



West Lothian
Council



West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

25 May 2016

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 31 May 2016 at 2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Order of Business, including notice of urgent business
3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
4. Minutes -
 - (a) Confirm Draft Minute of Meeting of West Lothian Integration Joint Board held on Wednesday 23 March 2016 (herewith)
 - (b) Confirm Draft Minute of Meeting of West Lothian Integration Joint Board held on 31 March 2016 (herewith)
 - (c) Confirm Draft Minute of Meeting of West Lothian Integration Joint Board held on Tuesday 05 April 2016 (herewith)
5. Running Action Note (herewith)

DATA LABEL: Public

6. Proposed Meeting Dates 2016/2017 - Report by Standards Officer (herewith)
7. Code of Conduct - Report by Standards Officer (herewith)
8. Strategic Plan Impact Assessment - Report by Consultant in Public Health (herewith)
9. Budget Setting Process - Presentation by Donald Forrest, Head of Finance & Estates, West Lothian Council and Susan Goldsmith, Finance Director, NHS Lothian
10. IJB Annual Accounts Compliance - Report by Chief Finance Officer (herewith)
11. Risk Management - Report by Director (herewith)
12. Planning Cycle - Report by Director (herewith)
13. Schedule for Physical Disability Commissioning - Report by Director (herewith)
14. Workplan (herewith)

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

MINUTE of MEETING of the WEST LoTHIAN INTEGRATION JOINT BOARD of WEST LoTHIAN COUNCIL held within COUNCIL CHAMBERS, WEST LoTHIAN CIVIC CENTRE, LIVINGSTON, on 23 MARCH 2016.

Present

Voting Members – Councillors Frank Toner (Chair), Alex Joyce, Danny Logue, John McGinty, Anne McMillan, Alison Meiklejohn (substitute for Julie McDowell), Martin Hill, David Farquharson

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

Apologies – Julie McDowell (Voting Member) and Elaine Duncan, Jane Houston and James McCallum (Non-Voting Members)

In Attendance – Jim Forrest (Director), Rhona Anderson (CHCP Development, West Lothian Council), Carol Bebbington (Primary Care Manager, NHS Lothian), Alan Bell (Senior Manager, Communities and Information, West Lothian Council), Marion Christie (Head of Health Services), James Millar (Standards Officer), David McConnell and Inire Evong (Audit Scotland).

1. ORDER OF BUSINESS, INCLUDING NOTICE OF URGENT BUSINESS

The Board agreed a suggestion by the Chair that the order of business be changed to allow Audit Scotland to present their report earlier in the meeting, and that the remaining items of business be taken in the following order:-

Items 3, 4, 5 and 6 as per the agenda
Item 11 Audit Scotland Annual Audit Plan
Item 8 – Financial Regulations
Item 9 – IJB Financial Assurance
Item 7 – Strategic Plan
Item 10 – JB Directions
Item 12 - Workplan

2. DECLARATIONS OF INTEREST

Councillor Logue declared an interest as an employee of NHS Lothian.

Councillor Toner declared an interest as a Non Executive Director, NHS Lothian.

3. DRAFT MINUTE OF MEETING OF WEST LoTHIAN INTEGRATION JOINT BOARD HELD ON TUESDAY 16 FEBRUARY 2016

The Board approved the minute of meeting of the West Lothian

Integration Joint Board held on 16 February 2016 subject to amendments as undernoted:-

- Include Mary-Denise McKernan as an attendee.
- “Hail” to read “Hill” in list of attendees.

4. DRAFT MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP HELD ON TUESDAY 23 FEBRUARY 2016

The Board noted the minute of meeting of West Lothian Integration Strategic Planning Group held on 23 February 2016.

5. RUNNING ACTION NOTE

A copy of the Running Action Note had been circulated for information.

Decision

To note the content of the Running Action Note.

6. AUDIT SCOTLAND ANNUAL AUDIT PLAN

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer informing the IJB of Audit Scotland's 2016/16 annual audit plan.

The Chief Finance Officer presented the report, informing the Board that Audit Scotland's plan summarised the audit issues and risks and appendix 2 of the plan identified significant audit risks, the related sources of assurance, and the proposed audit work to secure additional investment.

The plan outlined the agreed fee which took into account the risk exposure of the IJB, the management assurances in place and the level of reliance they planned to take from the work of internal audit. As part of this, they had assumed receipt of a complete set of unaudited financial statements and comprehensive working papers package by 30 June 2016.

It was noted that the establishment of the IJB Audit Committee would be considered in a report to the April 2016 meeting of the Board and future annual audit plans would be reported to the IJB Audit Committee.

David McConnell, who had been appointed by the Accounts Commission as the external auditor of West Lothian IJB for 2015/16, spoke briefly in relation to his role. Mr McConnell then responded to questions raised by Board members.

Decision

To note the content of Audit Scotland's 2015/16 audit plan.

7. IJB FINANCIAL REGULATIONS

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer seeking approval of the Financial Regulations to be used by the West Lothian IJB

The Chief Finance Officer advised that, as previously reported, the IJB would take on functions and financial responsibilities for delegated NHS Lothian and Council from 1 April 2016. This would align to the IJB Strategic Plan covering the period 2016/17 to 2018/19.

The proposed Financial Regulations were set out in Appendix 1 to the report. They provided the framework for managing the IJB's financial affairs from 1 April 2016. They applied to IJB members, IJB advisory members and all parties acting on behalf of the IJB. The Chief Finance Officer was responsible for maintaining a continuous review of the financial regulations and submitting any changes to the Board for approval. It was proposed that the financial regulations were reviewed at least once every three years.

The Chief Finance Officer was also responsible for issuing procedures, guidance and advice to underpin the financial regulations, and for investigating any breach of the regulations. The Board was asked to note that the IJB did not directly receive or expend cash via a bank account, or employ staff. As a result the Financial Regulations were relatively high level.

The Board was asked to note the content of the report and approve the Financial Regulations as set out in Appendix 1 to the report.

Decision

1. To note the content of the report; and
2. To approve the Financial Regulations as set out in Appendix 1 to the report.

8. IJB FINANCIAL ASSURANCE

A report had been circulated by the Chief Finance Officer setting out the outcome of the financial assurance process on the currently proposed resources to be delegated to the IJB for 2016/17.

The report described the approach to financial assurance and outlined the matters to be taken into account as part of the assurance process.

The approach described in the report would form the basis of reviewing the 2016/17 resources identified in the report by West Lothian Council and NHS Lothian, subject to the status of each bodies 2016/17 budget

plans and information available. In addition, the West Lothian IJB approved Integration Scheme would also inform the approach taken on financial assurance.

In relation to West Lothian Council Resources, it was noted that West Lothian Council had approved its 2016/17 budget on 23 February 2016, including the 2016/17 level of resources associated with functions delegated to the IJB of £66.685 million. This took account of Scottish Government funding to IJBs, provided in the first instance to Health Boards, of £250 million specifically for social care. For West Lothian, the share of the funding had been confirmed as £7.130 million.

As part of the council's approved budget, a number of assumptions had been made in terms of the £7.130 million, and these were set out in the report.

The report provided a tabling summarising the 2014/15 outturn, forecast 2015/16 outturn and approved 2016/17 budget associated with council functions delegated to the IJB.

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

The report went on to examine NHS Lothian Resources.

In relation to NHS Lothian Resources, the Director and Chief Finance Officer advised that:-

- There had been incorrect figures provided by NHS Lothian in relation to the budget allocation and that NHS Lothian had stated that the recalculated figures would be provided to the IJB Chief Finance Officer in the course of the coming week.
- The Strategic Plan and Directions reports (Agenda items 7 and 10) also contained the incorrect figures. The Board was asked to note and agree that the absence of this information created significant problems for the Board in considering and making decisions on these report.

The Board then heard from the Standards Officer who advised that, despite practical difficulties, an adjourned meeting should take place before 1 April to let the Board have the best chance possible of complying with its statutory duties in relation to these reports.

Decision

1. To note the terms of the report.
2. To note advice by the Director and the Chief Finance Officer that:-
 - there had been incorrect figures provided by NHS Lothian in relation to the budget allocation and that NHS Lothian had stated that recalculated figures would be provided to the IJB

Chief Finance Officer in the course of the coming week.

- that the Strategic Plan and Directions reports also contained the incorrect figures.
 - that members should note and agree that the absence of this information created significant problems for the Board in considering and making decisions on these reports.
3. To note advice by the Standards Officer that despite practical difficulties, an adjourned meeting should take place before 1 April to let the Board have the best chance possible of complying with its statutory duties in relation to these report.
4. Therefore, having considered the problems and advice offered and the options open to it, the Board:-
- (a) Agreed that a revised report on Financial Assurance be brought to an adjourned meeting to be held on Thursday 31 March 2016 at 2.00 pm.
 - (b) Agreed that as part of the ongoing need for financial assurance, a report would be brought to a subsequent meeting outlining the final resource allocation by NHS Lothian and assessing the impact of the revised figures.

9. WEST LOTHIAN INTEGRATION JOINT BOARD STRATEGIC PLAN 2016-2026

The Board considered a report (copies of which had been circulated) by the Director summarising the progress made in finalising the draft strategic plan, outlining the responses to the consultation on the Strategic Plan and how these had influenced the plan's development.

The Board did not consider the detailed information contained in the report, given that a decision had been taken earlier in the meeting that an adjourned meeting would take place on Thursday 31 March 2016 for consideration of this and other items of business relating to finances.

Decision

To agree to continue the report to the adjourned meeting, given that the figures presented in the report were subject to change.

10. IJB DIRECTIONS

The Board considered a report (copies of which had been circulated) by the Director seeking approval in respect to West Lothian Council and NHS Lothian in respect of the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014.

The Board did not consider the detailed information contained in the

report, given that a decision had been taken earlier in the meeting that an adjourned meeting would take place on Thursday 31 March 2016 for consideration of this and other items of business relating to finances.

Decision

To agree to continue the report to the adjourned meeting, given that the Chief Finance Officer considered that the figures provided by NHS Lothian were not accurate enough to allow the Board to issue Directions.

11. WORKPLAN

A copy of the workplan had been circulated for information.

Decision

1. To note the workplan.
2. To agree that the Chair write on behalf of the IJB to the Chair of NHS Lothian expressing the Board's concerns over the financial information provided by NHS Lothian and seeking his support and assurance in providing revised budget allocation figures prior to the adjourned meeting of the IJB on 31 March 2016.
3. To record the Board's appreciation of the work undertaken by Rhona Anderson for the IJB and the CHCP and to wish her well for the future.

MINUTE of ADJOURNED MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, CIVIC CENTRE, LIVINGSTON, on 31 MARCH 2016

Present

Voting Members – Councillors Frank Toner (Chair), Alex Joyce, Danny Logue, John McGinty, Anne McMillan, Susan Goldsmith (substitute) and George Walker (substitute).

Non-Voting Members – Marion Barton (substitute for Jim Forrest) Ian Buchanan (Stakeholder Representative), Mairead Hughes (Professional Advisor), Jane Kellock (Chief Social Work Officer) and Patrick Welsh (Chief Finance Officer).

Apologies – David Farquharson, Martin Hill and Julie McDowell (Voting Members) and Jim Forrest, Elaine Duncan, Jane Houston and James McCallum (Non-Voting Members)

In Attendance – Carol Bebbington (Primary Care Manager, NHS Lothian), Alan Bell (Senior Manager, Communities and Information, West Lothian Council), James Millar (Standards Officer) and Steve Field.

1. ORDER OF BUSINESS, INCLUDING NOTICE OF URGENT BUSINESS

The Board agreed a suggestion by the Chair that the report on IJB Financial Assurance (Agenda Item 9) be taken as the first item of business, followed by the Strategic Plan (item 7) and IJB Directions (item 10).

2. DECLARATIONS OF INTEREST

Councillor Logue declared an interest as an employee of NHS Lothian.

Councillor Toner declared an interest as a Non Executive Director, NHS Lothian.

3. IJB FINANCIAL ASSURANCE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the outcome of the financial assurance process on the currently proposed resources to be delegated to the IJB for 2016/17. The report replaced and superseded the previous report issued for the Board meeting on 23 March 2016 which had been adjourned to 31 March 2016.

The report described the approach to financial assurance and outlined the matters to be taken into account as part of the assurance process.

The approach described in the report would form the basis of reviewing the 2016/17 resources identified in the report by West Lothian Council and NHS Lothian, subject to the status of each bodies 2016/17 budget plans and information available. In addition, the West Lothian IJB approved Integration

Scheme would also inform the approach taken on financial assurance.

In relation to West Lothian Council Resources, it was noted that West Lothian Council had approved its 2016/17 budget on 23 February 2016, including the 2016/17 level of resources associated with functions delegated to the IJB of £66.685 million. This took account of Scottish Government funding to IJBs, provided in the first instance to Health Boards, of £250 million specifically for social care. For West Lothian, the share of the funding had been confirmed as £7.130 million.

As part of the council's approved budget, a number of assumptions had been made in terms of the £7.130 million, and these were set out in the report.

The report provided a table summarising the 2014/15 outturn, forecast 2015/16 outturn and approved 2016/17 budget associated with council functions delegated to the IJB.

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

In relation to NHS Lothian resources, it was noted that given the ongoing work to progress and balance the NHS Lothian 2016/17 budget, the West Lothian IJB position was indicative at this stage. Full financial assurance of the 2016/17 NHS Lothian contribution to the IJB was not possible at this time and given information of IJB related spend in previous years was fully available, the focus of the assurance would be on the current 2016/17 indicative IJB budget and assumptions attached to these resources. The report provided a table showing an indicative 2016/17 contribution of £133.571 million for the IJB from NHS Lothian, reflecting a £3.077 million increase from the 2015/16 base budget associated with IJB delegated functions.

The split of the £133.571 million between the three elements of the NHS Lothian contribution to the IJB was shown in a table within the report. Further details on the indicative £133.571 million was shown in Appendix 2 to the report, including the split of functions between the payment to the IJB and the share of acute set aside.

In respect of the NHS payment (excluding acute set aside) there was an assumption that £2.287 million of low to medium risk savings would be achieved. In addition, further measures of approximately £2.5 million would also require to be identified to manage anticipated spend within the £104.380 million payment to the IJB.

In respect of overall acute services, substantial savings were required to ensure a balanced budget position could be achieved in 2016/17. For the purposes of IJB strategic planning a notional share of resources totalling £29.191 million had been estimated as West Lothian's share of resources associated with delegated acute functions.

The Director of Finance, NHS Lothian amplified aspects of the information contained in the report. In addition, an offer was made to provide Board members with information reconciling the current indicative budget figures with those presented to the 23 March meeting, and information about health board

budget-setting arrangements and processes.

