DATA LABEL: Public

West Lothian Integration Joint Board Audit Risk and Governance Committee

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

29 December 2016

A meeting of **West Lothian Integration Joint Board Audit Risk and Governance Committee** will be held within **Conference Room 3, West Lothian Civic Centre, Howden South Road, Livingston,** on **Friday 6 January 2017** at **10:00 a.m**.

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 Draft Minute of Meeting of West Lothian Integration Joint Board Audit Risk and Governance Committee held on Friday 23 September 2016 (herewith).

5. Risk Management - Report by Director (herewith)

6. Internal Audit of West Lothian Integration Joint Board Governance Arrangements - Report by Internal Auditor (herewith)

7. Sourcing Legal Advice - Report by Standards Officer (herewith)

8. Ethical Standards in Public Life - Report by Standards Officer (herewith)

9. Internal Audit Information Sharing Arrangements - Report by Internal Auditor (herewith)

10. Internal Audit Charter - Report by Internal Auditor (herewith)

11. Audit Scotland Report - Social Work in Scotland - Report by Head of Social Policy (herewith)

12. Timetable of Meetings 2017/18 (herewith)

13. Workplan (herewith)

NOTE **For further information please contact Elaine Dow on 01506 281594 or email elaine.dow@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE held within CONFERENCE ROOM 2, WEST LOTHIAN CIVIC CENTRE, HOWDEN SOUTH ROAD, LIVINGSTON, on 23 SEPTEMBER 2016.

Present

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

Non-Voting Members
Martin Murray and Jane Houston

Apologies – Danny Logue (Voting Member) – The Committee was advised that Councillor Logue was appointed Chair of the Integration Joint Board (IJB) at the meeting of West Lothian Council Executive on 20 September 2016. The IJB will require to appoint a new voting member to replace Councillor Logue on the IJB Audit, Risk and Governance Committee at its next meeting.

In attendance – Jim Forrest (Director, WLC), Steve Field (Head of Service, WLC) James Millar (Governance Manager, WLC) Kenneth Ribbons (Audit, Risk and Counter Fraud Manager, WLC), Patrick Welsh (Chief Finance Officer, WL Integration Joint Board), Inire Evong and Dave McConnell (Audit Scotland).

1. ORDER OF BUSINESS

The Chair agreed that agenda item 10 (Audit of the 2015/16 Annual Accounts) be considered following agenda item 4 (Minute) as Audit Scotland staff were unable to attend the full meeting.

The Chair also agreed that the Audit Risk and Governance Committee workplan be tabled for consideration as the last item on the agenda as this had been omitted from the agenda.

2. DECLARATIONS OF INTEREST

No declarations of interest were made.

3. MINUTE

The Committee agreed the minute of the meeting held on 24 June 2016 as being a correct record.

Matters arising:

Page 4, item 6: Schedule of future meetings

1) Noted the update that the venue for the meeting scheduled to be held on 6 January 2017 was Conference Room 3, West Lothian Civic Centre. It was proposed that future meetings thereafter would be held

at Strathbrock Partnership Centre when it was hoped that conference call facilities would be available; and

2) Noted the update that consideration was being given by members to agree the dates for future meetings. Wednesday afternoons were the preferred day for the meetings. Proposed dates would be submitted to the next meeting for approval.

4. AUDIT OF THE 2015/16 ANNUAL ACCOUNTS

The Committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing details of the 2015/16 Audit which included a summary of the key points arising from the Auditor's Annual Report.

David McConnell, Assistant Director, Audit Scotland, advised that the report was a summary of Audit Scotland's findings arising from the 2015/16 audit of West Lothian Integration Joint Board. Appendix 1 to the Annual Audit report set 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.

The Committee was advised that Ernst & Young (EY) had now been appointed as the council's auditors. Mr McConnell advised that there would be a formal handover from Audit Scotland to Ernst & Young.

The Committee recorded a note of thanks to Audit Scotland for the excellent work carried out and thanked them for attending the meeting.

It was recommended that the Committee note the Auditor's 2015/16 Annual Audit Report and agree the audited 2015/16 Annual Accounts for signature.

Decision

To approve the recommendations in the report.

5. IMPLEMENTATION OF INTEGRATION SCHEME - PROGRESS UPDATE

A report had been circulated by the Director providing details of the progress made in implementing the Integration Scheme since its approval on 16 June 2015.

The report provided details of the progress made on the implementation of the Integration Scheme. The table attached as appendix 1 to the report summarised the key actions required by the Integration Scheme and outlined in each case the progress made to date in implementing these actions. Where additional work was required the proposed steps to secure full implementation were noted with a proposed completion date and the organisations responsible for delivery.

The Head of Service advised the Committee that significant progress has been made in relation to the requirements outlined in appendix 1 to the report. Key areas of work which required to be addressed were listed under support services although work was well underway in relation to most requirements in this section.

The Committee then considered the progress update. The following points were noted and recommendations made:

Point:

2.1 WLC Governance Manager to progress the appointment of Director

3.1 and 3.2 - should be marked as being complete

3.11 - Target Date should be 21/11/16

3.8 - Oral Health Integration is marked as complete. This should be marked partially complete with a completion date as the end of 2016

5.2 - Agreed that the Governance Manager would provide an update to the next meeting regarding best arrangements for providing independent legal advice to the IJB

5.9 - Agreed that there was a need to agree a procedue to deal with complaint handling specific to the IJB.

5.11 - PSED - Public Sector Equality Duty
5.12 - FOISA - Freedom of Information Scotland Act
5.13 - PRSE - Public Records Scotland Act

Noted the recommendation from the Chair that terms of reference should not be abbreviated in future reports.

5.14 - Climate change - Agreed that the IJB should take account of environmental sustainability and utilise the resources available.

It was recommended that the Committee:

1. Notes the terms of the report and the progress update attached to the report as appendix 1; and

2. Notes that the Director would seek to ensure that outstanding actions were completed in accordance with the target dates indicated in appendix 1.

Decision

To note the recommendations in the report.

6. AUDIT SCOTLAND REPORT ON CHANGING MODELS OF HEALTH AND SOCIAL CARE

A report had been circulated by the Director which provided details of the Audit Scotland Report on changing models of health and social care.

Audit Scotland produced a report, details of which were attached as an appendix to the report, to help increase the pace of change and to support new integrated authorities to implement new ways of working and address the challenges facing health and social care services.

The Director advised that West Lothian was at the forefront of commissioning an approach to health and care provision, firstly through the Community Health and Care Partnership (CHCP) and now through the Integration Joint Board. As a consequence most of the recommendations in the Audit Scotland report were already being addressed through West Lothian's strategic commissioning approach.

The main recommendation which West Lothian has still to fully address was the use of data to inform planning and performance monitoring. Much of the data required to do this was not within the immediate control of the CHCP and indeed not within the scheme of integration. However, as noted within the Audit Scotland report, ISD Scotland was leading a programme of work, overseen by the Scottish Government, NHS Scotland and COSLA. In addition, ISD Scotland has allocated dedicated resources to the IJB to support this activity. These resources were significant in the development of the care group commissioning plans which were being developed.

During the course of the discussion the Chair recommended that given the importance of the changing models of health and social care the report should be shared with all members of the Integration Joint Board for their information. The Clerk agreed to circulate this to members of the IJB following the meeting.

It was recommended that the Committee notes the recommendations in the report by Audit Scotland and the progress of the West Lothian Integration Joint Board in respect of these recommendations.

Decision

- To note the recommendations in the report; and
- To agree that the Clerk circulates the report to members of the Integration Joint Board.

7. INTERNAL AUDIT PLAN 2016/17

The Committee considered a report (copies of which had been circulated) by the Internal Auditor informing members of the updated 2016/17 internal audit plan.

The report recalled that the internal audit plan for 2016/17 set out the planned internal audit work for the year to 31 March 2017 and was submitted to the Audit, Risk and Governance Committee on 24 June 2016. The Committee approved the plan subject to a request for further detail in relation to the timing of the internal audit work. Further detail was provided in the updated internal audit plan for 2016/17 which was attached as an appendix to the report.

The Internal Auditor recommended that the committee approve the updated 2016/17 internal audit plan.

Decision

To approve the recommendation in the report.

8. INTERNAL AUDIT OF WEST LOTHIAN INTEGRATION JOINT BOARD FINANCIAL ASSURANCE

The Committee considered a report (copies of which had been circulated) by the Internal Auditor providing details of the Integration Joint Board's financial assurance processes.

The report advised that an audit of the IJB's integration financial assurance processes was carried out, details of which were attached as an appendix to the report, which included an agreed management action plan. The internal audit of West Lothian Integration Joint Board Financial Assurance involved reviewing the financial assurance processes undertaken by the IJB's Chief Finance Officer to determine whether the sums allocated to the IJB were adequate for its purposes. It was concluded that control was satisfactory.

During the course of the discussion the Chief Finance Officer highlighted that the NHS Lothian budget for 2016/17 was still not balanced with a funding gap of £1.249 million in respect of functions delegated via the payment to the West Lothian IJB. Further updates would be provided to ensure that members were kept updated regarding the situation.

It was recommended that the Committee notes that the internal audit carried out concluded that control was satisfactory.

Decision

To note the recommendation in the report.

9. NHS LOTHIAN INTERNAL AUDIT REPORTS

The Committee considered a report (copies of which had been circulated) by the Internal Auditor providing details of NHS Lothian's internal audit reports on the IJB performance management framework and IJB financial assurance.

The report recalled that in February 2016 the NHS Lothian internal audit team issued a report entitled "Integration Joint Boards Performance Management Framework" and in April 2016 they issued a report entitled "IJB Financial Assurance". The Committee noted that these reports solely related to the internal audit of NHS Lothian systems and processes. As these reports were issued by NHS Lothian internal audit for the NHS Lothian Health Board, West Lothian IJB could not place formal reliance on them. However, it was recognised that they might be of interest to the Committee and were presented for information.

During the course of the discussion the question was raised about the processes that were in place to allow reports and supplementary information to be shared between NHS Lothian, West Lothian Council and the IJB to ensure that information was indeed being shared. The IJB Internal Auditor undertook to liaise with NHS Lothian to discuss the systems that were in place to report to the IJB.

The Committee was asked to note the findings of NHS Lothian's internal audit work and associated action plan.

Decision

1. To note the recommendation within the report; and

2. To agree that the IJB Internal Auditor would liaise with NHS Lothian to discuss the reporting systems in place.

10. WORKPLAN

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

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

- 06.01.17 - Independent Legal Advice Update – J Millar;

- 06.01.17 - Timetable of Meetings 2017/2018 – E Dow; and

- June 2017 – Implementation of Integration Scheme - Progress Update: S Field.

During the discussion the Chair asked if there was an expectation for IJB Audit Risk and Governance members to meet with external and internal auditors annually as part of the process of assurance.

The Governance Manager then provided legal advice stating that all meetings of the IJB Audit Risk and Governance Committee should be held in public to ensure openness and transparency.

It was recommended that the Committee note the contents of the workplan and additional items included.

Decision

Noted the contents of the workplan.

