



West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

7 March 2018

A meeting of the **West Lothian Integration Joint Board** of West Lothian Council will be held within the **Strathbrock Partnership Centre, 189 (a) West Main Street, Broxburn EH52 5LH** on **Tue 13 March 2018 at 2:00pm**.

For Chief Executive

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. Confirm Minute of Meeting of West Lothian Integration Joint Board held on Tuesday 23 January 2018 (herewith)
5. Note Minute of Meeting of West Lothian Integration Joint Board Audit Risk and Governance Committee held on Wednesday 11 October 2017 (herewith)

Public Items for Decision

6. IJB Financial Plan Update - Report by Chief Finance Officer (herewith)
7. West Lothian Eligibility Criteria for Carer Support - Report by Director (herewith)

8. Strategic Plan Annual Review - Report by Director (herewith)

Public Items for Discussion

9. IJB 2017/18 Finance Update - Report by Chief Finance Officer (herewith)
10. Clinical Governance - Report by Clinical Director (herewith)
11. IJB Development Session Report - Report by Chief Officer (herewith)
12. Proposed Meeting Dates 2018/19 (herewith)

Public Items for Information

13. Update: Drug and Alcohol Service/Referrals - Report by Director (herewith)
14. Complaints and Information Requests - Quarter 3 of 2017/18 - Report by Director (herewith)
15. 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 23 JANUARY 2018.

Present –

Voting Members – Martin Hill, Harry Cartmill, Martin Connor, Alex Joyce, Dave King, George Paul, Damian Timson.

Non-Voting Members – Ian Buchanan, Jim Forrest, Mairead Hughes, Jane Houston, Jane Kellock, James McCallum, Budget Meisak and Patrick Welsh.

Apologies – Lynsay Williams (Voting Member) and Elaine Duncan and Mary-Denise McKernan (Non Voting Member).

In Attendance – Marion Barton (Head of Health), Carol Bebbington (Senior Manager, Primary Care and Business Support), James Millar (Standards Officer), Lorna Kemp (Executive Project Officer).

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. MINUTE

The West Lothian Integration Joint Board approved the minute of its meeting held on 5 December 2017.

3. SCOTTISH DRAFT BUDGET 2018 - REPORT BY CHIEF FINANCE OFFICER

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update in relation to the Scottish Draft Budget presented to the Scottish Parliament on 14 December 2017.

The Board was informed that the Cabinet Secretary for Finance and the Constitution had announced the Scottish Draft Budget 2018/19. In overall terms Scotland's total proposed spending plans, as set out in the draft Budget 2018/19, amounted to £40,639 million, an increase of £1,261 million compared to the Scottish Budget 2017/18, and as updated for the Budget (Scotland) Act 2017 Amendment Regulations 2017. The allocations per portfolio were set out in a table within the report.

The report went on to set out the position in relation to Scottish Income Tax Rates.

In relation to public sector pay awards, it was noted that the cap had been lifted and replaced for 2018/19 with a 3% minimum increase for

employees earning less than £30,000 per annum. For staff earning between £30,000 and £80,000 per annum, a pay award of 2% was proposed. It was further proposed that public sector staff earning £80,000 or more would have their 2018/19 pay award capped at a maximum of £1,600. This only applied to staff under the Scottish Government's remit, subject to consultation with Independent Review Bodies. Additional funding for pay via UK consequentials were still to be determined. In terms of Local Government, trade unions had recently submitted a pay claim for 2018/19. The key element of which was a flat rate of £1,500 increase or a 6.5% increase, whichever was greater for staff.

The report provided commentary in relation to the implications for Local Government and West Lothian Council, together with Chief Finance Officer's assessment of the implications for NHS Boards/NHS Lothian.

The Chief Finance Officer recommended that the Board:-

1. Note the issue of the Scottish Draft Budget 2018/19, which included departmental spending plans for 2018/19.
2. Note the key economic and financial implications at a Scottish public sector wide level resulting from the Draft Budget.
3. Note the initial funding implications for Local Government and Health Boards resulting from the draft 2018/19 Scottish budget.
4. Agree that based on further confirmation on budget implications for the IJB, an update on the 2018/19 budget for IJB functions along with an update on the IJBs medium term financial plan should be presented to the Board Development Session on 19 February 2018.

Decision

1. To note the terms of the report and
2. To agree the terms of recommendation 4 and that, in addition, a report be brought to the next meeting of the Board.

4. THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND

The Board considered a report (copies of which had been circulated) by the Chief Officer providing the Board with a brief summary of the 2018 General Medical Services Contract proposals with timescales and a proposal for implementation arrangements.

The Board was informed that the Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association had agreed the proposed terms of the 2018 General Medical Services contract offer (Blue Book), a copy of which was attached as Appendix 3 to the report. A brief initial summary of the sections of the Blue Book was attached as Appendix 2 to the report.

Appendix 1 to the report was a proposed structural approach to the implementation of the contract. It summarised the roles of the parts of the system.

The report provided links to the following documents:-

Appendix 4 – A draft Memorandum of Understanding (MOU) between the Integration Authorities (IA), the Scottish General Practitioners' Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government.

Appendix 5 – A national code for GP Premises setting out the Scottish Government's plan to facilitate the shift to a model which did not entail GPs providing their practice premises.

It was noted that overall the Scottish Government had committed at least £250m over the coming four years to the implementation of the contract. The financial offer to GPs was to be set out in two phases with a vote on each.

A Primary Summit would be held in May to support the development of West Lothian's Primary Care Improvement Plan

Going forward, the IJB would be responsible for local engagement and the NHS Board for Lothian wide engagement.

The Board was asked to:

- Note the key content in the proposals for the new General Medical Services Contract in Scotland.
- Note the timescale for voting and if approved for implementation.
- Support the proposed model for implementation.
- Support 2nd Primary Care Summit to be held in May 2018 to develop the Primary Care Improvement Plan.

During discussion, it was acknowledged that much of the details had yet to come forward. The SPG had discussed the matter at its January meeting and had agreed that more discussion was required in relation to the proposed implementation structure.

Decision

1. To note the terms of the report.
2. To note the proposed model for implantation as outlined in the report.
3. To support plans for a Primary Care Summit to be held in May to support the development of West Lothian Primary Care Improvement Plan.

5. WORKFORCE DEVELOPMENT PLAN 2018

The Board considered a report (copies of which had been circulated) by the Director updating the IJB of progress made in relation to the development of the West Lothian Workforce Development Plan.

The report provided the following appendices:-

Appendix 1 – West Lothian HSCP Draft Workforce Development Plan

Appendix 2 – Flash Report from Stakeholder Engagement September 2017.

The report provided background information relating to the National Health and Social Care Workforce Plan. The report noted that Part 2 of the Plan outlined key recommendations from engagement between Scottish Government, COSLA and other key partners involved in the delivery of social care in Scotland and built on the framework for improving workforce planning across NHS Scotland contained within Part 1.

Delivery of these recommendations and improved national and local workforce planning across the health and social care sector could only be delivered through extensive partnership working across these sectors. This meant, in particular, working with the organisations that commissioned and provided services and/or their representative bodies.

The development of the first draft of the Workforce Plan was an iterative process and required further work to fully understand the shape and dimension of the future workforce and to incorporate the national guidance and recommendations as outlined in the report.

A further stakeholder event was planned for 26 January 2018 to focus on the recommendations, build on the learning from the initial event held in September 2017 and enable a detailed action plan to be developed.

It was noted that the 2018 GMS Contract in Scotland indicated the likely workforce changes required ahead of the published guidance. In light of the recently and soon to be published national guidance and GMS Contract in addition to existing workforce knowledge, it was necessary to revise the schedule for finalisation of the workforce plan to late 2018. Officers would continue to develop the draft plan as outlined in the report and would bring this back to the SPG and IJB for discussion and approval.

Finally, the report provided details of engagement and consultation undertaken in the development of the plan.

The Board was asked to:

- Note the content of the report and its attachment
- Support the key objectives of effective workforce planning

described in the report and Plan

- Note the key themes and recommendations emerging from the recently published National Health and social care Workforce Plan (Parts 1 and 2) and note that further recommendations would be forthcoming from Part 3 which was due to be published early 2018.
- Note this framework provided a foundation for the continuous work required in response to changing priorities, national and local drivers and challenges.
- Support the framework within the plan and associated actions.
- Support the stakeholder event planned in January 2018 and note that the output of this would further inform the development of the plan.
- Note the revised timescale for finalisation of the Workforce Plan taking account of the publication of national guidance.

There followed a discussion around some of the issues highlighted in the report. The Head of Health made a suggestion that a report examining sickness absence be brought to a future meeting of the IJB.

Decision

1. To note the terms of the report and to agree the recommendations contained in Section B of the report.
2. To agree that a report examining sickness absence be brought to a future meeting of the IJB.

6. COMMUNITY CARE ELIGIBILITY CRITERIA (NON-RESIDENTIAL SERVICES)

The Board considered a report (copies of which had been circulated) by the Director providing details of the proposed approach for a change to the criteria for eligibility for non-residential Community Care services for adults and older people; and seeking agreement that this change was required in order to manage demand within future available resources.

The report explained that, under Section 12 of the Social Work (Scotland) Act 1968, local authorities had a duty to assess any adult who might need community care services. This was a two stage process involving firstly an assessment of the adult's needs and, secondly, a decision on whether those needs required the provision of community care services. To ensure a fair and consistent process, local authorities set out how eligibility would be determined through the setting of eligibility criteria for receiving care.

The current mechanism for taking account of resource availability for care needs was through applying eligibility criteria in accordance with the Scottish Government Guidance on the National Standard Eligibility

Criteria. This was a framework that prioritised risk and care needs into four bands. These were Critical, Substantial, Moderate and Low.

As part of the council's Transforming Your Council consultation in 2017, a draft saving proposal of £8.8 million, over the five year period 2018/19 to 2022/23, was included in relation to changing the assessment criteria for adults. This largely related to changing the threshold at which care would be provided to substantial and critical need. This would bring the council into line with the vast majority of Scottish councils who had already set the eligibility threshold at the substantial level or above. Appendix 1 to the report provided information relating to all Scottish councils.

The Director reported that social care was experiencing unprecedented growth in demand and increase in costs. West Lothian had the fastest growing elderly population in Scotland and was also facing an increase in the population. A table within the report illustrated the percentage growth in expenditure in social care client groups over the previous three years.

The Board was informed that eligibility criteria for adults had to be set under the parameters of s12A of the Social Work (Scotland) Act 1968 – duty to assess. This was a delegated function to the IJB and, therefore, the IJB was required to agree to any proposed change in eligibility thresholds before the council set its budget for 2018/19 and agree its medium term financial plan.

The Director concluded that the current provision of funded support to those with moderate care needs was not sustainable based on increasing demands and constrained funding resources. The eligibility level at which care was provided was the main driver of social care costs and the vast majority of councils already only provided direct funded care to clients assessed as having substantial or critical needs. Based on this, draft savings had been proposed in relation to eligibility but the IJB was required to agree there was a need to change the eligibility threshold to allow for these savings to be implemented.

West Lothian Council would consider the saving proposal at its budget setting meeting and the outcome would be reported to the IJB on 13 March when it set its Directions to the council and the health board for 2018/19.

It was recommended that the Board:

1. To note the Scottish Government Guidance on the National Standard Eligibility Criteria and Waiting Times for Free Personal and Nursing Care, September 2009, as the established framework to determine who should receive specific public funding to address their support need.
2. To note that the threshold for funded support for social care needs was now set at substantial for the vast majority of Scottish local authorities.
3. To note that West Lothian Council included a saving proposal for 2018/19 to 2022/23 directly linked to setting eligibility criteria at

substantial and above in its Transforming Your Council consultation in 2017.

4. To agree to set the eligibility threshold for which direct funded support for non-residential adult social care to the level of substantial and above, taking account of increasing demand and financial constraints.
5. To note that the council would consider the saving proposal at its budget setting meeting and that the outcome would be reported to the IJB on 13 March when it set its Directions for 2018/19.
6. To note that work was progressing on reviewing and updating the assessment processes within the council to take account of the proposed change to the eligibility threshold for funded social care support to be introduced from 1 April 2018.

Decision

1. To note the terms of the report and
2. To agree to set the eligibility threshold for which direct funded support for non-residential adult social care to the level of substantial and above, taking account of increasing demand and financial constraints.

7. WEST LOTHIAN ELIGIBILITY CRITERIA FOR CARER SUPPORT

The Board considered a report (copies of which had been circulated) by the Director informing the Board of its duties under the Carers (Scotland) Act 2016 in relation to setting eligibility criteria for carer support and consulting carers and representatives of carers on the proposed eligibility criteria; and to present the draft eligibility criteria for consideration.

The Board was informed that the Carers (Scotland) Act 2016 came into effect on 1 April 2018. The Act detailed the advice, information and support which carers were entitled to in order to support them in their caring role enabling them to maintain their health and well-being and to have a life alongside caring.

From 1 April 2018, the council must:

- Identify the support needs of carers
- Prepare an adult carer support plan or a young carer statement if someone asks for one
- Provide support to carers based on local eligibility criteria
- Involve carers in planning services
- Establish information and advice services for carers

The health service must:

- Involve carers in the hospital discharge planning of the people they cared for
- Partnerships must also prepare a local Carers; Strategy and a Short Breaks Services Statement.

The council had developed draft local eligibility criteria to determine what type of support carers would be offered. The draft West Lothian eligibility criteria for unpaid carers were based on the National Carer Organisations best practice framework as included in statutory guidance and consider:

- The impact of caring on the carer
- The level of need for support
- The thresholds to be met to be eligible for support.

The draft criteria were attached as Appendix 1 to the report.

The Director concluded that both the IJB and the council had a duty to set eligibility for carer support ahead of the Carers (Scotland) Act 2016 coming into effect in April 2018. For adult carers, this duty rested with the West Lothian IJB but the statutory guidance recommended that joint criteria were appropriate.

A council consultation on the draft eligibility criteria was ongoing, after which, it was proposed that a further report was presented to Council Executive on 6 March 2018 to approve the eligibility criteria in relation to young carers and carers of children with additional care needs. The same eligibility criteria would be presented to the West Lothian IJB for approval on 13 March 2018, in relation to adult carers.

It was recommended that the Board:

1. Note the IJB's duties in relation to setting eligibility criteria for carer support.
2. Note the IJB's duties in relation to setting eligibility criteria for carer support where functions were delegated.
3. Note the draft eligibility criteria.
4. Note that a consultation was underway with carers and representatives of carers on the proposed eligibility criteria; and
5. Agree a further report on 13 March 2018 following the council's consultation period to approve the eligibility criteria for adult carers who provided unpaid care for adults.

Decision

To note the terms of the report and to agree that a further report be brought to the Board on 13 March 2018 following the council's

consultation period to approve the eligibility criteria for adult carers who provided unpaid care for adults.

8. MSG INDICATORS

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a summary of the progress to date made against the six Ministerial Strategic Group Indicators for Health and Community Care and the proposed objectives for 2018/19.

The Board was informed that the Integration Authority was asked to provide an update overview of local objectives and ambitions relating to the following six indicators for 2018/19 by 31 January 2018 as follows:-

1. Number of emergency admission into Acute (SMR01) specialties.
2. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.
3. Number of A&E attendances and the percentage of patients seen with 4 hours.
4. Number of delayed discharge bed days. An objective could be provided to cover all reasons for delay or separate objectives for each reason type i.e Health and Social Care, Patient/Carer/Family Related, Code 9.
5. Percentage of last 6 months of life spent in the community.
6. Percentage of population residing in non hospital setting for all adults and 75+. A suggested further breakdown would be: care home, at home (supported) and at home (unsupported).

Appendix 1 to the report provided the proposed summary and objectives for West Lothian. Once approved by the IJB these would be returned to the Scottish Government by 31 January 2018.

