



West Lothian  
Council



## ***West Lothian Integration Joint Board***

West Lothian Civic Centre  
Howden South Road  
LIVINGSTON  
EH54 6FF

12 October 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 18 October 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. Confirm Minute of Meeting of West Lothian Integration Joint Board held on Tuesday 23 August 2016 (herewith)
5. Note Minute of Meeting of West Lothian Integration Joint Board Audit Risk and Governance Committee held on Friday 24 June 2016 (herewith)
6. Running Action Note (herewith)
7. Adults' Mental Health Commissioning Plan - Report by Director (herewith)
8. Learning Disability Commissioning Plan - Report by Director (herewith)
9. IJB 2016/17 Budget Update - Report by Chief Finance Officer (herewith)

DATA LABEL: Public

10. Audit of the 2015/16 Annual Accounts - Report by Chief Finance Officer (herewith)
11. Workplan (herewith)

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

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 23 AUGUST 2016.

Present

Voting Members – Martin Hill (Chair), Susan Goldsmith, Alex Joyce, Danny Logue, John McGinty, Anne McMillan, Lynsay Williams.

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

Apologies – Councillor Frank Toner

In Attendance – Marion Barton (Head of Health Services), Alan Bell (Senior Manager, Communities and Information, WLC), Steve Field (Head of Service, WLC), Clare Gorman (NHS Lothian), James Millar (Standards Officer), Carol Mitchell (NHS Lothian).

1. CHAIR'S OPENING REMARKS

The Chair welcomed to the meeting Susan Goldsmith and Lynsay Williams. Susan and Lynsay had been appointed to the IJB as replacements for Julie McDowell and David Farquharson.

The Chair then referred to the Quality Scotland Annual Scottish Awards for Business Excellence 2016. West Lothian Health and Social Care Partnership had won an award in the category Committed to Excellence Assessment. The Chair congratulated Jim Forest and staff on their achievement.

2. DECLARATIONS OF INTEREST

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

Susan Goldsmith declared an interest as an employee, NHS Lothian.

3. MINUTE OF MEETING OF WEST Lothian IJB

The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 31 May 2016.

Matters Arising – Code of Conduct

The Board noted advice by the Standards Officer that the Code (which had been agreed by the IJB in May 2016) had been submitted to Scottish

Ministers and had been approved.

4. MINUTE OF MEETING OF WEST LoTHIAN INTEGRATION SPG

The Board noted the minute of meeting of the West Lothian Integration Strategic Planning Group held on 7 April 2016.

5. RUNNING ACTION NOTE

A copy of the Running Action Note had been circulated for information. It was noted that a number of items on the Running Action Note would be dealt with later in the meeting.

Decision

To note the Running Action Note.

6. IJB 2016/217 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the IJB's 2016/17 delegated resources taking account of NHS Lothian's submission of the 2016/17 Local Delivery Plan and resulting updated level of delegated resources to the IJB.

The report explained that NHS Lothian's Local Delivery Plan, containing 2016/17 budget plans, had been submitted to the Scottish Government on 31 May 2016. The Local Delivery Plan outlined a funding gap of over £20 million. Since then, the Scottish Government had agreed to provide NHS Lothian with an additional £6 million of recurring funding to recognise NHS Lothian's unfavourable position in relation to NRAC funding.

Appendix 1 to the report was a letter from NHS Lothian Director of Finance noting an updated allocation of resources to the IJB for delegated functions. A table within the report provided details of the split of the funding and gap between the three elements of the NHS Lothian contribution.

The report went on to examine the key risks around the NHS Lothian contribution to the West Lothian IJB, the key risk being that NHS Lothian as yet did not have a balanced budget position, although the extent of the budget gap had reduced significantly over recent months. In addition, a number of specific risks would require to be closely monitored, and these were listed in the report.

In relation to Alcohol Drug Partnership Funding, the Lothian wide funding for 2016/17 of £8.887 million represented a 23% reduction compared to 2015/16. A separate report to the Board would be considered later in the meeting setting out further detail of ADP plans for the current year and future years.

As previously reported to the Board, the council's budget contribution to the IJB had been approved by Council on 23 February 2016. While the council's budget contribution represented a balanced budget position, there remained a number of risks as noted in the report.

The Chief Finance Officer then informed the Board of successful bids for Scottish Government funding that had recently been confirmed and as a result had not yet been taken account of in IJB resources. This related to £515,000 for Technology Enable Care (TEC) and £351,000 for Primary Care and Mental Health, awarded in line with the investment plans submitted within the successful bids.

Finally, the report examined the key points relating to the financial assurance process.

The Chief Finance Officer recommended that the IJB:-

1. Note the update financial assurance position on resources delegated to the IJB.
2. Agree that Directions were updated and re-issued to NHS Lothian based on the updated resources allocated to the IJB taking account of the NHS Lothian budget plans submitted to the Scottish Government.
3. Note that financial assurance and monitoring of financial performance would be ongoing during the year and reported on a regular basis to the IJB.

#### Decision

To approve the recommendations by the Chief Finance Officer.

### 7. PHYSICAL DISABILITY COMMISSIONING PLAN

The Board considered a report (copies of which had been circulated) by the Director advising the Board of the development of a strategic commissioning plan for Adults with a Physical Disability.

The report recalled that, at its meeting held on 24 March 2016, the IJB had approved its strategic plan which included details of how high level outcomes were to be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

The Board was informed that recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants.

A short life Working Group had been established to develop the three year commissioning plan. This group included representatives of key stakeholders, including service users and providers. A draft plan had

been prepared and considered by the Strategic Planning Group on 8 August 2016.

Following comments by the Strategic Planning Group, the draft of the strategic commissioning plan for Adults with a Physical Disability had now been finalised and was attached as Appendix 1 to the report.

The Director recommended that the Board approve the strategic commissioning plan for Adults with a Physical Disability attached as Appendix 1 to the report.

Questions raised by IJB members were then dealt with by Alan Bell, Senior Manager, Community Care Support and Services.

### Decision

To approve the strategic commissioning plan for Adults with a Physical Disability as recommended by the Director.

## 8. NEEDS ASSESSMENT FOR OLDER PEOPLE

The Board considered a report (copies of which had been circulated) by the Director enclosing the planning schedule for the development of the strategic commissioning plan for Older People.

The report recalled that the IJB had approved its strategic plan which included details of how high level outcomes would be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

Appendix 1 to the report provided the schedule for the development of the plan for Older People, and it was noted that the first phase of this had been completed in respect of the analytical phase – the needs assessment.

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

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

The Board was informed that officers intended 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 Older People to the IJB meeting on 18 October 2016 for approval.

Questions raised by Board members were then dealt with by Alan Bell

(Senior Manager, Community Care Support and Services).

During discussion, Susan Goldsmith commented that she would not be able to approve the final draft of the Strategic Commissioning Plan for Older People without opportunity to discuss in more detail.

Board members then heard that the final draft would take account of the comments made by IJB members and by members of the OPCP Working Group (which concerned the recommendations being relatively light and lacking ambition).

In addition, officers undertook to raise the following questions with Figure 8 Consultancy Services:-

Reference to “culture of silo working” (page 60) – to clarify what is meant by this.

Comparisons with South Lanarkshire, Renfrewshire and Falkirk – to ascertain the rationale for choosing these councils.

It was recommended that the Board 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 Older People to the IJB meeting on 18 October 2016 for approval.

#### Decision

1. To note the planning schedule as detailed in Appendix 1 to the report.
2. To note the commitment to present a final draft of the strategic commissioning plan for Older People to the IJB meeting on 18 October 2016 for approval.

### 9. SCHEDULE FOR MENTAL HEALTH COMMISSIONING PLAN

The Board considered a report (copies of which had been circulated) by the Director enclosing a schedule for the development of the strategic commissioning plan for Adults with Mental Health problems.

The report recalled that the IJB had approved its strategic plan which included details of how high level outcomes would be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

Appendix 1 to the report provided the schedule for the development of the plan, and it was noted that the first phase of this had been completed in respect of the analytical phase – the needs assessment.

Recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants; these had been grouped under six

key themes. Appendix 2 to the report gave a summary of the key themes and recommendations from the needs assessment.

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

The Board was informed that officers intended 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 Mental Health problems to the IJB meeting on 18 October 2016 for approval.

#### Decision

1. To note the planning schedule as detailed in Appendix 1 to the report.
2. To note the commitment to present a final draft of the strategic commissioning plan for Adults with Mental Health problems to the IJB meeting on 18 October 2016 for approval.

#### 10. ALCOHOL AND DRUGS PARTNERSHIP FUNDING 2016/17

The Board considered a report (copies of which had been circulated) by the Director advising the IJB of the reduction in direct grant funding for Alcohol and Drugs Partnerships in 2016/17 and the issues associated with this.

The Board was informed that the West Lothian Alcohol and Drugs Partnership (ADP) was a multi-agency partnership set up in 2008 that had strategic responsibility for coordinating actions to address local issues with alcohol and drugs. Its membership included West Lothian Council, NHS Lothian, Police Scotland, Third Sector, HMP Addiewell. The current ADP Commissioning Plan 2015-2018, which was attached as Appendix 1 to the report, had been developed with collaboration and support of all partners.

The report went on to advise that in 2015/16, £69.2 million had been provided from across the health and justice portfolios for the purposes of supporting the work of Alcohol and Drug Partnerships on treatment services. The Scottish Government draft budget published in December included a reduction in the combined drug and alcohol funding from £69.2 million in the current financial year to £53.8 million in 2016-17.

Since December, the Scottish Government had confirmed ADP funding allocations to NHS Boards for 2016-17 in a letter of 4 July 2016. A copy of the letter was appended to the report. The result was that the ADP funding allocation for Lothian had reduced from £11.470 million to £8.887 million (a 23% reduction).

The Board noted that, as part of its financial planning process for 2016/17, NHS Lothian had passed on the relevant share of increase in its baseline

budget in 2016/17 to all Lothian IJBs along with the full Scottish Government allocation for ADPs. The budget resources available were however unable to redress the 23% reduction in direct Scottish Government funding for ADPs for 2016/17.

It was estimated that the total budget reduction impacting on West Lothian commissioned services would be approximately £400,000 in 2016/17.

The Board was informed that the existing ADP commissioned service commitments were based on an expectation of funding comparable to 2016/16 levels. Although contracts could be varied or terminated, a period of at least three months notice was required. In addition such a significant reduction to ADP services, without undertaking an appropriate assessment and prioritisation of service activities, would have risks to delivery of outcomes which related to vulnerable people and disadvantaged communities.

The Director recommended that the IJB:-

1. Note that all additions services came within the scope of the IJB Scheme of Integration.
2. Note that the budget contribution from NHS Lothian to the IJB incorporated the appropriate proportion of all NHS Lothian funding in respect of additions services.
3. Note the reduction in the Scottish Government's direct grant funding for Alcohol and Drugs Partnerships in 2016/17.
4. Agree that the ADP commissioning plan should be reviewed and revised to bring planned expenditure in line with the reduced resources for additions services; this review to be based on the priorities established from the strategic needs assessment and carried out with the same level of stakeholder engagement as for the original development of the commissioning plan.
5. Agree that the revised ADP commissioning plan should be presented to the IJB meeting of 29 November 2016 for approval.

#### Decision

To note the terms of the report; and

To approve the recommendations outlined in the report.

#### 11. TECHNOLOGY ENABLED CARE PROGRAMME

The Board considered a report (copies of which had been circulated) by the Director concerning the West Lothian Technology Enabled Care Programme (WL TEC Programme) and the associated Scottish Government funding which had been approved by the Scottish Government.

The Board was informed that West Lothian had recently had confirmation of funding of £515,000 by the Scottish Government TEC Fund to participate in the two year national TEC programme.

The funding would allow West Lothian to expand the range of services offered and provide greater opportunity to an increased number of service users.

A number of areas would be developed as a result of the funding and an outline of programme activity was attached as Appendix 1 to the report. A structure programme management approach, as outlined in Appendix 2 to the report, would be followed to ensure control and delivery; this approach would also ensure that the programmed activity is full evaluated thus informing decisions on future sustainability.

Finally, it was noted that officers would report to the IJB on the progress of the programme on a six monthly basis.

#### Decision

1. To note the West Lothian Technology Enabled Care Programme and the associated Scottish Government funding which had been approved by the Scottish Government.
2. To note that six monthly progress reports on the programme would come to the IJB.
3. To delegate authority to the Director, West Lothian IJB to issue a Direction to West Lothian Council to use the funding (£515,000) to deliver in terms of the funding conditions.

## 12. DRAFT UNAUDITED ACCOUNTS/DRAFT GOVERNANCE STATEMENT

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer enclosing a copy of the unaudited 2015/16 Annual Accounts of the West Lothian Integration Joint Board (IJB) for information.

The Chief Finance Officer informed the Board of the requirement for IJBs to prepare annual accounts. He went on to advise that, in line with the Local Authority Accounts (Scotland) Regulations 2014, the unaudited annual accounts had to be submitted to the appointed auditor by 30 June.

The Annual Accounts appended detailed the IJB's financial position for 2015/16 taking account of a date of establishment of 21 September 2015. The accounts also included a Management Commentary setting out the purpose and strategic aims of the IJB, and the Annual Governance statement previously approved by the Board.

It was recommended that the Board note the 2015/16 Annual Accounts that had been submitted to Audit Scotland for audit.

Decision

To note the terms of the report.

13. IJB MEMBER INDUCTION

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

The report recalled that the Board had previously agreed that a series of orientation events would take place for members to visit areas and learn about service specific initiatives. This would enable members to familiarise themselves with local environments whilst being able to meet and interact with a range of teams providing care.

Appendix 1 to the report outlined the dates and themes of each visit.

It was recommended that the Board note the content and dates of Board member induction as outlined in the report.

Decision

To note the terms of the report.

14. WORKPLAN

A copy of the Workplan had been circulation for information.

Decision

1. To note the Workplan.
2. To note that two important items of business would come to the IJB for decision in October and that other items of business planned for October could be re-scheduled, if necessary.



MINUTE of MEETING of the WEST LoTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 24 JUNE 2016.

Present

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

Non-Voting Member – Martin Murray (Staff Representative WLC).

Apologies – Danny Logue (Voting Member) and Jane Houston (Non-Voting Member, Staff Representative NHS Lothian)

In attendance – Jim Forrest (Director, West Lothian Council), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager, WLC), Patrick Welsh (Chief Finance Officer, West Lothian Integration Joint Board), James Millar (Governance Manager, West Lothian Council).

CHAIR'S OPENING REMARKS

The Chair welcomed those present to the first meeting of West Lothian Integration Joint Board Audit Risk and Governance Committee. He informed the committee that Lynsay Williams, who replaced Julie McDowell as the NHS voting member, was participating in the meeting by remote access.

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. CONSIDERATION OF 2015/16 ANNUAL ACCOUNTS (UNAUDITED)

A report had been circulated by the Chief Finance Officer providing details of the unaudited 2015/16 Annual Accounts of the Integration Joint Board (IJB), a copy of which was attached as an appendix to the report.

The report highlighted that the Public Bodies (Joint Working) (Scotland) Act 2014 specified that IJBs should be treated as if they were bodies falling within Section 106 of the Local Government (Scotland) Act 1973. This required annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973). The unaudited annual accounts were required to be submitted to the appointed auditor no later than 30 June each year.

The Chief Finance Officer advised that the Annual Accounts outlined the IJBs financial position to the end of March 2016 taking into account the date of establishment of 21 September 2015. The accounts also included

a management commentary setting out the purpose and strategic aims of the IJB and the Annual Governance statement previously approved by the Board. The Chief Finance Officer stated that once the accounts had been audited by Audit Scotland they would be forwarded to the next meeting of the IJB Audit Risk and Governance Committee for approval and to the IJB for information.

It was recommended that the committee considers the 2015/16 Annual Accounts prior to submission to Audit Scotland for audit.

### Decision

Agreed that the 2015/16 unaudited Annual Accounts be submitted to Audit Scotland for audit.

## 3. RISK MANAGEMENT PRESENTATION

The committee noted a presentation by the Audit, Risk and Counter Fraud Manager, which provided details of the approach being taken to risk management by the Integration Joint Board.

The committee was advised that risk was defined as an effect of uncertainty on an organisations ability to achieve its corporate objectives. NHS Lothian and West Lothian Council maintained separate risk registers recording operational risks while the IJB maintains a risk register covering strategic risks to the IJB's objectives. Risks were scored for a combination of likelihood and impact using a five by five risk matrix. The higher the score, the higher the assessed risk and the greater potential impact on IJB objectives.

Nine risks were identified in total covering areas such as funding, governance arrangements, clinical care and performance management. The IJB risk management strategy was being developed which would comprise of risk management policies and procedures for the management of risk.

Following the conclusion of the presentation the committee noted the report by the Director (copies of which had been circulated).

The Audit, Risk and Counter Fraud Manager then responded to questions from members of the committee. In response to a question about who determined the risks and risk appetite the Audit, Risk and Counter Fraud Manager advised that operational risks were separately recorded in the risk registers of both West Lothian Council and NHS Lothian and scrutinised by each organisation. The IJB Audit Risk and Governance Committee's approach to risk management was to scrutinise policies and procedures and strategic risks identified which could impact on the IJB objectives as well as review reports of operational risks to ensure that effective risk management arrangements were in place to mitigate their impact. The committee recommended that further clarity should be provided in the IJB Risk Management Policy about who should determine the risks and risk appetite. The committee also recommended that

timescales to manage any risks identified should also be included in the IJB risk control measures.

The committee was asked to note the progress on risk management as set out in the report and consider the risks identified and the control measures in place to mitigate their impact.

#### Decision

1. Noted the presentation and terms of the report;
2. Noted the recommendation that clarity about who should determine the risks should be included in the IJB Risk Management Policy; and
3. Noted the recommendation that timescales should be included in the IJB risk control measures.

#### 4. RISK MANAGEMENT

The committee considered a report (copies of which had been circulated) by the Director providing details of the approach being taken to the management of risk and provided information relating to the risks identified.

The report advised that the objective of risk management was to ensure that risks were properly identified, assessed and managed. The Integration Scheme between West Lothian Council and NHS Lothian requires the IJB to operate a risk management strategy to comprise of relevant policies and procedures for the management of risk. The IJB Risk Management Policy was being developed and it was proposed that this would be submitted to a future meeting of the IJB for approval.

All of the risks have been scored for likelihood and impact using a five by five risk matrix. These two ratings were multiplied together to provide a risk score with scores ranging from between 1 and 25. The higher the score the higher the assessed risk and therefore the greater potential impact on IJB objectives.

In response to a question raised about the risk scores, the committee was advised that traffic light icons were also used to clearly identify outcomes. The committee recommended that it would be useful if more information was provided, possibly by routine reports, when medium to high risks were identified to allow better scrutiny to be carried out. The format of the risks with internal controls summary should also include a column to outline the action taken and timescales involved to manage the risks identified.

It was recommended that the committee note the progress on risk management as set out in the report and consider the risks identified and the control measures in place to mitigate their impact.

#### Decision

1. Noted the terms of the report;
2. Noted the recommendation that additional information be provided when medium to high risks were identified; and
3. Noted the recommendation that a column be added to the risks and internal controls summary to outline the action taken and timescales involved to manage identified risks.

5. INTERNAL AUDIT PLAN 2016/17

The committee considered a report (copies of which had been circulated) by the Internal Auditor providing details of the internal audit plan for 2016/17 which set out the planned internal audit work for the year to 31 March 2017, details of which was attached as an appendix to the report.

The Internal Auditor advised that the Public Sector Internal Audit Standards (PSIAS) requires that a risk based audit plan be prepared. The purpose of the audit plan was to audit the Integration Joint Board's processes and ensure that effective controls were in place to mitigate the risks identified. It was noted that separate internal audit arrangements were in place in relation to the council and health sides.

During the course of the discussion it was recommended that a workplan be included on future agendas to provide an indication of the timetable of reports being scheduled.

It was recommended that the committee approve the 2016/17 internal audit plan.

Decision

1. Approved the terms of the report; and
2. Noted the recommendation that a workplan be submitted to future meetings.

6. SCHEDULE OF FUTURE MEETINGS

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing details of the proposed schedule of further meetings for the remainder of the financial year.

