



West Lothian
Council

West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

14 October 2015

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 **Tuesday 20 October 2015** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Chair's Remarks
2. Standing Orders - Report by Director (herewith)
3. Order of Business, including notice of urgent business
4. IJB Membership - Report by Director (herewith)
5. Code of Conduct - Report by Director (herewith)
6. 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.
7. Confirm Draft Minute of Meeting of West Lothian Shadow Integration Joint Board held on Tuesday 25 August 2015.
8. West Lothian Integration Scheme - Report by Director (herewith)
9. First Iteration for SPG Consultation and Comment - Report by Director (herewith)

DATA LABEL: Public

10. Strategic Planning Group Terms of Reference and Procedures - Report by Director (herewith)
11. Budget and Finance - Report by Director (herewith)
12. Workforce Development / OD Plan - Report by Director (herewith)
13. IJB Member Induction - Report by Director (herewith)
14. Meeting Arrangements and Workplan - Report by Director (herewith)

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

West Lothian Integration Joint Board

Date: 20 October 2015

Agenda Item: **2**

STANDING ORDERS

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To agree and adopt Standing orders under which the Board's proceedings shall operate.

B RECOMMENDATION

1. To adopt the draft Standing Orders, as contained in Appendix 1 to the report, to apply with immediate effect.
2. To agree that a further report should be brought to the Board prior to the delegation of functions to review the working of the Standing Orders and in relation to comments and suggestions made at meetings of the Shadow Board when the draft Standing Orders were previously considered.
3. To agree the suggested approach to minutes of Board meetings, as contained in Appendix 2 to the Report.

C TERMS OF REPORT

In terms of statutory rules made under the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") the Board requires to make Standing Orders regulating its proceedings. Those rules also set out certain minimum requirements to be included in such Standing Orders whilst leaving other matters for inclusion at the Board's discretion. In some areas they stipulate the particular terms which must be included, and in others they leave the detail for local decision.

In addition to the statutory rules, there are other provisions which experience shows are necessary elements of Standing Orders to ensure sound decisions are taken, not in the sense of the merits of the decisions, but in the relation to lawfulness, efficiency, speed, promptness, accuracy and on the basis of all relevant information.

The Shadow Board previously considered a draft set of Standing Orders for information and comment. Those draft Standing Orders are in Appendix 1. They have been prepared to ensure compliance with the statutory requirements and general rules of good governance and orderly conduct of business. They follow the structure and pattern of a draft set of Standing Orders prepared through the health board for recommendation, with local variations where desired, for adoption by each of the four Lothian IJBs. Some variations have been made in the proposed version for this Board.

A number of issues were raised during discussion, and it was agreed that those issues would be considered and brought back for further discussion and decision by the Board. The draft Standing Orders have not at this stage been altered to reflect any of the points raised. It is suggested that the present version is adopted with immediate effect, and reviewed in the spring of 2016, prior to the delegation of functions. That will allow them to be used on a trial basis, and for further discussion to take place about what adjustments might be desirable, both in light of experience and based on earlier consideration by members.

Two technical changes have been made since the Shadow Board meeting on 25 August:-

- The wording of SO 9.12 has been altered to match the current and still unsatisfactory regulations about withdrawing from a meeting after declaring an interest. The Scottish Government has not yet arranged for the amendment of the regulations to happen
- SO 17.3 had allowed the appointment of non-Board members to committees, but a closer reading of the regulations shows that such appointments will not be possible – the regulations allow IJBs to appoint “committees of its members”, and is silent about appointing anyone else. That provision has therefore been changed to match the legislation

The Shadow Board also considered some suggested and differing approaches to the preparation and wording of its minutes. The approach contained in Appendix 2 is the same approach recommended to the Shadow Board and it is presented again for consideration and for adoption.

A concern was raised about whether that approach would ensure adequate recording of matters significant to the Board’s proceedings or members, as distinct from the Board’s decisions. Assurances were given that there would be sufficient flexibility for that to happen through the Chair’s directions and the Clerk’s recording of such comments and discussion, and that members could ask the Chair to have a particular matter minuted. On that basis, the proposed approach is now presented for formal adoption. Any dissatisfaction about the contents of minutes can be addressed at each meeting when the minute is submitted for approval, and the overall approach reviewed at a further meeting if felt necessary.

D CONSULTATION

Relevant officers in council and health board in relation to form and content of proposed Standing Orders.

E IMPLICATIONS

Equality/Health	No assessment has been carried out in relation to this report, since it is not felt to be relevant or required to the subject-matter and proposed decisions.
Resource	No impact
Policy/Legal	Adoption of Standing Orders will ensure compliance with the 2014 Act and relevant subordinate legislation
Risk	Failure to adopt Standing Orders puts at risk the administration of the Board and competent decision-making

F REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

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

Meeting of Shadow IJB, 2 June and 25 August 2015

G APPENDICES

1. Draft Standing Orders
2. Approach to minutes of meetings

H CONTACT

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Date of meeting: 20 October 2015

APPENDIX 1

STANDING ORDERS FOR THE PROCEEDINGS OF THE WEST LOTHIAN INTEGRATION JOINT BOARD

1 General

- 1.1 These Standing Orders regulate the conduct and proceedings of the West Lothian Integration Joint Board.
- 1.2 The terms used in these Standing Orders are defined in Appendix 1.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if these Standing Orders conflict with them.
- 1.4 These Standing Orders may be amended, varied or revoked at a meeting of the Board provided the notice for the meeting at which the proposal is to be considered states that there is a proposal to amend the Standing Orders, states what that proposal is, and the proposal itself does not result in the Board not complying with any statutory provision or regulation.
- 1.5 These Standing Orders shall apply at every meeting of the Board, and may not be suspended in any way, for any reason or at any time.

2 Membership

- 2.1 The membership of the Board shall comprise:-
 - a) Those voting and non-voting members prescribed by law
 - b) Those additional non-voting members appointed by the Board of its own volition
- 2.2 If and when a person ceases to hold the office or post as a result of which he or she became a member of the Board then that person shall cease to be a member of the Board.
- 2.3 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor, or, as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting.
- 2.4 If a non-voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced substitute to attend the meeting.

3 Chair and Vice-Chair

- 3.1 Members shall be appointed to, and shall hold the positions of, Chair and Vice-Chair in accordance with the Integration Scheme.
- 3.2 The Chair will preside at every meeting of the Integration Joint Board that he or she attends.

APPENDIX 1

- 3.3 In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.
- 3.4 In the absence of both the Chair and Vice Chair, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside. In the event of a tied vote, the decision as to who shall preside shall be determined by lot.

4 Ordinary and special meetings

- 4.1 The Board shall at least annually approve a timetable of ordinary meetings, which shall be held at least six times in each financial year.
- 4.2 The Board may amend or adjust that timetable of ordinary meetings from time to time, provided that at least six such meetings are held in each financial year.
- 4.3 The Chair may change the date and/or time of an ordinary meeting, but may not cancel an ordinary meeting.
- 4.4 The Chair may call a special meeting of the Board at any time by delivering a signed requisition to the Clerk specifying the business to be transacted.
- 4.5 A request for a special meeting of the Board may be made in the form of a requisition specifying the business to be transacted, signed by at least two thirds of the number of voting members, and presented to the Clerk. If the Chair does not call that meeting within seven days of receiving the requisition, the members who signed the requisition may call a meeting by delivering a notice, signed by them all, calling the meeting.
- 4.6 Upon receipt of a requisition for a special meeting, the Clerk shall make arrangements for the meeting to be held as soon as reasonably practicable, but in any event within 14 days of the Chair's requisition, or the members' notice, as the case may be.
- 4.7 No business shall be transacted at a special meeting other than that specified in the requisition.

5 Calling meetings

- 5.1 All meetings of the Board, ordinary and special, shall be convened and shall take place in accordance with these Standing Orders.
- 5.2 A notice shall be sent, or its availability intimated, to every Board member at least five clear days before the meeting.
- 5.3 The notice shall be in the form of an agenda approved by the Chair or, in the absence of the Chair, by the Vice-Chair, and shall specify the date, time and place of the meeting and the business to be transacted.
- 5.4 Reports and other supporting papers shall be attached to the notice and delivered with it.
- 5.5 Reports shall be prepared using a standard template approved by the Board from time to time, and shall in particular advise on the following matters:-

APPENDIX 1

- Relevance to the Board's values, national health and well-being outcomes, the integration planning principles and the integration delivery principles
 - Impact of decisions on services, facilities and resources used or to be used by other integration authorities and the constituent bodies
 - Requirements of legislation, directions and statutory guidance
 - Impacts on and views of localities
 - Health inequalities
 - Public sector equality duty
 - Financial implications
 - Relevance to the Strategic Plan
- 5.6 In the event that the Chief Social Work Officer or the Clinical Director requires that they be permitted access to the Board to report on matters within their professional and/or statutory roles and responsibilities then they shall be entitled to insist on a report being included on the agenda for an ordinary meeting.
- 5.7 The address for intimation or delivery shall be the email address notified by each member, unless a member requests that a different address, postal or electronic, is used.
- 5.8 Lack of or a defect in the service or intimation of the notice to any member shall not affect the validity of a meeting.
- 5.9 The notice and meeting papers shall be available to the public in terms of Standing Order 6 unless the Director, in consultation with the Chair, considers that consideration of an item of business may involve the disclosure of private information. The notice shall state if that is the case and state the category of private information involved.
- 5.10 Only the business specified in the notice shall be transacted at the meeting, unless an item of business is notified to the Chair before the meeting with a request for it to be added to the agenda, and the Chair rules to allow it to be considered on the ground of urgency. The Chair shall state the reason for such a ruling and the minute shall record the ruling and the reason given.
- 5.11 If the Chair rules that the matter is not urgent, it shall be included as an item for the next ordinary meeting, unless it is withdrawn or dealt with in some other way before then.

6 Public access to meetings and meeting papers

- 6.1 By the day after the notice calling a meeting is sent or intimated to Board members, they shall be made available to the public through the internet, except for any papers which are withheld due to the potential disclosure of private information.
- 6.2 Board meetings shall be held in public, unless the Board resolves to exclude the public

APPENDIX 1

during its consideration of an item of business due to the potential disclosure of private information.

- 6.3 The minute of the meeting will record the reason for any decision by the Board to exclude the public from a meeting.
- 6.4 The minute of the meeting shall contain a note of the outcome of the Board's consideration of an item of business for which the public was excluded which informs the public of the issues and the decision but does not disclose any private information.

7 Quorum

- 7.1 A meeting shall not proceed unless there are present within 30 minutes of the starting time of the meeting at least one half of the voting members.
- 7.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.
- 7.3 Any business on the agenda for a Board meeting which is inquorate shall be carried forward to the adjourned meeting, unless it is withdrawn or dealt with in the meantime in another way. No business other than that on the agenda for the inquorate meeting shall be added to the agenda for the adjourned meeting.
- 7.4 Substitute voting members shall be counted for the purposes of the quorum.
- 7.5 A member shall be regarded as being present at a meeting if he or she is able to participate from a remote location by a secure video link or other communication link approved by the Board. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.
- 7.6 If a member withdraws from consideration of an item of business following a declaration of interest then he or she shall not be counted for the purposes of a quorum for that item of business. If there is as a result no quorum for that item of business then the item shall not be considered, and shall be carried forward to the next ordinary meeting, unless it is withdrawn or is dealt with in the meantime in another way.

8 Duties and responsibilities of the Chair

- 8.1 The Chair shall ensure that the agenda of business is properly dealt with and clear decisions are reached.
- 8.2 The Chair shall permit fair and responsible debate and shall ensure that the views and opinions of all those entitled to participate, including the advice of officers, are allowed to be expressed and that these contribute to the outcome of the meeting.
- 8.3 The Chair shall ensure the proper and timely conduct of the meeting, expediting the business on the agenda and reaching a sufficiency of debate, where appropriate.
- 8.4 On all points of order, relevance or competency, order of business, interpretation of these Standing Orders and in relation to urgent business, the ruling of the Chair is final and shall not be open to question or discussion.

APPENDIX 1

9 Conduct of members

- 9.1 Members are accountable for their own individual conduct in the Chamber at all times.
- 9.2 Members must observe the rules of conduct stemming from the law, the Code of Conduct and any guidance from the Standards Commission, and the rules, standing orders and regulations of the Board.
- 9.3 Members must respect the chair, their member colleagues, Board officers and any members of the public present at meetings or other formal proceedings of the Board.
- 9.4 Members shall at all times conduct themselves in an orderly, courteous and respectful manner, shall comply with rulings of the Chair and shall otherwise respect the authority of the Chair.
- 9.5 When a member is speaking other members shall not converse or otherwise behave in a manner which is disruptive to the member speaking or to the meeting, or make any noise or disturbance which is so disruptive.
- 9.6 When the Chair speaks, any member who is addressing the meeting shall stop.
- 9.7 The Chair shall take appropriate action if he or she is of the view that a member is in breach of one or more of the foregoing standards, including requiring the withdrawal of a remark, requiring an apology, requiring the member's behaviour to cease or any other action required to allow the meeting to properly proceed.
- 9.8 If a member behaves obstructively or offensively or disregards the authority of the Chair, a motion may be moved and seconded to suspend the member for the rest of the meeting. The mover will explain briefly the reasons for so moving, and the member who is the subject of the motion shall have the right to make a brief reply. The motion shall then be put to a vote without amendment or discussion. If it is carried, the member shall withdraw from the meeting and take no further part in it.
- 9.9 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.
- 9.10 Members of the Board are required to subscribe to and comply with the Code of Conduct adopted by the Board and approved by the Scottish Ministers.
- 9.11 The Clerk shall maintain the Board's Register of Interests, gifts and hospitality which shall be open for public inspection. When a member needs to update or amend his or her entry in the Register, he or she must notify the Clerk of the need to change the entry within one month after the date the matter requires to be registered.
- 9.12 Members must always consider the relevance of any interests they may have to any business presented to the Board and declare any interests where required by the Code of Conduct in relation to such business, before the other members of the Board decide if members may take part in any discussion on the matter, or must withdraw, as the case may be.

APPENDIX 1

10 Adjournment

- 10.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned by the Board to another day, time and place.
- 10.2 An adjournment shall be determined by a motion, which shall be moved and seconded and be put to the meeting without discussion.
- 10.3 If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion, but which shall be no later than the date and time for the next ordinary meeting of the Board.
- 10.4 Any business not dealt with prior to the adjournment shall be carried forward to the adjourned meeting, unless it is withdrawn or dealt with in the meantime in some other way.

11 Items of business and debate

- 11.1 The Chair shall allow the officer responsible for an item of business to speak to it.
- 11.2 The Chair shall then allow all members to ask questions on the item of business, and shall allow members a reasonable opportunity to do so.
- 11.3 The Board may reach consensus on an item of business without taking a formal vote.
- 11.4 Any voting member may move a motion or an amendment in relation to an item of business. The Chair may require the motion or amendment to be in writing. Every motion and amendment is required to be moved and seconded by a voting member. A motion or amendment shall not be recorded or discussed until a seconder has been identified.
- 11.5 The mover of a motion may speak, on one occasion, for five minutes.
- 11.6 The seconder may speak, on one occasion, for three minutes.
- 11.7 The mover of an amendment may speak, on one occasion, for five minutes.
- 11.8 The seconder may speak, on one occasion, for three minutes.
- 11.9 Other members, voting and non-voting, may speak, on one occasion, for three minutes.
- 11.10 The mover of the motion shall have a right to reply, and may speak for three minutes, but may not introduce any new material.
- 11.11 After the reply, the question shall be put to the Board by the Chair without further debate or discussion.
- 11.12 A motion to adjourn any debate on any question or for the closure of a debate may be moved and seconded before the right to reply and shall be put to the meeting without discussion. An adjournment of any debate shall be to the next meeting.

APPENDIX 1

12 Voting

- 12.1 Where a vote is required, every question at a meeting shall be determined by a simple majority of votes of the members present and voting, or abstaining from voting, on the question.
- 12.2 A vote shall be taken by a show of hands, and the minute of the meeting shall record the vote cast by each member. Except by the attendance of a substitute or in the event of a temporary vacancy, no vote may be cast by proxy for an absent voting member.
- 12.3 Where there is a temporary vacancy in the voting membership of the Board, the vote which otherwise would have been cast by a member of the constituent authority to be appointed to the vacancy may be exercised jointly by the other members appointed by that constituent authority.
- 12.4 In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.
- 12.5 Where there has been an equality of votes, the Chair will bring consideration of the matter to a close for that meeting, and give direction to the Director on how the matter should be taken forward. The Director will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon at a future meeting.
- 12.6 Where after consideration at the future meeting the matter remains unresolved, and the Chair concludes that the equality of votes is a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Director must work together to arrive at an acceptable position for the integration joint board.

13 Changing a decision

- 13.1 A decision of the Board cannot be changed within six months unless notice has been given in the notice of meeting and:-
 - a) The Chair rules there has been a material change of circumstance and explains the reasons for that, or
 - b) The Board agrees the decision was based on incorrect or incomplete information
- 13.2 The minute shall record the reason for the decision being changed.

14 Minutes

- 14.1 The Clerk shall prepare the minutes of meetings of the Board.
- 14.2 The Board shall receive and review its minutes for agreement at its following ordinary meeting.

APPENDIX 1

14.3 The minute shall record:-

- a) The names of members present at a meeting
- b) The names of any officers in attendance
- c) Declarations of interest made, and whether members declaring an interest participated in the relevant item of business, or not
- d) Significant legal and other advice provided by officers and professional advisers
- e) Rulings by the Chair
- f) A brief summary of the terms of the report and recommendations
- g) Motions, amendments, voting and decisions made
- h) Other matters required to be recorded by these Standing Orders

15 Matters to be determined by the Board

- 15.1 The Board shall approve, vary or amend these Standing Orders.
- 15.2 The Board shall approve the establishment of, and terms of reference of all of its committees.
- 15.3 The Board shall appoint all committee members, as well as the Chair and Vice-Chair of all of its committees.
- 15.4 The Board shall appoint its Strategic Planning Group and its members (other than the members to be nominated by each constituent party).
- 15.5 The Board shall approve its Strategic Plan and any other strategies that it may need to develop for all the functions which have been delegated to it.
- 15.6 The Board will also review the effectiveness of its Strategic Plan.
- 15.7 The Board shall review and approve its contribution to community planning, and shall appoint its representative(s) at the West Lothian Community Planning Partnership Board and other meetings.
- 15.8 The Board shall approve its Risk Management Policy.
- 15.9 The Board shall approve its Health & Safety Policy, if and when required by statute.
- 15.10 The Board shall approve its annual financial statement.
- 15.11 The Board shall approve Financial Regulations and a Scheme of Delegation.
- 15.12 The Board shall approve its annual unaudited accounts and governance statement.

APPENDIX 1

- 15.13 The Board shall approve the content, format, and frequency of performance reporting, and its performance report for the reporting year.
- 15.14 The Board shall approve the total payments to the constituent bodies to implement its agreed Strategic Plan.
- 15.15 The Board shall agree the form and content of the Directions to be given to the constituent authorities.
- 15.16 The Board shall consider its audited accounts and report by its external auditor.

16 Other decisions and urgent business

- 16.1 The Board shall have the power to delegate matters other than those set out in Standing Order 15 to a committee or to the Director, subject to such conditions as it may determine, and such a delegation shall be recorded in the minute of the meeting.
- 16.2 The Director, in consultation with the Clerk, is authorised to take any necessary action where a matter arises of such urgency that it cannot await a decision of the Board.
- 16.3 Prior to using this delegated authority, the Director shall consult with the Chair and the Vice-Chair of the Board and shall not proceed until that consultation has taken place with both.
- 16.4 All action taken by the Director under this delegated authority shall be reported to the next meeting of the Board.

17 Committees

- 17.1 The Board shall appoint such committees as it thinks fit, but shall appoint a committee to deal with internal and external audit business, risk management and corporate governance.
- 17.2 The Board shall appoint the Chairs, Vice-Chairs and members of its committees.
- 17.3 The Board shall approve the terms of reference, remit, powers and meeting arrangements of such committees, which shall not include the determination of matters specified in Standing Order 15.
- 17.4 Each committee must include voting Board members, and must include an equal number of voting members appointed by the constituent authorities.
- 17.5 Any Board member may substitute at a meeting for a committee member who is also a Board member.
- 17.6 If a non-voting member is unable to attend a meeting of the committee, that member may arrange for a suitably experienced substitute to attend the meeting.
- 17.7 These Standing Orders relating to the calling and notice of Board meetings shall also be applied to committee meetings.

APPENDIX 1

- 17.8 A member may be regarded as being present at a meeting of a committee if he or she is able to participate from a remote location by a secure video link or other communication link approved by the Board. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

APPENDIX 1

APPENDIX 1 – DEFINITIONS

Annual financial statement	
Board (and Integration Joint Board)	
Chief Social Work Officer	
Clinical Director	
Clerk	
Code of Conduct	
Constituent authorities	
Council	
Direction	
Director	
Financial Regulations	
Health Board	
Integration delivery principles	
Integration planning principles	
Integration Scheme	
Item of business	
National health and well-being outcomes	
Non-voting member	
Ordinary meeting	
Public sector equality duty	
Private information	See Appendix 2
Register of Interests	
Scheme of Delegation	

APPENDIX 1

Special meeting	
Standards Commission	
Strategic Plan	
Strategic Planning Group	
Substitute	
Temporary vacancy	Reg 13
Voting member	

APPENDIX 1

APPENDIX 2 – PRIVATE INFORMATION

Category	Description
1	Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office holder, former office-holder or applicant to become an office-holder under, the Board, the council or the health board, where the information relates to that person in one of those capacities.
2	Information relating to any particular applicant for, or recipient or former recipient of, any service or financial assistance provided by the Board, the council or the health board.
3	Information relating to the financial or business affairs of any particular person or body (other than the Board, the council or the health board).
4	Information relating to anything done or to be done in respect of any particular person for the purposes of any of the matters referred to in section 27(1) of the Social Work (Scotland) Act 1968 (providing reports on and supervision of certain persons).
5	The amount of any expenditure proposed to be incurred by the Board, the council or the health board under any particular contract for the acquisition of property or the supply of goods or services, provided that disclosure to the public of the amount there referred to would be likely to give an advantage to a person entering into, or seeking to enter into, a contract with the authority in respect of the property, goods or services.
6	Any terms proposed or to be proposed by or to the Board, the council or the health board in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services, provided that disclosure to the public of the terms would prejudice the authority in those for any other negotiations concerning the property or goods or services.
7	Any advice received, information obtained or action to be taken in connection with— (a) any legal proceedings by or against the authority, or (b) the determination of any matter affecting the authority, (whether, in either case, proceedings have been commenced or otherwise).
8	Any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

APPENDIX 2 - MINUTES OF THE WEST LOTHIAN INTEGRATION JOINT BOARD

Statutory requirements

The only statutory requirements of Board minutes are that:-

- they record those members in attendance
- they include any decisions made at the meeting
- they are to be submitted at the next meeting for agreement
- they then must be signed by the Chair of that later meeting

Content

The only rules about content are that they record the names of members present and decisions made. A minute containing nothing but that basic information would satisfy the statutory requirements, but would not meet generally expected standards of openness, accountability and good governance, and would not make it apparent to someone reading the minute the significant events of the meeting. More is needed.

Different approaches

There are various views possible as to what a minute of a meeting of a public body should contain:-

- they could be brief notes of the proceedings which do little but record the decisions made
- they could be a narrative record of the business transacted - a verbatim, or near verbatim, record
- they could record clearly and concisely all decisions taken at the meeting and the advice and information necessary to give the reasons behind those decisions
- they provide not a verbatim record but a summary of the proceedings.

Purposes of minutes

The overall purposes are:-

- to meet statutory requirements
- to record decisions taken
- to record significant advice
- to record rulings and information upon which decisions were based
- to enable an interested observer to understand what was decided and why

Recommended approach

The approach will be as follows:-

- a verbatim record is not kept
- an accurate record of the decisions taken is the main purpose and the most important element of the minute
- a narrative, drawing on the committee report, is included to give context to the decisions taken and provide the reader with some of the reasons for the decision
- additional information will be included where:-

- required by legislation (e.g., a list of those members present),
 - by Standing Orders (e.g., declarations of interest)
 - it is significant to the decision made (e.g., advice on the Board's powers)
 - on the express direction of the Chair
 - as a result of a resolution of the meeting
- other information will not be recorded unless it serves the main purpose of recording decisions taken and matters which are directly relevant to the decisions taken. In particular, these types of information will not usually be recorded:-
 - questions put by members to officers and the answers given
 - points made by members in the course of discussion or debate
 - attempted challenges to a ruling by the Chair

After the meeting – Action Note

Minutes are not required to be produced until they require to be circulated with the agenda for the next meeting of the Board or unless there is a particular reporting requirement in place. An Action Note will instead be circulated to officers and Board members soon after the meeting to confirm decisions taken and actions required of them.

Draft minutes

Minutes are thereafter prepared on behalf of the Clerk from a Committee Officer's own notes. They may seek assistance or clarification from other officers if they encounter any points of difficulty when drafting the minute, but the draft minute is not subject to approval or checking by any other officers before being circulated with the following meeting's agenda.

Neither the Chair nor the Vice-Chair will be consulted about minutes under preparation and their approval is not required. They may ask to have sight of a draft minute when it is ready and that will not be refused, but any efforts by Board members to influence or amend the content of the minute are inappropriate and will be resisted.

Correction of minutes

If Board members have concerns about the content of a minute then the appropriate action for them to take is to raise them when the minute is submitted for approval at the next meeting for agreement. That process is there to correct errors and not to allow history to be re-written. Such changes will be determined by the Board, by a vote if necessary.

Any corrections or amendments made to minutes in that way will not result in the principal minute physically being amended, but the minute of the meeting at which the changes are agreed will itself record those changes.

JDM
14 August 2015

West Lothian Integration Joint Board

Date: 20 October 2015

Agenda Item: **4**

IJB MEMBERSHIP

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to advise the IJB of the prescribed and discretionary membership of the IJB.

B RECOMMENDATION

It is recommended that the IJB notes the prescribed membership and agrees the discretionary membership.

C TERMS OF REPORT

The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations set out the requirements in relation to membership of the IJB.

There are two categories of IJB membership

1. Voting – appointed by NHS Lothian and West Lothian Council
2. Non-voting – appointed in accordance with article 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

At its meeting of 2 June 2015 the Shadow IJB noted the confirmation of the eight voting members and at its meeting of 25 August 2015 agreed the process to recruit non-voting members.

The following professional advisors must be appointed as non-voting members

- Chief Social Work Officer
- Chief Officer of the IJB
- S95 / Chief Financial Officer
- GP Representative*
- Secondary Medical Care Practitioner*
- Nurse Representative*

* These members are nominated by the Health Board.

The IJB must also appoint the following stakeholder members

- Third sector
- Service user
- Carer
- Staff.

Flexibility is also provided in the legislation for the IJB to appoint such additional members as it sees fit provided they are not a councillor or non-executive director of the Health Board.

At the June meeting of the shadow IJB it was agreed that it would be appropriate for two staff members to be appointed in respect of both partner organisations engaged in the provision of the delegated services. It was agreed that representation be sought from the relevant West Lothian Council and NHS Lothian staff groups to fill these positions. These positions have now been filled.

On 25 August 2015 the shadow IJB approved the process to recruit non-voting members and officers are actively seeking to fill the remaining positions.

The IJB membership as is it currently stands is appended to this report.

D CONSULTATION

Meeting of shadow IJB on 2 June 2015

Meeting of shadow IJB on 25 August 2015

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

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

F APPENDICES

West Lothian Integration Joint Board – List of Membership

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 IJB is charged with delivering the nine National Health and Wellbeing Outcomes.

Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	Compliance with the Public Bodies (Joint Working) (Scotland) Act 2014
Risk	None.