The report then went on to examine the key risk and uncertainties.

Taking account of the budget resources identified in the report, the indicative level of 2016/17 resources associated with IJB functions was £200,256 million.

The Chief Finance Officer went on to advise that a further report on financial assurance would be provided to the Board following NHS Lothian having finalised their 2016/17 budget plans. Any amendments required to the NHS Lothian budget contribution to the IJB would be taken account of as part of this report, and reflected in revised Directions as necessary.

In addition, financial assurance would be ongoing during the year as part of regular financial reporting on the 2016/17 resources associated with IJB functions.

Finally, questions raised by Board members were dealt with by the Chief Finance Officer and the Director of Finance, NHS Lothian.

It was recommended that the IJB:-

1. Note the financial assurance work undertaken to date;
2. Agree the allocation of the Social Care Fund resources, taking account of Scottish Government requirements;
3. Agree the approved council resources and indicative NHS Lothian resources were allocated back to Partners, via Directions, to operationally deliver and financially manage IJB delegated functions from 1 April 2016; and
4. Agree that a further report on financial assurance would be provided to the IJB following the conclusion of the NHS Lothian 2016/17 budget process.

Decision

1. To note the financial assurance work undertaken to date;
2. To agree the allocation of the Social Care Fund resources, taking account of Scottish Government requirements;
3. To agree the approved council resources and indicative NHS Lothian resources were allocated back to Partners, via Directions, to operationally deliver and financially manage IJB delegated functions from 1 April 2016;
4. To agree that a further report on financial assurance would be provided to the IJB following the conclusion of the NHS Lothian 2016/17 budget process.
5. To note advice by the Director of Finance, NHS Lothian that:-
 - The NRAC funding for West Lothian used to balance the change to

allocating prescribing budgets in 2016/17 (and ensure no detriment to West Lothian) was recurring and would continue to be provided on a recurring basis for the West Lothian prescribing budget.

- It was anticipated that the budget alignment process for NHS could be brought forward to better align with the councils for 17/18, and agree a budget in advance of April.
6. To agree to accept the offer extended by the Director of Finance, NHS Lothian and the IJB Chief Finance Officer that members be provided with information reconciling the current indicative budget figures with those presented to the 23 March meeting, and information about health board budget-setting arrangements and processes.
 7. To agree that the IJB write to NHS Lothian requesting that, for future years, NHS Lothian confirm their resource allocation in advance of the financial assurance work being undertaken for the start of the financial year.

4. WEST LOTHIAN INTEGRATION JOINT BOARD STRATEGIC PLAN 2016-2026

The Board considered a report (copies of which had been circulated) summarising the progress made in finalising the draft strategic plan, outlining the responses to the consultation on the Strategic Plan and how these had influenced the plan's development. It was noted that the report replaced and superseded the previous report issued for the Board meeting on 23 March 2016 which had been adjourned to 31 March 2016.

The report recalled that consultation on the Strategic Plan ran from 1 November to 31 December 2015 and included a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers. 23 responses had been received: 6 from individuals and 17 on behalf of groups.

Views of respondents had been considered and the Strategic Plan had been substantially revised to take account of the consultation feedback and input from the Strategic Planning Group. The main themes from the consultation were detailed in the consultation response statement in Appendix 2 to the report. Appendix 1 was the final draft Strategic Plan.

It was noted that the plan was a high level plan linked to achieving outcomes and making best use of the resources available through strategic commissioning approaches. The resources accurately reflected the resources associated with West Lothian delegated functions.

The Board was asked to:

- Note the contents of the report
- Note the progress made in finalising the Draft Strategic Plan

- Note how the consultation responses had informed the development of the final draft of the plan
- Approve the Strategic Plan

Decision

1. To note the contents of the report.
2. To note the progress made in finalising the Draft Strategic Plan.
3. To note how the consultation responses had informed the development of the final draft of the plan.
4. To approve the Strategic Plan.

5. IJB DIRECTIONS

The Board considered a report (copies of which had been circulated) by the Director seeking approval in respect of directions to West Lothian Council and NHS Lothian in respect of the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working (Scotland) Act 2014.

The Board was asked to note that the report replaced and superseded the previous report issued for the Board meeting on 23 March 2015 which had been adjourned to 31 March 2016.

The report informed the Board that each direction would take the form of a letter from the Director referring to the arrangements for delivery set out in the Strategic Plan. The directions would include a requirement of West Lothian Council and NHS Lothian to work with the Chief Officer and officers of the IJB to develop care group commissioning plans and bring them to the IJB for consideration and approval in accordance with a schedule to be agreed by the IJB at its meeting on 5 April 2016.

It was noted that, for future years, the number of directions and the level of detail provided in them was likely to be developed to reflect the level of detail in the various commissioning plans.

Appendices 1 - 4 to the report detailed the directions to be issued, the purpose, the function to be addressed, the funding associated, the relevant outcomes, and how performance would be monitored and reported back.

It was noted that the financial resources associated with directions represented resources at a point in time. NHS resources were noted as being indicative given work continued to achieve a balanced 2016/17 budget position. Upon approval of the NHS Lothian Local Delivery Plan and associated 2016/17 budget plan, it might be necessary to amend directions to NHS Lothian. Otherwise it was not anticipated that resources associated with directions would be changed for normal minor changes and movements in budget resources, but revised directions might be necessary to take account of material factors such as additional funding received during the course of the

year.

The Board was recommended to agree to issue directions to West Lothian council and NHS Lothian in respect of the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014 as detailed in the appendices to the report.

Decision

1. To note the terms of the report; and
2. To agree to issue directions to West Lothian Council and NHS Lothian in respect of the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2015 as detailed in the appendices to the report.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 5 APRIL 2016.

Present

Voting Members – Councillors Frank Toner (Chair), Julie McDowell (Vice-Chair), Martin Hill, Danny Logue, John McGinty, Anne McMillan,. Alison Meiklejohn (substitute).

Non-Voting Members – Ian Buchanan (Stakeholder Representative), Elaine Duncan (Professional Advisor), Jim Forrest (Director), Jane Houston (Staff Representative), Mairead Hughes (Professional Advisor), Pamela Main (substitute for Jane Kellock), Mary-Denise McKernan (Stakeholder Representative), Robin Strang (Stakeholder Representative), Patrick Welsh (Finance Officer)

Apologies – David Farquharson, Alex Joyce, James McCallum and Martin Murray

In Attendance – Marion Barton, Head of Health Services), Alan Bell (Senior Manager, Communities and Information, WLC), James Millar (Standards Officer).

1. DECLARATIONS OF INTEREST

Councillor Danny Logue declared an interest as an employee of NHS Lothian.

2. AUDIT COMMITTEE

The Committee considered a report (copies of which had been circulated) by the Director concerning the establishment of an Audit Committee to assist the Board in compliance with statutory duties and contribute to good governance arrangements for the Board and its committees.

The report recalled that, following a decision on 20 October 2015 that a report should be brought to a future meeting to establish an Audit Committee, the Board had considered the matter on 16 February 2016 when some matters could not be agreed.

The matters still to be agreed related to the remit and name for the proposed Audit Committee, the members of the committee, and the appointment of the Chair and Vice-Chair of the committee.

Appendix 1 to the report was the remit proposed to the Board at its February meeting, and some suggested additions were shown in bold type to make more explicit the committee's role in relation to risk and the wider field of corporate governance.

It was recommended that the Board :-

1. consider and approve the revised remit and change of name for the proposed Audit Committee, as set out in the appendix to the report.
2. agree the remaining members of the committee
3. appoint the chair and Vic-Chair of the committee

Decision

1. To note the terms of the report.
2. To approve the revised remit and change of name for the proposed Audit Committee, as set out in the appendix to the report.
3. To agree to appoint the following members to the Committee:-
 - Jane Houston and Martin Murray (non-voting members)
 - Martin Hill and Julie McDowell (voting members appointed by NHS Lothian)
 - Anne McMillan and Danny Logue (voting members appointed by West Lothian Council)
4. To agree that Julie McDowell be appointed as Chair of the Audit Risk and Governance Committee and that Anne McMillan be appointed as Vice Chair.

3. SCHEDULE OF MEETINGS 2016/17

The Board considered a report (copies of which had been circulated) by the Director outlining a proposed schedule of meetings for the IJB until June 2017.

It was noted that, under Standing Orders, the IJB was required to approve a timetable of ordinary meetings, which should be held at least six times in each financial year.

The Director explained that dates had been drafted after taking into account available date and time opportunities within NHS Lothian and West Lothian Council meeting calendars. The report provided a list of seven meeting dates. It was proposed that the IJB meetings continued to be held in Strathbrock Partnership Centre, Broxburn, as this building met requirements for accessibility, parking and meeting space.

During discussion, the Board noted concerns relating to the availability of NHS Lothian members and noted, in particular, that David Farquharson was not available on a Tuesday and that Martin Hall was not available on the last Tuesday of each month.

The Director undertook to convey the Board's comments to the Chair, NHS Lothian and to report back to the next meeting.

Decision

To agree to set dates for the next two meetings as undernoted:-

- 31 May 2016 at 2.00 pm
- 23 August 2016 at 2.00 pm.

4. STANDING ORDERS AND CODE OF CONDUCT

The Board considered a report (copies of which had been circulated) by the Director seeking approval to make changes to the Board's Standing Orders.

The Standing Orders adopted by the Board on 20 October 2015 were attached as Appendix 3, and the schedule of definitions and terminology had now been populated.

The report proposed one specific change to Standing Orders, and was an issue which had been flagged up on several occasions. The proposed change was shown in bold type in the copy of Standing Order 9.12 in Appendix 1. This related to members disclosing any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the IJB.

Appendix 2 to the report was an extract of the Code of Conduct adopted by the Board, showing the changes proposed.

It was recommended that the Board:-

1. review the Board's Standing Orders (Appendix 3 to the report) and determine if any changes should be made.
2. approve the change to Standing Order 9.12 in relation to amended legislation affecting members declaring interests and withdrawing from meetings (Appendix 1 to the report).
3. approve the changes to paragraphs 5.6 and 5.7 of the interim Code of Conduct in relation to amended legislation affecting members declaring interests and withdrawing from meetings (Appendix 2 to the report).

Decision

1. To note the terms of the report.
2. To approve the change to Standing Order 9.12 as recommended by the IJB Standards Officer.
3. To approve the changes to paragraphs 5.6 and 5.7 of the interim Code of Conduct as recommended by the IJB Standards Officer.

5. TERMS OF REFERENCE FOR COMMISSIONING PLAN WORKING GROUPS

The Board considered a report (copies of which had been circulated) by the Director seeking approval of the Terms of Reference for Commissioning Plan Working Groups as detailed in Appendix 1 to the report.

Appendix 1 set out the remit of the Working Group and it was noted that the group would report to the Strategic Planning Group in accordance with the overall schedule for the delivery of the commissioning plan. The paper showing the overall schedule would be circulated to Board members following the meeting. Appendix 1 also set out proposed arrangements for membership of the group.

It was recommended that the Board agree the Terms of Reference for Commissioning Plan Working Groups as detailed in Appendix 1.

During discussion, officers provided advice concerning branding. On this matter, it was agreed that the use of West Lothian Health and Social Care Partnership logo (as shown in Appendix 1 to the report) was appropriate and should continue.

Decision

1. To note the Terms of Reference for Commissioning Plan Working Groups as detailed in Appendix 1 to the report.
2. To note advice by officers concerning branding and to agree that the use of West Lothian Health and Social Care Partnership logo (as shown in Appendix 1 to the report) was appropriate and should continue.
3. To note that a paper showing the overall schedule for the delivery of the commissioning plan would be circulated to Board members.

6. IJB MEMBER INDUCTION

The Board considered a report (copies of which had been circulated) by the Director setting out a proposal for further progressing induction for IJB members.

The report recalled that induction sessions had been held on 19th August 2015 which provided a broad overview of key themes. A further repeat session was held on 9th February 2016 which targeted and enabled new non-voting members and senior managers to participate in a briefing along similar lines. Appendix 1 to the report was an overview of the topics covered.

In addition to these sessions, it had previously been suggested that Board Members undertake a series of visits and to meet a range of teams in order to familiarise themselves with current service provision and

environments.

It was now proposed that the Board be given the opportunity to potentially undertake planned visits to some of the following areas:-

- Fauldhouse Partnership Centre
- Strathbrock Partnership Centre
- Eliburn Day Centre
- Craigmair or Colineshiel
- East Calder Health Centre
- Forrest Walk, Uphall

Appendix 2 to the report provided further details of the proposed visits.

It was also proposed that the Board consider a session where they could meet with Teams who would present an overview of the care they delivered, and suggested teams were:-

- REACT
- Crisis Care
- Reablement
- DASAT and
- ADP

Although specific dates had not been outlined, it was proposed that the visits and meeting of the Teams followed the themes and timing of areas to be covered at the Board.

The Board was asked to endorse the proposed approach and content of Board member induction as outlined in the report.

Decision

1. To endorse the proposed approach and content of Board member education as outlined in the report.
2. To agree that plans be developed for two visits, and that a paper would come back to the Board in due course.

7. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.

Date: 31 May 2016

Agenda Item: 5

Running Action Note for West Lothian Integration Joint Board 2016

Number	Action Note reference	Matter arising and responsible officer	Action taken	Outcome
1	Action Note 16/2/16 005	<u>Draft Minute of WLSPG held on 3 December 2015</u> Following advice from the Standards Officer, the Board agreed that the membership of the Strategic Planning Group be reviewed after 6 months of operation and that a paper be brought to the Board at the appropriate time for consideration. Action: James Millar	Noted.	Report will be produced in due course.
2	Action Note 23/3/16	<u>IJB Financial Assurance</u> Agreed that as part of the ongoing need for financial assurance a report was to be brought to a subsequent meeting outlining the final resource allocation by NHS Lothian and assessing the impact of the revised figures.	Report will be prepared for IJB following confirmation of the final resource allocation by NHS Lothian.	Report will be produced in due course
3	Action Note 05/04/16	<u>IJB Member Induction</u> Agreed that plans be developed for two visits, and that a paper would come back to the Board in due course.	Noted	Report will be produced in due course.

25 May 2016

West Lothian Integration Joint Board

Date: 31 May 2016

Agenda Item: **6**

SCHEDULE OF MEETINGS 2016/17

REPORT BY DIRECTOR

A PURPOSE OF REPORT

Meeting dates for West Lothian Integration Joint Board have been set until 23 August 2016. This report outlines a proposed schedule of further meetings until June 2017 following discussions since the Board's last meeting.