The report advised that meeting dates for the Audit Risk and Governance Committee have been set until 23 September 2016. As part of the remit the committee was required to meet at least four times in each financial year. To ensure compliance with the approved remit and provide committee members with as much notice as possible it was proposed that the following meeting dates be agreed by the committee:

- Friday 6 January 2017 at 10.00 a.m. and

- Friday 31 March 2017 at 10.00 a.m.

The Chair highlighted that Strathbrock Partnership Centre was not suitably equipped for using remote access facilities. The committee also noted that Friday was not a suitable day for all members to attend. It was recommended that further investigation would be carried out into the use of remote access equipment at Strathbrock Partnership Centre and if not available an alternative venue be considered. It was also recommended that an alternative day to hold the meeting be investigated.

It was recommended that the committee agree the proposed schedule of meetings.

#### Decision

1. Agreed the proposed scheduled of meetings;
2. Agreed that the use of remote access facilities be investigated at Strathbrock Partnership Centre or consideration be given to an alternative venue for the meetings; and
3. Agreed that an alternative day to a Friday to hold the meetings be explored.



Date: 18 October 2016

Agenda Item: 6

### Running Action Note for West Lothian Integration Joint Board 2016

Number	Action Note reference	Matter arising and responsible officer	Action taken	Outcome
1	<b>Action Note 16/2/16 005</b>	<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. <b>Action: James Millar</b>	Noted.	Report will be produced in due course.
2	<b>Action Note 23/08/2016 009</b>	<u>Needs Assessment for Older People</u> To note the commitment to present a final draft of the strategic commissioning plan for Older People to the IJB meeting on 18 October 2016 for approval. <b>Action: Alan Bell</b>	Noted	Report will be produced for October meeting.
3	<b>Action Note 23/08/2016 010</b>	<u>Schedule for Mental Health Commissioning Plan</u> To note the commitment to present a final draft of the strategic commissioning plan for Adults with Mental Health problems to the IJB meeting on 18 October 2016 for approval. <b>Action: Alan Bell</b>	Noted	Report will be produced for October meeting
4	<b>Action Note 23/08/2016 011</b>	<u>Alcohol and Drugs Partnership Funding 2016/17</u> To agree that the revised ADP commissioning plan should be presented to the IJB meeting of 29 November 2016 for approval. <b>Action: Alan Bell</b>	Agreed	Report will be produced for November meeting.

03 October 2016



**WEST LOTHIAN INTEGRATION JOINT BOARD DIRECTION - TECHNOLOGY ENHANCED CARE FUND**

1	Date	19 September 2016
2	Reference number	WLIJB/WLC/TEC - 2016
3	Date of IJB meeting at which issue of Direction was authorised	23 August 2016
4	To whom? (council, health board, both)	West Lothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>Scottish Government TEC funding of £515,000 has been awarded to West Lothian IJB to participate in the 2 year national TEC programme. This will enable West Lothian IJB to build upon its investment in tele-healthcare and accelerate commitment in line with emerging national and local priorities and technological developments.</p> <p>The IJB directs West Lothian Council and NHS Lothian to deliver the local TEC programme as approved by the Scottish Government. West Lothian Council will administer the budget on behalf of the IJB.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	n/a
7	Type of function (integrated function or hospital set-aside)	Integrated function
8	Function(s) concerned, including statutory reference(s)	<p>All care groups will be supported through the TEC programme</p> <ul style="list-style-type: none"> <li>– Learning Disabilities</li> <li>– Physical Disabilities</li> <li>– Mental Health</li> <li>– Older People</li> <li>– Alcohol and Drugs Partnership</li> </ul>
9	For integrated functions, who is to do it (council, health board, both)?	Both

10	If given to both, who does what? Singly or together?	The TEC programme details activities, associated resources, and lead responsibility for delivery. The programme will be overseen by a programme board with representation from both West Lothian Council and NHS Lothian. The IJB will receive a regular progress report from the TEC programme board. In addition an annual report will be presented to the IJB prior to submission to the Scottish Government.
11	For integrated functions, the money being paid by the IJB to either or both to do it (either a specific amount or how the amount is to be calculated)	Scottish Government TEC funding of £515,000 has been awarded to West Lothian IJB to participate in the 2 year national TEC programme. The IJB directs West Lothian Council to administer the budget on behalf of the IJB and to allocate resources in accordance with the programme plan.
12	For integrated functions, how the money is to be used	The funding of £515,000 has been allocated to West Lothian IJB as a contribution to the 2 year national TEC programme. The funding will be deployed as detailed in the approved programme plan. This will enable West Lothian IJB to build upon its investment in tele-healthcare and accelerate commitment in line with emerging national and local priorities and technological developments.
13	Relevant National Health & Well Being Outcomes	<ol style="list-style-type: none"> <li>1. People are able to look after and improve their own health and wellbeing and live in good health for longer</li> <li>2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</li> <li>3. People who use health and social care services have positive experiences of those services, and have their dignity respected</li> <li>4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</li> <li>5. Health and social care services contribute to reducing health</li> </ol>

		<p>inequalities</p> <ol style="list-style-type: none"> <li>6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being</li> <li>7. People using health and social care services are safe from harm</li> <li>8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</li> <li>9. Resources are used effectively and efficiently in the provision of health and social care services</li> </ol>
14	Relevant priorities, strategies, outcomes, Pls, etc., from the Strategic Plan	TEC Fund programme makes explicit reference to the IJB Strategic Plan and Care Group Commissioning Plans.
15	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	The TEC Fund programme plan has detailed performance and evaluation measures in respect of all activities within the programme. The programme will report to the IJB on a regular basis and will present and annual report to the IJB prior to submission to the Scottish Government.
16	The information to be provided back and when	The programme will report to the IJB on a regular basis and will present and annual report to the IJB prior to submission to the Scottish Government.
17	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	The local TEC fund programme is part of a national programme which includes all four IJBs within Lothian.



## Integration Joint Board

Date: 18/10/2016

Agenda Item: 7

### **ADULTS' MENTAL HEALTH COMMISSIONING PLAN**

#### **REPORT BY DIRECTOR**

#### **A PURPOSE OF REPORT**

To seek approval from the Integration Joint Board for the strategic commissioning plan for Adults' Mental Health as presented in Appendix 1.

#### **B RECOMMENDATION**

To approve the strategic commissioning plan for Adults' Mental Health as presented in Appendix 1.

#### **C TERMS OF REPORT**

##### **Background**

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.

The strategic commissioning approach seeks to deploy available resources with maximum effectiveness on priority outcomes as informed by the detailed Needs Assessment.

A short life Working Group was established to develop the three year commissioning plan for Adults' Mental Health. A draft plan has now been prepared for the approval of the IJB (Appendix 1).

##### **Structure of the plan**

All care group commissioning plans follow a similar structure.

- Section 1 gives an overview, setting out vision, values, aims and outcomes, and the approach taken.
- Section 2 details the main recommendations arising from the Needs Assessment, locating these against existing strategies and policies and confirming whether they are to be addressed by specific commissioning intentions.

- Section 3 details the specific commissioning commitments, informed by the Needs Assessment, and provides information on the planned spend to meet these commitments.
- Section 4 is titled Next Steps and details a number of strategic change proposals.

#### **Section 4 – Next Steps**

This would not normally be expected to form a significant part of a commission plan. However, it is considered necessary for the current stage of the development of the IJB. It has already been noted that the IJB budget is not yet developed to the level appropriate to commissioning plans. This in turn limits the extent to which commissioning commitments can be detailed. In addition, organisational arrangements within the scope of the IJB are undergoing considerable change and this is likely to have an impact on commissioning commitments.

The programmes of change are:

- Mental Health Redesign -  
An organisational change programme in respect of in-house services.
- Stepped Model of Care  
Exploring the potential of various brief 'Minimal Interventions'.
- Housing , Supported Accommodation, Homelessness  
Developing a range of supported accommodation housing models to enable adults with mental health problems to live within local communities.
- Access to Information  
Providing information about services and support for adults with mental health problems.
- Peer Support & Natural Networks  
Maximising opportunities for people to integrate within their local communities.
- Transitions Young People  
Build on existing work to develop the transition experience of young people with mental health problems.
- Transition Adult to Older People's Services  
Mental Health provision at the age of 65.

Decisions on the investment and disinvestment of resources will require to be made as the actions in Section 4 are progressed.

## **D CONSULTATION**

- Strategic Planning Group

## **E REFERENCES/BACKGROUND**

- West Lothian Integration Joint Board meeting - 05 April 2016

## **F APPENDICES**

1. Adults' Mental Health Commissioning Plan

## **G SUMMARY OF IMPLICATIONS**

<b>Equality/Health</b>	In developing its Strategic Plan, the IJB took account of the requirements for mainstreaming equality by aligning its strategic outcomes with the equality outcomes. The plan was subject to an integrated equalities impact assessment and this commissioning plan is covered by that assessment.
<b>National Health and Wellbeing Outcomes</b>	The commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan.
<b>Strategic Plan Outcomes</b>	The commissioning plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
<b>Single Outcome Agreement</b>	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care.
<b>Impact on other Lothian IJBs</b>	None.
<b>Resource/finance</b>	The implementation of commissioning plans will require to take account of available resources.
<b>Policy/Legal</b>	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance.
<b>Risk</b>	Main risk: IJB005, Inadequate Funding

## **H CONTACT**

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Tel 01506 281937

18 October 2016



# Adults' Mental Health Commissioning Plan

## 2016/17- 2018/19

The West Lothian Strategic Commissioning Plan for Adults' Mental Health sets out our strategic ambitions, priorities and next steps required to deliver integrated health and social care support and services for adults with mental health problems, their families and carers in West Lothian for the next three years.

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

### FOREWORD

The West Lothian Strategic Commissioning Plan for Adults’ Mental Health (hereafter the ‘Adults’ Mental Health Plan’) sets out our strategic ambitions, priorities and next steps required to deliver integrated health and social care support and services for adults with mental health problems<sup>1</sup>, their families and carers in West Lothian for the three-year period to 2018/19.

The Adults’ Mental Health Plan has been developed within the context of national and local policy direction taking into account the key principles and values which underpin the planning, commissioning and provision of services and support for people with mental health problems, and has been informed through consultation with key partners, service users and carers.

The Adults’ Mental Health Plan should be read in conjunction with:-

- West Lothian Integration Joint Board Strategic Plan 2016-26
- West Lothian Adults’ Mental Health Needs Assessment 2016.

It is acknowledged that it is difficult to view services and commissioning for care groups as distinct or isolated from one another. Consequently the Adults’ Mental Health Plan acknowledges the crossover with other health and social care groups:

- Adults with learning disabilities
- Adults with physical disabilities
- Child & Adolescent Mental Health Services
- Older people
- Substance misuse.

Ensuring our services are well positioned to meet the needs of residents in West Lothian is key to achieving the outcomes we have set, and I will be reviewing progress against this Adults’ Mental Health Plan on an annual basis refining where necessary as the Integration Board matures in our local ownership of the resources we have to spend on health and social care services.

*COUNCILLOR FRANK TONER*

*CHAIR OF THE WEST LOTHIAN INTEGRATION JOINT BOARD*

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<sup>1</sup> Refers to any condition, temporary or otherwise, which may affect a person’s mental wellbeing.  
SPICE Briefing [http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB\\_14-36.pdf](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_14-36.pdf)

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

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## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

### SECTION 1: OVERVIEW

#### *Who we are*

The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. Local and joint commissioning of health and social care services will be built around the needs of patients and service users and managed through the West Lothian Integration Joint Board (IJB) who will in turn direct West Lothian Council or NHS Lothian to deliver services on its behalf.

#### *Vision, values, aims and outcomes*

The vision of the IJB Strategic Plan 2016-26 for West Lothian (Strategic Plan) is “to increase wellbeing and reduce health inequalities across all communities in West Lothian”. The plan describes the values and aims and commits the IJB to deliver the nine national and wellbeing outcomes for health and social care as required by the Scottish Government.

The strategic plan covers the geographical area of West Lothian and in accordance with the legislation defines two localities across which health and social care services will be planned and delivered, the East and the West. The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.

#### *The case for change*

- It is recognised nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet these needs can be disjointed and not as co-ordinated as they could be.
- Combining the resources of both agencies within the integrated partnership will allow for greater exploration of efficiencies to ensure we can meet the main health and wellbeing challenges at a time when we also need to reduce costs.
- West Lothian has a faster than average population growth, an ageing population and growing numbers of people living longer with mental health problems, long term conditions and complex needs, all of which require us to ensure we have commissioned our health and social care services to meet our duty of Best Value, but also to ensure our resources are targeted to achieve the greatest impact on those most in need.

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

### OUR APPROACH

The IJB has committed to develop strategic commissioning plans for all adult care groups. These plans will aim over time to 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. Each commissioning plan will confirm the total resources available across health and social care and relate this information to the needs of the care group population as determined by a local needs assessment and other relevant local or national strategies.

As a first stage in the development of a commissioning plan for adults' mental health, independent specialists in research and evaluation of the health and social care sector were commissioned to carry out a comprehensive local needs assessment. The needs assessment process involved:

- analysis of data based on the population, including demographic trends, health status and risk
- a wide consultation with the public through surveys, focus groups, etc.
- consideration of the views of professionals or experts
- benchmarking with other areas in Scotland.

The resultant commissioning plan for adults' mental health will:

- reflect needs and plans as articulated at a local level for West Lothian
- confirm the desired outcomes and link investment to them
- detail what services will be delivered against outcomes and the associated performance indicators
- prioritise investment and disinvestment in line with assessed needs
- ensure that resource deployment and performance is consistent with the duty of best value
- ensure that sound clinical and care governance is fully considered.

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

## SECTION 2: NEEDS ASSESSMENT RECOMMENDATIONS

The Needs Assessment made 16 recommendations structured around 7 key themes. The recommendations have been mapped against the National Health and Wellbeing Outcomes (detailed in Appendix 1) and then referenced against other strategic plans in order to evaluate whether the recommendation will be delivered through other routes or included for delivery as part of our commissioning cycle in this plan.

Ref	Recommendation	National Health & Wellbeing Outcomes									In scope	Out of scope	Existing Strategies / Policies					
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	IJB Workforce Plan	WL Engagement Strategy	Local Housing Strategy		
1	Theme - Joint Strategic Priorities: In future, these priorities should be needs-led and not service-led.	√	√			√				√		√	√			√		
2	Theme - Joint Strategic Priorities: Consideration should be given to strengthening the contribution of the Third Sector; particularly in areas of lower speciality community based supports.				√	√				√		√	√		√			
3	Theme - Joint Strategic Priorities: Inclusion of 'support for carers' in future priorities.						√				√		√					
4	Theme - Joint Strategic Priorities: Taking cognisance of the recent NHS National Clinical Strategy and accepting issues of resource constraint and growing demand, the Integrated Joint Board to reassess the current balance of regionally and locally delivered mental health services to ensure the most beneficial and sustainable arrangements are put in place to deliver quality care as close as practicable for service users and carers; such a review to include consideration of opportunities arising from GP clusters.				√					√		√	√					

DATA LABEL: OFFICIAL INTERNAL

5

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

Ref	Recommendation	National Health & Wellbeing Outcomes									In scope	Out of scope	Existing Strategies / Policies					
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	IJB Workforce Plan	WL Engagement Strategy	Local Housing Strategy		
5	Theme - Current Configuration of Services: A comprehensive review is required, to address issues of capacity, capability and flow across the Acute, Rehab and Community Support services.									√		√	√			√		
6	Theme - Current Configuration of Services: A review of management arrangements for Mental Health services in light of the evidence provided in this study. For example, consideration could be given to whether Addictions services and CAMHS should be incorporated under one structure.									√		√	√					
7	Theme - Current Configuration of Services: A review of services for the 'Distressed' with the aim of delivering an expanded range of services and enhanced early intervention. It would seem appropriate that future services are based on a Stepped Model of Care.	√			√	√				√		√	√					
8	Theme - Current Configuration of Services: An immediate review should be undertaken of Adult Psychology Services with consideration being given to developing an enhanced psychological therapies service; although we recognise that this should be a long-term plan given the current financial constraints. It would need to be considered against the backdrop of a comprehensive review of the current configuration of services (see Recommendation 5). In order to develop a long-term ('fit-for-purpose') psychological									√		√	√					

DATA LABEL: OFFICIAL INTERNAL

6

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

Ref	Recommendation	National Health & Wellbeing Outcomes									In scope	Out of scope	Existing Strategies / Policies					
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	IJB Workforce Plan	WL Engagement Strategy	Local Housing Strategy		
	service, consideration needs to be given to current NHS Education for Scotland guidance ('The Matrix - A Guide to Delivering Evidence Based Psychological Therapies in Scotland' NHS Education for Scotland, 2014). A review should be conducted as to whether the implementation of a robust and well-resourced Stepped Model of Care, where a broader range of non-specialist staff and organisations (including the third sector) deliver psychological therapies, would be the appropriate model for West Lothian; or whether another model would best suit local needs.																	
9	Theme - Current Configuration of Services: The statutory Mental Health Officer service should be reviewed to ensure it is fit for purpose.								√			√	√					
10	Theme - Current Configuration of Services: Consideration should be given to the development of an integrated Community Mental Health Team model.								√			√	√					
11	Theme - Ethos: The Integrated Joint Board to develop a statement of Vision and Values to which all Mental Health services should subscribe; this to emphasise the centrality of Recovery and the benefits of engagement and co-production with service users and carers.			√		√	√		√			√	√			√		

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

Ref	Recommendation	National Health & Wellbeing Outcomes									In scope	Out of scope	Existing Strategies / Policies					
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	IJB Workforce Plan	WL Engagement Strategy	Local Housing Strategy		
12	Theme - Joint Working Arrangements: Given the evidence of variable joint working between agencies and disciplines, we would recommend consideration of strengthened multidisciplinary teams across both in-patient and community settings.								√	√		√	√			√		
13	Theme - Joint Working Arrangements: Consideration be given to a single point of referral for Adult services.			√					√			√	√					
14	Theme - Service User & Carer Involvement: Given this study has noted variable engagement with, and empowerment of, service users and carers, we would recommend consideration of developing a Service User and Carer Involvement Framework and Strategy.			√	√	√	√				√		√		√	√		
15	Theme - Staffing: Development of a workforce strategy for Mental Health services to address identified issues of recruitment, retention, sickness absence and an ageing workforce.								√			√		√				
16	Theme - Transitions: A review is required of transition arrangements between CAMHS and Adult Services given the evidence supplied in this study.			√	√	√			√			√	√					

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

### SECTION 3: COMMISSIONING PRIORITY ACTIVITIES

This section details the specific commissioning commitments which have been informed by the needs assessment and provides information on the planned spend to meet these commitments. In addition to these commitments, all other existing services and resources which are allocated to provide health and care for the adults' mental health care group will continue to be provided as is, and finally, the whole population universal health services, which all residents of West Lothian have access to, are provided to show the full picture of the resources available.

**Two recommendations, 3 and 14,** from the West Lothian Adults' Mental Health Needs Assessment are in the scope of this commissioning plan. The **other 14** recommendations are principally about management strategies and arrangements; not service commissioning strategies. The recommendations have been allocated to existing strategies and policies for action and delivery as shown in Section 2.

The IJB's Strategic Plan made reference to seven commissioning priorities for the period 2012-2015. These have been reviewed and revised as part of the commissioning plan process.

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
<b>West Lothian Adults' Mental Health Needs Assessment (2016)</b>							
Rec 3	Inclusion of 'support for carers' in future priorities.	3	Support for Carers.	Information and advice support service for carers.	8	See Physical Disability Commissioning Plan.	Carers of West Lothian.
Rec 14	Given this study has noted variable engagement with, and empowerment of, service users and carers, we would recommend consideration of developing a Service User and Carer Involvement Framework and Strategy.	4	Service User & Carer Involvement.	Ensure service users and carers have meaningful input to influence the way services are provided.	3, 8	Within existing allocated resources.	WL HSCP
<b>West Lothian IJB Strategic Plan - Adults' Mental Health Commissioning Priorities (CP)</b>							
CP 1	Develop a range of supported accommodation housing models to enable adults with mental health problems to live within local communities.	1, 2, 4	Mental Health Supported Accommodation.	Mental Health Supported Accommodation normally involves people with more complex needs living in individual flats or houses within a block which are overseen by residential or visiting support staff.	2, 7	£1,679,505	Various providers: Barony, Places for People, Scottish Association for Mental Health, The Richmond Fellowship Scotland. Contract in place until 30/09/17.

