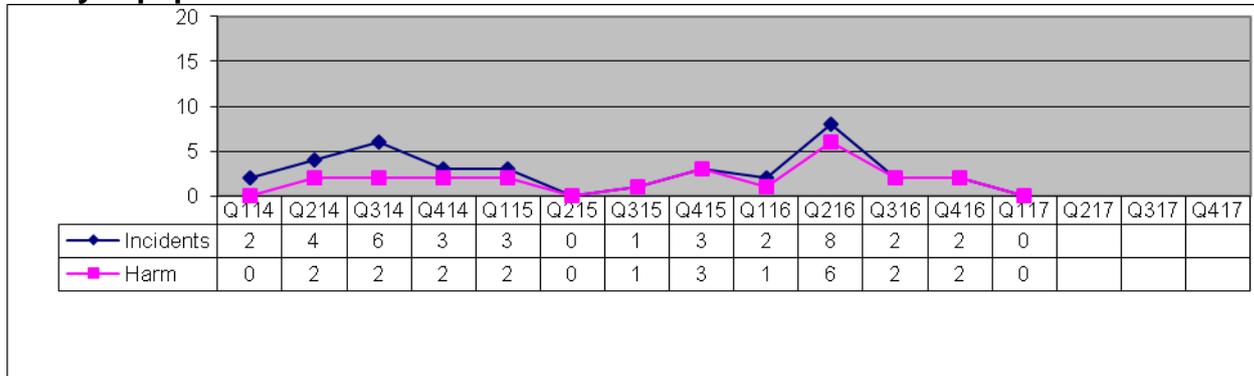
Staff Falls



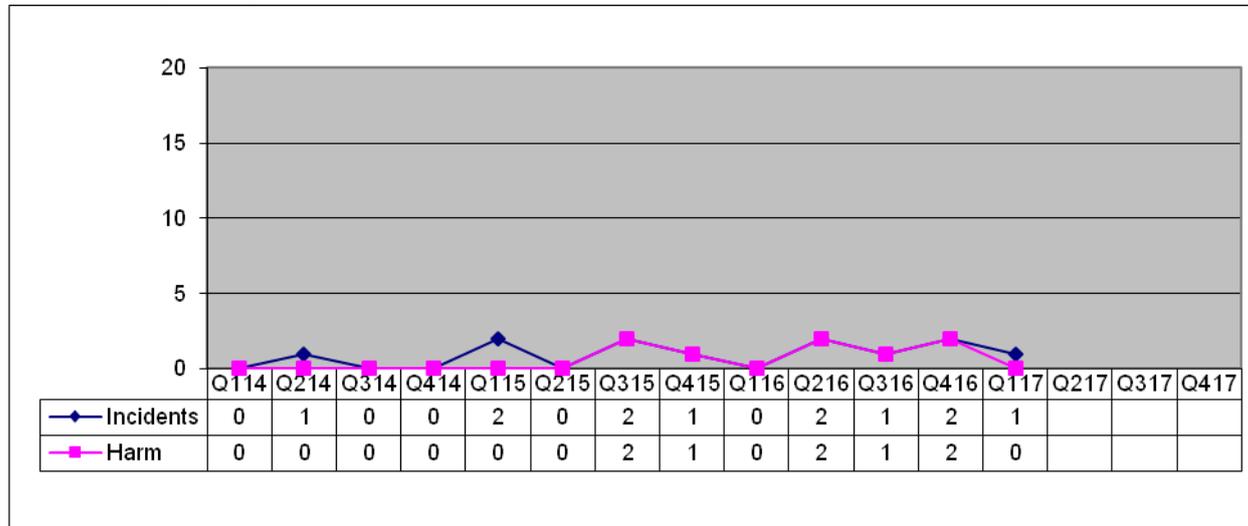
Clinical Sharps



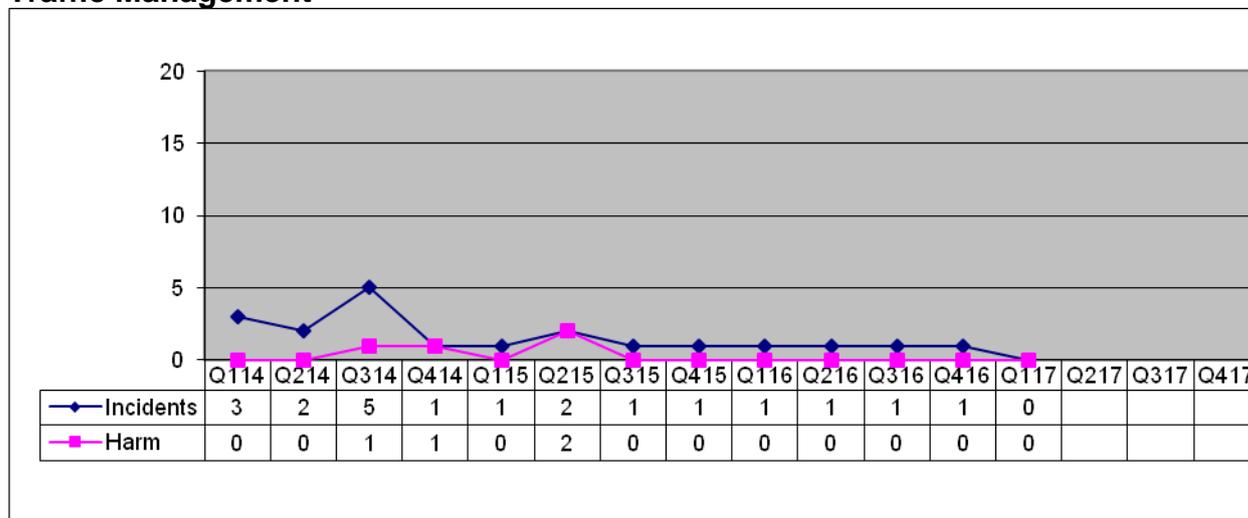
Hit by Equipment



Hazardous Substance



Traffic Management



RIDDOR

5.2 RIDDORS

There was 1 RIDDOR event from 1st April – June 30th 2017, reported on the DATIX system. (29 reported across NHSL)

DATIX ID	Location	Category	PDF attached	SAE Document Completed	Reported within Timescale
327949	Maple Villa	V&A	No	Yes	Yes

Points to note –

- Process in place to ensure all previous action plans from SAER/RIDDOR's have been updated and closed off - AER meeting.

6 HSE Involvement NHS Lothian

- 6.1 HSE served an Improvement Notice relating to the use of vibratory tools and equipment as member of staff has develop hand arm vibration syndrome (HAVS).
- 6.2 HSE investigating a patient death at the request of the procurator fiscal related to chocking.
- 6.3 HSE visit to RIE CL3 lab to review an exposure within the lab to a dangerous pathogen.

7. Other NHS Lothian Key Issues

- 7.1 Participation on the REH Building moves.
- 7.2 Waste Management in the Community areas – clinical waste/storage/sharps boxes.
- 7.3 Health and safety governance and integration in the Edinburgh, East and Midlothian Health and Social Care Partnerships.

8.0 Summary

- 8.1. The information contained within this report is primarily intended as an update on Health and Safety activities rather than an assessment of any risk.



SOCIAL POLICY

HEALTH AND SAFETY UPDATE

1. PURPOSE OF REPORT

This report covers health and safety issues that have affected, or have the potential to affect, the working arrangements of West Lothian Council **Social Policy Services**.

2. RECOMMENDATIONS

You are requested to note the report. Individual managers should take measures necessary to make sure that their respective business areas are operating safely in accordance with legal requirements and council policy, and address any concerns highlighted in this report.

3. TERMS OF REPORT

3.1.1 HSE - Notices / Visits/Inspections / Correspondence/Enforcement/ Fee for Intervention (FFI) - NIL

3.2 Statistics – June 2017

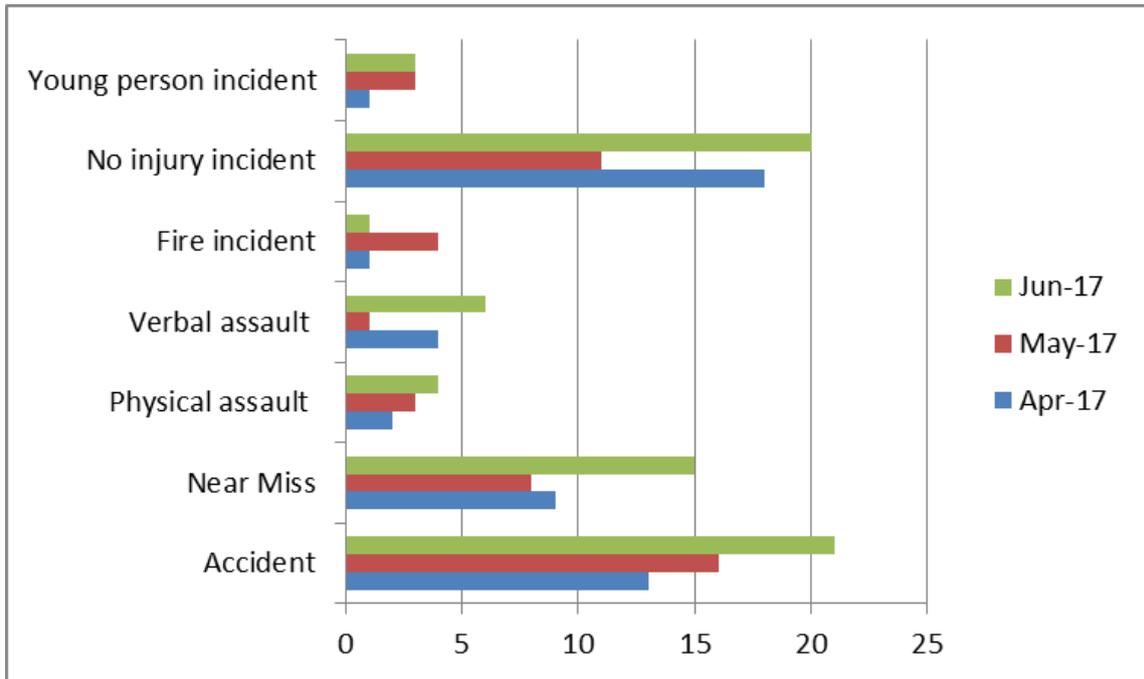
This section provides details on reportable incidents to the HSE; other reported incidents, claims investigated, training delivered within the service and other points to note.