It was recommended that the Board:

- Note the requirements on the Ministerial Strategic Group for Health and Community Care (MSG).
- Note the progress against the 6 key indicators in 2016/17.
- Support the proposed objectives for 2018/19 which were to be returned to the MSG by 31 January 2018.

During discussion, officers undertook to check the figure shown (50.9%) for “reduction in GLS bed days in 1st quarter compared to same quarter in 2015/16” and to include a note as appropriate against this data.

At this point in the meeting, the Director provided a verbal update

concerning the number of Delayed Discharges over December and January and the action being taken by management team and staff to manage demand for hospital beds.

Decision

1. To note the terms of the report; and
2. To support the proposed objectives for 2018/19 which were to be returned to the MSG by 31 January 2018.

9. NHS Lothian Budget and Cost Allocation Model for Integrated Joint Boards

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on work agreed by NHS Lothian to explore the modification of the budget setting model for functions delegated to Lothian Integrated Joint Boards.

The Chief Finance Officer advised that a report on the proposal to update the IJB budget and cost allocation model for Health functions had been agreed by NHS Lothian Finance and Resources (F&R) Committee on 15 November 2017 and it was intended that a further update on progress would be provided to F&R in early 2018.

The report contained details of the current allocation model for health functions delegated to the IJB, together with the proposed new approach to budget and cost allocation. The proposal was summarised as follows:-

Budgets – The allocation model would be revised to recognise proportionate shares of the total resource included within delegated functions. This would result in an NRAC share of Core, Hosted and Set Aside budgets being allocated to each IJB.

Costs – Patient level data would be used to create a new proxy for resource utilisation where possible. Costs associated with a specialty would be split across each IJB based on an appropriate usage related weighting, such as occupied bed days for a ward cost. It was recognised that patient level data might not be available across all services, and where this was unavailable an agreement to use NRAC to split actual cost would be pursued as an interim measure.

The Chief Finance Officer considered that allocating costs to an IJB on the basis of usage would reflect the use of services from the relevant population and would allow a better understanding of how resources should be deployed in the future.

It was noted that, following agreement by the F&R Committee and support from each IJB, a number of strands of work were proposed to be progressed. These were:-

- Application and review of NRAC shares to overall delegated (and agreed) budgets.

- Application of Patient level data to delegated costs to provide an updated share of resources.
- Agreement on the arrangements for monitoring performance.
- Agreement with IJBs on any interim arrangements required to mitigate against turbulence created from the new model;
- Agreement on the protocols for budget reallocation based on IJB requirements.

Finally the report provided a summary of West Lothian IJB considerations and potential implications.

It was recommended that the Board:

1. Note that NHS Lothian Finance and Resources Committee had agreed that the IJB budget setting model should be explored further using NRAC as the basis of resource allocation and patient level data as the basis for allocating costs.
2. Note the proposed changes to modelling and allocating budget and costs that were intended to reflect more fairly the resources delegated to and utilised by each IJB.
3. Note that further work was ongoing to progress the revised budget setting model and it was proposed that any changes to the budget model and associated implications would need to be considered and agreed by IJBs.

Decision

To note the terms of the report.

10. IJB FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2017/18 budget position for the IJB delegated health and social care functions, including an update on key risk areas.

The forecast position in the report reflected the most recent NHS and council outturn position. West Lothian Council was forecasting an overall breakeven budget position for 2017/18 while NHS Lothian was forecasting an overspend of £1.102 million. Further detail on the forecast position was contained in Appendix 1 to the report.

The position took account of a number of significant pressures across both West Lothian Council and NHS Lothian such as prescribing, junior medical staff costs and the cost of care home placements for older people. It was important that plans were put in place to address the areas of overspend part of prioritising and planning future resource use.

Management actions were being progressed within the West Lothian Health Social Care Partnership and at a wider NHS Lothian level to manage spend within available resources. A summary of the key risks and service pressures along with actions being progressed to mitigate the risks had been identified as well as a review of in year and future year strategic risks. These were attached at Appendix 2 to the report.

The report provided commentary on the quarter 3 budget monitoring exercise.

It was recommended that the IJB:

- Note the forecast outturn for 2017/18 in respect of IJB Delegated functions taking account of saving assumptions.
- Note that further management action was required by Partner bodies in partnership with the IJB to manage the 2017/18 budget pressures.
- Note the key risks associated with the 2017/18 forecast position.

Decision

To note the terms of the report.

11. IJB DEVELOPMENT SESSION

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a brief summary of the IJB Development Day on 30 November 2017 and outlining proposed development plan with timescales.

The report recalled that the IJB had held a development event on 30 November 2017 to discuss the financial context and to consider the impact the financial challenges would have on the delivery of health and social care and what needed to be included in the Strategic Plan, Commissioning Plans and Directions to NHS Lothian and West Lothian Council.

It was noted that brief presentations had been given on:-

- Members Code of Conduct
- The Financial Context and Planning 2018/19
- Strategic Planning and Commissioning

It was noted that there were current issues in relation to market capacity affecting health and social care provision both in hospital and community with a large proportion of delayed discharges due to lack of capacity in care at home and care home provision.

The increasing population, especially amongst the over 65s would place a greater demand on services. At the same time, the economic constraints would mean that this demand needed to be prioritised and managed within constrained resources. This challenging environment, as well as advances in technology, would mean that the way services were currently delivered would need to change.

The report went on to provide commentary on Transformational Change, Enabling Change, Realistic Medicine and Directions.

The report also provided an Appendix setting out a proposed schedule for development and delivery of the revised plans.

In response to a question raised, the Board was informed that the Strategic Planning Group had been given an update relating to slippage in Phase1 engagement on the Locality Plan.

It was recommended that the Board:-

1. Note the contents of the report.
2. Acknowledge the challenges being faced in delivery of health and social care that were driving the need for change.
3. Consider a review of the membership of the Board and SPG to ensure appropriate and adequate representation and support wider stakeholder engagement in development and delivery of the Health and Social Care Delivery Plan.
4. Support review of criteria and thresholds for service provision taking account of statutory responsibilities.
5. Support review of early intervention and preventative approaches to inform priorities for Strategic Plan.
6. Support the development of more detailed and explicit Directions to support service redesign and transformational change programmes.
7. Consider the proposed planning cycle and agree schedule for delivery.

Decision

To note the terms of the report and to approve the recommendations set out in Section B of the report.

12. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.

MINUTE of MEETING of WEST Lothian INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE held within CONFERENCE ROOM 3, WEST Lothian CIVIC CENTRE, HOWDEN SOUTH ROAD, LIVINGSTON, EH54 6FF, on 11 OCTOBER 2017.

Present

Voting Members - Damian Timson (Chair), George Paul and Lynsay Williams (by conference call)

Non-Voting Members – Jane Houston

Apologies – Martin Murray (Non-Voting Member)

In attendance – Jim Forrest (Director), Pamela Main (Senior Manager, Assessment and Prevention), James Millar (Standards Officer), Kenneth Ribbons (Internal Auditor, WL IJB) and Patrick Welsh (Chief Finance Officer, WL IJB).

Apologies – Jane Kellock (Head of Social Work) and Alan Bell (Senior Manager, Community Health and Care Partnership)

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. MINUTE

The committee approved the minute of the meeting held on 28 June 2017 as being a correct record. The Chair thereafter signed the minute.

3. 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 1 to the report listed each IJB risk with scores which were arrived at by multiplying the estimated likelihood of the risk by its estimated impact. Risks were assessed on the basis of a five by five grid and therefore the highest possible score was 25 and the lowest 1.

Appendix 2 to the report summarised progress in relation to the risk actions. The standard risk assessment methodology was attached as appendix 3 to the report.

The Director then responded to questions from members of the committee providing an update on the risks showing less than 50 percent progress

towards the desired outcome. The committee agreed that there was a need for a review of the dates assigned to the various action points. The Internal Audit Manager undertook to participate in this exercise. It was agreed that future reports would set out original target dates together with revised dates, where applicable.

It was recommended that the committee considers 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; and
2. To note that future reports would set out original target dates together with revised dates, where applicable.

4. INTERNAL AUDIT OF PERFORMANCE MANAGEMENT

The committee considered a report (copies of which had been circulated) by the Internal Auditor providing details of the internal audit work on performance management undertaken by the NHS Lothian internal audit service.

The report explained that the NHS Lothian internal audit service agreed to set aside part of its resource to conduct internal audit work on behalf of the four Lothian Integration Joint Boards (IJB's). Accordingly, West Lothian IJB commissioned an audit of performance management. The resultant audit report was attached as an appendix to the report which included details of the agreed management actions.

The report was agreed for factual accuracy with the management of West Lothian IJB.

It was recommended that the committee considers the internal audit report and its findings and notes that in the areas reviewed no major weaknesses in controls were identified.

Decision

To note the internal audit report and its findings and to note that in the areas reviewed, no major weaknesses in controls were identified.

5. NHS WORKFORCE PLANNING - AUDIT SCOTLAND REPORT

The committee considered a report (copies of which had been circulated) by the Director providing an update on a report by Audit Scotland on NHS Workforce Planning. The NHS Workforce Planning: the clinical workforce in secondary care, a report by Audit Scotland, July 2017, was attached at appendix 1 to the report which contained details of their findings and recommendations.

The report, which was the first of a two-part audit, set out Audit Scotland's key findings on the pressure faced by the NHS workforce, current workforce planning and the future of the NHS workforce. Audit Scotland made a number of recommendations to both the Scottish Government and NHS boards in relation to their findings.

The report highlighted the key issues identified by Audit Scotland and the recommendations for NHS Boards. The majority of the recommendations were directed to the Scottish Government but there were also several for NHS boards to be aware of.

There were significant challenges facing the health and social care workforce in both hospitals and in the community. With the introduction of integration authorities, effective workforce planning would become increasingly important to ensure support could adequately meet the growing and changing demand.

A second report in 2018/19 would more closely examine the community based NHS workforce including those who were employed by general practices.

It was recommended that the committee:

1. Notes the key issues raised by Audit Scotland in relation to NHS workforce planning; and
2. Notes the recommendation to NHS boards from Audit Scotland.

Decision

To note the contents of the report.

6. AUDIT OF THE 2016/17 ANNUAL ACCOUNTS

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing details of the outcome of the 2016/17 Audit which included the Auditor's Annual Report. The views were also sought from the committee on whether any changes should be made to the committee's role in the annual accounts process for future years.

The report by Ernst and Young (EY) on the 2016/17 audit formed part of the audit process and covered the financial statement, financial management and sustainability, governance and transparency and Best Value. Details of the key messages in the EY report were outlined within the report by the Chief Finance Officer. The following points were also highlighted:

- Accounting and Audit Matters – Financial Statements;
- Wider Scope Audit Dimensions; and

- Annual Audit Report Action Plan.

The report also outlined the annual accounts process. A report on the annual accounts arrangements and role of the Board and the Audit Risk and Governance Committee was approved by the Board each year. Based on discussions at the Board meeting of 26 September 2017 on the Committee reviewing the Annual Audit report and audited accounts prior to them being reported to the Board, the Committee was asked to consider if they would seek current annual accounts reporting arrangements to be changed to reflect this. It was noted that this would require agreement from the Board and possibly a change to the remit of the Audit, Risk and Governance Committee and the Board's Standing Orders.

It was recommended that the committee:

- Considers the Auditor's 2016/17 Annual Audit Report including the completed management action plan;
- Notes the audited 2016/17 Annual Accounts for the West Lothian Integration Joint Board; and
- Considers if it would seek a change to the role of the committee in terms of the annual accounts reporting arrangements for 2017/18 and future years.

Decision

1. To note the Auditor's 2016/17 Annual Audit Report, including the completed management action plan, and the audited 2016/17 Annual Accounts for the West Lothian Integration Joint Board; and
2. To recommend to the West Lothian Integration Joint Board that reporting arrangements be changed for future years to allow scrutiny of the Annual Accounts by the Audit, Risk and Governance Committee prior to submission to the Board for signature.

7. AUDIT SCOTLAND SELF-DIRECTED SUPPORT 2017 PROGRESS REPORT

The committee considered a report (copies of which had been circulated) by the Director providing details of the findings of the Audit Scotland Self-directed Support 2017 progress report. A summary of West Lothian's progress in implementing Self-directed Support using the Audit Scotland Checklist was also provided. A Self-directed Support: Checklist for board members providing details of the local progress in implementing SDS was attached as an appendix to the report.

The report explained that the ten year national Self-directed Support Strategy 2010-20 was introduced jointly by the Scottish Government and COSLA with the aim of empowering people to have more say in the decisions that affected them both as individual recipients of social care

services and support and as members of their communities. The 2013 Social Care (Self-directed Support) (Scotland) Act 2013, which came into effect on 1 April 2014, was part of that strategic approach.

In 2014 Audit Scotland reported on councils' early progress in implementing the national strategy and their readiness for the 2013 Act. Audit Scotland found that councils still had a lot of work to do to make the cultural and practical changes needed for the successful implementation of Self-directed Support (SDS) and made a series of recommendations to assist this process. Audit Scotland recognised that implementing the strategy required authorities to work in partnership with other people and organisations to transform the way they provided social care to enable people to have greater choice and control.

The report summarised the key findings and recommendations from the audit. The findings of the Audit Scotland report reflected the challenges that councils have faced in making the significant changes required for the implementation of SDS as the mechanism for the delivery of social care and support in Scotland. Many of the issues that were identified locally as areas for further development and improvement were highlighted and the factors that impacted on delivering these. However, West Lothian has made effective progress in all the areas of SDS implementation considered by the report and in planning the future work that was required to complete the full implementation of the SDS strategy.

It was recommended that the committee notes the key findings and recommendations of the Audit Scotland Self-directed Support 2017 progress report and notes West Lothian's progress in implementing Self-directed Support summarised in the Audit Scotland Checklist.

Decision

To note the contents of the report.

8. LOCAL CODE OF CORPORATE GOVERNANCE

The committee considered a report (copies of which had been circulated) by the Standards Officer providing an update on the arrangements for a Local Code of Corporate Governance for the Integration Joint Board.

The report advised that legislation under which the Board was established brought it into the financial and accounting regime which applied to local authorities. The Board therefore had to observe relevant proper accounting practices, which included requirements of statute, guidance, custom and generally accepted good practice and covered internal audit and governance arrangements as well as financial accounting.

The report provided details of the framework and guidance relevant to the Board's corporate governance arrangements. There was a hierarchy in the Framework built around seven over-arching principles of good governance. The Framework set out seven principles as the top layer in the hierarchy details of which were summarised within the report.

Finally, the Framework would be used to develop a Local Code of Corporate Governance based on seven over-arching principles which were outlined within the report. It would not adopt every single element beneath those, as some would be relevant for a council but would not be appropriate for an organisation such as the Board. It would not use the exact wording of the relevant elements and principles since the language and terminology used would have to reflect the Board's constitution and practices. The aim would be to write a Code which was usable, understandable, effective but proportionate to the Board and its operations.

It was suggested that a report be brought to the next committee meeting providing more detailed recommendations, including a draft Code for consideration and the proposed procedure for its use.

It was recommended that the committee:

1. Notes the legislation and guidance relevant to the Board's corporate governance arrangements; and
2. Agrees that a Local Code of Corporate Governance was drafted for consideration by the committee, along with a process for ensuring the Code was used effectively and proportionately.

Decision

To note the contents of the report and agree that a Local Code of Corporate Governance be drafted for consideration by the committee, along with a process for ensuring the Code was used effectively and proportionately.

9. 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 to be considered at the meeting scheduled to be held on 28 March 2018:

1. Internal Audit Plan 2018/19 – K. Ribbons; and
2. External Audit Plan 2018/19 – K. Ribbons.

Decision

To agree the workplan subject to including the items highlighted above.