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
CP 2	Acute Care and Support Team - Phase 3 Implementation.	2, 4	Acute Care & Support Team (ACAST)	ACAST is a nursing team based in St John’s Hospital and who work with junior medical staff in the urgent assessment of patients presenting to the Accident and Emergency Department. ACAST also provide time-limited intensive home treatment for patients with acute or relapsing psychiatric illness.	3, 5, 7, 10	Within existing allocated resources.	NHS Lothian.

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend £	Provider
<b>Summary of Expenditure on Services and Support for Adults’ Mental Health</b>				
Adult Mental Health Social Care Assessment & Care Management	The Social Policy Adults’ Mental Health Assessment and Care Management Team is responsible for conducting needs-led assessments for adults with mental health problems and for developing appropriate care and support plans in response to identified eligible need. This includes community supports and residential / rehabilitation services.	2, 3, 4, 5, 7, 8.	309,797	WLC Mental Health Assessment & Care Management Team.
Barony	Barony Mental Health West Lothian Cluster Supported accommodation (core) for those unable to care for themselves by virtue of mental disorder.	2, 3, 4, 5, 7, 8.	756,565	Barony Housing Association. Contract in place until 30/09/17.
Bathgate House	Day Services in the form of groups and community outreach to people suffering from severe and enduring mental health problems and who no longer need intensive support from the Community Outreach Team, but require ongoing involvement with services.	2, 3, 4, 5, 7, 8.	329,464	WLC Community Mental Health Team.
Community Based Care	Care at home framework (non-specialist). The Care at Home service is provided by independent sector agencies in a Framework and covers all aspects of care and support for adults with mental health problems such as personal care, medication management and personal assistance	1,4,5.	285,563	Various providers as per the Care at Home Framework. The contract is in place until 31/12/18.
	Care at home framework (specialist). Care and support delivered to adults with mental health problems in a way that promotes and maximises independence. The specialist support includes assistance with personal care and support, daily living, domestic tasks and activities to support social inclusion.	1,4,5.	322,871	Various specialist providers as per the Specialist Care Framework. The contract is in place until 31/12/18.
Community Mental Health Team	Provide an intensive, community-based service for adults with severe and enduring mental health illness.	2, 3, 4, 5, 7, 8.	265,230	WLC Community Mental Health Team.
<b>Sub Total</b>			<b>2,269,490</b>	

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

Direct Payments	SDS Option 1. For adults with mental health problems assessed as eligible for social care services and support and who have chosen SDS Option 1; cash payment as an alternative to direct service provision.	1, 2, 3, 4, 5, 7.	66,508	Individual service users receive payment.
Incapacity & Mental Health	Statutory Mental Health Officer service to adults with mental health problems.	4, 5, 7, 9.	423,261	Adults With Incapacity Team.
Mental Health Grants Day	Grants to voluntary organisations: Specialist legal advice, assistance and representation to people with mental ill health, their relatives and carers.	2, 3, 4, 5, 7, 8.	13,385	Various providers as follows: Legal Services Agency.
Mental Health Residential & Nursing Care	If an individual's assessed care and support needs cannot be safely and appropriately met within their own home, then a long-term residential placement with 24 hour care services and support may be appropriate. Residential and Nursing Care Home placements are provided by the independent sector.	4, 5, 7, 9.	1,021,099	Various providers. Mainly residential or nursing homes commissioned as individual placements following assessment.
Mental Health & Substance Misuse Outreach Framework	Framework arrangement. 750 hours per week maximum. Self-directed support Option 3.	2, 3, 4, 5, 7, 8.	702,000	Various providers. Barony, Places for People, Lanarkshire Association For Mental Health (LAMH), Penumbra, The Richmond Fellowship Scotland (TRFS).
Mental Health Supported Accommodation	Block contracts. Various arrangements in place i.e. supported accommodation and outreach. Self-directed support Option 3.	2, 3, 4, 5, 7, 8.	922,964	Various providers. Barony, Places for People, Scottish Association for Mental Health (SAMH), TRFS. Contract in place until 30/09/17.
Mental Health Support	Support delivered to adults with mental health problems via SDS Option 2.	2, 3, 4, 5, 7, 8.	£159,122	Various providers. LAMH, Penumbra, SAMH. Not contracted provision. Private arrangements between clients and provider. Funded by individual budgets.
Sub Total			3,308,339	

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

Miscellaneous Voluntary Organisations	Voluntary organisations, non-profit support and voluntary organisations service contracts:			Various providers as follows:
	Therapy support service for people experiencing enduring mental ill health to develop meaningful opportunities to pursue their creative interests.	2, 3, 4, 5, 7.	23,090	Artlink. Contract to be put in place.
	Dementia Early Onset Support Service (onset before the age of 65 years). Advice and support, and care at home and in the community.	2, 3, 4, 5, 7, 8.	24,360	Alzheimer Scotland. Contract in place until 31/03/19.
	Mental Health Advocacy. An independent advocacy service for people with mental health and/or addiction problems who are resident or in hospital in West Lothian or in HMP Addiewell.	2, 3, 4, 5, 7.	184,850	Mental Health Advocacy Project. Contract in place until 31/03/18.
		<b>Sub Total</b>	<b>232,300</b>	
<b>Total</b>			<b>5,810,129</b>	
<b>NHS Contribution</b>			<b>-1,826,033</b>	
<b>DEDICATED NET BUDGET FOR ADULTS' MENTAL HEALTH</b>			<b>3,984,096</b>	

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

Universal Health Services available (Total budget)				
Core Health Services	Adults with mental health problems have access to Core Health Services including Community Hospitals, District Nursing, Community AHP's and Prescribing.	1, 5, 6, 7, 9.	69,271,000	West Lothian GPs, District and Community nurses and Allied Health Professionals and Prescribing.
Hosted Health Services	Adults with mental health problems have access to Hosted Health Services e.g. Sexual Health, Oral Health Services, and Public Health services.	1, 5.	11,737,000	NHS Lothian on behalf of West Lothian IJB.
Acute Services	Adults with mental health problems have access to Acute Services e.g. A & E, Cardiology, General Medicine, Rehabilitation and Respiratory Medicine.		29,191,000	St John's Hospital.

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

### SECTION 4: NEXT STEPS

The Adults’ Mental Health Commissioning Plan is designed to run for 3 years from 2016 /17 to 2018/19, at a time of considerable change in the commissioning environment within health and within social care. Decisions on the investment and disinvestment of resources will require to be made as the actions outlined below are progressed.

The Adults’ Mental Health Commissioning Plan will be reviewed annually and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year.

DRAFT

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

	Area of Development	Actions	Timescale	Lead Officer
1.	<b>Mental Health Redesign - In-house Services</b>			
	Work Streams: 1. Psychiatry Input 2. Psychological Therapies 3. Transition Acute to Community 4. Development of Community Mental Health Team.	<ul style="list-style-type: none"> <li>Psychiatry Input:               <ul style="list-style-type: none"> <li>How delivered</li> <li>Unscheduled care</li> <li>Balance psychiatrists / nurse-led practitioner.</li> </ul> </li> <li>Psychological Therapies Talking Therapies:               <ul style="list-style-type: none"> <li>Talking Therapies - potential alternative prescribing</li> <li>Much more blended approach needed in West Lothian.</li> </ul> </li> <li>Transition Acute to Community:               <ul style="list-style-type: none"> <li>Is balance right between in-patient and rehabilitation / community services?</li> <li>Pentland Court</li> <li>Community Outreach Team</li> <li>Acute Care and Support Team</li> <li>Day Services</li> <li>Lack of housing support.</li> </ul> </li> <li>Development of a Community Mental Health Team:               <ul style="list-style-type: none"> <li>Based around -                   <ul style="list-style-type: none"> <li>East / West clusters</li> <li>General practice clusters.</li> </ul> </li> </ul> </li> </ul>	09/2017	N Clater
2.	<b>Stepped Model of Care</b>			
	Briefer 'Minimal Interventions'.	<ul style="list-style-type: none"> <li>Embed distress relief in a wider group of staff</li> <li>Model in which distress becomes part of core work.</li> </ul>	09/2017	J McLean
3.	<b>Housing , Supported Accommodation, Homelessness</b>			
	Develop a range of supported accommodation housing models to enable adults with mental health problems to live within local	<b>In light of the in-house mental health redesign referenced in 1 above:</b> <ul style="list-style-type: none"> <li>Further develop the Joint Accommodation Strategy to ensure the need for supported accommodation developments is reflected</li> <li>Conduct a needs analysis of the housing needs of adults with mental health</li> </ul>	09/2017	D Murray

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

	Area of Development	Actions	Timescale	Lead Officer
	communities.	<p>problems</p> <ul style="list-style-type: none"> <li>• Map current housing provision for adults with mental health problems</li> <li>• Identify gaps in current provision and how future housing needs might be delivered.</li> <li>• Identify what support is required to help adults with mental health problems sustain tenancies.</li> <li>• Conduct a needs analysis of homeless people with multiple and complex needs, who recycle through service provision at considerable costs, and where homelessness is a symptom of their mental health problems, rather than a root cause, thus requiring focussed mental health intervention to stop this cycle.</li> </ul>		
<b>4.</b>	<b>Access to Information</b>			
	Provide information about services and support for adults with mental health problems.	<ul style="list-style-type: none"> <li>• Provide a knowledge base resource that assists and enhances <b>advocacy, carers’,</b> publics’ and staffs’ knowledge and awareness of adults’ mental health services and support.</li> <li>• Structure the knowledge base according to customer needs, rather than internally driven schema.</li> </ul>	09/2017	D Murray
<b>5.</b>	<b>Peer Support &amp; Natural Networks</b>			
	Adults with mental health problems are able to access their local community and have opportunities for socialisation and building friendships.	<ul style="list-style-type: none"> <li>• Maximise opportunities for people to integrate within their local communities</li> <li>• Consult service users</li> </ul>	09/2017	D Murray
<b>6.</b>	<b>Transitions Young People</b>			
	Build on existing work to develop the transition experience of young people with mental health problems based on the ‘Principles of Good Transition’.	<ul style="list-style-type: none"> <li>• Understand the population demographics to inform planning</li> <li>• Continue work between Social Work and Children’s Social Work services to ensure transition planning is commenced as early as possible to aid smooth transition</li> <li>• Work with families as early as possible to raise awareness of opportunities and services at transition from children’s services</li> </ul>	09/2017	1 Lead TBC by AB

## STRATEGIC COMMISSIONING PLAN – ADULTS' MENTAL HEALTH

	Area of Development	Actions	Timescale	Lead Officer
		<ul style="list-style-type: none"> <li>• Work with colleagues in Education and other areas to ensure co-ordinated transition</li> <li>• Consider transition planning in terms of housing</li> <li>• Consider a range of different transition models and approaches to support.</li> </ul>		
<b>7.</b>	<b>Transition Adult to Older People's Services</b>			
	Mental Health provision at the age of 65.	<ul style="list-style-type: none"> <li>• The following recommendation from the Older People's Commissioning Plan is considered to be in scope of this Adults' Mental Health Commissioning Plan:               <ul style="list-style-type: none"> <li>○ <i>OP Rec 13- The study has highlighted a significant gap in relation to specialist service provision (e.g. Depo Clinics) for older people (65+) who have severe and enduring mental health problems, since Mental Health provision stops at the age of 65. This requires urgent attention given increasing life expectancy of this particular demographic, as it will inevitably become an increasing demand on resources in the coming years.</i></li> </ul> </li> </ul> <p>In relation to clients over the age of 65years who need depot medication or clozapine medication monitoring, there is a case for this being provided by Adult Mental Health Services. The volume of this demand, for over 65s, is unlikely to reach a critical mass level such as to justify old age psychiatry services allocating sufficient time and resource to deliver on the standards required, i.e. on long term condition monitoring, high dose monitoring, side effect monitoring or health checks, specific to this client group's needs. As these standards are being provided and developed in adult mental health services (due to the critical mass of need) it would be prudent for practical reasons to deliver this service for over 65s who need it through adult services. This being said, it does raise the wider question of differentiating service access by age rather than presenting need. For mental health services to be developed along a "needs led approach" this issue should be more fully explored and a policy decision reached. In this context, consideration should be given to issues of patients who are under 65years presenting with dementia</p>	09/2017	1 Lead TBC by AB

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

	Area of Development	Actions	Timescale	Lead Officer
		and patients over 65years presenting with functional mental illnesses as well as those in need of depot or clozapine medication monitoring.		

DRAFT

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

## APPENDIX 1 - NATIONAL HEALTH &amp; WELLBEING OUTCOMES &amp; INTEGRATION OUTCOMES

Ref	Outcome
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
7	People who use health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care Services

## Integration Outcomes

Ref	Outcome
1	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
2	Resources are used effectively and efficiently in the provision of health and social care Services
3	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

## STRATEGIC COMMISSIONING PLAN – ADULTS’ MENTAL HEALTH

### APPENDIX 2 - PERFORMANCE INDICATORS

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



## **Integration Joint Board**

Date: 18/10/2016

Agenda Item: **8**

### **LEARNING DISABILITY COMMISSIONING PLAN**

#### **REPORT BY DIRECTOR**

#### **A PURPOSE OF REPORT**

To seek approval from the Integration Joint Board for the strategic commissioning plan for Adults with a Learning Disability as presented in Appendix 1.

#### **B RECOMMENDATION**

To approve the strategic commissioning plan for Adults with a Learning Disability as presented in Appendix 1.

#### **C TERMS OF REPORT**

##### **Background**

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.

The strategic commissioning approach seeks to deploy available resources with maximum effectiveness on priority outcomes as informed by the detailed Needs Assessment.

A short life Working Group was established to develop the three year commissioning plan for Adults with a Learning Disability. A draft plan has now been prepared for the approval of the IJB (Appendix 1).

##### **Structure of the plan**

All care group commissioning plans follow a similar structure.

- Section 1 gives an overview, setting out vision, values, aims and outcomes, and the approach taken.
- Section 2 details the main recommendations arising from the Needs Assessment, locating these against existing strategies and policies and confirming whether they are to be addressed by specific commissioning intentions.

- Section 3 details the specific commissioning commitments, informed by the Needs Assessment, and provides information on the planned spend to meet these commitments.
- Section 4 is titled Next Steps and details a number of strategic change proposals.

#### **Section 4 – Next Steps**

This would not normally be expected to form a significant part of a commission plan. However, it is considered necessary for the current stage of the development of the IJB. It has already been noted that the IJB budget is not yet developed to the level appropriate to commissioning plans. This in turn limits the extent to which commissioning commitments can be detailed. In addition, organisational arrangements within the scope of the IJB are undergoing considerable change and this is likely to have an impact on commissioning commitments.

The programmes of change are:

- Transition  
Develop the transition experience of people with a learning disability and autism.
- Service Provision for People aged 55+  
Conduct a review of service provision for people for people aged 55+ with a learning disability.
- Develop 'core' housing models  
Develop a range of 'core' housing models to enable people with learning disability to live within local communities.
- Review Day Time Activities  
Conduct a review of day time activities for adults with a learning disability.
- Respite  
Review respite and short break provision
- Self-directed Support  
Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met.
- Complex Needs Related to Challenging Behaviour  
Development of resources for people from West Lothian whose needs require a high level of support.
- Peer Support and Natural Networks  
People with a learning disability are able to access their local community and have opportunities for socialisation and building friendships.
- Health Screening  
Promote the uptake of population wide health screening.
- Access to Information  
People have access to the information they need, when they need it and in an appropriate format.

- Development of Services for People with ASD  
Services are developed for people with ASD as set out in the Community Planning Partnership's Autism Strategy.
- Social Enterprise and Employment Opportunities  
People with learning disability and ASD have access to a range of employment opportunities and are supported by clear routes of progression.

Decisions on the investment and disinvestment of resources will require to be made as the actions in Section 4 are progressed.

## **D CONSULTATION**

- Strategic Planning Group
- Learning Disability Commissioning Plan Working Group with multi-agency representation
- Learning Disability Forum

## **E REFERENCES/BACKGROUND**

- West Lothian Integration Joint Board meeting - 05 April 2016

## **F APPENDICES**

Draft of Learning Disability Commissioning Plan

## **G SUMMARY OF IMPLICATIONS**

<b>Equality/Health</b>	The West Lothian Integration Joint Board Strategic Plan 2016-2026 was assessed as relevant to equality and the Public Sector Equality Duty. An equality impact assessment was conducted and reported to the IJB. The Strategic Plan provided direction for the development of the LD Commissioning Plan.
<b>National Health and Wellbeing Outcomes</b>	The commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan.
<b>Strategic Plan Outcomes</b>	The commissioning plan is aligned to relevant Strategic Plan outcomes and incorporates detailed performance indicators.
<b>Single Outcome Agreement</b>	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care.
<b>Impact on other Lothian IJBs</b>	The plan includes priorities identified for the redesign and modernisation of learning disability health services across Lothian. The redesign programme has implications for community delivery of LD services by each of the IJBs across Lothian.

<b>Resource/finance</b>	The implementation of commissioning plans will require to take account of available resources.
<b>Policy/Legal</b>	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
<b>Risk</b>	<p>Main risk: IJB005, Inadequate Funding</p> <p>There is risk that resources associated with shifting the balance of care through the modernisation and redesign programme will be insufficient to enable full development of community provision by the IJB.</p> <p>There is risk of delay in developing community provision which would impact the number of people occupying hospital beds when they no longer need hospital care.</p> <p>The dependence of aspects of community development on agreement between NHS Lothian and other IJBs also presents risk.</p>

## H CONTACT

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18 October 2016

# Learning Disability Commissioning Plan

## 2016/17- 2018/19

The West Lothian Strategic Commissioning Plans for Adults with a Learning Disability sets out our strategic ambitions, priorities and next steps required for delivering integrated health and social care support and services for people with a learning disability and autism, their families and carers in West Lothian for the next three years.

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

### FOREWORD

The West Lothian Strategic Commissioning Plans for Adults with Learning Disability and Autism (the **LD Plan**) sets out our strategic ambitions, priorities and next steps required to deliver integrated health and social care support and services for people, their families and carers in West Lothian for the three year period to 2018/19.

The Keys to Life 2013 explains that people with learning disabilities have ‘a significant, lifelong condition that started before adulthood, which affected their development and which means they need help to understand information; learn skills and cope independently’.

The West Lothian Autism Strategy 2015 – 25 describes Autism Spectrum Disorder (ASD) as a lifelong developmental condition. People with Autism usually have problems with social interaction, communication and may require repetitive or restrictive routines. Some people with ASD also have learning disabilities and need specialist support but others do not. The focus of this strategy is on people who have learning disability and ASD.

The LD Plan has been developed within the context of national and local policy taking into account the key principles and values which underpin the planning, commissioning and provision of services and support for people with a disability, and has been informed through consultation with key partners, service users and carers.

The LD Plan should be read in conjunction with:-

- West Lothian Integration Joint Board Strategic Plan 2016-26 (**Strategic Plan**)
- West Lothian Learning Disability and Autism Needs Assessment (**LD Needs Assessment**)
- West Lothian Autism Strategy 2015-25

It is acknowledged that it is difficult to view services and commissioning for care groups as distinct or isolated from one another. Consequently the LD Plan acknowledges crossover with other health and social care groups:

- Adults with physical disability
- Mental health
- Older people
- Substance misuse

Ensuring our services are well positioned to meet the needs of residents in West Lothian is key to achieving the outcomes we have set, and I will be reviewing progress against this LD plan on an annual basis, refining where necessary, as the Integration Board matures in our local ownership of the resources we have to spend on health and social care services.

*COUNCILLOR FRANK TONER*

*CHAIR OF THE WEST LOTHIAN INTEGRATION JOINT BOARD*

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

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## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

### SECTION 1: OVERVIEW

#### *Who we are*

The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. Local and joint commissioning of health and social care services will be built around the needs of patients and service users and managed through the West Lothian Integration Joint Board (IJB) who will in turn direct West Lothian Council or NHS Lothian to deliver services on its behalf.

#### *Vision, values, aims and outcomes*

The vision of the IJB Strategic Plan 2016-26 for West Lothian (Strategic Plan) is “to increase wellbeing and reduce health inequalities across all communities in West Lothian”. The plan describes the values and aims and commits the IJB to the delivery of the nine national and wellbeing outcomes for health and social as required by the Scottish Government.