3.2.1 INCIDENTS

CUMULATIVE REPORTED INCIDENTS – 1 April 2017 – 30 June 2017

	A	M	J	J	A	S	O	N	D	J	F	M	Total
Accident	13	16	21										50
Near Miss	9	8	15										32
Physical assault	2	3	4										9
Verbal assault	4	1	6										11
Fire incident	1	4	1										6
No injury incident	18	11	20										49
Young person incident	1	3	3										7
Totals	48	46	70										164

CUMULATIVE REPORTED INCIDENTS



DETAILS OF INCIDENTS OF NOTE

Refer to Details of Reportable Incidents below.

NOTES REGARDING REPORTING INCIDENTS ON RIVO

Monitoring of incidents reported on RIVO by the Service Health and Safety Adviser noted the following;

- Late reporting of incidents
- Accident location (risk area) not always selected
- About the person reporting – full details not always provided
- About the injured person WLC – full details not always provided
- About the accident - full details not always provided
- Conditions at time of accident - not always provided (drop downs not used)
- About any treatment given - details not always provided
- Injured body parts - not always selected
- Cause of injury - not always provided
- Effect of incident - not always selected
- Incident questions - not always selected
- Verbal / physical assault reports - assailant details not provided

Email notification of an incident that has occurred within a Managers area of responsibility is the prompt for them to check and ensure the incident has been reported correctly and investigate it. Input of correct information will enable provision of accurate data for reporting purposes.

INCIDENTS INVESTIGATED

April 2017 – 33.33%
 May 2017 – 34.78%
 June 2017 – 24.64%

3.2.2 RIDDOR Reportable Incidents

MAY to JUNE 2017

Service	Specified Injury	Over 7 Day Injury	Disease	Dangerous Occurrence	Members of Public to Hospital (MoP) from scene
Looked After Children	1				
Care Homes		1			

DETAILS OF REPORTABLE INCIDENTS

22 May 2017 Burngrange Care Home, West Calder.

A male employee and a colleague were assisting a resident to bed using a hoist. Whilst the injured person (IP) was manoeuvring the hoist with resident in it, the wheels of the hoist caught an electric cable under bed. The cable was for the electrically operated bed. The hoist stopped suddenly, IP felt pain in his left knee, reported the incident to the Duty Manager and continued to work remainder of his shift after taking pain relief medication.

At the end of his shift, the IP attended A&E at St John's Hospital Livingston where ligament damage to left knee was diagnosed resulting in a two week line off work being given.

The incident has been reported under RIDDOR Regulations as an over 7 day absence from work.

25 May 2017 Letham House, Craigshill.

A Female employee, the injured person (IP) was walking along the South corridor within the House when she slipped and fell on the floor. IP was taken to accident and emergency at St John's hospital, Livingston where x-ray showed fracture to her right ankle. IP noted following the incident that that she found the vinyl flooring slippery.

Investigation by service area Health and Safety Adviser commenced.

The incident has been reported under RIDDOR Regulations as a Specified Injury (Fracture). The IP is likely to be absent from work for up to six weeks.

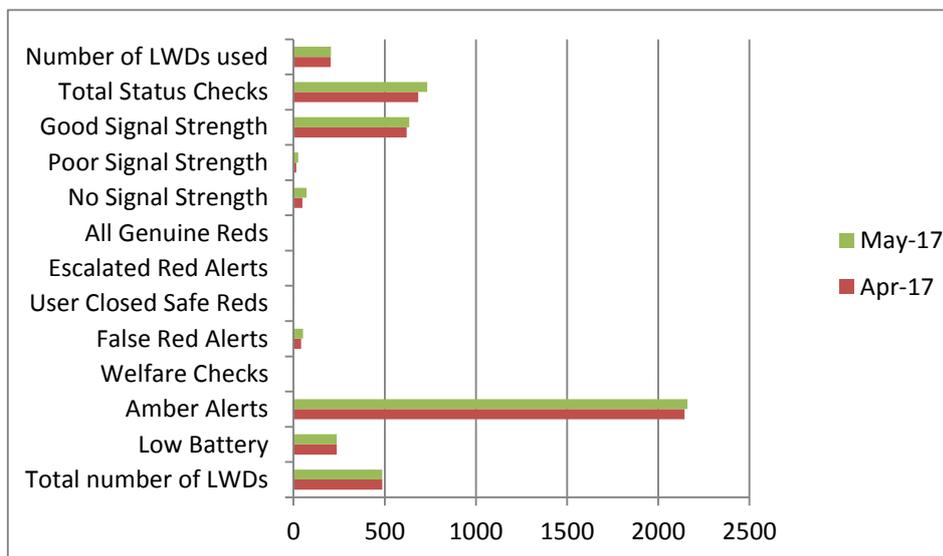
CUMULATIVE RIDDOR REPORTABLE INCIDENTS – 1 April 2017- 31 May 2017

HSE Reportable	Specified	O7D	MoP	DO	Disease	Total	HSE Notices	HSE Visits / Enquiries
	1	1				2		
TOTAL	1	1				2		

3.3.3 Lone Worker Devices

Each service receives the breakdown of use per user. Monitoring figures from Reliance show 42.30% of live / registered devices were active in the service during May 2017.

Month	Amber Alerts	Red Alerts			Active Devices	Total Devices	% used
		False Alarms	User Closed Safety	Escalated To Emergency Services			
May 2017	2161	52	1	0	206	487	42.30%



4.0 Claims Investigated - Nil

5.0 Training Delivered – Nil

H&S Bite size training calendar now advertised on staff intranet. Sessions commencing September 2017 to March 2018

5.1 Training Arranged

20 July 2017 @ 09:00, Arrochar House room LG3 RIVO; Risk assessment, Investigating and Closing incident reports

6.0 Audits – Planned / Completed / Results/ Covalent Actions

There are no H&S audits planned within the service.

7.0 Site Visits – Nil

8.0 Projects Proposed / Completed - Nil

9.0 Pending & Proposed Legislation / New Guidance Documents / Recent Case Law –

There is no pending or proposed legislation that will directly affect the service.

9.1 Recent Case Law

Caring Home Group fined after death of elderly resident

Date: 07 June 2017

The following case demonstrates the need for regular inspections and maintenance to ensure preventative measures such as window restrictor are fit for the purpose and, the need to insure individual service user risk assessment are reviewed regularly to take account of changes in their condition.

A care home company has been fined almost half a million pounds after an elderly resident died as a result of falling from a first floor window.

Guildford Crown Court heard that the 87-year-old was staying at the Coppice Lea Nursing home in Surrey, owned and managed by Caring Homes Healthcare Group Limited. In the early hours of 3 October 2013, the woman fell about four metres through her window.

She was reported missing at 1am and found two hours later and pronounced dead at the scene.

A Health and Safety Executive (HSE) investigation found that the window restrictor in place, which normally prevents the window from opening fully, was easily overridden and therefore not fit for purpose.

Caring Homes Healthcare Group Limited of Essex pleaded guilty to breaching Section 3(1) of the Health and Safety at Work Act 1974. The company was fined £450,000 and ordered to pay costs of £14,762.44.

Speaking after the hearing, HSE Inspector Rebekah Dunn said: "It was clear from our investigation that the window restrictor was simply not doing the job of preventing the window from opening. It is alarming, and tragic, that an 87-year-old woman with dementia was able to defeat it.

"Caring Homes therefore failed to ensure the woman's safety, which is particularly important given its unique position of trust. All windows that are large enough for people through should be restrained sufficiently to prevent such falls. The 100mm benchmark should only be allowed to disengage using a special tool or key."

10.0 Matters arising from previous report

Notes regarding reporting incidents on RIVO refer

09 June 2017

Integration Joint Board

Date: 26/09/17

Agenda Item: 15

PHYSICAL DISABILITY COMMISSIONING PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide the Integration Joint Board with the annual update on the Strategic Commissioning Plan for Adults with a Physical Disability.

B RECOMMENDATION

To note the contents of this report and the areas of development identified in 'Section 4: Next Steps' of the Strategic Commissioning Plan for Adults with a Physical Disability as presented in Appendix 1.

C TERMS OF REPORT

Background

At the meeting of 23rd August 2016 the Integration Joint Board (IJB) approved the Physical Disability Strategic Plan (PD Plan) which includes details of how high level outcomes are to be achieved through a process of strategic commissioning. It was also agreed to provide an annual update throughout the life of the PD Plan.

The PD Plan previously submitted did not include Section 4: Next Steps Action Plan which outlined strategic change, this was because further work was required to progress the PD Strategic Needs Assessment. In proposals submitted by other care groups it was agreed that this should be included for approval. It is include in Appendix A of this report.

The PD Plan takes account of ambitions and actions for 'A Fairer Scotland for Disabled People', Scottish Government's Delivery Plan to 2021 for the United National Convention on the Rights of Persons with Disabilities. It also acknowledges the recommendations of 'Being disabled in Britain; A journey less equal' produced by the Equality and Human Rights Commission.

The programmes of change are developed under the following ambitions:

1. Support services that promote independent living, meet needs and work together to enable a life of choice, opportunities and participation
2. Decent incomes and fairer working lives
3. Places that are accessible to everyone
4. Protected rights
5. Active participation

Progress against those programmes has been mapped, and decisions on the investment and disinvestment of resources will require to be made as the actions in Section 4 the Next Steps Action Plan are progressed.

D CONSULTATION

- Strategic Planning Group
- Physical Disability Commissioning Plan Working Group with multi-agency representation
- Adults Care and Assessment Team Development Day – June 2017

E REFERENCES/BACKGROUND

- West Lothian Integration Joint Board meeting – 23/08/2016

F APPENDICES

- Draft of Physical Disability Commissioning Plan – Section 4: Next Steps

G SUMMARY OF IMPLICATIONS

Equality/Health	The West Lothian Integration Joint Board Strategic Plan 2016-2026 was assessed as relevant to equality and the Public Sector Equality Duty. An equality impact assessment was conducted and reported to the IJB. The Strategic Plan provided direction for the development of the LD Commissioning Plan.
National Health and Wellbeing Outcomes	The commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan.
Strategic Plan Outcomes	The commissioning plan is aligned to relevant Strategic Plan outcomes and incorporates detailed performance indicators.
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care.
Impact on other Lothian IJBs	The plan includes priorities identified for the redesign and modernisation of physical disability health services across West Lothian. The redesign programme has implications for community delivery of PD services by each of the IJBs across Lothian.
Resource/finance	The implementation of commissioning plans will require taking account of available resources.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance

Risk

Progress is not made against actions and the lives of people with PD are not improved.