WEST LOTHIAN INTEGRATION JOINT BOARD

Date: 13 March 2018

Agenda Item: 6

IJB FINANCIAL PLAN UPDATE**REPORT BY CHIEF FINANCE OFFICER****A PURPOSE OF REPORT**

The purpose of this report is to set out the outcome of the financial assurance process on the contributions that West Lothian Council and NHS Lothian have identified to be delegated to the IJB for 2018/19 and provide an update on progress with medium term financial planning for IJB delegated functions.

B RECOMMENDATION

It is recommended the IJB:

1. Notes the financial assurance work undertaken to date;
2. Agrees that council and NHS Lothian 2018/19 budget contributions to Partners, via Directions, to operationally deliver and financially manage IJB delegated functions from 1 April 2018;
3. Agrees that the Directions attached in Appendix 3 to this report are issued to West Lothian Council and NHS Lothian respectively;
4. Notes the update to medium term financial planning in respect of IJB delegated functions
5. Agrees the updated IJB Annual Financial Statement attached in Appendix 4.

C TERMS OF REPORT**C.1 Background**

A key aspect in the ability of the IJB to deliver its Strategic Plan and improve health and social care outcomes is the level and adequacy of resources available. This report considers the level of 2018/19 resources delegated to the IJB by West Lothian Council and NHS Lothian.

As previously reported to the IJB, this process will also consider assumptions, risks and budget saving plans incorporated within the 2018/19 resources set out for IJB delegated functions.

An update on work undertaken and progressing in respect of the medium term financial plan for IJB delegated functions is also set out in this report.

C.2 Purpose and Approach to Financial Assurance

As noted in the Scottish Government guidance and approved IJB Financial Regulations, the purpose of undertaking financial assurance is to allow the IJB to understand the assumptions and risks associated with the annual resources allocated by West Lothian Council and NHS Lothian. The council and NHS Lothian are, in accordance with legislation, responsible for agreeing the functions delegated to the IJB and setting their respective budgets including the level of payments and set aside resources to the IJB.

The matters to be taken into account as part of this assurance process are:

- Assessment of prior year expenditure on IJB functions
- Information on assumptions regarding estimated budget to be delegated to the IJB for 2017/18 and comparison against previous year spend and anticipated 2018/19 demands
- Information on key budget risks associated with functions that will be delegated to the IJB
- Information on the value of approved budget savings for 2018/19 that relate to IJB functions
- Details of any non-recurring funding included in the budget resources delegated to the IJB

The above approach will form the basis of reviewing the 2018/19 resources identified in this report by West Lothian Council and NHS Lothian. In addition, the approved West Lothian IJB Integration Scheme will also inform the approach taken on financial assurance.

C.3 West Lothian Council Resources

West Lothian Council approved its 2018/19 budget on 13 February 2018, including the 2018/19 level of resources associated with functions delegated to the IJB of £72.879 million. This took account of additional Scottish Government funding in the Scottish Local Authority settlement of £66 million specifically for social care.

For West Lothian, the share of this funding has been confirmed as £1.855 million. This was provided as part of the uplift to the IJB and will be used to meet additional costs associated with the following:

- Additional Living Wage uplift for adult social care workers
- Additional costs of extending the Living Wage to sleepover staff
- Additional costs associated with the introduction of the Carers Act
- Additional costs associated with Free Personal Care and Nursing Care payments

It should be noted that this funding is additional to the £10.190 million included in the previous Scottish Budgets in 2016/17 and 2017/18 and in total £12.045 million has been baselined as specific recurring funding from 2018/19 and has been allocated to the IJB. West Lothian IJB's total share of this national funding is taken account of in the council's budget planning and contribution given it relates to council provided services.

Financial Assurance

The table below shows the 2018/19 budget, compared to the equivalent 2017/18 and 2016/17 budget contributions reported as part of prior year financial assurance reports.

West Lothian Council – Resources Associated with Delegated IJB Functions			
	2016/17 Budget £'000	2017/18 Budget £'000	2018/19 Budget £'000
WLC Delegated Functions	66,156	69,396	72,839
Growth in Resources		3,240	3,443

Appendix 1 shows further details on the split of the above resources against the various adult social care functions/services in each year.

2017/18 Budget Position for Social Care Delegated Functions

A breakeven position is forecast against the 2017/18 budget contribution for social care IJB delegated functions. However there continues to be a number of pressure areas throughout the service due to increasing demands for social care services.

Increased numbers of older people in residential care are causing a pressure of £287,000. This reflects an increasing frail elderly population and West Lothian's growth in the over 75 age group being the highest in Scotland. Other key risk areas include staffing pressures in council operated care homes and the increasing numbers and costs associated with adult complex care. The pressures noted are being offset against savings elsewhere in the budget including staffing underspends which are in part due to the early delivery of 2018/19 budget savings.

2018/19 Budget

The 2018/19 budget resources total £72.839 million. This level of resource provides for the estimated additional costs associated with staff pay awards, demographic and demand led pressures and contractual inflation, including the estimated costs of continuing to meet the Living Wage commitment.

The 2018/19 budget also reflects savings of £2.562 million which will require to be delivered to manage within the resources of £72.839 million delegated to the IJB. While comprehensive budget planning has been undertaken to realistically assess the additional cost demands to be budgeted for in 2018/19, and savings required as a result, there are a number of key risks and uncertainties that will require to be closely monitored during 2018/19.

Key Risks and Uncertainties

- Pay Award – The current pay award assumptions for council staff are based on the Scottish Government's pay award proposal of 3% for staff earning up to £36,500, and 2% for other staff. In terms of local government employed staff, trade unions have submitted pay claims and negotiations are ongoing to agree the pay award.
- Increasing demands and inflationary pressures in social care capacity. West Lothian has the fastest growing elderly population in Scotland and while the budget resources assume additional net growth £5.696 million to meet growth in direct care demands and additional policy commitments, there is a risk that demand and cost increases will outstrip the assumptions and resources available. Particular risk areas include learning disability care and elderly care at home and care home spend

- Increasing demand to shift the balance of care from a hospital setting to a community / social care setting and reduce delayed discharges. As well as elderly clients this also particularly relates to high cost adult complex care clients and developments progressing around the Royal Edinburgh Hospital
- The continuation of the Living Wage for all independent and third sector providers as well as wider inflationary demands. Although the National Care Home Contract uplift has been agreed for 2018/19, further discussion and negotiation is required to agree uplifts to non-residential care providers.
- Carers Act. The new Carers Act will be fully implemented on 1 April 2018. Funding for 2018/19 has been provided by the Scottish Government for this new legislative requirement and the actual costs of implementation will require to be closely monitored in the new financial year
- Delivery of 2018/19 Savings. Substantial saving totalling £2.562 million will be required to be achieved. Ongoing monitoring of progress towards delivery will be required on a regular basis.

C.4 NHS Lothian Resources

The 2018/19 financial plan assumptions in this report take account of total funding confirmed by the Scottish Government and the overall NHS Lothian budget figures that are currently being prepared for the NHS Lothian Finance and Resources Committee on the 21 March 2018. After taking account of cost pressures, additional funding, financial recovery plans and in year flexibility, there was a remaining gap across NHS Lothian of £27.8 million reported to NHS Lothian Finance and Resources Committee on 23 January 2018.

This represents approximately 1.6% of the total NHS baseline revenue budget and, as noted, further work is progressing to prepare a report for the meeting on 21 March 2018, which is anticipated to show a reduction to the overall budget shortfall.

It is important to note that NHS Lothian financial planning is undertaken at Business Unit level, rather than IJB level, and the focus of NHS Lothian is to balance its budget at Business Unit level in the first place, which will then feed through to IJBs. NHS Lothian will continue working with its Business Unit management teams and IJBs with the objective of balancing the remaining gap and achieving an overall breakeven position for 2018/19.

Two key factors around this will be the close management of expenditure during the year and scope for further funding during 2018/19. In addition, as previously reported to the Board, work is progressing within NHS Lothian on reviewing budget and cost allocations to IJBs. However, it is not anticipated that this will impact on budget resource allocations to IJBs in 2018/19.

Financial Assurance

The 2018/19 budget associated with NHS delegated functions for West Lothian is £150.114 million. This represents an increase in budget resources compared to last year's formally advised contribution of £7.708 million. However, at this stage, based on initial spend forecasts and saving assumptions, there is a gap forecast of £1.953 million for 2018/19 compared to anticipated spend. West Lothian's share of the 2018/19 gap is equivalent to 1.3% of the budget contribution noted, compared to the NHS Lothian overall gap of 1.6% This is summarised in the table below.

NHS 2018/19 Contribution to IJB			
	2017/18	2018/19	2017/18
	Funding £'000	Funding £'000	Initial Gap / (Surplus) £'000
Core West Lothian Health Services	92,373	99,226	(287)
Share of Pan Lothian Hosted Services	18,264	18,076	226
Payment to IJB - Total	110,637	117,302	(61)
Share of Acute Set Aside	31,769	32,812	2,014
Total	142,406	150,114	1,953
*Budget Increase in 2017/18		7,708	
2018/19 Initial Budget Gap			1.3%

Appendix 2 shows further details on the split of the 2018/19 resources provided and forecast resources required to deliver IJB delegated functions across the NHS Lothian contribution.

2017/18 Budget Position for Health Delegated Functions

The latest 2017/18 monitoring position in respect of IJB delegated Health functions is a forecast overspend of £1.394 million. This is due to a forecast overspend of £1.554 million in acute services delegated to the IJB, which is being marginally offset by a favourable position in West Lothian's share of Hosted Services. Staffing costs are the main pressure area, driven by medical staffing overspends and overspends in nursing costs. As previously reported, the position in the prescribing budget continues to demonstrate that progress is being made in controlling spend in this area through a number of initiatives that have been implemented.

As part of the financial assurance exercise undertaken last year on the 2017/18 contribution to the IJB it was highlighted to the Board and NHS Lothian that there was a substantial gap in the resources required to deliver acute functions delegated to the IJB. The overspend this year is reflective of the budget provided being insufficient to meet the costs of delivering the acute functions delegated to the IJB.

In terms of managing the overspend against IJB delegated functions, significant assurance has been provided by NHS Lothian officers that an overall breakeven position will be achieved across NHS Lothian Business Units in 2017/18, which include IJB pressures. This has been the position in previous years and based on this, it was agreed that IJB overspends in 2016/17 would be managed within this overall breakeven position achieved by NHS Lothian. The similar treatment of IJB overspends in 2017/18 will be considered by NHS Lothian Finance and Resources Committee on 21 March 2018.

2018/19 Budget

The 2018/19 budget contribution from NHS Lothian is £150.114 million. The budget contribution reflects additional budget to fully meet the additional 2018/19 pay award assumed as well as additional resources to meet estimated prescribing cost demands. Saving plans totalling £3.439 million for 2018/19 are taken account of in arriving at the budget contribution of £150.114 million. However, as noted, this still leaves a current funding shortfall of £1.953 million in the NHS budget contribution for 2018/19, which is associated with the acute resources. Based on the current position, there would be a requirement for additional funding or savings of this value to be identified, or a combination of both, to allow the IJB health functions to be delivered within available budget.

Based on the methodology agreed by NHS Lothian for allocating the currently assumed 2018/19 uplift in funding, it is considered that the revised contribution represents a fair share of resources to West Lothian IJB, albeit there currently remains a gap to be addressed. There has been a structural budget deficit in the Acute budget resources for a number of years. Despite this, NHS Lothian have been able to breakeven in overall terms each year and it may be that some further consideration is required of how funding, including non-recurring funding, is attributed and aligned to functions and then taken account of in IJB delegated resources. This could be considered as part of the review of budget and cost allocations to IJBs currently progressing.

There are a number of funding streams still to be allocated to the IJB further to work progressing within NHS Lothian. These include a further £2 million identified across Lothian for efficient prescribing in 2018/19 and a share of funding for Acute drug pressures. Subject to agreement on the basis of allocation, West Lothian IJB will receive further funding from this source as a means of managing GP prescribing demands and acute drug pressures in 2018/19.

In line with the 2018/19 Scottish Budget announcement, additional 2018/19 funding of £175 million for NHS Boards is still to be allocated by the Scottish Government for investment in reform. Scope for this to meet existing pressures is still to be determined but this will potentially assist in increasing resources available for NHS Lothian and IJBs for investment in priority areas such as primary care and mental health.

In addition, further detail is required from the Scottish Government on the allocation of an additional £20 million of investment for Alcohol and Drug services. Close management and monitoring of expenditure through NHS Lothian and IJBs working in partnership will be important in meeting the objective to breakeven for 2018/19.

Key Risks and Uncertainties

The following specific risks will require to be closely monitored during 2018/19.

- Pay Award - The current pay award assumption built into the funding allocation is based on the Scottish Government's pay award proposal of 3% for staff earning up to £36,500, 2% for other staff earning up to £80,000 and a £1,600 increase for staff earning more than £80,000. However, this is still subject to consultation and agreement with Independent Review Bodies.
- Acute Services – based on the current funding contribution to the IJB, there is a significant shortfall in the level of resources provided by NHS Lothian to deliver acute services. Close monitoring and liaison will be required with NHS Lothian colleagues during the year to identify how this funding shortfall can be mitigated
- Prescribing. As set out above, additional funding has been provided to meet estimated prescribing costs. However, even allowing for this and the improvement in managing prescribing spend achieved in 2017/18; this area will remain a key risk going forward.
- Delayed Discharge. Pressures in this area continue to be a budget risk and will require continued joint working to reduce bed days lost and increase community capacity
- New GP Contract. The financial implications of the new GP contract are subject to ongoing assessment and will require to be taken account of in future financial planning updates
- Delivery of savings required to ensure spend is managed within available 2018/19 resources. There is a substantial savings target and this will require to be closely monitored during the year

C.5 Financial Assurance and Issue of Directions – Key Points

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

The IJB is then responsible for allocating the resources it has been provided to partners to operationally deliver services. For governance, responsibility for delivery of delegated functions is through Directions issued to the council and NHS Lothian who remain operationally responsible for delivering services within the resources available. The Directions to both bodies are appended to this report and set out the functions covered and the required actions on partner bodies. This includes for example, the requirement for the council to progress the revisions to the eligibility threshold for direct care provision as approved by the Board on 23 January 2018.

As noted in the approved West Lothian Integration Scheme in respect of financial assurance, 'if any such (financial assurance) review indicates that the projected expenditure is likely to exceed the initial payments to the Board, then the relevant party will be notified. The relevant party, will be required to take action to ensure that services can be delivered within the available budget.' Such action will be in partnership with the IJB taking account of the various joint forums established in relation to delivery and management of delegated functions.

Based on the financial assurance undertaken to date, the NHS Lothian budget and resulting IJB contribution is showing a material gap compared to forecast spend. This will require to be closely monitored during the year and through partnership working the objective will be to achieve a breakeven position for 2018/19. This has been reflected in the Directions to NHS Lothian

Similarly, the council, whilst approving a balanced budget position, will also be responsible for managing within the resources available. Significant savings and risks have been identified with council functions which will require to be closely monitored during 2018/19 to control spend within available resources.

Taking account of the budget resources identified in this report the table below shows the indicative level of 2018/19 resources associated with IJB functions.

West Lothian IJB – 2018/19 Delegated Resources	
	£'000
Adult Social Care	72,839
Core Health Services	99,226
Share of Hosted Services	18,076
IJB Payment	190,141
Acute Set Aside	32,812
Total IJB Resources	222,953

In addition, financial assurance will be ongoing during the year as part of regular financial reporting on the 2018/19 resources associated with IJB functions. As noted in this report, there are a number of risks across health and social care that will require to be closely managed.