West Lothian Integration Joint Board Audit Risk and Governance Committee

Date:6 January 2017
Agenda Item: 5

RISK MANAGEMENT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To update the Committee on progress in relation to risk management.

B RECOMMENDATION

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

C TERMS OF REPORT

As the Committee will be aware, risk may be defined as the effect of uncertainty on the ability of an organisation to achieve its objectives.

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

The Integration Scheme requires that the IJB maintains a risk register and that the Director produces and agrees a list of the risks to be reported and monitored. A risk register has been set up using West Lothian Council's Covalent system, and the risks to be reported and monitored are attached as appendix 1. These risks were previously reported to the Committee on 24 June 2016 and to the IJB on 29 November 2016.

In relation to appendix 1:

- The original risk score represents the uncontrolled risk, that is to say the potential impact if controls are absent or fail;

- The traffic light icon represents the risk ranking based on the score (i.e. high, medium high, medium or low); these are explained further in the table at the end of appendix 1;

- The risk matrices represent the risk score (a combination of likelihood and impact).

- The current risk score represents the current risk, i.e. assuming that current controls are in place and effective;

- The assigned to column identifies the officer assigned to manage the risk;

- The internal controls are those processes in place to reduce the risk from original risk score to current risk score.

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

Appendices 3 and 4 set out, for comparison purposes, relevant risks from the NHS Lothian and West Lothian Council risk registers. The extract from the NHS Lothian risk register relates to relevant corporate risks and the West Lothian Council risks relate to the council's Social Policy service.

The Integration Scheme also requires the IJB to operate a risk management strategy. This is currently under development and it is expected that the IJB Risk Management Policy and Strategy will be submitted to the IJB for approval in March 2017.

D CONSULTATION

IJB Senior Management Team.

E REFERENCES/BACKGROUND

Report to the West Lothian Integration Joint Board Audit, Risk and Governance Committee 24 June 2016: Risk Management

Report to the West Lothian Integration Joint Board 29 November 2016: Risk Management

F APPENDICES

1. West Lothian Integration Joint Board Risks
2. Risk Management Methodology
3. NHS Lothian Corporate Risks
4. West Lothian Council Risks

G SUMMARY OF IMPLICATIONS

Equality/Health	None.
National health and Well-Being Outcomes	Effective risk management is a pre-requisite for effective performance.
Strategic Plan outcomes	Effective risk management is a pre-requisite for effective performance.
Single Outcome Agreement	Effective risk management is a pre-requisite for effective performance.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	None.
Risk	This report sets out progress in relation to management of the IJB's risks.

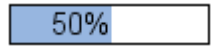
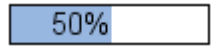
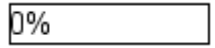
H CONTACT

Kenneth Ribbons, Audit, Risk and Counter Fraud Manager, West Lothian Council

Kenneth.ribbons@westlothian.gov.uk tel 01506 281573

6 January 2017

Appendix 1: IJB Risks

Risk Traffic Light Icon	Current Risk Score	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
	12	IJB005 Inadequate Funding	S95 Officer Due diligence by S95 Officer Approval of resource allocations by IJB Board Monitoring / reporting of progress / outturn Scrutiny by Audit Committee Financial Regulations / rules for overspends	Jim Forrest			
	12	IJB008 Workforce Management	Current NHS and WLC workforce management arrangements. Reporting to, and monitoring by, IJB SMT and Board.	Jim Forrest	IJB16001_Ar Workforce Plan		
	10	IJB001 Governance Failure	Director / S95 Officer Standing Orders / Scheme of Administration Audit Committee / scrutiny Code of Conduct Policies and Procedures – financial, governance, risk Procedures for assessing disputes re resource allocations Governance / legal advice	Jim Forrest	IJB16002_Ar Review of outstanding actions re integration scheme		
	10	IJB002 Failure of the Strategic Plan	National outcomes. Local outcomes. Clear vision as to what is required Strategic Plan based on national and local policy	Jim Forrest	IJB16005_Ar Delivery of the Annual Report		
					IJB16004_Ari Presentation of Strategic Plan Action Plan to the IJB		

Risk Traffic Light Icon	Current Risk Score	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
			Review of plan by IJB SMT Approval of plan by IJB Board				
	9	IJB009 Demographic Changes	Strategic Plan Programme / service redesign Management of customer expectation	Jim Forrest	IJB16006_Ar IJB Commissioning Plans		30%
	8	IJB004 Failure of Clinical and Care Governance	Existing clinical and care governance arrangements within NHS and Social Policy. Effective performance reporting to IJB SMT and Board. Care and governance group to be formed.	Jim Forrest	IJB16003_Ar Care and Governance Group		10%
	8	IJB006 Failure of Health and Safety Arrangements.	Existing health and safety arrangements on council and health sides Effective performance reporting to IJB SMT and Board	Jim Forrest			
	6	IJB003 Inadequate Performance Management	Agreed outcomes / performance measures Robust performance management within WLC / NHS Regular monitoring by IJB SMT Regular reporting of performance to IJB	Jim Forrest	IJB16005_Ar Delivery of the Annual Report		0%
	3	IJB007 Community Planning Failure	Participation in Community Planning arrangements. Strategic Plan.	Jim Forrest			

APPENDIX 2

WEST LOTHIAN IJB RISK MANAGEMENT METHODOLOGY

PROBABILITY TABLE

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

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

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

IMPACT TABLE

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

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

RISK MATRIX

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

Appendix 3: NHS Lothian Corporate Risk Register

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
1076	2: Improve the quality and safety of health care	Healthcare Associated Infection	Healthcare Associated Infection: There is a risk of patients developing an infection as a consequence of healthcare interventions; this can lead to an extended stay in hospital, increased mortality and morbidity and further treatment requirements. Support to the clinical teams and service deliverables is currently being impacted due to staffing within the service. This is a combination of staff moves, sickness and absence and ratio of trainees. Due to the level of trainees within the service and a reduction in available IPCN numbers there is an increased frequency in weekend working for the remaining staff. This has an impact on their availability for other duties throughout the week.	Leadership and Governance: In April 2016, the NHSL infection services integration was launched. The new NHSL Infection Service, encompasses all specialist clinical/medical, nursing and pharmaceutical aspects of infection. The aim is to offer a coherent, clinically excellent and efficient approach to improve the quality of NHSL care of patients with, or at risk of, infection whilst ensuring cost-effectiveness of service by 'delivering more for less'. The proposal strongly supports the Scottish Governments' 'Vision 2020' that aims to improve the nation's health whilst providing integrated health and social care. The integrated service project board consists of key professional stream representatives and these are: Head of Infection Prevention and Control Service, Lead Infection Prevention and Control Nurse, Infection Control Doctor, Senior Consultant Microbiologist and Virologist, Chair Antimicrobial Management Team, Senior Consultant Infectious Diseases. Work will progress in 2016 to develop the roles and responsibilities and deliverables of the integrated service. The service reflects the move to Geographical Structure as currently is the standard for the Infection Prevention and Control Team and the wider NHS Lothian services and departments. The committee structure was reviewed in 2015 and this has been updated to reflect the introduction of the Integrated Service. NHS Lothian Infection Committee is supported by the regional acute services committees and the CHP Infection Prevention and Control Committee. The CHP Committee will require a review in future as Integrated Joint Boards become more established. The NHS Lothian Infection Committee reports to the Board through Healthcare Governance Committee. Lothian Infection Control Advisory Committee receives the reports from the committee along with reports from the public health and environmental aspects. It has been suggested that LICAC's role should be reviewed in 2016/17 to reflect the changes and assess the future role and responsibilities. In addition to LICAC and local committees, Infection Prevention and Control routinely report at a senior management level to CMG and bi-monthly board papers. Within the NHS Lothian Infection Prevention & Control team, there are 4 geographical regions (Edinburgh North, Edinburgh South, Mid & East and West Lothian) established with responsibility for both acute and community settings within their remits. This will be reviewed at a later date with the move of RHSC to RIE site. A review of the current workload across the regions is being undertaken to provide temporary changes to work streams to accommodate the current staffing position within the service. There have been 2 resignations (Sept. 2016), 1 member of staff on long term absence and of the remaining 14.2 WTE Band 6 IPCNs in post 6 are trainees. There are also 2 staff anticipated maternity leave commencing in February 2017. Following publication of the national HAI Standards Document in February 2015, NHS Lothian IPCT has developed an HAI Strategy summarising the roles and responsibilities for the various levels across the organisation. This document has been approved by the Board and has been cascaded to the Site Directors and Associate Nurse Directors to inform their Infection Control Committee's work plans. Education: • There is a HAI Education Strategy which has recently been reviewed and updated version published in August 2015. The Strategy defines the training and education requirements for staff of all disciplines across the organisation. It will next be due for review in August 2017. • HAI education is within Corporate Induction and mandatory update programme. Other packages are available through LearnPro. IPCT provide support for NES Cleanliness Champions Programme accessible to all staff to increase an understanding of Infection Prevention and Control Precautions.	Risk Reviewed September 2016: The risk has been updated to include current staffing challenges which has arisen as a consequence of staff moves and sickness and absence within the service. Control measures updated to include a review of the work streams and relocation of staff to assist the management of the staffing issues and reduce the impact to services. Actions have been added to reflect the work stream review, recruitment and training of staff. Risk Grade/Rating remains High/16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	David Farquharson	Fiona Cameron	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
				Controls Continued: In addition local and ad hoc sessions are provided at each of the sites as and when required. Incidents/Outbreaks: • IPCNs work collaboratively with clinical and non clinical services to communicate risk, support improvement and escalate concerns as appropriate. A Problem Assessment Group (PAG) or Incident Management Teams (IMT) is convened to investigate and manage any significant event or outbreak. These teams are supported by the wider multi-disciplinary team and any external stakeholders as appropriate. The Communications Team provide support to manage public release of information as required. • With the exception of 2 Public Holidays (Christmas Day and New Years Day) the Infection Prevention and Control Service provides a single point of contact duty nurse 7 days per week between 0830-1600hrs facilitating access to Infection Prevention and Control advice for clinical teams. Support out with these hours and on the two noted Public Holidays support is available from the duty medical microbiologist/virologist. Surveillance: • IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of HAI within their clinical remits. Weekly and Monthly reports with progress made against HEAT Targets are shared with clinical teams and senior management and are widely available on the Intranet. • Enhanced investigation and surveillance is carried out of all SAB and CDI incidences. From April 2016 enhanced surveillance on ECB became mandatory. An SBAR Report is provided to clinical and senior management teams where 2 or more cases are identified within the same clinical area within a defined timescale. • Incidences where patients have CDI and SAB noted on their death certificate are reviewed in conjunction with clinical teams. The reviews are published on DATIX and are available to site management teams. As part of the work stream review a proposal has been submitted to discontinue voluntary facture neck of femur surgical site infection surveillance. The infection rates have been below 1% for over 3 years. Antimicrobial Stewardship: • The Antimicrobial Management Team are responsible for the review and development of the Antimicrobial Prescribing Guidelines. They also provide oversight of antimicrobial use and compliance with guidelines and report findings to clinical teams to help drive improvement. Summary Reports are also provided to Clinical Management Team. Policies and Guideline: • NHS Lothian has adopted the National Infection Prevention and Control Manual and has an ongoing programme of 2 yearly policy and development review for Lothian specific Infection Control policies. • The audits were updated in 2015 to those within the National Manual. Audit results are posted through the patient safety programme QIDs system, allowing clinical areas to directly enter data onto database and obtain reports to monitor own trends and patterns. This is an area of continued focus and improvement to support the clinical teams more effectively in 2016.						