The strategic plan covers the geographical area of West Lothian and in accordance with the legislation defines two localities across which health and social care services will be planned and delivered, the East and the West. The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.

#### *The case for change*

- It is recognised nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet these needs can be disjointed and not as co-ordinated as they could be.
- Combining the resources of both agencies within the integrated partnership will allow for greater exploration of efficiencies to ensure we can meet the main health and wellbeing challenges at a time when we also need to reduce costs.
- West Lothian has a faster than average population growth, an aging population and growing numbers of people living longer with disabilities, long term conditions and complex needs, all of which require us to ensure we have commissioned our health and social care services to meet our duty of Best Value but also to ensure our resources are targeted to achieve the greatest impact on those most in need.
- There is a programme of modernisation and redesign of learning disability services being led by the Lothian Learning Disability Collaboration will see a shift in care from hospital settings to the community across the Lothian IJBs.

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

### OUR APPROACH

The IJB has committed to developing strategic commissioning plans for all adult care groups. These plans aim, over time, to incorporate the important role of informal, community capacity building and asset based approaches with the delivery of more effective preventative and anticipatory interventions, in order to optimise wellbeing and reduce unnecessary demand at the 'front door' of the formal health and social care system. Each commissioning plan will confirm the total resources available across health and social care and relate this information to the needs of the care group as determined by a local needs assessment and other relevant local or national strategies.

As a first stage in the development of a commissioning plan for adults with learning disability, independent specialists in research and evaluation of the health and social care sector were commissioned to carry out a comprehensive local needs assessment. The needs assessment process involved:

- analysis of data based on the population, including demographic trends, health status and risk
- wide consultation with the public through surveys, focus groups, etc.
- consideration of the views of professionals or experts
- benchmarking with other areas in Scotland

Following consultation through the Learning Disability Commissioning Working Group and the Learning Disability Forum, the resultant commissioning plan for adults with learning disability will:

- reflect needs and plans as articulated at a local level for West Lothian
- confirm the desired outcomes and link investment to them
- detail what services will be delivered against outcomes and the associated performance indicators
- prioritise investment and disinvestment in line with assessed needs
- ensure that resource deployment and performance is consistent with the duty of best value
- ensure that sound clinical and care governance is delivered

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

## SECTION 2: NEEDS ASSESSMENT RECOMMENDATIONS

The Needs Assessment made 17 recommendations. The recommendations have been mapped against the National Health and Wellbeing Outcomes (detailed in Appendix 1) and then referenced against other strategic plans in order to evaluate whether the recommendation will be delivered through other routes or included for delivery as part of our commissioning cycle in this LD plan.

Ref	Recommendation	National Health & Wellbeing Outcomes									In Scope LD Plan	Out of Scope LD Plan	Existing Strategies/Policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL Engagement Strategy	WL Autism Strategy	Transport Strategy	Reshaping Children's Services	Housing Strategy	Workforce Development Plan
1	An integrated Health & Social Care Learning Disability Strategy should be developed with a broad range of stakeholders. The strategy should be inclusive of people who have both autism and a learning disability, and should be cross-referenced to the existing 2015 Autism Strategy for West Lothian				✓							✓	✓	✓	✓				
2	An integrated Health and Social Care Autism Implementation/Action Plan should be developed, in order to fully operationalise the existing 2015 Strategy				✓							✓			✓				
3	A full Communications Strategy, with one work stream targeted at professionals and one work stream targeted at service users and their families/carers to be developed to support the strategy				✓							✓	✓	✓					
4	The development of strategy must include transport provision to and from services, as well as access to community activity and work				✓							✓				✓			

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Ref	Recommendation	National Health & Wellbeing Outcomes									In Scope LD Plan	Out of Scope LD Plan	Existing Strategies/Policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL Engagement Strategy	WL Autism Strategy	Transport Strategy	Reshaping Children's Services	Housing Strategy	Workforce Development Plan
5	Commissioners are encouraged to consider reviewing and strengthening the availability and profile of transition services within West Lothian		✓	✓	✓						Part	Part			✓		✓		
6	Commissioners should review the pattern of service provision and contracting for people with learning disability aged 55+ to ensure that it strengthens the co-ordination of care and effective partnership working and communication and provides appropriate care and end of life provision		✓								✓								
7	Future joint planning for services needs to take account of research into prevalence, the local knowledge of each known person, whilst at the same time seeking as much information about 'hidden' populations					✓						✓	✓						
8	A housing strategy for people with a learning disability is developed in collaboration with housing strategy and community planning partners		✓									✓						✓	
9	The West Lothian Partnership should work with the local Housing Strategy Group to seek opportunities which will provide core and cluster for permanent living and a resource for short breaks which can be purchased on a flexible basis for others (for example, older people, people with sensory needs)		✓								✓								
10	Commissioning strategies and plans should be reviewed in respect of daytime opportunities				✓	✓					✓								
11	Construct an integrated working guide involving learning disability and autism services and mainstream service provision in housing, health care and other relevant services (e.g. criminal justice)								✓	✓		✓	✓						

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Ref	Recommendation	National Health & Wellbeing Outcomes									In Scope LD Plan	Out of Scope LD Plan	Existing Strategies/Policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL Engagement Strategy	WL Autism Strategy	Transport Strategy	Reshaping Children's Services	Housing Strategy	Workforce Development Plan
12	Respite services and short break opportunities need to be further developed to be more responsive to the needs of an ever changing population including ensuring that staff and parents/carers understand what services are available and how to appropriately refer and access						✓		✓		✓								
13	Support for all staff in SDS development is essential to progress. A stronger message of the SDS approach being the mainstream approach and there being no choice in its use would be beneficial. Commissioning plan should focus on the market development aspect of SDS					✓			✓		Part	Part							✓
14	West Lothian CHCP needs to continue being a full partner in the pan-Lothian plan regarding provision for those people with a learning disability who have complex needs		✓					✓			✓								
15	Enhance the role and availability of the third sector and peer support services and networks to support integrated care and outcomes for people.				✓	✓					✓								
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 delivery, development and commissioning of learning disability services				✓	✓						✓		✓					
17	There is a clear need for a comprehensive training needs analysis to inform the development of a long-term programme of workforce development opportunities								✓			✓							✓

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

## SECTION 3: COMMISSIONING PRIORITY ACTIVITIES

This section details the specific recommendations which have been captured from the needs assessment and the strategic plan, and provides information on the current or planned spend to meet these priorities in relation to the integration outcomes. In addition to these recommendations, all other existing services and resources which are allocated to provide health and care for the learning disability and autism care groups will continue to be provided as is, and finally, the whole population universal health services which all residents of West Lothian have access to are provided to show the full picture of the resources available.

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
<b>West Lothian Learning Disabilities Needs Assessment (2015)</b>							
5	Commissioners are encouraged to consider reviewing and strengthening the availability and profile of transition services within West Lothian	1, 2, 4	Transition	Support from a range of partners to enable young people and their families to make choices about the future. The focus of the plan is on ensuring good planning when moving from children's to adults' social work services, especially for children with complex needs.	2,3	Expenditure crosses over a number of the services costed in the sections below	HSCP Assessment and Care Management Team, Residential & Nursing Care Providers (internal & external) and external providers of community support and care  (Note, there is £2,054,000 planned expenditure from children's to adult services over the next 4 years).
6	Commissioners should review the pattern of service provision and contracting for those with learning disabilities who are over 55 to ensure that it strengthens the co-ordination of care and effective partnership working and communication and provides appropriate care and end of life provision	1,4	Services for older adults	Supporting people with learning disability and autism to live well through old age with support appropriate to their needs.	2,3,4	Review will consider existing patterns of expenditure within adult health and social care budgets	A range of residential and nursing care providers and community support providers mainly from the third and independent sectors

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
9	The West Lothian Partnership should work with the local Housing Strategy Group to seek opportunities which will provide core and cluster accommodation for permanent living	1	Core and Cluster	Core and cluster living normally involves people with more complex needs living in individual flats or houses within a block which are overseen by residential or visiting support staff.	2,7	Planned development with budget to be determined	WLC Housing Stock. New developments in Blackburn and Kirkhill with further opportunities being explored.
10	Commissioning strategies and plans should be reviewed in respect of daytime opportunities	2,4	Daytime Opportunities	The provision of a range of day time opportunities which are community based to enable people to take part in meaningful activities and have an opportunity to socialise.	5,7	£2,385,793	Community Inclusion Team, Pathways, Eliburn, An Carina Day Centre contract with RLO, Enable Club
12	Respite services and short break opportunities need to be further developed to be more responsive to the needs of an ever changing population including ensuring that staff and parents/carers understand what services are available and how to appropriately refer and access	3	Respite and Short Breaks	Enables carers caring for a family member, partner or friend to take a break in a variety of ways giving both the carer, and person cared for, positive outcomes	3,7,8	£439,428	Leonard Cheshire, Letham Court, and other individual respite arrangements including out of area.
13	Support for all staff in SDS development is essential to progress. A stronger message of the SDS approach being the mainstream approach and there being no choice in its use would be beneficial. Commissioning plan should focus on market development	4	Self-Directed Support	Self-directed Support allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.	10	Expenditure is currently included within a range of budgets	HSCP

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
14	West Lothian HSCP need to continue being a full partner in the pan-Lothian plan regarding provision for those people with a learning disability who have complex needs	1,2,3	Complex Care Provision	Development of a Lothian-wide community housing resource with integrated support for people with complex needs associated with challenging behaviour. Consider an additional resource for West Lothian for people with slightly less complex needs.	2,3,4,5,7	Future development with budget to be determined	NHS/Lothian IJBs
15	Enhance the role and availability of the third sector and peer support services and networks to support integrated care and outcomes for people.	4	Natural networks and supports	A range of services which enable people to engage with and feel part of their local community with the same opportunities as everyone else	7	£60,000	Voluntary Sector Gateway West Lothian Befriending Service
<b>West Lothian IJB Strategic Plan – Learning Disability Commissioning Priorities (CP)</b>							
CP 1	Revised programme to ensure that screening and management of long term conditions is delivered for patients on the Learning Disability register to the same standards, quality and accessibility as the rest of the general practice population	4	Scottish Enhanced Services Programme (GP Contracts)	National screening programme supported by joint annual reviews with the West Lothian Community Learning Disability Team	1,5	National Screening Programme budget	HSCP/NHS Lothian
CP 2	Through a Lothians based partnership, explore the most effective arrangements for meeting the growing needs of individuals with learning disability and complex care needs (see Recommendation 14 in section above)	1,2,3	Complex Care	See recommendation 14 above	2,3,4,5,7	Future development with budget to be determined	To be determined

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
CP 3	Development of Information Sharing Protocol with Carers' of West Lothian to facilitate early provision of information, advice and support.	3	Support for Carers	Information and advice support service for carers	8	See Physical Disability Commissioning Plan	Carers of West Lothian Capability Scotland Disability Information and Advice Service for West Lothian
CP 4	Future development of services for people with ASD based on a partnership approach, which is systematic, evidence based and sustainable.	1,2,3,4	Services for Autism Spectrum Disorders (ASD)	Development of support services and community capacity to support people with ASD	1,2,3,4,5,7,9	£1,174,788	Autism Assessment Team and Autism Support, Autism Initiatives, One Stop Shop Funding
CP 5	Explore the development of a Social Enterprise to develop people's employability with the potential to develop employment opportunities within the project itself	4	Employability and Lifelong Learning	A social enterprise is a business whose main objective is to achieve social impact rather than generate profit. Any surplus made is normally reinvested in the enterprise to meet social goals.	2,7	£495,400	LD Independence Team and Project Search are included in the Independence Team

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend (£)	Provider
<b>Summary of Expenditure of Services and Support for People with LD and/or Autism</b>				
Social care assessment and care management	The Social Policy Learning Disability and ASD Assessment and Care Management Teams are responsible for conducting needs-led assessments for adults with learning disability/ASD and for developing appropriate care and support plans in response to identified eligible need. This includes palliative care.	2,3,4,5,7,8	£409,965	WLC Social Work Assessment and Care Management Team
Residential and Nursing Care	If an individual's assessed care and support needs cannot be safely and appropriately met within their own home, then a long-term residential placement with 24 hour care services and support may be appropriate. Residential and Nursing Care Home placements are provided mainly by the third sector.	4,5,7,9	£4,055,775	Residential or nursing homes commissioned as individual placements following assessment from independent providers. Includes Deans House Transition Service and small element of respite at Burnside Block contracts with Community Integrated Care and Real Life Options
Direct Payments	For people assessed as eligible for social care services and support and who have chosen SDS Option 1 (Cash payment as an alternative to direct service) provision	1,2,3,4,5,7	£646,119	Individual service users received payment
Specialist Care and Support in the Community	The aim of our specialist framework is for care and support to be delivered to adults with a disability in a way that promotes and maximises independence. The providers will provide specialist support to assist with personal care and support, with daily living, domestic tasks and activities to support social inclusion.	2,3,5,7	£4,080,082	Various specialist providers as per the Specialist Care Framework. The contract is in place until 31 December 2018. Also includes community autism support
External Transport	Payment of transport costs enabling people to access services and support	2,4,5,7,9	£840,000	Contribution towards WLC fleet and transport costs
Independent Advocacy	Independent Advocacy Services	3	£35,000	EARS Advocacy contract from 1/12/15 for 3 years Additional funding through NHS Hosted Services (£29,948)

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend (£)	Provider
General Income	Income from a variety of sources offset against expenditure		-£134,374	
DEDICATED BUDGET FOR LEARNING DISABILITIES			£14,487,976	
<b>Universal Health Services Available to All Residents in West Lothian (Total budget)</b>				
Core Health Services	People with learning disability have access to Core Health Services including Community Hospitals, District Nursing, Community AHP's and Prescribing	1,5,6,7,9	69,271,000	West Lothian GPs, District and Community nurses and Allied Health Professionals (AHPs) and Prescribing
Hosted LD Health Services	Health services hosted on behalf of the West Lothian Integration Joint Board and specifically for people with a learning disability	1,5	3,290,000	NHS Lothian on behalf of West Lothian IJB
Hosted Health Services	People with a learning disability have access to Hosted Health Services e.g. Sexual Health, Oral Health Services, and Public Health services	1,5	11,737,000	NHS Lothian on behalf of West Lothian IJB
Acute Services	People with a learning disability have access to Acute Services e.g. A & E, Cardiology, General Medicine, Rehabilitation and Respiratory Medicine		29,191,000	St John's Hospital

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

## SECTION 4: NEXT STEPS

The LD Commissioning Plan is designed to run for 3 years from 2016 /17 to 2018/19, at a time of considerable change in the commissioning environment within health and within social care. Some of the priorities outlined in the plan have an end date beyond the life of the commissioning plan as they are linked to developments with a longer timescale. Decision on the investment and disinvestment of resources will require to be made as the actions outlined below are progressed.

A comprehensive action plan will support the development of services for people with learning disability and autism and will incorporate the priorities contained in this commissioning plan, recommendations outlined in the Keys to Life and developments arising from the Lothian Modernisation and Redesign Programme. Progress will be monitored via the West Lothian Learning Disability Joint Management Group.

The LD Commissioning Plan will be reviewed annually, and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year.

	Area of Development	Actions	Timescale	Lead Officer
1.	Transition			
	Build on existing work to develop the transition experience of people with a learning disability and autism based on the 'Principles of Good Transition'	<ul style="list-style-type: none"> <li>• Understand the population demographics to inform planning</li> <li>• Continue work between Social Work and Children's Social Work services to ensure transition planning is commenced as early as possible to aid smooth transition</li> <li>• Work with families as early as possible to raise awareness of opportunities and services at transition from children's services</li> <li>• Work with colleagues in Education and other areas to ensure co-ordinated transition</li> <li>• Consider transition planning in terms of housing</li> <li>• Consider a range of different transition models and approaches to support</li> <li>• Link with the Autism Strategy Group on transition developments</li> <li>• Consider the Graduate Work Experience programme to assist with research</li> </ul>	2016 to 2018	Tim Ward/Pamela Main

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

	Area of Development	Actions	Timescale	Lead Officer
2.	Service Provision for People aged 55+			
	Conduct a review of service provision for people for people aged 55+ with a learning disability	<ul style="list-style-type: none"> <li>Identify current population aged 55+ and map the services received</li> <li>Have regard to housing and day provision for those aged 55+</li> <li>Consider transition planning</li> <li>Identify gaps in provision</li> <li>Map end of life provision and how it is delivered</li> <li>Identify proposals for service development where appropriate based on the review</li> <li>Consider the recommendations of NHS Health Scotland's National Group on Dementia and Equality</li> </ul>	2016	Yvonne Lawton
3.	Develop 'core' housing models			
	Develop a range of 'core' housing models to enable people with learning disability to live within local communities	<ul style="list-style-type: none"> <li>Complete 'core' developments at Blackburn and Kirkhill</li> <li>Ensure future demand for 'core' housing is reflected in the Housing Strategy</li> <li>Contribute to the WL Joint Accommodation Strategy to ensure the need for 'core' developments is reflected</li> <li>Identify gaps in current provision and how future housing needs might be delivered</li> </ul>	2016	Pamela Main
4.	Review Day Time Activities			
	Conduct a review of day time activities for adults with a learning disability	<ul style="list-style-type: none"> <li>Review provision and uptake of day services</li> <li>Consider impact of SDS on day provision and the options people have for greater choice over how individual budgets are utilised</li> <li>Use the findings of the review to inform future developments</li> </ul>	2016 – 2018	Pamela Main
5.	Respite			
	Review respite and short break provision	<ul style="list-style-type: none"> <li>Review Letham Court contract</li> <li>Incorporate views of people with PMLD currently using Murraypark in the planning process</li> <li>Identify an alternative to Murraypark for people with Profound and Multiple Learning Disability</li> <li>Ensure respite and short break opportunities meet the needs of service users, families and carers</li> <li>Ensure information is available to families and carers and that referral routes are clear</li> <li>Ensure plans incorporate a vision for future respite arrangements</li> </ul>	2016 -2019	Pamela Main
6.	Self-directed Support			
	Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met	<ul style="list-style-type: none"> <li>Ensure assessment and care managers are involved in shaping market development</li> <li>Ensure service users and carers have a say in how future provision should be developed and the opportunities they would like to see available</li> <li>Consider community capacity building and how barriers to mainstream opportunities can be removed</li> </ul>	2016 -2019	Pamela Main/Jill Derby

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

	Area of Development	Actions	Timescale	Lead Officer
7.	Complex Needs Related to Challenging Behaviour			
	Development of resources for people from West Lothian whose needs require a high level of support	<ul style="list-style-type: none"> <li>Continue to engage with NHS Lothian and IJBs regarding the development of a Lothian-wide resource for people with very complex care needs related to challenging behaviour</li> <li>Consider the development of a West Lothian resource to allow people with care needs related to challenging behaviour to remain in West Lothian</li> <li>Ensure that the vision for LD accommodation includes provision for people with complex needs related to challenging behaviour and is reflected in the WL Joint Accommodation Strategy</li> <li>Consider how enhanced local support for people with challenging behaviour might be delivered</li> </ul>	2016 - 2020	Rona Laskowski
8.	Peer Support and Natural Networks			
	People with a learning disability are able to access their local community and have opportunities for socialisation and building friendships	<ul style="list-style-type: none"> <li>Review the Service Level Agreement with the Voluntary Sector Gateway for the West Lothian Befriending Service</li> <li>Use the outcome of the review to inform future planning and consult service users</li> <li>Maximise opportunities for people to integrate within their local communities</li> </ul>	2016 - 2017	Yvonne Lawton
9.	Health Screening			
	Promote the uptake of population wide health screening	<ul style="list-style-type: none"> <li>Evaluate 'Strengthening the Commitment' project which delivered training on the national screening programme for support workers to encourage uptake</li> <li>Link with the West Lothian LD Health Inequality Planning Group to determine future actions required to promote the screening programme</li> <li>Develop screening tracking system for individuals</li> <li>Use learning from the Health Equality Framework to improve uptake of screening and to inform service development more generally</li> </ul>	2016-2017	Mairead Hughes/Martha Knox
10.	Access to Information			
	People have access to the information they need, when they need it and in an appropriate format.	<ul style="list-style-type: none"> <li>Ensure appropriate arrangements are in place for carers of people with a learning disability to access information from Carers of West Lothian and the Capability Scotland Information and Advice Service for West Lothian</li> <li>Link with developments being pursued through the Physical Disability Commissioning Plan</li> </ul>	2016 - 2018	Yvonne Lawton/Lesley Broadley
11.	Development of Services for People with ASD			
	Services are developed for people with ASD as set out in the Community Planning Partnership's Autism Strategy	<ul style="list-style-type: none"> <li>Ensure appropriate links are in place to the Autism Strategy Steering Group</li> <li>Ensure planning for future accommodation based services takes account of the needs of people with ASD and needs are incorporated into the WL Joint Accommodation Strategy</li> </ul>	2016 to 2025	Robin Allen

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

	Area of Development	Actions	Timescale	Lead Officer
12.	Social Enterprise and Employment Opportunities			
	People with learning disability and ASD have access to a range of employment opportunities and are supported by clear routes of progression	<ul style="list-style-type: none"> <li>• Explore the possibility of developing a local social enterprise</li> <li>• Review the learning from the implementation of Project Search to assess impact on employment opportunities</li> <li>• Further explore the opportunity to enhance employment opportunities through a combined approach to employment support services whilst considering the wide range of supports available</li> </ul>	2016 -2018	Pamela Main

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

## APPENDIX 1 - NATIONAL HEALTH &amp; WELLBEING OUTCOMES AND INTEGRATION OUTCOMES

Ref	Outcome
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
7	People who use health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care Services

## Integration Outcomes

Ref	Outcome
1	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
2	Resources are used effectively and efficiently in the provision of health and social care Services
3	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

### APPENDIX 2 - PERFORMANCE INDICATORS

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

## **West Lothian Integration Joint Board**

Date: 18 October 2016

Agenda Item: **9**

### **IJB 2016/17 BUDGET UPDATE**

#### **REPORT BY CHIEF FINANCE OFFICER**

##### **A PURPOSE OF REPORT**

The purpose of this report is to provide an update on the financial performance in respect of the IJB's 2016/17 delegated resources based on the latest forecast position reported by NHS Lothian and West Lothian Council.