C.6 Future Financial Strategy

West Lothian IJB agreed an approach to financial planning on 27 June 2017. As part of this it was agreed that the Chief Officer and Chief Finance Officer would work with West Lothian Council and NHS Lothian to take forward financial planning. In line with the agreed approach to IJB financial planning, plans have and continue to be developed across health and social care functions, and officers supporting the IJB are involved in ensuring overall health and social care implications are taken into account in the financial plans being developed which have been reported to IJB Development Sessions on 30 November 2017 and 19 February 2018.

Social Care Delegated Functions

In terms of social care functions, the financial plan and saving options were developed subject to feedback from the Transforming Your Council consultation. In terms of IJB functions, the financial planning assumptions will reflect the council's approval of the 2018/19 IJB contribution on 13 February 2018, as well as IJB related proposals for 2019/20 and 2020/21 as part of an overall five year strategy approved. It should be noted that the IJB Chief Officer and Chief Finance Officer, as well as other officers supporting the IJB, have had substantial input and influence on the budget planning process for social care IJB delegated functions.

Health Delegated Functions

In terms of Health functions, the medium term financial plan for NHS Lothian incorporating IJB delegated functions continues to be progressed. Draft figures have been reported to IJB Development Sessions but at this stage the plan is still being worked on and has not yet been approved.

The nature of long term forecasting means it is challenging to identify with certainty expenditure and levels of funding for future years. However, it is widely accepted that an annual budgeting process is not conducive to achieving the aims consistent with planning to meet future demands and prioritising resources to achieve this. This is particularly so across health and social care given the demographic and annual increases in demand being experienced.

Further updates on medium term financial planning for IJB delegated functions beyond 2018/19 will be reported to future meetings of the Board

Future Directions and Strategic Planning

Based on the longer term strategic and financial planning frameworks and the level of transformational change required over the medium term, consideration may be required of how this is reflected in future Directions. As well as the 2018/19 Directions appended to this report, longer term strategic Directions could be considered by the IJB going forward.

The IJB is responsible for strategic planning of delegated health and social care functions. Taking account of the medium term financial planning approach set out in this report there will need to be further consideration of the current strategic plan. A key aspect of delivering future health and social care services will be strategic planning that reflects medium term changes to care delivery and the prioritisation of funding to maximise achievement of health and social care outcomes for the population of West Lothian.

C.7 Annual Financial Statement

Section 39 of the Public Sector (Joint Working) (Scotland) Act 2014 requires that each Integration Authority must prepare an Annual Financial Statement on the resources delegated to the IJB. Scottish Government guidance states that the Annual Financial Statement should include each and all of the remaining years of the published strategic commissioning plans.

The current IJB strategic commissioning plans cover the period 2016/17 to 2018/19 and accordingly the Annual Financial Statement attached in Appendix 4 reflects the 2018/19 budget contributions contained in this report.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

Local Government (Scotland) Act 1973

F APPENDICES

Appendix 1 – West Lothian Council Delegated Resources

Appendix 2 – NHS Lothian Delegated Resources

Appendix 3 – Directions to NHS Lothian and West Lothian Council

Appendix 4 – WL IJB Annual Financial Statement

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 2018/19 budget resources delegated to the IJB will be used to support the delivery of outcomes
Strategic Plan Outcomes	The 2018/19 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
Single Outcome Agreement	The 2018/19 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 indicative 2018/19 budget resources relevant to functions that will be delegated to the IJB from 1 April 2018 have been estimated at almost £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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13 March 2018

SOCIAL CARE SERVICES DELEGATED TO WEST LoTHIAN IJB

2016/17 Budget (£'000)		2017/18 Budget (£'000)	2018/19 Budget (£'000)
14,341	Learning Disabilities	16,496	17,517
5,860	Physical Disabilities	6,095	6,400
3,082	Mental Health	2,786	2,883
28,360	Older People Assess & Care	29,667	31,116
7,366	Care Homes & HWC	7,353	7,551
4,647	Contracts & Commissioning Support	5,071	5,289
2,500	Other Social Care Services	1,928	2,123
66,156	Total Adult Social Care Services	69,396	72,879
	Annual Increase in Resources	3,240	3,483

NHS DELEGATED FUNCTIONS AND RESOURCES

	2018/19 Budget £'000	2018/19 Forecast £'000	2018/19 Variance £'000
<u>Core Health Services</u>			
Community Hospitals	2,181	2,188	7
Mental Health	15,249	14,963	-286
District Nursing	3,389	3,283	-106
Community AHPS	3,159	3,204	45
GMS	24,950	24,951	1
Prescribing	37,040	36,251	-789
Resource Transfer	6,782	6,782	0
Other Core	6,476	7,317	841
Total Core Health Services	99,226	98,939	-287
<u>Hosted Health Services</u>			
Sexual Health	1,052	1,072	20
Hosted AHP Services	2,186	2,158	-28
Hosted Rehabilitation Medicine	765	749	-16
Learning Disabilities	3,209	3,310	101
Mental Health	197	202	5
Substance Misuse	3,005	3,140	135
Oral Health Services	2,260	2,146	-114
Hosted Psychology Service	1,249	1,324	75
Hospices / Palliative Care	871	889	18
Public Health / Health Improvement Fund	456	477	21
Lothian Unscheduled Care Service	2,010	2,010	0
UNPAC	1,344	1,351	7
Strategic Programmes	192	192	0
Other Hosted Services	-720	-718	2
Total Hosted Health Services	18,076	18,302	226
TOTAL INDICATIVE NHS PAYMENT TO IJB	117,302	117,241	-61
<u>Acute Set Aside Services</u>			
A & E (outpatients)	4,035	4,482	447
Cardiology	6,022	6,128	106
Diabetes	437	483	46
Endocrinology	168	178	10
Gastroenterology	1,406	1,708	302
General Medicine	6,437	6,733	296
Geriatric Medicine	4,756	4,739	-17
Infectious Disease	2,414	2,627	213
Junior Medical	4,657	5,060	403
Rehabilitation Medicine	772	806	34
Therapies/Management	1,708	1,882	174
TOTAL SET ASIDE	32,812	34,826	2,014
OVERALL TOTAL	150,114	152,067	1,953

Appendix 3

West Lothian Integration Joint Board – Directions to NHS Lothian

1	Implementation date	1 st April 2018
2	Reference number	WLIJB/WLC/D01-2018
3	Integration Joint Board (IJB) authorisation date	13 th March 2018
4	Direction to	NHS Lothian Health Board
5	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

Appendix 3

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2017/18 Direction to NHS Lothian for core community health services.
7	Type of function	Integrated function
8	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to primary and community health services and defined as health care services as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions exercisable in relation to health services as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ul style="list-style-type: none"> – District nursing – Allied Health Professional services: physiotherapy, occupational therapy – Mental health services – General Medical Services – General Dental Services – General Ophthalmic Services – General Pharmaceutical Services – Primary Care Prescribing – Inpatient services provided at St Michael's Hospital, Tippethill Hospital, Maple Villa – Community Learning Disability services

Appendix 3

		<ul style="list-style-type: none"> – Community Palliative Care services – Continence services provided outwith a hospital – Kidney dialysis services provided outwith a hospital – Services provided by health professionals that aim to promote public health <p>The Chief Officer in West Lothian will be the lead operational director for these services.</p>
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2018-2019, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers supporting the IJB to progress and implement the care group commissioning plans below: Older People</p> <ul style="list-style-type: none"> – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement – Specific outcomes to be addressed consistent with the IJB Strategic Plan – How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) – How specific needs of localities will be addressed <p>Transformational change and further integration of Health and social care service</p>

		<p>delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes</p> <p>West Lothian Health and Social Care Delivery Plan</p> <p>The West Lothian Health and Social Care Delivery Plan sets out key operational and transformational changes progressing and proposed to meet national health and social outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian Health and Social Care Plan, which sets out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to develop a financial strategy over a minimum three year period from 2018/19.</p> <p>A robust approach to both aspects above, which take account of the Strategic Plan and Strategic Commissioning Plan priorities will be essential in meeting future health and social care needs for the population of West Lothian</p>
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Appendix 3

10.	Budget 2018/2019	<p><u>Budget 2018/19</u> <u>(£'000)</u></p> <p>Community AHPs 3,159</p> <p>Community Hospitals 2,181</p> <p>District Nursing 3,389</p> <p>GMS 24,950</p> <p>Mental Health 15,249</p> <p>Other 6,476</p> <p>Prescribing 37,040</p> <p>Resource transfer 6,782</p> <p><u>Total</u> <u>99,226</u></p>
11.	Principles	<p>As a fundamental principle, any material changes to 2018/19 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community 3. People who use health and social care services have positive experiences of those services, and have their dignity respected

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		<ol style="list-style-type: none"> 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
14.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored against the detailed performance framework aligned with West Lothian IJB's Strategic Plan and Health and Social Care Delivery Plan.
15.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of the integration outcomes will rest with the IJB and NHS Lothian Health Board will provide performance information so that the IJB can develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on

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		<p>(performance indicators, delivery outcomes, targets etc.) is provided in the appropriate care group commissioning plan.</p> <ol style="list-style-type: none"> 4. The IJB , through its officers, will meet on a regular basis with senior NHSL officers to discuss cost, quality and performance matters linked to the Strategic Plan and local Health and Social Care Delivery Plan. This will be incorporated into regular updates to the IJB on the IJBs performance against key strategic outcomes. 5. The IJB directs NHS Lothian Health Board, through its officers, to provide an annual report in the final quarter of financial year 2018-19 on how it: <ul style="list-style-type: none"> – assesses the quality of services it provides on behalf of the IJB – ensures the regular evaluation of those services as part of an integrated cycle of service improvement 6. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required / being taken to manage budget pressures.
16.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

Appendix 3

1	Implementation date	1 st April 2018
2	Reference number	WLIJB/WLC/D04-2018
3	Integration Joint Board (IJB) authorisation date	13 March 2018
4	Direction to	NHS Lothian Health Board
5	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care – Are personalised and self-directed, putting control in the hands of the service user and their carers

Appendix 3

6	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2017/18 Direction to NHS Lothian for hosted services.
7	Type of function	Integrated (hosted)
8	Function(s) concerned	<p>A range of delegated functions defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and including additional functions as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme, require them to be provided as part of a single Lothian-wide service, commonly referred to as "hosted services". These services will be managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as a Joint Director of NHS Lothian (the IJB area in brackets confirms the Chief Officer who will manage this service)</p> <p>The services are:</p> <ul style="list-style-type: none"> – Dietetics (Midlothian) – Art Therapy (Midlothian) – Lothian Unscheduled Care Service (East Lothian) – Integrated Sexual and Reproductive Health service (Edinburgh) – Clinical Psychology Services (West Lothian) – Continence Services (Edinburgh) – Public Dental Service (including Edinburgh Dental Institute (West Lothian) – Podiatry (West Lothian) – Orthoptics (West Lothian) – Independent Practitioners (East Lothian via the Primary Care Contracting

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		<p>Organisation)</p> <ul style="list-style-type: none"> – SMART Centre (Edinburgh) – Royal Edinburgh and Associated Services (Director of Mental Health accountable to the Chief Officer of Edinburgh and the NHS Lothian's Chief Executive) – Substance Misuse (Ritson Inpatient Unit, LEAP and Harm Reduction (Director of Mental Health accountable to the Chief Officer of Edinburgh and NHS Lothian's Chief Executive)
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2018-2019, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers supporting the IJB to progress and implement the care group commissioning plans below :</p> <ul style="list-style-type: none"> – Older People – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement – Specific outcomes to be addressed consistent with the IJB Strategic Plan – How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) – How specific needs of localities will be addressed

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		<p>Transformational change and further integration of health and social care service delivery will be key to achieving IJB Outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p><u>West Lothian Health and Social Care Delivery Plan</u></p> <p>The West Lothian Health and Social Care Delivery Plan sets out the key operational and transformational changes progressing and proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian Health and Social Care Plan, which sets out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p><u>Medium Term Financial Strategy</u></p> <p>An informed approach to future service delivery over the medium term is crucial and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to work with the West Lothian IJB Chief Officer and Chief Finance Officer to develop a financial strategy over a minimum three year period from 2018/19.</p> <p>A robust approach to integrated strategic and financial planning, which takes account of the Strategic Plan and Strategic Commissioning Plan priorities will be essential in meeting future health and social care needs for the population of West Lothian.</p>										
10.	2018/19 Resources	<table><tr><td><u>2018/19 Payment to IJB</u></td><td><u>(£'000)</u></td></tr><tr><td>Sexual Health</td><td>1,052</td></tr><tr><td>Hosted AHP Services</td><td>2,186</td></tr><tr><td>Hosted Rehabilitation Medicine</td><td>765</td></tr><tr><td>Learning Disabilities</td><td>3,209</td></tr></table>	<u>2018/19 Payment to IJB</u>	<u>(£'000)</u>	Sexual Health	1,052	Hosted AHP Services	2,186	Hosted Rehabilitation Medicine	765	Learning Disabilities	3,209
<u>2018/19 Payment to IJB</u>	<u>(£'000)</u>											
Sexual Health	1,052											
Hosted AHP Services	2,186											
Hosted Rehabilitation Medicine	765											
Learning Disabilities	3,209											

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		<div>Mental Health 197</div> <div>Substance Misuse 3,005</div> <div>Oral Health Services 2,260</div> <div>Hosted Psychology Service 1,249</div> <div>Hospices / Palliative care 871</div> <div>Public Health 456</div> <div>Lothian Unscheduled Care Service 2,010</div> <div>UNPAC 1,344</div> <div>Strategic Programmes 192</div> <div>Other Hosted Services -720</div> <div>Total Hosted Health Services 18,076</div>
11.	Principles	<p>As a fundamental principle, any material changes to 2018/19 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

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		<ol style="list-style-type: none"> 3. People who use health and social care services have positive experiences of those services, and have their dignity respected 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
14.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored against the detailed performance framework within West Lothian IJB's Strategic Plan and Health and Social Care Delivery Plan.
15.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of integration outcomes will rest with the IJB and NHS Lothian Health Board will provide performance information so that the IJB can develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

Appendix 3

		<ol style="list-style-type: none"> 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan. 4. The IJB, through its supporting officers, will meet on a regular basis with senior NHSL officers to discuss cost, quality and performance matters linked to the Strategic Plan and local Health and Social care delivery Plan. This will be incorporated into regular updates to the IJB on performance against key strategic outcomes. 5. The IJB directs NHS Lothian Health Board, through its officers, to provide an annual report in the final quarter of financial year 2018-19 on how it: <ul style="list-style-type: none"> – assesses the quality of services it provides on behalf of the IJB – ensures the regular evaluation of those services as part of an integrated cycle of service improvement 6. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.
16.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	<p>NHS Lothian Health Board carries out functions across four local authority areas. Some of the functions that will be delegated to the Lothian IJBs are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services” and identified in Section 8 of this Direction. As such there is not currently a separately managed budget for those services by local authority area.</p> <p>NHS Lothian Health Board has identified a budget for “hosted services” integrated functions based on an apportionment of the relevant NHS Lothian budgets.</p>

Appendix 3

1	Implementation date	1 st April 2018
2	Reference number	WLIJB/WLC/D03-2018
3	Integration Joint Board (IJB) authorisation date	13 March 2018
4	Direction to	NHS Lothian Health Board
5	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care – Are personalised and self-directed, putting control in the hands of the service user and their carers

Appendix 3

6	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2017/18 Direction to NHS Lothian for set aside health services.
7	Type of function	Set aside
8	Function(s) concerned	<p>All adult acute hospital health services planned by West Lothian IJB and defined as hospital services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Act 2014 and as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ol style="list-style-type: none"> 1. Accident and Emergency services provided in a hospital 2. Inpatient hospital services relating to the following branches of medicine: <ul style="list-style-type: none"> – General medicine – Geriatric medicine – Rehabilitation medicine – Respiratory medicine – Psychiatry of learning disability 3. Palliative care services provided in a hospital 4. Services provided in a hospital in relation to an addiction or dependence on any substance 5. Mental health services provided in a hospital except secure forensic mental health services <p>Services provided on the three acute hospital sites within NHS Lothian (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) will be operationally managed by the relevant site director.</p>