H CONTACT

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20 October 2015

APPENDIX

WEST LOTHIAN INTEGRATION JOINT BOARD MEMBERSHIP

Name	Role	Category	
Frank Toner	Chair	Voting Member	
David Farquharson		Voting Member	
Alex Joyce		Voting Member	
Danny Logue		Voting Member	
Julie McDowell	Vice Chair	Voting Member	
Anne McMillan		Voting Member	
John McGinty		Voting Member	
Alison Meiklejohn		Voting Member	
Jim Forrest	Director (Chief Officer Designate of the IJB)	Non-Voting Member	Professional Advisors
Jane Kellock	Chief Social Work Officer	Non-Voting Member	
Elaine Duncan	GP Representative	Non-Voting Member	
James McCallum	Secondary Medical Care Practitioner Representative	Non-Voting Member	
Mairead Hughes (on an interim basis until appointment of Chief Nurse)	Nurse Representative	Non-Voting Member	
Vacant	S95 / Chief Financial Officer	Non-Voting Member	
Robin Strang	Third Sector (West Lothian Leisure)	Non-Voting Member	Stakeholder Representatives
Vacant	Service User	Non-Voting Member	
Mary-Denise McKernan	Carer (Carers of West Lothian)	Non-Voting Member	
Martin Murray	Staff Representative (West Lothian Council)	Non-Voting Member	
Jane Houston	Staff Representative (NHS Lothian)	Non-Voting Member	

West Lothian Integration Joint Board

Date: 20 October 2015

Agenda Item: **5**

CODE OF CONDUCT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To seek approval for the terms of the IJB Code of Conduct and for its submission to the Scottish Ministers for approval.

B RECOMMENDATION

1. To approve the draft Code of Conduct in Appendix 1 for submission to the Scottish Ministers for approval
2. To agree that members should abide by the terms of the draft Code on an interim basis, pending its approval and formal adoption
3. To note that procedures and forms are being prepared to assist members in completing and maintaining their Register of Interests and complying with the statutory obligations arising from their appointment to the Board
4. To consider a process for the appointment of a Standards Officer for the IJB as required by the Act, to advise members and assist them in complying with the Act and their duties and to be the Board's point of contact for investigations and enforcement

C TERMS OF REPORT

The Ethical Standards in Public Life etc. (Scotland) Act 2000 imposes obligations on councillors and on members of devolved public bodies in relation to their conduct when acting in their official capacity. The duties are put in place through an obligation to comply with a Code of Conduct. Those same duties will apply to members of the IJB and will apply to both voting and non-voting members.

As a devolved public body, the IJB is required to prepare its own Code of Conduct, based on a Model Code issued by the Scottish Ministers. Certain elements of the model Code are compulsory, but there is room for variation and particular provisions to suit the body concerned. The draft Code then has to be submitted to the Ministers for approval before it is formally adopted and applied to the members of the body concerned.

A draft Code has been developed through the health board and the four councils in the health board area for use by each IJB. The proposed version is on Appendix 1 to the report. It almost entirely follows the draft but has been tidied up in relation to terminology and appearance.

The draft Code will be familiar to the voting members of the Board but not necessarily to non-voting members. Its main features are:-

- A list of key principles which govern all conduct – duty, selflessness, integrity, objectivity, accountability and stewardship, openness, honesty, leadership and respect
- Provision that those principles apply to all conduct when acting as a member of the Board, in dealings with fellow members, employees, stakeholders and the public in general
- Rules about the acceptance of gifts and hospitality
- Confidentiality requirements
- A duty to complete and maintain a Register of Interests, open to the public, recording significant interests in relation to remuneration; related undertakings; contracts; houses, land and buildings; shares and securities; gifts and hospitality; and non-financial interests
- An obligation to declare any interests at meetings of the Board and its committees which the member considers may fall foul of the “objective test” – whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice discussion or decision-making
- A process whereby the rest of the voting members present are to decide if the member declaring an interest should withdraw or may remain (this is based on the current provisions in statutory regulations which are to be amended at some unknown future date to return the decision about withdrawal to the declaring member as his or her personal responsibility)
- Guidance on lobbying

- The Code makes it explicit that Board members do not require to declare at meetings their membership of or employment by the council or the health board as a matter of routine, unless there are particular circumstances which go beyond the simple fact of that membership or employment. This matches the position for Board members when they attend internal health board or council meetings – dispensations have been granted by the Standards Commission to avoid that happening as a matter of routine

Complaints can be made to the Commissioner for Ethical Standards who investigates and determines if there has been a breach and so whether a reference to the Standards Commission for Scotland is necessary. The Commission may then hold a hearing, and can apply sanctions including censure, suspension and disqualification.

Upon appointment, Board members will be provided with a form to complete to populate their Register for the first time. Regular reminders will be issued to ensure members keep their register up to date, but member have personal responsibility to declare any changes or additions as they occur. The Register will be published and made available to the public through the internet and on request.

The agenda for every Board and committee meeting will include “Declarations of Interest” as a standing item, and even where no declarations are made the minute will record that. Both are intended to assist members in keeping the Code of Conduct in the forefront of their minds and to demonstrate to the public awareness of and compliance with the Code.

Initial advice will be made available to members as they are appointed, both in relation to populating their Registers and compliance at meetings. *Ad hoc* advice will be available on request to members in relation to the Register, and declarations and withdrawal from meetings.

The Act requires that the Board appoints a Standards Officer and the Board should consider an appropriate process to secure that appointment.

Compliance with the Code is a matter that will be significant to the corporate governance of the Board and may be subject to audit when arrangements are made for the provision of an internal audit service and an Audit & Governance Committee.

There will be a lapse of time between the Board’s agreement to the terms of the draft Code and its approval and formal adoption. It is therefore proposed that members should agree to observe and abide by the draft Code as if it were already approved and adopted.

D CONSULTATION

NHS Lothian Leadership Group

E REFERENCES/BACKGROUND

Ethical Standards in Public Life etc. (Scotland) Act 2000

Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003

Model Code of Conduct - <http://www.gov.scot/Resource/0044/00442087.pdf>

Guidance on the Model Code Of Conduct for Members of Devolved Public Bodies - http://www.standardscommissionscotland.org.uk/webfm_send/392

West Lothian Council Register of Members' Interests - <http://coins.westlothian.gov.uk/coins/allMembers.asp?sort=0>

Lothian Health Board Members' Register of Interests - http://www.nhslothian.scot.nhs.uk/YourRights/FOI/Documents/Lothian_NHS_Register_interests.pdf

F APPENDICES

Draft Code of Conduct

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, an equality impact assessment has not been conducted
National Health and Wellbeing Outcomes	Not directly relevant
Strategic Plan Outcomes	Not directly relevant
Single Outcome Agreement	Not directly relevant
Impact on other Lothian IJBs	None
Resource/finance	No implications
Policy/Legal	Compliance with legislation and statutory guidance listed in Part E
Risk	Adoption of a Code of Conduct and procedures to ensure compliance will reduce the risk of improper conduct or unlawful decision-making

H CONTACT

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20 October 2015

**CODE OF CONDUCT FOR MEMBERS OF
THE WEST LOTHIAN INTEGRATION
JOINT BOARD**

(Draft for meeting on 20 October 2015)

CODE OF CONDUCT FOR MEMBERS OF THE INTEGRATION JOINT BOARD

CONTENTS

Section 1: Introduction to the Code of Conduct

Appointments to the Boards of Public Bodies Guidance on the Code of Conduct

Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Conduct at Meetings

Relationship with Board Members and Employees of the Public Body

Remuneration, Allowances and Expenses

Gifts and Hospitality Confidentiality

Requirements Use of Public Body Facilities

Appointment to Partner Organisations

Section 4: Registration of Interests

Category One:	Remuneration
Category Two:	Related Undertakings
Category Three:	Contracts
Category Four:	Houses, Land and Buildings
Category Five:	Interest in Shares and Securities
Category Six:	Gifts and Hospitality
Category Seven:	Non-Financial Interests

Section 5: Declaration of Interests

General

Interests which Require Declaration

Your Financial Interests

Your Non-Financial Interests

The Financial Interests of Other Persons

The Non-Financial Interests of Other Persons Making a Declaration

Frequent Declaration of Interests Dispensations

Section 6: Lobbying and Access to Members of Public Bodies

Introduction

Rules and Guidance

Annexes

Annex A: Sanctions Available to the Standards Commission for Breach of Code

Annex B: Definitions

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.
- 1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, "the Act", provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, "The Standards Commission", to oversee the new framework and deal with alleged breaches of the codes.
- 1.3 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for Members of Devolved Public Bodies was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament. The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that integration joint boards are "devolved public bodies" for the purposes of the Ethical Standards in Public Life etc (Scotland) Act 2000.
- 1.4 As a member of the Integration Joint Board (IJB), it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

Appointments to the Boards of Public Bodies

- 1.5 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. IJB members should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that an appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB and of wider diversity and equality issues.
- 1.6 You should also familiarise yourself with how the IJB operates in relation to succession planning, which should ensure the IJB has a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

- 1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.
- 1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the

rules apply, you should seek advice from appropriate officers. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

- 1.9 You should familiarise yourself with the Scottish Government publication "On Board - a guide for board members of public bodies in Scotland". Although it is designed for members appointed to public bodies by the Scottish Ministers, it will provide you with information to help you in your role as a member of the IJB and can be viewed on the Scottish Government website. Assistance may also be found in the statutory guidance issued in relation to the Councillors' Code of Conduct and the Model Code of Conduct for Devolved Public Bodies.

Enforcement

- 1.10 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

- 2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the IJB and in accordance with the core functions and duties of that body.

Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity

You must make decisions solely on merit and in a way that is consistent with the functions of the IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the IJB uses its resources prudently and in accordance with the law.

Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty

You have a duty to act honestly. You must declare any private interests

relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the IJB and its members in conducting public business.

Respect

You must respect fellow members of the IJB and its employees and other officers and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of the IJB.

- 2.2 You should apply the principles of this Code to your dealings with fellow members of the IJB, its employees, officers and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the IJB.

SECTION 3: GENERAL CONDUCT

- 3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

Conduct at Meetings

- 3.2 You must respect the Chair, your colleagues, employees and officers of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

Relationship with Board Members and Employees and Officers of the IJB (including those employed by contractors providing services)

- 3.3 You will treat your fellow board members and any staff employed by or supporting the IJB with courtesy and respect. It is expected that they will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a board member you should be familiar with the IJB's policies in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

- 3.4 You must comply with any rules of the IJB regarding remuneration, allowances and expenses.

Gifts and Hospitality

- 3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can

or would influence your judgement. The term "gift" includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

- 3.6 You must never ask for gifts or hospitality.
- 3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in the IJB. As a general guide, it is usually appropriate to refuse offers except:
- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
 - (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
 - (c) gifts received on behalf of the IJB.
- 3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision the IJB may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of the IJB then, as a general rule, you should ensure that it pays for the cost of the visit.
- 3.9 You must not accept repeated hospitality or repeated gifts from the same source.
- 3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

- 3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the IJB in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.
- 3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain, or for political purposes or used in such a way as to bring the public body into disrepute.

Use of Public Body Facilities

- 3.13 Members of public bodies must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the IJB's policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the IJB.

Appointment to Partner Organisations by the IJB

- 3.14 You may be appointed, or nominated by the IJB, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.
- 3.15 Members who become directors of companies as nominees of the IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

- 4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called "Registerable Interests". You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.
- 4.2 The Regulations¹ as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

- 4.3 You have a Registerable Interest where you receive remuneration by virtue of being:
- employed;
 - self-employed;
 - the holder of an office;
 - a director of an undertaking;
 - a partner in a firm; or
 - undertaking a trade, profession or vocation or any other work.
- 4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.
- 4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, "Related Undertakings".
- 4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.
- 4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.
- 4.8 When registering self-employment, you must provide the name and give details of

the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

- 4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.
- 4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.
- 4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

- 4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
- 4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration .
- 4.14 The situations to which the above paragraphs apply are as follows :
- you are a director of a board of an undertaking and receive remuneration declared under category one - and
 - you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

- 4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB:
- (i) under which goods or services are to be provided, or works are to be executed; and
 - (ii) which has not been fully discharged.
- 4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

- 4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the IJB.
- 4.18 The test to be applied when considering the appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

- 4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the IJB and (b) the nominal value of the shares is:
- (i) greater than 1% of the issued share capital of the company or other body;
or
 - (ii) greater than £25,000.
- 4.20 Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

- 4.21 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: Non-Financial Interests

- 4.22 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.
- 4.23 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

- 5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in IJB proceedings. With the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.
- 5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the public body and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.
- 5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the objective test ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably

regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of the IJB.

- 5.4 As a member of a public body you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your public body and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.
- 5.5 It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If you are unsure as to whether a conflict of interest exists, you should seek advice from appropriate officers.
- 5.6 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) (Order) 2014 states that an IJB member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the IJB, or a committee of the integration joint board, before taking part in any discussion on that item. It also requires that once an interest has been declared it is for the other voting members present to decide if the member concerned should withdraw or should be able to take part.
- 5.7 This makes this Code of Conduct different from the codes of conduct for councils and other devolved public bodies. Once you have declared an interest, it is not for you to determine whether or not you may remain in the meeting and participate in the discussion and voting (should you be a voting member). The other voting members will determine this.
- 5.8 Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. The following section describes the interests which are not subject to your own judgement and must always be declared.

Interests which must be declared

- 5.8 Interests which must be declared if known to you may be financial or non-financial. They may or may not cover interests which are to be registered under Section 4 of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The following paragraphs deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.
- 5.9 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of a public body. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you

should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of a public body as opposed to the interest of an ordinary member of the public.

a) Your Financial Interests

5.10 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code).

5.11 If under Category One (“Remuneration”) or Category Seven (“Non-Financial Interests”) you have registered an interest as :

- a) An employee of the IJB, or one of its constituent authorities (i.e. Lothian NHS Board or the relevant local authority)
- b) A councillor from the local authority or a member of Lothian NHS Board which has appointed you as a voting member of the IJB,

then you do not, for that reason alone, have to declare that interest. You should however always consider whether your activities in the above roles have a direct bearing on a specific item of business that the IJB or one of its committees is considering, e.g. you may have had a high degree of personal involvement in preparing or approving the item before it was presented. In those circumstances you are advised to declare the interest.

b) Your Non-Financial Interests

5.10 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non- Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

c) The Interests of Other Persons

5.11 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a cohabitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable expenses.

- 5.12 This Code does not attempt the task of defining "relative" or "friend" or "associate". Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the public body and, as such, would be covered by the objective test.
- 5.13 You must declare if it is known to you any non-financial interest of:-
- (i) a spouse, a civil partner or a cohabitee;
 - (ii) a close relative, close friend or close associate;
 - (iii) an employer or a partner in a firm;
 - (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
 - (v) a person from whom you have received a registerable gift or registerable hospitality;
 - (vi) a person from whom you have received registerable election expenses.
- There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Making a Declaration

- 5.14 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.
- 5.15 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest and determine whether or not you may continue to participate in the discussion and voting, if you are a voting member, on the item. You may be asked for further information for that purpose.

What Happens when you make a Declaration

- 5.16 The IJB (or if relevant, the committee) will consider your declared interest and decide whether you are to be prohibited from taking part in the discussion of or voting on the item of business.
- 5.17 If it is decided that you are to be prohibited, then you must withdraw from the meeting room until the discussion of the relevant item where you have a declarable interest is concluded.

Frequent Declarations of Interest

- 5.17 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

- 5.18 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees.
- 5.19 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO IJB MEMBERS

Introduction

- 6.1 In order for the IJB to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the IJB conducts its business.
- 6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

Rules and Guidance

- 6.3 You must not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the IJB or any statutory provision.
- 6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the IJB
- 6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis

on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the IJB.

- 6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.
- 6.7 You should not accept any paid work:-
- (i) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.
 - (ii) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.
- 6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of appropriate officers.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

- (a) Censure - the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension - of the member for a maximum period of one year from attending one or more, but not all, of the following:
 - (i) all meetings of the public body;
 - (ii) all meetings of one or more committees or sub-committees of the public body;
 - (iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension - for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification - removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX B DEFINITIONS

"Chair" includes Board Convener or any person discharging similar functions under alternative decision making structures.

"Code" code of conduct for members of devolved public bodies

"Cohabitee" includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

"Group of companies" has the same meaning as "group" in section 262(1) of the Companies Act 1985. A "group", within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

"Parent Undertaking" is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

"A person" means a single individual or legal person and includes a group of companies.

"Any person" includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations .

"Public body" means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Related Undertaking" is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

"Remuneration" includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

"Spouse" does not include a former spouse or a spouse who is living separately and apart from you.

"Undertaking" means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

MINUTE of MEETING of the WEST LOTHIAN SHADOW INTEGRATION JOINT BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 25 AUGUST 2015.

Present – Frank Toner (Chair), Julie McDowell (Vice Chair), David Farquharson, Alex Joyce, Danny Logue, John McGinty, Anne McMillan

Apologies – Alison Meiklejohn

In Attendance – Jim Forrest (Director), Jane Kellock (Chief Social Work Officer) Rhona Anderson (CHCP Development, West Lothian Council), Alan Bell (Senior Manager, Communities and Information, West Lothian Council), James Millar (Solicitor/Committee Services Manager, West Lothian Council), Carol Bebbington (NHS Lothian), Dr Elaine Duncan (Clinical Director, NHS Lothian) Carol Mitchell (Associate Director of Finance, NHS Lothian), Patrick Welsh (Group Accountant, West Lothian Council)

1. DECLARATIONS OF INTEREST

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

Councillor Frank Toner declared a non-financial interest arising from his position as a council appointee to the Board of NHS Lothian as a Non-Executive Director.

2. MINUTE

The shadow Board approved the minute of meeting of the West Lothian Community Health and Care Partnership Board held on 2 June 2015.

3. RUNNING ACTION NOTE

A Running Action Note had been circulated for information.

Decision

To note and agree the Running Action Note.

4. INTEGRATION SCHEME UPDATE

A report had been circulated by the Director updating the Shadow Board on the status of the West Lothian Integration Scheme.

The Board was informed that an integration scheme for West Lothian had been submitted to Scottish Ministers for approval. The scheme had been approved on 16 June 2015 and subsequently the Order to establish the

IJB was laid in the Scottish Parliament.

A copy of the letter of approval of the scheme was attached as Appendix 1 to the report and the West Lothian Integration Scheme was attached as Appendix 2.

It was noted that, allowing for summer recess, West Lothian IJB would be legally established from 21 September 2015. The first meeting of the legally constituted IJB would take place on 20 October 2015. All functions would be delegated on or before 1 April 2016.

It was recommended that the IJB note that the West Lothian Integration Scheme had been approved by Scottish Ministers.

Decision

To note the terms of the report.

5. IJB MEMBERSHIP - PROCESS TO RECRUIT NON-VOTING MEMBERS

A report had been circulated by the Director advising the Shadow Board of the process to recruit non-voting members.

Under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, the IJB was required to have two categories of membership:-

1. Voting – appointed by NHS Lothian and West Lothian Council
2. Non-voting – appointed in accordance with article 3 of the Order.

The Director recalled that, at its meeting of 2 June 2015, the Shadow IJB had noted the confirmation of the eight voting members and had agreed that the process to recruit non-voting members be considered at its next meeting, noting in particular that the process would include the recruitment of two staff-side representatives, rather than the one required by legislation.

It was noted that the following professional advisors would be appointed as non-voting members:-

- Chief Social Work Officer
- Chief Officer of the IJB
- S95/Chief Financial Officer
- GP Representative
- Secondary Medical Care Practitioner
- Nurse Representative

The report also outlined a process for the recruitment of stakeholder members from the following categories:-

- Third sector
- Service User

- Carer
- Staff

It was recommended that the Shadow IJB approve the process to recruit non-voting members.

Decision

To note the terms of the report and to approve the process to recruit non-voting members.

6. STANDING ORDERS

A report had been circulated by the Director providing for discussion draft Standing Orders and a proposed approach to minutes of Board meetings.

The Solicitor/Committee Services Manager presented the report, informing Board members of the legislative requirement of the Board to make Standing Orders regulating its procedures.

At the meeting of the Shadow Board on 2 June 2015, it had been agreed that a draft set of Standing Orders would be brought to the next meeting for consideration and discussion, with a view to finalising a draft for submission to the Board at its first formal meeting after adoption. The draft Standing Orders were attached as Appendix 1 to the report, and a number of provisions had been highlighted in the report by the Solicitor/Committee Services Manager for discussion.

Appendix 2 to the report provided details of the statutory requirements of Board minutes. The paper also examined different approaches that could be taken within the statutory rules, together with an approach recommended by the Solicitor/Committee Services Manager.

The Director recommended that the Board:-

1. note the draft Standing Orders, as contained in Appendix 1 to the report, and to consider them and provide comment and suggestion for adoption or change.
2. note the suggested approach to the preparation and agreement of minutes of Board meetings, as contained in Appendix 2 to the report, and provide comment and suggestion for adoption or change.
3. note that both Standing Orders and the approach to minutes of Board meetings would require to be formally approved by the Board when constituted.

The Committee Services Manager then responded to questions raised by Board members in relation to:-

- Requiring the Board to set its values
- Requiring the Board to define its risk appetite

- The number and frequency of meetings
- The Chair's powers in relation to urgent business, and adding items not already on the agenda
- The Chair's powers to change the date and time of meetings
- Defining or explaining "temporary vacancy"
- Attendance of the public as a deputation to speak at Board meetings

The Committee Services Manager gave advice in relation to his recommended approach for minutes. The paper contained a recommendation that "points made by members in the course of discussion or debate" would not be recorded unless it served the main purpose of recording a decision taken. During discussion, it was noted that there would be scope to include points made by members that were considered to be "significant".

Decision

1. To note the report providing draft Standing Orders.
2. To note the suggested approach to the preparation of minutes of Board meetings, as contained in Appendix 2 to the report.
3. To agree that the draft Standing Orders would be brought back to the Board for formal approval and that the Committee Services Manager would provide options in due course to address issues raised by Board members.

7. STRATEGIC PLANNING GROUP - VERBAL UPDATE

Alan Bell provided a verbal update, giving apologies to the Board that there had been no paper to consider at this time.

Arrangements had been made for the Strategic Planning Group to meet, with a report coming to the next meeting of the IJB.

Decision

To note the verbal update on progress.

8. INTEGRATION JOINT BOARD INDUCTION

A report had been circulated by the Head of Health providing an update on planned organisational development induction sessions for Integration Joint Board members.

The Board was informed that a programme for induction and development

was being progressed within NHS Lothian through NES. It was open to all IJB members and relevant senior officers for all four Lothian IJBs.

The pan Lothian induction would be provided in two phases. The Phase 1 session was available on several dates to ensure that all the Lothian IJBs' members had the chance to attend. The dates available for members to choose from were listed in the report. The aim was that the pan Lothian session would provide a good grounding for IJB members and senior officers in how things were to work in the new IJB regime.

Phase 2 was a tailored programme for each IJB base on the Scottish Government IJB Guide and discussions were currently underway as to what that might look like. In addition, a local West Lothian Induction had been held on 19 August 2015.

It was recommended that the Shadow Board consider the contents and note that events were programmed across Lothian in addition to the West Lothian session held on 19 August 2015.

Decision

To note the terms of the report.

9. CONSULTATION AND ENGAGEMENT

A report had been circulated by the Director inviting the Board to approve an approach to consultation and engagement to the Shadow Integration Joint Board.

The Board was informed that the Public Bodies (Joint Working) (Scotland) Act 2014 placed an increased emphasis on listening to and involving health and social care service users and carers in deciding upon the care they received.

There was an expectation that, alongside providers of health and social care, service users and carers would be active participants in how care and support was planned, designed and delivered.

The report contained proposals for planning and developing communications to support the IJB responsibilities for strategic planning, commissioning and operational oversight of delegated functions.

It was proposed that a range of communications tools and channels be employed, including: websites, email updates and newsletters, events (workshops and road shows), social media, and press releases. Close attention would be paid to ensuring all communications materials and events were accessible, particularly in view of the service user audience.

Appendix 1 to the report provided an Action Plan showing the main stakeholders and providing details of the activities and methods proposed to ensure successful engagement as an integral part of the delivery of sustainable health and social care services for the future that were centred around the needs of patients and service users.

It was recommended that the Shadow Integration Joint Board approve the approach to consultation and engagements as outlined in Appendix 1 to the report.

Decision

To approve the terms of the report.

10. PERFORMANCE MANAGEMENT FRAMEWORK

A report had been circulated by the Director inviting the Board to approve an approach to consultation and engagement to the Shadow Integration Joint Board.

In presenting his report, the Senior Manager, Community Care Support and Services explained that the Board would be required to publish an annual performance report which would set out how they were improving the National Health and Wellbeing. The expectation was that the annual report would include performance against the core suite of outcome measures, supported by local measures and contextualising data to provide a broad picture of performance.

Appendix 1 to the report provided the national outcome measures aligned to a suite of performance indicators; some of these indicators were based on operational data, some were based on survey data. The annual performance report would require to report against all of these indicators. In addition to the need to report annually on performance to the Scottish Government, it was proposed that the performance framework outlined in Appendix 1 was used to provide a regular report on performance to the IJB.

The Board was informed that the CHCP performance framework had been based on the Covalent system to facilitate standard reporting. It was proposed that the performance framework for the IJB was also built on the Covalent system and that standard reports and scorecards be developed to allow regular reporting of performance to both the IJB and the Strategic Planning Group.

It was recommended:-

1. that the Shadow Integration Joint Board approve the approach to performance management as outlined in Appendix 1.
2. that a regular report on performance was provided to both the IJB and the Strategic Planning Group.

Decision

To approve the terms of the report.

11. 2015/16 BUDGET UPDATE

A report had been circulated by the Director setting out the indicative 2015/16 budget that related to Integration Joint Board functions in line with the agreed West Lothian Integration Scheme. The report also outlined summary information on the areas that had been included in the IJB budget resources and highlighted key financial issues and risks associated with the functions and budgets.

Table 1 within the report outlined the indicative budget resources associated with the IJB for 2015/16. This remained indicative until agreement of the exact elements of the budgets that constituted the delegated functions and the mechanism for sharing out the Pan Lothian budgets that represented the hosted and acute health functions that were delegated to the IJB.

Appendix 1 to the report showed the Pan Lothian Hosted Health Services and Appendix 2 provided a breakdown of indicative 2015/16 IJB budgets by service.

The Board was informed that, prior to budgets being allocated to the IJB for 2016/17, a process of due diligence would have to be undertaken on the resources proposed to be delegated by the parent bodies to the IJB. This due diligence process was referred to in Scottish Government guidance as Financial Assurance. The due diligence process would entail considering how the IJB's budget had been made up, to consider past financial performance against this budget and to reflect on what financial pressures exist and what provisions had been made and management actions taken to address those pressures.

It was recommended that the Board:-

- note the indicative 2015/16 resources associated with IJB functions.
- note the key financial issues and risks associated with the IJB functions.

Decision

To note the terms of the report.

12. CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS)

A report had been circulated by the Director proposing that the West Lothian Integrated Joint Board apply to become a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

The Group Accountant explained that the CNORIS was a risk transfer and financing scheme which had been established in 1999 for NHS organisations in Scotland. NHS National Services Scotland was the scheme manager and its primary objective was to provide effective risk pooling and claims management arrangements for Scotland's NHS

Boards and Special Health Boards.

There was provision under the Public Bodies (Joint Working) (Scotland) Act for the extension of CNORIS to Local Authorities and Integration Joint Boards. This allowed IJBs to apply to Scottish Ministers to become a member. This included cover in respect of health and social care functions were delegated to the IJB.

The report went on to provide details of the cover provided. The Board was asked to note that the risks associated with IJBs membership of CNORIS was considered low and therefore an annual contribution of £3,000 payable each financial year had been set, with notification of the contribution being confirmed in December of the preceding year.

Subject to agreement by the Board, it was intended that the application to join CNORIS would be submitted in advance of the next meeting of the IJB on 20 October 2015.

It was recommended that the Board:-

1. note that membership of CNORIS would provide cover in respect of any potential claim made against the West Lothian IJB in terms of Officers/Officials Indemnity.
2. agree that the West Lothian IJB apply to Scottish Ministers to become a member of CNORIS.

Decision

To agree the terms of the report.

West Lothian Integration Joint Board

Date: 20 October 2015

Agenda Item: **8**

WEST LOTHIAN INTEGRATION SCHEME

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to inform the IJB of the approval of the West Lothian Integration Scheme and legal establishment of West Lothian Integration Joint Board.

B RECOMMENDATION

It is recommended that the IJB notes that the West Lothian Integration Scheme has been approved and that West Lothian IJB is now legally established.

C TERMS OF REPORT

The Public Bodies (Joint Working) (Scotland) Act 2014 requires new arrangements to be put in place for the delivery of integrated health and social care functions.