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
				Controls Continued: Decontamination: • There is a Decontamination Steering Group to progress/monitor actions associated with reusable surgical, dental and podiatry equipment. Procurement of Equipment: • NHS Lothian's Procurement Strategy in support of the Efficiency and Productivity Programme and the Medical Devices Committee oversee the purchase of procurement and the supply of equipment and medical devices with input from the IPCT. Healthcare Associated Infection System for Controlling Risk In the Built Environment(HAI SCRIBE): IPCT, facilities and clinical teams work collaboratively to implement current national standards and guidance in new builds, refurbishments and maintenance programmes						

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3829	2: Improve the quality and safety of health care	GP Workforce Sustainability	There is a risk that the Board will be unable to meets its duty to provide access to primary medical services for its population due to increasing population combined with difficulties in recruiting and retaining general practitioners, staffing and premises difficulties. This may affect: - ability of practices to accept new patients (restricted lists); - patients not being able to register with the practice of their choice; - ability to successfully fill practice vacancies; - ability to cover planned or unplanned absence from practice; - ability to safely cover care homes; and difficulties in one practice may impact on neighbouring practices/populations, occur at short notice with the result that practices are unable to provide services in their current form to existing patients; - other parts of the health and social care system eg secondary care, referrals, costs As a result of these pressures practices may choose to return their GMS contracts to the NHS Board.	1. PCCO maintain a list of restrictions to identify potential and actual pressures on the system – this is shared with HSCPs and taken to PCJMG monthly. 2. Closure position set out in regulatory framework. 3. Ability to assign patients through PSD. 4. HSCP development of risk register for general practice. 5. "Buddy practices" through business continuity arrangements. 6. PCJMG review the position monthly with practices experiencing most difficulties. 7. Primary Care propositions in strategic plan – updates reported to Board and Strategic Planning Committee. 8. Risk reflected on IJBs and PCCO Risk Registers. 9. Primary Care Summit on 29 September 2016 to agree a joint set of priorities for primary care (NHS Lothian and the IJBs). 10. NHS Lothian proposed investment of £5m over three years from 2017/18 to address the key pressures. Rational for Adequacy of Controls In development	Risk Reviewed: November 2016 Description & Controls in place updated. Risk Grade/Rating remains Very High/20	Inadequate; control is not designed to properly manage the risk and further controls and measures are required.	Very High 20	High 16	David Farquharson	David Small	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3600	3: Secure Value & Financial Sustainability	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	NHS Scotland is operating in a strategic context of increasing challenges and a real term reduction in resources. Local authority partners also face similar challenges. All NHS Boards will need to re-design how they carry out their functions, so that there is no unacceptable drop in the standard of public services. The focus of attention should be on 100% of activity, not just the annual 3% efficiency target. On 2 April 2014 the Board considered its draft Strategic Plan - "Our Health, Our Care, Our Future". Within that there is a projection that £400m worth of efficiencies will need to be delivered over the next 10 years. If the Board and management fail to systematically and robustly respond to this challenge now it will simply store up significant problems for future years. This will limit the Board's options in the future with regard to what it can and cannot do.	The Board has already established a financial governance framework and systems of financial control. NHS Lothian is currently reliant on non-recurring efficiency savings. A detailed Action Plan, attached to this risk, is in place and is regularly reviewed by the Senior Finance Team. **Rationale for Adequacy of Control**: A combination of uncertainty about the level of resource availability in future years, combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested.	Risk reviewed September 2016: The Q1 review reports that, if the identified efficiency schemes are achieved and non-recurring funding is utilised, then the Board expects to achieve financial balance in 2016/17. However, current plans show that financial balance will not be achieved in 2017/18, Service managers are being encouraged to think long term and the Finance Director plans many sessions across all the main NHS Lothian sites to present the financial position to service managers and clinicians. The key focus for 2017/18 will be to support the Board to deliver a medium term Financial Plan that identifies how NHS Lothian achieves recurring financial balance. Risk grading/rating remains Very High/20.	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Susan Goldsmith	Craig Marriott	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3203	2: Improve the quality and safety of health care	Unscheduled Care: 4 hour Performance	There is a risk that patients are not seen in a timely manner that require emergency care as required by the Emergency Care standard of 95% resulting in sub optimal care experience and outcome.	A range of governance controls are in place for Unscheduled Care notably: - Bi monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area. -The bi-monthly Acute Hospitals Committee as well as formal SMT meetings. Both are chaired by Chief Officer ; NHSL University Hospitals & Support Services.. - The Unscheduled Care Programme Group (Executive Leads for CEC and NHS Lothian) meets on a weekly basis. - Monthly SMG and SMT meetings in place for acute services in Lothian - Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (RHSC, RIE, WGH, SJ H NHS Lothian's Winter Planning Project Board is now established as NHS Lothian Unscheduled Care Committee in collaboration with the Integrated Joint Boards to promote sustainability of good performance all year round A number of performance metrics are considered and reviewed, including: - 4 hour Emergency Care Standard and performance against trajectory - 8 and 12 hour breaches - Attendance and admissions - Delayed Discharge (see Corporate Risk ID 3726) - Boarding of Patients - Winter Planning - Length of Stay (LOS) - Cancellation of Elective Procedures - Finance Adherence to national guidance/ recommendations Plethora of work now focussed around the Scottish Government's *6 Essential Actions* initiative to support achievement of 95% target (stretch target of 98%) for 4 hour performance.	Risk Reviewed: October 2016: Risk Grade/Rating remains Very High/20 Work continues in line with the Scottish Governments 6 Essential Actions initiative. Boards now involved in taking forward set of actions (per site) to support a step change in performance. Priority interventions will focus on: • Clinical Leadership • Escalation procedures • Site safety and flow huddles • Workforce capacity • Basic Building blocks models • Proactive discharge • Flow through ED/ Acute Receiving • Smooth admission/ discharge profiling • Effective capacity and Demand models being developed re in /out , BBB methodology • Patients not beds principle The above has been absorbed as part of approach to winter planning, led by NHSL UCC Committee. The approved Winter Plan outlines the approach to supporting performance over the winter period and beyond. This reflects a number of actions namely: • Winter Readiness plans in place for each site • Plans will have a focus on discharge capacity as well as bed capacity • Clear measures in terms of escalation procedures • Measures to counter any demand following the extended 4 day break during the festive period. • A focus on DD and POC to ensuring sustainable performance throughout the winter period liaising closely with IJB partner organisations. • Agreed data set to assist with developing a wider capacity plan across all health & social care areas Winter Planning Board has been changed to NHSL UCC Committee and will meet monthly throughout the calendar year. Winter Preparedness will be on the Agenda seasonally, however notable improvements through planning will be embedded as systems to promote sustainable access performance and mitigate risk. This year's process was developed following a 2015/16 winter planning de-brief which is the platform for the next iteration of winter planning during 2016-17. The Winter Planning Board was established 2016/17 as NHS Lothian Unscheduled Care Committee to enhance performance as a collaborative response all year round.	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Angela Tuohy	Acute Services Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3726	2: Improve the quality and safety of health care	Unscheduled Care: Delayed Discharge	There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	A range of governance controls are in place for Unscheduled Care notably: NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area. The Unscheduled Care Programme Group (Executive Leads for CEC and NHS Lothian) meets on a fortnightly basis The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings. Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON NHS Lothian's Winter Planning Project Board is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards NHS Lothian strategy to improve unscheduled care performance and delayed discharge is being delivered under the umbrella of the Scottish Government's ***6 Essential Actions*** initiative.	Risk Reviewed: October 2016: Risk Grade/Rating remains Very High/20 Action to help tackle DD across NHS Lothian include: • Criteria led discharge pilots • Downstream hospitals to have admission and discharge quotas similar to main acute sites. • A capacity and demand exercise is being implemented re hours of care at home required across the City of Edinburgh and other councils • Locality based Services (hubs) being developed to support pulling patients out of hospital and promoting prevention of admission and reducing delayed discharges • Evidence Based Dynamic Discharge White Board Meetings being rolled out across the whole system in collaboration with Scottish Government Improvement • Enhanced cover for Day Bed suite to protect elective capacity • Extending Hospital to Home capacity • Additional capacity to support weekend discharge (diagnostic, pharmacy, AHPs, transport etc) • Twice daily Teleconference to plan and match transfer of care to right place for patients • Joint Venture with CEC to create additional models of interim care capacity – Gylemuir • Discharge Hubs in the Royal Infirmary of Edinburgh, the Western General Hospital and St John's Hospital • Orthopaedic Pathway Review The Winter Planning Board/ NHS Lothian Unscheduled Care Committee are overseeing the necessary actions in support of sustained performance during the winter period and beyond. Lothian's approved Winter Plan sets out the key requirements in supporting service delivery and access performance during winter and beyond. Actions include: • Development of robust site winter readiness plans • Focus on Capacity and Demand in relation to beds and hours or care requirements • Clear measures in terms of escalation procedures • Counter any demand as a result of the extended 4 day break during the festive period. • Focus on DD and POC liaising with IJB Partner organisations to support patient flow and sustainable performance throughout the winter period. • Agreed data set to assist with developing a wider capacity plan that covers all health and social care areas • Further planning capabilities have been enhanced following the 2015/16 winter de-brief process • Health and social Care Partnerships are embracing the Integration agenda and working collaboratively to mitigate risk to patients due to poor performance and have put joint plans in place to support	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Angela Tuohy	Acute Services Committee in partnership with IJBs