Appendix 3

9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2018-2019, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers supporting the IJB to progress and implement the care group commissioning plans below:</p> <ul style="list-style-type: none"> – Older People – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement – Specific outcomes to be addressed consistent with the IJB Strategic Plan – How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) <p>Transformational change and further integration of health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p><u>West Lothian Health and Social Care Delivery Plan</u></p> <p>The West Lothian Health and Social Care Delivery Plan sets out the key operational and transformational changes progressing and proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian Health and Social Care Plan, which sets out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p>
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		<u>Medium Term Financial Strategy</u> <p>An informed approach to future service delivery over the medium term is crucial and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to work with the West Lothian IJB Chief Officer and Chief Finance Officer to develop a financial strategy over a minimum three year period from 2018/19.</p> <p>A robust approach to integrated strategic and financial planning, which takes account of the Strategic Plan and Strategic Commissioning Plan priorities will be essential in meeting future health and social care needs for the population of West Lothian.</p>	
10.	2018/19 Resources	<u>2018/19 IJB Set Aside</u> A & E (outpatients) Cardiology Diabetes Endocrinology Gastroenterology General Medicine Geriatric Medicine Infectious Disease Junior Medical Rehabilitation Medicine Therapies/Management <u>Total Set Aside</u>	<u>(£'000)</u> 4,035 6,022 437 168 1,406 6,437 4,756 2,414 4,657 772 1,708 32,812

Appendix 3

11.	Principles	<p>As a fundamental principle, any material changes to 2018/19 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community 3. People who use health and social care services have positive experiences of those services, and have their dignity respected 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
14.	Aligned priorities, strategies, outcomes	<p>This direction relates to and will be monitored against the detailed performance framework within West Lothian IJB's Strategic Plan and Health and Social Care Delivery Plan.</p>
15.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of integration outcomes will rest with the IJB and NHS Lothian

Appendix 3

		<p>Health Board will provide performance information so that the IJB can develop a comprehensive performance management system.</p> <ol style="list-style-type: none"> 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require to support its responsibilities regarding strategic planning, performance management, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan. 4. The IJB, through its supporting officers, will meet on a regular basis with senior NHSL officers to discuss cost, quality and performance matters linked to the Strategic Plan and local Health and Social Care Delivery Plan. This will be incorporated into regular updates to the IJB on performance against key strategic outcomes. 5. The IJB directs NHS Lothian Health Board, through its officers, to provide an annual report in the final quarter of financial year 2018-19 on how it: <ul style="list-style-type: none"> – assesses the quality of services it provides on behalf of the IJB – ensures the regular evaluation of those services as part of an integrated cycle of service improvement 6. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.
16.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	<p>NHS Lothian Health Board carries out functions across four local authority areas. The set aside hospital functions that will be delegated to the Lothian IJBs are currently provided as a Lothian-wide service. As such there is not currently a separately managed budget for those services by local authority area.</p> <p>NHS Lothian Health Board has identified a budget for set aside functions based on an apportionment of</p>

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		the relevant NHS Lothian budgets.
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Appendix 3

West Lothian Integration Joint Board – Direction to West Lothian Council

1	Implementation date	1 st April 2018
2	Reference number	WLIJB/WLC/D02-2018
3	Integration Joint Board (IJB) authorisation date	13th March 2018
4	Direction to	West Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

Appendix 3

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2017/18 Direction issued to West Lothian Council for adult social care services. This Direction requires West Lothian Council to reflect the IJB's decision that the eligibility threshold for direct care provision should be set at Substantial and above.
7	Type of function	Integrated function
8	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to adult social care services and defined by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions West Lothian Council has chosen to delegate to the IJB as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <p>All Adult social care services:</p> <ul style="list-style-type: none"> – Learning Disabilities – Physical Disabilities – Mental Health – Older People Assessment & Care – Care Homes & Housing With Care – Contracts & Commissioning Support – Other Adult social care services <p>The IJB Director will be the lead operational director for these services which are to be delivered through the Director's Joint Management Team and in cooperation and partnership with NHS Lothian.</p>

Appendix 3

9.	Required Actions / Directions	<p>West Lothian IJB directs West Lothian Council to provide adult social care services for the population of West Lothian as set out in the West Lothian Integration Scheme and as per the IJB's approval that the eligibility threshold for direct care provision should be set at Substantial and above during 2018/19 and on an ongoing basis.</p> <p>Over the course of the financial year 2018-2019, West Lothian IJB directs West Lothian Council to work with the IJB Chief Officer and officers supporting the IJB to progress and implement the care group commissioning plans below:</p> <ul style="list-style-type: none"> – Older People – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement – Specific outcomes to be addressed consistent with the IJB Strategic Plan – How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) – How specific needs of localities will be addressed <p>Transformational change and further integration of health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p><u>West Lothian Health and Social Care Delivery Plan</u></p> <p>The West Lothian Health and Social Care Delivery Plan sets out the key operational and transformational changes progressing and proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs West Lothian Council to work in partnership with West Lothian IJB to deliver</p>
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Appendix 3

		<p>the West Lothian Health and Social Care Plan, which sets out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p><u>Medium Term Financial Strategy</u></p> <p>An informed approach to future service delivery over the medium term is crucial and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs West Lothian Council to work with the West Lothian IJB Chief Officer and Chief Finance Officer to develop a financial strategy over a minimum three year period from 2018/19.</p> <p>A robust approach to integrated strategic and financial planning, which takes account of the Strategic Plan and Strategic Commissioning Plan priorities will be essential in meeting future health and social care needs for the population of West Lothian.</p>	
10.	2018/19 Resources	<p><u>2018/19 Payment to IJB</u></p> <p>Learning Disabilities</p> <p>Physical Disabilities</p> <p>Mental Health</p> <p>Older People Assess & Care</p> <p>Care Homes & HWC</p> <p>Contracts & Commissioning Support</p> <p>Other Social Care Services</p> <p>Total Adult Social Care Services</p>	<p><u>(£'000)</u></p> <p>17,517</p> <p>6,600</p> <p>2,883</p> <p>30,616</p> <p>7,851</p> <p>5,289</p> <p>2,123</p> <p>72,879</p>

Appendix 3

11.	Principles	<p>As a fundamental principle, any material changes to 2018/19 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community 3. People who use health and social care services have positive experiences of those services, and have their dignity respected 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services

Appendix 3

14.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored against the detailed performance framework within West Lothian IJB's Strategic Plan and Health and Social Care Delivery Plan.
15.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of integration outcomes will rest with the IJB and West Lothian Council will provide performance information so that the IJB can develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, West Lothian Council will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan in accordance with the detailed performance framework within West Lothian IJB's Strategic Plan. 4. The IJB, through management supporting the IJB, will meet on a regular basis to discuss social care cost, quality and performance matters linked to the Strategic Plan and local Health and Social Care Delivery Plan. This will be incorporated into regular updates to the IJB on performance against key strategic outcomes. 5. The IJB directs West Lothian Council, through its officers supporting the IJB, to provide an annual report in the final quarter of financial year 2018-19 on how it: <ul style="list-style-type: none"> – assesses the quality of services it provides on behalf of the IJB – ensures the regular evaluation of those services as part of an integrated cycle of service improvement 6. The IJB directs West Lothian Council, through its officers supporting the IJB, to provide

Appendix 3

		financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to West Lothian Council in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.
16.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

WEST LOTHIAN INTEGRATION JOINT BOARD

ANNUAL FINANCIAL STATEMENT

Section 39 of the Public Sector (Joint Working) (Scotland) Act 2014 requires that each Integration Authority must publish an Annual Financial Statement on the resources that it plans to spend in implementing its Strategic Plan and Strategic Commissioning Plans.

The Scottish Government guidance notes that the Annual Financial Statement should be updated before the end of each financial year and should cover all of the remaining years of the published Strategic Commissioning Plans. West Lothian IJB Strategic Commissioning Plans cover the period 2016/17 to 2018/19 and accordingly, the updated Annual Financial Statement below covers 2018/19. The Annual Financial Statement is split into four areas:

- Adult Social Care Services
- Core West Lothian Health Services
- Hosted Health Services
- Set Aside Hospital Acute Services

Adult Social Care Services

The council's approved 2018/19 contribution to the IJB is shown based on the budget contribution approved by the council on 13 February 2018.

NHS Delegated Services

The NHS Lothian contribution for 2018/19 is shown based on current budget assumptions being progressed for NHS Lothian Finance and Resources Committee and NHS Lothian Board.

As part of anticipated ongoing public sector funding constraints, both West Lothian Council and NHS Lothian will face significant financial challenges over 2018/19 and future years. Health and social care demands are continuing to increase and taken in conjunction with constrained funding, it will be important that future available resources are prioritised to meet the care needs of the West Lothian population

WEST LoTHIAN IJB – ANNUAL FINANCIAL STATEMENT	
	2018/19
	Budget
<u>Adult Social Care Services</u>	£'000
Learning Disabilities	17,517
Physical Disabilities	6,600
Mental Health	2,883
Older People Assessment and Care	30,616
Care Homes and Housing with Care	7,851
Contracts and Commissioning Support	5,289
Other Social Care Services	2,123
Adult Social care Services - Total	72,879
<u>Core West Lothian Health Services</u>	
Community Hospitals	2,181
Mental Health	15,249
District Nursing	3,389
Community AHPs	3,159
General Medical Services	24,950
Prescribing	37,040
Resource Transfer	6,782
Other Core	6,476
Core West Lothian Health Services - Total	99,226
<u>Hosted Health Services</u>	
Sexual Health	1,052
Hosted AHP Services	2,186
Hosted Rehabilitation Services	765

	2018/19
Hosted Health Services (Cont.)	Budget
	£'000
Learning Disabilities	3,209
Mental Health	197
Substance Misuse	3,005
Oral Health Services	2,260
Psychology Services	1,249
Hospices / Palliative Care	871
Public Health / Health Improvement	456
Lothian Unscheduled Care	2,010
UNPACS	1,344
Other Hosted Services	(528)
Hosted Health Services - Total	18,076
Acute Set Aside Services	
Accident and Emergency (Outpatients)	4,035
Cardiology	6,022
Diabetes	437
Endocrinology	168
Gastroenterology	1,406
General Medicine	6,437
Geriatric Medicine	4,756
Infectious Disease	2,414
Junior Medical	4,657
Rehabilitation Medicine	772
Therapies / Management	1,708
Acute Set Aside - Total	32,812
TOTAL	222.993

West Lothian Integration Joint Board

Date: 13 March 2018

Agenda Item: 7

WEST LOTHIAN ELIGIBILITY CRITERIA FOR CARER SUPPORT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to inform the Board of its duties under the Carers (Scotland) Act 2016 in relation to setting eligibility criteria for carer support and consulting carers and representatives of carers on the proposed eligibility criteria; to inform the Board of the outcome of the public consultation with carers and representatives of carers on the proposed eligibility criteria; and to present the proposed eligibility criteria for approval.

B RECOMMENDATION

It is recommended that the Board:

- notes the IJB's duties in relation to setting eligibility criteria for carer support where functions are delegated;
- notes the council's duties in relation to setting eligibility criteria for carer support where functions are not delegated;
- notes the outcome of the public consultation with carers and representatives of carers on the proposed eligibility criteria;
- notes the proposed eligibility criteria;
- approves the eligibility criteria for adult carers who provide unpaid care for adults; and
- approves that eligibility for paid support to carers will be set at Level 3 – Duty to Support.

C TERMS OF REPORT

C.1 Background

The Carers (Scotland) Act 2016 comes into effect on 1 April 2018.

The Act details the advice, information and support which carers are entitled to in order to support them in their caring role enabling them to maintain their health and well-being and to have a life alongside caring.

Carers are defined by the Act as people who provide help and support to someone they know, such as a family member or friend, but who are not employed to do this or working as a volunteer for an organisation.

Carers are the largest group of care providers in Scotland providing vital support to the people they care for. Carers should be recognised as equal partners in care and have the opportunity to be involved in the support planning of the people they care for. Carers should also be able to decide how much care they wish to offer and to know what support is available to them.

C.2 Local eligibility criteria for adults and young carers

From 1 April 2018, the council must:

- Identify the support needs of carers
- Prepare an adult carer support plan or a young carer statement if someone asks for one
- Provide support to carers based on local eligibility criteria
- Involve carers in planning services
- Establish information and advice services for carers

And the health service must:

- Involve carers in the hospital discharge planning of the people they care for
- Partnerships must also prepare a local Carers' Strategy and a Short Breaks Services Statement.

Public bodies have a responsibility to make young carers aware that they are entitled to be children first and that the duties within the Act apply to them.

The council has developed draft local eligibility criteria to determine what type of support carers will be offered. The draft West Lothian eligibility criteria for unpaid carers are based on the National Carer Organisations best practice framework as included in statutory guidance and consider:

- The impact of caring on the carer
- The level of need for support
- The thresholds to be met to be eligible for support

The proposed criteria are attached as Appendix 1 to this report and eligibility for paid support to carers is set at Level 3 – Duty to support. . The proposed criteria are joint criteria, as recommended in the statutory guidance, and can apply to both adults and young carers. This also assists in keeping the assessment process for support consistent through transition from young carer

to adulthood.

Council Executive will consider the proposed criteria in relation to young carers and carers of children with additional care or support needs at its meeting of 6 March 2018.

C.3 Delegated functions

Implementation of the Act also has implications for Integration Authorities. The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017 covers section 21 of the Carers Act and places a duty on Integration Authorities to set local eligibility criteria for carer support in relation to adult services and, where appropriate, the delegated functions relating to children's services.

West Lothian Integration Joint Board (IJB) has not been delegated functions relating to children's services, therefore, the governance route for the approval of the joint criteria is the West Lothian IJB for adults and Council Executive for young carers and carers of children with additional care needs, for example, a disability.

C.4 Consultation

The Act further requires that the council consults carers and carer representatives on its eligibility criteria.

An online public consultation, supported by Carers of West Lothian and other stakeholders, was launched on Wednesday 27 December 2017 and ended on Sunday 28 January 2018. People were also invited to respond by e-mail or by post if they preferred.

There were 23 responses to the online consultation and a further 3 e-mail responses.

The consultation asked three questions:

1. Do the eligibility criteria cover all the areas of someone's life where their caring responsibilities could have an impact?

70% of respondents said they did.

2. Do the eligibility criteria explain how the impact of caring will be measured and used to identify the level of support need a carer has?

74% of respondents said they did.

3. Is there anything that you think should be added or changed?

52% of respondents provided comments and suggestions.

The majority of the comments and suggestions provided by respondents could be grouped under the following areas:

Carer health and wellbeing	6 comments
Carer relationships, social life and a break from caring	8 comments
Carer employment issues, cost of caring, financial issues	10 comments
Access to support / need for eligibility criteria	10 comments
Consultation process	7 comments

C.6 Conclusion

Both the IJB and the council have a duty to set eligibility for carer support ahead of the Carers (Scotland) Act 2016 coming into effect in April 2018. For adult carers, this duty rests with the West Lothian IJB but the statutory guidance recommends that joint criteria are appropriate.

Following consultation on the proposed eligibility criteria and analysis of responses, it is proposed that the eligibility framework attached as Appendix 1 to this report be approved by the Board in relation to adult carers.

The same eligibility criteria will be presented to Council Executive for approval on 6 March 2018 in relation to young carers and carers of children with additional care needs.