In accordance with the Act West Lothian Council and NHS Lothian prepared an integration scheme for West Lothian. A pan Lothian approach was taken to develop the scheme and, following consultation, the West Lothian scheme was submitted to Scottish Ministers for approval (see Appendix 1).

The scheme was approved on 16 June 2015 and subsequently the Order to establish the IJB was laid in the Scottish Parliament for 28 days (see Appendix 2). Allowing for summer recess, West Lothian IJB became legally established from 21 September 2015.

West Lothian Shadow IJB has been in operation since June 2015. This meeting of 20 October is therefore the first meeting of the legally constituted IJB.

All functions outlined in the Integration Scheme will be delegated on 1 April 2016.

D CONSULTATION

The Integration Scheme was subject to extensive consultation which included key partners, stakeholders and the public.

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

F APPENDICES

- 1 West Lothian Integration Scheme
- 2 Letter of Approval from Scottish Government

G SUMMARY OF IMPLICATIONS

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

H CONTACT

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20 October 2015

**INTEGRATION SCHEME
BETWEEN
WEST LoTHIAN COUNCIL
AND
NHS LoTHIAN
(Resubmitted May 2015)**

INTRODUCTION TO THE INTEGRATION SCHEME

This document is in two parts.

This first part of the document is a general Introduction and explanation of the vision and intentions of the council and NHS Lothian. The legislation leaves many things to be decided by the Integration Authority when it is established. Nevertheless, building on the successful West Lothian Community Health and Care Partnership model and working arrangements which have been in place since 2005, the council and NHS Lothian have a joint vision of the arrangements which will assist the Integration Authority in developing its Strategic Plan and carrying out its statutory role, and this Introduction sets out some of that vision.

The second part is the formal Scheme which has been agreed between the council and NHS Lothian and approved by both for submission to the Scottish Government for approval in accordance with section 7 of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”). It contains the provisions required by the Act and associated regulations, and those are the provisions which will be approved and which will be binding on the council, NHS Lothian and the new Integration Authority.

It is though essential to understand that the contents of this Introduction are not part of the Scheme and so will not be binding on the Integration Authority – when it is constituted it will be entitled in law to make its own decisions.

Aims and Outcomes of the Integration Scheme

The main purpose of integration is to improve the wellbeing of families, of communities and of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The Integration Scheme will assist the IJB in achieving the statutory National Health and Wellbeing Outcomes namely:-

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, 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 service users.
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 wellbeing.

7. People who use health and social care services are safe from harm.

8. People who work in health and social care services feel engaged with the work that they do, and are supported to continuously improve the information, support, care and treatment they provide.

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

The vision of the Parties is to enhance and develop the delivery of integrated health and social care services to the population of West Lothian with the intended impact of increasing the wellbeing of West Lothian citizens and reducing health inequalities across all communities in West Lothian.

In order to achieve this vision the Parties are strongly committed to the development of a preventative outcomes-based approach focusing on effective early interventions to tackle health and social inequalities. They will assist the Integration Authority to develop such an approach through their Board members and the support services to be provided by them to the Integration Authority.

The work of the Integration Authority, and in particular the preparation of its Strategic Plan, will be guided by the integration delivery principles, namely:-

- that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service users,
- that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:-
 - is integrated from the point of view of service users
 - takes account of the particular needs of different service users
 - takes account of the particular needs of service users in different parts of the area in which the service is being provided
 - takes account of the particular characteristics and circumstances of different service users
 - respects the rights of service users
 - takes account of the dignity of service users
 - takes account of the participation by service users in the community in which service users live
 - protects and improves the safety of service users
 - improves the quality of the service
 - is planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care)

- best anticipates needs and prevents them arising
- makes the best use of the available facilities, people and other resources.

Name of the Integration Authority

The legislation does not specify what name should be given to the new Integration Authority – it prescribes what form the body should take, but not the name to be used. The Parties have agreed that the name to be used for the Integration Authority in West Lothian should be “West Lothian Integration Joint Board”. It is referred to in the rest of this Introduction and in the Scheme as “the Board”.

The Chief Officer, or Director

The legislation requires the Board to appoint a Chief Officer who has responsibilities to the Board and for the management and operational delivery of the delegated functions. The Parties have chosen to use the word “Director” instead of Chief Officer – that designation fits better with terminology used within the Parties’ existing organisations and using the phrase “Chief Officer” risks confusion with the Chief Finance Officer to be appointed, the Chief Finance Officer of the council and even the Chief Executives of both Parties.

The Director has responsibilities which are set out in the legislation, and which will be contained in a separate document to be approved by the Scottish Ministers under section 10 of the Act.

As well as the responsibilities of the post in relation to the delegated functions, the post will carry additional responsibilities and duties in relation to council and health board functions and services that are not delegated. The Director is in addition responsible for ensuring that service delivery improves the agreed outcomes and any locally agreed responsibilities for health and wellbeing and for assisting the Board in measuring, monitoring and reporting on the underpinning measures and indicators that will demonstrate progress.

Role of the Board

The Board is to be established as a separate and distinct legal entity from the council and the health board. All three bodies have their own roles to play under this Scheme and to deliver on agreed outcomes – the Board’s role is strategic and the council’s and health board’s roles are operational.

The legislation contains many legal requirements in relation to the Board’s membership and constitution, but allows for some voluntary additional rules to be put in place. As part of the support services to be provided to the Board prior to and after its establishment the Parties will co-operate in preparing a proposed structure and draft constitutional documents to assist the Board in meeting those legal requirements, and including any voluntary additional rules the Parties consider are appropriate. On its establishment, the Parties intend that the Board will adopt that structure and those constitutional documents, but they recognise that the Board has the ultimate legal power to make those decisions for itself.

The Board's task is to set the strategic direction for the delegated functions through the Strategic Plan developed by its Strategic Planning Group in accordance with the policy framework and direction set by the Parties, and which will inform the method of determining the budget contributions to be made by the Parties. It receives payments from the council and health board determined in accordance with this Scheme to enable it to deliver on local strategic outcomes. It gives directions to the council and health board as to how they must deliver carry out the delegated functions in pursuit of the Strategic Plan and allocates payments to them to permit them to do that.

The practical and day-to-day link amongst the three bodies is the Director. The Director reports to the Board on strategy, finance and performance, and is responsible to the council and health board for the management and delivery of the delegated functions in accordance with this Scheme and in accordance with the directions issued by the Board to the Parties.

As well as being responsible for the Strategic Planning Group and the Strategic Plan, the Board also requires to publish an annual financial statement and an annual performance report covering both service delivery and financial performance. The members of the Board therefore have a role to play in the strategic oversight and scrutiny of the performance by the council and the health board of their roles in complying with directions from the Board and in implementing the Scheme, and will be able to carry out those responsibilities through receipt of regular and detailed reports on service and financial performance at Board meetings and advice about them at those meetings from the Director and other senior advisers.

As well as the requirement for the Parties to provide service and performance information to the Board, the Parties recognise that it is important that they are given assurance about the Board's performance of its roles and responsibilities in relation to its financial management of the budget to which the Parties will have contributed and its strategic role within the policy framework set by the Parties. The Parties intend that arrangements will therefore be put in place to ensure that regular monitoring reports are made by the Director to the Parties to assist them in that regard.

Board Membership

The legislation sets out the compulsory and additional Board membership but only requires the Scheme itself to say how many voting members will be appointed by the Parties. The Parties consider it is helpful in understanding the Scheme and how the Board will operate to set out those statutory rules about membership here in this Introduction.

Prior to the Board being constituted it will have the following members who will be appointed, will remain as members and will have their membership terminated in accordance with the Scheme and the governing legislation.

- There will be four West Lothian councillors as voting members on the Board, chosen by the council, and appointed for periods of three years unless their appointment is terminated earlier. The first period of appointment shall start on the date the Board is established. Members leaving their position at the end of a three year period are eligible for reappointment.

- There will be four health board members as voting members on the Board, chosen by the health board and appointed for periods of three years unless their appointment is terminated earlier. The first period of appointment shall start on the date the Board is established. Members leaving position at the end of a three year period are eligible for reappointment.
- The council's Chief Social Work Officer will be a non-voting member.
- A registered medical practitioner chosen by the health board from its list of primary medical services performers will be a non-voting member.
- A registered medical practitioner chosen by the health board and employed by it otherwise than in the delivery of primary medical services will be a non-voting member.
- A registered nurse chosen by the health board and who is either employed by it or by a person or body with which the health board has entered into a general medical services contract will be a non-voting member.
- The Director will be a non-voting member.
- The Finance Officer shall be a non-voting member.

After it is constituted, the Board is to appoint in addition the following as non-voting members:-

- One member in respect of the combined staff of the Parties engaged in the provision of the delegated services covered by the Scheme.
- One member in respect of third sector bodies carrying out activities in West Lothian in relation to health or social care.
- One member in respect of service users in West Lothian.
- One member in respect of persons providing unpaid care in West Lothian.

In order to assist in the integration process, the Parties in preparing and agreeing their draft Scheme for consultation, agreed that it would be appropriate for there to be two Board members appointed in respect of the combined staff of the Parties engaged in the provision of the delegated services covered by the Scheme. That cannot be imposed on the Board as a requirement, since the Board must appoint its own additional Board members after it is established, but the Parties have agreed that they will co-operate in promoting that additional appointment after the Board is set up.

The Board has the legal power to appoint additional members if it wishes to do so, and the Parties recognise that the Board has the final decision-making powers about those additional members. The Parties however recognise the importance of close co-operation and working in securing the delivery of the outcomes and the success of the Board and so they have agreed that they will co-operate in securing the Board's agreement that it shall consult with them prior to making any such appointments and shall take their respective views into account in that process.

Corporate Governance

Apart from a requirement for the Board to establish Standing Orders containing certain prescribed rules, the legislation does not require any content in the Scheme in relation to the important aspect of corporate governance. The Parties nevertheless consider it appropriate and a matter of good practice to set out their intentions. Although they cannot restrict the Board's ability to decide and make its own structures and rules, nevertheless the Parties have agreed an approach which

recognises the place and importance of good corporate governance in any public body.

Corporate governance is a means of showing that the Board is properly run. It refers to the systems by which the an organisation directs and controls its functions and relates to the community. Good corporate governance will demonstrate to the Board's stakeholders and everyone interested in the delivery of the delegated functions that the Board is well organised to direct their delivery.

In accordance with principles of good corporate governance, on its establishment the Parties shall assist and encourage the Board to adopt and abide by sets of rules and procedures designed to ensure that:-

- the Board has a defined and effective decision-making structure
- decisions are taken by a body or person with the power to do so
- decisions are taken with regard to all relevant factors and circumstances, including access to health and social care professional advice, financial advice, risk advice and legal advice
- decisions are taken in a way which is open and transparent and with public access available unless in defined and exceptional circumstances
- decisions are properly recorded
- structures are in place to ensure decisions are acted upon and implemented
- legislation, rules and professional practice standards and guidelines about financial reporting and accounting practice are applied
- systems are in place to ensure performance and legal and financial compliance are monitored and scrutinised and any failures reported to the Board.

These are systems and procedures such as financial controls, decision-making procedures, standing orders, the risk register, internal audit service and codes of conduct.

They should cover matters such as the creation of committees and sub-committees, and their membership and remits; the calling of meetings and giving notice of meetings and meeting papers to members and to the public; the regulation and conduct of meetings and the keeping of a record of proceedings; wide public access to meetings and meeting papers and records; delegation of powers and authority to the Director and other officers of the Board; roles and responsibilities of Chair, Vice-Chair and Board members; payments to Board members; financial and performance monitoring and reporting; the management of risk; internal audit arrangements; and relationship with external auditors.

Audit

In relation to internal and external audit of its accounts, the Board is subject to the recently introduced regime of internal and external audit and governance under the Local Authority Accounts (Scotland) Regulations 2014. The legislation does not call for the Scheme to contain provisions in relation to these important aspects of financial governance, but the Parties nevertheless consider that they should prepare the way for the Board to make appropriate arrangements and to comply with its statutory responsibilities.

The way in which it will comply with those requirements is ultimately for the Board to determine when it is established but the Parties have agreed to encourage the Board to establish a Risk, Audit and Governance Committee to take a pro-active approach to risk, audit and governance and to have a scrutiny and advisory role in relation to those matters. It should not be a decision-making committee – it will have a scrutiny function and will be able to make recommendations to the Board about the matters within its remit. It will however be for the Board to accept or reject its recommendations and take whatever action it considers appropriate.

The functions of the committee will be carried out with the support of the Parties, and the Board and the Parties shall co-operate in ensuring the committee operates as an effective tool of corporate governance. The Parties shall make arrangements for the provision of the professional services and advice the Board needs in relation to the keeping of its accounting records and financial statements and their audit as it will for other more general support services which the Board will require in order for it to function.

Business Continuity and Emergency Planning

Although the legislation does not require the Scheme to make express provision for business continuity planning, the Parties nevertheless consider that appropriate and adequate arrangements should be made and that they are reviewed periodically and monitored for their effectiveness. The Parties shall therefore build on the existing arrangements in place through the West Lothian Community Health and Care Partnership, and shall develop those in the context of the statutory integration process and structure, under the control of the Director as part of the management arrangements applying to that post.

The Board will be able to seek assurance from the Director and from the Parties that appropriate business continuity and emergency planning arrangements are in place.

Procurement & Contracts

The Board does not have specific powers in relation to public procurement, only the general power to enter into contracts for any goods and services it requires to enable it to carry out its statutory role and functions. Any advice required in relation to future procurement or contract needs shall be provided by the Parties in accordance with the agreement they will put in place in relation to general support services the Board shall require to allow it to operate.

Strategic Plan

The Board is to approve a Strategic Plan which will be developed through its Strategic Planning Group in accordance with legislation. The Board has the legal authority to develop and approve a Plan of its own making. However, the Parties have agreed that the Board should be encouraged to develop and approve a Strategic Plan to cover the next decade, and that it should detail the high level outcomes to be achieved; the performance management approach to monitor progress against these; the strategic commissioning priorities for the Board; and a rolling three year action plan which will be reviewed and updated on an annual basis. Development of an approach like that will assist the Parties and the Board in

financial planning and policy making and assist in the achievement of goals, aims and outcomes.

Community Planning and Localities

Upon the enactment of the Community Empowerment (Scotland) Bill the Board will be a strategic partner within West Lothian's community planning arrangements and the Board's Strategic Plan will require to support wider community planning processes, in particular in delivering the agreed outcomes as defined in the West Lothian Community Planning Partnership Single Outcome Agreement.

The high level outcomes will be set within the context of West Lothian's Community Plan and Single Outcome Agreement and the Parties intend that reporting arrangements will include a commitment to report on progress against these to the Community Planning Partnership.

The legislation requires that the Strategic Plan includes arrangements for the area of West Lothian to be divided into at least two localities, to be determined by the IJB, and for the Plan to include measures for strategic aspects of services to be delivered to those different localities. As an important partner in the Community Planning Partnership, the Parties will work to ensure that the Strategic Plan has regard to and is consistent with the overall approach to community planning amongst the community planning partners in West Lothian.

Clinical and Care Governance

The Council is required by law to appoint a Chief Social Work Officer to oversee and make decisions in relation to specified social work services, some of which are delegated in relation to integration functions, and to report to and alert the council and councillors of any matters of professional concern in the management and delivery of those functions. The Chief Social Work Officer has a duty to make an annual report to the council in relation to the discharge of the role and responsibilities. The Chief Social Work Officer is to be a non-voting member of the Board but the Parties consider it is important that the Board's Standing Orders and other constitutional documents shall make provision for the Chief Social Work Officer to be given the same rights and privileges of access to the Board and Board members as they have in relation to the council and councillors. They also consider it to be a requirement of good corporate and care governance that the Board should adopt, that the Chief Social Work Officers shall also be required to make an annual report to the Board in relation to the aspects of their position which relate to the delivery of the delegated functions.

The Chief Social Work Officer will retain all of the statutory decision making and advisory powers they are given by statute and guidance, and the Director shall not be entitled to countermand or over-rule any decisions or instructions given by the Chief Social Work Officer in carrying out that statutory role.

The West Lothian Community Health and Care Partnership has as part of its arrangements in relation to clinical and care governance appointed a Clinical Director to advise and report to that Partnership Board. That arrangement will continue, with the Clinical Director being appointed by NHS Lothian to that role. The Parties consider it is important that the Board's Standing Orders shall ensure that the

Clinical Director is given the same rights and privileges of access as are to be afforded to the Chief Social Work Officer, and that the Clinical Director shall also be required to make an annual report to the Board in relation to the aspects of their position which relate to the delivery of the delegated functions.

The Clinical Director and Chief Social Work Officer will also have roles in providing regular reports and professional advice to the Board, to its Risk Audit and Governance Committee should it establish such a committee, and to the Strategic Planning Group in addition to reporting into the committees established by the Parties in relation to risk, audit and governance matters.

Staff

The employment status of staff will not change as a result of this integration scheme ie staff will continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.

Review

The Act calls for the Scheme to be reviewed by the Parties jointly within five years of it being approved. In addition, one or both of the Parties can require that the Scheme is reviewed at any time, or that a new Scheme is put in place, and that review is to be carried out jointly by the Parties. When the Scheme is reviewed, the Parties will carry out a consultation process as required by the Act prior to obtaining approval.

The Act also calls for the Strategic Plan to be reviewed every three years, or for a new Plan to be made at any time when called for by both the Parties where they feel the present Plan is or is likely to prevent them from carrying out any of their functions appropriately.

INTEGRATION SCHEME

1.0 The Parties

The Parties

a. The West Lothian Council, a local authority constituted under the local Government etc. (Scotland) Act 1994 and having its headquarters at West Lothian Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF (“the Council”)

and

b. Lothian Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Lothian”) and having its principal offices at Waverley Gate, 2-4 Waterloo Place, Edinburgh (“NHS Lothian”)

together referred to as “the Parties”

2.0 Definitions and Interpretation

“The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014

“The Parties” means the Council and NHS Lothian

“The Scheme” means this Integration Scheme (but not the Introduction)

“Integration functions” means the functions delegated by the Parties to the Integration Joint Board

“Integration Joint Board” or “IJB” means the West Lothian Integration Joint Board to be established by Order under section 9 of the Act, and is referred to as “the Board”

“Director” means the “Chief Officer” as referred to in section 10 of the Act

“Finance Officer” and “Proper Officer” mean the officer appointed under the finance and audit requirements in section 13 of the Act and section 95 of the Local Government (Scotland) Act 1973

“IJB Budget” means the total funding available to the Board in the financial year as a consequence of

- The payment for delegated functions from NHS Lothian under section 1(3) (e) of the Act;
- The payment for delegated functions from the Council under section 1(3) (e) of the Act; and
- The amount “set aside” by NHS Lothian for use by the Board for functions carried out in a hospital and provided for the areas of two or more local authorities under section 1(3) (d) of the Act

“Operational Budget” means the amount of budget delegated by one of the Parties to one of their managers in a financial year in order to carry out defined functions or services

“Strategic Plan” means the plan by which the Board is to be prepared and implemented in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act

“Outcomes” means the Health and Wellbeing outcomes prescribed in Regulations under section 5(1) of the Act and local outcomes set by the Parties and the Board, and set out in its Strategic Plan.

3.0 Integration Model and Integration Functions

This Scheme has been produced in accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in section 1(4) (a) of the Act will be put in place, namely the delegation of functions by the Parties to an Integration Joint Board, a body corporate that is to be established by Order under section 9 of the Act.

This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force and the integration functions shall be delegated on a date to be determined by the IJB as part of its Strategic Plan but by 1 April 2016 at the latest.

4.0 Local Governance Arrangements

Membership

The IJB shall have the following voting members:

- a) 4 councillors nominated by the Council; and
- b) 4 non-executive directors nominated by NHS Lothian, in accordance with articles 3(4) and 3(5) of the Integration Joint Boards Order.

The Parties may determine their own respective processes for deciding who to nominate as voting members of the IJB.

Non-voting members of the IJB will be appointed in accordance with article 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

The term of office of members shall be the maximum of three years prescribed by regulation 7 of the Integration Joint Boards Order. Members can be reappointed after this period.

Chairperson and Vice Chairperson

The IJB is required to have a chairperson and vice-chairperson who will both be voting members of the IJB.

The Parties have decided that the position of Chair shall rotate between the Parties every two years, with the council holding the Chair for the first two years of the IJB's existence.

The term of office of the vice chairperson will mirror the arrangements for the Chair, with the holders of the posts alternating between the Parties accordingly. The provisions set out above under which the power of appointment of the chairperson

will alternate between the Parties will apply in relation to the power to appoint the vice chairperson, and on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.

The Parties may determine their own processes for deciding who to appoint as chairperson or vice-chairperson.

Each Party may change its appointment as chairperson (or, as the case may be, vice chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

Support Services

The Parties agree to provide the IJB with the corporate support services that it requires to discharge fully its duties under the Act. In the short term, the Parties will continue to use the arrangements that have already been put in place to provide professional, technical and administrative support to Community Health Partnerships, and joint working more generally.

In order to develop a sustainable long term solution, a working party will be convened, with membership from the Health Board and the four local authorities in Lothian. This working party will develop recommendations for approval by the Health Board, the four local authorities, and the four Partnerships.

Key matters that the working party will address are

- (a) understanding the needs of the Lothian IJBs (in relation to functions delegated to them), as well as the continuing needs of the Parties (for non-delegated functions);
- (b) defining what is meant by “professional, technical or administrative services”;
- (c) systems to appoint the Chief Officer and Chief Finance Officer, as well as addressing their requirements for support;
- (d) bringing all these elements together and devising a pragmatic and sustainable solution.

The working party will link in with any ongoing initiatives that are pertinent to its agenda, so that all relevant work is co-ordinated. Any changes will be taken forward through the existing systems in the Parties for consultation and managing organisational change.

As soon as the proposals have been finalised by the working party and agreed by NHS Lothian and the four local authorities which prepared the integration schemes for the Lothian IJBs, a draft agreement will be prepared reflecting the agreed proposals. The draft agreement will be adjusted in line with discussions among the parties, and, as soon as the terms have been finalised it is intended that the

agreement will then be formally executed by NHS Lothian, the four local authorities, and the Lothian IJBs (including the IJB).

Within a year of the agreement taking effect the Parties and the IJB will undertake a review of the support services put in place pursuant to the agreement to ensure that the IJB has available to it all necessary professional, technical or administrative services for the purpose of preparing its Strategic Plan and carrying out the integration functions. There will then follow a process of annual review on the support services required by the IJB and this process will form part of the annual budget setting process for the IJB which is described in Section 10.

5.0 Delegation of Functions

The functions that are to be delegated by the NHS Board to the Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by the NHS Board and which are to be delegated, are set out in Part 2 of Annex 1. The functions in Part 1 of Annex 1 are delegated only to the extent that they are exercised in the provision of services listed in Part 2 of Annex 1. Except where otherwise stated in the scheme those functions and services are delegated for persons aged 18 and over.

The functions that are to be delegated by the Council to the Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Council and which are to be delegated, are set out in Part 2 of Annex 2. These services are only delegated in relation to persons aged 18 and over.

In addition to the functions that must be delegated in accordance with the legislation, the Parties have chosen to delegate the following health functions to the IJB in relation to the following Health services for people under the age of 18:

- i. Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- ii. General Dental Services, Public Dental Services and the Edinburgh Dental Institute
- iii. General Ophthalmic Services
- iv. General Pharmaceutical Services
- v. Out of Hours Primary Medical Services
- vi. Learning Disabilities.

6.0 Local Operational Delivery Arrangements

Management Arrangements

The Director shall be employed by one of the Parties and shall be seconded to the Board as its Chief Officer and a member of its staff. The Director will nevertheless be responsible and accountable to the Parties for the management and delivery of the integration functions in accordance with the directions issued by the Board to the Parties. They will be directed and managed by the Chief Executives of both Parties in that regard.

The Director is responsible to the Board for the delivery of the Strategic Plan.

The Parties and the Director shall secure the operational delivery of the integration functions in accordance with the Directions issued to the Parties by the Board.

They shall put in place a management structure, headed by the Director, to manage the delivery of and performance by them of the integration functions, and to manage the staff employed by the Parties in doing so. The integration services will be managed and delivered through close partnership working and protocols, and in conjunction with the health and social care and other functions of the Parties which are not integration functions.

The Parties shall provide the Board with information and performance management information required by it in terms of the powers conferred by the Act. The Parties recognise the importance of close co-operation and working in securing the delivery of the outcomes. The Board will therefore consult with and take account of the views of the Parties in decisions regarding the information to be provided and the dates and regularity to apply to its provision. The Director shall use that information to provide regular reports to the Board on at least a quarterly basis, and including sufficient information to ensure that the membership of the Board is able to adequately oversee the carrying out of the integration functions by the Parties. The Board shall have the ability to request and receive such additional information in relation to service performance and financial performance as is reasonably required by them to perform that duty.

In the interests of efficient governance, the relevant committees of NHS Lothian and the Council will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and the Council functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The IJB will not duplicate the role carried out by those committees other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

Each of the Parties shall use reasonable endeavours to procure that in the event that one of its committees identifies an issue which is of direct and material relevance to the IJB, the Council will advise the Chair of the IJB and the Director of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.

The Parties shall ensure that their respective standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, and its place as a common decision-making body within the framework for delivery of health and social care within the West Lothian Area.

The Parties acknowledge that the Director's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved. For the avoidance of doubt, the Director's role in operational delivery shall not displace:

- a) the responsibilities of each Party regarding compliance with directions issued by the IJB; or
- b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

In addition to the specific commitments set out above and the obligations regarding provision of information attaching to the Parties under the Act, each of the Parties will use reasonable endeavours to 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.

Strategic Planning

The Board is required to establish a strategic planning group to develop a strategic plan in accordance with the legislation describing the strategic vision and direction for the Board over the next decade.

The Board is one of four Boards in the area of the Health Board and the Parties and the Board require to work in co-operation amongst themselves and with those other local authorities and Boards in preparing their Integration Schemes, in developing their respective Strategic Plans, in the delivery of the integration functions, and in the interaction with health and social care functions which are not integrated.

In developing this Scheme the Parties have taken into account the other Schemes being developed between the health board and other councils in its area, and the effects that all of those Schemes, and this one, may have on the others.

The Board also requires to have regard to the impact its Strategic Plan will have on services, facilities and resources to be used in relation to the Strategic Plans after their adoption or whilst they are being developed in those other areas. The Parties' will support the Board in putting in place a process and system to secure close collaboration, co-operation and the sharing of relevant information amongst the Chief Officers of the four integration authorities and amongst the Strategic Planning Groups of those integration authorities. The Parties shall ensure through the line management arrangements for the Director set out in the Scheme, that the Director provides information to the other integration authorities where the Board's Strategic Plan is likely to have a significant impact on the Strategic Plans of those other integration authorities, and makes representations on behalf of the Board to those other integration authorities where the interests and objectives of the Board and its Strategic Plan may be affected by the Strategic Plans elsewhere .

In particular, the Parties will provide the support the Board requires for the adoption of arrangements and processes which ensure that the strategic impacts on the other integration authorities and their strategic plans are brought to the attention of the Board in its decision making, both in regard to integration functions and other functions and services which are not delegated.

In addition a template will be introduced for West Lothian IJB, with the support of the Parties, to help to ensure that all major strategic matters are considered in light of the potential impact on neighbouring IJBs and on services provided by the Parties

which are not delivered in the course of carrying out functions delegated to West Lothian IJB.

Lothian Hospitals Strategic Plan

NHS Lothian will develop a plan (the 'Lothian Hospitals Strategic Plan') to support the IJBs to fulfil their duties. The Lothian Hospitals Strategic Plan will not bind the IJB and the strategic plan of the IJBs will inform the Lothian Hospitals Strategic Plan.

The Lothian Hospitals Strategic Plan will be developed in partnership with the Lothian IJBs whose delegated functions are delivered by NHS Lothian in a hospital. The first Lothian Hospitals Strategic Plan will be published by 1 December 2015.

The purpose of the Lothian Hospital Strategic Plan is to ensure that planning for hospital functions and use of hospital facilities is:

- Responsive to and supports each IJB Strategic Plan; and
- Supports the requirement of NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the IJB (e.g. tertiary, trauma, surgical, planned and children's services).

The Lothian Hospitals Strategic Plan will be a plan developed jointly by NHS Lothian and the Lothian IJBs. The elements of the Lothian Hospitals Strategic Plan addressing non delegated functions can only be agreed by the NHS Lothian Board after the four Lothian IJBs have been consulted and their views and requirements appropriately considered. Elements of the Lothian Hospitals Strategic Plan which cover functions delegated to the respective Lothian IJBs will be signed off by relevant Lothian IJBs in consultation with NHS Lothian and all Lothian IJBs.