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	: Improve the quality and safety of health care	Delivery of SPSP Work Programme	There is a risk that NHS Lothian does not reliably implement the 4 workstreams of the Patient Safety Programme leading to potential patient harm	• The Quality Report, reported to the Board monthly, contains a range of measures that impact and relate to patient safety. • Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. • The Patient Safety Programme reports to relevant governance committees of the Board setting out compliance with process and outcome safety indicators and includes external monitoring. • Adverse Event Management Policy and Procedure. • Quality of care which includes patient safety issues is subject to internal audit and compliance with recommendations, and is reported via Audit & Risk Committee and HCG Committee when appropriate. • Patient safety walkrounds to gain an understanding of safety culture and work taking place at service level. Also now in general practice. • Charge Nurse Ward Round and Patient Centred Audit put in place as Quality Assurance Mechanisms to validate self reporting of patient safety data • Quarterly visit by HIS to discuss progress actions and Quarterly submission of data. • Programme Managers have been given access to national outcome data by Board which enables boards to see whether they are outliers and escalate concern and risk as appropriate Access to • Adverse Event Improvement Plan in place monitored via HCG • Site Based Quarterly Reports including Patient Safety Data (QIDS) sent monthly. •Single System medicines reconciliation group.	Risk Reviewed October 2016: • Annual report presented to November Healthcare Governance Committee. Positive progress identified across all four workstreams. However reduction in outcomes in cardiac arrests, pressure ulcers and falls remains areas for improvement and have plans in place to contribute to improved outcomes in these areas. • As part of the Quality and Performance reporting the issue of meeting the 50% reduction in Cardiac Arrests by January 2016 was considered. Lothian has achieved 17% with the 3 major sites having a lower rate than the Scottish rate. Work is ongoing within current resources to improve cardiac arrest rate. However, given our rate is lower than Scotland, it is not expected to be able to meet the 50% target • NHS Lothian is on the HIS risk register for MCQIC Paeds and Neonatal. A HIS visit has taken place, plans are in place and monitored through the service supported by QIST and reviewed by HIS. Plan progressing well. The risk is not related to quality of care but about data reporting • NHS Lothian was on the HIS Suicide Risk Register with respect to timely reviewing of suicides and has been removed since last reporting. A recovery plan was agreed at the May and update reported in September Healthcare Governance Committee and current performance is improving. Risk grade/rating remains High/16 based on unmet actions for key safety priorities and currently a risk on the HIS risk register for MCQIC Paeds and Neonatal Services.	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 6	Dr David Farquharson	Jo Bennett	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3211	2: Improve the quality and safety of health care	Achievement of National Waiting Times Targets	There is a risk of: Inability to meet national waiting times targets for a number of reasons due to lack of core capacity, demand exceeds capacity or resources are not optimally utilised Withdrawal from independent sector April 2016 sees a deteriorating performance for some specialties Financial overspend due to reliance on ad hoc additional capacity – i.e waiting list initiatives/ locums; and risk of not achieving Value for Money. Lack of robust management process and staff capability to deliver consistent management of waiting lists. Adverse publicity relating to failure to meet waiting times targets.	Delivering for Patients II- a detailed Demand, Capacity, Activity and Queue (DCAQ) process undertaken providing a consistent approach across all acute services, giving detailed understand of capacity gaps and has efficiency opportunities identified and monitored. Weekly scheduled reviews between this Director and Directors of Operations and further underpinned by a TTG group, with performance reported to CMT and Acute Hospitals Committee. These reviews consider: • Performance against trajectory across a range of measures (including waiting time standards) • Finance • Governance position, in terms of adherence to national guidance and local access policy/SOPs Monthly Access and Governance Meeting to review adherence to National Guidance and local access policy/SOPs. Underpinned by regular staff training and updates easily accessible on intranet relating to SOPs Use of Non Recurring Scottish Government funding to target services at highest risk of excluding, diagnosing, treating cancers and services with the longest waiting times.	Risk Reviewed September 2016: Controls in place updated. Risk Grade/Rating remains High/16	Satisfactory; controls adequately designed to manage risk and working as intended	High 16	Low 1	Jim Crombie	Jacquie Campbell	Acute Services Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	There is a risk that the quality of patient experience is compromised due to staff attitudes and lack of reliable engagement of patients/families in their care. It is also acknowledged that a number of other corporate risks impact on this risk such as the processes and experience of unscheduled care, patient safety and waiting times. This includes the management of and learning from complaints.	• NHS Lothian Board approved in full the Listening and Learning form Feedback and Complaints report (Jan 2015) that agreed to a devolved approach to complaints and feedback. • The Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. • The National Person Centred Health & Care Collaborative has been concluded and work is being undertaken nationally to embed patient experience into the existing quality improvement programmes with a particular focus on real time patient feedback. • Tell us Ten Things questionnaire was reviewed in November 2014 and aligned to the "5 Must dos". Patient experience data feedback to the service on a monthly basis at service and site level to inform improvement planning. TTT is live on 3 acute hospitals and will be reviewed on the 13 April with the Lothian Professional Nurses Committee. • Regular reports on Complaints management through Datix Dashboards and reports. • Monthly meetings of the Complaints & Improvement Committee.	Risk Reviewed & Controls Updated October 2016 • Regular reports to the Healthcare Governance Committee that brings together complaints performance and patient experience reports. Additional reports have been submitted to the Audit & Risk Committee and the Board. Both complaints and patient experience are part of the monthly quality and performance reporting arrangements. • Devolved complaints process now in place: WGH, DATCC, Women's services, RIE, REAS, East Lothian HSCP, Midlothian HSCP & Edinburgh HSCP/ • Meetings with the clinical teams planned to discuss local arrangements and performance • Weekly performance reports shared with clinical teams • Agreement to have the PE Team contact details on all correspondence • Telephone lines now open from 9am – 4pm • Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution and the devolved complaints function. • Met with the Director of Patient Opinion. • Quality Assurance Group ToR agreed and first meeting being arranged. • Complaints improvement work commissioned directly by the RIE & WGH sites. • Programme of improvement work to support the Scottish Public Services Ombudsman activity following August meeting with SPSO. • Specialist in complaints management is contributing to the Daring to be Great Nov programme • Recruiting to current vacancies Risk Grade/Rating increased to Very High/20 following the meeting with SPSO	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Alex McMahon	Jeannette Morrison	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3527	3: Secure value and financial sustainability	Medical Workforce Sustainability	There is a risk that workforce supply pressures in conjunction with activity pressures will result in service sustainability and/or NHS Lothian's ability to achieve its corporate objectives, (i.e. Treatment Time Guarantees (TTG)). Risks occur across the medical workforce (trained and trainees) and non-medical elements of the workforce who could substitute for medical staff. Service sustainability risks are particularly high within Paediatrics, Emergency Medicine and Obstetrics & Gynaecology. Achievement of TTGs is at risk due to medical workforce supply risks within Anaesthetics, Geriatrics and Ophthalmology.	•In response to a request from the SEAT Planning Board, a medical workforce risk assessment tool has been developed and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. •For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group. This group will co-ordinate actions across Boards within SEAT and feed into the national medical workforce planning processes co-ordinated by NES/SG. •A report is taken to each Board meeting updating the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. The main challenges have been in Paediatrics, Obstetrics and Gynaecology, Anaesthetics, Radiology and Medicine for the Elderly. •For those specialties at high risk, local workforce plans and solutions which minimise risk have been developed and are monitored closely through existing management structures. •A Medical Workforce Group has being established who are looking at medical workforce issues in Ophthalmology and Radiology. The group will also be looking at the Greenway Report on 'Shape of Training' and how this framework should support changes to the medical staffing model.	Risk Reviewed October 2016 A recent review of trained doctor establishments show significant improvements in recruitment from 2 years ago with an overall establishment gap of 5%. There remain challenges in particular at the St Johns Site within Ophthalmology, Respiratory and General Medicine. Within Paediatrics there are 13wte posts under recruitment to provide additional capacity at both RHSC and St John's sites in line with the recommendations of RCPCH review. Recruitment to GP posts within independent practices continues to be very challenging, recruitment to permanent salaried Board employed GP posts has been relatively successful however recruitment to fixed term posts has thus far been unsuccessful. Risk Grade/Rating remains High/16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Low 2	Dr David Farquharson	Nick McAlister	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	**Assurance**
3189	3. Secure Value of Financial Sustainability	Facilities Fit for Purpose	Insufficient funding, difficulty in obtaining capital investment, continued deterioration of the fabric and infrastructure within identified sites, failure to maintain current standards and positive HEI reporting. Possible failure to comply with statutory legislation, reputation at risk.	•The reported backlog maintenance as at 1st May 2015 and reported in the Property Asset Management Strategy (PAMS) 2015 is now £67.4m which includes a 13% uplift for inflation which has been applied nationally. The PAMS describes the action which will be taken to reduce the figure, which includes estate rationalisation, capital investment and Re-provision projects.. •The financial plan for 2015/16 has allowed for a further £3m BLM allocation for 2015/16, thereafter the allocation has been reduced to £2.5m. Programmes of works are being confirmed for the next three financial years. •The capital plan for 2015/16 has a number of capital projects which will improve the physical condition of the estate and reduce backlog maintenance. •The programme of works will continue to address high and significant risks. The programme continues into the financial year 2015/116. The allocation for this financial £3m has been committed. •A procurement and implementation strategy was approved in early November 2012, which described how this funding would safely expended. •An update of the PAMS each year will log the affect upon the backlog maintenance and compliance figure. - Regular updates are provided to the Capital Steering Group and Capital Investment Group •A Project Board has been set up to review the programme and amended subject to the monitoring processes put in place to measure performance. •A series of planned reprovision covering significant sites in Lothian will reduce the burden considerably over the next 4-5 years.	Risk Reviewed September 2016 No change from previous update. The Programme of works for 2016/17 has been agreed and currently progressing. The allocation for the works is £2.5m for the current financial year . The programme of works concentrates on high and significant risk areas including fire precaution works at all sites, mechanical and electrical plant replacement, legionella, HEI, building fabric. Programme of works will be prepared for future years. A review of the current risks and re-categorisation of the risks dependent on use of property is currently ongoing and reviewed regularly. Scottish Government has now agreed that BLM should not be reported on vacant properties which have been declared surplus. As a result the BLM items highlighted in a number of vacant properties will now be archived. Surveys have recently been carried out on WG, Edington, Belhaven and a few community properties – this information will be update the BLM for these sites. Further surveys will be undertaken this financial year. The disposal programme , capital investment projects will contribute in reducing the overall backlog maintenance liability for the Board. The disposal programme for 16/17 also includes the disposal of 15 Craiglea Place, 162 & 163 Craiglea Drive, 151 Morningside Drive and 63 Morningside Drive. Risk Grade/Rating remains High 16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Jim Crombie	George Curley	Finance & Resources Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being.	•Closed loop Health & safety management system in place. •Robust H&S Committee structure. •Violence & Aggression related policies and procedures in place (attached document). •Competent specialist V&A and H&S advice in place. Robust Occupational Health Services. Learning lessons through adverse event investigation. • The Interim Director of Occupational Health & Safety delivers an annual report to the NHSL H&S Committee with specific actions related to controlling violence & aggression risk within these reports. ROSPA QSA Audit complete and action plan in place. NHS Lothian Health and Safety Strategic Plan endorsed. Specific actions related to controlling violence & aggression risk are contained within these reports.	Risk Reviewed September 2016: Feedback from the majority of the 12 local Health and Safety Committees into the main NHSL H+S Committee at the end of August, by way of the quarterly reporting system, clearly evidences current significant risk control failings, including and in particular, provision of V+A training. It is therefore suggested that the risk level still remains as "High". Risk Grade/Rating remains High/15.	Adequate but partially effective; control is properly designed but not being implemented properly	High 15	Medium 6	Dr David Farquharson	Ian Wilson	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Notes	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3828	2.2 Deliver Safe Care	Nurse Workforce – Safe Staffing Levels	There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit. Risks occur across the nursing and midwifery workforce where additional capacity is opened to facilitate delivery of other corporate targets (e.g HEAT target 4 hour wait) or where patients have a greater level of acuity than the funded establishment is based upon. Service sustainability risks are high within theatres and anaesthetics, critical care and in health visiting owing to lower levels of workforce supply. Risks arise from the high use of supplementary staffing to counteract shortfalls. The impact of any of these situations potentially compromise the safety of the patient care delivered with consequent impact on length of stay, patient experience and long term	The Performance Monitoring meetings continue, led by the Nurse Director and Deputy Finance Director. An effective agency embargo has been in place from 15 May 2016. Theatres and Anaesthetics, Critical Care and complex care packages for adults in the community have continued exemption pending work to establish a national critical care / theatres bank and national exclusion of NHS staff from agency placement. Service areas are investing in technological solutions to manage some patients that would previously have had 1:1 care for falls / wandering. A recruitment plan, including open days and external recruitment events has been established with success in reducing the establishment gap. Increased numbers of training places for the Health Visiting and District Nursing specialist qualification have been funded and recruited to. Recruitment of HV completing course and newly qualified graduate nurses will reduce establishment gap significantly. A calendar to ensure the annual use of the nationally accredited workforce tools has been developed. eRostering and SafeCare Live tools are being rolled out to all nursing and midwifery wards, community teams and departments to provide real time information for local decision making around the deployment of the available staffing. Datix reports are escalated on a weekly basis for all adverse events with staffing issues identified as a major or contributory factor and these are reviewed by the senior management team at the PSEAG. National arrangements for bank for critical care and theatres being developed.	Risk Reviewed October 2016: The risk with the exception of District Nursing the likelihood is reducing to possible from likely although the impact would remains moderate (until the improvements can be sustained) Risk Grade/Rating decreased: Medium/9	Satisfactory; controls adequately designed to manage risk and working as intended	Medium 9	Low 2	Alex McMahon	Fiona Ireland	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3328	1:Improving the Quality and Safety of Healthcare	Roadways / Traffic Management	There is a risk of injury to staff, patients and the public from ineffective traffic management across NHS Lothian sites	• Traffic surveys have been conducted across all hospital sites, and action plans have been prepared. Higher risks have been prioritised and actions taken where funding has permitted. • Actions include: o segregation of vehicle and pedestrian traffic where possible; o risk assessing and controlling reversing manoeuvres for drivers and vehicles under NHSL control o creation of protected walk ways where possible; o development and use of one way systems where possible o use of barriers and entry systems to control traffic where possible o drop-off areas and disabled spaces; o additional parking attendants. • Interim measures have been put in place to prevent illegal and inappropriate parking including temporary barriers and bollards. • RIE Site Campus Group has been put in place to co-ordinate the re-provision of DCN & RHSC, including impact on activity on traffic management. Action plans have been revisited on a number of hospital sites and has resulted in additional high risk works being undertaken • Banks man arrangements in place on high volume high risk delivery areas, • Risk assessments and procedures are being developed and reviewed all areas where risk has been identified – a more robust risk assessment process has been developed • NHSL fleet vehicles fitted with reversing cameras and audible alarms. • Traffic Management training in place along with regular refreshers. • Work Place Transport policy available and reviewed within agreed time scales. • Escalation process in place should congestion become an issue • Site traffic management groups to review all sites established. • Action plans developed from the above groups and implemented monitored and reviewed by Traffic Management Review Groups • Capital proposals to introduce engineered solutions for in-patient sites. • High Risk Capital proposals funded. • Reviews regularly carried out as to effectiveness of plans and operational procedures • Site walk rounds in place conducted by site stakeholders • Improved monitoring systems in place – formally recorded • Known areas of people v vehicle conflict segregation measures put in place to avoid risk of injury due to contact where reasonable and practicable to do so **Rationale for Adequacy of Controls:** There are ongoing issues with traffic management and potential for pedestrians to stray into Facilities type areas. Proposals have been prepared and costed for each site. These will have to be approved before works can commence. The plans have been provided to capital to incorporate into master plans and this is reflected in the Adequacy of Controls Local TM Groups will continue to apply simple and low cost actions and repairs/improvements where approvals and budgets allow.	Risk Reviewed & Action ID6326 updated September 2016: The Pan Lothian TM Plan is being updated monthly and tabled quarterly at each Heads of Service Meeting. This details the risks, controls and further actions required at each site. Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH. Funding has now been approved to undertake the works required to comply with the TRO requirements. Works will commence early October. The resurfacing of car park P (main visitors car park is now complete and is subject to final snagging. This will now provide additional traffic management controls due to the relining of spaces etc. . Funding has now been approved to undertake high risk items at the WGH - works will be to alter the road layout at Turner House which will reduce the speed of traffic. This is understood to be the highest risk on the WGH site. Cycle path works are due for completion in November 2017. Traffic Management works are due to commence at Whitburn, Health Centre, Liberton Hospital, PAPE and Midlothian Community Hospital. . Risk grade/rating remains unchanged - High/12	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 12	Medium 8	Jim Crombie	George Curley	Staff Governance Committee