##### **B RECOMMENDATION**

It is recommended the IJB:

1. Notes the roles and responsibilities for managing within budget taking account of the West Lothian Integration Scheme
2. Notes the forecast outturn for 2016/17 in respect of IJB Delegated functions taking account of saving assumptions
3. Notes the action being undertaken by Partner bodies in partnership with the IJB in respect of managing within available 2016/17 budget resources
4. Notes the position on 2017/18 budget planning

##### **C TERMS OF REPORT**

###### **C.1 Background**

This report sets out the overall financial performance of the 2016/17 IJB delegated resources and provides a year end forecast which takes account of relevant issues identified across health and social care services.

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

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

## C.2 Responsibility for In Year Budget Monitoring

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

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

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

The forecast position in this report reflects the most recent NHS and council outturn position reported. Both bodies forecast an overall breakeven budget position for 2016/17 within these report which means that both parties are currently managing pressures, including in the delegated IJB functions, within total resources available.

## C.2 2016/17 Summary Budget Outturn Forecast for IJB Delegated Functions

The position below reflects the most recently reported 2016/17 forecast position by NHS Lothian and West Lothian Council based on their first overall year end forecast. This reflects the position reported to NHS Lothian Finance and Resources Committee on 14 September and West Lothian Council Executive on 20 September 2016.

	<b>2016/17</b>	<b>2016/17</b>	<b>2016/17</b>
	<b>Budget</b>	<b>Forecast</b>	<b>Variance</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Core West Lothian Health Services	91,776	94,016	2,240
Share of Pan Lothian Hosted Services	18,866	18,442	(424)
Adult Social Care	66,666	66,666	0
<b>Payment to IJB - Total</b>	<b>177,308</b>	<b>179,124</b>	<b>1,816</b>
Notional Share of Acute Set Aside	29,842	30,766	924
<b>Total Contribution</b>	<b>207,150</b>	<b>209,890</b>	<b>2,740</b>

Appendix 1 provides further detail on the forecast position shown. As above, an overspend of £1.816 million is forecast on the payment to the IJB and an overspend of £924,000 is forecast against the notional share of acute set aside resources attributed to West Lothian.

As previously noted, NHS Lothian is forecasting an overall break even position as a number of one-off resources as well as reserve funding is being used to meet current NHS Lothian pressures forecast. A summary of key risks and service pressures have been identified and these are noted in the narrative against the relevant components of the delegated budget.

### C.3 Summary of Key Issues in Respect of Ongoing Risks and Emerging Pressures

#### Core West Lothian Health Services

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

**Prescribing** – An overspend of £3 million is currently forecast for 2016/17. While the data on prescribing is received in arrears the current information has shown that volumes are higher than anticipated although price is broadly in line with 2016/17 assumptions.

**Mental Health** – An overspend of £610,000 is forecast for 2016/17. This is the result of high medical agency costs due to difficulty in filling vacancies and high nurse bank costs within inpatient wards. There is also increasing pressure on drug costs.

These pressures are being partially offset by the recurring element of the reduction in the recovery plan target received last year and through a number of vacancies.

#### Hosted Services

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

**Lothian Unscheduled Care** – There is a forecast overspend of £105,000 due to difficulties in recruiting and retaining salaried Doctors in this area. In an attempt to try and reduce the medical cover required, the service are trying to increase the level of advanced Nursing cover so that they can cover more shifts where it is appropriate. As a result, one off pressures are being incurred as Nursing staff are being trained.

**Substance Misuse** – A pressure of £229,000 is forecast in this area due to the reduction in Scottish Government bundle funding allocated this financial year. This is creating a pressure as the funding has been used to fund substantive posts and services throughout the organisation. The Substance Misuse service are working through plans to reduce costs in line with available funding.

There are a number of underspends across a range of Hosted services which West Lothian IJB is being allocated a share of including AHP services and Mental Health.

#### Adult Social Care

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

**Elderly Care Home Placements** – An overspend of £440,000 is forecast in this area as a result of higher than anticipated client numbers, In line with the shift in the focus of care provision to home care there has over recent years been fairly static numbers of West Lothian residents in care homes, in spite of the increasing growth in the elderly population. However, there has been an increase this year in the number of care home clients and a further review of the reasons for this is being undertaken.

**Learning Disability Care** – An overspend of £370,000 is currently forecast in this client group as a result of increasing client numbers and unit costs. This includes an increasing number of high cost complex care clients. The increase in spend equates to a 22% increase compared to last year.

**Living Wage** – Following extensive negotiations with care providers, agreement has been reached on the uplift required to meet the joint commitment with the Scottish Government to allow care providers to pay the Living Wage of £8.25 per hour from 1 October 2016. The financial impact of this is taken account of in the Adult Social care forecast position for 2016/17

Given pressures within the overall health and social care system on delayed discharges, it is anticipated that the new Living Wage rate paid to external care staff will assist in increasing the capacity and responsiveness of care at home services with the objective of alleviating delayed discharge numbers.

#### Acute Set Aside

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

The two main areas driving pressures in acute set aside are the St John's General Medicine wards, with ongoing difficulties in recruiting nurse vacancies causing a reliance on more expensive supplementary staffing to cover wards, along with an ongoing pressure on medical supplies for these wards. Also reflected in the West Lothian figures is a share of the pressures in the Western General Hospital which is experiencing similar nursing pressures.

#### **C.4 Approved Savings Relating to IJB Delegated Functions**

As part of the 2016/17 payment to the IJB from the council and NHS Lothian there is £3.895 million of budget savings identified. At this stage, the monitoring undertaken estimates that £3.852 million of this target is achievable.

In addition the share of acute set aside budget includes a share of acute savings totalling £298,000 of which £202,000 is currently estimated to be achievable. The overall forecast position for the IJB takes account of the position on savings noted.

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

	<b>2016/17 Budgeted Savings £'000</b>	<b>2016/17 Forecast Achievable £'000</b>	<b>2016/17 Variance £'000</b>
Core West Lothian Health Services	1,941	1,839	(102)
Share of Pan Lothian Hosted Services	351	410	59
Adult Social Care	1,603	1,603	0
<b>Payment Functions - Total</b>	<b>3,895</b>	<b>3,852</b>	<b>(43)</b>
Notional Share of Acute Set Aside	298	202	(96)
<b>Total Contribution</b>	<b>4,193</b>	<b>4,054</b>	<b>(139)</b>

While in overall terms satisfactory progress is being made on the delivery of 2016/17 savings, it is vital that savings are fully achieved on a recurring basis. NHS Lothian and the council have established processes in place for monitoring and reporting on the delivery of savings and regular updates will be provided to the Board on progress with delivery of savings.

## **C.5 Summarised Budget Position for 2016/17**

The monitoring position for IJB delegated functions delivered by the council and NHS Lothian is an overspend of £2.740 million, of which £1.816 million relates to the NHS Lothian payment functions and £924,000 relates to share of acute set aside.

However, as noted, the monitoring exercise reported by both the council and NHS Lothian on their overall 2016/17 budget is a breakeven position. The same West Lothian IJB pressures relating to NHS functions, as part of overall NHS Lothian pressures, are currently forecast to be met by NHS Lothian through a combination of recurrent reserves and other one off sources including the sale of properties and balance sheet provisions.

Taking account of this action, the overspend on IJB functions will be managed and a breakeven position will effectively be achieved for 2016/17. However, it will be important that sustainable solutions are identified by NHS Lothian in partnership with the IJB to manage all 2016/17 pressures on a recurring basis.

## **C.7 Future 2016/17 Budget Updates**

To ensure the IJB has the necessary oversight of the operational delivery and financial performance of functions delegated to it for planning purposes, it is proposed that an update report on the 2016/17 budget position will be reported to the next meeting of the Board on 29 November 2016.

While a breakeven position is currently forecast to be achievable after taking account of reserves and other one off provisions, there are clearly a number of significant risks that require to be closely monitored and updated upon.

## **C.8 2017/18 Budget Update**

Work is progressing in terms of 2017/18 budget plans and it will be important that the IJB works in partnership with NHS Lothian and the council in the development of plans. In terms of West Lothian Council, budget plans, including adult social care functions, for 2017/18 are well progressed and were largely agreed along with the council's 2016/17 budget. A key issue that may impact on this will be the Scottish Government's budget announcement for 2017/18 that is expected on 15 December 2016.

In terms of NHS Lothian, it is intended to have the 2017/18 financial plan concluded as far as possible by the end of this calendar year. The recurrent element of the financial gap for 2017/18 is currently estimated at £60 million for NHS Lothian overall which takes account of 2016/17 pressures being met by one off funding. On this basis, the NHS Board is estimating that efficiency savings of up to 7% will be required for 2017/18.

## **D CONSULTATION**

Relevant officers in NHS Lothian and West Lothian Council.

## **E REFERENCES/BACKGROUND**

West Lothian Integration Scheme

2016/17 Budget Update Report to West Lothian Integration Joint Board on 23 August 2016

## **F APPENDICES**

Appendix 1 – IJB 2016/17 Budget Update

## **G SUMMARY OF IMPLICATIONS**

<b>Equality/Health</b>	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.
<b>National Health and Wellbeing Outcomes</b>	The 2016/17 budget resources delegated to the IJB will be used to support the delivery of outcomes.
<b>Strategic Plan Outcomes</b>	The 2016/17 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
<b>Single Outcome Agreement</b>	The 2016/17 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
<b>Impact on other Lothian IJBs</b>	None.
<b>Resource/Finance</b>	The 2016/17 budget resources relevant to functions that will be delegated to the IJB from 1 April 2016 have been quantified at over £207 million.
<b>Policy/Legal</b>	None.
<b>Risk</b>	There are a number of risks associated with health and social care budgets, which will require to be closely managed.

## **H CONTACT**

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18 October 2016

**WEST LoTHIAN INTEGRATION JOINT BOARD - 2016/17 BUDGET UPDATE**

	<b>2016/17 Budget £'000</b>	<b>2016/17 Forecast £'000</b>	<b>2016/17 Variance £'000</b>
<b>Core West Lothian Health Services</b>			
Community Hospitals	2,461	2,417	-44
Mental Health	12,415	13,025	610
District Nursing	2,820	2,757	-63
Community AHPs	3,378	3,388	10
General Medical Services	22,628	22,628	0
Prescribing	33,544	36,597	3,053
Resource Transfer	6,782	6,782	0
Other Core	7,748	6,422	-1,326
<b>Core West Lothian Health Services - Total</b>	<b>91,776</b>	<b>94,016</b>	<b>2,240</b>
<b>Share of Pan Lothian Hosted Services</b>			
Sexual Health	1,070	1,054	-16
Hosted AHP Services	2,499	2,353	-146
Hosted Rehabilitation Medicine	906	888	-18
Learning Disabilities	3,717	3,543	-174
Mental Health	1,231	996	-235
Substance Misuse	1,461	1,689	228
Oral Health Services	3,476	3,463	-13
Hosted Psychology Service	1,260	1,234	-26
Hosted GMS	1,322	1,333	11
Public Health	281	265	-16
Lothian Unscheduled Care Service	1,956	2,061	105
Other Hosted Services	-313	-437	-124
<b>Share of Pan Lothian Hosted Services - Total</b>	<b>18,866</b>	<b>18,442</b>	<b>-424</b>
<b>Adult Social Care</b>			
Learning Disabilities	14,488	14,508	20
Physical Disabilities	6,068	5,978	-90
Mental Health	3,226	3,243	17
Older Peoples Assessment and Care Mangement	28,191	28,447	256
Care Homes and Housing with care	7,317	7,492	175
Contracts and Commissioning	4,668	4,281	-387
Other Social Care Services	2,708	2,717	9
<b>Adult Social Care - Total</b>	<b>66,666</b>	<b>66,666</b>	<b>0</b>
<b>PAYMENT TO IJB - TOTAL</b>	<b>177,308</b>	<b>179,124</b>	<b>1,816</b>
<b>Notional Share of Acute Set Aside</b>			
Accident and Emergency (Out Patients)	244	234	-10
Cardiology	6,117	6,049	-68
Diabetes	84	78	-6
Endocrinology	195	197	2
Gastroenterology	2,135	2,100	-35
General Medicine	10,683	11,638	955
Geriatric Medicine	6,116	6,092	-24
Infectious Disease	3,053	3,064	11
Rehabilitation medicine	421	474	53
Respiratory medicine	170	157	-13
Therapies / Management	624	683	59
<b>Notional Share of Acute Set Aside - Total</b>	<b>29,842</b>	<b>30,766</b>	<b>924</b>
<b>TOTAL DELEGATED IJB FUNCTIONS</b>	<b>207,150</b>	<b>209,890</b>	<b>2,740</b>



## **West Lothian Integration Joint Board**

Date: 18/10/2016

Agenda Item: **10**

### **AUDIT OF THE 2015/16 ANNUAL ACCOUNTS**

#### **REPORT BY CHIEF FINANCE OFFICER**

##### **A PURPOSE OF REPORT**

To advise the Board of the outcome of the 2015/16 Audit and to provide a summary of the key points arising from the Auditor's Annual Report.

##### **B RECOMMENDATION**

It is recommended that the Board:

- notes the Auditor's 2015/16 Annual Audit Report
- notes the audited 2015/16 Annual Accounts for the West Lothian Integration Joint Board

##### **C TERMS OF REPORT**

###### **Introduction**

The report by Audit Scotland on the 2015/16 audit is addressed to the West Lothian Integration Joint Board and forms part of the audit process. The Auditor's report covers the financial statements, financial management and sustainability, governance and transparency and Best Value. This mirrors Audit Scotland's approach to local authority accounts, which concentrates on the key risks and priorities facing organisations they audit.

The audited Annual Accounts for the period to 31 March 2016 were considered by the Audit, Risk and Governance Committee on 23 September 2016 and the committee approved the accounts for signature. This meant the external audit of the Accounts and the signing of the Independent Auditor's report were completed by the target date of 30 September 2016. I can report that there were no material changes to the figures contained in the Unaudited Accounts previously provided to the Board on 23 August 2016.

###### **Key messages in the Audit Scotland report**

The key messages section outlines the Auditor's conclusions on key outcomes from the 2015/16 audit and the outlook for future audits as follows:

- There is an unqualified opinion on the financial statements
- Overall, the Board has satisfactory financial management arrangements in place and the financial position is sustainable

- Regular budget reports are provided to the Board and to the partner bodies NHS Lothian and West Lothian Council
- The timetable for confirmation of NHS Budgets by the Scottish Government means that the Board had to set its 2016/17 budget in advance of confirmation of the Health Board's settlement. Any significant change to this could impact on the level of service provided by the Board
- Audit assurance was obtained over the accuracy and completeness of the financial transactions processed by the Partner bodies
- Internal audit services provided to the Board comply with the Public Internal Audit Standards, however they should be more accountable to the Board for services provided in their audit plans
- The Board are fully committed to the integration agenda and have made good progress to date
- The strategic plan outlines the partnership's aims, visions and priorities for the next three years and is reviewed annually
- Key outcomes for the Board have been agreed

On the outlook for the future, the Auditor highlights that Boards will continue to operate in a period of austerity with reduced funding in real terms, increasing cost pressures and a growing demand for services. There will be a requirement to shift resources to reflect changing models of service delivery and it will be important that the Board can demonstrate these changes, which may take several years to fully evolve, are making a positive impact on service users and improving outcomes.

### **Significant Audit Risks**

Appendix I to the Annual Audit report sets out a range of risks identified during the course of the audit and the assurance procedures used to assess the risks. Taking account of this, no areas of concern were highlighted by the audit testing undertaken of risk areas.

### **Annual Audit Report Action plan**

An action plan including management responses to identified risks is attached in Appendix IV of the report.

## **D CONSULTATION**

Relevant officers in NHS Lothian and West Lothian Council.

## **E REFERENCES/BACKGROUND**

2015/16 Audited Statement of Accounts for West Lothian Integration Joint Board  
Audit Scotland – Annual Report on the 2015/16 Audit

## **F APPENDICES**

Audit Scotland – Annual Report on the 2015/16 Audit

2015/16 Audited Statement of Accounts for West Lothian Integration Joint Board

## **G SUMMARY OF IMPLICATIONS**

<b>Equality/Health</b>	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.
<b>National Health and Wellbeing Outcomes</b>	None.
<b>Strategic Plan Outcomes</b>	None.
<b>Single Outcome Agreement</b>	None.
<b>Impact on other Lothian IJBs</b>	None.
<b>Resource/Finance</b>	None.
<b>Policy/Legal</b>	The Auditor's Report is presented to the Board in accordance with the Local Government (Scotland) Act 1973.
<b>Risk</b>	None

## **H CONTACT**

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18 October 2016



# West Lothian Integration Joint Board

2015/16 Annual Audit  
Report for members of  
West Lothian Integration  
Joint Board and the  
Controller of Audit

23 September 2016

# Key contacts

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Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively ([www.audit-scotland.gov.uk/about/](http://www.audit-scotland.gov.uk/about/)).

David McConnell, Assistant Director, Audit Scotland is the engagement lead of West Lothian Integration Joint Board for the 2015/16 year .

This report has been prepared for the use of West Lothian Integration Joint Board and no responsibility to any member or officer in their individual capacity or any third party is accepted.