The Lothian Hospitals Strategic Plan will be updated at least every three years; the process to update the plan will be led by NHS Lothian.

Performance Targets and Reporting Arrangements

The Parties shall develop and agree between them a list of the targets, measures and arrangement in relation to the performance of the delegated functions, and shall do so prior to the constitution of the Board. After the constitution of the Board, the Parties shall agree with the Board and, prior to the date of delegation of functions, a final list of such targets, measures and arrangements and the frequency with which information about them is to be provided.

The Parties shall also develop and agree between them a separate list of targets, measures and arrangements in relation to health and social care functions which have not been delegated and which are to be taken into account by the Board in its preparation of the strategic plan.

In developing and agreeing those matters, the Parties shall build on the successful performance measuring, monitoring and reporting systems operated through the West Lothian Community Health and Care Partnership. They shall through officers of

both Parties develop those systems further by identifying those performance indicators and outcomes for which responsibility shall pass to the Board in relation exclusively to integration functions and those for which responsibility shall be shared where they relate to both integration functions and functions and services which have not been delegated. Those outcomes and indicators will be refined to reflect and support the priorities set out in the Board's Strategic Plan. The Parties and the Board shall ensure that the systems, outcomes and indicators put in place are regularly reviewed, refreshed and updated to reflect changes to those priorities, to the Strategic Plan and other changes in circumstances.

After it is established, the Board will be responsible for the development of its own performance management approach to enable the Board to monitor progress against quality improvement and service delivery required to achieve the high level outcomes in the strategic plan. To continue the development work of the Parties to be carried out prior to the establishment of the Board, the Parties will encourage that Board to adopt an approach to performance management which will detail the suite of performance indicators to be used to monitor progress against the high level outcomes and will confirm the reporting arrangements on performance.

7.0 Clinical and Care Governance

Introduction

This section of the Scheme sets out the arrangements that will be put in place to allow the IJB to fulfil its role with professional advice and with appropriate clinical and care governance in place.

The Parties have well established systems to provide clinical and care governance as well as assurance for professional accountabilities. Those systems will continue following the establishment of the IJB and the scope of these systems will extend to provide the IJB with the requirements to fulfil their clinical and care governance responsibility.

Continuous improvement and the quality of service delivery (and its impact on outcomes) will be addressed through the development of the IJB's performance management framework (pursuant to section 6 of this Scheme).

The IJB will not duplicate the role carried out by the Parties existing governance arrangements other than in exceptional circumstances where the IJB considers that direct engagement by the IJB is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

The Parties agree that in the event that one of its committees within its governance arrangements identifies an issue which is of direct and material relevance to the IJB, the committee will advise the chairperson of the IJB and the Director of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.

The Parties shall ensure that its standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, the IJB's place as a common decision-making body within the framework for

delivery of health and social care within the West Lothian Area and the Parties role in supporting the IJB to discharge its duties.

The voting members of the IJB are engaged in the governance of their respective Party, and it is likely that they will be members of one or more committees of the relevant Party.

The Parties will use reasonable endeavours to appoint voting members of the IJB (regardless of which party nominated the voting members) onto the NHS Lothian and Council governance arrangements with a remit relevant to the clinical and care governance of integration functions.

Within its existing governance framework, NHS Lothian has :

- A healthcare governance committee, the remit of which is to provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that the Lothian NHS Board meets its responsibilities with respect to:-
 - NHS Lothian Participation Standards
 - Volunteers/Carers
 - Information Governance
 - Protection of Vulnerable People including children, adults, offenders
 - Relevant Statutory Equality Duties

And

- A staff governance committee, the remit of which is to support and maintain a culture within Lothian NHS Board where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The Staff Governance Committee must ensure that robust arrangements to implement the (NHS Scotland) Staff Governance Standard are in place and monitored

The staff governance committee has the primary role on staff governance matters, but can and does refer matters of relevance to the healthcare governance committee.

The healthcare governance committee can request assurance from the staff governance committee on matters of direct relevance to its remit, e.g. quality of recruitment, learning and development, completion of mandatory training.

West Lothian Community Health and Care Partnership has as part of its arrangements in relation to clinical and care governance appointed a Clinical Director to advise and report to that Partnership Board. That arrangement will

continue in the IJB, with the Clinical Director appointed by the Health Board providing clinical expertise to the IJB as a non-voting member.

Within the Council, the Chief Social Work Officer has overall responsibility for the professional standards of the Council's social work and social care staff. The workforce is also regulated by the Scottish Social Services Council (SSSC), and all professional staff must by law be registered with the SSSC. This registration requirement will, in due course, extend to all social care staff employed by the Council and the voluntary and independent sectors.

The Chief Social Work Officer reports annually to the Council on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development. The Chief Social Work Officer will provide a copy of this annual report to the IJB.

The Chief Social Work Officer also reports annually to the Council on standards achieved, governance arrangements including supervision and case file audits and volume/quantity of statutory functions discharged. This report must comply with national guidance issued by the Scottish Government. The Chief Social Work Officer will also provide a copy of this annual report to the IJB.

The intention of using the existing NHS Lothian and Council committees as a primary source of assurance is to recognise that the parties will have continuing governance responsibilities for both integration and non-delegated functions, and that the parties wish to minimise unnecessary bureaucracy. The IJB will be engaged through its membership being on these committees, and its relationship with the committee chairs. The IJB will be in a position to holistically consider the information/ assurance received from the Parties, and arrive at a determination for all of its functions. If the IJB is in any way dissatisfied with the information or assurance it receives from the parties, or the effectiveness of the parties committees, it may give a direction to the parties to address the issue, or revise its own system of governance.

Clinical and Care Governance Risk

There is a risk that the plans and directions of the IJB could have a negative impact on clinical and care governance, and professional accountabilities. This section of the Scheme sets out the arrangements that will be put in place to avoid this risk.

Professional Advice

NHS Lothian has within its executive membership three clinical members (referred to below as 'Executive Clinical Directors'); a Medical Director, a Nurse Director, and a Director of Public Health. Their roles include responsibility for the professional leadership and governance of the clinical workforce (medical, nursing, allied health professionals, healthcare scientists, psychology, pharmacy), as well as clinical governance within NHS Lothian generally. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.

The Council has a Chief Social Work Officer who reports to the Chief Executive and councillors. The Chief Social Work Officer monitors service quality and professional standards in social care and social work, for staff employed in both adult and children's services, together with standards in relation to the protection of people at

risk. The Chief Social Work Officer role also includes quality assurance of decision-making with regard to adult social care, mental health criminal justice and children's services, in particular in relation to public protection and the deprivation of liberty.

The creation of an IJB does not change the Chief Social Work Officer's role in respect of professional leadership and he or she will remain the lead and accountable professional for his or her profession.

The Chief Social Work Officer must be a non-voting member of the IJB. The IJB may elect to appoint one or both of the Medical Director and the Nurse Director as additional non-voting members of the IJB. The Order requires NHS Lothian to fill the following non-voting membership positions on the IJB:

- A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Lothian in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
- A registered nurse who is employed by NHS Lothian or by a person or body with which NHS Lothian has entered into a general medical services contract; and
- A registered medical practitioner employed by NHS Lothian and not providing primary medical services.

NHS Lothian will consider the advice of the Executive Clinical Directors, and any other relevant officer it deems fit before making appointments to fill the membership positions referred to above. The appointees will be professionally accountable to the relevant executive clinical director. NHS Lothian will develop a role description for the appointments referred to above, to ensure that their role on the IJB with regard to professional leadership and accountability is clearly defined and understood.

The three health professional representatives referred to above will each also be:

- A member of an integrated professional group (should it be established); and/or
- A member of a NHS Lothian committee; and/or
- A member of a consultative committee established by NHS Lothian.

If a new "integrated professional group" is established, the Chief Social Work Officer must also be a member.

The three health professional representative set out above and the Chief Social Work Officer will be expected by the Parties to play a lead role in:

- Communicating and having regard to their duties to NHS Lothian or the Council as the case may be whilst discharging their role as a member of the IJB;
- Communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Lothian or (as the case may be) the Council.
- The members will be expected to communicate regularly with the Executive Clinical Directors, and the Council's Chief Executive as and when appropriate.

The presence of these four members will ensure that the decisions of the IJB are informed by professional advice from within the membership of the IJB.

The Chief Social Work Officer reports annually to the Council on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development.

NHS Lothian includes a governance statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from its Executive Clinical Directors. The IJB may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the IJB may require.

The Executive Clinical Directors shall be entitled to raise issues directly with the IJB in writing. The IJB shall be required to respond in writing when issues are raised in this way. The Chief Social Work Officer will be a non-voting member of the IJB, and can therefore raise any issues directly at the IJB.

The engagement of professionals throughout the process to develop and consult on the Strategic Plan is intended to ensure that the IJB has all the required information to prepare a Strategic Plan, which will not compromise professional standards.

In the unlikely event that the IJB issues a direction to NHS Lothian, which is reasonably likely to compromise professional standards, then in the first instance, the relevant Executive Clinical Director will write to the IJB.

If the issue is not resolved to their satisfaction, they must inform the board of NHS Lothian before it takes action to implement the direction, and the following measures will apply:

- The relevant Executive Clinical Director must ensure that appropriate advice is tendered to the board of NHS Lothian on all matters relating to professional standards;
- The relevant Executive Clinical Director must set out in writing to NHS Lothian any objections they may have on a proposal that may compromise compliance with professional standards;
- The board of NHS Lothian will inform the IJB that it has received such objections, along with a statement of the views of the board of NHS Lothian on those objections;
- If board of NHS Lothian decides to proceed with a proposal despite those objections, the relevant executive clinical director will be provided with written authority from the board of NHS Lothian to act on the proposal. NHS Lothian must inform the Scottish Government Health and Social Care Directorate if a request for such a written authority is made. A copy of that authority must be sent to the appropriate regulatory body, e.g. General Medical Council;
- Once the relevant executive clinical director has received that written authority, they must comply with it.

The three professional clinical members on the IJB (two medical practitioners, one nurse) are non-voting members. They will be expected by the Executive Clinical

Directors to raise any concerns in relation to matters which may compromise professional standards with the IJB.

If any of the three professional clinical members becomes aware of a matter arising from the conduct of IJB business, which may compromise professional standards, they must immediately notify the relevant executive clinical director(s) of their concerns.

The Chief Social Work Officer will be a non-voting member of the IJB, and as such, will contribute to decision making, and will provide relevant professional advice to influence service development.

In the event that the IJB issues a direction to the Council or NHS Lothian, which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Director of their concerns and if their concerns are not resolved by the Director to their satisfaction must then raise the matter with the Chief Executive of the Council.

Professionals Informing the IJB Strategic Plan

With regard to the development and approval of its Strategic Plan, the IJB is required to:

- establish a strategic planning group (which will review the draft Strategic Plan). This strategic planning group must include a nominee from both NHS Lothian and the Council in its membership, as well as representation from health professionals and social care professionals. NHS Lothian and the Council will make recommendations to the IJB with regard to the representation from health professionals and social care professionals;
- consult both NHS Lothian and the Council on its Strategic Plan, and take into account their views before it finalises the Strategic Plan.

There will be three opportunities within these arrangements for professional engagement in the planning process;

- at the IJB;
- in the context of the work of the strategic planning group; and
- as part of the consultation process with the Parties associated with the Strategic Plan.

The membership of the IJB will not be the only source of professional advice available to the IJB. In advance of the establishment of the IJB the Parties agree that the chairs of all appropriate committees and groups will be informed that they are able to, and expected to, directly provide advice to the IJB. Those committees and groups may also advise an integrated professional group that provides advice to the IJB. Those committees and groups include, but are not limited to:

- Area Clinical Forum;
- Local consultative committees that have been established under section 9 of the National Health Service (Scotland) Act 1978;
- Managed Clinical/ Care Networks;

- West Lothian Public Protection Committee (adult and child protection, drug and alcohol, violence against women, offender management etc). The IJB will consult this committee on any plans that may impact on the protection of children or vulnerable adults or people who are assessed as posing a risk;
- Any integrated professional group established.

NHS Lothian and the Council will ensure that the draft Strategic Plan is sent to the following senior professionals in order to secure their input and advice:

- NHS Lothian Medical Director;
- NHS Lothian Nurse Director;
- NHS Lothian Director of Public Health & Health Policy;
- NHS Lothian Allied Health Professions Director;
- Chief Social Work Officer.

The engagement of the Council's professionals will not be limited to social work staff, but will extend to related professionals within social care, such as, but not exclusively, occupational therapists, home care and social care staff.

The approach to locality planning and delivery including the arrangements for clinical and social care governance will be developed through the strategic planning process in a collaborative manner by the IJB.

External scrutiny of clinical and care functions

NHS Lothian seeks assurance for internal control/quality through its Healthcare Governance Committee, which includes reports by external bodies such as Healthcare Improvement Scotland.

The Care Inspectorate (Social Care and Social Work Improvement Scotland) regulates, inspects and supports improvement of adult and children's social work and social care, and their reports feed into the Council's system of governance.

The IJB will consequently be informed of any relevant issues from external scrutiny, as a consequence of drawing from the systems already established by the Parties.

Service User and Carer Feedback

The Parties have a range of systems already in place to capture and respond to service users' experience, and these will continue to be used as the Parties implement the directions of the IJB.

8.0 Director

Appointment

The first Director will be appointed to the post by the Board as required by the Act, but, to reflect the significance of the post to the Parties and the Director's duties and responsibilities, it is expected that the appointment shall be made after consultation by the Board with the Parties and of the jointly agreed holder of the shadow Director post.

Prior to the establishment of the Board the Director's job description, person specification, terms and conditions, salary, pension, responsibilities and powers shall be agreed jointly between the Parties, and appropriate approval obtained under the separate mechanism contained in the Act. Those will reflect and include the responsibilities the Director will have, by agreement between the Parties, to the Parties in relation to matters other than those affecting the integration functions.

Upon the appointment by the Board of the Director, the Parties shall at the same time confirm the appointment of the Director in relation to their own organisations and shall ensure that appropriate powers are delegated to him/her by the Parties to enable him/her to meet the requirements of the post.

Any future appointment to the post of Director shall follow an open and transparent process, except that the recruitment, selection and appointment process shall be carried out by the Board, in reliance on professional advice to be provided to the Board as part of the agreed support services. The Parties shall ensure the availability of appropriate technical, legal and human resources advice through the arrangements to be put in place for the provision of support services as set out in the Scheme, and through an appointment process designed by the Board to reflect the significance to the Parties of the post.

If an interim replacement for the Director of the Board is required, in line with a request from the Board to that effect (on the grounds that the Director is absent or otherwise unable to carry out their functions), the Chief Executives of the Parties will initiate a joint selection process, identifying a list of potential replacements; and selection of a suitable candidate will be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the Board on an interim basis.

Operational Role

In terms of the Act the Director will report to and advise the Board in relation to its role and powers over the delegated functions, and they will also be accountable to the Chief Executives of the Parties in relation to operational and service delivery matters.

The Director will be a member of each of the council and health board senior management teams and together with the Chief Social Work Officer will have appropriate delegated powers to enable them to discharge their duties and to manage the two services and secure the operational delivery of the integration functions jointly and in an integrated manner.

Except for the services identified in Annex 3 the Director will be the senior manager in each of the Parties responsible for delivery of the delegated functions in accordance with directions from the Board, and for the delivery of other health and social care functions which have not been delegated to the Board.

Directors responsible for the Western General Hospital, the Edinburgh Royal Infirmary, St Johns Hospital and the Royal Edinburgh will provide delegated services on these hospital sites that will not be operationally managed by the Director.

Specific NHS Lothian functions will be managed on a pan Lothian basis as a 'hosted' service by one of the four Chief Officers in Lothian. Annex 3 describes the functions

which NHS Lothian is proposing to the IJBs as suitable for management under hosted services arrangements.

A group consisting of Directors responsible for hospital functions delegated to the IJB and the Chief Officers of the four IJBs in Lothian will be established before the IJBs are established to ensure close working arrangements between a) Chief Officers and Directors responsible for hospital services and b) Chief Officers responsible for the management of a hosted service on behalf of the other three Lothian Chief Officers.

9.0 Workforce

The Parties will provide for workforce development in relation to the staff employed in the delivery of the integration functions and will develop an integrated Workforce Development and Support Plan, and an Organisational Development Plan in relation to teams delivering services. The Parties shall ensure the completion of those Plans prior to the constitution of the Board and they shall be put in place at the date of delegation of the integration functions.

10.0 Finance

Finance Officer

In relation to the preparation of its accounts and their audit, the Board is governed by the same legislation applying to local authorities and will require to make arrangements for the proper administration of its financial affairs; this will include the appointment of a Finance Officer with this responsibility. The Finance Officer will be employed by the Council or NHS Lothian and seconded to the Board. The holder of the post should be a CCAB-qualified accountant, and the Board should have regard to the current CIPFA Guidance on the role.

In the event that the Finance Officer position is vacant or the holder is unable to act, the Director shall secure, in consultation with the Board Chair, and through agreement with both the council section 95 officer and the NHS Lothian Director of Finance, an appropriate interim dedicated resource to discharge the role.

Financial Management of the Board

The Board will determine its own internal financial governance arrangements; and the Finance Officer will be responsive to the decisions of the Board, and the principles of financial governance set out in this Scheme.

Principles of Financial Governance

The following principles of financial governance shall apply:

- NHS Lothian and the Council will work together in a spirit of openness and transparency

- NHS Lothian and the Council will ensure their payments to the Board are sufficient to fund the delegated functions in line with the financial elements of the Strategic Plan
- NHS Lothian and the Council payments to the Board derive from a process that recognises that both organisations have expenditure commitments that cannot be avoided in the short to medium term. The Board, through its Strategic Plan and through the directions issued by it, may, however, be able to influence such commitments over time; and both Parties will work with the Board on service redesign proposals in relation to integration functions.

Financial Governance

The Parties will contribute to the establishment of a Board budget. The Director will manage the Board budget.

The Parties are required to implement the Directions of the Board in carrying out the delegated functions in line with the strategic plan, provided that the Board delegates the required level of resources to meet the anticipated cost of the delegated functions. The Parties will apply their established systems of financial governance to the payments they receive from the Board. The NHS Lothian Accountable Officer and the Council section 95 Officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.

The Director in their operational role within NHS Lothian and the Council is responsible for the financial management of any operational budgets (as defined in section 10 of this Scheme) that may be delegated to them by the Parties, and is accountable for this to the NHS Lothian Chief Executive and WLC section 95 officer.

The Board will develop its own financial regulations. The Finance Officer will periodically review these financial regulations and present any proposed changes to the Board for its approval.

The Council will host the Board Financial Accounts and will be responsible for recording the Board financial transactions through its existing financial systems. This will include the ability to establish reserves.

The Board's Finance Officer will be responsible for preparing the Board's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

As part of the financial year end procedures and in order to develop the year-end financial statement, the Finance Officer will work together with NHS Lothian and the Council to coordinate an exercise agreeing the value of balances and transactions with Council and NHS Finance teams. Each Party will provide information to this process on their recorded income, expenditure, receivable and payable balance with the IJB. The Board's Finance Officer will lead with the Parties on resolving any differences.

The Finance Officer will also be responsible for preparing a medium-term financial plan to be incorporated into the Board's Strategic Plan. The Finance Officer will also be responsible for preparing the annual financial statement that the Board must publish under section 39 of the Act, which sets out what the Board intends to spend in implementation of its Strategic Plan.

The Finance Officer will be responsible for producing finance reports to the Board, ensuring that those reports are comprehensive.

The Finance Officer will liaise closely with the Council s95 officer and the NHS Lothian Director of Finance and their teams in order to discharge all aspects of their role section 6 of this scheme has set out the process the Parties will undertake to determine how professional, technical and administrative services will be provided to the Board. The initial focus of this work includes finance support.

Payments to the Board (made under section 1(3) (e) of the Act)

The legislation on Integration uses the term 'payment' to describe the budget contributions that the Parties will delegate to the Board. In the interests of clarity, whilst the term 'payment' is used in this document to remain consistent with the legislation, it is not anticipated that cash transfers will take place between Parties and the Board. Rather, the term 'payment' can be taken to mean the budget contributions of the partner organisations that have been agreed as resources delegated to the Board.

Prior to the start of each financial year, the Parties will agree a schedule of payments to the Board (covering their initial calculated payment for the financial year and the dates for transactions).

Any difference between payments into and out from the Board will result in a balancing payment between the Council and NHS Lothian which reflects the effect of the directions of the Board.

Initial Payments to the Board

The Council and NHS Lothian will identify a core baseline operational budget for each function that is delegated to the Board. This will be used as the basis to calculate their respective payments into the Board budget.

The Council and NHS Lothian already have established financial planning processes which take into account the financial settlements they have received, and identified and assumed expenditure pressures, to arrive at opening budgets for the forthcoming financial year. These same processes will be applied to the core baseline operational budgets for the delegated functions in order to arrive at the initial payments to the Board.

Resource Transfer

The “resource transfer” payments from NHS Lothian to the Council will continue to be made after the Board is established, as these payments are effectively core funding of functions that will be delegated by the Council. Taking account of the process above, the resource transfer payment from NHS Lothian to the Council will be reviewed on an annual basis.

Hosted Services

NHS Lothian carries out functions across four local authority areas. Some of the functions that will be delegated to all four IJBs in the NHS Lothian boundary are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services”. As such there is not currently a separately identifiable budget for those services by local authority area.

In order to identify the core baseline budget for each of the hosted services in each local authority area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each local authority area and their respective populations at a given point in time. NHS Lothian will follow the same process for subsequent years:-

- Local activity and cost data for each service within each local authority area
- Population distribution across the local authority areas
- Patient level activity and cost data
- Historically applied and recognised percentages.

The Council and the Board will review the proposals from NHS Lothian as part of a due diligence process, and the core baseline budget will be collectively agreed.

Due Diligence

The Parties will share information on the financial performance over the previous two financial years of the functions and associated services which will be delegated to the Board. This will allow the Parties to undertake appropriate reviews to gain assurance that the services are currently being delivered sustainably within approved resources, and that the anticipated initial payments will be sufficient for the Board to carry out its integration functions.

If any such 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 operational budget

The Parties recognise that of the functions which are to be delegated to the Board, there are some where there is greater potential for the actual expenditure to vary significantly from projections. The Parties will identify what those functions are, and will ensure that information is provided to the Board so that it may build up its working knowledge of the issues, and focus on those functions within their systems for risk management and financial reporting. This will help the Board and the Parties determine how any particular variances (should they arise) should be

handled (see section below), as well as how the Board decides to direct the use of the Board budget in the future.

This process of due diligence will be applied in future years, and this will be informed by, amongst other things, the intelligence within the financial performance reports covering all integration functions that the Board will routinely receive.

Determining the schedules for the Initial Payments

The Council section 95 officer and the NHS Lothian Director of Finance are responsible for preparing the schedules for their respective party. The amounts to be paid will be the outcome of the above processes. They will consult with the Director and officers in both Parties as part of this process.

- The Council section 95 officer and the NHS Lothian Director of Finance will each prepare a schedule outlining the detail and total value of the proposed payment from each party, and the underlying methodology and assumptions behind that payment. These draft schedules will identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. The schedules will also contain the detail and total value of set aside resources for hospital services, made under section 1(3) (d) of the Act.
- The Council section 95 officer and the NHS Lothian Director of Finance will refer the draft schedules to the Director so that they may have an opportunity to formally consider it.
- The Council section 95 officer and the NHS Lothian Director of Finance will thereafter present the final draft schedules to the Parties. This schedule must be approved by the Director of Finance of NHS Lothian, the Council section 95 officer and the Director.
- The Council and NHS Lothian must approve their respective payments, in line with their governing policies.

Subsequent section 1(3) (e) Payments to the Board

The calculation of payments in each subsequent financial year will essentially follow the same processes as has been described for the initial payment. This section highlights the key differences from the process of calculating the initial payment.

The starting position will be the payments made to the Board in the previous financial year. The Parties will then review the payments, having due regard to any known factors that could affect core baseline budgets, available funding, their existing commitments, the results of their own financial planning processes, the previous year's budgetary performance for the functions delegated to the Board, the Board's performance report for the previous year, and the content of the Board's Strategic Plan.

The Parties will also have due regard to the impact of any service re-design activities that have been direct consequence of Board directions.

In all subsequent financial years, the Board will be established and the Director and Finance Officer will have been appointed to their posts. The Parties will engage the

Board, Director, and Finance Officer in the process of calculating subsequent payments through:

- Both Parties will provide indicative three year allocations to the Board, subject to annual approval through their respective budget setting processes.
- The Parties will ensure the Director and Finance Officer are actively engaged in their financial planning processes. The Director will be expected to feed into the planning processes with any intelligence that is relevant, e.g. the aims of the Strategic Plan, the effect of previous directions on activity and expenditure, projected changes in activity and expenditure. The Director of Finance of NHS Lothian, the section 95 Officer of the Council and the Board Finance Officer will ensure a consistency of approach and consistent application of processes in considering budget assumptions and proposals.

The set-aside of resources for use by the IJB under section 1(3) (d) of the Act

In addition to the section 1(3)(e) payments to the IJB, Lothian NHS Board will identify a set aside budget for delegated functions in large hospitals. The set aside budget for delegated hospital services will be based on an apportionment of the relevant Lothian NHS Board budgets for the delegated hospital services (excluding overheads).

In order to identify the core baseline budget for the set-aside functions in each council area, the Health Board shall initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of services in each council area, and their respective populations at a given point in time. NHS Lothian will follow the same process for subsequent years:-

- Local activity and cost data for each service within each council area
- Population distribution across the council area
- Patient level activity and cost data
- Historically applied and recognised percentages.

The Parties and the IJB will review the proposals from Lothian NHS Board referred to above, as part of a due diligence process, and the core baseline budget will be jointly agreed.

Process to agree payments from the Board to the Parties

The IJB will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out functions delegated to the IJB. The Parties are required to implement the directions of the IJB in carrying out a delegated function in line with the Strategic Plan, having agreed with the IJB the resources required to deliver the said directions.

The Board will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out the functions delegated to the Board. The Party receiving a direction from the Board shall implement it, having agreed with the Board the level of resources required to do so.

The Finance Officer is responsible for providing the Board with appropriate information and advice, so that it may determine what those payments should be.

Each direction from the Board to the Parties will take the form of a letter from the Director referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- the delegated function(s) that are to be carried out
- the outcomes to be delivered for those delegated functions
- the amount of and method of determining the payment to be made, in respect of the carrying out of the delegated functions.

Once issued, directions can be amended by a subsequent direction by the Board.

Where amounts paid to the Board are subject to separate legislation or subject to restrictions stipulated by third party funders, the Board must reflect these amounts in full, in determining the level of the payments to be made to the Parties in respect of the carrying out of the relevant function or functions. However, the Board is not precluded from increasing the resource allocated to the relevant services.

Financial Reporting to the Board

Budgetary control and monitoring reports (in such form as the Board may request from time to time) will be provided to the Board as and when it requires. The reports will set out the financial position and outturn forecast against the payments by the Board to the Parties in respect of the carrying out of integration functions and against the amount set aside by NHS Lothian for hospital services. 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.

NHS Lothian will provide information on the set-aside budgets which will be contained in financial reports to the Board.

Through the process of reviewing the professional, technical and administrative support to the Board and the development of accounting for the set-aside, the Parties will devise a sustainable model to support financial reporting to the new Board. Until that model is in place, both Parties will provide the required information on operational budgetary performance from their respective finance systems, and this will be co-ordinated and consolidated by the Finance Officer to provide reports to the Board on all the Board's delegated functions.

It is expected by the Parties that as a minimum there will be quarterly financial reports to the Director, quarterly reports to the IJB for section 1(3) e and 6 monthly reports to the Director and the IJB on the set-aside and hosted service budgets. The IJB can request more reports if required.

Process for addressing variance in the spending of the Board

Treatment of forecast over- and under-spends against the Operational Budget

The Board is required to deliver its financial out-turn within approved resources.

Section 15 of this scheme sets out the arrangements for risk management, and financial risk (within the Board and both Parties) will be managed in line with those arrangements.