B RECOMMENDATION

The Board is asked to agree the proposed schedule of meetings.

C TERMS OF REPORT

Standing Orders for the Board stipulate that the Board shall at least annually approve a timetable of ordinary meetings, which shall be held at least six times in each financial year. The Board considered proposed dates at its last meeting. It agreed that a meeting should take place on 23 August, but that further discussions should take place about potential dates before further decisions were made.

As part of those discussions, the requirements of the legislation about approval of the Board's annual accounts have been considered and Audit Scotland has provided information about their timescales for completing and reporting on their audit work. A separate report is on the agenda in relation to those legislative requirements.

Audit Scotland advised that the date by which the annual accounts have to be approved is 30 September each year. However, the legislation only requires that the Board is to "aim" to have that process completed by that date. Audit Scotland has indicated that its report will not be ready in time for the meeting on 23 August. It will be lawful for the audited accounts and auditor's report to be dealt with at the meeting proposed for 18 October, so long as the accounts are published before 31 October.

To ensure compliance with the Board's Standing Orders and provide Board members with as much notice of meeting arrangements as possible, it is proposed that the following dates, in addition to the meeting already set for 23 August, are agreed for Board meetings after August 2016 until June 2017:-

2016:-

- 18 October - 2.00 pm
- 29 November - 2.00 pm

2017:-

- 31 January - 2.00 pm
- 14 March - 2.00 pm
- 20 April - **10.00 am**
- 27 June - 2.00 pm

It is also proposed that the IJB meetings continue to be held in Strathbrock Partnership Centre, Broxburn, as this building meets requirements for accessibility, parking and meeting space.

D CONSULTATION

Dates were drafted after taking into account legislative requirements and available date and time opportunities within NHS Lothian and West Lothian Council meeting calendars. Audit Scotland was consulted.

E REFERENCES/BACKGROUND

Local Authority Accounts (Scotland) Regulations 2014

West Lothian Integration Joint Board Standing Orders

Board meeting on 5 April 2016

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.
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 Standing Orders and legislative requirements outlined in report

Risk Non-compliance with Standing Orders and legislative requirements

H CONTACT

Jim Forrest, Director, 01506 281002, Jim.Forrest@westlothian.gov.uk

31 May 2016

West Lothian Integration Joint Board

Date: 31 May 2016

Agenda Item: 7

CODE OF CONDUCT

REPORT BY STANDARDS OFFICER

A PURPOSE OF REPORT

To inform Board members of the revised Model Code of Conduct and seek its adoption for submission to the Scottish Ministers for approval.

B RECOMMENDATIONS

1. To note that the Scottish Ministers have issued a Model Code of Conduct for Members of Integration Joint Boards (Appendix 1)
2. To adopt the Model Code for submission to the Ministers for approval, but with amendments to Paragraphs 1.8, 5.4, 5.15 and 6.8 to direct Board members to the Standards Officer for advice, rather than to the Chair
3. To note the recent issue by the Standards Commission of further guidance to members of devolved public bodies on relationships with employees, and the use of social media

C TERMS OF REPORT

1.0 Interim Code of Conduct

- 1.1 On 20 October 2015 the Board adopted a Code of Conduct on an interim basis, pending the conclusion of work being undertaken by the Scottish Government and the Standards Commission for Scotland to produce a Model Code specifically designed for IJBs as a specific type of public body. That interim Code was based on a more generic earlier Model Code designed for all devolved public bodies, with some adaptations and additions which officers felt were appropriate to reflect the peculiar nature of IJBs.

2.0 Model Code for Integration Joint Boards

- 2.1** The Scottish Government and Standards Commission issued in 1 April 2016 a new Model Code and requested that all IJBs consider it and adopt it for future use by their IJB members. They did leave room for each IJB to make changes to it “in exceptional circumstances” but any such changes will require approval when adoption of the Code is reported back to Ministers.
- 2.2** The new Model Code is attached. In drafting it, many of the representations made in relation to the draft have been accepted, and it is almost identical to the interim Code adopted by the Board in October last year. there are some changes in relation to wording and layout, but very few of any significance for Board members. There is one issue which members are invited to consider specifically in relation to making a change to the Model Code.

3.0 Points to note

- 3.1** The matters to note but which it is not felt cause any concern or should lead to any departure from the Model Code are as follows:-
- The addition of references to statutory guidance “Roles, Responsibilities and Membership of the Integration Joint Board” as documents to assist Board members in understanding their role and responsibilities.
 - The deletion of references to statutory guidance on the Councillors’ Code of Conduct and on the Code of Conduct for Members of Devolved Public Bodies as documents to assist Board members in that task
 - The addition of advice to Board members to be aware of and familiar with the Board’s own Standing Orders
 - A clear, although unnecessary, statement that the rules about registering remuneration apply to employees of councils and health boards appointed to be IJB members by virtue of their employment (e.g., Chief Social Work Officer and Clinical Director)
 - A further such statement that an IJB member appointed by virtue of membership of a particular group should register that membership as an interest (e.g., trade union membership for staff representatives)
 - The retention of the “dispensation” which does not require a Board member appointed as a councillor or council employee, or as a health board member or employee, to declare that as an interest at meetings. A declaration may still be required if in the particular circumstances the interest goes beyond the simple fact of that membership or employment

4.0 Recommended change

- 4.1** The more significant change which members are asked to consider is the inclusion of the statement that Board members who are concerned about their position in relation to the Code of Conduct should first of all seek advice from the Chair. Representations were made in relation to the draft Model Code to change that to a seeking advice from the IJB's Standards Officer. That was felt to be inappropriate since (a) the Chair is also a Board member, (b) the Chair may be appointed from a different organisation to that of the member seeking advice, and (c) Board members may not feel comfortable in disclosing confidential or personal information to the Chair in seeking advice.
- 4.2** It is disappointing that those representations were not taken on board, since each IJB requires to appoint a Standards Officer with experience and specialist knowledge of ethical conduct issues and with the statutory responsibility for maintaining the Register of Interests. It is especially disappointing since the Standards Commission itself issued guidance in January 2016 in relation to the role of the Standards Officer which says that the Standards Officer should contribute to the promotion and maintenance of high standards of conduct by providing advice and support to members on the interpretation and application of the Code of Conduct, and should ensure the body has in place a consistent approach to obtaining and recording declarations of interest at the start of its meetings
- 4.3** For those reasons it is recommended that the references in the Model Code be changed to direct Board members to the Standards Officer in the first instance, rather than the Chair.

5.0 Further procedure

- 5.1** Once the Code is adopted, notification is sent to the Ministers with an explanation for any departures, and the Ministers then have to approve the adopted Code (or otherwise).
- 5.2** The revised Code makes no difference to the procedures already in place in relation to the Register of Interests. Once it is adopted, Board members will be asked to review the interests they have already registered, and then the Register will be made available to the public for inspection through the internet. After that, a pattern of bi-annual reminders and reviews will be applied.

6.0 Additional Statutory Guidance

- 6.1** There is existing guidance for all members of devolved public bodies in relation the generic Code of Conduct. The Standards Commission has also issued in January 2016 two further pieces of statutory guidance:-
- "Advice on Relations between Members and Employees of Devolved Public Bodies". The IJB is a devolved public body and so the guidance is relevant and applies to Board members. Some of the terminology has to be read in a slightly different way, since it deals with employees of such a body, and the IJB does not have its own employees. It does however provide some useful advice on relations between Board members and employees of the council and health board who support the IJB

- “Advice on the Use of Social Media for Members of Devolved Public Bodies”, which sets out some straightforward advice about appropriate and inappropriate use

6.2 The contents of those last two documents are beyond the scope of this report, but Board members may wish to consider, having read them over, if a training session on the Code and Guidance would be of value.

D CONSULTATION

None

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

Integration Joint Board, 20 October 2015 and 5 April 2016

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

“Roles, Responsibilities and Membership of the Integration Joint Board” as documents to assist Board members in understanding their role and responsibilities (<http://www.gov.scot/Resource/0048/00484578.pdf>)

“Advice on Relations between Members and Employees of Devolved Public Bodies” (<http://www.standardscommissionscotland.org.uk/uploads/files/1452184352151218AdviceonRelationsbetweenMembersandEmployeesofDPBs.pdf>)

“Advice on the Use of Social Media for Members of Devolved Public Bodies” (<http://www.standardscommissionscotland.org.uk/uploads/files/1452184748151218SocialMediaAdviceforMembersofDPBs.pdf>)

F APPENDICES

1 - Model Code of Conduct for Members of Integration Joint Boards (April 2016)

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted
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National Health and Wellbeing Outcomes	N/A
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Strategic Plan Outcomes	N/A
Single Outcome Agreement	N/A
Impact on other Lothian IJBs	N/A
Resource/finance	None
Policy/Legal	Legislative references in Part E
Risk	Failure to have appropriate procedures in place to ensure statutory compliance and good governance arrangements risk successful delivery of the integrated functions

H CONTACT

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

Date of meeting: 31 May 2016

APPENDIX 1

(MODEL)
CODE of CONDUCT
for
MEMBERS
of
Name of the Integration Joint Board

CODE OF CONDUCT for MEMBERS of *Name of the Integration Joint Board*

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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 2000 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 2000 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 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 2000 Act.

1.4 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of *Name of Integration Joint Board*, “the 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.

This Code applies when you are acting as a member of *Name of the IJB* and you may also be subject to another Code of Conduct.

Appointments to the Boards of Public Bodies

1.5 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at <http://www.appointed-for-scotland.org/>.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance, which also includes information on Equality Duties and Diversity.

APPENDIX 1

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government's equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board 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 a board's 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 on which you serve and of wider diversity and equality issues.

1.6 You should also familiarise yourself with how the *Name of the IJB* policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members 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 in the first instance seek advice from the Chair of the IJB. 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" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

Enforcement

1.10 Part 2 of the 2000 Act 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 *Name of the IJB* and in accordance with the core functions and duties of the IJB.

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 *Name 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 *Name of 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 *Name of the IJB* and its members in conducting public business.

Respect

You must respect fellow members of *Name of the IJB* and employees of related organisations supporting the operation of the IJB and the role they play, treating

APPENDIX 1

them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of *Name of IJB*.

2.2 You should apply the principles of this Code to your dealings with fellow members of *Name of IJB*, employees of related organisations supporting the operation of the IJB 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 *Name 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 and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for *Name of IJB*, which govern the Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

Relationship with IJB Members and Employees of Related Organisations

3.3 You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB 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 and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of *Name of the IJB* you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum 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 applying to 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

APPENDIX 1

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 your 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 that *Name of IJB* may be involved in determining, or who is seeking to do business with your *IJB*, 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 *Name of the IJB* then, as a general rule, you should ensure that your IJB pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 As a member of a devolved public body, you should familiarise yourself 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 *Name 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

APPENDIX 1

personal or financial gain or for political purposes or used in such a way as to bring *Name of IJB* into disrepute.

Use of Health Board or Local Authority Facilities by Members of the IJB

3.13 Members of *Name of IJB* 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 Health Board or local authority 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 *Name of IJB*.

Appointment to Partner Organisations

3.14 In the unlikely circumstances that you may be appointed, or nominated by *Name of the IJB*, as a member of another body or organisation, 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 their 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 IJB’s 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

¹ SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

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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.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.

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.

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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 of which you are a member:

- (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 body to which you are appointed.

4.18 The test to be applied when considering 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 body to which you are appointed 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.

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

4.20 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

4.21 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 to which you are appointed. 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. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.

4.22 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 proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For further detail on the declaration requirements of *Name of IJB*, you can refer to the IJB's Standing Orders.

5.2 IJBs 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 *Name of the IJB* 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

APPENDIX 1

as so significant that it is likely to prejudice your discussion or decision making in your role as a member of *Name of the IJB*. You will wish to familiarise yourself with your IJB's standing orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. 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 a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair in the first instance.

5.5 As a member of *Name of the IJB* you might *also* 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. 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. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB 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.

Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms 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 paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 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 an IJB. 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 an IJB as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 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). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or
- you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014,

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

A 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 integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 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.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

APPENDIX 1

A 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 integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 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 co-habitee;
- (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.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 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 IJB and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

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

APPENDIX 1

- (i) a spouse, a civil partner or a co-habitee;
- (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.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 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.

5.14 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 but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity 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

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial

APPENDIX 1

interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.

5.17 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 MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for *Name of 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 *Name of 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. You should also familiarise yourself with the “Roles, Responsibilities and Membership” guidance for members of an Integration Joint Board.

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 *Name 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 *Name of 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 *Name of IJB*.

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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 relating to health and social care:-

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members.

This does not prevent 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.

Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

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 the chair of *Name of the IJB* in the first instance.

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.

APPENDIX 1

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

ANNEX B

DEFINITIONS AND EXPLANATORY NOTES

“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.

West Lothian Integration Joint Board

Date: 31st May 2016

Agenda Item: **8**

STRATEGIC PLAN IMPACT ASSESSMENT

CONSULTANT IN PUBLIC HEALTH

A PURPOSE OF REPORT

The purpose of this report is to present the Integrated Impact Assessment carried out on the Strategic Plan

B RECOMMENDATION

The Integration Joint Board is recommended to:

Approve the recommendations of the Impact Assessment on the Strategic Plan

Approve the use of the Integrated Impact Assessment process for subsequent commissioning and other plans

C TERMS OF REPORT

Members of the Strategic Planning Group met on 18th January 2016 to carry out an impact assessment of the draft Strategic Plan.

The process used the guidance for Integrated Impact Assessment that has been developed as a partnership with NHS Lothian and the four Lothian councils, including West Lothian Council. This assessment meets the requirements for Equality Impact Assessment and therefore includes explicit consideration of the needs of people with protected characteristics as defined in the Equality Act (2010). It also considers the potential for wider impacts on other vulnerable population groups and determinants of health.

The recommendations were discussed and approved by the Strategic Planning Group at its meeting in February.

The completed impact assessment report is given in Appendix 1.

The recommendations made in the impact assessment are as follows:

- The Plan should make clear that operational responsibilities for children's and adult services remain combined under the same Director, as now.
- There should be clear strategic links made with corresponding plans and governance structures for children's services.
- The Engagement Plan should include actions to engage with the voluntary sector, and with vulnerable groups including, but not only, people with protected characteristics. It should identify ways to engage with people with communication needs.
- The needs assessments for client group and locality plans should include local intelligence to ensure services are best directed to people with the greatest needs.
- There should be training in the use of 'teachback' for health and social care staff.
- The relevant needs assessment should consider differing needs of men and women as they age.
- There should be consideration of the needs of refugees.
- The strategic plan and commissioning plans should continue to focus on prevention and addressing health inequalities.