H CONTACT

Alan Bell, Senior Manager Community Care Support & Services

Alan.bell@westlothian.gov.uk

Tel: 01506 281937

12 September 2017

Appendix 1 - Physical Disability (PD) Commissioning Plan – Action Plan

SECTION 4: NEXT STEPS

The PD Commissioning Plan is designed to run for 3 years from 2016 /17 to 2018/19, at a time of considerable change in the commissioning environment within health and social care. Some of the priorities outlined in the plan have an end date beyond the life of the commissioning plan as they are linked to developments with a longer timescale. Decision on the investment and disinvestment of resources will require to be made as the actions outlined below are progressed.

This action plan will support the development of services for people with a physical disability and will incorporate the priorities contained in the commissioning plan. The PD Commissioning Plan will be reviewed annually, and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year.

The Action Plan references the ambitions and actions for 'A FAIRER SCOTLAND FOR DISABLED PEOPLE' (AFSP) Scottish Government's Delivery Plan to 2021 for the United Nations Convention on the Rights of Persons with Disabilities. It also acknowledges the recommendations of 'Being disabled in Britain: A journey less equal' produced by the Equality and Human Rights Commission.

Ref	Area of Development	AFSP Ref	Actions	Timescale	Lead Officer See Appendix A
1. Support services that promote independent living, meet needs and work together to enable a life of choices, opportunities and participation.					
1.1	Personalisation: Continue to support personalisation of services	(7) (1)	<ul style="list-style-type: none"> Involve care Review population demographics to inform planning. Identify proposals for service development involving service users and carers. Review the provision of services for people with sensory loss. Self-directed support: <ul style="list-style-type: none"> Involve care managers and staff in shaping market development Service users/carers have a say in future provision Review key issues affecting people with physical disability e.g. late calls. 	31.12.17 30.04.17 30.11.17 31.03.19 31.03.19 31.03.19	PM, RB,BD,LB
1.2	Models of care: Consider the commissioning of residential care and the role of new models of care and support in home care.	(2) (9) (62) (65) (90)	<ul style="list-style-type: none"> Tender for Care & Management provision at Forrest Walk Reflect housing demand in local strategies: WL Local Housing Strategy 2017-2022 and the WL Joint Accommodation Plan 2017-2022. Identify gaps in current housing provision 	31.10.17 31.10.17 31.12.17	RB,LB KM, GE
1.3	Carers: Carers (Scotland) Act 2016	(10)	<ul style="list-style-type: none"> Support the implementation plan for the Carers (Scotland) Act 2016 	31.03.19	PM,JD,RB
1.4	Daytime & respite: Review daytime, respite and short-break services		<ul style="list-style-type: none"> Ensure that the perspectives, risks and issues faced by people with a physical disability are represented in the following: <ul style="list-style-type: none"> Review provision and uptake of day services. Review provision and uptake of respite and short-break services. 	30.04.18 30.04.18	YL LB

Appendix 1 - Physical Disability (PD) Commissioning Plan – Action Plan

Ref	Area of Development	AFSP Ref	Actions	Timescale	Lead Officer See Appendix A
1.5	Transition Build on existing work to develop the transition experience of people with a physical disability and autism based on the 'Principles of Good Transition'	(20)	<ul style="list-style-type: none"> Understand the PD population to improve planning Consider transition needs in terms of housing Transition pathways identified and developed 	31.12.17 30.04.18 30.04.18	PM, RB, LB PM,RB,BD,LB PM,RB,BD,LB
1.6	Technology enabled care		<ul style="list-style-type: none"> Understand technological options to enable people independence Use technology to support the assessment process 	31.12.17 30.06.18	RB,AM PM,RB,AM
2 Decent incomes and fairer working lives					
2.1	Employment	(28-33)	<ul style="list-style-type: none"> Link with the Supported Employment Service (SES) to ensure that people with a physical disability (including sensory loss and acquired brain injury) have access to a range of employment opportunities. 	30.04.18	RB,JS
2.2	Welfare benefits	(51-61)	<ul style="list-style-type: none"> Ensure that care management staff understand the implications of the Scotland Act 2016 and Identify opportunities to promote the West Lothian Advice Shop for benefit/debt advice services Understand the strategic priorities identified in 'Better Off': The West Lothian Anti-Poverty Strategy 2012-2017. 	31.03.19	RB,EN
3 Places that are accessible to everyone					
3.1	Housing: Disabled people benefit from increased availability of affordable and accessible housing to support people to continue to live independent lives.	(62-65)	<ul style="list-style-type: none"> Support the WL Access Committee and the Disability Equality Forum Link with housing on development of lifetime homes Link with housing in the promotion of wheelchair standard dwellings Ensure the needs of people with a physical disability are reflected in the council's housing accommodation strategy. 	31.03.19 31.03.19 31.03.19 31.03.19	RB,BD,LB RB,LB,GE,KM RB,LB,GE,KM RB,LB,GE,KM
3.2	Transport: Increased availability of accessible and inclusive transport and services	(66-67)	<ul style="list-style-type: none"> Ensure issues raised by people with a physical disability are represented in the WL Transport Policy 	31.03.19	RB
3.3	Culture, leisure & sport	(68-74)	<ul style="list-style-type: none"> Consider community capacity building to develop resources for people with a physical disability. Consider community services for the 18-30 age group Link with the WL Sports Strategy to ensure the needs of people with a physical disability are considered and their participation encouraged. 	30.09.18 30.09.18 30.09.18	RB,JA RB,JA RB,JA

Appendix 1 - Physical Disability (PD) Commissioning Plan – Action Plan

Ref	Area of Development	AFSP Ref	Actions	Timescale	Lead Officer See Appendix A
			<ul style="list-style-type: none"> Link with allied teams supporting the Active and Independent Living Improvement Programme, i.e. Allied health professionals (AHP's), Health Improvement Team etc. Promote a local version of a help guide aligned to that of VisitScotland giving practical advice to businesses and setting out key accessibility hints and tips will meet the needs of disabled people attending events. 	31.03.19	RB,AS,FC
				30.09.18	RB
3.4	Locality planning	(75)	<ul style="list-style-type: none"> Consider a long term strategy of community engagement with the following to harness opportunities for improving access to local opportunities <ul style="list-style-type: none"> Identify opportunities to build links with Community Planning & Community Regeneration Build links with East and West Lothian localities groups. Identify opportunities to better support people with PD in the community 	30.09.18 30.09.18	RB,JA RB,JA
				31.03.19	RB,JA,SM,LB
4 Protected rights					
4.1	Hate crime	(77)	<ul style="list-style-type: none"> Work with Capability Scotland Police Scotland to encourage greater reporting of disability hate crimes. 	31.03.19	RB,LB,SM
4.2	Fire safety	(84)	<ul style="list-style-type: none"> Support the Scottish Fire & Rescue Service with delivery of its preventative activities. 	31.03.19	RB,LB,SFRS
5 Active participation					
5.1	Participation: Ensure service users and carers have a say in how future provision should be developed and the opportunities they would like to see available	(8)	<ul style="list-style-type: none"> Consult with service users/carers regarding future provision of services Review provision and uptake of Disability, Information & Advice Service to inform future development. Improve the evidence base on the outcomes for disabled people and the ability to assess how fair West Lothian is for disabled people. Promote the uptake of population wide health screening. 	31.07.18 31.03.19 31.03.19	RB,JA,LB PM,RB,LB PM,RB,LB
				31.03.19	RB,LB
5.2	Social isolation	(88)	<ul style="list-style-type: none"> Consider strategies to tackle social isolation and loneliness, which are informed by disabled people and seek to tackle the specific barriers to developing social and community connections that disabled people face. Maximise opportunities for integration within local communities to socialise and build relationships 	31.03.19 31.03.19	PM,RB,LB,SM,JS PM,RB,LB,SM,JS
5.3	Engagement	(90)	<ul style="list-style-type: none"> In partnership with Community Planning facilitate a service user event in West Lothian with a focus on people with a physical disability; engage with partners, employers and disabled people's organisations during 2017/18 to shape the format. Ensure that people with a physical disability are aware of the following participation strategies <ul style="list-style-type: none"> West Lothian Community Planning Partnership-Community Engagement Plan and Integration & Joint Board Participation and Engagement Strategy 	30.06.18 31.03.19	PM,RB,LB ALL

Appendix 1 - Physical Disability (PD) Commissioning Plan – Action Plan

Ref	Area of Development	AFSP Ref	Actions	Timescale	Lead Officer See Appendix A
			<ul style="list-style-type: none"> Work with partners in the production of joint commissioning strategies including Older People, Mental Health; Learning disabilities and Autism 	31.03.19	LB
5.4	British Sign Language (Scotland) Act 2016	(91)	<ul style="list-style-type: none"> Support the implementation plan in Social Policy 	31.03.19	MA,PM
5.5	Access to information: People have access to the information they need, when they need it and in an appropriate format.		<ul style="list-style-type: none"> Produce, maintain and coordinate a West Lothian wide disability information resource from a single, central source, in order to ensure ready availability and accuracy. Construct an integrated working guide for specialist services for physical disability and other care groups including housing, employability, GP's, other relevant services (e.g. criminal justice and alcohol/drug) and peer led networks. 	31.03.19 31.03.19	PM,RB,LB PM,RB,LB

Appendix 1 - Physical Disability (PD) Commissioning Plan – Action Plan

Appendix A – Lead Officer Key

Initials	First name	Surname	Service Area
AM	Aileen	Maguire	HSCP - Support at Home
AS	Ailsa	Sutherland	HSCP - Group manager
BD	Brian	Dewar	HSCP - Team Leader
EN	Elaine	Nisbet	WLC Anti-Poverty & Welfare Advice Manager
FC	Fiona	Cline	HSCP - Team Leader
GE	Gillian	Edwards	WLC Planning & Co-ordinating Officer
GO	Gillian	Oghene	HSCP - Group Manager
JA	Joanna	Anderson	WLC Community Planning Development Officer
JD	Jill	Derby	HSCP - WLC Social Policy
JF	Jim	Forrest	HSCP - Chief Officer
JS	Jorden	Smith	HSCP - Manager, Ability Centre
KM	Katy	McBride	WLC Planning & Co-ordinating Officer
LB	Lesley	Broadley	HSCP - WLC Social Policy
LS	Linda	Sanders	HSCP - WLC Social Policy
MA	Maggie	Archibald	WLC - HR Advisor
PM	Pamela	Main	HSCP - Senior Manager
RB	Bob	Barr	HSCP - Group Manager
SM	Scott	Mackay	Manager Capability Scotland
YL	Yvonne	Lawton	HSCP - WLC Social Policy

Integration Joint Board

Date: 26/09/2017

Agenda Item: 16

ALCOHOL AND DRUGS PARTNERSHIP (ADP) PERFORMANCE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Integration Joint Board of the approach proposed by the ADP to inform the impact of the reduction in funding to commissioned services.