The Parties will make every effort to avoid variances arising. A key measure in this regard will be the due diligence activities, and the sharing of information with the Board, so that the Board has the best opportunity to allocate resources effectively. The Parties will also ensure that the systems that are already applied to delivering public services within fixed and limited resources will continue.

Where financial monitoring reports indicate that an overspend is forecast on the NHS Lothian or the Council operational budget for delegated functions, it is agreed by the Parties that the relevant party should take immediate and appropriate remedial action to prevent the overspend. The manager leading this remedial action could be the Director in his or her operational capacity within the affected party.

In the event that such remedial action will not prevent the overspend, then Finance Officer will, together with the relevant Party, develop a proposed recovery plan to address the forecast overspend. The Finance Officer will then present that recovery plan to the Board as soon as practically possible. The Board has to be satisfied with the recovery plan, and the plan is subject to its approval.

Additional Payments by the Parties to the Board

Where such a recovery plans is projected to be unsuccessful and an overspend occurs at the financial year end, and where there are insufficient reserves held by the Board to meet the overspend, then the Parties may make additional payments to the Board. The Finance Officer and the Parties shall engage in discussion and negotiation about the amounts to be paid by each Party and the date or dates upon which any such payments are to be made.

The Parties recognise that the delivery of delegated functions in accordance with the Strategic Plan depends on their co-operation between each other and with the Board and that all three parties must approach such discussions in good faith, recognising the pressures and constraints on their respective budgets and services. In such discussions the Parties recognise and accept that an overspend is at the risk of the Party incurring the overspend and the residual amount of overspend after usage of reserves must, in the absence of any other agreement, be met by that Party.

Recurring overspends will be considered as part of the following year's budget process. If a solution to the overspend cannot be agreed by the Parties, or is not agreed by the Board, then the dispute resolution mechanism in this Scheme may require to be implemented.

Underspends

As part of their normal financial management systems, the Parties conduct in-year reviews of financial performance, and occasionally this may lead to a forecast of an underspend at the year-end on one or more budgets. In the event that this happens within the operational budgets then the following shall apply:

- if the underspend is fortuitous and unrelated to any IJB direction then the underspend should be returned to the affected Party (through an adjustment to the payments to the IJB)
- the IJB will retain all other underspends.

In the event that this happens within the operational budgets, any underspend shall be returned to the integration Party delivering that service for the Board, except where the Parties agree that the underspend should be retained by the Board for future use. For example, this could relate to specific management action planned to result in an underspend.

The Board may hold reserves, as determined by its Reserves Policy.

Treatment of variations against the amounts set aside for use by the Board

A process will be agreed between NHS Lothian and the IJB to manage any variations within the set-aside budget. This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Integrated payment as laid out above. This process will reflect the guidance issued by the Scottish Government - 'Guidance on Financial Planning for Large Hospital Services and Hosted Services'.

Redetermination of payments (made under section 1(3) (e)) to the Board

Redeterminations of payments made by the Parties for the carrying out of integration functions would apply under the following circumstances:

- Additional one off funding is provided to a Party or Parties by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the Board
- The Parties agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels
- Transfer of resources between set aside hospital resources and integrated budget resources delegated to the Board and managed by the Director.
- The Parties need to recover funds to offset a material overspend in their non delegated health and social care budgets subject to availability of funds.

In all cases full justification for the proposed change would be required and both Parties and the Board would be required to agree to the redetermination. The Parties would apply the process used to calculate the payment to the Board (described earlier) to the affected functions.

Any required additional payments will be added to the schedule of payments for the financial year.

Redetermination of payments (made under section 1(3) (d)) to the Board

Redetermination of set-aside payments will be carried out on the same basis as under section 1(3)(e), above.

Use of Capital Assets

The Board, NHS Lothian and the Council will identify all capital assets which will be used in the delivery of the Strategic Plan.

Changes in use of capital assets will flow from the Strategic Plan and the directions issued by the Board to the Parties. The Strategic Plan process will outline any implications or requirements for capital assets.

The Parties will ensure that their capital asset planning arrangements take due cognisance of the above implications and requirements.

The Director of the Board will consult with the Parties to identify the specific need for improvements/changes to assets owned by each which may be required in connection with the carrying out of integration functions. Where a capital investment need is identified, the Director will present a business case to the Parties to make best use of existing resources and develop capital programmes. Any business case will set out how the investment will meet the strategic objectives set out in the Strategic Plan and identify the ongoing revenue costs/savings associated with implementation of the proposals.

The Board, the Council and NHS Lothian will work together to ensure assets required in connection with the carrying out of integration functions are used as effectively as possible and in compliance with the relevant legislation relating to use of public assets.

Audit and Financial Statements

Financial Statements and External Audit

The legislation requires that the Board is subject to the audit and accounts provisions of a body under section 106 of the Local Government (Scotland) Act 1973 (section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (section 12 of the Local Government in Scotland Act 2003, the Local Authority Accounts (Scotland) Regulations 2014 and other regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice. The Parties will agree a clear timetable for the preparation of the Board's annual accounts which will incorporate a process to agree any balances between the Board and the Parties.

The Finance Officer of the Board will supply any information required to support the development of the year-end financial statements and annual report for both Parties. Both Parties will need to disclose their interest in the Board as a joint arrangement under IAS 31 and comply in their annual accounts with IAS 27. Both Parties will report the Board as a related party under IAS 24.

The Board financial statements must be completed to meet the audit and publication timetable specified in the regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973).

The Accounts Commission will appoint the external auditors to the Board.

The financial statements will be signed in line with the governance arrangements for the Board and as specified in the Local Authority Accounts (Scotland) Regulations 2014, made under section 105 of the Local Government (Scotland) Act 1973.

In all forms of audit, the Parties are expected to comply with related requests and to aid the audit process.

11.0 Participation and Engagement

Consultation on this Integration Scheme was undertaken in accordance with the requirements of the Act.

The stakeholders consulted in the development of this scheme were

- All prescribed consultees
- Staff of Parties.

As well as the stakeholders described above the draft scheme was posted on the West Lothian Community Health and Care Partnership website to allow wider exposure and comment from the general public.

Formal internal and external consultation was conducted between 15 January and 20 February 2015.

All responses received during the consultation were reviewed and taken into consideration in the production of the final version of this scheme.

A second draft was produced for approval by the Parties to submit to the Scottish Government.

The Parties will enable the IJB to develop a Participation and Engagement Strategy by providing appropriate resources and support. The Participation and Engagement Strategy shall ensure significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions about the carrying out of delegated functions. The Parties will encourage the IJB to access existing forums that the Parties have established, such as West Lothian Citizens' Panel and other networks and stakeholder groups with an interest in health and social care. The strategy shall be developed alongside the Strategic Plan and will be presented for approval to the IJB within one year of the establishment of the IJB. The strategy will be subject to regular review by the IJB.

12.0 Information Sharing and Confidentiality

There is an existing and long standing Pan-Lothian and Borders General Information Sharing Protocol, to which NHS Lothian, City of Edinburgh Council, East Lothian Council, Midlothian Council and West Lothian Council are all signatories. This Protocol is currently being reviewed by a sub group on behalf of the Pan-Lothian Data Sharing Partnership for any minor modifications required to comply with the Regulations. The final Protocol, following consultation, will be recommended for signature by Chief Executives of respective organisations, and the Chief Officers of the IJBs, once they have been appointed by the IJB, on behalf of the Pan-Lothian Data Sharing Partnership.

The Pan-Lothian and Borders General Information Sharing Protocol update will be agreed by 31 March 2015.

Procedures for sharing information between the Council, NHS Lothian, and, where applicable, the IJB will be drafted as Information Sharing Agreements and procedure documents. This will be undertaken by a sub group on behalf of the Pan-Lothian Data Sharing Partnership, who will detail the more granular purposes, requirements, procedures and agreements for each of the Lothian IJBs and their respective delegated functions. This will also form the process for amending the Pan Lothian and Borders General Information Sharing Protocol.

The Council and NHS Lothian will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements for control and access. The IJB may require to be Data Controller for personal data if it is not held by either by the Council or NHS Lothian.

Arrangements for Third Party organisations access to records will be jointly agreed by all contributing partners prior to access.

Procedures will be based on a single point of governance model. This allows data and resources to be shared, with governance standards, and their implementation, being the separate responsibility of each organisation. Shared datasets governance will be agreed by all contributing partners prior to access.

Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of respective organisations, and the Chief Officers of the Lothian IJBs.

Once established, agreements and procedures will be reviewed bi-annually by the sub group of the Pan-Lothian Data Sharing Partnership, or more frequently if required.

The information sharing agreements and procedures applicable to the IJB will be agreed by 31 March 2015.

13.0 Complaints

Any person will be able to make complaints either to the Council or NHS Lothian. The Parties have in place well publicised, clearly explained and accessible complaints procedures which allow for timely recourse and signpost independent

advocacy services where appropriate. There is an agreed emphasis on resolving concerns locally and quickly, as close to the point of service delivery as possible.

Complaints can be made to:

West Lothian Council by telephoning 01506 280000, emailing customer.service@westlothian.gov.uk, in writing to Customer Service Centre, West Lothian Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF, in person at any Council office or by filling in the online complaints form.

NHS Lothian by telephoning 0131 536 3370, emailing craft@nhslothian.scot.nhs.uk, in writing to NHS Lothian Customer Relations and Feedback Team, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG or in person by visiting Waverley Gate.

There are separate complaints regimes and procedures which apply to councils and health boards, statutory and otherwise. The Parties are not able to dictate arrangements that the Board may wish to put in place in relation to the handling of complaints which may be directed at the Board, but the Parties shall ensure that a single gateway is provided for complaints to be made which relate to their performance of the delegated functions, to be managed by the Director as part of the management arrangements to be made by the Parties.

Complaints regarding the delivery of a delegated service will be made to, and dealt with by, the Party that delivers that service, in line with their published complaints procedure and consistent with any statutory complaints handling arrangements that apply. It is the responsibility of the Party receiving the complaint to make sure that it is routed to the appropriate organisation / individual so that a service user only needs to submit a complaint once.

Complaints made to the Board or to one or both of the Parties in relation to the delegated functions shall be allocated by the Director to one of the Parties to address, having regard in particular to the statutory social work services complaints procedure.

The Parties shall co-operate with each other and with the Board in the investigation and handling of complaints in relation to the delegated functions. When a complaint covers both health and social care functions, responsible officers within the Parties will, where necessary, work together to make sure all parts of the complaint are investigated and responded to within established time limits and the complainant is correctly signposted to the options open to them if they remain dissatisfied. Wherever possible there will be a joint response from the identified Party rather than separate responses.

14.0 Claims Handling, Liability & Indemnity

The Parties agree that the Parties will manage and settle claims arising from the exercise of integration functions in accordance with common law and statute.

15.0 Risk Management

The Parties already operate an agreed Risk Management Strategy through the past successful operation of the West Lothian Community Health and Care Partnership.

The Parties shall carry that strategy forward prior to and after the establishment of the Board. Each Party has in that strategy identified the risks relevant to existing partnership working arrangements and the Parties shall develop that list to take account of legislative requirements and risks arising from new integrated delivery of the delegated functions. The Director will produce and agree a list of the risks proposed to be monitored and reported by them under the risk management strategy.

The Parties shall provide the support and expertise of their own risk officers in developing and implementing the Board's strategy and risk management measures and procedures. Risk management resources within each partner body will continue to be available to support risk areas that have been delegated to the Board and the development of the Board risk strategy.

An integrated Health and Social Care Risk Register, based on an agreed methodology for the assessment of risk, will be maintained and reviewed at regular intervals.

The Parties shall make arrangements to ensure that the Board will receive regular reports on the risk management strategy.

These arrangements shall be put in place by the Board, supported by the Parties, prior to the date of delegation of the integration functions.

16.0 Dispute Resolution Mechanism

In the event of a failure by the Parties and the Board to reach agreement between or amongst themselves in relation to any aspect of the Scheme or the integration functions, the Director shall use their best endeavours to reach a resolution through discussion and negotiation with the Parties and the Board.

In the event that the matter remains unresolved, a meeting to seek a resolution shall take place amongst the Chief Executives of the Parties, the Chair of the health board, the Leader of the council, the Director and the Chair and Vice-Chair of the Board within 21 days.

In the event that the matter remains unresolved after this stage the Parties will proceed to mediation.

In the event that mediation is unsuccessful then the Parties will notify Scottish Ministers and seek a direction in accordance with s52 of the Act.

ANNEX 1

Part 1 Functions delegated by the health board to the Board

Functions prescribed for the purposes of section 1(8) of the Act

<i>Column A</i>	<i>Column B</i>
<p>The National Health Service (Scotland) Act 1978(a)</p> <p>All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978</p>	<p>Except functions conferred by or by virtue of –</p> <p>section 2(7) (Health Boards);</p> <p>section 2CB (functions of Health Boards outside Scotland);</p> <p>section 9 (local consultative committees);</p> <p>section 17A (NHS contracts);</p> <p>section 17C (personal medical or dental services);</p> <p>section 17I (use of accommodation);</p> <p>section 17J (Health Boards’ power to enter into general medical services contracts);</p> <p>section 28A (remuneration for Part II services);</p> <p>section 38 (care of mothers and young children);</p> <p>section 38A (breastfeeding);</p> <p>section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);</p> <p>section 48 (residential and practice accommodation);</p>

	<p>section 55 (hospital accommodation on part payment);</p> <p>section 57 (accommodation and services for private patients);</p> <p>section 64 (permission for use of facilities in private practice);</p> <p>section 75A (remission and repayment of charges and payment of travelling expenses);</p> <p>section 75B (reimbursement of the cost of services provided in another EEA state);</p> <p>section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25th October 2013);</p> <p>section 79 (purchase of land and moveable property);</p> <p>section 82 use and administration of certain endowments and other property held by Health Boards);</p> <p>section 83 (power of Health Boards and local health councils to hold property on trust);</p> <p>section 84A (power to raise money, etc., by appeals, collections etc.);</p> <p>section 86 (accounts of Health Boards and the Agency);</p> <p>section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);</p> <p>section 98 (charges in respect of non residents);</p> <p>and paragraphs 4, 5, 11A and 13 of Schedule</p>
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	<p>1 to the Act (Health Boards);</p> <p>and functions conferred by—</p> <p>The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;</p> <p>The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;</p> <p>The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;</p> <p>The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;</p> <p>The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;</p> <p>The National Health Service (Discipline Committees) (Scotland) Regulations 2006;</p> <p>The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;</p> <p>The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;</p> <p>The National Health Service (General Dental Services) (Scotland) Regulations 2010; and</p> <p>The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.</p>
<p>Disabled Persons (Services, Consultation and Representation) Act 1986</p> <p>Section 7</p>	

(persons discharged from hospital)	
<p>Community Care and Health (Scotland) Act 2002</p> <p>All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p>Mental Health (Care and Treatment) (Scotland) Act 2003</p> <p>All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>Except functions conferred by—</p> <p>section 22 (approved medical practitioners);</p> <p>section 34 (inquiries under section 33: cooperation);</p> <p>section 38 (duties on hospital managers: examination, notification etc.);</p> <p>section 46 (hospital managers' duties: notification);</p> <p>section 124 (transfer to other hospital);</p> <p>section 228 (request for assessment of needs: duty on local authorities and Health Boards);</p> <p>section 230 (appointment of patient's responsible medical officer);</p> <p>section 260 (provision of information to patient);</p> <p>section 264 (detention in conditions of excessive security: state hospitals);</p> <p>section 267 (orders under sections 264 to 266: recall);</p> <p>section 281 (correspondence of certain persons detained in hospital);</p> <p>and functions conferred by—</p> <p>The Mental Health (Safety and Security) (Scotland) Regulations 200);</p>

	<p>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;</p> <p>The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and</p> <p>The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
<p>Education (Additional Support for Learning) (Scotland) Act 2004</p> <p>Section 23 (other agencies etc. to help in exercise of functions under this Act)</p>	
<p>Public Services Reform (Scotland) Act 2010</p> <p>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p>	<p>Except functions conferred by— section 31 (public functions: duties to provide information on certain expenditure etc.); and</p> <p>section 32 (public functions: duty to provide information on exercise of functions).</p>
<p>Patient Rights (Scotland) Act 2011</p> <p>All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011</p>	<p>Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.</p>

Part 2 Services currently provided by the Health Board which are to be delegated

- accident and emergency services provided in a hospital
- inpatient hospital services relating to the following branches of medicine—
 - general medicine
 - geriatric medicine
 - rehabilitation medicine
 - respiratory medicine
 - psychiatry of learning disability,
- palliative care services provided in a hospital
- inpatient hospital services provided by general medical practitioners
- services provided in a hospital in relation to an addiction or dependence on any substance
- mental health services provided in a hospital, except secure forensic mental health services
- district nursing services
- services provided outwith a hospital in relation to an addiction or dependence on any substance
- services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital
- the public dental service
- primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978
- general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978
- ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
- pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978
- services providing primary medical services to patients during the out-of-hours period
- services provided outwith a hospital in relation to geriatric medicine
- palliative care services provided outwith a hospital
- community learning disability services
- mental health services provided outwith a hospital
- continence services provided outwith a hospital
- kidney dialysis services provided outwith a hospital
- services provided by health professionals that aim to promote public health.

ANNEX 2

Part 1 Functions delegated by the council to the Board

<i>Column A Enactment conferring function</i>	<i>Column B Limitation</i>
<p>National Assistance Act 1948 Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)</p> <p>The Disabled Persons (Employment) Act 1958 Section 3 (provision of sheltered employment by local authorities)</p> <p>The Social Work (Scotland) Act 1968 Section 1 (local authorities for the administration of the Act)</p> <p>Section 4 (provisions relating to performance of functions by local authorities)</p> <p>Section 8 (research)</p> <p>Section 10 (financial or other assistance to voluntary organisations etc for social work)</p> <p>Section 12 (general social welfare services of local authorities.)</p> <p>Section 12A (duty of local authorities to assess needs)</p> <p>Section 12AZA (assessments under section 12A - assistance)</p> <p>Section 12AA (assessment of ability to provide care)</p>	<p>So far as it is exercisable in relation to another integration function.</p> <p>So far as it is exercisable in relation to another integration function.</p> <p>So far as it is exercisable in relation to another integration function.</p> <p>So far as it is exercisable in relation to another delegated function.</p> <p>Except in so far as it is exercisable in relation to the provision of housing support services.</p> <p>So far as it is exercisable in relation to another delegated function.</p> <p>So far as it is exercisable in relation to another delegated function.</p>

<p>Section 12AB (duty of local authority to provide information to carer.)</p> <p>Section 13 (power of local authorities to assist persons in need in disposal of produce of their work.)</p> <p>Section 13ZA (provision of services to incapable adults)</p> <p>Section 13A (residential accommodation with nursing)</p> <p>Section 13B (provision of care or aftercare.)</p> <p>Section 14 (home help and laundry facilities)</p> <p>Section 28 (The burial or cremation of the dead)</p> <p>Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals)</p> <p>Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision)</p>	<p>So far as it is exercisable in relation to another delegated function.</p> <p>So far as it is exercisable in relation to another delegated function.</p> <p>So far as it is exercisable in relation to another delegated function.</p>
<p>The Local Government and Planning (Scotland) Act 1982</p> <p>Section 24(1) (The provision of gardening assistance for the disabled and the elderly)</p>	
<p>Disabled Persons (Services, Consultation and Representation) Act 1986(b)</p> <p>Section 2 (rights of authorised representatives of disabled persons)</p>	

<p>Section 3 (assessment by local authorities of needs of disabled persons)</p> <p>Section 7 (persons discharged from hospital)</p> <p>Section 8 (duty of local authority to take into account abilities of carer)</p>	<p>In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.</p> <p>In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.</p>
<p>The Adults with Incapacity (Scotland) Act 2000(c)</p> <p>Section 10 (functions of local authorities)</p> <p>Section 12 (investigations)</p> <p>Section 37 (residents whose affairs may be managed)</p> <p>Section 39 (matters which may be managed)</p> <p>Section 41 (duties and functions of managers of authorised establishment)</p> <p>Section 42 (authorisation of named manager to withdraw from resident's account)</p> <p>Section 43 (statement of resident's affairs)</p> <p>Section 44 (resident ceasing to be resident of authorised establishment)</p> <p>Section 45 (appeal, revocation etc)</p>	<p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p>

	under integration functions.
<p>The Housing (Scotland) Act 2001</p> <p>Section 92 (assistance to a registered for housing purposes)</p>	Only in so far as it relates to an aid or adaptation
<p>The Community Care and Health (Scotland) Act 2002</p> <p>Section 5 (local authority arrangements for residential accommodation outwith Scotland)</p> <p>Section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions)</p>	
<p>The Mental Health (Care and Treatment) (Scotland) Act 2003</p> <p>Section 17 (duties of Scottish Ministers, local authorities and others as respects Commission)</p> <p>Section 25 (care and support services etc)</p> <p>Section 26 (services designed to promote well-being and social development)</p> <p>Section 27 (assistance with travel)</p> <p>Section 33 (duty to inquire)</p> <p>Section 34 (inquiries under section 33: Co-operation)</p> <p>Section 228 (request for assessment of needs: duty</p>	<p>Except in so far as it is exercisable in relation to the provision of housing support services.</p> <p>Except in so far as it is exercisable in relation to the provision of housing support services.</p> <p>Except in so far as it is exercisable in relation to the provision of housing support services.</p>

<p>on local authorities and Health Boards) Section 259 (advocacy)</p>	
<p>The Housing (Scotland) Act 2006 Section 71(1)(b) (assistance for housing purposes)</p>	<p>Only in so far as it relates to an aid or adaptation.</p>
<p>The Adult Support and Protection (Scotland) Act 2007 Section 4 (council's duty to make inquiries) Section 5 (co-operation) Section 6 (duty to consider importance of providing advocacy and other services) Section 11 (assessment Orders) Section 14 (removal orders) Section 18 (protection of moved persons property) Section 22 (right to apply for a banning order) Section 40 (urgent cases) Section 42 (adult Protection Committees) Section 43 (membership)</p>	
<p>Social Care (Self-directed Support) (Scotland) Act 2013 Section 3 (support for adult carers) Section 5</p>	<p>Only in relation to assessments carried out under integration functions.</p>

<p>(choice of options: adults)</p> <p>Section 6 (choice of options under section 5: assistances)</p> <p>Section 7 (choice of options: adult carers)</p> <p>Section 9 (provision of information about self-directed support)</p> <p>Section 11 (local authority functions)</p> <p>Section 12 (eligibility for direct payment: review)</p> <p>Section 13 (further choice of options on material change of circumstances)</p> <p>Section 16 (misuse of direct payment: recovery)</p> <p>Section 19 (promotion of options for self-directed support)</p>	<p>Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.</p>
<p>PART 2 Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014</p>	
<p>The Community Care and Health (Scotland) Act 2002</p> <p>Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002</p>	

Part 2 Services currently provided by the Local Authority which are to be delegated

- Social work services for adults and older people
- Services and support for adults with physical disabilities, learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Housing support services, aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare.

ANNEX 3

The provisions within this annex are not intended to create legally binding obligations. They are intended to be illustrative of the proposed management arrangements for the functions delegated to the IJB.

The IJB will issue directions to the Parties via its Chief Officer. Those directions will in the main require that the Chief Officer take forward the development of the IJB's Strategic Plan, and lead on ensuring that the plan is delivered. As the Chief Officer will not be personally managing all of the integration functions, ensuring the Strategic Plan is being delivered will include getting assurance from other Chief Officers (for hosted services – see below) and other managers in NHS Lothian and the Council.

The Chief Officer will have direct management responsibility for the following services:

- All Council services described in Annex 2, Part 2.
- All NHS Lothian services describe in Annex 1, Part 2 with the exception of the following:

Hosted Services

There are NHS Lothian services for which it would not be suitable for the Chief Officer to have operational management responsibility. The factors contributing to determining these services are the degree of medical specialism of the service and scale of the service required for it to be safe, efficient and effective.

It is proposed that the following services will be managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as Joint Director of NHS Lothian (area in brackets confirms the Chief Officer who would manage this service)

- Dietetics (Midlothian)
- Art Therapy (Midlothian)
- Royal Edinburgh and Associated Services (Director of Mental Health accountable to the Chief Officer of Edinburgh and the NHS Lothian Chief Executive)
- 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)
- Substance Misuse (only Ritson Inpatient Unit, LEAP and Harm Reduction (Director of Mental Health)
- Independent Practitioners (East Lothian via the Primary Care Contracting Organisation)
- SMART Centre (Edinburgh)

Acute Hospitals

The three acute hospitals in NHS Lothian (Western General Hospital, Edinburgh Royal Infirmary, St Johns Hospital) will be managed by the relevant Site Director.

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Mr Tim Davison
Chief Executive, NHS Lothian

Mr Graham Hope
Chief Executive, West Lothian Council

Mr Jim Forrest
Chief Officer, West Lothian Health and Social Care Partnership



16 June 2015

Dear Colleagues

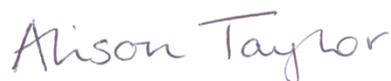
Approval of Integration Scheme under section 7(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014

I write to provide notification of approval of your Integration Scheme by the Cabinet Secretary for Health, Wellbeing and Sport.

The Order to establish the Integration Joint Board will be laid in the Scottish Parliament on Friday 19 June and will lie in Parliament for 28 days before coming in to force on Monday 21 September (allowing for summer recess). From 21 September the Integrated Joint Board for the area of West Lothian Council will be legally established.

I would like to take this opportunity to thank colleagues for collaboratively working together in order to get to this key stage and I look forward to continuing to work with you over the forthcoming months as you progress implementation.

Yours faithfully



Alison Taylor
Head of Integration Partnerships
Directorate for Health and Social Care Integration

**West Lothian Health and Social Care Partnership
Integration Joint Board**

Date: 20/10/2015

Agenda Item: **9**

DRAFT STRATEGIC PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide an initial draft of the Strategic Plan for consideration prior to engaging in stakeholder consultation.

B RECOMMENDATION

1. To note the requirement of the Integration Joint Board (IJB) to prepare a strategic plan.
2. To note that the involvement of the Strategic Planning Group is integral to the preparation of the strategic plan.
3. To consider the initial draft version of the strategic plan in Appendix 1 and to agree to progress with stakeholder consultation on the draft strategic plan.

C TERMS OF REPORT

The Public Bodies (Joint Working) (Scotland) Act was granted royal assent on April 1, 2014. The legislation will establish local partnerships under the governance of an Integration Joint Board which will be jointly accountable to Ministers, Local Authorities, NHS Board Chairs and the public for:

- Nationally agreed outcomes, which will apply across health and social care, and for which NHS Boards and Local Authorities will be held jointly accountable
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services

As set out in the regulations to the Act, the Integration Joint Board must establish a strategic planning group, which will be involved throughout the process of developing, consulting on and finalising a strategic plan.

The development of the strategic plan must be clear about the national and local outcomes to be delivered and must include the formal establishment of locality arrangements for the partnership area. These arrangements will draw together professionals, staff, the third and independent sectors, carers and service users to lead the planning and delivery of services for their local community, based on their experience and knowledge of local needs, and feed this detail into the strategic plan.

It should be noted that the Integration Joint Board, will not assume responsibility for the planning, resourcing and operational delivery of all integrated services until such time as the strategic plan and associated locality arrangements have been prepared and considered fit for purpose by the Health Board and Local Authority.

Appendix 1 provides a draft of the strategic plan; this draft was considered by the Strategic Planning Group (SPG) at its meeting of 8 October 2015. The SPG is supportive of now progressing to stakeholder consultation as detailed in Appendix 2.

D CONSULTATION

- Relevant council and health board officers
- Shadow SPG

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>
- Shadow IJB meetings on 2 June and 25 August 2015
- Shadow SPG 8 October 2015

F APPENDICES

1. Draft Strategic Plan
2. Stakeholder consultation plan

G SUMMARY OF IMPLICATIONS

Equality/Health

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

Note that the Strategic Plan will be subject to an equality impact assessment.