Appendix 4: Social Policy Risks

Current Risk Score	Risk Traffic Light Icon	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
12		CF001 Assault or injury to staff, or malicious allegation, by service user	Use of de-escalation technique (S) Policies and procedures (S) Care staff must be qualified and registered with SSSC (S) Staff supervision (S) Placement process includes adequate information passed to residential staff (may be different in emergencies) (M) Double cover used where necessary (M) Staff trained in Social Pedagogy (M) Matching of referrals pre placement through LAC managers group Ongoing training in newer techniques reviewed regularly, including self regulation training. Staff have received 'stressless' training and continue to receive this as necessary Health and Safety audits used as necessary to ensure all options are covered.	.Head of Social Policy(J Kellock); Jo MacPherson			
9		WLC014 Growth in service demands arising from increasing numbers of older persons	Strategic Commissioning Plan for Older People (M) Frail Elderly programme (M) 6 monthly review by IJB	.Head of Social Policy(J Kellock)			
9		WLC025 Growth in service demands for people with learning disabilities	Strategic Commissioning Plan for Learning Disabilities (M) 6 monthly review by IJB	.Head of Social Policy(J Kellock)			

Current Risk Score	Risk Traffic Light Icon	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
6		CJ002 Media exposure of offender placement	Confidentiality policies and information sharing protocols (S) Media strategy (S) Placement in council properties and moved where necessary, this dependant on availability of appropriate housing options (S) Reviews of placements take place monthly, including risk of external media disclosures.(S)	Tim Ward			
6		CJ003 Failure to provide or obtain appropriate offender placement	Confidentiality policies and information sharing protocols (S) Media strategy (S) Placement in council properties and moved where necessary, this dependant on availability of appropriate housing options (S) Reviews of placements take place monthly, including risk of external media disclosures.(S) Planning for identification of appropriate address well established (S) Environmental screening process well established (S) Strong relationships in place with neighbouring authorities (S) local housing alternatives in place (S) Need to closely monitor housing options within private sector (M)	Tim Ward			

Current Risk Score	Risk Traffic Light Icon	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
6		SP001 Unauthorised disclosure of sensitive information	Corporate guidance (S) Service protocols and guidance re information security and confidentiality (S) Service induction includes confidentiality processes - induction records signed (M) Incidents investigated and result in policy changes e.g. encrypted mobile devices (S) Reminders to staff and investigation of breaches raise awareness (M) Information team process statutory returns - awareness of policy (M) Letters to clients sent by recorded delivery (M) Registration with Scottish Social Services Council and codes of conduct (M) On line training which is audited (S) Peer review system (M) Use of warning labels to all written communication (M) Updates in information matters (M) controls over DSAR in place (M) Egress secure email system in place (S)	.Head of Social Policy(J Kellock)			
6		SP003 Financial failure of contractor	Contingency plans re care homes (reliant on more than one service provider) (M) Adapt contingency plans as necessary for scenarios other than care homes (M) Expect care inspectorate to flag up any issues (M) COSLA involvement e.g. contingency planning (M) Liaison / monitoring in relation to alternative buyers (M) Contracts Advisory Group risk management reports (M)	.Head of Social Policy(J Kellock)			

Current Risk Score	Risk Traffic Light Icon	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
6		SP004 Failure to continue critical services in the event of a disaster or incident	Business continuity plans (S) Service level testing schedule in place (S) Social Policy Emergency Plan (S) Emergency Planning regularly tested in 'real life' context (S)	.Head of Social Policy(J Kellock)	SP14014_Ar Completion of business continuity test programme action plan		100%
6		SP005 Inadequate fire safety arrangements in units leading to injury / death in the event of fire	Fire safety checks in accordance with corporate approach (S) Responsible officer training (M) Regular review of fire safety procedures (M) Fire Safety Annual Inspection (M) Guidance on fire safety awareness (M) Regular fire drills undertaken (S) Annual and 5 year fire risk assessments undertaken (S)	.Head of Social Policy(J Kellock)			
6		SP009 Harm to service user arising from error or omission in administering medicine	Medication policy and procedure framework (S) Medication group regularly reviewing policy and practice (M) Care Inspectorate audit inspection (M) Accredited staff training (M) Management/peer and independent audits (M) Effective recording systems (M) Incident and near misses reporting (M)	Pamela Main	SP14015_Ari Controlled drugs		100%
					SP14001_Aro Development of Generic Medication Risk Assessments		100%
					SP14003_Aro Storage Methodology		100%
					SP14002_Aro Reinforce Awareness of List of Treatments		100%
					SP14005_Aro Emergency Plans and Investigations		100%
					SP14004_Aro Pharmacy Receipts		100%

Current Risk Score	Risk Traffic Light Icon	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
6		SP010 Injury, death, or abuse to service user	All staff PVG checked (S) Staff are qualified and SSSC registered as required or appropriate (S) Sessional workers - many now require to be qualified (M) Information sharing protocols with partners (M) Foster care - foster panels and adoption panels (S) PVG checking for Foster Carers and family members (S) Social worker monitoring / supervision (M) External inspection by care inspectorate (M) Health and Safety Policies and Procedures (M) Medicals for carers (M) External contractors such as secure schools - contracts (M) Codes of conduct (M) Public protection guidelines and standards (M) Procedures for the investigation of incidents (S)	.Head of Social Policy(J Kellock)	SP14018_Ari Stay put policy: housing with care premises		100%
					SP14017_Ari Smoking: housing with care premises		100%
					SP14016_Ari Smoking: care homes		100%
					SP13004_Ari PVG processing for foster carers and others.		100%
					SP13003_Ari Monitoring of taxi contracts.		100%
6		SP011 Inappropriate release of information	Vetting of all FOI by Senior Manager (S) Corporate guidance (M) Service protocols and guidance re information security and confidentiality (M)	.Head of Social Policy(J Kellock)			
6		SP012 Insufficient supply to meet service demands	Contract monitoring procedure (M) Regular reports to Contracts Advisory Group (M) Escalation to Depute Chief Executive (M) Review of contract rates (M)	.Head of Social Policy(J Kellock)	SP13005_Ar Review of Care at Home Framework contract rates		100%