D CONSULTATION

The IIA report details those present at the impact assessment meeting.

E REFERENCES/BACKGROUND

Guidance for integrated impact assessment is available at:
<http://www.nhslothian.scot.nhs.uk/YourRights/EqualityDiversity/ImpactAssessment/Pages/default.aspx>

F APPENDICES

1. Integrated Impact Assessment report

G SUMMARY OF IMPLICATIONS

Equality/Health	The report concerns the equality impact assessment of the Strategic Plan.
National Health and Wellbeing Outcomes	The Strategic Plan requires to contribute to these outcomes.
Strategic Plan Outcomes	
Single Outcome Agreement	
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	The Equality Act requires completion of an impact assessment.
Risk	The risk is the potential legal implications of failing to carry out and give due regard to the impact assessment.

H CONTACT

Dr Margaret Douglas, Margaret.j.douglas@nhslothian.scot.nhs.uk

31st May 2016

Appendix: Integrated Impact Assessment Report

Summary Report Template

Audit Risk level

(Risk level will be added by Equalities Officer)

Each of the numbered sections below must be completed

Interim report		Final report	√	(Tick as appropriate)
----------------	--	--------------	---	-----------------------

1. Title of plan, policy or strategy being assessed

West Lothian draft Health and Social Care Strategic Plan

2. What will change as a result of this proposal?

The Strategic Plan aims to increase wellbeing and reduce health inequalities across all communities in West Lothian. The draft plan focuses on prevention, early intervention and collaborative working. It aims to target resources on those most in need. The group recognised that the Strategic Plan itself is a high level document setting out the overall approach to Strategic Commissioning and key outcomes to be achieved. The detail of delivery plans will be expressed in more detailed commissioning plans for client groups.

There will be more consideration of acute services in commissioning plans than previously; this may involve development of a commissioning plan for acute services or embedding acute services within each of the care group plans.

The Plan identifies two localities within West Lothian, which provides an opportunity to ensure services are appropriate for specific local needs.

3. Briefly describe public involvement in this proposal to date and planned

A public consultation on the Strategic Plan has just ended. An engagement plan for future engagement is being developed.

4. Date of IIA

18 January 2016

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training	Email
Margaret Douglas	Consultant in Public Health (facilitator)	Member of IIA steering group	Margaret.j.douglas@nhslothian.scot.nhs.uk
Robert Naysmith	Clinical Director Public Dental Service		
Ian Buchanan	Chair, Public Partnership Forum		
Martin Murray	Staff side representative		
Robert Telfer	Scottish Care		
Charles Swan	Group Manager, Older People		
Pamela Main	Senior Manager, Community Care		
Marion Christie	Head of Health		
Carol Bebbington	Senior Manager, Primary Care & Business Support		
Alan Bell	Senior Manager, Community Care		
Jane Kellock	Interim Head of Social Policy		
Gillian Amos	Senior Health Promotion Specialist		
Linda Middlemist	Team Manager - Health Improvement		

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need		<ul style="list-style-type: none"> Life expectancy has increased steadily in the last ten years in West Lothian and is now 77.5 year for men and 80.2 years for women. However there are differences between geographical areas. Life

Evidence	Available?	Comments: what does the evidence tell you?
		<p>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 reflect wider socio-economic inequalities. It will be important for the Health and Social Care Partnership to engage with other partners to address these.</p> <ul style="list-style-type: none"> • Overall, mortality in West Lothian is higher than Lothian and Scotland. • West Lothian is less affluent than many other parts of Lothian and has a higher proportion of people in the most deprived areas. The health of its population reflects the social and economic circumstances of residents. • Health is generally poorer in the West locality, but mortality rates have converged over recent years. • West Lothian's population is increasing in all age groups. • Projections to 2037 show that within Lothian, West Lothian has the highest rate of increase of older people. This is very likely to mean an increase in demand for health and care. Preventive interventions are important to reduce the impact of increasing multi-morbidity on

Evidence	Available?	Comments: what does the evidence tell you?
		<p>health and service utilisation.</p> <ul style="list-style-type: none"> • The proportion of single adult households is increasing and will be more than a third of households by 2037. This has potential implications for health and for the provision of care services. • Currently 44% of working people in West Lothian commute to work in other local authority areas. • Some further information is presented below.
Data on service uptake/access		West Lothian has high unplanned admission rates compared with the rest of Lothian. Further analysis is required to understand the reasons for this.
Data on equality outcomes		
Research/literature evidence		
Public/patient/client experience information		
Evidence of inclusive engagement of service users and involvement findings		An engagement plan is being developed
Evidence of unmet need		
Good practice guidelines		The Strategic Plan has been developed in line with SG guidance for IJBs.
Environmental data		
Risk from cumulative impacts		
Other (please specify)		

Evidence	Available?	Comments: what does the evidence tell you?
Additional evidence required		

7. In summary, what impacts were identified and which groups will they affect?

<p>Equality, Health and Wellbeing and Human Rights</p> <p>Positive</p> <p>The detailed commissioning plans will ensure high quality services for client groups, based on evidence of needs.</p> <p>Differential needs of men and women as they age will need to be taken into account.</p> <p>The locality and client group needs assessments will enable local intelligence to be used to improve outcomes for vulnerable groups</p> <p>The focus on prevention and health inequalities will support continuing improvements in health</p> <p>Self directed support will increase individuals' control over their own care.</p> <p>Negative</p> <p>Specific consideration may be required for refugees.</p>	<p>Affected populations</p> <p>Identified client groups - include older people, people with disabilities, people with mental health problems and people with substance misuse, carers</p> <p>People in localities/client groups</p> <p>Whole population</p> <p>People receiving SDS</p> <p>Refugees</p>
<p>Environment and Sustainability</p> <p>Positive</p> <p>There may be opportunities for co-location of services which could reduce the need to travel, increase access to services and improve public space.</p> <p>The Plan will include a Housing Contribution Statement, which could strengthen links between housing, health and social care and support housing provision for vulnerable individuals. In addition, high quality services</p>	<p>Affected populations</p> <p>Staff/clients of co-located services</p> <p>People at risk of homelessness</p>

for some vulnerable clients can help them gain and maintain security of tenure and high quality support services will help to prevent homelessness.	
Negative	
None identified	

Economic	Affected populations
Positive	
There will be development opportunities for staff due to further integration, and the development of the workforce plan.	Staff
There will be further volunteering opportunities	New volunteers
There is potential for greater links between health and social care services and services such as welfare advice, adult education and employability	Whole population, particularly those vulnerable to falling into poverty
Negative	
Redesign may result in changes in roles, which some staff may find challenging.	Staff

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights , environmental and sustainability issues be addressed?

These will be addressed through the procurement process

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by hearing loss, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

An engagement plan is being developed.

In addition there may be opportunities to enhance communications with individual patients and clients through use of programmes e.g. 'teachback'.

10. Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005? (see Section 4)

No

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

No further evidence is thought to be needed for this impact assessment. Further evidence will be collated for commissioning plans and locality plans.

12. Recommendations (these should be drawn from 6 – 11 above)

- The Plan should make clear that operational responsibilities for children's and adult services remain combined under the same Director, as now.
- There should be clear strategic links made with corresponding plans and governance structures for children's services.
- The Engagement Plan should include actions to engage with the voluntary sector, and with vulnerable groups including, but not only, people with protected characteristics. It should identify ways to engage with people with communication needs.
- The needs assessments for client group and locality plans should include local intelligence to ensure services are best directed to people with the greatest needs.
- There should be training in the use of 'teachback' for health and social care staff.
- The relevant needs assessment should consider differing needs of men and women as they age.
- There should be consideration of the needs of refugees.
- The strategic plan and commissioning plans should continue to focus on prevention and addressing health inequalities.

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Ensure communications about Strategic Plan clarify that operational responsibilities are unchanged	HSP Senior Management team	Sep 2016	Sep 2016
Ensure strategic links with plans and governance structures for children's services	HSP Senior Management team	Sep 2016	Sep 2016
Ensure Engagement Plan includes engagement with voluntary sector, vulnerable groups and people with communication needs	HSP Senior Management team	June 2016	June 2016
Ensure needs assessments use local intelligence and consider differing needs of men and women	HSP Senior Management team	As needs assessments are done	March 2016
Provide training in 'teachback'	Health Improvement Team	March 2017	March 2017
Identify needs of refugees	HSP Senior Management team	Sep 2016	Sep 2016
Maintain focus on prevention and early intervention in the Plan	HSP Senior Management team	April 2016	May 2016

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

The Strategic Plan outlines a performance management framework with high level indicators. This impact assessment has not identified any suggested amendments to these indicators.

15. Sign off by Head of Service

Name

Date *(to be approved by Integration Joint Board in May 2016)*

16. Publication

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.

West Lothian Integration Joint Board

Date: 31 May 2016

Agenda Item: 10

IJB ANNUAL ACCOUNTS COMPLIANCE

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to set out final accounts requirements and timescales for the IJB and proposed reporting arrangements to meet compliance with the Local Authority Accounts (Scotland) Regulations 2014.

B RECOMMENDATION

1. To note the requirements set out in the report.
2. To approve the draft governance statement for inclusion in the unaudited annual accounts
3. To note that the unaudited annual accounts will be considered by the Audit Risk and Governance Committee on 24 June 2016,
4. To agree to give authority to the Audit Risk and Governance Committee to consider and approve the audited annual accounts at its meeting on 23 September 2016, allowing Audit Scotland's deadline of 30 September to be met

C TERMS OF REPORT

C.1 Background

Under the Local Government (Scotland) Act 1973, the Accounts Commission is responsible for appointing the external auditors of local government bodies including councils, joint boards and bodies falling within section 106 of the Act. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards (IJBs) should be treated as if they were bodies falling within section 106 of the 1973 Act.

C.2 Annual Accounts Responsibilities

It is the responsibility of the Chief Finance officer of the IJB to prepare the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting. This requires the maintenance of proper accounting records and the preparation of financial statements which give a true and fair view of the state of affairs of the IJB at 31 March 2016.

C.3 Annual Governance Statement

The Annual Governance Statement requires to be approved and submitted as part of unaudited annual accounts provided to Audit Scotland by 30 June 2016. Taking account of this a draft Annual Governance Statement is appended to this report for approval by the Board.

C.4 Annual Accounts Requirements and Timescales

The Audit Scotland Annual Audit Plan reported to the Board on 23 March 2016 set out requirements and timescales for the annual accounts process. The Local Authority Accounts (Scotland) Regulations 2014 require that the unaudited annual accounts, including the governance statement, are submitted to the appointed external auditor no later than 30 June each year. The regulations include a number of provisions in relation to the unaudited accounts including a requirement for the accounts to be considered by the Board, or a committee whose remit includes audit or governance, prior to submission to the external auditor.

Taking account of the role of the IJB Audit Risk and Governance Committee it would be appropriate for the unaudited annual accounts to be considered at the committee meeting scheduled on Friday 24 June 2016. This is consistent with the remit of the committee approved by the Board on 5 April 2016.

It should also be noted that IJBs must give public notice of the right to inspect the annual accounts and this should be done in advance of submission of the accounts to external audit. In addition, there is a requirement to publish the unaudited accounts on the IJB website following submission to Audit Scotland and until the publication of the audited accounts.

The 2014 regulations require the audited accounts to be approved by 30 September. Following approval, and by 31 October at the latest, the audited annual accounts require to be signed and dated by the IJB Chair, Director and Chief Finance officer, and then provided to the auditor. The Controller of Audit then requires audit completion and issue of an independent auditor's report (opinion).

Audit Scotland have confirmed they will be unable to complete their audit of the IJB and associated audit report to meet the timescales of the Board meeting arranged for 23 August 2016 and the next meeting of the Board is not proposed until 18 October 2016. Taking account of this, it is proposed that the annual audited accounts along with Audit Scotland's audit report are presented to the Audit Risk and Governance Committee for consideration and approval at its scheduled meeting on 23 September 2016.

The IJB is required to publish on its website the signed audited annual accounts, and the audit certificate, by 31 October. The annual audit report is required to be published on the website by 31 December.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

Local Government (Scotland) Act 1973

Public Bodies (Joint Working) (Scotland) Act 2014

Local Authority Accounts (Scotland) Regulations 2014

F APPENDICES

Appendix 1 – Draft Annual Governance Statement.

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	None.
Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource/Finance	The Audit Scotland fee for 2015/16 has been agreed as £5,000.
Policy/Legal	The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards should be treated as if they were bodies falling within section 106 of the Local Government (Scotland) Act 1973.
Risk	None

H CONTACT

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31 May 2016

INTEGRATION JOINT BOARD - DRAFT GOVERNANCE STATEMENT

Introduction

The West Lothian Integration Joint Board was established by parliamentary order on 21 September 2015 following approval of the West Lothian Integration Scheme by the Scottish Ministers. It is a body corporate, a legal entity in its own right, but it relies on support from officers employed by West Lothian Council and NHS Lothian in relation to the conduct of its business. It is subject to the Public Bodies (Joint Working) (Scotland) Act 2014 and secondary legislation directly relating to the integration of health and social care services, and indirectly in relation to regulatory regimes affecting devolved public bodies in Scotland.