National Health and Wellbeing Outcomes	The Strategic Plan will address all National health and Well-Being Outcomes
Strategic Plan Outcomes	n/a
Single Outcome Agreement	The Strategic Plan outcomes will be aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

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Tel 01506 281937

20 October 2015

Appendix 2

Stakeholder consultation plan

Consultation on the draft strategic plan will be carried out between 1 November 2015 and 31 January 2016. The consultation will include a wide range of stakeholders as well as users of the services commissioned by the HSCP:

- Health professionals
- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Social Care professionals

- Users of social care;
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health and social care

Following the consultation a revised version of the strategic plan will be presented to the IJB at its meeting on 16 February 2016 for approval

Data Label: Public

West Lothian HSCP

Strategic Plan 2016-26

Contents

Foreword	2
1 Introduction	3
2 Needs analysis.....	6
3 HSCP vision and priority outcomes	9
4 Strategic joint commissioning in West Lothian.....	10
5 Current activities and resources	12
6 Strategic priorities	12
7 Performance management.....	18
8 Clinical and care governance	21
9 Development Plan.....	23
Appendix 1 : Health and social care services to be integrated	33
Appendix 2 : Core suite of national integration indicators.....	35

Foreword

This plan describes the strategic vision and direction for West Lothian Health and Social Care Partnership (HSCP) from 2016-2026 and builds on the real progress already made as a result of strong and effective joint working between West Lothian Council, NHS Lothian and partners. The plan contains a rolling 3 year action plan which will be reviewed and updated on an annual basis.

West Lothian has a well-earned reputation for delivering ground-breaking and quality-driven public services to local people. With the formation of the HSCP in 2005, West Lothian Council and NHS Lothian joined forces to continue this tradition by bringing health and social care services closer together wherever possible and working in partnership to deliver more accessible, integrated and high quality services which are jointly planned and community focused.

The HSCP is in a good strategic position to join local health and social care services together, having both Primary Care and Social Work under one Director and a joint Senior Management Team that can draw on the combined resources of both West Lothian Council and NHS Lothian.

This strategy addresses our vision **to increase wellbeing and reduce health inequalities across all communities in West Lothian**. Life expectancy for people in West Lothian is increasing and most people in West Lothian say their health is good or very good. However, long term conditions and lifestyle factors are having a significant impact. The main challenges to improving health in West Lothian are the ageing population, persistent health inequalities, the continuing shift in the pattern of disease towards long term conditions and growing numbers of people with multiple conditions and complex needs.

In order to tackle the challenge of reducing the health inequalities gap in West Lothian, the HSCP is strongly committed to the development of a preventative outcomes-based approach, with an emphasis on effective early interventions to tackle social inequalities and improve wellbeing in communities.

To this end our strategy focuses on prevention, early intervention and collaborative working to ensure services are planned, co-ordinated and evaluated on the delivery of outcomes; and resources are targeted to achieve the greatest impact on those most in need.

	Councillor Frank Toner	[Insert	Jim Forrest
[Insert photo]	HSCP Board Chairperson	photo]	HSCP Director

1 Introduction

Context

The West Lothian Health and Social Care Partnership (HSCP) manages a substantial range of Council and NHS services in West Lothian including community care, services for children and families, health improvement, criminal justice, mental health and community health services, general medical and pharmaceutical services, continuing care, physiotherapy and occupational therapy, general ophthalmic services (for children) and some Lothian-wide, regional and national services.

The HSCP has a strong record of partnership working and joint commissioning across the range of its responsibilities. This plan is built on these foundations.

Both West Lothian Council and NHS Lothian as part of the public sector face significant financial challenges over the next 5 years with a resultant reduction in budget allocations and subsequent need to reduce cost. As well as looking to ensure that the combined resources of both agencies are deployed within the integrated partnership to activities that deliver most effectively on strategic priorities, it will be important to explore the potential for efficiencies, benefiting from the opportunities that integrated arrangements can offer.

Tackling health inequalities has been prioritised at a national level as an issue requiring urgent action. The Health and Social Care Partnership needs to ensure that delivery of health and social care services reflects these inequalities. But it also recognises that the factors which cause inequalities in health lie outside the remit of health services and require a whole systems approach. This is addressed locally through work on the Single Outcome Agreement with community planning partners.

The way health and social care services are delivered locally has a significant impact on addressing the main health and wellbeing challenges, namely shifting the balance of care from hospital to community, reducing health inequalities and reducing emergency admissions. The further development of the integration agenda between primary, secondary and social care therefore has a pivotal role to play in tackling these areas.

Key documents that inform HSCP practice locally include

- West Lothian Community Planning Partnership Single Outcome Agreement
- NHS Lothian Local Delivery Plan
- Delivering Better Outcomes - West Lothian Council Corporate Plan 2013/17
- HSCP Joint Commissioning Strategy and plans
- NHS Lothian Clinical Strategy
- West Lothian Primary Care Workplan

Scope of the strategy

This strategy is both a strategic plan and a strategic commissioning plan. This reflects, in a realistic way, the substantial progress which the HSCP has already delivered in the field of strategic commissioning, and meets the requirements of the

current legislation¹. Information on West Lothian's extensive experience of joint commissioning can be found in section 4 of this plan.

The plan includes all services relating to adult care groups. The specific services included in this plan are

- adult social care services
- community health services
- some adult acute services

The plan fully explores and explains the locality dimension of strategic planning in West Lothian. There are two localities in the county and the importance attached to locality planning is reflected throughout the plan, particularly in sections 2 (Needs Analysis) and 6 (Strategic Priorities).

Strategy Development

This strategy has been developed in conjunction with key stakeholders including West Lothian Council, NHS Lothian, Third and independent sectors, carers, HSCP Board, HSCP Sub-Committee, the HSCP Senior Management Team, HSCP Extended Management Team and staff trade unions.

This strategy aligns with the council's Corporate Plan 2013-17, NHS Lothian Local Delivery Plan and supporting strategies, and the HSCP Joint Commissioning Strategy and Joint Commissioning Plans.

The HSCP commissions a wide range of health and care services to achieve the best possible outcomes for people living in West Lothian. When commissioning services the HSCP must fulfil its statutory duty to achieve best value and ensure that there is a personalised approach when commissioning services to meet need. To achieve this the HSCP works closely with a range of strategic partners such as Housing Building and Construction Services, Education and the Police as well as the Third and independent sectors.

Consultation

Consultation on the draft strategic plan will be carried out between 1 November 2015 and 31 January 2016. The consultation will include a wide range of stakeholders as well as users of the services commissioned by the HSCP:

- Health professionals;
- Users of health care;
- Carers of users of health care;
- Commercial providers of health care;
- Non-commercial providers of health care;
- Social Care professionals;

¹ The Public Bodies (Joint Working) (Scotland) Act 2014.

- Users of social care;
- Carers of users of social care;
- Commercial providers of social care;
- Non-commercial providers of social care;
- Non-commercial providers of social housing; and
- Third sector bodies carrying out activities related to health and social care

Following the consultation a revised version of the strategic plan will be presented to the IJB at its meeting on 16 February 2016 for approval

DRAFT

2 Needs analysis

West Lothian's strategic needs assessment² provides a comprehensive review of all the health, social and economic data which is relevant to integration planning and the integration process.

West Lothian's population is currently growing at a faster rate than the overall Scottish rate of growth, and this trend is expected to continue over the lifetime of this plan.

The following major key issues emerge from the analysis of strategic needs.

- West Lothian has **an ageing population**. Our oldest residents are most likely to experience complex and inter-related problems in their physical and mental health. They are the most frequent users of health and social care services.

The rates of growth of the older sectors of the population will be the most significant demographic trends for health and social care in West Lothian over the lifetime of this plan. The needs analysis estimates that over the period 2012-2037, the 65-74 age group will increase by 57%, and the over 75 age group will increase by 140%, against an overall population growth of only 12%.

West Lothian HSCP has invested significant effort and resources to simplify and improve services, and access to services, for older people, particularly frail older people. Meeting the needs of older people will remain one of the HSCP's top priorities during the lifetime of this plan.

- **Growing numbers of people live with disabilities, long term conditions, multiple conditions and complex needs**

Long term illness has been identified as the 'Health Challenge of this Century' by the World Health Organisation. It is estimated that 35% of households in West Lothian have someone with a longstanding illness, health problem or disability and 16% of households have someone who provides regular unpaid help or care to others³.

Life expectancy for both males and females has seen an increase over the past few years. While traditionally males have had a lower life expectancy than females, the gap between the two genders has been narrowing recently with male life expectancy increasing at a greater rate than that of females.

Healthy life expectancy is the number of years an individual is expected to live in good health. The difference between healthy life expectancy and life expectancy highlights the length of time an individual is expected to live in poor health. On average, males in West Lothian are expected to live for 7.1 years in poor health while females are expected to live for 8.8 years in poor health.

² [Ref to title of needs assessment and link to online version](#)

³ Scotland's People: Annual Report Results from the 2012 Scottish Household Survey: Local Authority Tables West Lothian, August 2013

According to the 2011 Scotland Census 53.7% of the population described their general health as 'Very Good', while a further 29.4% of the population described their health as 'Good'. While this question is based on self-assessment, it provides a useful overview of the health of the population. Differences can be seen in the perceived general health of the West Lothian population when examined by age. The older age groups in particular show only a very small proportion of the population reporting "Very Good Health", with 5.6% of the over 85 population describing their general health as such. The majority of individuals in this age group (49.3%) reported having 'Fair' health. This is particularly important in West Lothian as a result of the ageing population and suggests that as the population ages more individuals in the area are going to be living in poorer health. Consequently, there will be a higher demand on health and social care services.

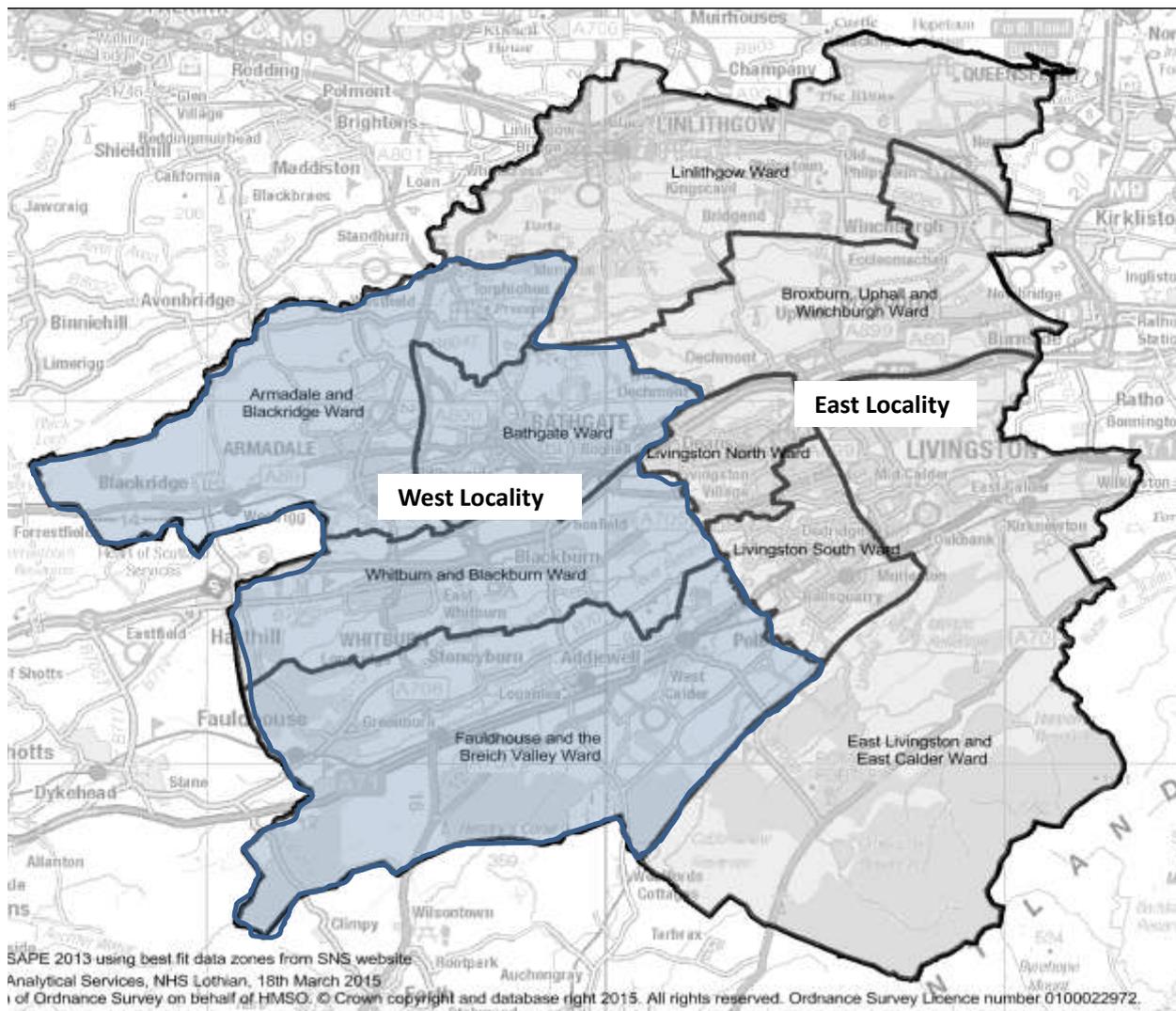
- Like other parts of Scotland, there are significant **health inequalities** in West Lothian. For almost every health indicator there is a clear gradient showing progressively poorer health with decreasing affluence and influence. People who are disadvantaged by race, disability, gender and other factors also have poorer health., West Lothian has a higher proportion of people in the most deprived areas than other parts of Lothian, and so tends to have poorer health than the Lothian average. There are also inequalities within West Lothian. Life expectancy for women ranges from 87years in Linlithgow to only 76.6years in Dedridge; life expectancy for men ranges from 82.6 years in Linlithgow to 74.9 years in Breich. These figures reflect wider socio-economic differences.

Health and wellbeing inequalities which relate to multiple deprivation are not likely to be significantly changed by health policies or health services working in isolation. These inequalities require to be challenged by a "joined up" co-ordinated approach by a wide range of public services. The Health and Social Care Partnership will work with other partners to address these as part of the community planning partnership.

The strategic needs assessment also analyses the specific characteristics of West Lothian's two **localities**. After analysis of a number of options, a two locality approach, East and West, was adopted based on current multi-member wards. The localities are illustrated in the map below.

The West locality contains most of the former coalmining and heavy industrial areas of West Lothian, and shows the continuing impact of these industries and the processes of deindustrialisation and long term unemployment which took place from the 1980s onwards. In general, the issues of an ageing population, poor health, deprivation and unemployment are more significant in the West than in the East.

West Lothian Localities



3 HSCP vision and priority outcomes

Vision

The HSCP's vision is **“to increase wellbeing and reduce health inequalities across all communities in West Lothian”**.

Priority outcomes

Priority outcomes for the HSCP, as included in the West Lothian Community Planning Partnership Single Outcome Agreement, are informed by national and local strategy and include:

- Older people are able to live independently in the community with an improved quality of life
- We live longer, healthier lives and have reduced health inequalities
- People most at risk are protected and supported to achieve improved life chances (delivered in conjunction with the Community Safety Board).

The HSCP approach

Key elements in the approach of the HSCP to reduce the health inequalities gap and improve wellbeing include:

- Early intervention, prevention, anticipatory care
- Managed care pathways around the person
- Integrated teams and systems
- Seamless frontline services.

Quality management

The importance of effective and efficient services has never been greater for the public sector. The HSCP uses the Public Service Improvement Framework (PSIF) as the quality management model to drive continuous improvement, maximise efficiency, and also to support integration of health and social care.

The PSIF is an organisational performance improvement framework, which encourages organisations in the public and third sector to conduct a systematic and comprehensive review of their own activities and results through self-evaluation. The framework is based on the EFQM Excellence Model and integrates the principles of Best Value with the criteria from the Investors in People Standard and the Customer Service Excellence Standard.

4. Strategic joint commissioning

West Lothian HSCP has been using joint strategic commissioning as the delivery vehicle for achieving national and local health and wellbeing outcomes since 2011. Since then, joint commissioning has become central to Scottish Government approaches to Reshaping Care for Older People and in the Public Bodies (Joint Working) (Scotland) Bill.

Since 2011, West Lothian has gained valuable experience in joint commissioning, and the approach is central to the HSCP's planning and resource allocation.

The HSCP developed an overarching Strategy for the Joint Commissioning of Health and Care Services within West Lothian in 2011. The strategy outlines the approach to be taken in the subsequent development of a series of care group commissioning plans. Outcomes for people are at the centre of the approach and an integral element of the drafting of the plans is engagement with all key stakeholders, including users of the services, their carers, and service providers.

The Strategy commits the HSCP, working with partners, to

- Commission services which focus on prevention and early intervention and which enable people to live independently in their own homes where they chose to do so.
- Empower people to live independently through applying the principles of personalisation in the way in which we commission services.
- Undertake appropriate consultation and involvement with service users and their carers to achieve their agreed outcomes when commissioning services.
- Engage positively with providers of health and social care services in the public, voluntary and private sector.
- Adhere to relevant procurement legislation and guidance and ensure that services are commissioned in a way that is fair, transparent and open.
- Ensure that quality, equality and best value principles are embedded through our commissioning processes.

The following **3 year Joint Commissioning Plans** have since been developed:

- Adults with Learning Disabilities
- Adults with Physical Disabilities
- Mental Health
- Older People and Dementia
- Substance Misuse

These plans are based on an annual ANALYSE, PLAN, DO and REVIEW approach, as illustrated below



Section 9, Development Plan, details the main priorities within each of the Joint Commissioning Plans.

Section 5, Current Activities, describes the main areas of activity within the scope of each of the Joint Commissioning Plans, with linkage to relevant high level outcomes and the performance indicators that will be used to inform progress.

Greater detail is available within the full versions of the plans.

5 Current activities and resources

Introduction

The main services to be delegated and integrated are

- adult social care services
- community health services
- some adult acute services.

A comprehensive listing of the services can be found in the Appendix to this plan.

	2015/16	2016/17	2017/18	2018/19	Total
	Base Budget	Indicative Budget	Indicative Budget	Indicative Budget	Indicative Resource for plan period
	£000s	£000s	£000s	£000s	£000s
Core Health Services					
Community Hospitals	£4,119	£4,202	£4,287	£4,373	£12,862
Mental Health	£9,704	£9,900	£10,100	£10,304	£30,303
District Nursing	£2,404	£2,453	£2,502	£2,553	£7,508
Community AHPS	£3,275	£3,341	£3,408	£3,477	£10,226
GMS	£22,202	£22,650	£23,108	£23,575	£69,333
Prescribing	£29,696	£30,296	£30,908	£31,533	£92,738
Resource Transfer	£6,782	£6,919	£7,059	£7,202	£21,180
Other Core	£8,458	£8,629	£8,803	£8,981	£26,413
Total Core Health Services	£86,639	£88,389	£90,176	£91,998	£270,563

	2015/16	2016/17	2017/18	2018/19	Total
	Base Budget £000s	Indicative Budget £000s	Indicative Budget £000s	Indicative Budget £000s	Indicative Resource for plan period £000s
<u>Hosted Health Services</u>					
Sexual Health	£1,014	£1,034	£1,055	£1,076	£3,165
Hosted AHP Services	£2,667	£2,721	£2,776	£2,832	£8,328
Hosted Rehabilitation Medicine	£1,407	£1,435	£1,464	£1,494	£4,392
Learning Disabilities	£2,945	£3,005	£3,065	£3,127	£9,197
Substance Misuse	£1,532	£1,563	£1,595	£1,627	£4,785
Oral Health Services	£2,215	£2,260	£2,305	£2,352	£6,917
Hosted Psychology Service	£929	£948	£967	£987	£2,902
Complex Care	£513	£523	£533	£544	£1,601
Lothian Unsched. Care Serv.	£1,934	£1,974	£2,013	£2,054	£6,041
HM Prison Services	£819	£835	£852	£869	£2,557
Strategic Programmes	£1,659	£1,659	£1,659	£1,659	£4,976
Other Hosted Services	£206	£210	£214	£218	£642
Total Hosted Health Services	£17,838	£18,165	£18,499	£18,839	£55,503
<u>Acute Health Services Set Aside Budget</u>					
A & E (outpatients)	£4,060	£4,142	£4,226	£4,311	£12,680
Cardiology	£2,111	£2,154	£2,198	£2,242	£6,593
Diabetes	£494	£504	£514	£524	£1,542
Endocrinology	£409	£418	£426	£435	£1,279
Gastroenterology	£1,752	£1,788	£1,824	£1,861	£5,472
General Medicine	£8,670	£8,845	£9,024	£9,206	£27,075
Geriatric Medicine	£5,019	£5,121	£5,224	£5,330	£15,675
Infectious Disease	£3,056	£3,118	£3,181	£3,245	£9,544

	2015/16	2016/17	2017/18	2018/19	Total
	Base Budget £000s	Indicative Budget £000s	Indicative Budget £000s	Indicative Budget £000s	Indicative Resource for plan period £000s
Rehabilitation Medicine	£722	£736	£751	£766	£2,253
Respiratory Medicine	£2,106	£2,149	£2,192	£2,236	£6,577
Therapies/Management	£989	£1,009	£1,029	£1,050	£3,087
Total Acute Health Services Set Aside Budget	£29,389	£29,982	£30,588	£31,206	£91,777
<u>Assessment & Care Management</u>					
Mental Health Assessment & care Management	£884	£901	£919	£938	£3,642
Learning Disability Assessment & Care Management	£573	£585	£597	£608	£2,363
Physical Disability Assessment & Care Management	£297	£303	£309	£315	£1,225
Older People Assessment & Care Management	£905	£923	£941	£960	£3,728
Total Assessment & Care Management	£2,659	£2,659	£2,659	£2,659	£10,635
<u>Care Home Provision</u>					
Mental Health Care Home Provision	£654	£667	£680	£694	£2,695
Learning Disability Care Home provision	£3,935	£4,014	£4,094	£4,176	£16,219
Physical Disability Care Home provision	£1,258	£1,283	£1,309	£1,335	£5,186
Older People Care Home provision	£15,867	£16,185	£16,508	£16,839	£65,399
Total Care Home Provision	£21,715	£21,715	£21,715	£21,715	£86,858
<u>Community Based Care & Support Services</u>					
Mental Health Community Based Care & Support services	£577	£589	£600	£613	£2,379
Learning Disability Community Based Care & Support services	£7,362	£7,509	£7,659	£7,812	£30,341
Physical Disability Community Based Care & Support	£4,079	£4,160	£4,243	£4,328	£16,811

services

	2015/16	2016/17	2017/18	2018/19	Total
	Base Budget £000s	Indicative Budget £000s	Indicative Budget £000s	Indicative Budget £000s	Indicative Resource for plan period £000s
Older People Community Based Care & Support services	£16,838	£17,174	£17,518	£17,868	£69,399
Total Community Based Care & Support Services	£28,855	£28,855	£28,855	£28,855	£115,420
<u>Support Services</u>					
Mental Health Support Services	£719	£734	£748	£763	£2,964
Learning Disability Support Services	£389	£397	£405	£413	£1,604
Physical Disability Support Services	£193	£197	£201	£205	£798
Older People Support Services	£1,198	£1,221	£1,246	£1,271	£4,936
Community Care & Support services	£3,815	£3,892	£3,970	£4,049	£15,726
Public Protection (Training)	£150	£153	£156	£159	£617
Health Improvement	£340	£347	£354	£361	£1,403
Total Support Services	£6,805	£6,805	£6,805	£6,805	£27,220

6 Strategic priorities

Strategic opportunity

The integration of health and social care represents a major opportunity to deliver improved outcomes for the communities we serve. We need to focus on the right outcomes and ensure there is buy-in by relevant partners.

Integration outcomes

There are nine national integration outcomes which are expected to be improved through the integration of health and social care:

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

Outcome 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

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

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

Outcome 5. Health and social care services contribute to reducing health inequalities

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

Outcome 7. People using health and social care services are safe from harm

Outcome 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

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

These are outcomes where a wide range of partners, not just those directly involved in the delivery of health and social care services can make the most difference. All nine health and social care outcomes are the explicit focus of partnership working and resource deployment in this Strategic Plan, and will be the primary focus and expression of the health and care partners' intentions.

HSCP Vision

The HSCP's vision is **“to increase wellbeing and reduce health inequalities across all communities in West Lothian”**.

The HSCP approach

Key elements in the approach of the HSCP to reduce the health inequalities gap and improve wellbeing include:

- Early intervention, prevention, anticipatory care
- Managed care pathways around the person
- Integrated teams and systems
- Seamless frontline services.

Strategic commissioning principles

To achieve our vision and the best possible outcomes for people living in West Lothian who are assessed as needing a health or social care service, the following principles have been identified to ensure a longer term strategic approach to commissioning;

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

Localities

West Lothian's two localities will be fully represented in all strategic commissioning processes and decision-making. The varied responses and approaches which are appropriate to their needs will be explicitly addressed.

7 Performance management

National reporting

The HSCP will report annually on the core suite of national integration indicators which are detailed in Appendix 2. As we become more experienced in applying these indicators, we may seek to expand the suite to provide more in depth information on the impact of integration in West Lothian.

Balanced scorecard

The HSCP has adopted a balanced scorecard approach to translate our priority outcomes into a comprehensive set of performance measures that provide the framework for a strategic measurement and management system. The balanced scorecard has been used successfully in many public sector organisations, including the vast majority of NHS Trusts in England and Wales.

The balanced scorecard retains an emphasis on achieving financial objectives, but also includes the performance drivers of those financial objectives. The scorecard measures organisational performance across four balanced perspectives:

- Financial
- Customer
- Internal processes
- Learning and growth

Section 5 of this plan details the current high level activities engaged in by the HSCP. A broad range of performance indicators will be used to monitor performance of these separate activities. The HSCP will also report on a regular basis on overall performance across the entire suite of indicators within the balanced scorecard. The following performance indicators will be used to monitor progress in the outcome for the life span of the strategy:

Scorecard Perspective	Health & Well Being Outcomes	High level Indicators
Financial & Business Perspective	Effective Resource Use To live within available financial resources and develop a sustainable financial plan.	<ul style="list-style-type: none"> • Achievement of a break-even revenue position • A measure of the balance of care (e.g. split between spend on institutional and community-based care) • Achievement of Quality Prescribing Indicators

<p>Customer Perspective</p>	<p>Positive experiences and outcomes</p>	<ul style="list-style-type: none"> • Percentage of customers who rated the overall quality of services as good to excellent • Percentage of customers satisfied with opportunities for social interaction • Number of Complaints
	<p>Carers are supported</p>	<ul style="list-style-type: none"> • Percentage of carers who feel supported and able to continue in their role as a carer • Percentage of young carers accessing peer and emotional support who report they have increased confidence as result of this intervention
<p>Internal process perspective</p>	<p>Healthier Living To promote the health and well being of West Lothian citizens and reduce inequalities of health across the communities within West Lothian</p>	<ul style="list-style-type: none"> • Gap in life expectancy of the most deprived 15% and the average life expectancy in West Lothian • Warwick-Edinburgh Mental Well-being Score • Percentage of children & young people who feel healthy • Percentage of adults with self assessed health as good/very good
	<p>Independent Living</p>	<ul style="list-style-type: none"> • Self Directed Support (indicators are in development) • Percentage of time in the last 6 months of life spent at home or in a community setting • Percentage of customers and carers satisfied with their involvement in the design of care packages • Percentage of people aged 65+ who live in housing, rather than a care home or a hospital setting • Number of people with intensive needs receiving 10 hours + care at home • Percentage of children known to the Child Disability Service who receive a package of support • Number of adults with learning disability provided with employment support

	<p>Services are safe</p> <p>To improve safety and quality across health and care services in West Lothian</p>	<ul style="list-style-type: none"> • Achievement of Clinical Quality Indicators • Achieve an average of 55% direct care time • Percentage of community care service users feeling safe • Percentage of MAPPA cases where level of risk has been contained or reduced • Percentage of children who are looked after and accommodated, of an age and stage where they are able to express an opinion who report they feel safer as a result of intervention or support
<p>Learning & Growth Perspective</p>	<p>Engaged Workforce</p> <p>Secure the integration of primary, secondary and social care to deliver sustainable and equitable improvements in quality and safety across health and social care;</p>	<ul style="list-style-type: none"> • 85% of staff have an annual performance review and personal development plan • Achievement of 4% staff absence rate across all service areas • Staff satisfaction demonstrated through staff surveys and Investors in People assessment

8 Clinical and care governance

The Health Board, the Council and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met.

Plans will be put in place, as set out in this Strategic Plan, to ensure that staff working in Integrated Services have the skills and knowledge to provide the appropriate standard of care. Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer, as appropriate. The Organisational Development Strategy will identify training requirements that will be put in place to support improvement in services and outcomes.