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# Key messages

<b>Audit of financial statements</b>	<ul style="list-style-type: none"> <li>We have completed our audit of the Integration Joint Board (IJB) and issued an unqualified independent auditor's report on the 2015/16 financial statements.</li> </ul>
<b>Financial management &amp; sustainability</b>	<ul style="list-style-type: none"> <li>Overall, the Board has satisfactory financial management arrangements in place and the financial position is sustainable.</li> <li>Regular budgetary control reports are provided to the Board and to the partner bodies NHS Lothian and West Lothian Council.</li> <li>The timetable for confirmation of NHS budgets by the Scottish Government means that the Board had to set its 2016/17 budget in advance of confirmation of the health board's settlement. Any significant change to this could impact the level of service provided by the Board</li> </ul>
<b>Governance &amp; transparency</b>	<ul style="list-style-type: none"> <li>We obtained audit assurance over the accuracy and completeness of financial transactions processed by the partner bodies.</li> <li>There is an IJB Chief internal auditor in place and Internal audit services provided to the Board comply with Public Internal Audit Standards.</li> </ul>
<b>Best Value</b>	<ul style="list-style-type: none"> <li>The Board is fully committed to the integration agenda and has made good progress to date.</li> <li>The strategic plan outlines the partnership's aims, visions and priorities for the next three years. This is reviewed annually.</li> <li>Key outcomes for the Board have been agreed.</li> </ul>
<b>Outlook</b>	<ul style="list-style-type: none"> <li>The integration joint board will continue to operate in a period of austerity with reduced funding in real terms, increasing cost pressures and a growing demand for services. All integration authorities need to continue to shift resources, including the workforce, towards a more preventative and community based approach.</li> <li>It is important that the Board can demonstrate that these changes, which may take several years to fully evolve, is making a positive impact on service users and improving outcomes.</li> </ul>

# Introduction

1. In October 2015 the Accounts Commission approved the appointment of Audit Scotland's Audit Services Group as external auditors of West Lothian Integration Joint Board (the "Board"). Our audit appointment is for one year, covering the 2015/16 financial year, the first accounting period for which the Board is required to prepare financial statements.
2. This report is a summary of our findings arising from the 2015/16 audit of West Lothian Integration Joint Board. The report is divided into sections which reflect our public sector audit model.
3. The management of the Board is responsible for:
  - preparing financial statements which give a true and fair view
  - implementing appropriate internal control systems
  - putting in place proper arrangements for the conduct of its affairs
  - ensuring that the financial position is soundly based.
4. Our responsibility, as the external auditor of West Lothian Integration Joint Board, is to undertake our audit in accordance with International Standards on Auditing, the principles contained in the Code of Audit Practice issued by Audit Scotland in May 2011 and the ethical standards issued by the Auditing Practices Board.
5. An audit of financial statements is not designed to identify all matters that may be relevant to those charged with governance. It is the auditor's responsibility to form and express an opinion on the financial statements; this does not relieve management of their responsibility to prepare financial statements which give a true and fair view.
6. [Appendix I](#) lists the audit risks that we identified in the annual audit plan we issued in March 2016. It also summarises the assurances provided by management to demonstrate that risks are being addressed and the conclusions of our audit work. [Appendix II](#) lists the reports we issued to the Board during the year. A number of national reports have been issued by Audit Scotland during the course of the year. These reports, summarised at [Appendix III](#), include recommendations for improvements.
7. [Appendix IV](#) is an action plan setting out our recommendations to address the high level risks we have identified during the course of the audit. Officers considered the issues and agreed to take steps to address them. The Board should ensure it has a mechanism in place to assess progress and monitor outcomes.
8. We have included in this report only those matters that have come to our attention as a result of our normal audit procedures; consequently, our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.
9. The cooperation and assistance afforded to the audit team during the course of the audit is gratefully acknowledged.

# Audit of the 2015/16 financial statements

<b>Audit opinion</b>	<ul style="list-style-type: none"> <li>• We have completed our audit and issued an unqualified independent auditor's report.</li> </ul>
<b>Going concern</b>	<ul style="list-style-type: none"> <li>• The financial statements were prepared on the going concern basis.</li> <li>• There is increased financial risk for the Board which had to set its 2016/17 budget in advance of the health board's budget. However we do not feel this or any other events or conditions cast significant doubt on the Board's ability to continue as a going concern.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>• We review and report on other information published with the financial statements, including the management commentary, annual governance statement and the remuneration report. We consider whether these reports have been properly prepared, comply with extant guidance and are consistent with the financial statements.</li> <li>• We report any material errors or omissions, any material inconsistencies with the financial statements or any otherwise misleading content. We have nothing to report in respect of the other information published as part of the annual report and accounts.</li> </ul>

## Submission of financial statements for audit

10. 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 Local Government (Scotland) Act 1973. The financial statements of the Board are prepared in accordance with the 1973 Act and the 2015/16 Code of Practice on Local Authority Accounting in the United Kingdom (the Code).
11. NHS Lothian is required to submit audited accounts by 30 June each year. The IJB had satisfactory arrangements in place to ensure that information required by its stakeholder bodies was received by specified dates to enable incorporation into the group accounts of the stakeholder bodies. This included details of balances held at the year-end, the transactions in the year and other information including assurances needed for the governance statement.
12. We received the unaudited financial statements of the Board on 28 June 2016, in accordance with the agreed timetable. The working papers were of a good standard and finance staff provided good support to the audit team which assisted the delivery of the audit by the deadline.

## Overview of the scope of the audit of the financial statements

13. Information on the integrity and objectivity of the appointed auditor and audit staff, and the nature and scope of the audit, were

outlined in our Annual Audit Plan presented to the Board on 23 March 2016.

14. As part of the requirement to provide full and fair disclosure of matters relating to our independence, we can confirm that we have not undertaken non-audit related services. The 2015/16 agreed fee for the audit was set out in the Annual Audit Plan and as we did not carry out any work additional to our planned audit activity, the fee remains unchanged.
15. The concept of audit risk is central to our audit approach. We focus on those areas that are most at risk of causing material misstatement in the financial statements. In addition, we consider what risks are present in respect of our wider responsibility, as public sector auditors, under Audit Scotland's Code of Audit Practice.
16. During the planning phase of our audit we identified a number of risks and reported these to you in our Annual Audit Plan along with the work we proposed doing in order to obtain appropriate levels of assurance. [Appendix I](#) sets out the significant audit risks identified and how we addressed each risk.
17. Our audit involved obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

## Materiality

18. Materiality can be defined as the maximum amount by which auditors believe the financial statements could be misstated and still not be expected to affect the decisions of users of financial statements. A misstatement or omission, which would not normally be regarded as material by amount, may be important for other reasons (for example, an item contrary to law).
19. We consider materiality and its relationship with audit risk when planning the nature, timing and extent of our audit and conducting our audit programme. Specifically with regard to the financial statements, we assess the materiality of uncorrected misstatements, both individually and collectively.
20. We summarised our approach to materiality in our Annual Audit Plan. The West Lothian IJB was legally established on 21 September 2015. As the IJB did not become fully operational until 1 April 2016, the initial decision on the appropriate level of materiality was deferred until the receipt of the unaudited accounts. Based on our knowledge and understanding of West Lothian IJB, materiality has been set at £140 (or 1% of gross expenditure).

## Evaluation of misstatements

21. The audit identified some presentational and monetary adjustments which were discussed and agreed with management.

## Significant findings from the audit

22. International Standard on Auditing 260 requires us to communicate to you significant findings from the audit, including:
  - The auditor's views about significant qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures.
  - Significant difficulties encountered during the audit.
  - Significant matters arising from the audit that were discussed, or subject to correspondence with management.
  - Written representations requested by the auditor.
  - Other matters which in the auditor's professional judgment are significant to the oversight of the financial reporting process.
23. There are no findings from our financial statements audit that we consider need to be brought to your attention.
24. There are no issues or other audit judgements that, in our view require to be communicated to those charged with governance in accordance with ISA 260.

## Future accounting and auditing developments

### Audit appointment from 2016/17

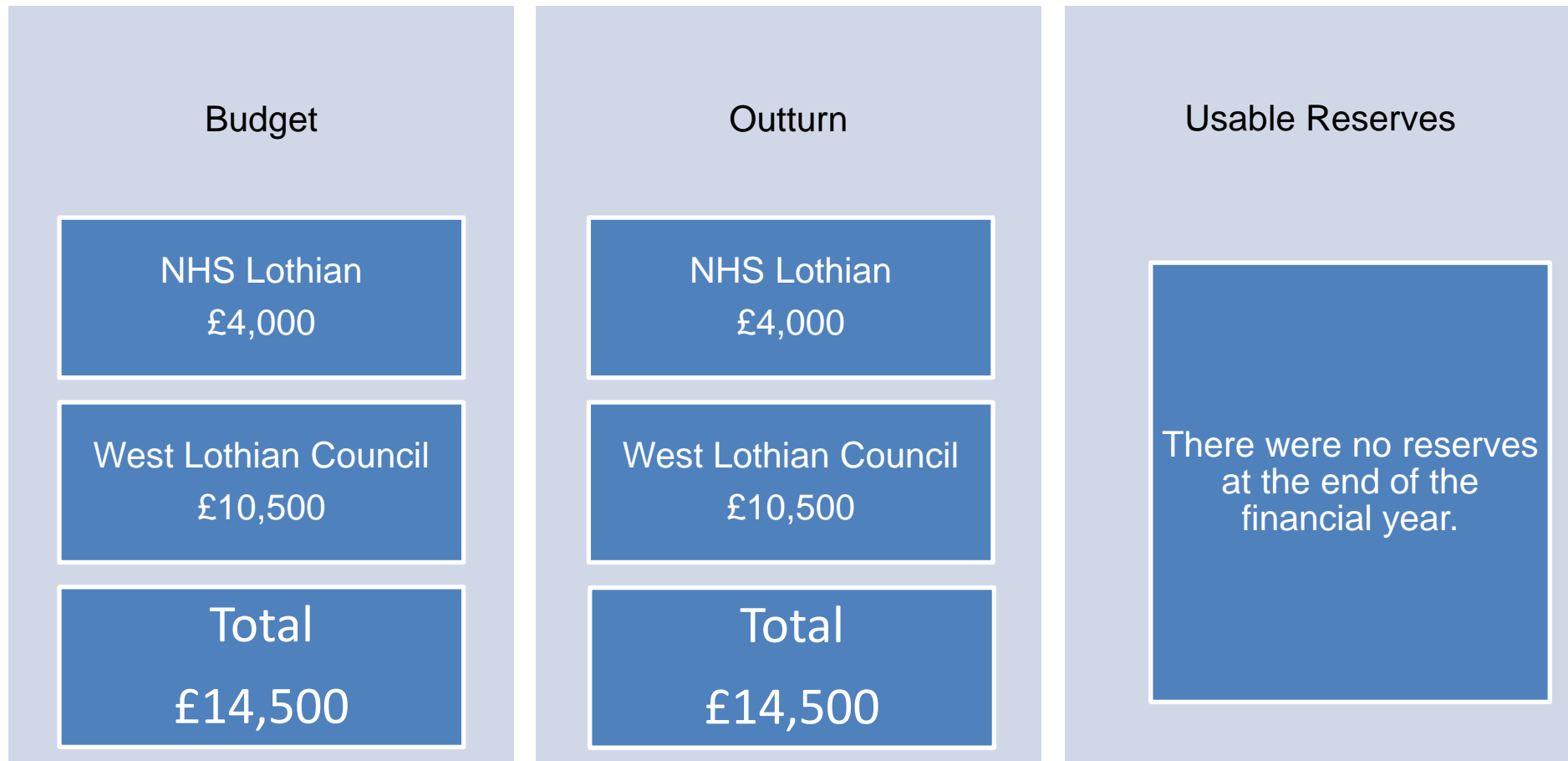
25. The Accounts Commission is responsible for the appointment of external auditors to integration joint boards. Paragraph 1 of this report refers to Audit Scotland's one year appointment as the auditor of West Lothian Integration Joint Board in 2015/16. This was restricted to one year to reflect the final year of our five year appointment as auditors of NHS Lothian and West Lothian Council. External auditors are appointed for a five year term either from Audit Scotland's Audit Services Group or private firms of accountants.
26. The procurement process for the new round of audit appointments was completed in March 2016. Your new appointed auditor will be Ernst & Young.

### Code of Audit Practice

27. A new Code of Audit Practice applies to public sector audits for financial years starting on or after 1 April 2016. It replaces the Code issued in May 2011. It outlines the objectives and principles to be followed by auditors.

28. The new Code increases the transparency of our work by making more audit outputs available on Audit Scotland's website. In addition to publishing all Annual Audit Reports, Annual Audit Plans and other significant audit outputs will be put on the website for all audited bodies. This is irrespective of whether the body meets in public or makes documents.

# Financial management and sustainability



## Financial management

29. In this section we comment on the West Lothian Independent Joint Board financial performance and assess the Board's financial management arrangements.
30. The Board does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure relating to services managed by the Board are incurred by the stakeholder parties and processed in their accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the Board.
31. The integration scheme between NHS Lothian and West Lothian Council sets out the amount to be paid by the parties to West Lothian Integration Joint Board in respect of all of the functions delegated by them to the Board.
32. Legislation empowers the Board to hold reserves. The integration scheme and the reserves strategy set out the arrangements between the partners for addressing and financing any overspends or underspends. It highlights that underspends in an element of the operational budget arising from specific management action may be retained by the IJB to either fund additional in year capacity, or be carried forward to fund capacity in future years of the Strategic Plan. Alternatively, these can be returned to the partner bodies.

33. Where there is a forecast overspend the partner bodies must agree a recovery plan to balance the budget.

## Financial performance 2015/16

34. The IJB set a breakeven budget for 2015/16. This was based on expenditure of £14,500 with £4,000 contributed by NHS Lothian and £10,500 from West Lothian Council. The IJB recorded a breakeven position at the end of March 2016.

## Financial management arrangements

35. As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We do this by considering a number of factors, including whether:
  - the Chief Financial Officer has sufficient status to be able to deliver good financial management
  - standing financial instructions and standing orders are comprehensive, current and promoted within the Board
  - reports monitoring performance against budgets are accurate and provided regularly to budget holders
  - monitoring reports do not just contain financial data but are linked to information about performance
  - Board members provide a good level of challenge and question budget holders on significant variances.
36. While an interim Chief Officer was in post during the year, the Standards Officer, Chief Finance Officer and Internal Auditor were not appointed until February 2016. In our Annual Audit Plan, we

identified that the late appointment of key personnel would adversely impact upon the arrangements for the preparation of the financial statements and the adoption of key policies and regulations. However, the IJB submitted its unaudited accounts in line with the agreed timetable and our audit work has not highlighted any further issues in this area.

37. We reviewed the standing financial instructions and standing orders, which were created on the formation of the IJB. These were approved by the Board and we consider these to be comprehensive.
38. Financial monitoring of the partnership budget is reported in an agreed format to the Board. Finance reports relating to the IJB's financial assurance have been reported externally to NHS Lothian and West Lothian Council. Quarterly updates on IJB 2016/17 financial performance as well as other relevant IJB finance related reports will be presented to the Council and NHS Lothian.
39. As auditors we attend a number of Board meetings. Board members provide a good level of challenge and question budget holders on significant variances and service performance issues.

## Conclusion on financial management

40. We have concluded that the Board has satisfactory financial management arrangements. These support the review and scrutiny of financial performance, the achievement of financial targets, and awareness of any potential overspends.

## Financial sustainability

41. Financial sustainability means that the Board has the capacity to meet its current and future plans. In assessing financial sustainability we are concerned with whether:
  - spending is being balanced with income in the short term
  - long-term financial pressures are understood and planned for.

## Financial planning

42. A budget of £207 million has been proposed for 2016/17 as set out in table 1.
43. Delays to the agreement of the Scottish Government's financial plans meant that the IJB budget for 2016/17 was not formally set at the beginning of the financial year. The council budget was set on 23 February 2016. This provided confirmation around the council element of the Partnership funding for 2016/17. The health board budget plans were agreed internally and submitted to the Scottish Government on 31 May 2016 as part of their Local Delivery Plan.
44. During the intervening period the Board set an interim working budget in March, based on assumed funding from the Health Board. In August 2016, the IJB agreed that revised directions on IJB functions and resources would be issued to NHS Lothian based on the budget plans contained in the submitted Local Delivery Plan.

45. This meant that for the first few months of 2016/17 the Board were pursuing its strategic plan activities but were unable to carry out the planned due diligence on its 2016/17 budget. There was therefore uncertainty during this period regarding the extent to which the Board could develop and implement its strategic plan objectives.

**Table 1: WLIJB Indicative budget 2016/17**

	Base budget (£million)
West Lothian Council	66.685
Core West Lothian Health Services	92.070
Share of Pan Lothian Hosted Services	17.577
<b>Sub-total</b>	<b>176.332</b>
NHS Lothian set aside	30.939
<b>Total</b>	<b>207.271</b>

Source: IJB Board papers August 2016

46. The NHS Lothian element of partnership funding for 2016/17 is based the financial plan submitted to the Scottish Government which was out of financial balance by over £20 million, with the IJB's share of this gap being £1.249 million which reflects an improvement compared to the equivalent gap of £2.519 million reported to the Board on 31 March 2016. Subsequently, £6m of

recurring funding has been made to NHS Lothian, however the distribution of this funding is still to be determined.

47. Although the extent of the funding gap has significantly reduced over recent months, there is still a risk to the Board of NHS Lothian not having a balanced budget position. Planned efficiencies may not be delivered and additional savings may not be identified to bridge the current funding gap.

**Action point 1**

## Conclusion on financial sustainability

48. While there were well documented reasons why the Board required to set an interim working budget for 2016/17, there are risks to service delivery when operating without an agreed budget.
49. Overall we conclude that the Partnership's financial position is sustainable currently and in the foreseeable future. Adequate financial planning arrangements are in place and we have also relied on West Lothian Council and NHS Lothian's track record of delivering efficiency savings.

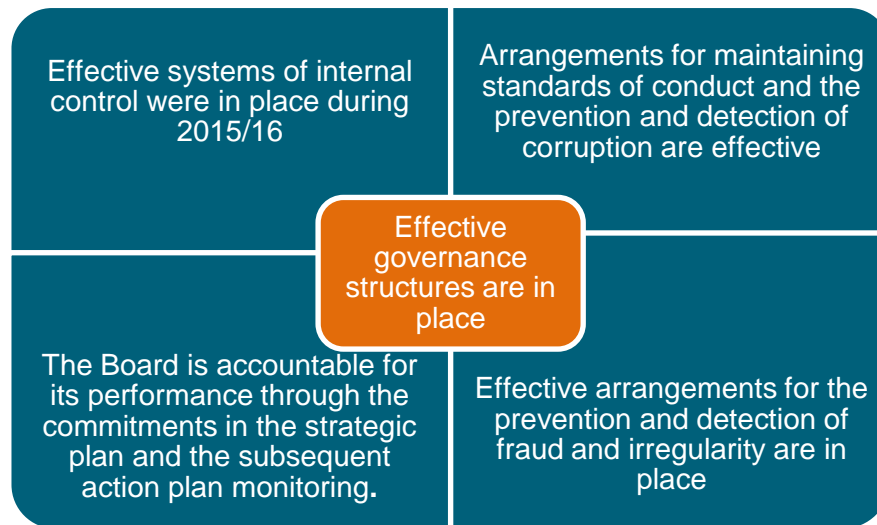
## Outlook

50. NHS boards and councils have faced several years of financial constraints and this is expected to continue in the coming years. The ageing population and increasing numbers of people with long term conditions and complex needs have already placed

significant pressure on health and social care budgets. This puts further pressure on finances.

51. Strategic plans, while setting out the broad direction, will need to be clear regarding the Board's priorities and the financing and staff that will be available over the longer term to match these priorities. It is important that they provide detail on the level of resources required in each key area and how they will shift resources towards preventative and community based care.
52. The Board has set a balanced budget for 2016/17 and an indicative balanced budget for the following two years, This is dependent on achieving efficiency savings each year to bridge the gap between available funding from current sources and the cost of services.
53. A Strategic planning committee comprising officers, service users and service providers has been set up. This is overseeing the projects designed to deliver an effective shift in service delivery models and resources. The Board will need to demonstrate how it intends to achieve these efficiencies.

# Governance and transparency



54. Good governance is vital to ensure that public bodies perform effectively. This can be a particular challenge in partnerships, with board members drawn from a wide range of backgrounds.
55. The integration scheme between West Lothian Council and NHS Lothian sets out the key governance arrangements. It also sets out the requirement to identify and collate a core set of indicators and measures which relate to integrated functions to enable the reporting of performance targets and improvement measures.
56. The Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of West Lothian Integration Joint Board and for monitoring the adequacy of these arrangements.
57. The Board comprises a wide range of service users and partners including four elected councillors nominated by West Lothian Council and four non-executive directors nominated by NHS Lothian.
58. The Board is supported by a Chief Officer who provides overall strategic and operational advice to the Integration Joint Board, and is directly accountable to the Board for all of its responsibilities. The Chief Officer is also accountable to both the Chief Executive of West Lothian Council and the Chief Executive of NHS Lothian. The Chief Officer also provides regular reports to both the Council and the NHS Board.
59. The Board is responsible for the management and delivery of health and social care services in West Lothian, and is supported by the Audit, Risk and Governance Committee and the West Lothian Integration Strategic Planning Group.
60. The Operational structure is divided into three services: Adult social care services, Primary care and community health services, Some hospital services.
61. The Board met on a regular basis throughout the year as did the Strategic planning Group. The Audit, Risk and Governance Committee is working towards a quarterly cycle of meetings. We

review Board minutes and Audit and Governance Committee minutes to ensure they are fulfilling their responsibilities. We also periodically attend Board meetings to observe how it operates.