B RECOMMENDATION

To support the approach proposed by the ADP to inform the impact of the reduction in funding to commissioned services.

C TERMS OF REPORT

Background

Scottish Government funding for ADPs was reduced by 23% in 2016/17. Given the timing of this confirmation it was not possible to change the investment plans committed for 2016/17 but this resulted in reduced funding for commissioned services of £350,000. A review of ADP strategic commissioning priorities was undertaken during 2016/17 and, as a function delegated to the IJB, the proposals to reduce commissioned services were reluctantly agreed by the IJB on 29 November 2016.

As part of the council's approved 2017/18, additional one off funding of £296,000 was approved for social care / health initiatives. It was subsequently confirmed by the IJB in April 2017 that this funding should be used in part as an investment to commissioned addiction services to partially offset reduced specific Scottish Government funding for Alcohol and Drug Partnerships (ADPs).

As part of its decision on 29 November 2016, the Chair of the IJB wrote to the Minister for Public Health and Sport to express concern about the cut in funding. The reply from the Minister was reported to the IJB on 14 March 2017. The IJB also agreed to review the impact of the cuts to commissioned services over the course of 2017/18.

Current performance HEAT A11

The HEAT (Health improvement, Efficiency, Access to services & Treatment) A11 standard set by the Scottish Government stated that by March 2013, 90% of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. This remains one of the main performance measures for ADP commissioned services.

Table 1 below indicates that performance in 2017 is significantly down on performance in 2016.

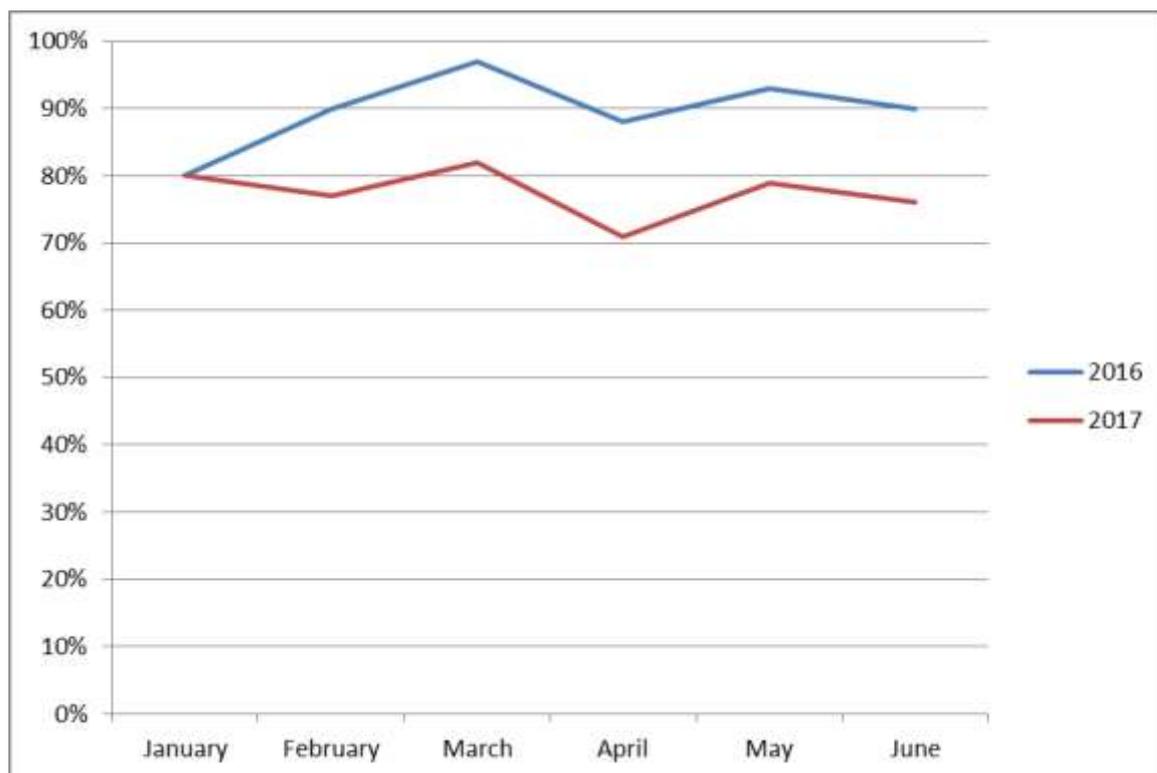


Table 1: West Lothian ADP HEAT A11 performance

It should be noted that this is not the only performance measure of ADP commissioned services, many of which relate to the outcomes for service users. Important though these measures are, they do not give an indication of the adverse impact of reduced supply of provision.

Proposed approach

The ADP has discussed the approach to take to inform the impact of the reduction in funding to commissioned services. It is proposed that this should take a similar form to that of the Needs Assessment for the Commission Plan by combining a broad review of secondary data sources related to both service users and the wider community with primary data obtained through stakeholder engagement. The ADP is currently working up a detailed proposal for consideration at its next meeting. The intention would be so report to the IJB on the outcome of this review for its meeting on 30 October 2017.

D CONSULTATION

- West Lothian Alcohol and Drugs Partnership
- Strategic Planning Group

E REFERENCES/BACKGROUND

- IJB Meeting of 29 November 2016

G SUMMARY OF IMPLICATIONS

Equality/Health	None
National Health and Wellbeing Outcomes	The ADP commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
Strategic Plan Outcomes	The commissioning plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
– Risk	Risks previously noted <ul style="list-style-type: none">– There is a significant risk that outcome performance targets are not met as a consequence of reduction in commissioned activity.– There is a risk that drug related deaths will increase.

H CONTACT

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26 September 2017

WEST LOTHIAN INTEGRATION JOINT BOARD

Date: 26 September 2017

Agenda Item: 17

PRIMARY CARE PREMISES

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to present for approval the Initial Agreement for reprovision of East Calder Health Centre and the Strategic Assessment for a new GP Practice in new premises in Armadale to support the needs of the growing West Lothian population within the core development areas.

B RECOMMENDATION

The Integration Joint Board is asked to

1. *Note the contents of the report*
2. Note the priorities for development of new Health Centre premises in East Calder and for an additional GP Practice in new premises in Armadale to increase physical capacity for primary care and community service provision as agreed by the IJB on 14th March 2017.
3. Note the requirements for approval of Capital Projects in accordance with the Scottish Capital Investment Manual
4. Note the requirement for the IJB to approve Capital projects at each stage of development prior to consideration by NHS Lothian Capital Investment Group.
5. Consider the Initial Agreement for East Calder Health Centre and approve this for submission to Lothian Capital Investment Group for their consideration within the Capital Programme and approval to develop Business Case.
6. Consider the Strategic Assessment for a new GP Practice in new premises in Armadale and approve this for submission to Lothian Capital Investment Group for their consideration within the Capital Programme and approval to develop Initial Agreement.

C TERMS OF REPORT

The development, procurement and implementation of capital and revenue funded projects across NHS Lothian are managed through the Capital Planning and Projects Team. The team are responsible for the development of business cases for the programme of major new acute and primary care facilities, management of the Board's capital equipment replacement programme and the on-site management of strategic projects following appointment of designers and contractors.

The Lothian Capital Investment Group (LCIG) considers bids for capital projects and their recommendations are either approved under delegated authority or recommended for consideration by the Board's Finance & Performance Review (F&R) Committee.

Infrastructure projects are required to comply with the terms of the Scottish Capital Investment Manual (SCIM). This applies to both capital schemes and schemes using third party developer funding or other ways of providing premises for independent contractors.

Depending on the value of the scheme, the stages – each of which need to submit to governance - are:

- Strategic Assessment
- Initial Agreement
- Standard Business Case (within delegated limits, i.e. <£5m) or
- Outline Business Case then Full Business Case if > £5m.

Schemes greater than £5m require Scottish Government approval at each stage, in addition to that of NHS Lothian and the Integrated Joint Board.

The time to get through this can be considerable and pragmatic and helpful decisions will be required at times to avoid the consequences of delays which may threaten service provision.

Population growth in the core development areas together with difficulty in recruiting GPs to replace those retiring/ leaving is having significant impact on General Practices and their capacity to manage the demand. In addition to adjusting premises infrastructure investment is being made to support development of new roles and partnership working arrangements to manage capacity issues and support provision of primary care.

The Calderwood development is impacting on capacity within East Calder Health Centre. The GP practice have indicated willingness to grow to accommodate the population growth however the existing premises are too small and not fit for purpose.

LCIG provided resources for a feasibility study to be undertaken for the East Calder development and the findings of this have been incorporated in the Initial Agreement (Appendix 1).

In order to support preparation of the Initial Agreement discussions have been progressed with West Lothian Council to identify suitable sites and development options. There is a strong preference from the community, West Lothian Council, the existing GP practice and associated health services that it would be preferable to develop the health provision on or close to the existing Health Centre site which is adjacent to the new Council Partnership Centre. This will maximise opportunities for partnership working and develop a central campus within East Calder for access to health and council services.

The Southdale development in Armadale is having a major impact on the existing General Practices within Armadale and Blackridge. The Armadale GP Practice have restricted their list as they are unable to manage

the demand from the new population moving into the area. The Practice have indicated that they are not willing to expand any further and through the restriction on new registrations aim to reduce their existing practice population. The practice currently lease their premises from a private landlord.

This restriction on registrations is having a considerable impact on Blackridge Medical Practice who are currently taking all new registrations from Armadale. The practice has limited capacity in terms of GPs and available accommodation to continue to absorb the rapid growth in population.

The neighbouring practices in Bathgate have all reviewed their boundaries and have experience significant growth in their practice populations due to the core development in Wester Inch. They are currently managing new registrations on a rotational basis in order to keep their lists open and do not have capacity to take additional registrations from Armadale.

The developed in Southdale is keen to support provision of health centre premises within the core development and has been in discussion with the Capital Planning and Projects team at NHS Lothian on site availability and procurement options.

The Strategic Assessment for the development of a new GP Practice and new premises is attached at Appendix 2 for consideration.

There are competing priorities for Capital and Revenue investment in infrastructure across NHS Lothian. The priorities agreed by the IJB will be taken forward in the overall review of priorities for NHS Lothian and the other Lothian IJBs.