D CONSULTATION

The Act further requires that carers and carer representatives are consulted on eligibility criteria.

An online consultation, supported by Carers of West Lothian was launched on Monday 8 January, ending on Sunday 28 January.

The majority of respondents indicated that they felt that the eligibility criteria covered all the areas of someone's life where their caring responsibilities could have an impact. Similarly, the majority of respondents agreed that the eligibility criteria explained how the impact of caring would be measured and used to identify the level of support need a carer had.

More detail on the results of the consultation is set out in section C.5 of this report.

E REFERENCES/BACKGROUND

[Carers \(Scotland\) Act 2016 - Statutory Guidance - Local eligibility criteria - Part 3, Chapter 1, Sections 21 and 22](#)

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

F APPENDICES

Appendix 1 – West Lothian Eligibility Criteria Framework – Carers

G SUMMARY OF IMPLICATIONS

Equality/Health	An equality relevance assessment conducted by the council concluded that the local eligibility criteria will be applied to both those with protected characteristics and those who do not in the same way and, therefore, will not lead to inequalities in relation to access to support.
National Health and Wellbeing Outcomes	Resources are used effectively and efficiently in the provision of health and social care services.
Strategic Plan Outcomes	<p>Older people are able to live independently in the community with an improved quality of life.</p> <p>The Carers Act duties will be considered as part of the review of the Strategic Plan.</p>
Local Outcomes Improvement Plan	<p>Older people are able to live independently in the community with an improved quality of life</p> <p>We live longer, healthier lives and have reduced health inequalities</p>
Impact on other Lothian IJBs	The IJBs will continue to share best practice on all matters covered in this report.
Resource/finance	All activities will be carried out within relevant available budgets.
Policy/Legal	<p>Carers (Scotland) Act 2016</p> <p>Carers (Scotland) Act 2016 - Statutory Guidance - Local eligibility criteria - Part 3, Chapter 1, Sections 21 and 22</p> <p>Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017</p>
Risk	None

H CONTACT

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13 March 2018

West Lothian: Eligibility Criteria for Carer Support

Adults & Older People's Services	Children's services	Universal support		Power to support	Duty to support		National health and wellbeing outcome reference
		Level 1: Pre-assessment		Level 2: Assessment and carers support plan	Level 3: Post assessment support		
		Caring has no impact	Caring has low impact	Caring has moderate impact	Caring has substantial impact	Caring has critical impact	
		No risk	Low risk	Moderate risk	Substantial risk	Critical risk	
Health & wellbeing	Healthy	Carer in good health	Carer's health beginning to be affected.	Carer's health at risk without intervention	Carer has health need that requires attention	Carer's health is breaking/ has broken down	1,6 & 7
		Carer has good emotional wellbeing	Caring role beginning to have an impact on emotional wellbeing	Some impact on carer's emotional wellbeing	Significant impact on carer's emotional wellbeing	Carer's emotional wellbeing is breaking/ has broken down	
Relationships	Healthy, safe and nurtured	Carer has a positive relationship with the cared-for person and is able to maintain relationships with other key people	Carer has some concerns about their relationship with the cared-for person and their ability to maintain relationships with other key people	The carer has identified issues with their relationship with the cared-for person and/or they are finding it difficult to maintain key relationships	The carer's relationship with the person they care for is in danger of breaking down and/or they are no longer able to maintain key relationships.	The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.	3,4 7 & 8
Living environment	Safe	Carer's living environment is suitable, posing no risk to the physical health and safety of the carer and the cared for person.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared-for person in the longer term.	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or the cared-for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and /or the cared-for person.	2
Employment and skills	Achieving & responsible	Carer has no difficulty in managing caring and employment and/or education. Carer does not want to be in paid work or education.	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term. Carer is not in paid work or education but would like to be in the longer term.	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term. Carer is not in paid work or education but would like to be in the medium term.	Carer has significant difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term, Carer is not in paid work or education but would like to be soon.	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education. Carer is not in paid work or education but would like to be now.	5,6
Finance	Included	Caring is not causing financial hardship e.g. carer can afford housing costs and utilities.	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities,	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.	Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities, not meeting housing payments.	5,6

West Lothian: Eligibility Criteria for Carer Support

Adults & Older People's Services	Children's services	Universal support		Power to support	Duty to support		National health and wellbeing outcome reference
		Level 1: Pre-assessment		Level 2: Assessment and carers support plan	Level 3: Post assessment support		
		Caring has no impact	Caring has low impact	Caring has moderate impact	Caring has substantial impact	Caring has critical impact	
		No risk	Low risk	Moderate risk	Substantial risk	Critical risk	
Life balance	Active, achieving and included	Carer has regular opportunities to achieve the balance they want in their life.	Carer has some opportunities to achieve the balance they want in their life.	Due to their caring role, the carer has limited opportunities to achieve the balance they want In their life.	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life	Due to their caring role, the carer has no opportunities to achieve the balance they want in their life	2,4,5 & 6
		They have sufficient opportunity to participate in activities which promote physical, mental and emotional wellbeing	They have some opportunity to participate in activities which promote physical, mental and emotional wellbeing.	They have some limitations to opportunity to participate in activities which promote physical, mental and emotional wellbeing.	They have very little opportunity to participate in activities which promote physical, mental and emotional wellbeing.	They have no opportunity to participate in activities which promote physical, mental and emotional wellbeing.	
Future planning	Achieving	Carer is confident about the future and has no concerns.	Carer is largely confident about the future but has minor concerns	Carer is not confident about the future and has some concerns	Carer is anxious about the future and has significant concerns.	Carer is very anxious about the future and has severe concerns.	6

WEST LOTHIAN INTEGRATION JOINT BOARD

Date: 13 March 2018

Agenda Item: 8

STRATEGIC PLAN ANNUAL REVIEW**REPORT BY DIRECTOR****A PURPOSE OF REPORT**

The purpose of this report is to outline the annual review of the IJB Strategic Plan 2016-26, and to recommend that a replacement Strategic Plan is developed to take account of new legislation, national contract changes, market and workforce factors and to drive forward transformational change in health and social care aligned to the medium term financial plan.

B RECOMMENDATION

The Integration Joint Board is recommended to

- 1. Consider the annual review of the strategic plan, in context of the local market and workforce factors along with new legislation and national contract changes and requirement to align with medium term financial plan*
- 2. Agree that a replacement strategic plan is developed to drive forward the transformational change required in health and social care.*
- 3. Agree the proposed plan for development and timescale for completion.*

C TERMS OF REPORT**BACKGROUND**

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to prepare a Strategic Plan for delegated functions and budgets under their control. The Strategic Plan sets out the case for change, key challenges, priority areas of focus and IJB commitments. The Act requires that Integration Authorities have a Strategic Plan setting out the local area delivery arrangements for the integration functions and how these are intended to contribute to the achievement of the relevant national health and wellbeing outcomes for the partnership.

The Strategic Plan 2016-26 was developed during 2015/16 with engagement of stakeholders through the Strategic Planning Group. The Strategic Plan 2016-26 was approved by the IJB at its meeting on 31st March 2016.

DELEGATED FUNCTIONS

NHS Lothian and West Lothian Council delegate functions and make payments to the Integration Joint Board (IJB) in respect of those functions.

The IJB has the responsibility for the planning and resourcing of the delegated functions as set out in the Integration Scheme to enable it to deliver on local strategic outcomes and gives directions to the council and health board as to how they must deliver services in pursuit of the Strategic Plan and allocates payments to them to permit them to do that.

Similarly, managerial arrangements for the operational delivery of integrated services and accountability to the IJB through the Chief Officer are set out in the Integration Scheme.

These arrangements also include a shared planning responsibility for appropriate NHS Lothian resources designated as 'set aside' amounts regarding large hospital functions of a primarily unscheduled care nature.

STRATEGIC PLAN REVIEW

The Strategic Plan is the output of activities involved in 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.

The Strategic Plan takes account of the integration delivery principles and the national health and wellbeing outcomes. The Act also includes provision for review of the Strategic Plan periodically within the lifetime of the plan and in consultation with the Strategic Planning Group. The review of the Strategic Plan includes the effectiveness of the plan in delivering integrated functions and whether a replacement plan is required.

The Strategic Plan has been reviewed based on consistency with the policy, economic and social context and ongoing accordance with values, resources, appropriateness, feasibility and desirability.

The **vision and values** set out in the Strategic Plan remain relevant and have a good fit with NHS Lothian and West Lothian Council, encapsulating the purpose of the partnership. It is noted that the values require continuous reinforcement and promotion to support their practical demonstration.

The **strategic priorities** of tackling inequalities, prevention and early intervention, integrated and coordinated care and managing our resources effectively are consistent and relevant in delivering the aims to:

- improve the quality and consistency of services for patients, carers, service users and their families;
- provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

The **Health and Social Care Delivery Plan** (December 2016) reinforces the 2020 Vision of a Scotland with high quality integrated services, focused on prevention, early intervention and supported self-management. The Plan shifts focus toward the 'triple aim' of *better quality* of care, *better health* through improved wellbeing and addressing inequalities over the life course, and *better value* through the sustainable and efficient use of available resources. The aim of the Delivery Plan and the targeted programmes of work detailed within is to drive forward the pace of change in health and social care and to give strategic coherence to previously separate areas of policy, thereby bringing the focus required for transformational change.

Achieving sustainability in health and social care requires transformation and making best

use of the totality of resources while continuing to meet current and emerging demand and cost pressures.

Performance

Health and Social Care Integration is measured against 6 key indicators

- 5% Reduction in unplanned hospital admissions by 2019 against 2015/16 baseline
- Maintaining unscheduled bed days at 2015/16 baseline
- Achieving 95% 4-hour standard within A&E
- Achieving no people waiting more than two weeks for discharge from hospital when they are ready and reducing the standard delayed discharge bed days by 10% against 2016/17 baseline.
- Improving end of life care and proportion of last 6 months of life spent at home or in community setting to 89%
- Maintaining 92% of people over 75 years in the community

Performance over the period indicates unscheduled admissions are stable with a modest reduction in associated bed days however there has been a deterioration in performance against the 4-hour A&E standard and the number of delayed discharges and associated increase in bed days. Analysis of patient journeys through the current system suggests improvements need to be made in the integration and coordination of care to improve patient experience. Although the Frailty Programme was established to improve this further reform and change is required at whole system level to improve outcomes and increase the pace of change to achieve the strategic objectives.

Capacity and Demand

It is evident that there are issues with the current care providers being able to match supply to demand. The eligibility criteria for social care has been revised which will impact on service provision. Implementation will need to be supported and expectations managed as well as identifying pathways for self-support models for those who do not meet the thresholds for direct care provision.

Based on a good understanding of need and demand, a market facilitation plan is being developed to ensure there is sufficient and appropriate range of provisions, available at the right price to meet needs and deliver effective outcomes.

The existing Strategic Plan does not include a summary of the key requirements to meet current and future demand, in keeping with the Scottish Government guidance this will be incorporated within the next iteration of the strategic plan, clearly stating the level and type of services required.

Primary Care

The Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association agreed the proposed terms of the 2018 General Medical Services contract and these have been accepted by the GP profession. The key principles are:

- A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.
- A new workload formula for practice funding and income stabilisation for GPs.
- Reducing GP workload through HSCPs employing additional staff to take on roles currently carried out by GPs.
- Reducing risk to GPs through these measures

Each IJB is required to develop a Primary Care Improvement Plan as part of their

Strategic Planning processes and this will be implemented alongside the NHS Board arrangements for delivering the contract. Plans are to be developed collaboratively with advice and support from GPs and explicitly agreed with the GP Sub-Committee of the Area Medical Committee (and in the context of the arrangements for delivering the new GMS contract explicitly agreed with the Local Medical Committee) and be in place by the end of July 2018. The contractual changes will impact on models of care delivery in primary care and have implications for workforce development which need to be incorporated into the IJB Strategic Plan.

Carers Act

The [Carers \(Scotland\) Act 2016](#) will take effect from April 1, 2018. The Act is designed to support carers' health and wellbeing and help make caring more sustainable. Measures include:

- A duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.
- A specific adult carer support plan and young carer statement to identify carers' needs and personal outcomes.
- A requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

A Carers charter sets out carers' right under the Act which contributes to the Scottish Government's vision of a healthier and fairer Scotland, and sits alongside related policy on the integration of Health and Social Care, new social security powers; and the Fair Work agenda. Local eligibility criteria have been set and implementation will require to be supported.

Finance

Under Scottish Government guidance, developed by the Integrated Resource Advisory Group (IRAG), the Strategic Plan should incorporate a medium term financial plan for the resources within its scope.

The IJB will set out a best estimate of future resources included in each year of the Strategic Plan to ensure that there is appropriate resourcing and devolution of responsibility to deliver the outcomes and priorities set out in the plan.

In keeping with the guidance cited above, NHS Lothian and West Lothian Council are expected to provide indicative medium term allocations to the IJB which should align with the Strategic Plan. This rolling indicative allocation is subject to annual approval through the respective budget setting processes.

The final, detailed annual allocation to the IJB will be contingent on the budget setting process of NHS Lothian and West Lothian Council. The indicative partnership budget is at this stage high-level and based on a number of financial planning assumptions associated with funding and expenditure. A revised detailed integrated budget will be presented to the IJB following the conclusion of this process. It is emphasised that significant variance in the financial allocations will impact on the ability of the IJB to commission services that deliver the Strategic Plan and require further review.

Workforce

Delivering health and social care services involves a large workforce across all sectors and presents both challenges and opportunities in terms of workforce planning and development.

The recently published National Health and Social Care Workforce Plan (Parts 1 and 2) provide a foundation for the continuous work required to respond to changing priorities, national and local drivers. Part 3 of the workforce plan is due to be published early 2018

which will address the requirements within Primary Care. The key themes and recommendations emerging from the national plan will need to be incorporated into the strategic plan

Conclusion

The annual review of the Strategic Plan 2016-26 has identified challenges which are impacting on performance and delivery of the plan outcomes. The review up-dates and refreshes the policy drivers for the plan and has taken account of legislative and contractual changes as well as changes within the financial plan. These challenges and changes indicate a replacement plan is required.

It is proposed that the replacement plan will be developed by small working group in conjunction with the Strategic Planning Group with first draft being brought back to the IJB in June 2018. Following consultation and any amendment the final plan will be brought to IJB for approval in December 2018

D CONSULTATION

Strategic Planning Group

IJB Development Sessions November 2017 and February 2018

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services (February 2015)
- [West Lothian IJB Strategic Plan 2016-2026](#)
- [Carers \(Scotland\) Act 2016](#)
- <http://www.gov.scot/Publications/2017/11/1343>
- Health and Social Care Delivery Plan December 2016

F APPENDICES

G SUMMARY OF IMPLICATIONS

Equality/Health

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

National Health and Wellbeing Outcomes

All National Health and Well Being Outcomes

Strategic Plan Outcomes

All Strategic Plan Outcomes

Local Outcome Improvement Plan

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

The Strategic Plan Annual Review report is presented in line with Scottish Government published Strategic Planning, Commissioning and Finance Guidance. The report has implications for the IJB in relation to both finance and quality in relation to the need for the IJB to be assured that the indicative partnership budget is sufficient to deliver the outcomes and priorities set out in the Strategic Plan.

Policy/Legal

The Strategic Plan annual review is presented in accordance with legal requirement on the IJB to review the Strategic Plan on a periodic and regular basis, to involve the Strategic Planning Group in this review and to decide whether a replacement plan is required.

The report refreshes the Strategic Plan taking account of policy and legal change over the last year which has a direct bearing on the operation of the Partnership.

Risk

No new risk implications arise from this report. Strategic and financial risks have already been identified and noted in the Risk Register.