Current Risk Score	Risk Traffic Light Icon	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
6		SP013 Section Payments - failure to make correct and accurate payments to clients	Improved Section Payments policy for children and Families Kinship care procedure in place No recourse to public funds policy being developed Staff updated on new process Replacement for Microsoft money implemented Audit process in place	Tim Ward	SP15003_Ari Operation of Social Work Bank accounts		100%
					SP15002_Ari Ensure Compliance with Authorisation Levels by Throughcare/Aftercare Team.		100%
					SP14010_Ari Replace Microsoft Money Software.		100%
					SP14011_Ari Ensure better protection of personal data through MicroSoft Money		100%
					SP14006_Ari Revise Children and Families Section Payments Policy.		100%
					SP14007_Ari Ensure Back up payment approval forms and other documentation is in place		100%
					SP14008_Ari Implement Kinship Care Allowance Procedure.		100%

Current Risk Score	Risk Traffic Light Icon	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
					SP14009_Ari Ensure Compliance with Authorisation Levels.		100%
					SP14012_Ari Better Operation of Social Work Centre Bank Accounts		100%
					SP14013_Ari Reconciliation of Social Work Centre Bank Accounts		100%
6		SP014 Failure to ensure staff are appropriately registered with SSSC or other regulatory bodies	Audit process being developed Audit took place in September 2015 Recruitment process in place Regular checks of staff on register Clear delegation of responsibility to staff and managers	Tim Ward	SP15001_Ari Develop process for ensuring staff are appropriately registered		100%
4		SP002 Assault or injury to staff	Staff training (S) Lone working policies, these are in place in all major areas (S) Mobile phones, these include BlackBerrys and there are plans for mobile security devices to strengthen approach. (S) Domiciliary care - planned visits (S) Shared schedules assist in supporting visits involving risk. This area to be reviewed when next assessed in May 2013. (M) IT systems flag potentially dangerous customers. This linked to SWIFT procedures and under constant review by recording and procedures working group (S) Risk assessments undertaken (in extreme cases	.Head of Social Policy(J Kellock)	SP16008_Ari Clients' Cash Tin Replenishment		100%

Current Risk Score	Risk Traffic Light Icon	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
			no visit or visit in pairs) (S) Clear and robust risk management and assessment structure - tool allows level of harm to be identified in different contexts e.g. sexual abuse, domestic, etc.(S) Supervision process and management monitoring(S) Sharing of information with partner organisations (S) Lone Worker devices deployed (S) Lone worker devices and their use under regular and systematic review by SPMT (S)				
4		SP006 Procurement - failure to achieve best value	Contracts Advisory Group, including representatives from Corporate Procurement and Legal Services (M) Corporate procurement strategy (S) Standard contractual terms and conditions (M) Standing orders requirements in respect of contract reporting (M) Contract monitoring procedures (M)	.Head of Social Policy(J Kellock)	SP13005_Ar Review of Care at Home Framework contract rates		100%
					SP13001_Ari Update of contract register		100%
					SP13002_Ari Timescales for contract signing.		100%
4		SP007 Procurement - failure to adhere to EU rules and council policy	Standing orders and corporate procurement procedures (M) Contracts Advisory Group, including representatives from Corporate Procurement and Legal Services (S) Corporate procurement strategy (S) Standing orders requirements in respect of contract reporting (S) Contracts register (M) Social policy procurement procedures (M) Signed contracts (W)	.Head of Social Policy(J Kellock)	CPU12009_Ari Supporting documentation		100%

Current Risk Score	Risk Traffic Light Icon	Risk Title	Internal Controls	Assigned To	Linked risk action	Action Status	Progress Bar
4		SP008 Harm to service user by contractor's employee	Contractual terms (M) All contractors register with Care Inspectorate (M) Contract monitoring procedures (M) National care home contract specifies staff qualification for care homes (M) Monitoring by Care Inspectorate (M) Monitoring by council e.g. speaking to recipients of domiciliary care (M) Whistle blowing procedures (M) Looked After Children processes (M) Childrens Rights Officer (S) Robust public protection procedures (S)	Alan Bell; Pamela Main	SP13006_Ari Inspection of Taxi Contracts		100%

West Lothian Integration Joint Board Audit Risk and Governance Committee

Date:6 January 2017

Agenda Item: 6

INTERNAL AUDIT OF WEST LOTHIAN INTEGRATION JOINT BOARD GOVERNANCE ARRANGEMENTS

REPORT BY INTERNAL AUDITOR

A PURPOSE OF REPORT

To inform the Audit, Risk and Governance Committee of our internal audit of the IJB's governance arrangements.

B RECOMMENDATION

It is recommended that the Committee notes that we have concluded that control requires improvement.

C TERMS OF REPORT

In accordance with the internal audit plan for 2016/17, we have undertaken an audit of the IJB's governance processes. The resultant audit report is attached as an appendix, and agreed management actions are included as an action plan within the report.

Our internal audit work involved reviewing the IJB's current governance processes. As noted in the report, a review process is in place to ensure that all of the requirements of the Integration Scheme are in place or are in progress and regular update meetings are held with the IJB Director to review progress. Notwithstanding this process, a number of areas for improvement have been identified and are set out in the report's action plan.

D CONSULTATION

IJB Director and Standards Officer as part of the audit process.

E REFERENCES/BACKGROUND

Report to West Lothian Integration Joint Board Audit Risk and Governance Committee 24 June 2016: Internal Audit Plan 2016/17.

F APPENDICES

Internal audit report dated 20 December 2016: West Lothian Integration Joint Board Governance Review

G SUMMARY OF IMPLICATIONS

Equality/Health	None.
National health and Well-Being Outcomes	Indirectly via the audit of key processes to determine their effectiveness.
Strategic Plan outcomes	Indirectly via the audit of key processes to determine their effectiveness.
Single Outcome Agreement	Indirectly via the audit of key processes to determine their effectiveness.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	None.
Risk	The internal audit aims to provide assurance in relation to key risks to the IJB's objectives.

H CONTACT

Kenneth Ribbons, IJB Internal Auditor

Kenneth.ribbons@westlothian.gov.uk tel. 01506 281573

6 January 2017

EX1605

INTERNAL AUDIT REPORT

WEST LOTHIAN INTEGRATION JOINT BOARD

GOVERNANCE REVIEW

20 December 2016

CONTENTS

1.0 EXECUTIVE SUMMARY

1.1 In accordance with the West Lothian Integration Joint Board (IJB) annual internal audit plan for 2016/17, as approved at the IJB Audit, Risk and Governance Committee on 24 June 2016, we have undertaken a review of the IJB's governance arrangements and conclude that the level of control **requires improvement**. There are a number of areas that are work in progress and these need to be timeously brought to a conclusion.

1.2 The audit remit is set out in section two.

1.3 The Public Bodies (Joint Working) Scotland Act 2014, and associated Regulations requires local authorities and health boards to set up an integration authority (an Integration Joint Board) to provide better connected and co-ordinated services through the integration of health and social care services provided by local authorities and health boards. To achieve this, specified adult and elderly health and social care functions and resources require to be delegated to IJBs and directions are then issued back to the local authorities and health boards to determine how the resources should be used.

1.4 The West Lothian IJB was formally constituted on 21 September 2015 and is a separate legal body. Legislation requires the IJB to establish Standing Orders containing certain prescribed rules. It does not have any explicit requirements in relation to corporate governance. However, good corporate governance is crucial to any public sector body as a means of showing that the body is run properly, and providing assurance that it is well organised in order to direct service delivery. The IJB has therefore decided upon a range of actions to have a sound corporate governance framework in place.

1.5 The following findings were identified:

- all Chief and other officer appointments to the IJB have been made, including the appointment of a Finance Officer under section 95 of the Local Government (Scotland) Act 1973;
- the membership of the IJB is in accordance with the Integration Scheme and statutory requirements;
- the IJB 2015/16 annual accounts were approved by the Board on 18 October 2016. The external audit of the IJB accounts by Audit Scotland did not raise any findings, or other issues or adjustments;
- there is an approved Code of Conduct for members which is based on the model Code of Conduct issued by Scottish Ministers and a register of interests is also in place and has been published;

1.6 In addition, there were findings identified where some further action is required:

- the IJB Strategic Plan was approved by the Board on 31 March 2016, however work still requires to be undertaken in relation to its ongoing monitoring and review (finding 3.1);
- an Audit, Risk and Governance Committee has been formed which is separate from the Board, albeit its membership is a subset of the Board (finding 3.2);
- an IJB risk register is in place and further work is currently progressing to finalise the Risk Management Strategy and Policy (finding 3.3);

- the IJB internal audit and risk management services are both provided by the West Lothian Council Audit, Risk and Counter Fraud Manager. This could lead to a potential conflict of interest (finding 3.4);

- there are job descriptions in place for the officers appointed to the IJB, however there are no SLA's or other agreements in place detailing the scope of the services to be provided by them (finding 3.5);

- a review process is in place to ensure that all of the requirements of the Integration Scheme are in place or are in progress and regular update meetings are held with the IJB Chief Officer to review progress. For example, the review process confirms that the IJB has approved Standing Orders including Financial Regulations and a Code of Conduct for meetings. However a Scheme of Delegation and Code of Corporate Governance have still to be prepared and approved (finding 3.6);

- the Chief Social Worker presented a 2015/16 annual report to the Board on 29 November 2016 however no annual report has as yet been presented by the Clinical Director (finding 3.8).

1.7 The action plan in section three details our findings, grades their importance (appendix A) and includes agreed actions. The implementation of agreed actions will help improve control.

1.8 We appreciate the assistance of IJB officers and West Lothian Council staff during the conduct of our audit. Should you require any further assistance please contact Sharon Leitch.

Kenneth Ribbons
IJB Internal Auditor

2.0 REMIT

2.1 The objective of the audit was to ensure that there are effective governance arrangements in place within the West Lothian Integration Joint Board.

2.2 Our review concentrated on the key controls and our testing was undertaken on a sample basis. Therefore, the weaknesses we have identified are not necessarily all those which exist.

2.3 We agreed the draft report for factual accuracy with Jim Forrest, IJB Chief Officer and James Millar, IJB Standards Officer on 15 December 2016.

2.4 The IJB Chief Officer is responsible for both the implementation of agreed actions and the risk arising from not acting on any agreed actions in this report.

2.5 We carry out follow-up reviews on a risk based approach. The IJB Internal Auditor will determine the need for a follow-up review of this report.