Following approval by LCIG the projects will be developed in accordance with the SCIM and will be brought to the IJB at each stage for approval.

D CONSULTATION

NHS Lothian Capital Planning Team
Primary Care and Community Forum
Senior Management Team

Sustainability of Primary Care has been previously discussed and priorities agreed by IJB and Strategic Planning Group

E REFERENCES/BACKGROUND

Scottish Capital Investment Manual

F APPENDICES

1. Initial Agreement East Calder Health Centre
2. Strategic Assessment Armadale GP Practice

G SUMMARY OF IMPLICATIONS

Equality/Health	Rapid Impact Assessment has been undertaken which highlighted the risks associated with any new population being unable to access a GP list or appointments are thought to be greater for areas of widespread economic deprivation. The consequences of substantial numbers of the population by-passing Primary Care Services would be increased pressure on Acute and other direct access health and social care service
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	Co dependencies on NHS Lothian Capital Planning and Projects Team and competing priorities for investment
Resource/finance	There are capital and revenue implications for NHS Lothian and the IJB in the development of new premises. The value of the projects will be fully determined within the business cases as these are developed
Policy/Legal	Compliance with the terms of the Scottish Capital Investment Manual

Risk

Sustainability of Primary Care is a HIGH risk on the Risk Register and failure to provide adequate access for patients to primary care services places an additional pressure on the whole health care system

H CONTACT

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11th September 2017

East Calder Health Centre

Initial Agreement - Version 1

Document Control

Title:	Initial Agreement - East Calder Health Centre
Owner:	Jim Forrest, Director, West Lothian Health and Social Care Partnership

Version History

Version	Date	Author(s)	Comments
1	13/09/2017	CB,CK	

1. Executive Summary

- 1.1 The purpose of this Initial Agreement is to seek approval from Lothian Capital Investment Group to develop an Outline Business Case to re-provide East Calder Health Centre in a purpose designed and built premises adjacent to the existing Health Centre site within Main Street East Calder **at a total capital cost of £xxxxm**
- 1.2 The vision for primary care and community services in NHS Lothian and West Lothian Health and Social Care Partnership is to provide safe, effective, high quality services for patients delivered in the right place at the right time. Where services can be provided within a community setting, closer to where service users live, they should be. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the mid to late 21st century.
- 1.3 A key element of the vision is that services should be designed and maintained in a way that meets the needs of both new and existing patients. The core development in Calderwood East Calder is creating some 2800 new homes and there is an expectation that the practice population will increase by around 5,600.

Scope of proposal

- 1.4 This proposal covers:
 - The reprovision of East Calder Health Centre to meet user needs and expectation and to respond to the predicted increase in demand associated with the core housing development. The design of the premises will optimise the use of staff skills within a wide multidisciplinary team to ensure that patients are treated by the right person at the right time and release valuable General Practitioner time to manage the most complex aspects of care and decision making;
 - The provision of sufficient services to meet the needs of the local population up to and beyond 2030 in response to projected increases in demand due to demographic growth and patient expectation. The plan assumes that there is a continuation of the existing GMS contract with East Calder Medical Practice who will increase their capacity to provide Primary Medical Services to the population as it grows year on year.
 - The reprovision of East Calder Health Centre, Main Street, East Calder in support of the above will address the issue of its poor condition and suitability for future use.
- 1.5 Stakeholders including service users, staff and community groups have been involved in developing the proposal which responds to and supports the primary care and community needs of the population.
- 1.6 Development and improvement of the existing service is held back by the poor functionality and design of the existing facility. The feasibility study conducted in 2016 indicates that although it is possible to extend and remodel the existing premises this would create significant disruption to the existing health centre and not achieve the longer term lifecycle and maintenance benefits than would be achieved

with a new build facility. Options for reprovision have been considered both on the existing site and alternative site.

- 1.7 The objectives of investment are to provide sustainable, flexible and future proofed facilities. Each investment benefit has been quantified and a measure proposed to enable the realisation of the vision and plan to be a key focus. Risks, associated with the project and build and delivery of benefits are identified and mitigation plans in place.
- 1.8 A `do nothing` or `do minimum` option was set aside at an early stage of option appraisal as neither would meet the needs of the service moving forward. The main service change proposals will be to meet increased demand from sustained population growth in Calderwood core development and to use the opportunity to design and build efficient facilities to deliver that in the most cost effective way. The shortlist of options includes a new build facility to the rear of the existing premises or on the existing site, to build an extension onto the existing premises or to build a new facility on another undetermined site. The indicative costs are:

Options	Costs in £ millions
Decant of existing HC, decant to offsite facility, demolition of existing facility and construction of new building	£4.629
Refurbish existing facilities with extension at the rear of the facility with decant	£3.227
New Build on adjacent land in a tandem build with demolition and car park within phase 2 works	£4.305

- 1.11 The preferred strategic and service solution would be to re provide the health centre on land adjacent to the existing site, giving the benefits of being centrally located within the town and to create a community services campus with the new West Lothian Council Partnership Centre.
- 1.12 In order to deliver the project in accordance with current NHS Scotland construction procurement policy, it is anticipated that HubCo will be the best option.
- 1.13 A detailed Project Plan will be produced for the OBC. At this stage, the Board is aiming to achieve the milestones shown below:

Key Milestones	Date
Initial Agreement approval	November 2017
Site Acquisition	TBC
Outline Business Case approval	TBC
Obtain outline planning consent	TBC
Full Business Case approval	TBC
Construction Commences	TBC
Construction completion	TBC
Commence service	TBC

2. The strategic background to the proposal?

2.1 Stakeholders affected by this proposal

2.1.1 This proposal has impacts on adults, children and young people and their carers who live in East Calder who require access to Primary Medical Services.

2.1.2 The proposal impacts upon clinical and support staff currently working within East Calder Health Centre and East Calder Medical Practice.

Stake holder Group:	Engagement that has taken place	Confirmed support for the proposal
Integration Joint Board	The IJB is fully supportive of this proposal, with Jim Forrest, Chief Officer and HSCP Director, taking the lead role in its development.	The IJB agreed priority for development in March 2017. The Initial Agreement was approved by the IJB on <i>tbc</i>
East Calder Medical Practice	The East Calder Medical Practice deliver Primary Medical services to their practice population under 17J contract. The Practice manager and lead GP have been actively involved in the process of developing options and plans for the proposal	The practice fully supports the Initial Agreement and intend to expand to continue service provision in accordance with existing contract arrangements
Staff / Resource	Staff affected by this proposal include: East Calder Medical Practice Medical, Nursing and Administrative staff. Community service staff including District Nurses, Health visitors, AHPs, admin and clerical and visiting consultants and staff from other NHS services.	There is support for the proposal from all staff groups.
Patients / service users	Service user and carers have expressed concerns about transport and the accessibility of the health centre provision	There is a preference from service users for the development to be close to existing facility
General public	The general public will be affected by this proposal as potential service	East Calder Community Council

	users or by being neighbours of the existing or proposed future facility. A Communication and Engagement Plan is being developed to ensure good Stakeholder communication.	have been engaged and are supportive of this development
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2.2 NHS Scotland's strategic context

Table 3

NHS SCOTLAND Strategic Investment Priority:	How the proposal responds to this priority	As measured by:
Person Centred	Ensure that people who use health and social care services have positive experiences and their dignity respected (<i>Quality Outcome Indicator</i>)	Percentage of service users rating the care and support they get as excellent or good
	Promotes access to primary care and community services	Local access maintained for practice population
	Improves the quality of the healthcare estate (<i>SAFR</i>).	Proportion of estate categorised as either A or B for the Quality appraisal facet
	Reduces the age of the healthcare estate (<i>SAFR KPI</i>).	Percentage of estate less than 50 years old
	Improves the physical condition of the healthcare estate (<i>SAFR KPI</i>)	Proportion of estate categorised as either A or B for the Physical Condition appraisal facet
Safe	Improves statutory compliance (<i>SAFR KPI</i>)	Overall percentage compliance score from SCART
	Reduces backlog maintenance	Reduction in backlog maintenance costs
Effective Quality of Care	Ensures the functional suitability of the healthcare estate (<i>SAFR KPI</i>)	Proportion of estate categorised either A or B for the Functional Suitability appraisal facet.
	Maintains appropriate access for patients to	Percentage of service uses able

	primary care and community services	to access appropriate professional within 48 hours
Value & Sustainability	Increases level of staff engagement (<i>Quality Outcome Indicator</i>)	Percentage of staff who would recommend their workplace as a good place to work
	Supports sustainability of primary care	Practice operates without restriction on their list
	Optimises overall running of buildings (SAFR KPI)	Total occupancy cost of building
	Optimises property maintenance costs (SAFR)	Property maintenance cost £ per sq. m
	Optimises property management costs (SAFR)	Facilities management costs £ per sq. m
	Optimises energy usage costs (SAFR KPI)	Energy costs £ per sq. m
	Reduces financial burden of backlog maintenance (SAFR)	Reduces backlog maintenance costs. Facilities Condition Index
	Improves design quality in support of increased quality of care and value for money (SAFR KPI)	AEDET score improved/targets met
	Reduces carbon emissions and or energy consumption (HEAT /LDP)	% in CO2 and energy consumption

2.3 The strategies that this proposal directly responds to

Sustainability of General Practice is a key priority for the IJB and NHS Lothian. There is a clear emphasis on General Practice provision within the Integration Joint Board's Strategic Plan and NHS Lothian Clinical Strategy. The proposed investment in infrastructure will enable the GP practice to fully participate in the required programmes of care and enable full participation in the development of local improvement plans to improve health care provision.

NHS Lothian's clinical strategy *Our Health Our Care Our Future* sets out proposals to address the health needs of our growing and ageing population and to meet the challenges this presents while continuing to provide a high quality, sustainable healthcare. This proposal supports increasing provision of health and social care services within community settings and will support achievement of the Scottish Government vision for health and care by 2020:

- to improve the quality of care
- to improve the health of the population
- to provide better value and financial sustainability.

2.4 External factors that influence this proposal

2.4.1 Building related

	External factor	Aspect	Evidence
1	Legislative	Disability Discrimination Act 2010	A general DDA assessment indicates areas of limited

			access, poor layout and infrastructure which can lead to problems for service users
2	Locality change	West Lothian Council are in construction of Partnership Centre on land adjacent to existing building	This has required agreement on land transfer between NHS and WLC and changes the arrangements for parking and access

2.4.2 Service Related

	External factor	Aspect	Evidence
1	Demographics	Growth in demand due to population growth in core development area.	Local and national predictions of growth.
2	Legislative & Economic	Access to Primary Medical Services for population through national GMS Contract	Demand growth due to demographics

Building Related

The existing Health Centre building has reached the end of its economic life as a clinical facility. The practice have developed services in accordance with GMS contract and increasing demand for services have exacerbated the issues of an inefficient layout, and external envelope deterioration. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation and service provision due to structural and layout constraints.