Statutory and other Compliance

In its first six months of formal existence the Board has secured compliance with statutory and other requirements, as follows:

- Membership - its minimum membership (voting and non-voting) is set by statutory instrument, with the power to appoint additional members as it sees fit. The Board's membership is fully populated with an additional member having been appointed beyond the statutory minimum
- Standing Orders - the Board is required by statutory regulations to have Standing Orders to regulate its business, with some aspects stipulated in those regulations. Standing Orders were adopted at its inaugural meeting, and a review was carried out of them in April 2016. They comply with statutory requirements
- Committees - the Board has established an Appointments Committee, and an Audit, Risk & Governance Committee, with detailed remits and powers and with their membership clearly defined. They comply with statutory requirements and with the Board's Standing Orders
- Meetings - the Standing Orders adopted by the Board allow the public to have prior access to meeting agendas and reports, and to attend meetings of the Board and its committees, except in clearly defined and limited circumstances
- Strategic Plan - the Board established its Strategic Planning Group as required by legislation, with Terms of Reference approved by the Board covering membership, meetings and meetings procedures. Through the Group the Board approved and published its Strategic Plan prior to the delegation of the integrated functions on 1 April 2016
- Officers - through the Appointments Committee, the Board appointed its Chief Officer (Director) and its Finance Officer as required by the legislation. It also appointed a Standards Officer in relation to its statutory Code of Conduct for Members, and that appointment has been approved by the Standards Commission for Scotland. An Internal Auditor has been appointed to carry out the Board's internal audit requirements and assist its Audit, Risk & Governance Committee
- Finance - the Board received reports in relation to financial assurance prior to the setting of budgets for the integrated functions by the council and the health board, and adopted Financial Regulations in relation to the conduct of its financial affairs, the maintenance of its accounting and financial records, and its annual accounts and financial statements
- Financial resources and Directions - prior to the delegation of functions, the Board received a firm financial commitment from the council and an indicative financial

contribution from the health board which allowed it to receive further financial assurance and to timeously fulfil its statutory duty to issue Directions to the council and health board

- Code of Conduct - pending finalisation of arrangements for a Code of Conduct for Members, the Board adopted an interim Code based on the existing Model Code for Members of Devolved Public Bodies in Scotland, and members have registered their interests according to that Code. Those arrangements are in the course of being finalised now that a Model Code for Integration Joint Boards has been produced, and the Register of members' Interests will thereafter be published and made available for inspection

Further Work Being Progressed

Through the Board and the Risk, Audit & Governance Committee, further work will be progressed and will be carried out in relation to governance of these particular aspects of the Board's statutory duties and powers:-

- Compliance with Integration Scheme – a review of the Integration Scheme commitments is being progressed to identify further governance requirements that require to be progressed. Although such commitments were given by the council and the health board, they are nevertheless significant for the Board due to its reliance on officers of the council and health board to enable it to do its business
- Annual Audit Plan – this is currently being developed and, upon approval, will be monitored through the Audit, Risk & Governance Committee
- Risk Management - a strategy, monitoring and reporting regime for risk will be developed and will be reported to the Board and Audit, Risk and Governance Committee
- Performance Monitoring and Reporting - similarly, a procedure for recording, monitoring and reporting on service and financial performance is being developed and will be reported to the Board for approval
- Accounting requirements - through the Finance Officer, the Board will require to agree an annual process to secure compliance with the legislation and accounting practices which apply to its annual accounts and financial statements
- Miscellaneous statutory regime compliance - as a devolved public body, the Board is subject to a variety of statutory regimes, such as freedom of information and data protection, and appropriate policies and procedures will require to be developed and approved to secure compliance
- Education and knowledge of members - the provision and uptake of adequate training for Board members will be addressed, due to its importance for good decision-making and the future development of the Board.

System of Internal Control

The Board requires to carry out at least annually a review of its system of internal control and to report on that as part of this statement. The Board is still in its very early stages of its existence and is still to fully develop that system of control. As summarised above, the legal constitutional requirements of the Board have been put in place, and the structure is there to allow that system to be fully established and to be more formally reviewed in 2016/17 and future years.

West Lothian Integration Joint Board

Date: 31 May 2016

Agenda Item: 11

RISK MANAGEMENT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Board on the approach being taken to the management of risk.

To advise the Board of the risks identified.

B RECOMMENDATION

1. To note progress on risk management as set out in this report.
2. To consider the risks identified, and the control measures in place to mitigate their impact.

C TERMS OF REPORT

Risk may be defined as the effect of uncertainty on the ability of an organisation to achieve its objectives.

The objective of risk management is to ensure that risks are properly identified, assessed and managed. Risks may fall into a number of different categories, for example environmental (e.g. severe weather), financial (e.g. funding arrangements) or social (e.g. changes in demographics).

The Integration Scheme between West Lothian Council and NHS Lothian requires the IJB to operate a risk management strategy. The risk management strategy will comprise relevant policies and procedures for the management of risk. These are currently in the process of being developed and it is expected that the IJB Risk Management Policy will be submitted to the IJB's August meeting for approval.

The Integration Scheme also requires that the IJB maintains a risk register and that the Director produces and agrees a list of the risks to be reported and monitored. A risk register has been set up using West Lothian Council's Covalent system, and the risks to be reported and monitored are attached as appendix 1.

The risks were identified by the IJB Senior Management Team during a risk management session facilitated by West Lothian Council's risk manager. The methodology used was the same as the current West Lothian Council methodology and is attached as appendix 2.

All of the risks have been scored for likelihood (i.e. an estimate of how likely they are to happen) and impact (i.e. an estimate of the harm arising should they occur) using a five by five risk matrix. These two ratings are multiplied together to provide a risk score. As will be apparent, the scores range between 1 and 25. The higher the score, the higher the assessed risk and therefore the greater potential impact on IJB objectives.

It is important to note that the risks identified represent high level, or strategic, risks to the IJB's objectives. Operational risks are separately recorded in the risk registers of both West Lothian Council and NHS Lothian.

In relation to appendix 1:

- The original risk score represents the uncontrolled risk, that is to say the potential impact if controls are absent or fail;
- The traffic light icon represents the risk ranking based on the score (i.e. high, medium high, medium or low);
- The risk matrices represent the risk score (a combination of likelihood and impact).
- The current risk score represents the current risk, i.e. assuming that current controls are in place and effective;
- The assigned to column identifies the officer assigned to manage the risk;
- The internal controls are those processes in place to reduce the risk from original risk score to current risk score.

D CONSULTATION

IJB Senior Management Team.

E REFERENCES/BACKGROUND

None.

F APPENDICES

1. West Lothian Integration Joint Board Risks
2. Risk Management Methodology

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National health and Well-Being Outcomes	Effective risk management is a pre-requisite for effective performance.
Strategic Plan outcomes	Effective risk management is a pre-requisite for effective performance.
Single Outcome Agreement	Effective risk management is a pre-requisite for effective performance.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	None.
Risk	This report sets out progress in relation to management of the IJB's risks.

H CONTACT

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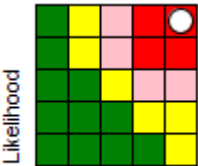

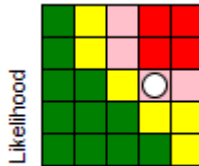

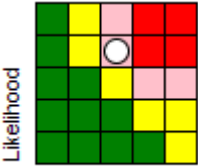

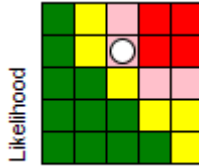

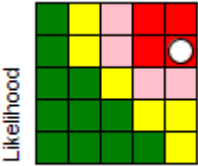

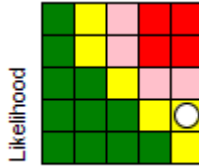
31 May 2016


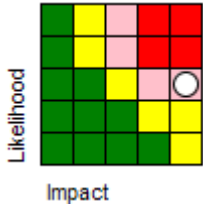

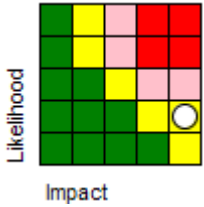

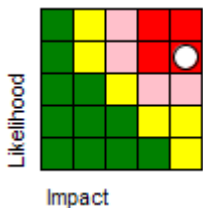

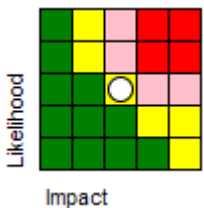

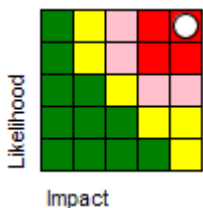

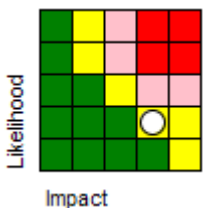
West Lothian Integration Joint Board Risks


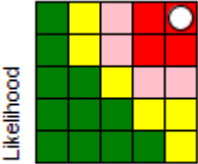

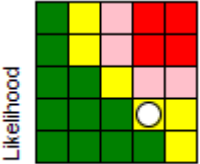

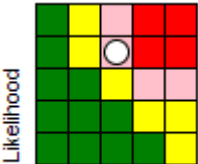

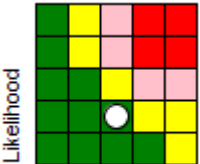

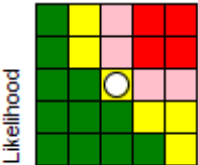

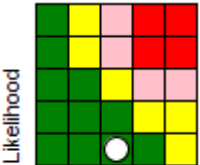
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Report Layout: Original and current risk matrices

Rows are sorted by Risk Score, Risk Score

Risk Code and Title	Description	Original Risk Score	Traffic Light Icon	Original Matrix	Current Risk Score	Traffic Light Icon	Current Risk Matrix	Assigned To	Internal Controls
IJB005 Inadequate Funding	Funding is inadequate to meet strategic objectives, or is inadequately apportioned.	25		 Likelihood Impact	12		 Likelihood Impact	Jim Forrest	S95 Officer Due diligence by S95 Officer Approval of resource allocations by IJB Board Monitoring / reporting of progress / outturn Scrutiny by Audit Committee Financial Regulations / rules for overspends
IJB008 Workforce Management	Performance inhibited by: funding pressures; IJB resource allocation; inability to recruit and retain key professional staff.	12		 Likelihood Impact	12		 Likelihood Impact	Jim Forrest	Current NHS and WLC workforce management arrangements. Reporting to, and monitoring by, IJB SMT and Board.
IJB002 Ineffective Strategic Plan	Ineffective strategic plan leads to key objectives not being achieved.	20		 Likelihood Impact	10		 Likelihood Impact	Jim Forrest	National outcomes. Local outcomes. Clear vision as to what is required Strategic Plan based on national and local policy Review of plan by IJB SMT Approval of plan by IJB Board

Risk Code and Title	Description	Original Risk Score	Traffic Light Icon	Original Matrix	Current Risk Score	Traffic Light Icon	Current Risk Matrix	Assigned To	Internal Controls
IJB001 Governance Failure	Lack of leadership and / or ineffective governance leading to failure to meet key objectives, financial overspends or reputational damage.	15			10			Jim Forrest	Director / S95 Officer Standing Orders / Scheme of Administration Audit Committee / scrutiny Code of Conduct Policies and Procedures – financial, governance, risk Procedures for assessing disputes re resource allocations Governance / legal advice
IJB009 Demographic Changes	Current service models unable to meet future service demands, e.g. in relation to ageing population.	20			9			Jim Forrest	Strategic Plan Programme / service redesign Management of customer expectation
IJB004 Failure of Clinical and Care Governance	Harm to service users.	25			8			Jim Forrest	Existing clinical and care governance arrangements within NHS and Social Policy. Effective performance reporting to IJB SMT and Board. Care and governance group to be formed.

Risk Code and Title	Description	Original Risk Score	Traffic Light Icon	Original Matrix	Current Risk Score	Traffic Light Icon	Current Risk Matrix	Assigned To	Internal Controls
IJB006 Failure of Health and Safety Arrangements.	Harm to employees / volunteers	25			8			Jim Forrest	Existing health and safety arrangements on council and health sides Effective performance reporting to IJB SMT and Board
IJB003 Inadequate Performance Management	Inadequate performance management leads to key performance measures not met.	12			6			Jim Forrest	Agreed outcomes / performance measures Robust performance management within WLC / NHS Regular monitoring by IJB SMT Regular reporting of performance to IJB
IJB007 Community Planning Failure	Inability to work effectively with partners leading to poorer outcomes.	9			3			Jim Forrest	Participation in Community Planning arrangements. Strategic Plan.

PROBABILITY TABLE

1	Unlikely	Has not happened so far and is unlikely to happen.
2	Possible	Has happened to neighbours and could happen here.
3	Likely	Has happened in the past or can be expected to happen sometime.
4	Very Likely	Has happened within the last three years and can be expected to happen again.
5	Almost Certain	It has happened several times a year and can be expected to happen.

The table is based on past history or knowledge of problems elsewhere. These are easier to judge, but you may also consider 5 is relevant for "accidents waiting to happen".

In assessing risk be aware that the absence of controls may result in an increased likelihood of an event. For example, an event assessed with current controls as possible, may be assessed with the absence of controls as likely or higher.

IMPACT TABLE

Impact Risk Assessment - each column is independent. Use the highest score.

<u>Hazard</u>	Personal safety	Property loss or damage	Regulatory / statutory / contractual	Financial loss or increased cost of working	Impact on service delivery	Personal privacy infringement	Community / environmental	Embarrassment
<u>Impact of Risk</u>								
Insignificant 1	Minor injury or discomfort to an individual	Negligible property damage	None	<£10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
Minor 2	Minor injury or discomfort to several people	Minor damage to one property	Litigation, claim or fine up to £50k	£10k to £100k	Minor disruption to services	Non sensitive personal information for one individual revealed / lost	Impact on an individual or small group	Contained within service
Significant 3	Major injury to an individual	Significant damage to small building or minor damage to several properties from one source	Litigation, claim or fine £50k to £250k.	>£100k to £500k	Noticeable impact on service performance.	Non sensitive personal information for several individuals revealed / lost	Impact on a local community	Local public or press interested
Major 4	Major injury to several people or death of an individual	Major damage to critical building or serious damage to several properties from one source	Litigation, claim or fines £250k to £1m	>£500k to £2m	Serious disruption to service performance	Sensitive personal information for one individual revealed / lost	Impact on several communities	National public or press interest
Catastrophic 5	Death of several people	Total loss of critical building	Litigation, claim or fines above £1m or custodial sentence imposed	>£2m	Non achievement of key corporate objectives	Sensitive personal information for several individuals revealed / lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officer(s) and/or members dismissed or forced to resign

RISK MATRIX

PROBABILITY	Almost Certain 5	5 Low	10 Medium	15 High	20 High	25 High
	Very Likely 4	4 Low	8 Medium	12 High	16 High	20 High
	Likely 3	3 Low	6 Low	9 Medium	12 High	15 High
	Possible 2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Unlikely 1	1 Low	2 Low	3 Low	4 Low	5 Medium
		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
		IMPACT				

Integration Joint Board

Date: 31/05/2016

Agenda Item: 12

PLANNING CYCLE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Integration Joint Board of a proposed planning cycle which will allow detailed scrutiny of the Strategic Plan and associated Care Group Commissioning Plans.

B RECOMMENDATION

To agree the planning cycle as detailed in Appendix 1.

C TERMS OF REPORT

At the meeting of 24 March 2016 the Integration Joint Board (IJB) approved its strategic plan which includes details of how high level outcomes are to be achieved through a process of strategic commissioning. The Strategic Plan also includes a commitment to develop a series of care group based commissioning plans.

These plans are based on an ANALYSE, PLAN, DO and REVIEW approach:

- Analyse: the process of needs assessment intended to identify the priority needs associated with the relevant care group
- Plan: the planning process that is informed by the needs assessment and identifies how priority needs are to be addressed including the deployment of resources and the performance management approach to be used to monitor progress
- Do: the implementation phase of the plan
- Review: the review of progress based on the agreed performance measures of the plan in conjunction with any significant changes in the environment

it is proposed that the IJB meeting schedule is structured to allow the IJB an appropriate level of scrutiny for each stage of the commissioning cycle. In addition the Strategic Plan has a specific commitment to report overall progress on an annual basis.