3.0 ACTION PLAN

Ref	Findings & Risk	Agreed Action	Importance Level
3.1	**Strategic Plan - Three Year Rolling Action Plan** The Integration Scheme between West Lothian Council and NHS Lothian states *'The Board is to approve a Strategic Plan which will be developed through its Strategic Planning Group... it should detail... a rolling three year action plan which will be reviewed and updated on an annual basis'.* Overseeing the implementation of a three year action plan is also included in the remit of the Strategic Planning Group. The three year action plan has not yet been presented to the Board, and it will soon be time for its first annual review and update. **Risk** *Absence of action plan resulting in progress against the strategic plan not being effectively monitored.*	The action plan will be presented to the Board by 31 March 2017.	High **Responsible Officer** Jim Forrest **Risk Identifier** IJB002 **Action Date** 31/03/17

Ref	Findings & Risk	Agreed Action	Importance Level
3.2	**IJB Audit, Risk and Governance Committee** The IJB Audit, Risk and Governance Committee's membership is made up of a subset of the Board, although it is noted that the Chair of the IJB is precluded from being a member of this committee. From a governance perspective, there is a risk that the membership therefore lacks an appropriate level of independence from the Board. **Risk** *The current arrangements may lead to less effective scrutiny.*	There is a statutory impediment to the IJB recruiting more widely. The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 says at regulation 17(1) that IJBs may "establish committees of its members". Then it says at 17(3) that there must be an equal number of council and health board voting members, so the members of any IJB must by definition be a subset of the IJB. However there is scope to consider ways in which non-voting "advisers" or "associate members" may be involved in the Audit, Risk and Governance Committee in some capacity.	Medium **Responsible Officer** Jim Forrest **Risk Identifier** IJB001 **Action Date** 31/03/17

Ref	Findings & Risk	Agreed Action	Importance Level
3.3	**IJB Risk Management** The IJB has a risk register in place however the Risk Management Strategy and Policy are currently in draft and have yet to be finalised. **Risk** *Lack of strategic direction in respect of risk management.*	The IJB Senior Management Team will consider the IJB's risk appetite at its meeting on 22 December. This will enable the Risk Management Strategy and Policy to be finalised and reported to the IJB meeting on 14 March 2017.	Medium **Responsible Officer** Jim Forrest **Risk Identifier** IJB001 **Action Date** 14/03/17
Ref	**Findings & Risk**	**Agreed Action**	**Importance Level**
3.4	**IJB Internal Audit and Risk Management Services** The IJB's internal audit and risk management services are both provided by the West Lothian Council Audit, Risk and Counter Fraud Manager. This could lead to a potential conflict of interest. **Risk** *Conflict of interest in the provision of internal audit and risk management services.*	The council internal audit service works in partnership with Falkirk internal audit service to provide an effective and independent audit of council services. With the permission of the IJB Audit Risk and Governance Committee, the Falkirk internal audit team will be invited to provide independent assurance as to the IJB's risk management activities. It is anticipated that this will be undertaken during the financial year 2017/18 as part of that year's internal audit plan.	Medium **Responsible Officer** Jim Forrest **Risk Identifier** IJB001 **Action Date** 31/03/18

Ref	Findings & Risk	Agreed Action	Importance Level
3.5	**SLAs for IJB Audit, Risk and Governance Services** There are job descriptions in place for all of the formally appointed IJB Officers i.e. Chief Officer, Chief Finance Officer, Standards Officer and Internal Auditor. However there are no Service Level Agreements (SLA's) or other formal records in place which detail the scope of the services these officers will provide to the IJB. This is also the case for services provided by the council's Committee Services. **Risk** *Lack of agreement of defined service provision resulting in potential for confusion or uncertainty.*	SLA's will be put in place by 31 March 2017.	Medium **Responsible Officer** Jim Forrest **Risk Identifier** IJB001 **Action Date** 31/03/17

Ref	Findings & Risk	Agreed Action	Importance Level
3.6	**IJB Governance – Work in Progress** The following areas of IJB governance are still work in progress and it has been confirmed that they have been recorded as such in the formal review process which is currently ongoing: • business continuity and emergency planning arrangements are not yet in place, albeit work has been undertaken in respect of severe weather planning. • there are no procedures in place for the use of capital assets, however meetings are ongoing between the council and NHS Lothian to progress these. • information sharing arrangements (including data protection and freedom of information requirements) are not yet finalised and work is still being progressed on a pan-lothian basis. • there is no IJB complaints procedure in place and this is currently being worked on, however the council and NHS Lothian still maintain their own separate complaints procedures. • there is no IJB Scheme of Delegation or Code of Corporate Governance in place. **Risk** *Non-compliance with legislation or good practice leading to reputational damage.*	The requirements of the integration scheme are scheduled to be completed by the 31 March 2017, with the exception of the full implementation of Community Planning participation which is scheduled for completion by 30 June 2017 and the preparation of a Code of Corporate Governance which is scheduled for completion by 30 September 2017. There is a monitoring process in place which ensures progress is monitored on a regular basis.	Medium **Responsible Officer** Jim Forrest **Risk Identifier** IJB001 **Action Date** 30/09/17

Ref	Findings & Risk	Agreed Action	Importance Level
3.7	**Systems of Internal Control** The annual governance statement included in the 2015/16 IJB Annual Accounts states the following in respect of systems 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 the very early stages of its existence and is still to fully develop systems of internal control. As summarised above, the legal constitutional requirement 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'.* From discussion with the Standards Officer it has been established the review of the systems of internal control for 2016/17 will be based on the review of the Standing Orders during 2016/17, the review, development and approval of other key governance documentation, and the completion of IJB audit plan. It should be ensured that there is a documented process which evidences the annual review of the system of internal control. **Risk** *Lack of evidence to substantiate the review of the system of internal control.*	The review of the system of internal control will be completed in line with the timescales for the annual governance statement, and will be appropriately documented.	Low **Responsible Officer** Jim Forrest **Risk Identifier** IJB001 **Action Date** 30/06/17

Ref	Findings & Risk	Agreed Action	Importance Level
3.8	**Chief Social Worker and Clinical Director** The IJB Integration Scheme between West Lothian Council and NHS Lothian requires that the Chief Social Worker be given the same rights and privileges of access to the Board and Board members as they have in relation to the council and councillors, and that these rights of access should also be extended to the Clinical Director. We have been advised that the rights and privileges of access are dealt with by the West Lothian IJB Standing Order 5.6 which states *'In the event that the Chief Social Work Officer or the Clinical Director requires that they be permitted access to the Board to report on matters within their professional and/or statutory roles and responsibilities then they shall be entitled to insist on a report being included on the agenda for an ordinary meeting'.* The Integration Scheme also requires that the Chief Social Worker and the Clinical Director shall be required to make an annual report to the Board in relation to aspects of their positon which relate to the delivery of delegated functions. The Chief Social Worker reported to the Board on 29 November 2016, however the Clinical Director has yet to report to the Board. **Risk** *The Board is not fully aware of significant activities or issues which have arisen during the year.*	The Clinical Director will prepare a report covering clinical governance for 2016/17 and this will be presented to the Board by 30 June 2017.	Medium **Responsible Officer** Jim Forrest **Risk Identifier** IJB001 **Action Date** 30/06/17

APPENDIX A

DEFINITIONS OF AUDIT FINDINGS & AUDIT OPINION

AUDIT FINDINGS

Each finding has a level of importance attached to it and will be ranked as '**High'**, '**Medium'** or '**Low'**.

AUDIT OPINION

Our overall opinion on the controls in place is based on the level of importance attached to the findings in our audit report. The overall audit opinions are as follows:

Overall Opinion	Definition
EFFECTIVE	No findings ranked as 'High' importance. There may be a few 'Low' and 'Medium' ranked findings.
SATISFACTORY	No findings ranked as 'High' importance however there are a moderate number of 'Low' and 'Medium' ranked findings.
REQUIRES IMPROVEMENT	A few findings ranked as 'High' importance. There may also be a number of findings ranked as 'Low' and 'Medium' importance.
UNSOUND	A considerable number of findings ranked as 'High' importance resulting in an unsound system of control. There may also be a number of findings ranked as 'Low' and 'Medium' importance.

West Lothian Integration Joint Board
Audit Risk and Governance Committee

Date: 06/01/2017

Agenda Item: 7

SOURCING LEGAL ADVICE

REPORT BY STANDARDS OFFICER

A The report is in response to the Committee's request for information and advice about the options available for the Board to have access to independent legal advice.

B RECOMMENDATION

It is recommended that the committee:-

1. Notes the options available and the advantages and difficulties attached
2. Considers whether any recommendations should be made to the Board

C TERMS OF REPORT

1 The Integration Joint Board is a "body corporate" established by Parliamentary Order under the Public Bodies (Joint Working) (Scotland) Act 2014. It does not have general powers to enter into contracts. It can only do so in relation to the provision to the Board of goods and services for the purpose of carrying out functions conferred on it by the Act. That power does not cover its role in relation to the delegated functions and related services. Those are not conferred by the Act, but are delegated by council and health board as a consequence of the Act.

2 The provision to the Board of legal advice is a service required for the purpose of carrying out the functions conferred by the Act. It is therefore competent and lawful for the Board to enter into a contract for the provision of legal advice.

3 The legislation and the Integration Scheme make provision about how the Board is to get what can loosely be described as "support services". Legal advice and support is part of that. Council and health board are to agree how those services will be provided. There is then to be an agreement amongst all three. That is then to be kept under review. The Board does not have the power to employ staff of its own. The council has provided the vast majority of the support services the Board has required.

4 Where a council solicitor is asked to provide advice to the Board there is a possibility of a conflict of interest arising. That raises issues of professional ethics and conduct for any solicitor providing advice to council, health board or the Board. The Law Society of Scotland provided advice and guidance for solicitors likely to be affected, in April 2016. That advice is in Appendix 1.

5 It provides that solicitors employed by the council who are asked to provide legal advice to the Board may do so except where there is a conflict of interest. It is for the solicitor concerned to identify any such conflicts and act accordingly. That may require the solicitor to refuse to provide the advice requested. If that were to happen then the Board would not have ready and easy access to legal advice.

6 The Law Society's advice only applies to council solicitors. It makes no mention of health board solicitors. However, individual health boards tend not to employ their own solicitors directly but to use solicitors employed by the Central Legal Office, part of NHS National Services Scotland.

7 The committee requested some advice about the options for obtaining legal advice in the event that there is a conflict of interest which means that the council's solicitors are unable to act. The council's Chief Solicitor has provided a summary of those options, which are as follows:-

- enter a Service Level Agreement with West Lothian Council. This could set out an agreement to provide legal services. In some circumstances there will be a conflict of interest between the council and the Board and the agreement should include issues such as the possibility that any solicitor may have to withdraw from acting in certain circumstances. Any issues of confidentiality will also need to be addressed. The agreement could be used to consider the need for insurance and to specify that an individual solicitor will not incur personal liability. Any costs involved could be specified

- use solicitors employed by the Central Legal Office. Confirmation would need to be sought from the Central Legal Office that they are prepared to act and, if they are, on what terms and conditions. They should be able to provide an indication of costs

- use an existing framework agreement for legal advisers. A search would need to be made to establish what framework agreements the Board is permitted to access. Any such agreement is likely to specify the terms and conditions on which a legal service could be provided, possibly including an hourly rate for specific types of work and/or level of staff member involved. However, a provider is not obliged to provide services in terms of a framework agreement

- establish a call off contract with a legal firm. Any such contract will specify the terms and conditions on which a legal service could be provided, and is likely to include an hourly rate for specific types of work and/or level of staff member involved. However, a provider is not obliged to provide services in terms of a call off contract. A single provider may be excluded from acting due to conflict of interest or lack of resources. It may be difficult to predict the experience which will be required. Procurement rules and timescales will have to be considered

- establish a framework agreement with a number of legal firms. Any such agreement will specify the terms and conditions on which a legal service could be provided, and is likely to include an hourly rate for specific types of work and/or level of staff member involved. Although a provider is not obliged to provide services in terms of a framework agreement, one of the providers is likely to be able and willing to assist. Procurement rules and timescales will have to be considered

- appoint legal advisers on an ad hoc basis. This has the advantage of allowing a firm with the relevant and specific expertise required to be appointed when required and allowing specific terms, conditions and prices to be negotiated. Seeking quotes from a number of firms will take a little time

8 A further complicating factor is the payment of any legal fees incurred by the Board. It holds no funds of its own, since the budget contributions from council and health board were intended for service delivery and were directed back to them for delivery of the integrated functions. There was no provision made in the budget contributions for that potential cost, nor for other support services provided by health board and (mainly) council. There is no existing agreement in place amongst the three bodies in relation to those kinds of costs.