Future Demand Forecasts

Projections for future demand for primary care and community services with East Calder are predicated on the core development of Calderwood.

It is estimated that the planned population growth will result in an 48% increase in new registrations which will impact on demand for all primary care and community services.

Commercial factors

Existing site

The existing building sits adjacent to the new West Lothian Council Partnership Centre in a central location within East Calder. There is vacant land to the South of the building which offers opportunity for development and initial discussions have been had with West Lothian Council.

LCIG previously approved an Excambion with West Lothian Council for land at the East of the health centre to assist with the construction of the new Council Partnership Centre. As part of the Excambion agreement the Council provided replacement car parking for the health centre.

3. The case for change

3.1 Current arrangements

Services Affected by this proposal

The services and activities affected by this proposal are primary medical services and community health services provided to adults, children and young people who are existing or future patients of East Calder Medical Practice.

The health centre provides services to the population of East Calder, Mid Calder, Kirknewton and surrounding areas.

Functional size and description of existing facility

The existing facility is situated off East Calder Main Street and provides accommodation over two levels. The building was originally built in the 1970s and was designed to accommodate a four partner GP Practice and associated community services. As the Practice has grown in size (Currently a 9 partner practice) internal alterations have been made to accommodate growth resulting in change of use of various rooms and corresponding clinical space not meeting the sizing guidelines for clinical space and affecting suitability for disabled access. In addition a portacabin has been attached to the east of the building to increase capacity for community services which is largely used for community health clinics and visiting clinicians.

Service Providers affected by this proposal

East Calder Medical Practice employ medical nursing and administrative staff for provision of primary medical services. NHS Lothian employ community nursing and allied health professional staff and visiting clinicians who provide community services

Although all possible reasonable changes have been made to the building to fulfil the requirement East Calder Health Centre still falls short of the standards in some areas. There is limited disabled parking space at the front of the building. Some consulting rooms are small and present problems to patients using a wheelchair and staff providing the service. The staff accommodation is on the first floor with no lift access and therefore non compliant with DDA.

The need for the service to continue

NHS Lothian have a statutory obligation to provide access to Primary Medical Services. East Calder Medical Practice operates within a discreet practice boundary. The nearest neighbouring practices are in Craigshill, Dedridge and Murieston in Livingston. There are no direct public transport routes to these practices and they do not include East Calder, Mid Calder and Kirknewton within their practice boundaries nor have capacity to increase their list sizes.

East Calder Medical Practice are keen to continue to grow and provide services in accordance with their existing GMS contract.

3.2 Issues with the current situation The following is a full list of the main issues causing the need for change, the effect that these issues are having and an assessment of why, through this proposal, it is believed action is required now.

	Cause of the need for change:	Effect of the cause on the organisation:	Why action now:
1	Future service Demand	<p>The practice are already experiencing population growth from the Calderwood development and will need to expand their service provision to meet the continued demand</p> <p>NHS Lothian must provide access to Primary Medical Services for all Lothian residents .</p> <p>Because people are living longer, demand for services will increase. The service not only needs staff with the right skills and training to meet this increase but it will need sufficient accommodation to cope. Pressure on existing accommodation and services will inevitably increase.</p>	<p>The need to plan for a sustainable service in the future.</p> <p>Time from Initial Agreement to occupation of a new facility will take circa 4 years.</p> <p>NHS Lothian will fail to provide treatment for all patients in the future unless this is planned for.</p> <p>Sustainability of primary care is a key priority for the IJB and NHS Lothian</p> <p>There is a need to plan to provide a sustainable service for the future.</p>
2	Accommodation has poor functionality	<p>Over the past decade, opportunities to convert smaller rooms and store cupboards into useable consulting rooms have been taken This now means that some of the consulting rooms are very small and don't meet current standards and can be very restrictive for patients and staff.</p> <p>The building is not fully DDA compliant. Discriminating between the experience of service users</p>	<p>No scope exists to re-organise parts of the service to improve the experience.</p> <p>Poor patient and staff experience.</p> <p>Do not meet current recommended standards.</p> <p>Not DDA compliant</p> <p>DDA requirements should be met</p>
3	Service arrangements do not support the workforce	Staff facilities and accommodation are restricted with staff working in suboptimal conditions	There is a need to plan to provide suitable facilities for the future, especially as staff numbers will continue to increase as the practice requires to expand.

3.3 Investment Objectives

3.3.1 Investment Objectives - high level.

Effect of the cause on the organisation:	What needs to be achieved to overcome this need? (Investment Objectives)
Existing capacity is unable to cope with future projections on demand	Improve service capacity to achieve national standards for quality and access
Inefficient service performance due to the design/ layout and functionality of the existing space	Improve and modernise facilities to improve the patient experience, maximise efficiency and optimise resource usage
Service is not able to meet future user requirements	Meet user requirements as clinically appropriate Ensure that people who use service have positive experiences

3.4 Measurable benefits to be gained from addressing these needs

3.4.1 The above investment objectives and the Strategic Assessment (Appendix 1) have informed the development of a Benefits Register.

Investment objective	Benefits to patients	Benefits East Calder Medical Practice/NHS Lothian	Relative value	Benefits Criteria
To meet current and future service demand and sustain provision and access to primary medical services	<p>Patients receive care in fit for purpose accommodation</p> <p>Improved access to services</p>	<p>Service delivery supported by appropriate accommodation</p> <p>Practice able to expand to accommodate population growth</p>	High	<p>Economic (Non cash releasing)</p> <p>&</p> <p>Qualitative</p>
To ensure the	Legislation	Compliance	High	Measurable,

practice is delivering care from premises which are compliant with legislative, statutory and sizing guidance requirements.	ensures all users' needs have been considered in provision of most appropriate accommodation	with legislation		but not in cash terms
To provide equality for disabled patients	Disabled patients will be able to access all services	Improved efficiency of care Reduces risk of litigation to NHS Lothian	High	Qualitative
To enable the practice to deliver their services effectively according to clinical needs and not constrained by availability of current clinical facilities	Clinical facilities are convenient and accessible Wider range of services are available locally	Services delivered from suitable clinical accommodation	Medium	Qualitative
To provide staff with a working environment conducive to delivering the best health care and aiding recruitment and retention		Better working environment Demonstrates staff are valued and appreciated	Medium	Qualitative

To provide the practice with the physical capacity to increase services and respond to anticipated local population growth	Equitable access to Primary Medical Services	Opportunity to develop services and increase capacity Share facilities with other services, e.g. Voluntary sector	High	Measurable, but not in cash terms
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3.5 Risks, Constraints and Dependencies

The main risks are associated with sustainability of service provision and ensuring access to primary medical services.

There will be risks associated with the build itself and these will be fully assessed with actions for mitigation as the project progresses

4. The preferred strategic/service solution

4.1 The do nothing and do minimum options

Strategic Scope of Option:	Do Nothing and Do Minimum
Service provision:	Insufficient capacity to meet future demand for outpatients or treatment.
Service arrangements:	Risk of list restriction and requirement for patients to register with practices out with their catchment areas
Service provider and workforce arrangements:	Without investment in staff to deliver services, predicted increases in demand will not be met.
Supporting assets:	The condition of the building will deteriorate. Decant of community services may be required to support practice provision and reducing access for community services.
Public & service user expectations:	Perpetuate a poor environment with limited facilities. Reduced access to primary and community care services

A do nothing or do minimum option was set aside at an early stage of option appraisal as neither would meet the needs of the service moving forward.

4.2 Service Change Proposals

Options Appraisal

The options being considered for cost, programme and end user suitability are:

Option 1- Decant of existing Health Centre to offsite facility, demolition of existing facility and construction of new building.

Option 2- Refurbishment of existing facilities with extension at the rear of the facility with decant to enable works

Options 3- New Build on adjacent land in a tandem build with demolition and car park within phase 2 works.

Based on the site and design constraints the design options were open with refurbishment, extension and new build options.

The scope for the East Calder Health Centre project was to explore design and scope options to provide a suitable primary care facility in East Calder which was of a suitable size and condition to meet with the growing needs of the existing practice, preferably within the confines of the existing East Calder Health Centre site.

At the inception of the strategic support service works two design options were explored by the design team, based on the accommodation requirements and direction provided by NHS Lothian. One of these was to build a new facility on the grounds of the existing premises, with the second being to remodel and extend the existing health centre to provide the increased levels of accommodation and generally to allow the centre to better function.

During the strategic support service works the consideration of a third design option was proposed by Hubco based on the potential to construct a new build facility on the vacant land to the south of the proposed East Calder Partnership Centre. The design, cost and programme parameters which sit around this option could also be applied to another suitable site. This option provides a tandem build scenario which would allow for the existing health centre to remain operational during the construction period and then transfer into the new facility once it was complete.

In conclusion all three options would provide a feasible solution for NHS Lothian. In commercial terms the extension and remodel option (2) is likely to cost less than the new build options (1&3), however the extension and remodel is also likely to create more disruption to the existing health centre and not achieve the longer term lifecycle and maintenance benefits than would be achieved with a new build facility.

4.3 Indicative Costs for the shortlisted options

The indicative capital costs for each of the short-listed options are shown below.

	Option 1	Option 2	Option 3
1. Indicative Prime	£3,374,038	£2,283,298	£3,124,038
2. Preliminaries	£421,208	£239,061	£369,408
3. Risk	£94,881	£126,118	£87,366

4. PFC Fees	£168,533	£135,934	£170,052
5. OH&P	£198,189	£132,915	£183,175
6. Stage 1 costs (fees, survey etc.)	£117,630	£110,314	£118,264
7. Stage 2 costs (fees, survey, hub etc.)	£254,963	£199,079	£252,497
8. Inflation to Construction	£92,794	£60,321	£92,794
9. Total	£4,629,000	£3,227,000	£4,305,000

4.4 The Preferred Solution

The preferred solution is to rebuild East Calder Health Centre to the south of the existing premises

- The proposal has the support of representative service users, carers, staff, the GP Practice and all other key stakeholders.
- There is sufficient land available and a potential site has been identified and the Council have indicated they are willing to sell the land for the development
- This will minimise disruption to exiting service provision and enable suitable development of car parking at phase 2
- Achieve life cycle and long term maintenance benefits

5.0 Commercial Case

As this is a construction project with a value less than £10million, it is within NHS Lothian's delegated limit and does not require to be submitted to SGHD for approval. It is probable, therefore, that procurement will be led by NHS Lothian depending on the selected option.