Appendix 1 provides the detail of the proposed planning cycle.

D CONSULTATION

- Strategic Planning Group

E REFERENCES/BACKGROUND

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

F APPENDICES

1. West Lothian Integration Joint Board Planning Cycle for 2016-17

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.
National Health and Wellbeing Outcomes	The Care Group Commissioning Plans will address the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
Strategic Plan Outcomes	n/a
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

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Tel 01506 281937

31 May 2016

Appendix 1

WEST LOTHIAN INTEGRATION JOINT BOARD PLANNING CYCLE FOR 2016-17

IJB Meeting date	Planning activity
May 2016	Needs Assessment for Adults with Physical Disabilities
	Needs Assessment for Adults with Learning Disabilities
August 2016	Commissioning Plan for Adults with Physical Disabilities
	Needs Assessment for Older People
	Needs Assessment for Adults with Mental Health Problems
October 2016*	Commissioning Plan for Adults with Learning Disabilities
	Commissioning Plan for Adults with Mental Health Problems
	Six monthly review of performance
December 2016*	Commissioning Plan for Older People
	Risk Register review
March 2017*	Strategic Plan annual review
	Annual review of performance

*estimated date

Integration Joint Board

Date: 31/05/2016

Agenda Item: 13

SCHEDULE FOR PHYSICAL DISABILITY COMMISSIONING PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Integration Joint Board of the schedule for the development of the strategic commissioning plan for Adults with a Physical Disability.

B RECOMMENDATION

To note the planning schedule as detailed in Appendix 1, in particular to note the commitment to present a final draft of the strategic commissioning plan for Adults with a Physical Disability to the IJB meeting on 23 August 2016 for approval.

C TERMS OF REPORT

At the meeting of 24 March 2016 the Integration Joint Board (IJB) approved its strategic plan which includes details of how high level outcomes are to be achieved through a process of strategic commissioning. The Strategic Plan also includes a commitment to develop a series of care group based commissioning plans.

These plans are based on an ANALYSE, PLAN, DO and REVIEW approach:

- Analyse: the process of needs assessment intended to identify the priority needs associated with the relevant care group
- Plan: the planning process that is informed by the needs assessment and identifies how priority needs are to be addressed including the deployment of resources and the performance management approach to be used to monitor progress
- Do: the implementation phase of the plan
- Review: the review of progress based on the agreed performance measures of the plan in conjunction with any significant changes in the environment

Appendix 1 provides the schedule for the development of the plan for Adults with a Physical Disability. The first phase of this has already been completed in respect of the analytical phase – the needs assessment.

Recommendations from the needs assessment are derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants; these have been grouped under six key themes. Appendix 2 gives a summary of the key themes and recommendations from the needs assessment.

The recommendations have been developed to match the level of commitment and desire demonstrated. A focus on the recommendations will lead to a comprehensive programme of change and improvement with improved outcomes for people with a physical disability and the communities in which they live.

A short life Working Group has been established to develop the three year commissioning plan. Appendix 3 provides the Terms of Reference for this group as previously approved by the IJB.

The intention is to prepare the plan in conjunction with the Strategic Planning Group, including relevant stakeholder engagement, thereafter to present a final draft of the strategic commissioning plan for Adults with a Physical Disability to the IJB meeting on 23 August 2016 for approval.

D CONSULTATION

- Strategic Planning Group

E REFERENCES/BACKGROUND

- West Lothian Integration Joint Board meeting - 05 April 2016
- Scottish Government Guidance and Advice - <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

F APPENDICES

1. West Lothian Integration Joint Board Planning Cycle for 2016-17
2. Executive summary
3. Terms of Reference for the Working Group

G SUMMARY OF IMPLICATIONS

Equality/Health

The commissioning plan will be subject to an equality impact assessment.

National Health and Wellbeing Outcomes

The commissioning plan will address the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan

Strategic Plan Outcomes	The commissioning plan will be aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

Contact Person:

Alan Bell, Senior Manager Community Care Support & Services

<mailto:Alan.bell@westlothian.gov.uk>

Tel 01506 281937

31 May 2016

Appendix 1

Adults with a Physical Disability Strategic Commissioning Plan - schedule

Item	Activity	20/5/16	27/5/16	3/6/16	10/6/16	17/6/16	24/6/16	1/7/16	8/7/16	15/7/16	22/7/16	29/7/16	5/8/16	12/8/16	19/8/16	26/8/16	2/9/16	9/9/16	30/9/16	Oct	Comment
Analyse																					
1	Needs assessment undertaken																				Completed
2	Terms of ref approved for Commissioning Group																				Completed
3	Outline Commissioning Plan template agreed																				Completed
4	Commissioning Group membership agreed																				Completed
5	Invitations issued to proposed members																				Completed
6	Preparation of planning material																				Completed
7	Initial planning docs circulated to group																				Completed
8	Meeting of Commissioning Group	19/5/16																			
Plan																					
9	Agree scope of Commissioning Plan	19/5/16																			
10	Identify current resources available	19/5/16																			
11	Prioritise Needs Assessment recommendations	19/5/16																			
12	Discuss action plan and activities	19/5/16																			
13	Prepare action plan and agree activities				7/6/16																
14	Prepare draft plan for review				7/6/16																
15	Meeting of Commissioning Group				7/6/16																
16	Investment/Disinvestment plans agreed				7/6/16																
Review																					
17	Review and update draft plan																				
18	Equality Impact Assessment																				
19	Meeting of Commissioning Group																				
20	Amendments to draft plan																				
21	Submit draft plan to IJB Strategic Planning Group																				
22	IJB Strategic Planning Group Meeting																				
Do																					
23	Submit plan for IJB for agenda																				
24	IJB Meeting																				



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CHAPTER 1: INTRODUCTION

Introduction and background

Figure 8 Consultancy Services Ltd. was commissioned by West Lothian Community Health Care Partnership (CHCP) in April 2015 to carry out a comprehensive physical disability (including sensory loss and acquired brain injury) needs assessment project; and fieldwork took place between May 2015 and June 2015.

The full needs assessment report presents an overview and analysis of the health and social care needs for adults with physical disability, sensory loss and/or acquired brain injury across West Lothian; and provides an important and independent component to inform future support planning and provision.

All references to 'physical disability' in this report will include sensory loss and/or acquired brain injury, as well as physical disability – unless otherwise stated.

Purpose and objectives

The purpose of this project is to assist West Lothian CHCP in:

- Identifying and profiling service users with physical disabilities in West Lothian;
- Identifying and describing the prevalence of people with physical disabilities in West Lothian;
- Profiling current service delivery to people with physical disabilities;
- Assessing and describing the current strengths, gaps and inequities in such service provision;
- Improving the number, quality, consistency, accessibility and integration of services appropriate for the needs of people with physical disabilities;
- Promoting a broader understanding of their needs and their right to effective services;
- Promoting equitable care through the promotion of positive values and attitudes;
- Reducing the inequalities experienced by people with physical disabilities.

The specific objectives of this project are to:

- Provide a comprehensive assessment and mapping of specialist and non-specialist services and support for people with a physical disability;
- Conduct an assessment of local need for such services and support;
- Identify gaps and areas of unmet need in current provision;
- Examine the current use of services, both community and inpatient;
- Examine the accessibility, appropriateness and location of current services;
- Identify any areas with over-provision;

- Provide evidence based recommendations as to how services could be extended or adapted to meet need including relationship and any overlap between agencies; and
- Suggest locality pathways for intervention and support for people with a physical disability.

The Needs Assessment Process

This needs assessment project uses a tried and tested model for health needs assessment (which is detailed below) and applies it to both the health and social care needs of people with a physical disability across West Lothian.

In broad terms, health needs assessment is the systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way. It involves methods to describe the health problems of a population, identify inequalities in health and access to services, and determine the priorities for the most effective use of resources.

Health needs assessment has become important as the costs of health care are rising and resources for health care are, at the same time, limited. In addition, there is a large variation in availability and use of health care by geographical area and point of provision (Andersen and Mooney, 1990).¹

Another force of change is consumerism. The expectations of members of the public have led to greater concerns about the quality of the services they receive, from access and equity to appropriateness and effectiveness.

The health needs assessment process has been defined, in guidance from the National Institute of Clinical Excellence (NICE), as:

*"A systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities."*²

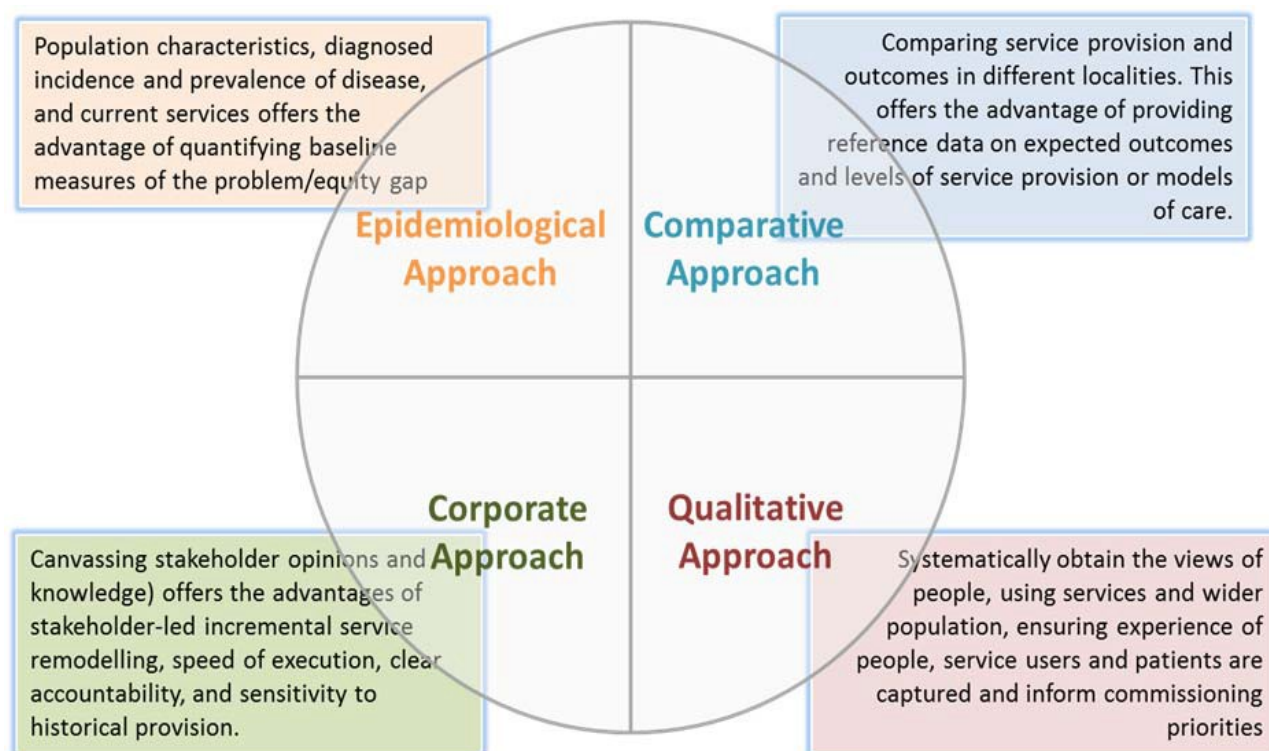
The assessment process involves identifying need from four different perspectives (see Figure 1.2):

- **Epidemiological needs** – the use of health information based on the population, including demographic trends, health status and risk, as well as evidence of clinical effectiveness of services and interventions.
- **Felt and expressed needs (Qualitative)** – the views of the public, from surveys, focus groups and the like, often using participatory appraisal methods.
- **Normative or expert needs (Corporate)** – as identified by professionals or experts.
- **Comparative needs** – the scope and nature of services available to the population and how these compare with services elsewhere.

¹ Andersen, T.F. & Mooney, G. (Eds) (1990) *The challenges of medical practice variations*. MacMillan Press: London.

² Cavanagh S and Chadwick K (2005), "Health needs assessment: A practical guide". London: NICE. Available at: <http://www.nice.org.uk/>

Diagram of health needs assessment



Summary of Study Methods

The study methods used in this needs assessment were designed to capture each of the four different approaches/perspectives above.

The study was conducted in five stages. Each stage was tailored to the needs of the study, requiring a mix of data collection methods and sample populations. These are set out in the table below. All questionnaires and interview schedules were approved by commissioners prior to use. Copies of these are available upon request.

Summary of Data Collection Methods

Stage 1	Method		Link to approaches / perspectives on need
Review of Existing Literature/Datasets	Desk-based review of national and local literature and datasets and any local specialist service data available.		<ul style="list-style-type: none"> Epidemiological Comparative
Stage 2	Method	Sample	
Quantitative Survey	Online Surveys	<ul style="list-style-type: none"> Managers of all specialist physical disability services Staff in all specialist physical disability services. 	<ul style="list-style-type: none"> Normative/Expert (Corporate) Comparative

Stage 3	Method	Sample	
Quantitative Surveys	Online and paper-based surveys	<ul style="list-style-type: none"> • Service users • Non (potential) service users • Carers, family members, advocates 	<ul style="list-style-type: none"> • Felt and Expressed (Qualitative)
Stage 4	Method	Sample	
Existing Service Review	Case Studies	<ul style="list-style-type: none"> • People with a physical disability 	<ul style="list-style-type: none"> • Felt and Expressed (Qualitative)
Stage 5	Method	Sample	
Stakeholder Event / Working Group / Qualitative Interviews / Focus Groups	Stakeholder Event	All key stakeholders invited to a half-day event in relation to physical disabilities	<ul style="list-style-type: none"> • Normative/Expert (Corporate) • Felt and Expressed (Qualitative)
	Working Group	Sample of key stakeholders recruited via approaches from the Research Steering Group, and via the stakeholder event above. The working group to meet twice to explore physical disability issues.	<ul style="list-style-type: none"> • Normative/Expert (Corporate) • Felt and Expressed (Qualitative)
	Semi-structured interviews	<ul style="list-style-type: none"> • All specialist services • A range of non-specialist services • Other relevant stakeholders 	<ul style="list-style-type: none"> • Normative/Expert (Corporate)
	Focus Groups	<ul style="list-style-type: none"> • Service users • Non (potential) service users • Carers, family members, advocates 	<ul style="list-style-type: none"> • Felt and Expressed (Qualitative)

Key Findings and Recommendations

Removal of barriers that marginalise disabled people is the key to empowering disabled people, and giving them the opportunity to exercise their responsibilities as citizens – in the home, in the community and in the workplace.