H CONTACT

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13/03/2018

WEST LOTHIAN INTEGRATION JOINT BOARD

Date: 13 March 2018

Agenda Item: 9

IJB 2017/18 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 position for the IJB delegated health and social care functions, including an update on key risk areas.

B RECOMMENDATION

It is recommended the IJB:

1. Notes the forecast outturn for 2017/18 in respect of IJB Delegated functions taking account of saving assumptions
2. Notes the key risks associated with the 2017/18 forecast position.
3. Notes that further management action is required by Partner bodies in partnership with the IJB to manage the 2017/18 budget pressures.

C TERMS OF REPORT

C.1 Introduction

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

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.

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.

C.2 2017/18 Summary Budget Outturn Forecast for IJB Delegated Functions

The forecast position in this report reflects the most recent NHS and council outturn position. West Lothian Council is forecasting an overall breakeven budget position for 2017/18, while NHS Lothian is forecasting an overspend of £1.394 million.

	2017/18	2017/18	2017/08
	Budget £'000	Forecast £'000	Variance £'000
Core West Lothian Health Services	100,597	100,619	22
Share of Pan Lothian Hosted Services	22,026	21,845	(181)
Adult Social Care	69,190	69,190	0
Payment to IJB - Total	191,813	191,654	(159)
Notional Share of Acute Set Aside	33,237	34,790	1,553
Total Contribution	225,050	226,444	1,394

Appendix 1 provides further detail on the forecast position shown. As detailed above, an underspend of £159,000 is forecast on the payment to the IJB and an overspend of £1.553 million is forecast against the share of acute set aside resources attributed to West Lothian giving a combined overspend position of £1.394 million. This is an increase on the position previously reported to the Board when an overspend of £1.102 million was reported on the total contribution.

The position above takes account of a number of significant pressures across both West Lothian Council and NHS Lothian such as prescribing, junior medical staff costs, Accident and Emergency, Community Hospitals and the cost of care home placements for older people. It is important that plans are put in place to address the areas of overspend as part of prioritising and planning future resource use.

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 have achieved 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.

A summary of the key risks and service pressures along with actions being progressed to mitigate the risks as well as information on in year and future year strategic risks, are attached in Appendix 2.

C.3 Quarter 3 Budget Monitoring

The forecast outturn reflects the outcome of comprehensive monitoring by both the Council and Health at quarter 3 at which point there was a forecast overspend of £1.037 million. Further updates over the course of the last month has resulted in an increase to the forecast overspend to £1.394 million.

However, since the previous report to the IJB, significant assurance has been provided that the overall NHS Lothian budget for 2017/18 will breakeven. Taking account of this NHS Lothian Finance and Resources Committee will consider whether, like 2016/17, the pressure on Health IJB delegated resources will be met to reflect the overall NHSL breakeven position.

C.4 Approved Savings Relating to IJB Delegated Functions

As part of the 2017/18 payment to the IJB from the council and NHS Lothian, there were £3.520 million of budget savings identified. The monitoring undertaken at Quarter 3 estimates that £3.048 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 £240,000 is currently estimated to be achievable. The overall forecast position for the IJB takes account of the overall 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	1,473	(477)
Share of Pan Lothian Hosted Services	162	167	5
Adult Social Care	1,408	1,408	0
Payment Functions - Total	3,520	3,048	(472)
Notional Share of Acute Set Aside	438	240	(198)
Total Contribution	3,958	3,288	(670)

While in overall terms satisfactory progress is being made on the delivery of 2017/18 savings (83% of the savings value forecast to be achievable in 2017/18), 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.

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

Appendix 2 – IJB Finance Risk 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 delegated to the IJB total £225 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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13 March 2018

WEST LOTHIAN INTEGRATION JOINT BOARD - 2017/18 BUDGET UPDATE**Month 10**

	2017/18 Budget £'000	2017/18 Forecast £'000	2017/18 Variance £'000
Core West Lothian Health Services			
Community AHPs	3,460	3,563	103
Community Hospitals	2,192	2,492	300
District Nursing	3,103	2,912	-191
General Medical Services	25,328	25,328	0
Mental Health	13,002	13,176	174
Other Core	9,963	9,325	-638
Prescribing	36,767	37,041	274
Resource Transfer	6,782	6,782	0
Core West Lothian Health Services - Total	100,597	100,619	22
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	3,087	3,168	81
Lothian Unscheduled Care Service	1,969	1,964	-5
Mental Health	296	297	1
Oral Health Services	3,393	3,285	-108
Other Hosted Services	-269	-324	-55
Hosted Psychology Service	1,498	1,438	-60
Hosted Rehabilitation Medicine	852	830	-22
Sexual Health	1,139	1,142	3
Substance Misuse	1,768	1,902	134
Substance Misuse Sex Health Bbv	1,651	1,629	-22
UNPAC	1,344	1,189	-155
Share of Pan Lothian Hosted Services - Total	22,026	21,845	-181
Adult Social Care			
Learning Disabilities	16,064	15,992	-72
Physical Disabilities	6,292	6,309	17
Mental Health	2,972	3,006	34
Older Peoples Assessment and Care Mangement	28,611	28,696	85
Care Homes and Housing with care	7,679	7,966	287
Contracts and Commissioning	5,095	4,510	-585
Other Social Care Services	2,477	2,711	234
Adult Social Care - Total	69,190	69,190	0
PAYMENT TO IJB - TOTAL	191,813	191,654	-159
Notional Share of Acute Set Aside			
Accident and Emergency (Out Patients)	4,059	4,485	426
Cardiology	4,039	3,999	-40
Diabetes	493	537	44
Endocrinology	170	160	-10
Gastroenterology	1,935	2,140	205
General Medicine	6,146	6,476	330
Geriatric Medicine	4,743	4,695	-48
Infectious Disease	2,753	2,743	-10
Junior Medical	4,587	5,021	434
Therapies / Management	1,215	1,323	108
Other	250	301	51
Outpatients	105	98	-7
Rehabilitation Medicine	761	793	32
Respiratory Medicine	1,894	1,920	26
Wgh Surgery	87	99	12
Notional Share of Acute Set Aside - Total	33,237	34,790	1,553
TOTAL DELEGATED IJB FUNCTIONS	225,050	226,444	1,394

Appendix 2

IJB Finance Risk Update

Current Year Financial Risk

Risk Area	Value of Pressure	Impact / Action Required
Community Hospitals	£300,000	This is unchanged from the position reported previously. This is driven by high levels of bank staff usage to cover patient acuity, requirement for one to one care, vacancies and high sickness levels. Action required to be taken to manage cost of cover and use of locum staff.
Mental Health	£174,000	This is a return to the position reported at period 6. Local recruitment initiatives continue to be progressed for mental health nurses in an effort to reduce nurse bank and agency costs. This will continue to be closely monitored for the rest of the financial year.
Prescribing	£274,000	This is a continued improvement of £189,000 from the position reported previously. GP prescribing costs have been lower than anticipated throughout the year, however ongoing volatility in prescribing costs makes it important that this area continues to be closely monitored. The implementation of Quality Initiative efficiency schemes and the release of non recurring flexibility have contributed towards the reduction of this pressure.
Substance Misuse	£134,000	This is unchanged from the position reported previously. It relates to a reduction in Scottish Government funding that has not been fully accounted for through cost reductions. Further measures to mitigate the recurring pressure require to be identified.
A&E Outpatients	£426,000	This is a small increase of £18,000 from the position reported previously. The overspend primarily relates to agency nurses employed on a month to month basis to meet unfilled vacancies. The use of agency staff is anticipated to reduce as more permanent staff are recruited.
Gastroenterology	£205,000	This is unchanged from the position reported previously. This pressure is largely due to increasing patient numbers
General Medicine	£370,000	This is an increase of £85,000 from the forecast position reported previously. This pressure is due to recruitment problems and high sickness absence levels along with increased acuity of a small number of patients. Action required to be taken to manage cost of cover and use of bank staff.
Junior Medical	£434,000	This is unchanged from the position reported previously. This pressure relates to the requirement for additional staff to deliver 7 day working, non-compliant rotas and the use of locum staff for trainee gaps. Action required to be taken to manage cost of cover and use of locum staff.
External Care Homes for Older People	£287,000	This is an increase of £22,000 from the position reported previously. The pressure is driven by an increasing number of residents placed in care homes. Work is progressing to meet capacity demands within available resources to ensure that older people entering the care system receive the most appropriate and efficient form of care.
Physical Disabilities	£9,000	This is an improvement of £80,000 on the position reported previously. This is due a reduction in hours provided for care at home packages

Appendix 2

Future Year Strategic Risks

Risk Area	Impact
Future Pay Awards	The lifting of the public sector pay cap and increased pay awards will have implications for both the council and health sides of the IJB. At this stage the Scottish Government have proposed pay awards for their staff, however confirmation of pay awards for other sectors will require consultation and negotiation with independent review bodies and unions.
National Care Home Rates	The National Care Home rate increase has now been confirmed at 3.39% which has been allowed for in the West Lothian Council budget model.
Future Years Savings	Both the council and Health have very challenging reduction targets for 2018/19 and future years. Failure to fully deliver on any element of the planned changes will put additional pressure on other areas.
Demographic Growth	Estimates have been made regarding demographic growth for adults requiring care provision. West Lothian is anticipated to have the highest growth in the elderly population, particularly over 75s. These demographic forecasts will result in increased financial pressure.
Living Wage	The new Scottish Living wage has been announced at a rate of £8.75 per hour. This represents an increase of 3.6%. The funding of future Living Wage increases will be a risk going forward.
Prescribing	A sustained level of ongoing growth and price increases have been included in the financial outlook, however there is potential for increases to be greater than expected. Local initiatives such as Scriptswitch as well as the Effective Prescribing funding will be important in controlling future spend.
GMS Contract	Financial implications of the new GMS contract are currently being assessed and will be considered further in future updates to the IJB.
Delayed Discharge	Management of the volume of delayed discharge will be essential going forward to enable new initiatives and deliver future reductions. However, this is dependent on capacity being available in community care and funding availability.
Carers Bill	The new Carers Act will be fully implemented on 1 st April 2018. This will require local authorities to provide support to carers free of charge. It is anticipated that costs will increase as carers become more aware of their right to support under this new legislation. Additional funding has been allocated through an increase in Social Care funding and this will be used to offset additional costs incurred in assessing and supporting carers.

WEST LOTHIAN INTEGRATION JOINT BOARD

Date: 13 March 2018

Agenda Item: 10

CLINICAL GOVERNANCE

REPORT BY CLINICAL DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to inform the Board of developments with regard to Primary Care and Community Services in West Lothian

B RECOMMENDATION

- The Board is recommended to*
- 1. Note the contents of the report;*
 - 2. Be assured that West Lothian HSCP are successfully maintaining and developing service provision,*
 - 3. Be assured that plans are being developed to implement the new GP contract in West Lothian*
 - 4. Support innovative approaches to primary care and community service provision and assist on communicating the vision for the future to all stakeholders including the general public*
 - 5. Support an increase in staffing at HSCP level to facilitate the implementation of the new GP contract.*

C TERMS OF REPORT

BACKGROUND

Primary Care services in West Lothian continue to be under pressure, as the recruitment and retention crisis continues. West Lothian HSCP has taken an active role in working with GP practices to maintain service provision and develop new ways of working to assist practices in managing demand. In addition, ongoing work to develop other service areas such as Mental Health and services for the frail elderly contribute to supporting primary care teams in managing these vulnerable groups.

General Practice: service stabilisation and development

Following the stabilisation of the Deans and Eliburn practice and its successful return to a GMS contract, no further West Lothian practices have required direct management

support over the last 12 months. All practices are currently functioning under independent contractor status, and only one practice is operating with a restricted list.

The past year has seen the development of GP Cluster working, which is being supported by a new Primary Care Development Manager. Clusters have focused on quality, benchmarking and sharing new ways of working such as:

1. Signposting – posters inform patients of alternative services under the “right care right time right place” campaign, which has been fully supported by council colleagues, with information displayed in council buildings, schools, X cite venues and even supermarkets.
2. Enhanced Signposting training for reception staff has been offered to all practices to enable staff to offer patients more appropriate or alternative options to meet their need. This includes signposting to other staff members within and outwith the practice such as nurses, pharmacists and opticians.
3. West Lothian Primary Care Bulletin – a quarterly communication to all GP practices sharing clinical and administrative tips for more efficient working and updating practices on the progress towards implementation of the new GP contract.

Resilience Planning – West Lothian practices have previously been surveyed for their resilience as indicated by unfilled vacancies, retirement dates, premises and population growth pressures. Vulnerable practices and those with particular pressures have been offered tailored support which may include additional staffing, business support or LEGUP grants to support expansion.

That said, our focus in West Lothian is to support *all* practices, rather than directing all resource to the most vulnerable, as we consider that moving forward together with service development across the piece is the best way to create a secure service for the future.

All practices have been offered new technologies such as text reminder/cancellation services to reduce wasted appointments and mobile IT devices for home visiting. In addition, trials of new staffing approaches are currently underway:

1. Paramedic trial – three practices are trialling the use of advanced paramedic practitioners (APPs) to undertake a proportion of house calls, particularly to frail elderly patients. Initial feedback from GPs and patients has been positive. In addition, 3 practices have been funded to offer training placements to student APPs in order to build capacity within the service. Given the pressures already on GP time, the commitment of practices to offering this training is commendable.
2. Physiotherapy trial – Six practices are trialling advanced physiotherapist practitioners (GPAPP) as first line assessment for all musculoskeletal problems with GPs providing prescribing support and second opinions as necessary. Initial reports are very positive with the additional benefit of updating and up-skilling the GPs in their own management of MSK problems.
3. Pharmacy Trial – Advanced Pharmacy Practitioners – one advanced pharmacist has been placed full time in a large practice to explore the potential for pharmacists to reduce GP workload. The practice and pharmacist have looked at a range of tasks that can be undertaken and are positive about progress so far.

General Practice: progress in prescribing

The West Lothian prescribing Incentive Project ran until August 2017 - practices undertook a range of actions to reduce prescribing costs. Overall, 6 practices reduced their cost per patient from baseline, and a further 8 practices contained growth to within

3% as compared to the previous year.

Several additional actions have been undertaken this year to promote quality prescribing:

B12 Poster – a pan West Lothian initiative to reduce unnecessary B12 injections to free up nurse time.

Pain and Anxiety Medication Poster – a pan West Lothian initiative to reduce the unnecessary initiation of opiates and benzodiazepines and thus reduce morbidity associated with these medications and associated repeat doctor appointments.

The West Lothian prescribing team continue to visit every practice annually and agree shared prescribing goals to both reduce unnecessary cost and to increase quality and effective prescribing.

Every practice has a Pharmacy Technician at least two sessions a week, the Technician supports the quality and cost efficiency aims of the West Lothian pharmacy team and shares good administrative practice.

A number of practices also have a band 6 pharmacist one or two sessions a week to carry out clinical reviews and address issues such as polypharmacy.

Frailty redesign: development of REACT Hub

West Lothian Geriatricians have engaged strongly with a Primary Care focused service which aims to reduce admissions to hospital, support early discharge and promote a “Realistic Medicine” model to avoid iatrogenic harm from over prescribing in the frail elderly.

The previous REACT hospital at home model continues to support GPs in caring for the frail elderly in the community, and has been expanded using the resources from the former Templar Day Hospital to develop a new REACT Hub to promote these same aims to people who do not yet require hospital admission but who are frail and deteriorating. The REACT hub provides rapid comprehensive multidisciplinary geriatric assessment for these patients in an out patient setting in St Johns hospital. The service offers same day advice to GPs and facilitates rapid access to specialist investigations to enable rapid diagnosis and the formation of appropriate Anticipatory Care Plans which contribute to the avoidance of inappropriate hospital admissions.