The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; value partnership working through example; affirm the contribution of staff through the application of best practice, including learning and development; and be transparent and open to innovation, continuous learning and improvement.

The Director of Health and Social Care's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Health Board and the Council. He will manage the Health and Social Care Partnership and the Integrated Services delivered by it, and has overall responsibility for the professional standards of staff working in integrated services.

The Integration Joint Board will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Health and Care Governance Group will be established with membership from the Health Board, the Council and others, including:

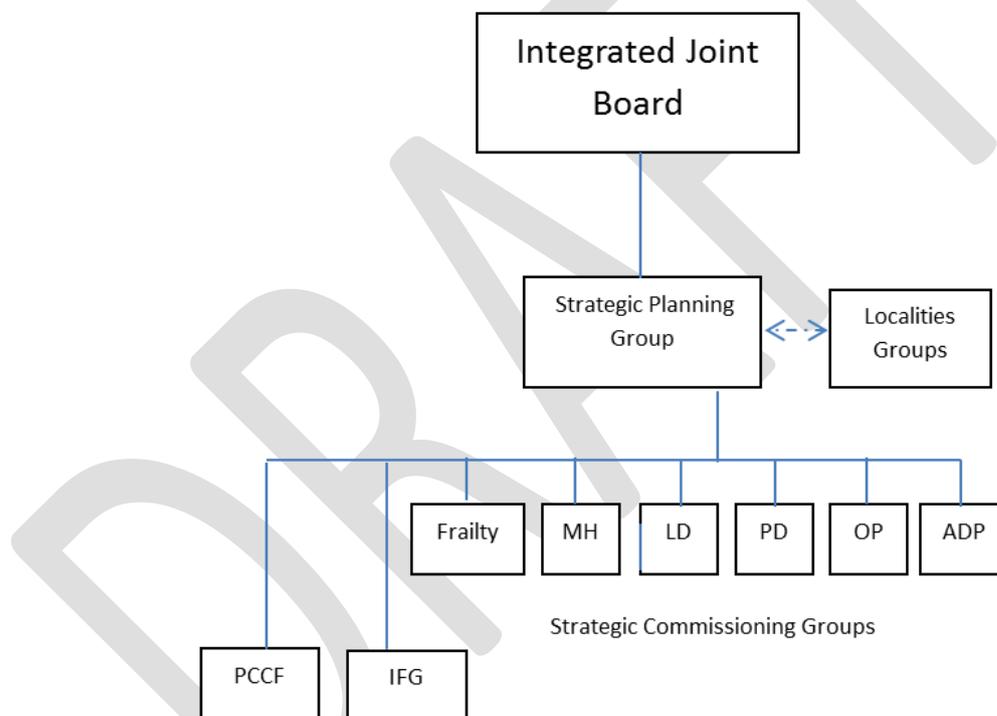
- The Senior Management Team of the Partnership.
- The Clinical Director.
- The Chief Nurse.
- The Lead from the Allied Health Professionals.
- Chief Social Work Officer.
- Director of Public Health, or representative.
- Service user and carer representatives.
- Third sector and independent sector representatives.

The Strategic Planning Group will be able to invite appropriately qualified individuals from other sectors to join its membership. This will include NHS Board professional committees, managed care networks and the local authority adult and child protection committees.

The role of the Health and Care Governance Group will be to consider matters relating to strategic plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. The Health and Care Governance Group provides advice to the strategic planning and locality planning groups within the Partnership.

Further assurance is provided through the responsibility of the Chief Social Work Officer to report directly to the Council and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in turn report to the NHS Board on professional matters.

Arrangements for monitoring and scrutiny of progress and performance will be developed in line with the review of integration structures and processes and will be embedded within community and locality planning mechanisms.



As detailed in the Integration Scheme, the Integration Joint Board will provide the overall governance to the partnership.

The Health and Care Community Planning Group will comprise a wide range of stakeholders and will be one of the 3 main sub groups of the Community Planning Partnership.

There will be a series of Care Group Localities whose main responsibility will be to oversee the development, implementation and review of the Joint Commissioning Plans.

Locality representatives and locality priorities will be fully represented in all governance and planning structures.

9 Development Plan

Organisational development priorities				
Action	Description	Strategic outcome	Start	End
Financial plan	Development of a 3year integrated financial plan to ensure that financial resources are deployed consistent with strategic priorities and to ensure that the necessary efficiencies are planned and delivered.	Resources are used effectively and efficiently in the provision of health and social care services.		
People plan	Development of an integrated people plan to raise the performance of individuals, teams and managers, and to ensure a workforce of the right size with the right skills and diversity, organised in the right way, within available budget to deliver quality services.	Resources are used effectively and efficiently in the provision of health and social care services.		
Engagement framework	Customer Engagement Plan to be developed to support major workstreams: Prevention and Early Intervention; Reshaping Care for Older People; Reducing Reoffending;	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
	Communication Plan to engage with the wider public; to build on existing good practice to promote HSCP through a range of media.	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
	Workforce Engagement Plan building on the IIP framework, to ensure that staff across the HSCP are involved and engaged, and that methods of staff consultation are integrated.	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.		
Quality management	Continuous improvement in service delivery through deployment of the PSIF quality management framework throughout the organisation.	All strategic outcomes		
Property strategy		Resources are used effectively and efficiently in the provision of health and social care services.		

Primary Care development priorities				
Action	Description	Strategic outcome	Start	End
Ensure services are safe	General practice complaints are reviewed and learning is shared. HSCP risk register maintained and practices have internal procedures they are obliged to carry out to review safety	People using health and social care services are safe from harm.		
Services should be effective	Monitored through quality and outcome framework, enhanced service returns, morbidity data, unscheduled contact and hospital admissions. Practices work to contract specifications and are supported by the HSCP. Evidence-based prescribing initiatives continue to be implemented and supported by the HSCP.	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
Services should be patient centred	Involvement of users in service change and development. Providing services and care in the most suitable environment, local to the patient where possible, whether in their home or at their local general practice	People who use health and social care services have positive experiences of those services, and have their dignity respected.		

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Organisation wide commissioning priorities				
Action	Description	Strategic outcome	Start	End
Support for Carers	Implementation of the Carers Strategy: Caring Together	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.		
Personalisation	Implement Self Directed Support and monitor its uptake and impact on service provision	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
Tele-healthcare	Develop telecare and telehealth provision to support independence and capacity building.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Health inequalities	Possible actions: Identify and reduce barriers to care for people with the greatest health needs Identify and address social circumstances within care pathways Develop greater links between health and welfare advice services Continue to prioritise prevention and early intervention for groups of people with high needs Work with CPP to identify and address wider causes of health inequalities	Health and social care services contribute to reducing health inequalities		

Adults with Learning Disabilities - commissioning priorities				
Action	Description	Strategic outcome	Start	End
Scottish Enhanced Services Programme (GP Contracts)	Revised programme to ensure that screening and management of long term conditions is delivered for patients on the Learning Disability register to the same standards, quality and accessibility as the rest of the general practice population.	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.		
Complex Care	Through a Lothians based partnership, explore the most effective arrangements for meeting the growing needs of individuals with learning disability and complex care Needs.	Resources are used effectively and efficiently in the provision of health and social care services.		
Support for Carers	Development of Information Sharing Protocol with Carers' of West Lothian to facilitate early provision of information, advice and support.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.		
Services for Autism Spectrum Disorders (ASD)	Future development of services for people with ASD based on a Partnership Approach, which is systematic, evidence based and sustainable.	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.		
Employability & lifelong learning	Explore the development of a Social Enterprise to develop people's employability with the potential to develop employment opportunities within the project itself.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		

Adults with Physical Disabilities - commissioning priorities				
Action	Description	Strategic outcome	Start	End
Employability	Increase delivery of 'B4 and On2 Work' employability advocacy and support.	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.		
Short Breaks from Caring (respite)	A five year contract (with an option to extend for a further three years) is in place for 2010-2015.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.		
Day support	Provide a range of support to access education, college courses, work experience and employment opportunities and volunteering opportunities as well as support at times of transition.	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.		
Information and Advice Services	Review current contracts for <ul style="list-style-type: none"> - Information and Advice Service (Disability) - Information and Advice Service (Learning D.) - Peer Counselling Service - Independent Living 	Resources are used effectively and efficiently in the provision of health and social care services.		
Community Rehabilitation and Brain Injury Service (CRABIS)	It is intended to continue to commission the current specialist services.	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.		
Services for the Deaf, Deafened and Hard of Hearing	It is intended to continue to commission the current specialist services.	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.		
Services for the Blind and People with Sight Loss	It is intended to continue to commission the current specialist services.	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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Mental Health - commissioning priorities				
Action	Description	Strategic outcome	Start	End
Advocacy	Identify the advocacy needs for people with drug and/or alcohol problems and explore commissioning of resource if required (MHAP)	<p>People using health and social care services are safe from harm.</p> <p>People who use health and social care services have positive experiences of those services, and have their dignity respected.</p>		
Adult Protection	Develop Care Programme Approach within West Lothian	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Housing Support	Ensure that Housing Support Services are integrated with other care-related services, are outcomes-focused, are compatible with new legislation such as Self-directed Support, and are less reliant on block contracting methods.	Resources are used effectively and efficiently in the provision of health and social care services.		
Specialist Respite	Commission a new respite service for the mental health client group that promotes equity of access, is person-centred, and maximises economies of scale	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Inpatient Provision	Redesign the support for the day to day clinical management and coordination of acute care	Resources are used effectively and efficiently in the provision of health and social care services.		

Rehabilitation	Ensure a robust review system for people with severe and enduring illness that is recovery orientated and is holistic in nature including physical health care monitoring	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.		
Commissioning reviews - Community Nursing, Psychiatry, Psychology	Carry out a commissioning review so that current service demand can be better understood, and demand be better managed	Resources are used effectively and efficiently in the provision of health and social care services.		

Older People and dementia - commissioning priorities				
Action	Description	Strategic outcome	Start	End
Live at Home or in a Homely Setting for Longer	Review contract arrangements for care at home (note current Framework Agreement runs until 31 December 2014)	Resources are used effectively and efficiently in the provision of health and social care services.		
	Explore future commissioning options for day care service for older people	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.		
	Explore step up and step down care provision in West Lothian and intermediate care pathways, including consideration of care homes as provider.	Resources are used effectively and efficiently in the provision of health and social care services.		
Maximising Independence	Undertake review of care & support in Sheltered housing	Resources are used effectively and efficiently in the provision of health and social care services.		

Joined Up Care pathways	Develop integrated assessment and rehabilitation service to support provision of specialist multidisciplinary assessment for older people and timely access to rehabilitation	Resources are used effectively and efficiently in the provision of health and social care services.		
End of Life Care	Review service level agreement with Marie Curie and Macmillan	Resources are used effectively and efficiently in the provision of health and social care services.		
	Monitor access to palliative care services for those with non malignant conditions	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		
Dementia		Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		

Frail elderly development priorities				
Action	Description	Strategic outcome	Start	End
Comprehensive geriatric assessment and frailty pathway in hospital	Implement a multidimensional interdisciplinary Comprehensive Geriatric Assessment at the start of the patient journey in hospital. Explore and test roles of elderly care assessment nurse, specialised discharge, rehabilitation, day hospital and ambulatory care services. Explore option dedicated frailty unit in St John's Hospital.	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.		
Frailty capacity modelling	Create analytical model of current systems against which costs and benefits of proposed changes can be assessed, further research generated, and investment priorities targeted.	Resources are used effectively and efficiently in the provision of health and social care services.		

Mental health	Continue progress towards preventative, assessment and outcome focussed services – specifically development of Memory Assessment & Treatment Service <ul style="list-style-type: none"> - 1 year post diagnostic support for people with new dementia diagnosis - develop Behavioural Support service - redesign Mental Health Elderly Day Service 	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		
Supporting health and care in the community	Review current arrangements and performance to advise on short term Integrated Care Fund investments and sustainability after the end of the Fund.	Resources are used effectively and efficiently in the provision of health and social care services.		

Substance misuse - commissioning priorities				
Action	Description	Strategic outcome	Start	End
Contract review	Review existing contract arrangements, exploring potential efficiencies through combining currently discrete contracts.	Resources are used effectively and efficiently in the provision of health and social care services.		
Prevention and early intervention	Continue to commission services with outcomes relating to family wellbeing and child protection.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
	Extend provision of alcohol brief interventions (ABIs) for people who are drinking heavily but not in need of treatment.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
	Develop a best practice guide to enable schools to provide consistent, evidence-based prevention programs.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Recovery	Review new Through Care and After Care service, including arrangements relating to housing support and the need for specialist provision.	Resources are used effectively and efficiently in the provision of health and social care services.		

Tobacco		People are able to look after and improve their own health and wellbeing and live in good health for longer		
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Appendix 1 : Health and social care services to be integrated

Services currently provided by West Lothian Council

- Social work services for adults and older people
- Services and support for adults with physical disabilities, learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Housing support services, aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare.

Services currently provided by NHS Lothian

- Accident and emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine—
 - General medicine
 - Geriatric medicine
 - Rehabilitation medicine
 - Respiratory medicine
 - Psychiatry of learning disability,
- Palliative care services provided in a hospital outwith.
- Inpatient hospital services provided by general medical practitioners
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Mental health services provided in a hospital, except secure forensic mental health services
- District nursing services
- Services provided outwith a hospital in relation to an addiction or dependence on any substance
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital

- The public dental service
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the
- Defined general dental services.
- Defined ophthalmic services
- Defined pharmaceutical services.
- Primary medical services during out-of-hours.
- Services provided outwith a hospital in relation to geriatric medicine
- Community learning disability services
- Community mental health services
- Community continence services
- Community kidney dialysis services
- Services provided by health professionals that aim to promote public health
- Edinburgh Dental Institute
- Psychology and Psychological Therapies

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Appendix 2 : Core suite of national integration indicators

Outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.

Indicators derived from organisational/system data primarily collected for other reasons.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.
13. Rate of emergency bed days for adults.
14. Readmissions to hospital within 28 days of discharge.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
22. Percentage of people who are discharged from hospital within 72 hours of being ready.
23. Expenditure on end of life care.

West Lothian HSCP

Strategic Plan 2016/26

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October 2015

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WEST LOTHIAN INTEGRATION JOINT BOARD

Date: 20 October 2015

Agenda Item: **10**

STRATEGIC PLANNING GROUP TERMS OF REFERENCE AND PROCEDURES

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To seek approval of the Terms of Reference for the Strategic Planning Group (SPG) covering its role and remit, procedures, membership, meeting arrangements, and guidance on conduct.

B RECOMMENDATION

1. To approve the proposed Terms of Reference for the SPG in Appendix 1
2. To appoint members to the SPG as set out in Appendix 2
3. To note that the appointment of members to the places still vacant shall be brought to future meetings of the Board
4. To agree the meeting arrangements for the SPG till June 2016.
5. To note that the draft Terms of Reference were submitted to the SPG meeting on 8 October 2015 for information and that any feedback will be provided to members at the Board meeting

C TERMS OF REPORT

C.1 SPG Terms of Reference

The Act requires the Board to have a Strategic Planning Group and specifies in general terms its role in relation to the Strategic Plan. Its primary statutory role is to respond to proposals from the Board as to what should be contained in the Strategic Plan and to comment on draft versions put to it for consideration throughout the development process. It also has a similar consultative role where the Board is reviewing and/or replacing the Plan and where the Board is considering making a significant decision which is outside the terms of the Plan. The Board is required to take into account the SPG's views in all these areas when it makes decisions about these issues.

Terms of Reference for the SPG in terms of its role have been developed and were approved in principle at the Shadow Board meeting on 2 June 2015. The Terms of Reference have since been added to, to include other matters relevant to the constitution and administration of the SPG, as described in this report, so that this significant information is contained in one document for future reference purposes. They are all set out in Appendix 1 for information.

SPG Membership and Meetings

The Act requires the Board to establish and support its SPG, and specifies the minimum in terms of its membership. A process for identifying the members required was approved in principle at the meeting of the Shadow Board on 2 June 2015.

Since that meeting, officers have been engaged in filling the required places on the SPG and those identified so far have been invited to shadow meetings of the SPG leading up to it being established by the Board on 20 October. Details of the membership required and proposed for the SPG are included in Appendix 1. The individuals and representatives who have been identified for consideration as SPG members are in Appendix 2, for formal appointment by the Board.

Dates have already been identified for meetings of the SPG and those are set out in Appendix 3 for information.

SPG Procedures

The SPG is not a committee of the IJB, and has its own statutory role as part of the integration and service planning process. It requires to have rules of procedure in order that its meetings are run efficiently and effectively and that its members have information and support to enable them to fulfil their roles on the IJB. It is for the IJB to put those rules in place.

A set of procedural rules has been drafted and are contained in Appendix 1 for consideration and approval as part of the Terms of Reference.

The rules are not drafted as a formal set of Standing Orders, as there will have to be for meetings of the Board itself. The SPG is a representative and consultative body rather than a decision-making body. While some structure is needed to ensure meetings are properly convened and run and the SPG's views are developed and communicated to the Board, it is not felt that such a rigid set of rules is required.

These are some points to note in considering the draft procedures:-

- The same procedures as apply to the Board for calling meetings, preparing agendas and reports, circulating reports and preparing minutes will apply in principle, but there is provision for a relaxation of those rules if, in the Chair's opinion, circumstances require it
- SPG members who are also members of the Board will be bound by the same Code of Conduct which applies to them in that capacity. Although not bound by the Code of Conduct, other SPG members will be expected to observe the principles of the Code in their role on the SPG. Those principles have been included for guidance
- Meetings will be public and documents will be available to the public before or after the meeting, subject to redaction of anything which constitutes personal data

- Procedures at the meeting will be determined by the Chair, and the Chair has responsibility for ensuring the efficient conduct of the meeting and that a fair opportunity is given to all concerned (members and officers) to participate in an item of business and to express an opinion
- There is no provision for motions, amendments or voting, since the SPG is a consultative group and not a decision-making body. It will be the Chair's responsibility to ensure a conclusion to each item of business. That may mean drawing together a consensus where possible, or else identifying and noting different opinions
- The Chair will ensure that all opinions and differences of opinion expressed are passed on to the Board when it is considering the SPG's views

National Health and Well Being Outcomes and Integration Delivery Principles

The Act requires that the IJB must have regard to statutory national health and wellbeing outcomes and integration delivery principles in preparing or reviewing its strategic plan. The SPG will therefore require to be aware of what those are and what they entail in its own consideration and comment on the Plan as it progresses through its drafting and adoption process.

Those outcomes and principles are therefore contained in the Terms of Reference in Appendix 1 as well.

D CONSULTATION

Relevant council and health board officers

Shadow IJB

Shadow SPG

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance

Scottish Government Guidance and Advice -
<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

Shadow IJB meetings on 2 June and 25 August 2015

Shadow SPG, 8 October 2015

F APPENDICES

1. SPG Terms of Reference
2. SPG Members

3. SPG Meeting arrangements

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, an equality impact assessment has not been conducted
National Health and Wellbeing Outcomes	The remit of Shadow Strategic Planning Group will encompass all National health and Well-Being Outcomes
Strategic Plan Outcomes	The remit of Shadow Strategic Planning Group will encompass all Strategic Plan Outcomes
Single Outcome Agreement	The remit of Shadow Strategic Planning Group will encompass the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

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20 October 2015

STRATEGIC PLANNING GROUP

TERMS OF REFERENCE AND PROCEDURAL RULES

1 Role and remit

1.1 The SPG will have a significant role in supporting the IJB to deliver against the National Health and Wellbeing Outcomes (Appendix 1) and in accordance with the Integration Delivery Principles (Appendix 2).

1.2 The SPG will be responsible for the following:-

- (a) Developing the initial baseline strategic plan for the IJB, including strategic commissioning priorities, organisational development, localities based activity, and a three year action plan
- (b) Overseeing the implementation of the three year action plan
- (c) Monitoring performance against national outcomes and locally agreed outputs
- (d) Reviewing the strategic plan and the three year action plan
- (e) Providing views and comment to the IJB in responding to emerging Scottish Government policy and regulations
- (f) Supporting the IJB on key proposals and service changes by linking effectively with staff, users, carers, clinical & care professionals and locality members

2 Membership and members

2.1 The SPG membership is fixed and appointed by legislation and by the IJB, and at its commencement is comprised of a representative from each of the following:-

- (a) council
- (b) health board
- (c) health professionals
- (d) users of health care
- (e) carers of users of health care
- (f) commercial providers of health care
- (g) non-commercial providers of health care
- (h) social care professionals
- (i) users of social care
- (j) carers of users of social care

APPENDIX 1

- (k) commercial providers of social care
 - (l) non-commercial providers of social care
 - (m) non-commercial providers of social housing
 - (n) third sector bodies carrying out activities related to health care or social care
 - (o) the localities determined by the IJB for the purposes of the Strategic Plan
- 2.2** The Chair may invite others to attend and participate at meetings on an *ad hoc* basis in relation to specific items or areas of specialist knowledge or expertise (such as hosted services).
- 2.3** Members will be expected to acknowledge and adhere to the key principles of the IJB Code of Conduct (Appendix 3) in all dealings with fellow members, officers, other stakeholders and the public when performing duties as a member of the SPG.
- 2.4** For each item of business, members should consider:-
- (a) whether they have an interest that should be declared, and
 - (b) whether that interest means they should leave the meeting while that business is dealt with
- 2.5** Members do not require to declare an interest in respect of any issue:-
- (a) relating generally to the organisation or user group or stakeholder group they represent, or
 - (b) as a recipient or potential recipient of services, relating to the terms of services which are offered to the public generally
- 2.6** If a more direct or specific interest arises then members should declare the interest and withdraw if they decide that a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice discussion or decision making.
- 2.7** If members are unable to attend a meeting they are entitled to arrange for a suitably qualified and able substitute to attend on their behalf, with the name of the substitute to be given to the Chair in advance of the meeting.
- 2.8** No set quorum is required for a meeting to proceed.
- 2.9** The Director of the West Lothian Health and Social Care Partnership shall be Chair. In his or her absence the chair shall be taken by his or her nominee, failing which a member chosen by the SPG members then present.

3 Meeting arrangements

APPENDIX 1

- 3.1 Meetings are held according to a timetable set each year by the IJB to align with the timetable of meetings of the IJB itself.
- 3.2 The Chair may change the date and/or time of meetings and may call additional meetings, subject to SPG members receiving at least 7 days' notice of the new or adjusted meeting arrangements.

4 Before a meeting

- 4.1 Although not binding on the SPG, meetings will be called by taking the approach set out in the IJB's Standing Orders insofar as practicable, as follows:-
 - (a) an agenda will be prepared by the Chair setting out the business of the meeting
 - (b) written reports on a standard template will be circulated with the agenda
 - (c) meeting papers will be issued electronically at least five clear days before the meeting
 - (d) meeting papers will thereafter be made available to the public and published on the internet
 - (e) the Chair may allow additional items or reports to be added later to the agenda
 - (f) meetings will be open to the public
- 4.2 In exceptional circumstances, the Chair may rule that a report should not be made available to the public, or published on the internet, and the agenda shall record that and the reason for the ruling.
- 4.3 In exceptional circumstances, the Chair may rule that the public should be excluded from a meeting for an item of business, and the minute will record that and the reason for the ruling.

5 During a meeting

- 5.1 The business of meetings is conducted through and under the control of the Chair who will:-
 - (a) make rulings in relation to matters of procedure and conduct
 - (b) treat members and officers fairly and even-handedly
 - (c) give members and officers a reasonable opportunity to participate in the business of the meeting through questions, comment and debate
 - (d) conduct meetings efficiently
 - (e) carry out business expeditiously

APPENDIX 1

- (f) ensure that a conclusion is reached on each item of business
- (g) record the business conducted and conclusions reached in a minute of the meeting

5.2 No motions, amendments or voting will be permitted.

5.3 The Chair will draw together a conclusion to each item of business, either by reaching and noting a consensus or by identifying and noting unresolved differences of opinion.

5.4 The Chair and the Clerk will ensure that views and conclusions are clarified and noted so they can be clearly recorded and retained.

6 After a meeting

6.1 The Clerk will prepare and issue within five working days to members and officers an Action Note recording and communicating any actions required.

6.2 The Clerk will prepare a draft minute summarising the business of the meeting and the conclusions reached, following the same approach as taken for IJB minutes.

6.3 The draft minute will be submitted for approval to the following meeting.

6.4 The draft minute shall be reported to the next meeting of the IJB for information.

6.5 The Chair shall ensure that the outcome of the SPG's consideration of its business is communicated clearly to the IJB to inform its decision-making.

APPENDIX 1

NATIONAL HEALTH AND WELLBEING OUTCOMES

- 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 1

APPENDIX 2

INTEGRATION DELIVERY PRINCIPLES

- 1 The main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users.
- 2 In so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:-
 - (a) is integrated from the point of view of service-users
 - (b) takes account of the particular needs of different service-users
 - (c) takes account of the particular needs of service-users in different parts of the area in which the service is being provided
 - (d) takes account of the particular characteristics and circumstances of different service-users
 - (e) respects the rights of service-users
 - (f) takes account of the dignity of service-users
 - (g) takes account of the participation by service-users in the community in which service-users live
 - (h) protects and improves the safety of service-users
 - (i) improves the quality of the service
 - (j) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
 - (k) best anticipates needs and prevents them arising
 - (l) makes the best use of the available facilities, people and other resources

APPENDIX 3

KEY PRINCIPLES OF THE IJB CODE OF CONDUCT

1 Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

2 Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

3 Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

4 Objectivity

You must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

5 Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.

6 Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

7 Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

8 Leadership

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public

business.

9 Respect

You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.

APPENDIX 2

WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP MEMBERSHIP

Name	Job Title / Organisation	Stakeholder Group
Jim Forrest	IJB Director (Chair)	health professionals
Marion Christie	Head of Health	
Carol Bebbington	Senior Manager Primary Care & Business Support	
Mairead Hughes (on an interim basis until Chief Nurse post is filled)	Registered Nurse	
Elaine Duncan	Clinical Director	
TBC	TBC	users of health care
TBC	Carers of West Lothian	carers of users of health care
TBC	Primary Care and Community Forum	commercial providers of health care
James McCallum	Associate Medical Director, St Johns	non-commercial providers of health care
TBC	Clinical Director, Psychiatry	
Jane Kellock	Interim Head of Social Policy / CSWO	social care professionals
Alan Bell	Senior Manager Community Care	
Charles Swan	Group Manager Older People	
TBC	TBC	
TBC	Carers of West Lothian	carers of users of social care
Robert Telford	Scottish Care	commercial providers of social care
Pamela Main	Senior Manager Community Care	non-commercial providers of social care
Alistair Shaw	West Lothian Council Housing	non-commercial providers of social housing
TBC	West Lothian Leisure	third sector bodies carrying out activities related to health care or social care
TBC	TBC	representative from each locality
Robert Naysmith	Clinical Director Public Dental Service	attendance as and when required in relation to Oral Health strategy
Margaret Douglas	Consultant in Public Health	Public Health, NHS Lothian

APPENDIX 3

SPG MEETING DATES 2015/16

Thursday 8 October 2015

Thursday 3 December 2015

Thursday 4 February 2016

Thursday 7 April 2016

Thursday 30 June 2016

(All meetings are scheduled to start at 2 pm in Strathbrock Partnership Centre, Broxburn)

West Lothian Shadow Integration Joint Board

Date: 20 October 2015

Agenda Item: **11**

2015/16 FINANCE UPDATE

REPORT BY DIRECTOR

A. PURPOSE OF REPORT

The purpose of this report is to set out the process and timescales for putting into place financial arrangements for the West Lothian Integration Joint Board (IJB) and to set out the process for undertaking financial assurance on the resources to be delegated to the West Lothian IJB.

B. RECOMMENDATION

- To note the implementation plan for delivering the financial arrangements for the West Lothian IJB and the work completed so far
- To note the financial assurance work undertaken to date and further work to be undertaken in advance of resources being delegated by the council and NHS Lothian to the IJB

C. TERMS OF REPORT

C.1 Introduction

The West Lothian IJB came into existence on 21 September 2015. It is expected that functions and related budget resources will not be delegated to the IJB until the date the IJB Strategic Plan comes into effect which is anticipated to be on 1 April 2016.

Between now and 1 April 2016, there are various financial arrangements and processes that need to be put in place for the IJB. Details on these arrangements, processes and timescales are set out in more detail in the report.

C.2 IJB Financial Arrangements Timescales

As part of the project plan prepared for implementing health and social care integration for West Lothian, financial elements required have been identified and are being progressed via a structured project based approach.