We need a step change in the way we view disability. Demographic trends will mean that increasingly we will all experience disability either as individuals or through our family and friends; and often in caring roles. An understanding of this should drive a change in attitudes and increased commitment to inclusion and accessibility.

The key messages for local commissioners and service planners are to learn from the latest national surveys and research based on the social model of disability. Look at the interactions of societal barriers and impairments locally, understand who and why people have benefited from any

improvements and where more progress needs to be made; giving disabled people across West Lothian opportunities to fulfil their potential and play a full role in society; resulting in improved health outcomes, participation, wellbeing and quality of life.

This section sets out a summary of the key findings from all elements of the study, along with a series of recommendations. There are 19 recommendations in total for deliberation by West Lothian Community Health and Care Partnership and their partners. Recommendations are derived from evidence gathered and analysed from the review of literature, surveys and fieldwork, including study informants; and have been grouped under the following five key themes:



The overall environment in West Lothian is generally regarded as positive, with a varied landscape, strong heritage and diverse cultural and leisure opportunities contributing to a high quality of life for many residents.

From the outset of this research contract being commissioned, the research team has been highly impressed with the commitment and desire of the majority of stakeholders to strive for significant improvements to both service provision and commissioning of services for people with a physical disability. The following ambitious set of recommendations has been developed to match the level of commitment and desire demonstrated. The research team believe that a genuine focus on these recommendations will lead to a comprehensive programme of change and improvement over the next 5-10 years.

Integrated Health and Social Care Physical Disability (including Sensory Loss and Acquired Brain Injury) Strategy

RECOMMENDATION 1: An Integrated Health & Social Care Physical Disability (including Sensory Loss and Acquired Brain Injury) Strategy should be developed with a broad range of stakeholders, considering and agreeing a set of joint principles for action to be addressed through the lifetime of the strategy.

There are a number of challenges and opportunities which drive the need for developing a robust overarching, integrated strategy for physical disability in West Lothian:

- The growing needs and demands of an ageing population generally including those with a physical disability; and the implications for health and social care services.
- Residents on the whole enjoy good health, but there are also variations across the region which must be reduced. Deprivation has a strong direct association with poorer health as well as other aspects of life that influence health and wellbeing, such as employability.
- The longstanding delicate state of the economy nationally makes an ambition for better health and wellbeing even more pressing. The climate of austerity and the need for public services to make efficiency savings and remove duplication could widen health inequalities without a coordinated response. Collective action in developing models and public services which deliver effective and sustainable solutions is vital.
- Improving the quality of services, whilst ensuring value for money.
- Making the right connections with residents, customers and communities.
- Supporting people towards and in their independence, promoting capability to make personal choices about their health and social care for longer.

There is challenging work to be done to successfully address the collective needs of West Lothian citizens, particularly in regard to health inequalities. The proposed new strategy should seek to tackle health and wellbeing in the broadest sense and should recognise that there are a number of related strategies already in place.

Priorities in all strategies and commissioning plans must be informed by the voices of service users, families, carers and residents; and supported by all outcome frameworks. By using the collective influence gained through the development of a joint strategy, it will also be possible to achieve improved outcomes through other factors that impact on the health and wellbeing of communities such as housing, education, employment and the environment.

The new strategy should incorporate learning primarily derived from the content but also the enablers and processes that led to the publication of relevant strategies in other Scottish regions. A

good example is: '*Opportunity and Independence: East Lothian's Joint Strategy for Physical Disability or Hearing or Sight Loss 2013-2020, (10/13)*'.³

By embedding an agreed set of joint principles it will be possible to avoid duplication or simply reinventing ways of tackling existing challenges. All relevant commissioners should be asked to consider how they will contribute to these priorities. The priorities agreed should be used to judge and challenge future commissioning plans and we would encourage commissioners to use them as an integral part of developing their plans.

The broad set of priorities listed below are suggested as a starting point for discussion. Any agreed set of priorities should be based on lifestyle and risk factors that impact on the wellbeing of people with a physical disability in West Lothian; and that might limit their choice, control and independence.

The suggested list of joint principles for action are:

- Demonstrating engagement with service users, families and carers and their participation in the design of services;
- Identifying not only financial and resource constraints but also assets and strengths;
- Being clear on improved outcomes;
- Demonstrating improved collaboration and integration (between health and social care commissioning);
- Identifying contributions to reduce health inequalities, increased service user access, choice and control and more seamless care and support pathways;
- Being transformational and innovative where necessary;
- Providing local opportunities and services wherever possible
- Removing barriers to change that would have an early impact;
- Shifting the focus towards all aspects of early assessment and prevention;
- Identifying the potential interaction with other services such as housing, transport, community planning and education; and
- Promoting full involvement of all stakeholders, modelling practice on the new national Charter for Involvement for people and creating real opportunities for third and Independent Sector services to be in practice 'equal' partners.

Final agreed priorities should fit well with both national and local policy directions and be directly linked to the Scottish Government National Outcomes⁴, particularly the following eight:

³ *East Lothian's Joint Strategy for Physical Disability or Hearing or Sight Loss 2013-2020*, East Lothian Physical Disability and Sensory Impairment Joint Planning Group (10/13).

⁴ Information about each of the National Outcomes can be found at:
<http://www.scotland.gov.uk/About/Performance/scotPerforms/outcome>

- We live longer, healthier lives;
- We have tackled the significant inequalities in Scottish society;
- We have improved the life chances for children, young people and families at risk.
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it;
- Our public services are high quality, continually improving, efficient and responsive to local people's needs;
- We realise our full economic potential with more and better employment opportunities for our people;
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others; and
- We take pride in a strong, fair and inclusive national identity.

Good Practice Reference

'The Voluntary Sector is key to Health & Social Care integration, not an optional extra' Community Care June 2014.

Check out: <http://thirdsectordumgal.org.uk/integration/>

Resource a disability 'change agent'

RECOMMENDATION 2: In order to involve all relevant stakeholders as equal partners in developing an overarching strategy, underpinned by a set of joint principles for action (Recommendation 1), it is recommended that commissioners consider resourcing a disability 'change agent'. A primary function of the 'change agent' would be to ensure a full communication strategy is developed and engaged with across all services and stakeholders.

Cultural and organisational change is required to drive the system forward across West Lothian, especially during the intensive period of change being experienced across the statutory sector due to health and social care integration. A suitably experienced and influential person is required to supplement existing physical disability resources, and to lead from the front as a champion of change. As an additional benefit, consideration should be given to this change agent working across other areas (for example, learning disability or autism), to bring positive change to a wider set of issues experienced by those with a physical disability.

The appointed person should give consideration to developing a long-term plan of cross-cutting themes and priorities for all services. The vision would be to tackle and promote 3-4 key themes per

year over the next five years, aligned to the developing/published strategy, to allow concerted effort and staged change and improvement to service provision and outcomes for people. Cross-cutting themes and priorities may include:

- Independence and holistic care;
- Assessment and review (Self-directed Support)
- Information and communication;
- Accessibility of services;
- Service integration and connectedness across a wider range of services;
- Prevention and early intervention;
- Transitions;
- Service user involvement;
- Carer involvement; and
- Combating stigma and discrimination.

A programme of events, seminars, workshops could be arranged with all services and stakeholder representatives. Opportunities for cross-fertilisation with other sectors and regions should be sought around this health, wellbeing and independence agenda.

Responses and comments from the West Lothian workforce across the partnerships reflect a significant lack of knowledge about local communities and their resources. This is indeed a surprising result. Investment in a 'change agent' should be focused on embedding a culture of community, through developing a knowledgeable and confident staff group. This, in turn, would contribute to streamlining and improving the care pathway for people with a physical disability.

Good Practice References

STAKEHOLDER EVENTS:

Consultation – on new Scottish Legislation related to Disability:

<http://www.lothiancil.org.uk/wp-content/uploads/2015/08/New-Powers-workshops-Inclusion-Scotland.pdf>

Inspiring innovative and creative opportunities

RECOMMENDATION 3: Commissioners need to work with providers, service users, carers and other stakeholders to consider how innovation and creativity can be further developed within the physical disability sector.

There is a need for greater aspiration and inspiration at all levels. A number of helping approaches, some of which have evolved from the mental health sector, promote simple, straightforward but potentially impactful messages.

Good Practice References

An example is promoting the 'Five Ways to Wellbeing', developed by the New Economics Foundation (NEF).⁵ In a review of the evidence on how individuals can improve wellbeing, the NEF identified five actions which individuals can build into their lives:

1. *Connect* ... With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

2. *Be active* ... Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

3. *Take notice* ... Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

4. *Keep learning* ... Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

5. *Give* ... Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Since these actions apply to everyone, regardless of circumstance; the potential innovation here is to encourage people with physical disability to build these five actions into their own lives and lead by example, rather than focusing on traditional methods of service provision.

<http://www.neweconomics.org/projects/entry/five-ways-to-well-being>

Living well with multiple conditions - Listening to the experience and ideas of people who's our services offers valuable insight, advice and support to help improve these services. This Action Plan was developed with people who live with multiple conditions. It describes actions we must take in each GP practice, in all community teams and in every community in Scotland to improve the lives of people with multiple conditions.

http://www.alliance-scotland.org.uk/download/library/lib_5469c0678579e/

⁵ Aled and Thomson (2011) op.cit.

Transport consultation and strategy

RECOMMENDATION 4: The development of an inclusive strategy which needs to address accessibility of services within West Lothian; must include a conversation around transport provision to and from services, as well as access to community activity and work, for people with physical disabilities across the whole of West Lothian. There is a current opportunity for all stakeholders to engage in a current West Lothian Transport Policy consultation (which is at the early stage of updating the previous 2001 West Lothian Transport strategy).

There are a number of challenges and opportunities which drive the need for developing an inclusive Transport Strategy for people with physical disabilities in West Lothian:

- The growing demands of a physical disability population who wish to travel more, both in frequency of journey but also more independently.
- The geographical challenges which an area of urban/rural mix produces, including the necessity to use public transport for longer journeys than would be the case in a predominantly urban setting.
- The requirement for individuals to be accompanied by family and friends or support staff more regularly than those without a physical disability.
- Supporting people in their independence and ability to make their own choices about which services they access and where, should also include taking cognisance of the impact of changes to bus routes, numbers, bus stopping points etc. on people with a physical disability.

There is therefore work to be done in addressing the transport needs of West Lothian people with a physical disability, particularly in regard to inequalities in service access across the area. It is recommended that any conversation regarding service accessibility should be framed within the assessment of someone's ability to travel independently.

The priorities in all strategies and commissioning plans must be informed by the voices of service users, families, and carers; as well as by an outcome focused framework. By using the collective influence gained through the development of a joint strategy, it will be possible to secure improved outcomes through the other factors that impact on the accessibility and therefore the wellbeing of people with a physical disability; including access to services pertaining to housing, education and employment.

Good Practice Reference

“**Sustrans** makes smarter travel choices possible, desirable and inevitable. We’re a leading UK charity enabling people to travel by foot, bike or public transport for more of the journeys we make every day. We work with families, communities, policy-makers and partner organisations so that people are able to choose healthier, cleaner and cheaper journeys, with better places and spaces to move through and live in. It’s time we all began making smarter travel choices.” www.sustrans.org.uk

Commissioning, Monitoring and Evaluation (recommendations 5-8)

Formulate a detailed West Lothian commissioning strategy

RECOMMENDATION 5: Create a West Lothian commissioning strategy for physical disability services; and commission and manage transparent, needs led, good quality and integrated services to maximise opportunities in respect of service user outcomes.

Commissioning transparent, high quality, needs-led and integrated services is of paramount importance to everyone. Such endeavour and achievement will promote coordinated health and social care; effective partnership working and communication; and maximise opportunities in respect of positive, sustainable outcomes for people with a physical disability in West Lothian.

The commissioning strategy should be transparent about the levels of resourcing for physical disability services in West Lothian. Where under-resourcing is identified, an action plan should be developed to address this.

In September 2012, West Lothian CHCP developed a draft *Physical Disability including Sensory Loss and Acquired Brain Injury Commissioning Plan 2012 – 2015*. The plan was never published but aims to set out how services will be developed, commissioned and delivered over the next three years to meet current and potential needs of people living in West Lothian aged 18 to 65 experiencing physical and complex disability, sensory loss and acquired brain injury. The plan was partially informed by the 2009 SWIA Self-Evaluation Guide to Strategic Commissioning⁶ which offered the following definition of strategic commissioning:

‘Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, agreeing desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place’.

⁶ SWIA Self-Evaluation Guide to Strategic Commissioning, Social Work Inspection Agency, 2009.

These features remain relevant and useful; however, can also be reviewed in the context of more recent national and local policy initiative developments such as Self-directed Support.

In October 2013, West Lothian CHCP published a Contract Monitoring Framework for the Provision of Quality Care and Support Services.⁷ This framework aims to ensure that service users receive the highest quality of service, which demonstrates value for money, meets contractual standards and is continuously improved.

The framework is applied to 'external' care and support services commissioned by West Lothian CHCP. This aim is aligned with West Lothian Council's Corporate Plan, which sets out the council's strategic direction for 2013 - 2017 to improve quality of life for people in West Lothian. The plan sets out the 8 priorities. The key priorities which contracted provision of care and support can positively influence are outlined as:

- Delivering positive outcomes and early interventions for early years;
- Improving attainment and positive destinations for school children;
- Improving the quality of life for older people;
- Minimising poverty, the cycle of deprivation and promoting equality; and
- Delivering positive outcomes on health.

The framework also highlights key principles in respect of contract monitoring. Best practise guidance relating to contract monitoring for care and support services identifies the need to minimise duplication with other regulatory bodies such as the Care Inspectorate and ensure that contract monitoring is proportionate to identified risks. There is also an emphasis on provider's responsibilities to ensure compliance with contract terms and conditions and to maintain quality assurance systems. The principles can be summarised as:

- Proportionate, seeking more detailed information only where required;
- Avoids duplication, making use of information from all available sources;
- Equitable in approach for all providers; and
- Transparent and outlines reasons for decisions.

Again, this framework remains as relevant as important, beneficial and today as it did in 2013; and its consistent application can only be mutually rewarding.

⁷ *Contract Monitoring Framework for the Provision of Quality Care and Support Services*, West Lothian Community Health and Care Partnership, 2013

Recognise good practice and promote effective customer relations between commissioners and services

RECOMMENDATION 6: Encourage, identify, affirm and recognise good practice through commissioner engagement.