Mental Health redesign- mental health hubs to support primary care

Work has commenced on the development of mental health hubs in West Lothian to provide improved services for patients with mild –moderate mental health symptoms. This joint venture between primary and secondary care aims to co-locate a range of intermediate-level services for this patient group, as well as linking to 3rd sector services through the use of mental health link workers. Mild to moderate mental health problems are a leading cause of presentation to GP’s surgeries, so the provision of alternatives to GP care for this patient group is aimed at both improving the range of options available to patients are reducing pressure on GP appointments, as well as reducing referrals to psychiatric out patients.

General Practice- implementation of the 2018 GMS contract

The WL HSCP is strongly engaged with all WL GPs to work towards the aims and aspirations of the 2018 GMC contract through the east and west cluster groups chaired by Dr. David Morrison and Dr Andreas Kelch. The former PCCF chaired by Dr Douglas McGown has adapted its remit to create a forum for consultation during the implementation phase of the new contract, and will now be known as the Joint Cluster Group. Dr Annie Lomas has been appointed as the LMC/ GP Sub Representative for the Oversight of the 2018 GMS contract in West Lothian.

The West Lothian Primary Care Implementation and Improvement Plan is currently being drafted, and consultation with relevant stakeholder groups will take place by July 2018. The plan aims to build on the work so far in West Lothian, which is already well aligned with the new contract's philosophy, as well as introducing some new elements to further promote new ways of working for the benefit of patients.

D COMMENT

Multiple approaches are being employed to stabilise, support and develop primary care and community services in West Lothian. The wide range of innovative projects underway demonstrates the commitment of the HSCP and practices to working together to strengthen our local services.

NEXT STEPS

Scottish Government time frames for development and roll-out of the Primary Care Implementation and Improvement Plan are ambitious, and additional staffing will be required at HSCP level to successfully carry out this work. It is important both for patients and for GP morale and engagement that work is able to progress at a reasonable pace, to secure the future of primary care services in our area.

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G SUMMARY OF IMPLICATIONS

Equality/Health

The report has been assessed as having little or no relevance regarding equality or the Public-Sector Equality Duty. As a result, equality impact assessment has not been conducted.

National Health and Wellbeing Outcomes

Implementation of these initiatives supports progress towards Health and Well Being outcomes

Strategic Plan Outcomes

**Local Outcome
Improvement Plan**

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

Additional funding will be made available to the HSCP for GP contract implementation

Policy/Legal**Risk****H CONTACT**

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13/03/2018

West Lothian Integration Joint Board

Date: 13 March 2018

Agenda Item: 11

IJB DEVELOPMENT SESSION REPORT**CHIEF OFFICER****A PURPOSE OF REPORT**

The purpose of this report is to provide the Integration Joint Board (IJB) with a brief summary of the output of the IJB Development Day held on 19 February 2018

B RECOMMENDATION

The IJB is recommended to:

1. Acknowledge the challenges being faced in delivery of health and social care that are driving the need for change
2. Support the management team in taking forward the improvement actions identified
3. Agree the development of revised Strategic Plan to take account of the drivers and actions required to achieve strategic objectives
4. Agree the development of more detailed and explicit Strategic Directions to support service redesign and transformational change programmes
5. Support future development event planned for April 2018.

C TERMS OF REPORT

The IJB held a development event on 19 February 2018 to discuss the financial plan, transformational change programme and development of Directions to NHS Lothian and West Lothian Council.

To set the discussion in context brief presentations were given on the

- Financial Planning 2018/19 to 2022/23
- Strategic Change Programme

Financial Plan

The updated Financial Plan as presented took account of the Scottish Budget announcement of 14 December 2017, the estimated spend pressures, estimated funding increases and estimated shortfall/ savings requirement.

It was noted that there are several risks and uncertainties around the modelled position that require to be kept under review including:

- Pay awards/ staff costs as the Public Sector pay cap has been lifted the 2018 pay award is still subject to consultation with the pay review bodies
- Demographic demand associated with the rapidly growing elderly population
- Inflation
- Uncertainty over Scottish Government funding levels for future years and funding associated with policy commitments
- Achievement of savings required to balance the budget
- Overall economic growth and uncertainty over Brexit

The approach to identification of savings was discussed along with the savings identified to date. It was noted that several the proposals required material change to service delivery models as well as efficiency and prioritisation measures.

The challenging five-year forecast with increasing demands and funding constraints requires a whole system approach to develop innovative and sustainable models of care which need to be reflected in our Strategic Plan and in our communications with and directions to our partner bodies.

CHANGE PROGRAMME

The strategic priorities set out in the IJB Strategic Plan: Tackling Inequalities; Prevention and Early Intervention; Integrated and Coordinated Care and Managing Our Resources Effectively; remain consistent with the objectives of integration of health and social care to deliver on the national health and well-being outcomes. The IJB health and social care delivery plan sets out our current transformational change programmes and measured performance against the key integration indicators.

Performance in relation to the 4-hour A&E standard and delayed discharges were highlighted as key challenges along with the current usage of available beds within St John's Hospital, the Community Hospitals and intermediate and interim care units.

Discussion focussed on how the current system of health and social care operated and examined two patient stories. These patients were chosen randomly and whilst further investigation of a wider range of patients' journeys through health and social care would be beneficial they clearly demonstrated poor communications between teams and an overall lack of integration and care coordination resulting in prolonged length of stay and poorer outcomes for the patients concerned.

Proposals to move towards Single Points of Access and Discharge to Assess models were discussed and agreed that these should be further developed for more detailed consideration.

Identified improvement actions focussed on the need to:

- Streamline processes to reduce duplication, variation and waste in the system
- Establish the correct number and type of beds required to support acute and intermediate care
- Ensure we have the right staff, in the right place, doing the right things at the right time
- Have more effective discharge planning processes including consistently setting the expected date of discharge on admission and criteria for discharge.
- Review the processes for those requiring more complex assessment
- Develop market facilitation plan which enable the market to respond to demand more effectively
- Work with housing to minimise delays associated with tenancies and homelessness
- Prevent unnecessary admissions and attendance at A&E
- Ensure eligibility criteria for care are understood and where to signpost those not meeting the criteria for direct care provision to the right kind of support.

DIRECTIONS & STRATEGIC PLANNING

The IJB is responsible for issuing Directions to partner bodies. Taking account of the longer term financial and strategic planning frameworks being developed consideration is to be given to issuing more Strategic Directions that reflect the key service delivery changes that need to be actioned by the partners.

It is best practice to integrate financial planning with strategic planning and is important that our Strategic Plan takes account of resource availability and reflects the transformational changes required to existing care models.

FUTURE DEVELOPMENT SESSION

The Board members present agreed that a further development session should be arranged in April 2018 to have detailed discussion on unscheduled care and development of Single Point of Access, Discharge to Assess and Eligibility Criteria.

D CONSULTATION

IJB Development Session 19 February 2018

E REFERENCES/BACKGROUND

IJB Strategic Plan 2016-26

Health and Social Care Delivery Plan 2016

F APPENDICES

G SUMMARY OF IMPLICATIONS

Equality/Health	<i>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.</i>
National Health and Wellbeing Outcomes	<i>All 9 National Health and Well Being Outcomes</i>
Strategic Plan Outcomes	<i>Tackling Inequalities Prevention and Early Intervention Integrated and Coordinated Care Managing Our Resources Effectively</i>
Local Outcome Improvement Plan	<i>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</i>
Impact on other Lothian IJBs	<i>Potential for shared learning and development across IJBs Strategic Planning for set aside acute functions may influence other IJBs</i>
Resource/finance	<i>Health and social care services must be delivered within available resources</i>
Policy/Legal	<i>Public Bodies (Joint Working) (Scotland) Act 2014 Carers (Scotland) Act 2016</i>
Risk	<i>Change programmes must have risks fully assessed to determine impacts There are current high risks on the Risk Register in relation to unscheduled care and delayed discharges and sustainability of primary care</i>

H CONTACT

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13 March 2018

Date: 13 March 2018

Agenda Item: 12

West Lothian Integration Joint Board

Proposed Meeting Dates 2018/19

<u>Agenda Issue</u>	<u>Meeting Date</u>
Wednesday 8 August 2018	Tuesday 14 August 2018 at 2.00 pm
Tuesday 18 September 2018	*Monday 24 September 2018 at 2.00 pm
Thursday 15 November 2018	Wednesday 21 November 2018 at 2.00 pm
Wednesday 23 January 2019	Tuesday 29 January 2019 at 2.00 pm
Wednesday 6 March 2019	Tuesday 12 March 2019 at 2.00 pm
Thursday 20 June 2019	Wednesday 26 June 2019 at 2.00 pm

*There is a statutory requirement for the audited accounts to be approved by 30 September each year and signed by the Chair, Chief Officer and Finance Officer and submitted to the external auditors.

West Lothian Integration Joint Board

Date: 13 March 2018

Agenda Item: 13

Update: Drug & Alcohol Service/Referrals

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Integration Joint Board of the current performance of the HEAT A11 target.

To advise the Integration Joint Board of current service developments.

B RECOMMENDATION

To support the approach taken by services to reduce waiting times and achieve optimal performance.

C TERMS OF REPORT

C.1

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 funding, 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).

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.

West Lothian IJB Performance

Area/IJB	2016-17 Q2	2016-17 Q3	2016-17 Q4	2017-18 Q1	2017-18 Q2	2017-18 Q3
Lothian	85%	84%	83%	85%	81%	NA
West Lothian IJB	87%	86%	78%	74%	68%	80%

The percentages reported for Lothian and for each IJB cover all drug and alcohol services funded by the local ADP - NHS, CEC and 3rd Sector. Over performance in one service will compensate under performance in another.

As will be seen, the West Lothian trend is reducing. Performance has been dropping each quarter, partly due to staffing problems and data entry/clean up.

West Lothian have been working with some vacancies and staffing issues on both the nursing and medical side which have affected performance. Work is underway to stabilise the nursing staffing and medical staff are currently being recruited.

The lack of medical staff impacts on the ability to treat patients effectively so will affect the target. Attempts have been made to recruit specialist GPs for some sessions; but without success. A 0.6WTE locum Consultant Psychiatrist is currently in post until April 2018. Recruitment is underway for a 1.0WTE permanent Consultant Psychiatrist and consideration is being given to recruit to a Speciality Doctor post if the aforementioned GP sessions cannot be recruited to.

3 temporary Community Psychiatric Nurses have been maintained within the team and have had their contracts extended for a further 12 months.

A redesign of the service is being planned for 2018, with greater integration of the social work and NHS elements being key. Some early work has already been done in relation to how work is prioritised and allocated, and it is anticipated that the Q3 figures for the West Lothian IJB area will show a modest improvement in performance. The redesign will also seek to establish whether the balance of work across the three partners – NHS, Social Policy and third sector – is optimal.

D CONSULTATION

West Lothian Alcohol and Drugs Partnership.

E REFERENCES/BACKGROUND

Previous IJB Meetings.

F APPENDICES

None.

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	The 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.
Local Outcomes Improvement Plan	The Strategic Plan outcomes are aligned to the LOIP 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 <input type="checkbox"/> There is a significant risk that outcome performance targets are not met as a consequence of reduction in commissioned activity. <input type="checkbox"/> There is a risk that drug related deaths will increase.

H CONTACT

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13 March 2018

West Lothian Integration Joint Board

Date: 13 March 2018

Agenda Item: 14

COMPLAINTS AND INFORMATION REQUESTS – QUARTER 3 OF 2017/18

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To report to the Board statistics on complaints and information requests made to the Board in quarter 3 of the 2017/18.

B RECOMMENDATION

It is recommended that the Board:

1. Note that no complaints have been received in quarter 3 or since the establishment of the IJB;
2. Note that no requests for information have been received in quarter 3 or since the establishment of the IJB; and
3. Note that complaints and requests for information will be reported on a quarterly basis.

C TERMS OF REPORT

C1 Background

At its meeting of 5 December 2017, the Board agreed the Complaints Handling Procedure be amended in line with recommendations from the Complaints Standards Authority. This included a requirement to report on complaints received by the Board on a quarterly basis.

The Board is also required to submit quarterly statistics on requests for information to the Office of the Scottish Information Commissioner (OSIC) and therefore a quarterly update on requests for information will be reported alongside complaints.

C2 Compliance with legislation

The Freedom of Information (Scotland) Act 2002 is an Act of the Scottish Parliament which gives everyone the right to ask for any information held by a Scottish public authority.

The Environmental Information (Scotland) Regulations 2004 (the EIRs) come from a European Directive on access to environmental information. The EIRs give everyone the right to ask for environmental information held by a Scottish public authority (and some other bodies).

An internal procedure for processing requests for information relating to the Board is in place. Requests for information will be recorded on council systems, as will complaints, and there is signposting on the IJB pages of the Health and Social Care Partnership website explaining how to make a complaint or request information.

Quarterly submissions on statistics on requests for information are made to the Office of the Scottish Information Commissioner (OSIC) on behalf of the IJB.

C3 Complaints received in Quarter 3 of 2017/18

There have been no complaints received by the IJB to date.

C4 Requests for information received in Quarter 3 of 2017/18

There have been no requests for information received by the IJB to date.

C5 Conclusion

The IJB has taken the necessary steps to ensure compliance with the relevant legislation in relation to complaints and requests for information.

No complaints or information requests have been received since the establishment of the IJB.

Complaints and requests for information will be reported on a quarterly basis; Quarter 4 of 2017/18 will be reported to the Board in May 2018.

D CONSULTATION

Work is ongoing between NHS Lothian and the four corresponding Health and Social Care Partnerships to ensure that a consistent approach is taken to complaints handling and requests for information across all relevant public bodies in the Lothians.

E REFERENCES/BACKGROUND

Meeting of West Lothian IJB 5 December 2017

West Lothian IJB Complaints Handling Procedure

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as relevant to equality and the Public Sector Equality Duty, however it is not deemed necessary to conduct an equality impact assessment given the nature of the report.
National Health and Wellbeing Outcomes	Resources are used effectively and efficiently in the provision of health and social care services.
Strategic Plan Outcomes	<p>The complaints procedure gives service users an avenue to complain about:</p> <ul style="list-style-type: none">• IJB procedures• IJB decisions• the administrative or decision-making processes followed by the IJB in coming to a decision
Single Outcome Agreement	None
Impact on other Lothian IJBs	The 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	<p>Scottish Public Services Ombudsman Act 2002 and Amendment Order 2006</p> <p>Integration Scheme Regulations 2014</p> <p>Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory instructions and guidance</p> <p>Public Records (Scotland) Act 2011</p> <p>The Data Protection Act 1998</p> <p>Freedom of Information (Scotland) Act 2002.</p>
Risk	Minimal if compliance with legislation is regularly reviewed.

H CONTACT

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13 March 2018

Meeting Date: 13 March 2018

Item No: 15

Action Note Ref	Workplan Item	Matter Arising and Decision Taken	Lead Officer	IJB Meeting Date
		MARCH		
		Complaints and Requests for Information - Quarterly Report	Lorna Kemp	13 March 2018
		WEST LOTHIAN ELIGIBILITY CRITERIA FOR CARER SUPPORT	Lorna Kemp	13 March 2018
		Update on Drug and Alcohol Service/Referrals		13 March 2018
		Clinical Director's Report	Elaine Duncan	13 March 2018
		FUTURE UNSPECIFIED		
		Royal Edinburgh Hospital Phase 2	Tim Montgomery	
		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	December and June each year
A/N 29 Nov 2016	To be Reviewed Biennially	Standing Orders	James Millar	December 2019 (every 2 years)
	To be Reviewed Biennially	Membership Review (SPG and AR&G)	James Millar	December 2019 (every 2 years)
	To be Reviewed Annually	Review of Performance	Carol Bebbington	
A/N 31 Jan 2017	To be Reviewed Annually	Risk Register	Kenneth Ribbons	December each year
	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	December each year