62. We concluded that the Board has appropriate governance arrangements in place and they provide a framework for effective organisational decision making.

## Internal control

63. While auditors concentrate on significant systems and key controls in support of the opinion on the financial statements, their wider responsibilities require them to consider the financial systems and controls of audited bodies as a whole. However, the extent of this work should also be informed by their assessment of risk and the activities of internal audit.
64. West Lothian Council and NHS Lothian are the partner bodies. All financial transactions of the Board are processed through the financial systems of the partner bodies and are subject to the same controls and scrutiny of the council and health board, including the work performed by internal audit.
65. We sought and obtained assurances from the external auditor of the council and health board regarding the systems of internal control used to produce the transactions and balances recorded in the Board's annual accounts.

66. We also reviewed the Board's budget setting and financial monitoring arrangements. Overall, we consider the systems of internal control to be effective.

## Internal audit

67. Internal audit provides the Board and Chief Officer with independent assurance on the Board's overall risk management, internal control and corporate governance processes. Internal audit services are provided to the Board by the the IJB's Chief internal auditor and the internal audit plan for 2016/17 has been approved by the Board.
68. The IJB's Chief internal auditor is also the Audit, Risk and Counterfraud manager for the Council. We carried out a review of the adequacy of the internal audit functions at the Council and concluded that internal audit operates in accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

## Arrangements for the prevention and detection of fraud and other irregularities

69. Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by one of the partner bodies internal audit sections. Since the Board does not directly employ staff, it has been agreed that investigations will be carried out by the internal audit service of the partner body where the fraud or irregularity originated. If this relates to NHS Lothian, there

are arrangements in place to use the Counter Fraud Services. The Board recognises that, as partnership services become more integrated, the investigations will need to take up a more joined up approach.

70. We concluded that the Board had effective arrangements in place for fraud detection and prevention during 2015/16.

## Arrangements for maintaining standards of conduct and the prevention and detection of corruption

71. The integration joint board requires that all members must comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies. A register of members' interests is in place for Board Members and senior officers.
72. Based on our review of the evidence we concluded that the Board has effective arrangements in place for the prevention and detection of corruption and we are not aware of any specific issues that we need to record in this report.

## Transparency

73. Local residents should be able to hold the Board to account for the services it provides. Transparency means that residents have access to understandable, relevant and timely information about how the Board is taking decisions and how it is using its resources.

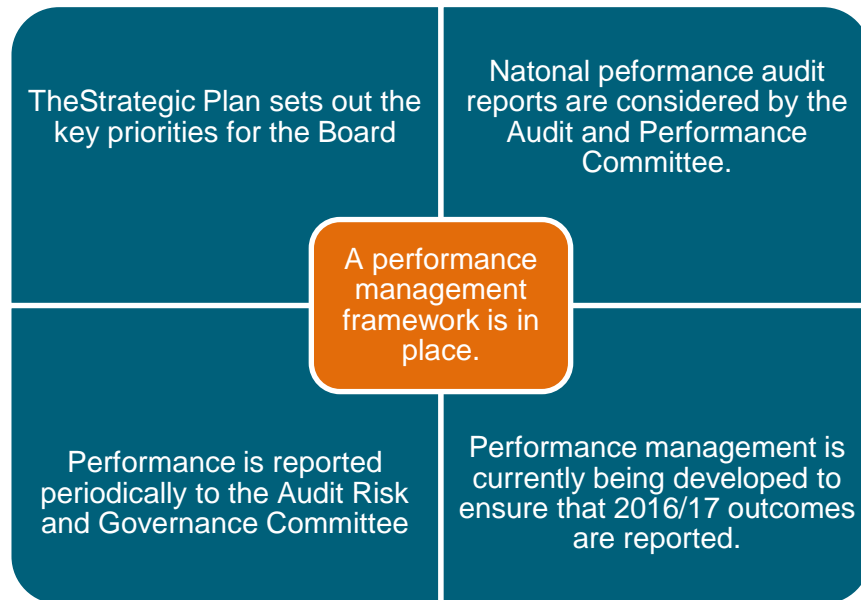
74. The Integration Joint Board's purpose and vision are outlined in its Strategic Plan 2016-26. This shows what success would look like and sets out the Board's priorities for the next 10 years. In doing so, it takes account of the priorities outlined in the 2020 Vision for Health and Social Care.
75. The Strategic Plan incorporates an action plan for 2016/2019. This sets out the actions that the partnership will take and provides a basis for measuring how well they are doing and whether they are achieving the Board's priorities and the national outcomes. The action plan is set for a three year period and is reviewed annually.
76. In addition to West Lothian Council and NHS Lothian representation, the Board includes a number of representatives from health and social care professionals, including GPs, employees, unpaid carers, service users, and the third sector.
77. Members of the public can attend meetings of the Board. A significant amount of the Board's business is transacted through the Audit Risk and Governance Committee and the West Lothian Integration Strategic Planning Group. Minutes and related papers for the Board are available on the council or health board websites and on the West Lothian CHCP website. The Board should consider enhancing transparency by publishing papers submitted to standing committees and groups. Where papers include confidential information these can be withdrawn or redacted as appropriate.

78. Overall we concluded that the Board is open and transparent although we believe that there are some areas where the Board could make improvements to the current arrangements.

## Outlook

79. West Lothian Integration Joint Board faces continuing challenges on a number of fronts including mounting financial challenges, meeting exacting performance targets, and delivering the Scottish Government's aim of having people living longer and healthier lives at home or a homely setting (i.e. the 2020 Vision).
80. The design of IJBs brings the potential for real or perceived conflicts of interest for board members and senior managers. Partners need to be clear regarding how governance arrangements will work in practice, particularly when disagreements arise. This is because there are potentially confusing lines of accountability, which could hamper the Board's ability to make decisions about the changes involved in redesigning services. People may also be unclear who is ultimately responsible for the quality of care.
81. Embedding robust governance arrangements will be an essential element in meeting these challenges and maintaining accountability. All stakeholders including patients, clinicians, carers, the public, staff, partner bodies and the Scottish Government, benefit from the assurance and confidence a good governance regime brings.

# Best Value



82. The Public Bodies (Joint Working) (Scotland) Act 2014 set out a broad framework for creating integration authorities and gave councils and NHS boards a great deal of flexibility to enable them to develop integrated services that are best suited to local circumstances.
83. Integration authorities are required to contribute towards nine national health and wellbeing outcomes. These high level outcomes seek to measure the quality of health and social care services and their impact on, for example, allowing people to live independently and in good health, and reducing health

inequalities. This signals an important shift from measuring internal processes to assessing the impact on people using health and social care services.

84. The integration scheme specifies the wide range of functions delegated by the council and the health board to the Board. These include all services previously carried out by the council's Adult social care services department plus a wide range of service previously carried out by the health board including accident and emergency, all community hospitals, all mental health inpatients services, and primary care. Good progress is being made.
85. Accountable officers have a specific responsibility to ensure that arrangements have been made to secure Best Value. IJBs need to establish effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account. There is also a need for regular reporting to partner organisations. This is particularly important as most members of West Lothian Council and NHS Lothian are not directly involved in the Board's work.

## Arrangements for securing Best Value

86. The integration scheme committed the Board to delivering the national outcomes for Health & Wellbeing. Partners identified a core set of indicators and targets and then agreed a framework for reporting progress against these. Locality planning arrangements are also in place which are multi disciplinary and multi sectoral and

allow for different local needs to be taken into account in strategic planning.

87. The Board is also committed to a number of high profile deliverables, including savings plans relating to both West Lothian Council and NHS Lothian, tackling inequalities and poor health outcomes through targeted service delivery on a locality basis, and shifting the balance of care for frail older people to support independent living.
88. The Board works with the Lothian Analytical Services and the other IJBs to agree a Lothian Core dataset to support planning and monitoring of performance across health and social care. The dataset will include the measures for the Local Delivery Plan, as well as indicators for social care, primary care and community.
89. Each IJB in Lothian hosts or manages a range of services provided on a pan Lothian basis on behalf of the other IJBs. Embedding effective two way working relationships and communication with all hosted services and host IJBs is paramount, not only to influence strategic planning and redesign but to ensure the right services are developed and delivered for people in West Lothian.
90. Overall, we concluded that the Board has arrangements for securing BV and continuous improvement.

## Performance management

91. The Strategic Plan identifies four strategic priorities that are linked to the Scottish Government's nine health and wellbeing indicators. These are:
  - Tackling inequalities
  - Prevention and early intervention
  - Integrated and coordinated care
  - Managing our resources effectively
92. 23 core indicators have been developed from national sources so that the measurement approach for the agreed integration health and wellbeing outcomes is consistent across all areas.
93. Progress against each of the indicators and actions will be reported to the Audit Risk and Governance Committee.
94. The performance management framework will continue to evolve as improved targets or data sources become available through, for example, the change programme.
95. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end. This report should cover areas including: service type and balance of care; key care groups; localities; and assessment of performance in achieving best value. Overall, this is likely to consist of the indicators within the Boards' five priority areas plus the 23 core integration indicators developed by the Scottish Government to measure progress in delivering the

national health and wellbeing outcomes. The publication of the performance report is not a statutory requirement until 2016/17, the Board does not intend to produce this “national” report in 2015/16.

96. Financial monitoring reports are submitted quarterly to the IJB. These reports include projections for the year, reasons for under or overspends, any remedial actions being taken, movements since the previous monitoring report, cost pressures, and progress in achieving savings targets.
97. We concluded that the Board has established a satisfactory performance management framework. This is based on the existing performance frameworks at both West Lothian Council and NHS Lothian.

## Outlook

98. Pressures on health and social care services are likely to continue to increase for the foreseeable future. These increasing pressures have significant implications on the cost of providing health and social care services and challenges in ensuring that people receive the right care, at the right time, and in the right setting.
99. The Board is responsible for co-ordinating health and social care services and commissioning NHS Lothian and West Lothian Council to deliver services in line with the strategic plan. Over time, the intention is that this will lead to a change in how services are provided, with a greater emphasis on preventative services

and allowing people to receive care and support in their home or local community.

100. The Board will need to continue to demonstrate and report whether this is making a positive impact on service users and improving outcomes. To help achieve this it is important that the Board has strategies covering the workforce, risk management, engagement with service users, and data sharing arrangements which help to enable delivery of the Board’s strategic priorities.

# Appendix I: Significant audit risks

The table below sets out the audit risks we identified during the course of the audit and how we addressed each risk in arriving at our opinion on the financial statements.

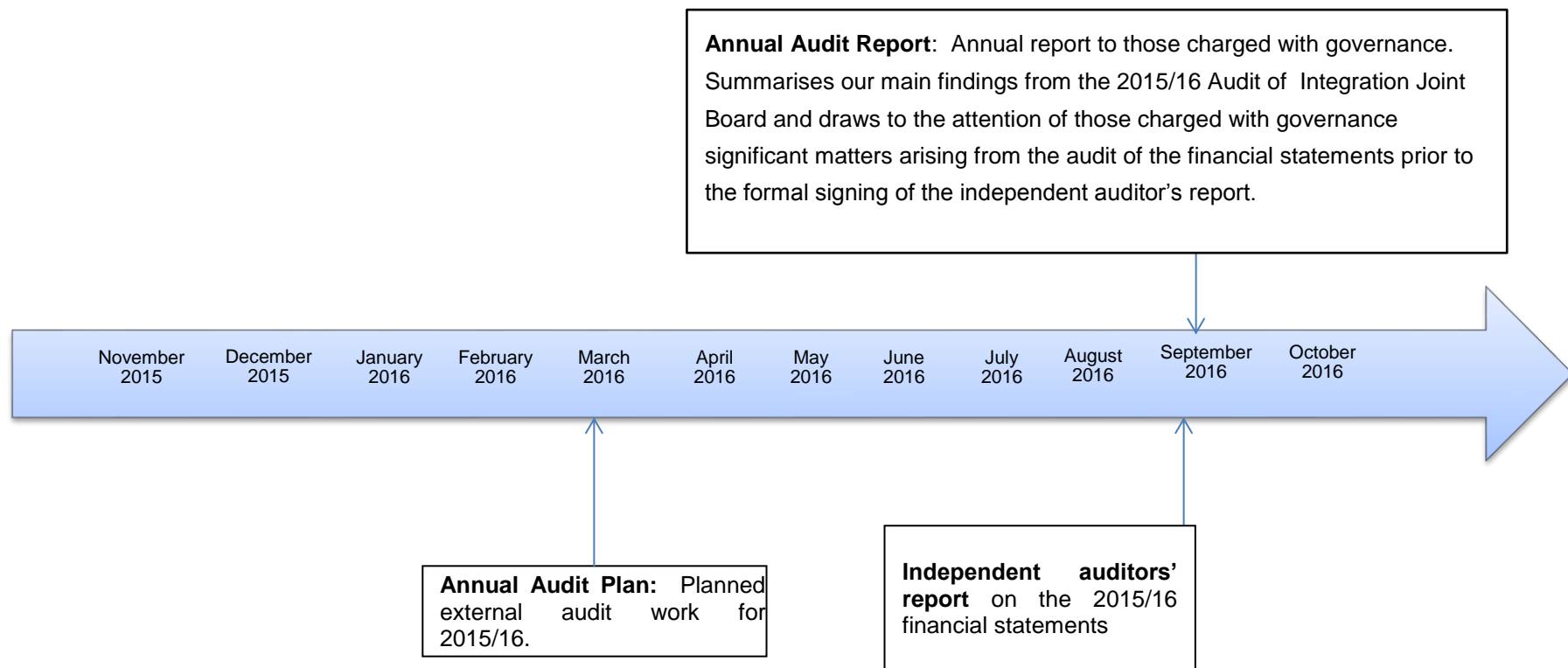
Audit Risk	Assurance procedure	Results and conclusions
<b>Risk of material misstatement in the financial statements</b>		
<p><b>Financial statements</b></p> <p>Financial statements are being prepared for the first time in 2015/16, and will require income, expenditure and year end balances between West Lothian Council, NHS Lothian, and the IJB to be agreed.</p> <p><b>Risk:</b> There is a risk that year end procedures for agreeing year end balances are not fully embedded to enable West Lothian IJB to present its financial statements in accordance with the Code and in accordance with timescales to meet NHS reporting requirements.</p>	<ul style="list-style-type: none"> <li>• We continued to engage with officers prior to the accounts being prepared to help ensure the relevant information was disclosed and timetable met.</li> <li>• We tested to ensure the governance statement is in accordance with the Code requirements.</li> <li>• We review technical guidance from IRAG and LASAAC.</li> <li>• Ensure accounting policies are appropriate and complete.</li> <li>• We obtain assurances from the auditors of West Lothian Council and NHS Lothian over the accuracy, completeness and appropriate allocation of the IJB ledger entries.</li> </ul>	<ul style="list-style-type: none"> <li>• The financial statements were presented for audit in accordance with the agreed timetable.</li> <li>• No areas of concern highlighted by our audit testing.</li> </ul>

Audit Risk	Assurance procedure	Results and conclusions
<p><b>Governance statement and management assurances</b></p> <p>The preparation of the financial statements of the IJB relies on the provision of financial and non-financial information from the systems of the two partner bodies. The Chief Finance Officer of the IJB must obtain assurance; that the costs transferred to the accounts of the IJB are complete and accurate and were incurred on behalf of the IJB for services prescribed in the integration scheme.</p> <p><b>Risk:</b> The Chief Finance officer does not have adequate assurance that information received from each party is accurate and complete.</p>	<ul style="list-style-type: none"> <li>• We ensured the governance statement adequately reflects the position of IJB.</li> <li>• We ensured that financial reporting throughout the year is accurately reflected in the year end position.</li> <li>• We considered whether appropriate action is taken on issues raised in Internal Audit reports.</li> <li>• We obtained audit assurances from the auditor of the council and health board regarding the accuracy and allocation of IJB transactions and to ensure they are recorded in the correct financial year.</li> </ul>	<ul style="list-style-type: none"> <li>• Assurances obtained from West Lothian Council and NHS Lothian</li> <li>• No areas of concern noted</li> </ul>

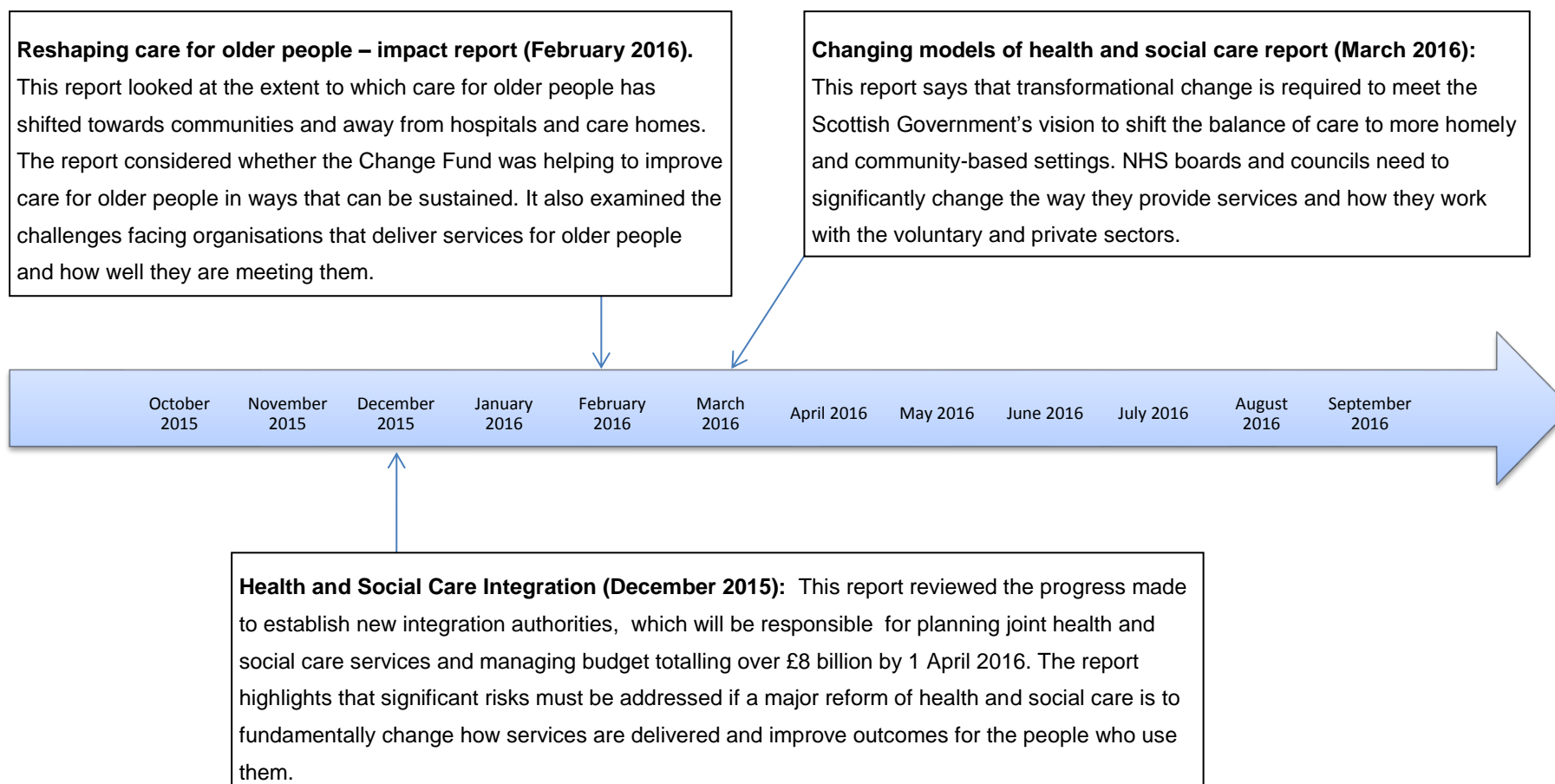
Audit Risk	Assurance procedure	Results and conclusions
<p><b>Appointment of key officers</b></p> <p>While an interim Chief Officer was in post, the Standards officer, Chief Finance Officer and Internal Auditor were not appointed until February 2016.</p> <p><b>Risk:</b> There is a risk that the late appointment of key officers could adversely impact upon the arrangements for the preparation of the financial statements and the adoption of key policies and regulations.</p>	<ul style="list-style-type: none"> <li>Continued engagement with officers prior to the accounts being prepared to ensure relevant information is disclosed and the timetable met.</li> <li>Monitoring of Board papers to ensure that relevant documents, such as the Financial Regulations, are presented for approval.</li> </ul>	<ul style="list-style-type: none"> <li>The financial statements were presented for audit in accordance with the agreed timetable.</li> <li>No areas of concern highlighted by our audit testing.</li> </ul>
<p><b>Risks identified from the auditor's wider responsibility under the Code of Audit Practice</b></p>		
<p><b>Risk Management</b></p> <p>The integration scheme requires some arrangements in respect of risk management to be in place before the date of the delegation of the integration functions.</p> <p><b>Risk:</b> Without a formal process of risk recognition and management, the Board could suffer loss on the crystallisation of specific risks.</p>	<ul style="list-style-type: none"> <li>Review of the IJB's risk management arrangements.</li> <li>Liaison with Chief Finance Officer regarding the development of a WLIJB Risk Management strategy.</li> </ul>	<ul style="list-style-type: none"> <li>No further areas of concern highlighted by our audit work.</li> </ul>