6.0 Financial Case

The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Lothian's finances. In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:

- Capital costs for options considered (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
- Changes to revenue costs associated with service redesign as a direct result of the development.

Detail to be added

Service management costs are estimated to be

7 Management Case

7.1 West Lothian IJB, together with the East Calder Medical Practice, has established a project Board to develop the business case and manage the process through to approval. The team comprises:

Senior Manager Primary Care & Business Support (Chair)
Senior Development Manager, Primary Care West Lothian HSCP
Capital Planning Primary Care Premises Facilitator
Facilities Manager NHS Lothian
Business Partner NHS Lothian
Partners, Whitburn Medical Practice
Other health care professionals are consulted/co opted as required.

The remit of the Programme Board is:

- To assist the Project Owner with the decision-making process and ongoing implementation of the project.
- To assist the Project Owner with preparing to meet the assurance needs of the Finance & Resources Committee, as well as any further enquiries from Lothian NHS Board with regard to the project.

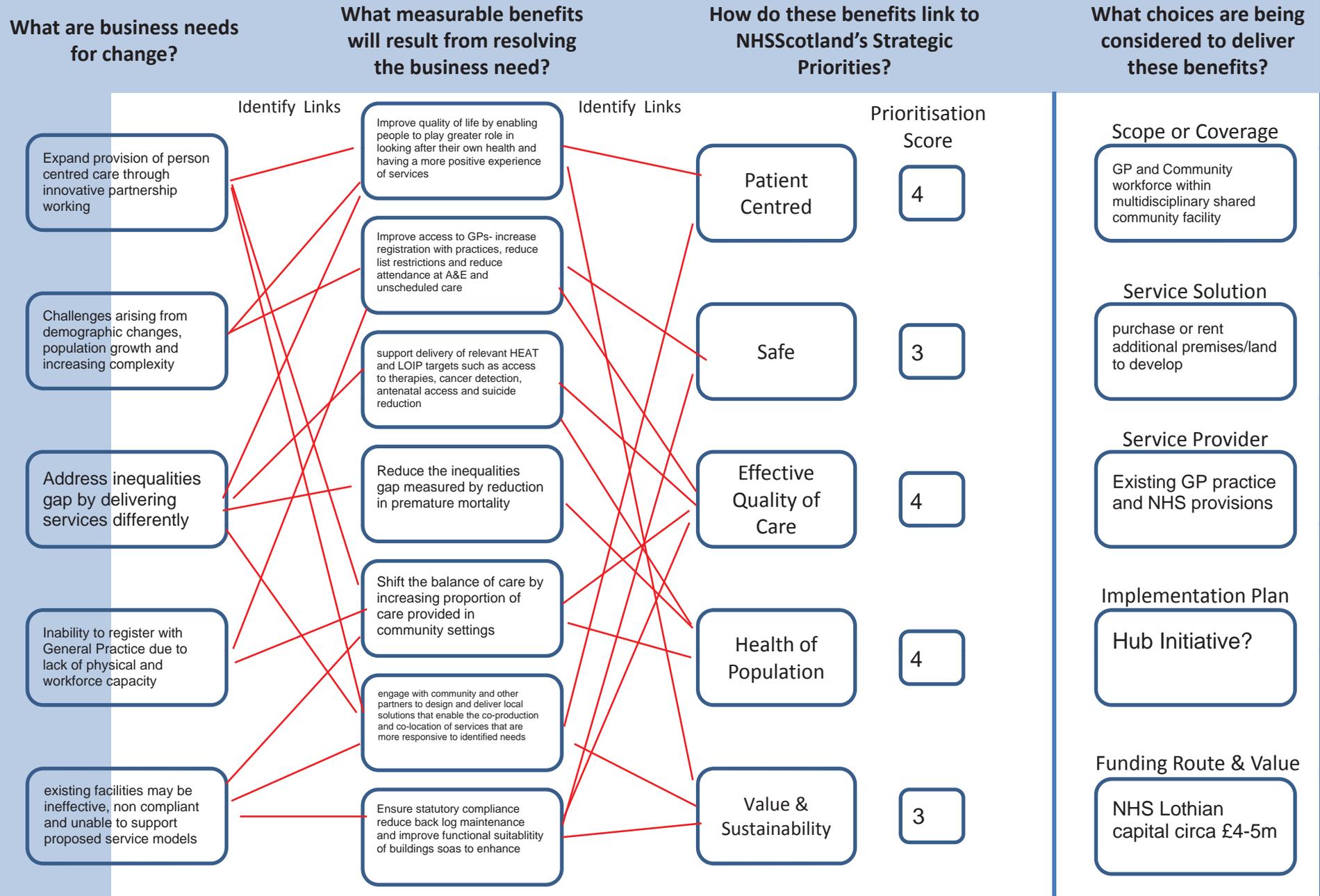
It is envisaged that the Programme Board will be brought formally into existence by the end of 2016. The Board will meet every two months. The membership will include the NHSL Project Sponsor, in addition to representation from Capital Planning, Finance, Partnership and Senior Management from the service.

Users of the practice have been consulted and will continue to be involved as the project progresses.

Project Plan

A detailed Project Plan will be produced for the OBC.

PROJECT: Armadale Health Centre



West Lothian Integration Joint Board

Date: 26 September 2017

Agenda Item: 18

RESPONSE TO THE SCOTTISH GOVERNMENT CONSULTATION ON THE DRAFT CARERS' CHARTER OF THE CARERS (SCOTLAND) ACT 2016

REPORT BY HEAD OF SOCIAL POLICY

A PURPOSE OF REPORT

To provide the Integration Joint Board with:

1. A draft response on behalf of West Lothian Health and Social Care Partnership (H&SCP) to the Scottish Government consultation on the draft Carers' Charter of the Carers (Scotland) Act 2016 (the Act hereafter) – draft response attached at Appendix 1
2. A request for consideration of approval to submit the proposed West Lothian H&SCP response to the Scottish Government

B RECOMMENDATION

It is recommended that the Integration Joint Board:

1. Notes the contents of the draft response on behalf of West Lothian H&SCP to the Scottish Government consultation on the draft Carers' Charter of the Carers (Scotland) Act 2016
2. Considers approval to submit the proposed West Lothian H&SCP response to the Scottish Government

C TERMS OF REPORT

1 Introduction

The Carers (Scotland) Act 2016 (the Act) comes into effect on 1 April 2018 and contains a range of statutory duties in relation to supporting adult and young carers. The Act mainly imposes duties on local authorities and Integration Joint Boards but does impose some on Health Boards. The Act applies to adults', older people's and children's services.

The aim of the Act is to support adult carers to continue to care, if they so wish, in good health and to have a life alongside caring and to enable young carers to have a childhood similar to their non-carer peers.

Appendix 2 contains a summary of the Carers (Scotland) Act 2016 and the relevant statutory duties it imposes.

2 Carers' Charter (draft) – Carers (Scotland) Act 2016

A key aspiration of the 2010-2015 National Carers Strategy was to ensure that carers have their rights recognised and this is realised through the 2016 Act which extends and enhances the rights of carers.

Section 36 of the Act requires Scottish Ministers to prepare and publish a Carers' Charter (the Charter) setting out the rights of carers under the Act. The Charter cannot and does not create any new rights or alter existing rights.

There is a requirement for carers and carer representatives to be consulted during the preparation of the Charter.

The Charter is intended to ensure that carers are aware of their rights as carers and to provide a summary of these rights in a readily accessible and understandable format for both young and adult carers alike.

3 Carers' Charter – contents

The Charter defines the meaning of a 'carer' under the 2016 Act in relation to adult carers, young carers and kinship carers.

The Charter details the following rights:

- **Adult carers have a right to an 'adult carer support plan'**
The responsible authority must offer an adult carer support plan to anyone they identify as an adult carer and prepare the plan if they accept the offer – they must also prepare a plan for anyone who appears to them to be an adult carer if that person requests one.
- **Young carers have a right to a 'young carer statement'**
The responsible authority must offer a young carer statement to anyone they identify as a young carer and prepare the statement if they accept the offer – they must also prepare a statement for anyone who appears to them to be a young carer if that person requests one.
- **Carers have a right to support to meet any 'eligible needs'**
The responsible authority must provide support to any carer who has identified needs which cannot be met through support provided to the cared-for person or through general local services – but only where those identified needs meet the local eligibility criteria.
- **Carers have a right to be involved in services**
Local authorities and health boards must involve carers in planning the carer services they provide.
Local authorities must involve carers in assessing their needs for support and providing that support.
Local authorities must take carers into account in assessing the needs of the person being cared for.

- **Carers have a right to be involved in the hospital discharge process of the person they are caring for or are going to be caring for**
Each health board must ensure that, before a cared-for person is discharged from hospital, it involves any carer of that person in the discharge

4 Consultation Response – West Lothian

The consultation is to determine if the draft Charter is fit for purpose and whether or not a revised Charter will be published in due course.

The consultation asks for views on the draft Charter linked to the following:

- Is the information presented in relation to the definition of a carer and their rights to adult carer support plans and young carer statements clear?
- Is the information presented in relation to carers' rights to support and their rights to be involved in services, service and support planning and hospital discharge planning clear?
- Is there any information which should be added, removed or presented differently?
- Are there any rights under the Act not captured in the draft Charter that should be included?

Given that the draft Charter reflects those rights which are covered in or under the Carers (Scotland) Act 2016, the contents are appropriate and recognise both the rights of carers and the role of responsible authorities in enabling carers to understand and exercise those rights where they are entitled to do so.

The information is generally clear and West Lothian would not propose removing any – however, the draft response to the consultation does propose that some of the information is presented differently in order to promote greater clarity and understanding and that further information is added into some of the sections of the Charter.

West Lothian believes that the carers' rights covered in and under the Act are reflected in the Charter and would not propose any additions.

CONCLUSION

The draft West Lothian response to the consultation reflects the position outlined above and consideration of approval to submit the response is being sought.

D CONSULTATION

Operational and development staff consulted
SPMT Report 6 July 2016
SPMT Report 28 June 2017

E REFERENCES/BACKGROUND

Carers (Scotland) Act 2016

F APPENDICES

Appendix 1

Draft West Lothian Consultation Response (in text as official responses must be submitted online)

Appendix 2

Carers (Scotland) Act 2016 – Summary of Contents and Statutory Duties

G SUMMARY OF IMPLICATIONS

Equality/Health The Carers (Scotland) Act 2016 seeks to support the health and wellbeing of unpaid carers in order for them to be able to continue in their caring role.