Commissioners need to further encourage, identify, affirm and recognise good services and practice. Apart from the Service Development Officer (Physical Disability), many study informants expressed disconnect between the needs and desires of service users and their carers, services provided and the roles and actions of senior management from West Lothian CHCP's social policy directorate. Proposed solutions include:

- Visit services and engage with staff, service users and carers;
- Learn about what makes services and staff perform better than others;
- Inspire, motivate and affirm staff and volunteers; and
- Ensure good services and practice is reported, known about and recognised.

Evaluation of physical disability services

RECOMMENDATION 7: Consideration needs to be given to conducting ongoing, consistent and equitable evaluation of all physical disability services across West Lothian.

West Lothian CHCP should develop and execute a programme which facilitates ongoing, consistent and equitable evaluation of all physical disability services across West Lothian. The evaluation should include in-house services; not just contracted services.

Ensuring commissioners in West Lothian make robust commissioning decisions based on good quality evidence

RECOMMENDATION 8: Undertake regular needs assessment and specific, targeted research to address areas of unmet need and inequality.

Physical disability commissioners in West Lothian are commended for contracting this needs assessment study. However, there is a need to continue a programme of regular needs assessments; as well as specific, targeted research such as young people, transitions, hidden populations and mutual aid/self-help networks.

A coordinated, single point of information

RECOMMENDATION 9: Produce, maintain and coordinate West Lothian wide disability information from a single, central source, in order to ensure ready availability and accuracy.

The need for better communication highlights the importance of the service recently commissioned from Capability Scotland and the opportunity that exists for this contract to establish itself as the central point of information and contact that people are looking for. Capability Scotland should be used as a key partner in developing a local Communications Strategy. Capability Scotland should be enabled to act both as an information resource, and also as a signpost for professionals, service users and their parents/carers. This, in our opinion, would significantly increase access to services, improve their effectiveness, and contribute to developing community capacity. Consideration should be given regarding how best to provide this fundamental service, including satellite extension from the Ability Centre to Elburn and Pathways centres. The consideration to have a single, central information resource in no way negates the need for all services and service providers to effectively feed into a coordinated information system, in addition to maintaining their own organisational information systems. Provision, dissemination and explanation of key information products such as Integrated Care Pathways will help to improve promote understanding and support integration and joint working.

Information sharing protocol

RECOMMENDATION 10: Implementation of an information sharing protocol for use across all physical disability services.

The current lack of an implemented information sharing protocol is seen by stakeholders as problematic and an easily achievable improvement area. The implementation of existing protocols should involve the main physical disability specialist service providers, as well as GP's and other relevant stakeholder agencies, including carers and families.

Integrated working across all partner agencies and stakeholders

RECOMMENDATION 11: Construct an integrated working guide involving physical disability specialist services, learning disability services, housing, employability, GPs, other relevant services (e.g. criminal justice and alcohol/drug) and peer led networks.

This study has highlighted inconsistencies in integrated working within, between and across specialist physical disability services; and other crucial linked services, including learning disability services. In

the longer-term, there would be great benefit in developing and agreeing an integrated working guide involving all relevant stakeholders.

Good Practice References

Bringing the NHS and Local Government together - A practical guide to integrated working:

<http://www.wales.nhs.uk/sitesplus/documents/829/ICN%20Practical%20Guide%20to%20Integrated%20Working.pdf>

King Fund article on achieving Health and Social Care Integration through collective transformation

<http://www.kingsfund.org.uk/publications/quest-integrated-health-and-social-care?gclid=C13U5vCksMcCFZHHtAoduRUFew>

Draft guidelines to help transform the care of people with a learning disability in England:

http://www.england.nhs.uk/2015/07/28/ld-transforming-care/?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29&dm_i=6N7,3K45X,KIQWTQ,CSIQO,1

Equal access, equal care – Working with people with a learning disability in prison:

http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/08/equal-access-equal-care-guidance-patients-ld.pdf?dm_i=6N7,3LC23,KIQWTQ,CWNZ9,1

Reduce physical disability across West Lothian

RECOMMENDATION 12: Develop clear strategic approaches to reducing; and where possible, preventing dependency or deterioration of physical disabilities.

There is a case to focus resources at earlier stages of intervention to prevent deterioration of physical disability where possible. This approach should be aligned to the promotion of independence which may extend to addressing dependency on specialist services under certain circumstances.

Responsive and proactive services

RECOMMENDATION 13: Services need to be developed to be more responsive including ensuring that waiting time targets are consistently met, having clear access criteria, being available for longer hours and also ensuring that staff understand what services are available and how to appropriately refer.

There is a need for services to be more person centred, responsive, accessible, joined up/coordinated and effective to meet assessed needs; and changing needs. This will require a review of inclusion and exclusion criteria, access routes, opening times, programmes / interventions / activities, discharge,

throughcare and re-entry arrangements; viewed primarily from the perspectives of service users and their carers. Peer led mutual aid/self-help networks must be a key feature of new practice culture.

Good Practice Reference

Visibility Early Intervention project

www.visibility.org.uk (Valerie Breck, Operational Director).

Provide assessment for people who are recently diagnosed with a severe visual loss where Glasgow City Council is unable to do so and so prevent long waiting lists.

The role of IT in support

RECOMMENDATION 14: Commissioners need to work with providers to look at how IT can be more effectively used to enhance appropriate support.

Examples include:

- Web-based advice;
- Information and support including email referral and communication systems; and
- Integrated records.

Strengthening the Third Sector and peer support across West Lothian

RECOMMENDATION 15: Enhance the role and availability of the third sector and peer support services and networks to support integrated care and outcomes for people.

The third sector, including both voluntary organisations and commissioned services, is a fundamental element of any solution concerning support provision across West Lothian. There are a mix of experiences across commissioned Third Sector organisations in West Lothian, with some stating their satisfaction with local arrangements; whilst others, including parent/carers groups, did express some 'issue' type sentiments such as being under-funded, under-utilised and under-valued. It is evident that the third sector can continue to make a vast impact on results at an individual, family, local community and wider societal basis.

Working together with commissioners with commonly identified and agreed goals, third sector organisations must do better at demonstrating their effectiveness in providing support to those with physical disabilities; critically within the framework of Self Directed Support. However, statutory physical disability specialist support services must also demonstrate their results and be held accountable for performance. In-house services are not monitored under the Contract Monitoring Framework for the Provision of Quality Care and Support Services (see **7.5.1**) which is a model which commissioners may seek to review in the future.

Currently, peer support networks, activities and initiatives in West Lothian are lacking; notwithstanding the endeavours of a few third sector organisations. However, there needs to be heavier investment including financial backing to developing peer support/mutual aid models and practices to complement more conventional services.

Good Practice References

Moving out of Home - The Lothian Centre for Inclusive Living (LCiL) hosts a peer support group for parents and carers of disabled children and children with additional support needs. A recent meeting focused on 'Moving out of home' with input from Housing Options Scotland on the pathway for a young disabled person moving out of home. <http://www.lothiancil.org.uk>

VOCAL - The Lothian Centre for Inclusive Living (LCiL) and VOCAL Midlothian Carer Centre are hosting a two-part workshop for parents and carers of disabled children/young people and children with additional support needs living in Midlothian. <https://www.carerstraining.co.uk/>

Home from Hospital – Voluntary Action East Renfrewshire – An initiative led by the Third Sector interface uses a co-production and asset-based approach to supporting people. Anne.Kidd@va-er.org.uk [0141 876 9555].

Opportunity and Independence: East Lothian's Joint Strategy for Physical Disability or Hearing or Sight Loss Good practice reference

East Lothian's Joint Strategy for Physical Disability or Hearing or Sight Loss 2013-2020

Increasing the profile of Service Users and their Families/Carers

RECOMMENDATION 16: Consideration should be given to developing a clear framework for how service users and their families/carers could and should be involved in the commissioning, delivery, development, and commissioning of specialist physical disability services, and the wider system.

The evolution, planning and development of services, models of support and commissioning processes should be built around the ambitions of service users and their families within a self-directed support and outcomes focused system of care. Developing services in this way will provide benefits to people who use the service but will also help develop community based mutual aid and peer support networks, thereby enhancing the ability for people to move on from services.

The National Charter for Involvement²⁰² details clearly the view of people using services in terms of participation and involvement.

Good Practice References

National Charter for Involvement: <http://arcuk.org.uk/scotland/files/2011/09/ARC-final-charter-297mmx297mm-12.12.14.pdf>

National Standards for Community Engagement - <http://www.scdc.org.uk/what/national-standards/> and <http://www.gov.scot/Topics/People/engage/NationalStandards>

Workforce Development (recommendation 17)

Integration represents a seismic change for services, in terms of operations, governance and workforce development. It demands a change of mindset and a maximisation of use of resources in an efficient and effective way. Services and individual professionals working closely together will bring about improvement and better outcomes for each person. This cultural journey needs to start now at all levels of services. Engagement by the workforce with this agenda is paramount and support from West Lothian Organisational development resources within NHS and West Lothian Council may be a source of support to physical disability services.

Developing an experienced, flexible, responsive and hopeful workforce

RECOMMENDATION 17: Devise a long-term programme of workforce development opportunities.

The transition to outcomes-focused working and the development of new leadership structures has opened up demand for new skills, competencies and scope of service delivery in the workforce. Consideration should be given to undertaking a training needs analysis and development of a training schedule for specialist and generic staff and other stakeholders (including carers/families) who support people with physical disabilities.

Good Practice References

Midlothian Voluntary Action Training plan and newsletter: <http://mvacvs.org/index.php/our-services/training>

Mindspace Recovery College covering Perth & Kinross – information available at: <http://www.mindspacepk.com/recovery-college/>

Visibility of achievement is critical to demonstrate the power and possibility of empowerment and personal independence

RECOMMENDATION 18: Promote empowerment and personal independence; and celebrate achievement.

People with a physical disability can and do achieve optimal independence and associated life gratification. There is a greater need in West Lothian to promote empowerment and independence; and also to celebrate achievement. Currently, the level and nature of such endeavour is sporadic and limited. The term, 'independence' is not routinely used in West Lothian and there are many interpretations of what 'independence' means. In certain circumstances, particularly for people with severe and enduring conditions; concepts of full empowerment and independence are lacking which may mitigate aspirations being identified and achieved.

Furthering the personal independence agenda

RECOMMENDATION 19: Learn from experience and emerging evidence; and forge alliances to support networks and communities.

Throughout West Lothian, there has been limited momentum gained in respect of ground level and bottom up peer led communities; for example, the Vision Support Group and Sensory Loss Group provides mutual self-help to people with a range of emotional, practical, social and other needs. There is opportunity to learn from the experience of this network; and to forge alliances to support the future development of support networks and communities, for which there is a demonstrable need.

In summary

In summary, this study has a number of limitations in common with other health and social care needs assessments. However, the assumptions and limitations have been clearly described in the body of the report, and due caution should be exercised in interpreting the findings. It will be for future research to address the limitations of the current study.

Adults with Physical Disabilities Commissioning Plan Working Group

Terms of Reference and Membership

A. Remit of Working Group

The Scottish Government requires Integration Joint Boards (IJB) in collaboration with their partners to develop strategic commissioning plans for all adult care groups. Strategic commissioning plans should incorporate the important role of informal, community capacity building and asset based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system.

The purpose of this Working Group is to develop a three year commissioning plan for Care Group in accordance with the Scottish Government guidance on Strategic Commissioning Plans¹. The plan will be informed by a detailed needs assessment which will have been prepared in conjunction with the IJB Strategic Planning Group.

The commissioning plan will be consistent with appropriate commitments within the following related high level strategies: West Lothian IJB Strategic Plan, West Lothian Single Outcome Agreement, NHS Lothian Local Delivery Plan, NHS Lothian Clinical Strategy, West Lothian Housing Strategy, and West Lothian Council Corporate Plan.

The Adults with Physical Disabilities commissioning plan will confirm the total resources available across health and social care in respect of service users and carers and relate this information to the needs of the Adults with Physical Disabilities population set out in the needs assessment; such resources should be consistent with the relevant Directions issued by the IJB. The plan will:

- confirm desired outcomes and link investment to them
- detail how improvement will be delivered against outcomes and associated performance indicators
- prioritise investment and disinvestment through a coherent and transparent approach
- ensure that resource deployment and performance is consistent with the duty of Best Value
- reflect needs and plans as articulated at locality level
- ensure that sound clinical and care governance is embedded

B. Frequency

The group will meet on a regular basis in accordance with the overall schedule for the delivery of the commissioning plan.

¹ <http://www.gov.scot/Resource/0046/00466819.pdf>

C1. Lead Officer

The group will be chaired by Jane Kellock, Head of Service

C2. Contact

The Lead Officer will be supported by

- Lesley Broadley, Service Development Officer, Commissioning and Programme Management team
- Douglas Pirie, Accountant, Financial Management Unit

D. Reporting

The group will report to the Strategic Planning Group in accordance with the overall schedule for the delivery of the commissioning plan.

E1. Membership Profile

Participants are chosen to provide the relevant knowledge and expertise to fulfil the remit of the group.

E2. Membership

Member	Role
Jane Kellock	Lead Officer
Lesley Broadley	Support Officer: Commissioning & Programme Management
Douglas Pirie	Support Officer: Financial Management
Douglas McGown	Lead GP
Pamela Main	Senior Manager, Community Care, Assessment and Prevention, WL HSCP
Mairead Hughes	Chief Nurse, West Lothian HSCP
Christine Candlish	Physiotherapy Inpatient Manager
Joyce Ormiston	Group Manager, WI HSCP
Gillian Edwards	Planning & Coordinating Officer, Housing Strategy & Development
Ann Egan	Team Leader, Forrest Walk, Uphall (Cornerstone)
Robert Telfer	Scottish Care
Jackie Ross	PD Service User Representative
Kathleen Duncan	PD Service User Representative
Ailsa Sutherland	Group Manager, Social Policy
Margaret Burns	Carer

F. Review

As a short life group it is not anticipated that the remit and membership will need to be reviewed.

Date: 31 May 2016

Agenda Item: 14

WORKPLAN FOR WEST LoTHIAN IJB 2016

Date of IJB meeting	Meeting to approve reports	Title of Report	Lead Officer	Action
FOR FUTURE UNSPECIFIED MEETINGS				
		Engagement Strategy	Steve Field	
		Lothian Hospitals Strategic Plan		
		Arrangements to liaise / cooperate with other Lothian IJBs		
		Community Planning Partnership / IJB relationship		
		SW Audit	Jane Kellock	
		Provision of Support Services		
		JIT Evaluation Tool		
		NMC Revalidation	Mairead Hughes	
		Recommendations from Mental Welfare Commission Report	Jane Kellock	
		REH Business Case		