Audit Risk	Assurance procedure	Results and conclusions
<p><b>Financial Sustainability</b></p> <p>The IJB is operating in an environment with a number of challenges and risks to future finances. These include increases in demand, demographic changes, welfare reform and potential changes in central funding. The IJB will need to exercise strong financial management and budgetary control to address these challenges.</p> <p><b>Risk:</b> There is a risk the IJB will not meet the efficiencies or service improvements required to meet the challenges caused by reduced funding combined with increasing demand for services.</p>	<ul style="list-style-type: none"> <li>• Regular financial monitoring reported to the IJB.</li> <li>• Agreement of a strategic plan based on the allocated budget.</li> <li>• Review of minutes</li> </ul>	<ul style="list-style-type: none"> <li>• No further areas of concern highlighted by our audit work.</li> </ul>

## Appendix II: Summary of West Lothian Integration Joint Board local audit reports 2015/16



## Appendix III: Summary of Audit Scotland national reports 2015/16



## Appendix IV: Action plan

No. AS ref.	Paragraph ref.	Issue/risk/Recommendation	Management action/response	Responsible officer / Target date
1.	46	<p><b>Issue</b></p> <p>There is a risk that efficiencies will not be delivered to bridge the current £1.249 million funding gap and ensure spend is managed within available 2016/17 resources, leaving the IJB with a deficit for the financial year.</p> <p><b>Recommendation</b></p> <p>The IJB should monitor progress towards realising identified savings on a regular basis and develop contingency plans to address projected funding gaps.</p>	<p>Regular reports on 2016/17 financial performance, including quarterly monitoring, will be reported to the Board during 2016/17. These will include updates on the current funding gap and progress being made to contain spend within available resources taking account of the achievement of savings.</p> <p>Responsibility for ensuring spend is contained within available resources will be consistent with relevant sections of the approved West Lothian Integration Scheme.</p>	Patrick Welsh/ Ongoing



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## **WEST LOTHIAN INTEGRATION JOINT BOARD**

### **ANNUAL ACCOUNTS**

**PERIOD ENDED 31 MARCH 2016**

## CONTENTS

Accounts of West Lothian Integration Joint Board (IJB) for the period to 31 March 2016, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom.

### Annual Accounts

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## INDEPENDENT AUDITOR'S REPORT

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

I certify that I have audited the financial statements of West Lothian Integration Joint Board for the period ended 31 March 2016 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet and related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 (the 2015/16 Code).

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 125 of the Code of Audit Practice approved by the Accounts Commission for Scotland, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

### Respective responsibilities of the Chief Finance Officer and auditor

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Those standards require me to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the West Lothian Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Finance Officer; and the overall presentation of the financial statements. In addition, I read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

### Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of the West Lothian Integration Joint Board as at 31 March 2016 and of the income and expenditure of the West Lothian Integration Joint Board for the period then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

### Opinion on other prescribed matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014; and
- the information given in the Management Commentary for the period for which the financial statements are prepared is consistent with the financial statements.

### Matters on which I am required to report by exception

I am required to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- the Annual Governance Statement has not been prepared in accordance with Delivering Good Governance in Local Government; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

**David McConnell, MA, CPFA**  
**Assistant Director**  
**Audit Scotland**  
**4<sup>th</sup> Floor Suite**  
**8 Nelson Mandela Place**  
**GLASGOW**  
**G2 1BT**

**Date: 23 September 2016**

## MANAGEMENT COMMENTARY

### PURPOSE AND OBJECTIVES

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care in Scotland. The West Lothian Integration Joint Board (IJB) was established as a body corporate by order of Scottish Ministers on 21 September 2015 and is a separate and distinct legal entity from West Lothian Council and NHS Lothian. The arrangements for the IJBs operation, remit and governance are set out in the Integration Scheme which has been approved by West Lothian Council, NHS Lothian and the Scottish Government.

The IJBs purpose is to set the strategic direction for the delegated functions through the development of a Strategic Plan. It receives budget contributions from the council and NHS Lothian to enable it to plan the delivery of delegated functions and deliver on strategic outcomes. It gives directions to the council and NHS Lothian as to the functions to be delivered and the resources available to deliver the functions.

Under the legislation and as part of the approved integration Scheme, the IJB is delegated responsibility for a wide range of health and social care functions including adult social care, general medical services, prescribing, a range of hosted services including Oral Health and Learning Disabilities. A range of acute hospital services are also delegated to the IJB.

The IJB meets on a six weekly basis and is made up of eight voting members, made up of four elected members appointed by West Lothian Council and four NHS Lothian non-executive directors appointed by NHS Lothian. A number of non voting members of the Board including the IJB Director and Chief Finance Officer, and service and staffing representatives are also on the Board as advisory members.

The IJB Audit Risk and Governance Committee and the West Lothian Integration Strategic Planning Group have been set up below the full IJB to support integrated policy and strategic development and to ensure IJB business adheres to the principles of good corporate governance.

### IJB STRATEGIC AIMS

It has been recognised both nationally and locally that whilst health and care needs of individuals are closely intertwined, there is scope to further improve the coordination and integration of services. The way health and social care services are delivered can have a significant impact on shifting the balance of care from hospital to community care, reducing health inequalities and reducing emergency admissions and delayed discharge. Through the Strategic Plan developed it is aimed to:

- Shift the balance of care to provide more care delivered at home or in a homely setting rather than in hospital or other institutions
- Ensure care is person centred, with a focus on the individual and not just specific health and social care needs
- Further improve the joined up approach to working across professions and bodies delivering health and social care functions
- Ensure citizens, communities and staff involved in providing health and social care services will have a greater say in how these services are planned and delivered

In preparing the Strategic Plan a comprehensive review of all health, social and economic data relevant to integration planning was carried out. An important aspect of this is understanding the needs of the West Lothian population. West Lothian has a population of over 177,000 which accounts for 3.3% of the total population of Scotland. Of this population 19.8% are children (0 – 15 years), 59.4% are aged between 16 to 59 years and 20.8% are aged 60 years and over.

It is estimated that West Lothian's population will grow by 12% by 2037 increasing the total population to 196,664. However, the growth in the older age group populations will be very significant over this period with the 65 – 74 years group increasing by 57% and the over 75 age group increasing by 140%. The projected increase in the population of older age groups will place a significantly increased strain on health and social care services and will present a significant challenge. West Lothian also has a higher proportion of people living in the most deprived areas than other parts of Lothian and health indicators show a clear link between decreasing affluence leading to poorer health.

Taking account of West Lothian's needs the Strategic Plan has been developed to deliver the Scottish Government's nine national health and wellbeing outcomes for integration. These are the high level outcomes of health and social care integration which integration will be measured against.

- People are able to look after and improve their own health and wellbeing and live in good health longer

## MANAGEMENT COMMENTARY

- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their health and wellbeing
- People who use health and social care services are safe from harm
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- Resources are used effectively and efficiently in the provision of health and social care services

Strategic commissioning of IJB functions will be a key element in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

To achieve the best possible outcomes for people living in West Lothian, the following principles have been agreed to ensure a longer term strategic approach to commission:

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

### FINANCIAL STRATEGY AND RESOURCES

While the IJB was legally established on 21 September 2015, the agreed delegated NHS Lothian and West Lothian Council functions and resources will not be delegated to the IJB until 1 April 2016. Therefore, for 2015/16 there will be very limited financial information to be included in the annual accounts.

Looking ahead, for 2016/17 the council approved its budget contribution of £66.685 million to the IJB as part of the 2016/17 revenue budget approved by Council on 23 February 2016. NHS Lothian are continuing to develop their 2016/17 revenue budget plans and at this stage indicative resources of £133.571 million have been advised.

At its meeting on 31 March 2016, the IJB agreed the approved council contribution and indicative NHS Lothian contribution would be allocated to partners, via Directions, to operationally deliver and financially manage IJB delegated functions.

The IJB Annual Financial Statement was also agreed by the Board and sets out indicative three year resources to 2018/19 of £600 million for IJB delegated functions.

**MANAGEMENT COMMENTARY**

A key element of the IJB role will be to influence future financial planning undertaken by NHS Lothian and West Lothian Council for delegated functions. This will be vital in ensuring the IJB strategic plan can be delivered and the objectives of integration including the shift in the balance of care are achieved.

**Chair**

**Chief Officer**

**Chief Finance Officer**

**Date: 23 September 2016**

## STATEMENT OF RESPONSIBILITIES

### STATEMENT OF RESPONSIBILITIES FOR THE STATEMENTS OF ACCOUNT

#### Responsibilities of the Integration Joint Board

The Integration Joint Board is required:

- to make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973. In this Integration Joint Board, that officer is the Chief Finance Officer.
- to manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- to ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003);
- to approve the Annual Accounts for signature

I confirm that these Annual Accounts were approved for signature by the West Lothian IJB Audit, Risk and Governance Committee at its meeting on 23 September 2016

Signed on Behalf of West Lothian Integration Joint Board

Chair of West Lothian Integration Board

#### Responsibilities of the Chief Finance Officer

As financial officer I am responsible for the preparation of the Integration Joint board's statement of accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom ("the Code of Practice"), is required to give a true and fair view of the financial position of the Integration Joint Board at the financial year end and its income and expenditure for the year then ended.

In preparing the financial statements I am responsible for:

- selecting suitable accounting policies and then applying them consistently;
- making judgements and estimates that were reasonable and prudent;
- complying with Code of Practice and legislation;

I am also required to:

- keep proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board;

**Statement of Accounts**

I certify the Statement of Accounts presents a true and fair view of the financial position of the West Lothian Integration Joint Board as at 31 March 2016, and its income and expenditure for the year then ended.

**Chief Finance Officer    :**

**Date                            : 23 September 2016**

## REMUNERATION REPORT

### 1. INTEGRATION JOINT BOARD

The voting members of the Integration Joint Board are appointed by West Lothian Council and NHS Lothian. The voting members of the Integration Joint Board and partner organisations during 2015/16 are shown below.

#### Chair and Vice Chair

Frank Toner (Chair of Integration Joint Board) – West Lothian Council

Julie McDowell (Vice Chair of Integration Joint Board) – NHS Lothian

#### Other Voting Members

Danny Logue – West Lothian Council

Anne McMillan – West Lothian Council

John McGinty – West Lothian Council

David Farquharson – NHS Lothian

Martin Hill – NHS Lothian

Alex Joyce – NHS Lothian

### 2. SENIOR OFFICERS

The appointment of a Chief Officer is required by section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Chief Officer is appointed by the Integration Joint Board on consultation with the Health Board and Local Authority. The Chief Officer is employed by NHS Lothian and, in line with the Act, is regarded as an employee of the Integration Joint Board for time spent on Integration Joint Board matters.

The services of the Integration Joint Board Chief Finance Officer have to be secured under the requirements of section 95 of the Local Government Scotland Act 1973. In relation to this, the requirement is for the Integration Joint Board to make arrangements for the proper administration of its financial affairs. The Chief Finance Officer is appointed by the Integration Joint Board to undertake this requirement and is employed by West Lothian Council.

### 3. REMUNERATION POLICY

The Integration Joint Board does not pay allowances or remuneration to voting board members. Rather, voting members are remunerated by their relevant partner organisation. In addition, the Integration Joint Board does not pay expenses for voting members.

The remuneration of the Chief Officer is set by NHS Lothian and has a contract of employment with NHS Lothian. In line with the Public Bodies (Joint Working) (Scotland) Act 2014, the Chief Officer is regarded as an employee of the Integration Joint Board when undertaking duties for the Board. This is estimated at 50% of the Chief Officer's time since appointment on 16 February 2016. In respect of this 50%, the post of the Chief Officer is funded by the Integration Joint Board and features in the Integration Joint Board remuneration report.

The statutory responsibility for the Chief Officer's employer pension liabilities rests with NHS Lothian. The remuneration report presents the pension entitlement attributable to the post of the Chief Officer although the Board has no formal ongoing liability. Rather the Integration Joint Board will be expected to fund employer pension contributions as they become payable during the Chief Officer's period of service. On this basis, there is no need to reflect a pensions liability on the IJB balance sheet.

Other officers, including the Chief Finance Officer, are not regarded as employees of the Integration Joint Board. Therefore, such officers do not feature in the Integration Joint Board remuneration report but may feature, as relevant, in the remuneration report of the employing partner.

### 4. REMUNERATION

Based on the above, the remuneration in the table below is relevant to the Integration Joint Board annual accounts and is subject to audit by Audit Scotland:

	Salary, fees and allowances £'000	Taxable expenses £'000	Total remuneration 2015/16 £'000	Total remuneration 2014/15 £'000
James Forrest	6	0	6	n/a
Full Year Equivalent	47	0	47	n/a

## REMUNERATION REPORT

### 5. PENSION BENEFITS

The IJB Chief Officer took up post on 16 February 2016 and as such benefits earned as a consequence of undertaking the role of the IJB CO are not considered material for 2015/16. The contractual liability for employer pension contributions is considered to rest with NHS Lothian who is the contractual employer.

**Chief Officer:**

**Date: 23 September 2016**

**Chair:**

**Date: 23 September 2016**

## ANNUAL GOVERNANCE STATEMENT

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. West Lothian Integration Joint Board's financial arrangements conform to the requirements of the CIPFA Statement on the role of the Chief Financial Officer in Local Government (2010). The preparation of the annual governance statement is in compliance with the CIPFA / SOLACE Delivering Good Governance in Local Government requirements.

### Statutory and other Compliance

West Lothian Integration Joint Board is responsible for ensuring there is a sound system of governance in place. 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 Audit, Risk & 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 is being 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.

#### **CERTIFICATION**

It is our opinion that reasonable assurance, subject to the matters noted above, can be placed upon the adequacy and effectiveness of the West Lothian Integration Joint Board's systems of governance.

**Chief Officer:**

**Date: 23 September 2016**

**Chair:**

**Date: 23 September 2016**

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT						
PURPOSE	This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices					
COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT FOR THE PERIOD TO 31 March 2016						
	2015/16			2014/15		
	Gross Expend £'000	Gross Income £'000	Net Expend £'000	Gross Expend £'000	Gross Income £'000	Net Expend £'000
	Health and Social Care Functions	0	0	n/a	n/a	n/a
	Corporate Services (Running Costs)	14.5	(14.5)	0	n/a	n/a
	(Surplus) or Deficit on Provision of Services	14.5	(14.5)	0	n/a	n/a
Net Comprehensive Income and Expenditure	14.5	(14.5)	0	n/a	n/a	n/a

<b>BALANCE SHEET</b>			
<b>PURPOSE</b>	<b>The Balance Sheet shows the value as at the Balance Sheet date of the assets and liabilities recognised by the board.</b>		
	<b>Note</b>	<b>As at 31 March 2016 £'000</b>	<b>As at 31 March 2015 £'000</b>
<b>CURRENT ASSETS</b>			
Short Term Debtors	4	6	n/a
<b>CURRENT LIABILITIES</b>			
Short Term Creditors	5	(6)	n/a
<b>NET ASSETS</b>		<b>0</b>	<b>n/a</b>
<b>USABLE RESERVES</b>		<b>0</b>	<b>n/a</b>
<b>UNUSABLE RESERVES</b>		<b>0</b>	<b>n/a</b>
<b>TOTAL RESERVES</b>		<b>0</b>	<b>n/a</b>

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2016 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 24 June 2016 and the audited financial statements were authorised for issue on 23 September 2016

**Chief Finance Officer:**

**Date: 23 September 2016**

## NOTES TO THE FINANCIAL STATEMENTS

### 1. ACCOUNTING POLICIES

#### 1.1 General Principles

The financial statements summarise the transaction of the West Lothian Integration Joint Board for the 2015/16 financial year and its position at the year end. The Integration Joint Board is required to prepare annual financial statements by the Local Authority Accounts (Scotland) Regulations 2014. The Annual Accounts have been prepared under the 2015 Code of Practice based on International Financial reporting Standards (IFRS).

The financial statements are prepared under the historical cost convention as modified for the valuation of certain assets.

#### 1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when the payments are made or received.

#### 1.3 VAT Status

The Integration Joint Board is a non-taxable person and does not charge or recover VAT on its functions.

#### 1.4 Debtors and Creditors

Debtors and creditors are reflected in the financial statements to ensure that income and expenditure are properly shown in the financial year relevant to when the related activity takes place.

#### 1.5 Reserves

The West Lothian Integration Joint Board currently holds no reserves.

### 2. RELATED PARTY TRANSACTIONS

The West Lothian Integration Joint Board was established on 21 September 2015 as a joint board between West Lothian Council and NHS Lothian. In 2015/16 there were financial transactions made relating to integrated health and social care functions as functions are not delegated by partners to the Integration Joint Board until 1 April 2016. Corporate expenditure relating to running costs since the date of establishment on 21 September 2015 are shown below.

3. CORPORATE EXPENDITURE (RUNNING COSTS)	31 March 2016 £'000	31 March 2015 £'000
Staff Costs	8	n/a
Audit Fee	5	n/a
Irrecoverable VAT on Audit Fee	1	n/a
Insurance	0.5	n/a
<b>Total</b>	<b>14.5</b>	<b>n/a</b>
4. SHORT TERM DEBTORS	31 March 2016 £'000	31 March 2015 £'000
Central Government Bodies	0	n/a
Other Local Authorities	6	n/a
<b>Total</b>	<b>6</b>	<b>n/a</b>
5. SHORT TERM CREDITORS	31 March 2016 £'000	31 March 2015 £'000
Central Government Bodies	6	n/a
Other Local Authorities	0	n/a
<b>Total</b>	<b>6</b>	<b>n/a</b>

## NOTES TO THE FINANCIAL STATEMENTS

6. MOVEMENT IN RESERVES	31 March 2016 £'000	31 March 2015 £'000
<b>Usable Reserves – General Fund</b>	0	n/a
Surplus/(deficit) on provision of services	0	n/a
Other comprehensive expenditure and income	0	n/a
<b>Total comprehensive expenditure and income</b>	0	n/a
<b>Total</b>	<b>0</b>	<b>n/a</b>

<b>7. POST BALANCE SHEET EVENTS</b>
No material events have occurred post the balance sheet reporting date.

<b>8. CONTINGENT LIABILITIES</b>
There are no contingent liabilities or assets to disclose.

Date: 18 October 2016

Agenda Item: 11

# **WORKPLAN FOR WEST LOTHIAN IJB 2016**

October 2016	Commissioning Plan for Adults with Mental Health Problems	Alan Bell	
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November 2016	Commissioning Plan for Older People	Alan Bell	
	ADP Commissioning Plan	Alan Bell	
	Risk Register review		
	Chief Social Work Officer Report	Jane Kellock	
	Six monthly review of performance		

January 2017	Engagement Strategy	Steve Field	
	Provision of Support Services	James Millar/Steve Field	
	Strategic Planning Group - Membership	Jane Kellock/Steve Field	

March 2017	Strategic Plan annual review		
	Annual review of performance		

FOR FUTURE UNSPECIFIED MEETINGS	Lothian Hospitals Strategic Plan		
	Arrangements to liaise / cooperate with other Lothian IJBs		
	Community Planning Partnership / IJB relationship		
	SW Audit	Jane Kellock	

Date: 18 October 2016

Agenda Item: **11**

	JIT Evaluation Tool		
	NMC Revalidation	Mairead Hughes	