Table 1 overleaf sets out the milestones within that plan, and provides progress updates for each milestone.

Table 1 – Finance Implementation Plan

	Milestone Description	Target Delivery Date	Progress Update
1	Identify delegated functions and 2015/16 budgets associated with scope of IJB	31/10/2015	Budget models being developed for both health and council to determine IJB budget. Approach agreed by finance officers across Lothian. Further work required to agree which budgets are delegated and the method for allocating hosted services and acute set aside budgets across the four Lothian IJBs.
2	Agree financial assurance / due diligence process	31/12/2015	Approach to financial assurance has been documented and agreed by finance officers across Lothian. NHS Lothian has presented two reports to its Finance and Resources Committee in May and July 2015. A council financial assurance report is being prepared for Council Executive.
3	Prepare financial information for inclusion in Strategic Plan (Annual Financial Statement)	31/12/2015	Financial planning for 2016/17 and beyond is underway within health and council. A template for financial information for Strategic Plan has been drafted. Next steps are for Health and Council finance teams to provide the financial information required within timescales for Strategic Plan consultation.
4	Develop process to enable production of IJB financial monitoring reports and forecasts	31/12/2015	Work underway to produce indicative IJB outturn forecasts for the shadow year 2015/16.
5	Prepare IJB Financial Regulations	31/12/2015	A set of financial regulation has been prepared and has been discussed with finance officers across Lothian. Further work required to prepare the financial regulations specific to West Lothian IJB.
6	Develop process for preparing annual accounts	31/01/2016	LASAAC and Integrated Resource Advisory Group guidance is being reviewed. Process will be developed based on this guidance.

As above, substantial work will be undertaken over the coming months to ensure financial management arrangements are in place for the West Lothian IJB. Financial assurance is a key aspect of this work along with financial governance and administration for the IJB. Further consideration in respect of these matters is set out below.

C.3 Chief Finance Officer

The IJB is governed by the same legislation applying to local authorities and will require to make arrangements for the proper administration of its financial affairs. This will include the appointment of a section 95 Finance Officer, who is anticipated to be an existing employee of the council or NHS Lothian. The IJB Finance Officer will liaise closely with the council section 95 officer and the NHS Lothian Director of Finance to discharge all aspects of their role.

C.4 IJB Audit Committee

A key element of overall governance is the creation of a scrutiny and advisory body to review relevant matters and make recommendations to the IJB. This role is generally fulfilled by a committee of the IJB and best practice would suggest that the IJB should create such a sub-committee to consider audit, risk and governance matters. A future report will be prepared for the Board to consider requirements in this area.

C.5 Financial Assurance

Background

An important part of ensuring the financial arrangements for integration will operate effectively is the assessment of the process for identifying the resources to be delegated to the IJB and the adequacy of these resources. Key financial risks associated with functions being delegated to the IJB should also be clearly explained as part of the financial assurance.

The council, NHS Lothian and the IJB itself will all be involved and undertake financial assurance of the budget resources delegated to the IJB. It will clearly be important for the IJB to understand the budget assumptions being made within delegated resources, including budget savings, and the risks attached to these resources.

The Scottish Government have issued guidance for integration financial assurance which recommends the following:

- The resources delegated to the IJB for functions should be assessed against actual expenditure for the most recent two / three years
- Material non-recurrent funding and expenditure budgets for delegated services and associated risks should be identified and assessed
- Approved savings and efficiency targets should be clearly identified and the assumptions and risks understood by all partners
- All material risks should be quantified where possible and measures to mitigate risks identified. Risks should be categorised in terms of delivery of savings, on-going risks and emerging risks

Financial Assurance Process for West Lothian IJB

Financial assurance work is currently being progressed by the council and NHS Lothian. This has generally focussed to date on the 2014/15 outturn and the level of 2015/16 budget resources. To date NHS Lothian has presented two reports to its Finance and Resources Committee and further work is progressing taking account of 2015/16 spend forecasts against budget and budget planning for 2016/17. A council report on financial assurance is being presented to Council Executive on 27 October 2015.

In terms of the financial assurance process in respect of 2016/17 budget resources delegated to the IJB, it is proposed that this will set out the following:

- Actual expenditure for IJB functions in 2014/15 and forecast/final spend for 2015/16
- Assumptions regarding estimated budget to be delegated to the IJB for 2016/17
- Information on key budget risks associated with functions that will be delegated to the IJB
- Information on approved budget savings for 2016/17 that relate to IJB functions, as well as any future year approved savings
- Details of any non-recurring budget that has been included in the budget resources delegated to the IJB

This work will progress over the coming months as council and NHS Lothian 2016/17 budget plans continue to be developed in advance of being approved.

The council, NHS Lothian and the IJB will undertake financial assurance of the 2016/17 budget resources and further reports on the process will be reported through each bodies governance processes. This will include Internal Audit scrutiny, including through relevant Audit Committees.

D. CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E. REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

West Lothian Integration Scheme

Scottish Government Guidance for Integration Financial Assurance

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, an 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	Resources delegated to the IJB will be used to meet Health and Wellbeing outcomes.
Strategic Plan Outcomes	Budget availability for the IJB will be used to help inform how Strategic Plan outcomes will be achieved.
Single Outcome Agreement	Effective prioritisation of resources will be essential to achieving the targets contained in the Single Outcome Agreement.

**Impact on other
Lothian IJBs** None.

**Resource /
finance** Budget resources relevant to functions that will be delegated to
the IJB from 1 April 2016 will be subject to due diligence and
financial assurance.

Policy/Legal None.

Risk There are a number of risks associated with health and social
care budgets, which will require to be closely monitored on an
ongoing basis.

H. CONTACTS

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20 October 2015

West Lothian Integration Joint Board

Date: 20 October 2015

Agenda Item: **12**

ORGANISATIONAL DEVELOPMENT AND WORKFORCE PLAN

Head of Health

A PURPOSE OF REPORT

The report outlines the progress in development of an Organisational Development and Workforce Plan to support the integration of health and social care and achievement of the national health and well being outcomes

B RECOMMENDATION

The board is asked to

1. Note the contents of the report
2. Support the key activities required for delivery of the organisational development and workforce plan

C TERMS OF REPORT

In West Lothian, we have many years of experience and a proven track record of successful partnership working across health and social care boundaries, through the former Community Health and Care Partnership. We will build on this strong foundation to ensure health and social care services are designed and shaped to meet local needs and priorities with the full involvement of and in partnership with staff, trade unions and professional bodies, including those staff who are contracted to the NHS, as well as those who are directly employed by the NHS and the Local Authority.

Our approach to integration is focused on person-centred planning and delivery ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. With a focus on improving people's lives and caring for the whole person, it is essential we make sure that those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes for individuals.

This will require individuals, teams and organisations to develop new ways of working together to deliver the vision underpinned by strong leadership, evolving management arrangements, processes and relationships.

The purpose of the Organisational Development and Workforce Plan (Appendix 1) is to ensure that a planned and systematic approach is adopted to support the organisational change required to contribute fully to improving healthcare and reducing inequalities in West Lothian.

It is recognised that the success of the Organisational Development and Workforce Plan is dependent on a combination of working arrangements operating within the IJB and across partner agencies. The plan therefore should be considered a working document that shall evolve over time to reflect strategic developments, responsiveness to local needs and availability of resources.

D CONSULTATION

The plan has been developed through the Organisational Development Board with membership from the management team and NHS Lothian and West Lothian Council organisational development and human resource teams. The plan embraces the staff governance standards and will be consulted on through the partnership fora

E REFERENCES/BACKGROUND

F APPENDICES

1: Organisational Development and Workforce Plan

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as relevant to equality and the Public Sector Equality Duty. An equality impact assessment will be conducted and the assessment will be made available once completed
National Health and Wellbeing Outcomes	<p>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.</p> <p>Resources are used effectively and efficiently in the provision of health and social care services.</p>
Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes
Single Outcome Agreement	<p>We live longer healthier lives and have reduced health inequalities</p> <p>Older people are able to live independently in the community with an improved quality of life</p>
Impact on other Lothian IJBs	Joint delivery of some elements of training and development
Resource/finance	Within available resources
Policy/Legal	None
Risk	None

H CONTACT

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20th October 2015

INTEGRATION JOINT BOARD

ORGANISATION DEVELOPMENT AND WORKFORCE PLAN

1.0 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 came into force on 1 April 2014. It provides the legislative framework for the integration of health and social care in Scotland and requires local integration of adult health and social care services.

The vision for Health and Social Care Integration is stated as:

Ensuring better outcomes for people where users of health and social care services can expect, for themselves and those that they care for, to be listened to; to be involved in not just in deciding upon the care they receive, but to be an active participant in how it is delivered; and to enjoy better health and wellbeing within their homes and communities as a result.

Integration is all about improving people's lives, caring for the whole person, and making sure that those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes for individuals.

Our approach to integration is focused on person-centred planning and delivery ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey.

Successful health and social care integration will be measured against the nationally agreed outcomes. This plan sets out our priorities for Organisational Development and Workforce planning to support the Integration Joint Board's (IJB) achievement of the nationally agreed health and well being outcomes.

Nationally Agreed Health & Well Being Outcomes

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 reducing any negative impact of their caring role on their own health and well-being.
7. People who use 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.

2.0 Organisational Development

In West Lothian, we have many years of experience and a proven track record of successful partnership working across health and social care boundaries, through the former Community Health and Care Partnership. We will build on this strong foundation to ensure

- Services are developed and delivered more innovatively and effectively; bringing together those who provide community based health and social care.
- Services are designed and shaped to meet local needs and priorities
- Integration of health and social care services, both within the community and with specialist services, underpinned by service redesign, clinical and care networks and by appropriate contractual, financial and planning mechanisms.

- Health improvement activity is focussed in local communities, tackles inequalities and promotes policies that address poverty and deprivation by working within community planning frameworks.
- Involvement of, and partnership with staff, trade unions and professional bodies, including those staff who are contracted to the NHS, as well as those who are directly employed by the NHS and the Local Authority.
- Secure effective public, patient and carer involvement by building on existing, and developing, mechanisms.

This will require individuals, teams and organisations to develop new ways of working together to deliver the vision underpinned by strong leadership, evolving management arrangements, processes and relationships. The purpose of this Organisational Development Plan is to ensure that a planned and systematic approach is adopted to support the organisational change required to contribute fully to improving healthcare and reducing inequalities in West Lothian.

The Organisational Development plan is underpinned by the following principles:-

<i>Planned Change</i>	There will be a planned and systematic approach to bring about organisational change. The change effort will be based on a diagnosis of current or anticipated problem areas and development gaps.
<i>Partnership and Collaboration</i>	The approach will involve partnership and collaboration in change, which relies on the involvement and participation of patients, staff, voluntary sector, and other key stakeholders most affected by the changes.
<i>Performance Orientation</i>	The approach will emphasise ways to maintain, improve and enhance overall health and social care services to communities of West Lothian by further enhancing the performance of individuals, teams and managers. Development plans will take into account national priorities and the achievement of the IJB's agreed objectives and national outcomes.
<i>People Orientation</i>	This approach relies on a set of values about people and organisations that aims at gaining more effective health and social care services through opening up new opportunities for increasing effectiveness through the development of human potential.
<i>Systems Approach</i>	This approach embraces a systems methodology, concerned with the interrelationships of the various agencies, divisions, departments, groups and individuals as interdependent sub-systems of the total health and social care system.

This approach is designed to capture the blend of national, and local development activities relating to the development of the IJB and shall, whenever possible, reflect a consistency across Lothian that will facilitate access to national programmes, joint training and economies of scale, whilst allowing for localised development as required.

3.0 Workforce Development

Integration is all about improving people's lives and ensuring that those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes.

A competent workforce, fit for purpose, is vital to the successful delivery of integration and can expect consistent support to implement new ways of working throughout the organisation and across the sector. The workforce development plan focuses on five key outcomes to enable the workforce to:

1. Understand, promote and achieve better outcomes for people
2. Engage in meaningful co-production with people and communities
3. Affirm professional values and identity, and to take responsibility for career long development
4. Demonstrate authentic and collaborative leadership behaviours
5. Actively engage in locality planning and service improvement

Local support networks will be put in place to ensure staff are engaged and supported to continually improve the information, support, care and treatment they provide. The development plan will focus on a number of themes including: leadership; team building; improvement; locality planning; change management and joint strategic commissioning.

Effective leadership influences improved outcomes for people and how services are delivered. Leadership programmes will focus on ensuring leaders at all levels have the skills to collaborate effectively and drive forward change.

The biggest impact on the workforce will come from cultural, not structural, changes as we develop partnerships across the public sector to tackle health inequalities and move from delivering services to co-producing new models of services with local communities. This will create a whole new context that will enable professionals to reshape their roles and engage differently with people who use services and communities. Opportunities will be created for staff to further develop their

skills, focused on what matters to the person, such as creating networks, making connections, building shared values and working with people and communities to produce shared solutions.

There will be no change of employer as a result of the establishment of the IJB; all staff will continue to be employed by NHS Lothian or West Lothian Council. It is difficult at this stage to know precisely which or how roles will change in the long-term and this will become more evident as the integrated models of care develop. Where changes to ways of working are required, staff side representatives and individual post holders will be consulted. All staff will continue to be protected by their respective employer's human resource policies regarding such issues as redeployment and organisational change.

Priorities for workforce development include

- Establishing a **healthy organisational culture** in which our values are embedded in everything we do, enabling a healthy, engaged and empowered workforce. The focus is on promoting and recognising the behaviours of individuals and teams reflect the organisations values.
- Developing a **sustainable workforce** to ensure the right people are available to deliver the right care, in the right place, at the right time. The focus is on strengthening workforce planning including:
 - Refreshing workforce plans taking account of the challenges of a multi-disciplinary workforce
 - Development of an integrated workforce planning approach across the wider workforce with other partners.
 - Using high quality workforce data and contextual information to inform local workforce plans and making better use of analysis, intelligence and modelling of education and workforce data to inform longer-term planning
 - Creating better career pathways and supporting our staff across all sectors.
 - Ensuring recommendations from the Working Longer Review around occupational health, safety and wellbeing are fully implemented and that flexible approaches are taken
- Development of a **capable workforce** to ensure everyone has the skills needed to deliver safe, effective, person-centred care. This will include:
 - Development of a learning and development framework and career pathways taking account of prior learning, particularly for support workers
 - Ongoing investment in developing Quality Improvement capability across the workforce to meet the growing demand for these skills.

- Ensuring everyone has a meaningful conversation about their performance, their development and career aspirations
 - Development of the skills and behaviours required for working collaboratively and flexibly across primary and secondary care, and across health and social care.
- Developing an **integrated health and social care workforce** with a focus on working with colleagues and partner organisations to implement integrated health and social care workforce arrangements. This will include:
- Development of a shared approach to Quality Improvement and skills development across health and social care
 - Working with partners toward the Health and Wellbeing Outcomes developing a shared culture, values and ways of working through effective teams and local partnerships
 - Provision of leadership to continue to support the integration of primary and secondary care recognising the role of GPs, dentists, pharmacists and others as part of the workforce.
- Development of **effective leadership and management** ensuring leaders and managers at all levels and in all professions have the skills to support the workforce through change. This will be delivered through
- Cross sector working
 - Adopting values driven approaches
 - Making space for honest dialogue to improve performance, sustain good performance and tackle poor performance
 - Strengthening management at all levels but with a particular focus on middle management and succession planning
 - Leading teams and engaging people.

It is recognised that the success of the Organisational Development and Workforce Plan is dependent on a combination of working arrangements operating within the IJB and across partner agencies. The plan therefore should be considered a working document that shall evolve over time to reflect strategic developments, responsiveness to local needs and availability of resources. The delivery plan is detailed in Appendix 1.

Appendix 1: Organisation Development and Workforce Delivery Plan 2015-2018

Developmental area	Actions	Rationale	Link to other plans
LEADERSHIP			
Formation of IJB	Induction for Board Members and Senior Officers on roles, responsibilities and governance arrangements	Board Members and Senior Managers aware of their roles and responsibilities in IJB	Integration Scheme
Consistency in the leadership ensuring individual behaviour is reflective of the HSCP and that this continues to enhance and build on our reputation. .	Implement Lothian Leadership Programme	Work in partnership and engage others in decision making, communicate effectively,	Engagement Plan
	Develop HSCP brand and image and internal and external marketing processes	Recognisable and consistent image of HSCP	Engagement Plan
VISION			
Clarity of vision and purpose, communicated clearly and consistently to all stakeholders	Staff briefings held to communicate and receive feedback on vision, purpose and delivery of plans	Staff understand vision and strategy and can feedback ideas. Morale and motivation increased.	Engagement Plan
	Promote the vision and strategy – to all main providers; key partners; representative groups	Key partners understand vision and strategy. CHCP reputation enhanced	Strategic Plan
ENGAGEMENT			
Improved engagement of staff across all health and social care sectors, in a consistent and well understood way which adds value	Stakeholder mapping analysis undertaken against the planned areas of integration	Early engagement of appropriate staff and stakeholders	Engagement Plan
Systematic listening, learning and responding to patients, their	Establish clear system of putting patient feedback into the intelligence used by senior	Patient feedback utilised with other intelligence to enable	Engagement Plan

careers, the wider community about their experiences and being absolutely explicit about how this intelligence drives change.	managers and review the extent to which public/pt opinion influences change. Explain to public how their feedback has made a difference – e.g. easy access data, key media messages	timely decision making process Enhancing HSCP reputation as one who listens, leads and improves Increased public awareness, better access to engagement processes	
STRATEGY			
Be, responsive to changes in our strategy and more dynamic and robust in our performance management processes	Review of structures and systems	Fit for purpose structure and systems	Strategic Plan
	Establish a system of continuous review of the strategic plan and supporting strategies in direct response to external changes and internal feedback from performance review processes	Evidence of a dynamic process responsive to changes in strategy. Clarity of programme outcomes and clear benefits.	
Systematically use intelligence and evidence based data in our decision making processes. Use external benchmarking and independent evaluation to develop performance processes.	Undertake Strategic Needs Assessment and Locality profiling to inform what needs to change and how that change might be realised	Better understand the intelligence. Clarity about feed in mechanisms. Avoidance of analysis paralysis.	Health & Well Being Profiles
PROCESS & PERFORMANCE			
Establish appropriate governance and decision making systems and processes that help the organisation to empower staff and manage business in a timely and effective way	Establish Governance Structure for HSCP. Ensure systems and processes in place to provide assurance to the IJB, NHS Lothian and WLC	Governance arrangements of all services established	Strategic Plan Integration Scheme
	Establish Organisation Structure for IJB ensuring clarity about roles and functions	Efficiency in process management leading to increased capacity	

Establish programme approach to support delivery of our vision, aims and objectives	Establish structured approach to managing and delivering the integration programme	Supports effective risk management.	
WORKFORCE			
Review of current organisational structures and systems and establish clear sustainable workforce plans	Refresh workforce plans taking account of multidisciplinary teams	Identify resource and development needs	
	Develop and implement learning and development plans	Capable, effective workforce	
	Ensure performance review and development system and process with the expectation that all staff have agreed objectives and a development plan	Clear expectations of performance.	
Human Resource Policies and Procedures	Analyse and review the core HR Policies and Procedures from each employer to provide guidance and design a bespoke matrix of comparison to assist managers	Managers provided with the tools and support to manage employees on different terms and conditions.	Strategic Plan
	Develop a joint framework for managing organisational change in accordance with the Council and NHS procedures and terms and conditions of employment.	An agreed alignment of council and NHS organisational change procedures to ensure all employees are treated fairly and consistently.	Strategic Plan
	Establish appropriate mechanisms for joint working with employee organisations and trade unions to allow for full involvement in the process of change and the integration	Robust engagement and involvement processes established for employees of both the council and the NHS	Strategic Plan

	agenda.		
Communication and Engagement / Staff Experience and Staff Governance	Promote organisational culture and values	Culture and values are embedded; employees experience a supportive work environment	Engagement Plan
	Establish a culture of supportive leadership	Ensures effective employee engagement, support and continuous improvement	Engagement Plan
	Establish set of Communication Standards including communication processes and frequency:	Ensures provision of accurate and timely information to employees; supports open, two-way dialogue	Engagement Plan
	Undertake annual staff survey (measuring QIF People Results) segmented across service areas/teams. Identify areas for improvement.	annual measurement of employee satisfaction Improvement plan implemented.	Engagement Plan

West Lothian Integration Joint Board

Date: 20th October 2015

Agenda Item: **13**

IJB MEMBER INDUCTION

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Board of the proposal for progressing induction for the Board members.

B RECOMMENDATION

The board endorses the proposed approach and content of Board member induction as outlined in this report.

C TERMS OF REPORT

An initial West Lothian induction event for members of the Shadow Integrated Joint Board was provided on the 19th August 2015 with a view to providing a broad overview of key themes. This was well attended with 10 appointed members of the IJB attending.

To build on this event and progress the induction of IJB members further events are proposed to ensure that Board members have all the necessary information to meet their individual and collective needs.

The events proposed are:

1. A repeat of the induction event provided on the 19th August 2015 (content in Appendix 1) taking on board feedback from participants and views from the Shadow Board. This will be open to all Board members but targeted at new members who haven't previously attended. This event will provide all board members with the same consistent information and is required as the pan Lothian induction events will not be repeated.

This event should be delivered when all board members have been appointed and is planned for November/ December 2015 depending on the timescales for appointments.

2. An induction event will also be available locally for elected members who have been unable to attend previous events to provide an overview and understanding of the role of West Lothian's Integration joint Board. This will be arranged by HR as part of the ongoing programme of Member development events.

3. Once all board members have attended the initial induction event a further development event is planned. The purpose of this will be to review any further induction needs as well as to facilitate the implementation of a Development Plan for the IJB.

IJB Development Plan

Each IJB is required to produce a Board Development Plan to set out how the Board plans to develop a continuous improvement approach to how it operates. The Board Development Plan will pull together the themes and areas for improvement as well as detail actions required and monitoring process

A range of resources have been produced nationally to facilitate the development of Integrated Joint Boards.:

- Leading the Journey of Integration – a guide for Integration Joint Board members (produced by Scottish Government in conjunction with SSSC and NESS)
- Leading for Outcomes – Integrated Working & Delivering Integrated Care and Support, The Institute for Research and Innovation in Social Services (IRISS)
- Readiness for Integration Tool & Success Factors for Integration – Joint Improvement Team (JIT)

These documents highlight key themes for Boards to address as part of their development. These include;

- Mapping our partnership – how does it relate to established council, NHS, Community Planning arrangements.
- Outcomes – Reviewing the delivery against National Outcomes for social care and how that relates to the Single Outcome Agreement
- The Principles of Integration –How services are planned and delivered.
- Role of the IJB – Decision making arrangements
- Leadership and Culture – Working together effectively both individually and collectively
- Building Relationships – Building trust, communication and understanding.
- Working to Support Localities – Effective engagement and prioritisation.
- Commissioning Planning – Robust processes/ Outcome approach.

D CONSULTATION

None Required

E REFERENCES/BACKGROUND

1. Leading the Journey of Integration – a guide for Integration Joint Board members (produced by Scottish Government in conjunction with SSSC and NESS)
2. Leading for Outcomes – Integrated Working & Delivering Integrated Care and Support, The Institute for Research and Innovation in Social Services (IRISS)
3. Readiness for Integration Tool & Success Factors for Integration – Joint Improvement Team (JIT)

F APPENDICES

Appendix 1 - INTEGRATION JOINT BOARD – INDUCTION & DEVELOPMENT

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.

**Impact on other
Lothian IJBs** None

Resource/finance None

Policy/Legal No Implications

Risk None known

H CONTACT

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WEST LOTHIAN HEALTH & SOCIAL CARE
INTEGRATION JOINT BOARD – INDUCTION & DEVELOPMENT

West Lothian's Health & Social Care Integration Joint Board induction programme outline:-

Session 1 – 19th August 2015 - 13.00-16.00 hours

Time	Activity	Content	Facilitator
1.00 – 1.10	Welcome and Introduction to programme – purpose and outcomes	<ul style="list-style-type: none"> • Outline of Phase 1 –Lothian wide • Outline of Phase 2 – Local programme Emphasis on importance of attendance at both to fully understand role/remit/accountability both nationally and locally	Isobel Meek/Gerry Cavanagh
1.10 – 1.20		<ul style="list-style-type: none"> • Overview of national vision for Integration of Health & Social Care including any legislative timeframes 	Jim Forrest
1.20 – 1.40	Board members introduction and background	<ul style="list-style-type: none"> • Individual input 	
1.40 – 1.55	Structure of West Lothian's Health and Social Care Partnership board and Role of members	<ul style="list-style-type: none"> • The role of an integrated joint board (board of governance) - Voting and non-voting members • Standing orders • IJB mapped to organisational landscape and links to Community Planning Partnership etc 	James Millar
1.55 – 2.10	Risk Register	<ul style="list-style-type: none"> • Linkages to National outcomes and local organisational performance and monitoring to deliver on the outcomes • Board's role in managing and mitigating risk 	Kenneth Ribbons
2.10 – 2.30	Local context setting	<ul style="list-style-type: none"> • Overview of the 2 localities 	Carol Bebbington

	Strategic Planning Group's Role and links to decision making	<ul style="list-style-type: none"> • Role of strategic planning group and its interaction with IJB • Informed decision making - use of data/research to inform decision making – e.g. intelligence generated from GP practices in relation to patterns of admissions, prescribing, diagnostics 	“ “ “
2.30 – 2.50	Strategic Commissioning	<ul style="list-style-type: none"> • Assessing and forecasting need • Linking investment to agreed desired outcomes • Considering options and planning the nature, range and quality of future services in partnership 	Alan Bell
	Performance Reporting and continuous improvement	<ul style="list-style-type: none"> • Annual report, review of the year 	“
2.50 – 3.05	Tea/coffee		
3.05 – 3.15	First business of board - Approval of non-voting members	<ul style="list-style-type: none"> • Overview of prospective members and their role/background/experience. 	Jim Forrest
3.15 – 3.50	IJB direction of future needs	<ul style="list-style-type: none"> • Outline of future session and direction from Board Members of their needs/priorities • Suggestions could include – • Leadership • Culture • Integrated Teams 	Isobel Meek/Gerry Cavanagh
3.50 – 4.00	Close	<ul style="list-style-type: none"> • Questions, next steps • Date of next meeting • Closing remarks 	Isobel Meek/Gerry Cavanagh Jim Forrest

West Lothian Integration Joint Board

Date: 20 October 2015

Agenda Item: **14**

MEETING ARRANGEMENTS AND WORKPLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to confirm the meeting arrangements and agree the maintenance of a workplan for the IJB.

B RECOMMENDATION

It is recommended that the IJB notes the meeting arrangements and agrees the maintenance of a workplan for the IJB.

C TERMS OF REPORT

At its meeting of 2 June 2015 the shadow IJB agreed proposed meeting arrangements for the shadow IJB and Board when formally established. These arrangements are set out in Appendix 1.

In the interests of effective planning and evaluation it is proposed that the IJB maintains a workplan which will identify key areas for consideration and action. The purpose of the workplan will be to enable appropriate preparation and planning in advance of IJB reports and to monitor progress in these areas.

D CONSULTATION

Meeting of shadow IJB held on 2 June 2015.

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

F APPENDICES

- 1 Meeting arrangements for West Lothian IJB 2015/16
- 2 Workplan for West Lothian IJB

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, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	None.
Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource/finance	No impact.
Policy/Legal	Agreed meeting arrangements support the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.
Risk	Failure to agree appropriate meeting arrangements puts at risk the efficient and effective running of the IJB.

H CONTACT

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20 October 2015

APPENDIX 1

MEETING ARRANGEMENTS FOR WEST LOTHIAN IJB 2015/16

NOTICE OF MEETING, AGENDA AND REPORTS ISSUED	DATE OF MEETING
Wednesday 2 December	Tuesday 8 December 2015
Wednesday 10 February	Tuesday 16 February 2016
Wednesday 30 March	Tuesday 5 April 2016
Wednesday 25 May	Tuesday 31 May 2016

All meetings at 2 pm in Strathbrock Partnership Centre, Broxburn, unless otherwise advised.

APPENDIX 2

WEST LOTHIAN INTEGRATION JOINT BOARD WORKPLAN 2015/16

DATE OF IJB MEETING	TITLE OF REPORT	LEAD OFFICER	ACTION