National Health and Wellbeing Outcomes Outcome 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 wellbeing.'

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

Single Outcome Agreement Our children have the best start in life and are ready to succeed

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 The Scottish Government is yet to announce any additional funding to support the implementation of the 2016 Act.

Policy/Legal Compliance with the Carers (Scotland) Act 2016

Risk None

H CONTACT

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Appendix 1

CONSULTATION ON THE DRAFT CARERS' CHARTER: CARERS (SCOTLAND) ACT 2016 (SECTION 36) SCOTTISH GOVERNMENT – 31 JULY 2017 TO 22 OCTOBER 2017

WEST LOTHIAN RESPONSE (DRAFT)

Scottish Ministers are required to prepare and publish a Carers' Charter ('the Charter') setting out the rights of carers in or under the Carers (Scotland) Act 2016.

Consultation Questions

- 1. Is the information presented in Chapter 1 – 'Am I a carer?' clear? Please indicate any information that should be added, removed or particular parts of the chapter which would benefit by being presented differently.**

Draft response:

Yes

However, perhaps the paragraph on kinship carers could be worded a little more clearly, e.g.

"A kinship carer (someone who looks after a child in place of their parents) can also be a carer under the Carers (Scotland) Act, even where they have a kinship carer agreement in place with the local authority. However, this is only when the kinship carer meets the other requirements under the meaning of 'carer' above and so not where the care is simply because of the child's age."

- 2. Is the information presented in Chapter 2 – 'Adult carer support plan' clear? Please indicate any information that should be added, removed or particular parts of the chapter which would benefit by being presented differently.**

Draft response:

Yes

However, under 'Who is responsible?' perhaps it could be clearer that the local authority may undertake the support plan conversation with the carer, e.g.

"The local authority of the person you are caring for is responsible for offering you an adult carer support plan. They will agree with you when and how they will undertake the adult carer support plan conversation with you. (In some areas, the local authority may decide to arrange this through another local organisation such as a local carer centre rather than arranging it themselves.)"

It may also be helpful to state that the adult carer support plan replaces the previous separate carer's assessment and care and support plan.

- 3. Is the information presented in Chapter 3 – 'Young carer statement' clear? Please indicate any information that should be added, removed or particular parts of the chapter which would benefit by being presented differently.**

Draft response:

Yes

Would it be helpful to make a reference in this chapter to how the young carer statement process may link into GIRFEC and the Child's Plan?

4. **Is the information presented in Chapter 4 – ‘Support as a carer’ clear? Please indicate any information that should be added, removed or particular parts of the chapter which would benefit by being presented differently.**

Draft response: Yes

However, perhaps the wording in the box could be changed to state the link between identified needs and eligibility at the beginning, e.g.
“The responsible local authority must provide support to any carer who has identified needs where those needs meet the local eligibility criteria and where they cannot be met through support provided to the cared-for person or through general local services.”

5. **Is the information presented in Chapter 5 – ‘Carer involvement in services’ clear? Please indicate any information that should be added, removed or particular parts of the chapter which would benefit by being presented differently.**

Draft response: Yes

6. **Is the information presented in Chapter 6 – ‘Hospital discharge’ clear? Please indicate any information that should be added, removed or particular parts of the chapter which would benefit by being presented differently.**

Draft response: Yes

However, under ‘This means’, there is no reference to the fact that this section 28 (3) of the Act –
‘applies only –
(a) where the health board can identify without delay that a person is the carer of the cared-for person...’
It is important for the carer to be aware of this in order for them to be clear about what they can expect and also to encourage carers to make themselves known to the relevant health board staff as soon as possible to ensure that they are involved in discharge planning and that their views are taken into account.

1. **Are there any rights of carers under the Carers (Scotland) Act 2016 not captured in this draft of the Charter that should be included?**

Draft response: No

Appendix 2

CARERS (SCOTLAND) ACT 2016 – SUMMARY OF CONTENTS AND STATUTORY DUTIES

Introduction

The Carers (Scotland) Act 2016 received Royal Assent in March 2016 and comes into effect on 1 April 2018.

Scottish Ministers will be issuing additional regulations and Statutory Guidance is also currently in development.

This paper provides a summary of the contents and statutory duties contained within the Act. The Act applies to adults', older people's and children's services.

Definitions

The Act provides key definitions of terms used within the Act – 'carer'; 'young carer'; 'adult carer' as well as 'personal outcomes' and 'identified needs' – and gives Ministers the power to make further regulations in relation to 'personal outcomes' if they choose.

Overview of the provisions within the 2016 Act

a) Duty to prepare adult carer support plans

If the local authority identifies a person as an adult carer then they must offer them an adult carer support plan which should set out their identified personal outcomes and needs for support. The Act contains a list of the information that the plan must contain and also the option for Ministers to make regulations about additional provisions in relation to these including, e.g., the process by which adults carers' personal outcomes and support needs are identified and who may carry out the identification of adult carers' personal outcomes and support needs.

b) Review of adult carer support plans

The Act requires these plans to include information about the circumstances in which the plan is to be reviewed and also allows Ministers to make regulations about the review of these plans, e.g., the frequency with which they are to be reviewed.

c) Duty to prepare young carer statements

If the local authority identifies a person as a young carer then they must offer them a young carer statement which should set out their identified personal outcomes and needs for support. The provisions made in the Act in relation to young carer statements – including the contents of the statements and the option for Ministers to make regulations about additional provisions in relation to these – are the same as for adult carers' support plans with one addition which requires the local authority to consider whether the nature and extent of the care the young person is providing is appropriate.

d) Review of young carer statements

As for adult carer support plans

e) Duty to set local eligibility criteria

The local authority must set and publish eligibility criteria which it will apply when determining whether it is required to provide support to carers to meet their identified needs. Before setting these, the Act requires the local authority to involve carers and consult stakeholders. The Act also allows Ministers to set national eligibility criteria should they choose to do so and these would supersede any local criteria.

f) Duty to provide support to carers to meet their eligible needs

Where a carer has identified needs which cannot be met by services or support provided to the cared-for person or by general services, the local authority must determine if these needs meet the set eligibility criteria and, if they do, the authority must provide support to meet those needs. The local authority must, as a duty, be able to provide support to meet carers' eligible needs but it also has the power to provide support to meet carers' needs which don't meet eligibility criteria. Needs, in this context, relates only to those which, if met, would enable the carer to continue caring. A carer may have other needs and these should still be assessed in the usual way under the 1968 Act (adults) or the 1995 Act (children).

g) Duty to consider breaks from caring

If a carer has eligible needs, the local authority must consider 'in particular' whether the support should take the form of or include a break from caring. The Act allows Ministers to choose to make regulations about the form of support that may be provided as a break from caring and about the role of the cared-for person in this where this is provided in the form of care for the cared-for person.

h) Duty to involve carers in carer services

This applies to both the local authority and the health board and means services provided by either to support carers. Involvement in this context means involving carers in considering what needs might call for support; what services might meet those needs; how those services might be provided and how service provision might be evaluated

i) Duty to involve carers in the hospital discharge of cared-for people

The Act places a duty on the health board to involve carers in discharge planning by informing the carer of the discharge; seeking their views on the discharge and, as far as 'reasonable and practicable', taking their views into account when making discharge decisions. However, this only applies where the carer can be identified without delay and where the cared-for person is likely to need care on discharge.

j) Duty to take account of care and views of carers when assessing care needs

The Act requires community care and children's assessments of need to take into account, as far as 'reasonable and practicable', the care being provided by carers and the views of carers when determining eligible needs and deciding how to meet those needs.

k) Duty to prepare a local carer strategy

The Act requires the local authority and the health board to jointly prepare a local carer strategy and the Act specifies what the strategy must include and that it must reference both adult and young carers. Before preparing the strategy, the authority and the health board must jointly involve carers and stakeholders and in preparing the strategy, they must have due regard for other legislative requirements and integration functions. The strategy must be published by the date the integration authority must publish its next strategic plan.

l) Duty to establish and maintain an information and advice service for carers

The Act requires the provision of accessible information and advice to carers and specifies what this information and advice should be about.

m) Duty to publish a short breaks services statement

The statement must contain information about short breaks available to local carers and cared-for people. The Act allows Ministers to make further regulations about the preparation, publication and review of these statements. The statement will need to cover funded or provided breaks but also the wider SDS context and the impact of choice and personal budgets in relation to accessing short breaks from caring.

n) Carers Charter

The Act requires Ministers to prepare a carers' charter setting out the rights of carers as provided for by the Act. In preparing this, Ministers must consult carers and relevant stakeholders.

Meeting Date: 26 September 2017

Item No: 19

Action Note Ref	Workplan Item	Matter Arising and Decision Taken	Lead Officer	IJB Meeting Date
		SEPTEMBER		
	To be Presented Annually	Audit of Annual Accounts (by 30 September each year)	Patrick Welsh	26 September 2017
		IJB Information Management	Lorna Kemp	26 September 2017
		Finance Update	Patrick Welsh	26 September 2017
		Royal Edinburgh Hospital Phase 2	Andrew Milne/Laura Turnbull	26 September 2017
		Provision of Support Services	Jim Forrest	26 September 2017
		Consultation on the Role of the Scottish Health Council	Lorna Kemp	26 September 2017
		Public Sector Climate Change Duties	Lorna Kemp	26 September 2017
		Standards Commission Advice on Declaring Interests	James Millar	26 September 2017
		West Lothian IJB Development and Induction Session	Lorna Kemp	26 September 2017
		Response to the Scottish Gvt Consultation on the Draft Carers' Charter of the Carers (Scotland) Act 2016	Jane Kellock	26 September 2017
		FUTURE UNSPECIFIED MEETING		
		Royal Edinburgh Hospital Phase 2		
		Membership Review		
		JIT Evaluation Tool		
		REPORTS DUE ON A CYCLICAL BASIS		
A/N 27 June 2017	To be reviewed every 6 months	IJB Performance: Balanced Scorecard - 6 monthly update	Carol Bebbington	05 December 2017
A/N 29 Nov 2016	To be Reviewed Annually	Standing Orders	James Millar	
	To be Reviewed Annually	Review of Performance	Carol Bebbington	
A/N 31 Jan 2017	To be Reviewed Annually	Risk Register	Kenneth Ribbons	31 October 2017
	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
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