D CONSULTATION

The report has been prepared in consultation with the Director and Finance Officer, and with the council's Chief Solicitor.

E REFERENCES/BACKGROUND

1. Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory regulations and guidance

2. Legislation and Law Society Codes of Conduct for Solicitors in relation to professional ethics and standards

3. Guidance from the Law Society of Scotland dated 5 April 2016

F APPENDICES

1. Guidance from the Law Society of Scotland for council solicitors

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed as a background reference to this report.
National Health and Wellbeing Outcomes	There is no direct relevance to the Outcomes
Strategic Plan Outcomes	There is no direct relevance to the Strategic Plan
Single Outcome Agreement	There is no direct relevance to the Single Outcome Agreement
Impact on other Lothian IJBs	No such impact is anticipated
Resource/Finance	The funding of any independent legal advice is a significant issue for the Board
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations
Risk	There is a risk of conflict amongst the Board, the council and the health board, although that risk has reduced as the Board has become operational. There is a procedure in the Integration Scheme for dispute resolution, and any impasse at a Board meeting would follow that same path.

H CONTACT

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

6 January 2017

APPENDIX 1

Public Bodies (Joint Working) (Scotland) Act 2014

Can an in-house solicitor employed by a local authority advise both their employer and an "integration joint board" set up by their employer and the Health Board under the Public Bodies (Joint Working) (Scotland) Act 2014?

The Public Bodies (Joint Working) (Scotland) Act 2014, came into force on 1 April 2016. This legislation implements health and social care integration by bringing together NHS and local authority care services under one partnership arrangement for each area.

Yes - the opinion of the Society's professional practice team is that such solicitors may advise both their employers (the local authority) and an integration joint board, as long as there is no conflict of interest with their employers and providing any issues of confidentiality are addressed. Often there will be a common interest that the board and the authority wish to achieve, and in such cases there would clearly not be a problem.

However as individuals, solicitors should be aware of potential conflicts and issues such as privilege and confidentiality. For example a solicitor might know something from their work for the local authority, which might be relevant to the joint integration board, which they could be precluded from divulging to the board because of duties of confidentiality to the local authority. Conflict of interest is matter which can only really be considered on its own individual circumstances. It is up to the solicitor to assess the risks in any particular case however help is available from the Society's professional practice team – who can be contacted on 0131 226 8896 or on profprac@lawscot.org.uk.

A service level agreement, between the local authority and the integration joint board, might assist. It could set out the scope of the agreement to provide legal services and include issues such as the possibility that the solicitor may have to withdraw from acting in certain circumstances. It could also be used to consider the need for insurance and to specify that the solicitor will not incur personal liability.

http://www.lawscot.org.uk/members/in-house-lawyers/in-house-news/in-house-lawyers-news-2016/public-bodies-(joint-working)-(scotland)-act-2014/

5 April 2016

West Lothian Integration Joint Board
Audit Risk and Governance Committee

Date: 06/01/2017

Agenda Item: 8

ETHICAL STANDARDS IN PUBLIC LIFE

REPORT BY STANDARDS OFFICER

A To inform the committee of duties arising under statute and guidance in relation to the ethical standards in public life regime, and to consider a process to ensure compliance by the Board and its members and officers.

B RECOMMENDATION

It is recommended that the committee:-

1. Notes the statutory duties incumbent on the Board and its members and officers in relation to ethical standards in public life

2. Agrees to recommend to the Board that a process and schedule are put in place to ensure compliance with those duties

3. Considers the proposals in paragraph 5.1 of this report for that purpose

C TERMS OF REPORT

1 **Background**

1.1 The Ethical Standards In Public Life etc. (Scotland) Act 2000 (the Act) established a statutory regime for promoting and enforcing ethical standards in public life in Scotland. The Act and associated regulations apply to councils and councillors and to devolved public bodies and their members. They also impose duties on designated officers of both types of body. Statutory guidance contains additional requirements and expectations for both types of body and their officers. The Board is a devolved public body (public body) for the purposes of the Act. The regime is built around a code of conduct.

1.2 A complaint that there has been a breach of the code goes to the Commissioner for Ethical Standards in Public Life in Scotland (the Commissioner). The Commissioner investigates the complaint. He may decide that the complaint is not competent, or that there is no breach, or that there is a breach which should be referred to the Standards Commission (the Commission) for a decision.

1.3 The Commission can ask for more investigation to be done, or it can decide that the case should go to a hearing, or should go no further. If the case goes to a hearing, the Commission can decide either that there is a breach or that there is no breach. If it decides that there is a breach then it can censure the person concerned, or it can impose a suspension or a disqualification.

2 **Statutory duties**

2.1 The duties which apply to the IJB itself as a corporate body are as follows:-

- To adopt a Code of Conduct and have it approved by the Scottish Ministers
- To promote the observance by members of high standards of conduct in accordance with statutory guidance
- To assist them to observe the code in accordance with statutory guidance
- To set up a register of members' interests, and then to maintain it and make it available for public inspection, again in accordance with statutory guidance
- To appoint a Standards Officer to ensure that it meets its statutory duties

2.2 Board members have the following statutory duties:-

- To comply with the code in accordance with statutory guidance
- To complete their register within one month of appointment
- To notify changes to the register within one month of the change happening

2.3 The Standards Officer has these statutory duties:-

- To maintain the register of members' interests
- To keep it open for public inspection free of charge

3 The Board's compliance to date

3.1 The Board and its members and officers have already made significant progress towards meeting their statutory duties:-

- The Board has adopted its code
- It has been approved by the Ministers
- It has appointed its Standards Officer
- The Standards Officer's appointment has been approved by the Standards Commission
- Arrangements are in place to establish and maintain the register
- Members have all populated the register
- The Code and the register have been made available to the public, principally by publication on the internet - http://www.westlothianchcp.org.uk/hsci

4 Duties still to be addressed

4.1 There are some statutory duties which still have to be met. Those are the more general duties about promoting high standards of conduct and observance of the code in accordance with guidance. Steps have to be taken by the Board, its members and officers to meet those promotion and observance duties.

4.2 These duties can be met by taking steps such as:-

- making the code and the register publicly available with information to explain what they are for
- providing training to members about their duties
- reminding members periodically about what they should do to ensure they comply with the code in relation to the register
- reminding members about their duties about declaring interests
- informing and briefing members about developments as they happen, such as the production of new guidance or significant hearing decisions
- informing and briefing members periodically about the activities of the Commissioner and the Commission and the way the regime has been operating
- making sure that members know where to go for advice

5 Proposed procedures and schedule

5.1 These are the steps which are proposed to ensure compliance with these statutory duties:-

- Immediately on their appointment, the Standards Officer provides a form for registration of interests with explanatory information and the opportunity for a meeting with the Standards Officer to explain
- Once the entries in the form are clarified and finalised, the Standards Officer makes it publicly available as part of the Board's overall register of members' interests
- The register and the code are published on the internet with an explanation about the legal requirements
- The Standards Officer sends bi-annual reminders to members to check the accuracy of their register and notify any changes within one month of them happening
- The Standards Officer records any notified changes and amends the register accordingly
- The Standards Officer informs members of any significant developments in an appropriate way, depending on how significant and complex they are
- The Standards Officer provides (at least) an annual briefing and training session each autumn for members, outwith Board meetings, on the ethical standards regime and about their duties and compliance
- The Standards Officer submits an annual report to the Board at its last meeting of the calendar year about the ethical standards regime

- The current process continues whereby there is a standing item on the agenda for Board meetings to remind members to consider their position in relation to declarations of interest and withdrawal from meetings

- The Code and these compliance procedures are formally reviewed by the committee every three years before the appointment of Board members comes to an end

- The committee's recommendations are reported to the Board for noting and approval

5.2 The adoption of sound and effective arrangements in relation to the ethical standards regime will form part of the Board's corporate governance arrangements. They will inform the annual governance statement which is approved and signed each year as part of the Board's annual accounts and financial statements.

D CONSULTATION

Chief Officer, Finance Officer, Internal Auditor

E REFERENCES/BACKGROUND

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

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

3 Code of Conduct, Board meeting of 31 May 2016

4 Standards Commission guidance - http://www.standardscommissionscotland.org.uk/uploads/files/1479484987MCoC_2014_GuidanceNoteV2FINAL.pdf

5 Standard Commission advice - http://www.standardscommissionscotland.org.uk/education-and-resources/professional-briefings

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed as a background reference to this report.
National Health and Wellbeing Outcomes	There is no direct relevance to the Outcomes
Strategic Plan Outcomes	There is no direct relevance to the Strategic Plan

Single Outcome Agreement	There is no direct relevance to the Single Outcome Agreement
Impact on other Lothian IJBs	No such impact is anticipated
Resource/Finance	The funding of any independent legal advice is a significant issue for the Board
Policy/Legal	See references listed in Part E
Risk	Failure to comply with statutory duties; complaints against Board members

H CONTACT

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

6 January 2017

West Lothian Integration Joint Board Audit Risk and Governance Committee

Date:6 January 2017

Agenda Item: 9

INTERNAL AUDIT INFORMATION SHARING ARRANGEMENTS

REPORT BY INTERNAL AUDITOR

A PURPOSE OF REPORT

To inform the Audit, Risk and Governance Committee of the proposed arrangements for sharing internal audit reports between NHS Lothian and the four Lothian IJB's.

B RECOMMENDATION

It is recommended that the Committee approves the proposed arrangements for sharing West Lothian IJB internal audit reports with the internal auditors of the other Lothian IJB's.

C TERMS OF REPORT

The Internal Auditors for the four Lothian IJB's and NHS Lothian meet on a regular basis to discuss common issues and collaboration in relation to the provision of internal audit services for the Lothian IJB's.

At the last meeting in October it was agreed that permission would be sought for the formal referral of internal audit reports between the parties. This would involve referral of internal audit reports from NHS Lothian to the four Lothian IJB's, and also referral of internal audit reports between the four Lothian IJB's themselves.

It should be noted that it would be the intention that all internal audit reports for the West Lothian IJB would be in the public domain via the IJB Audit, Risk and Governance Committee papers on the internet. In the event that it was considered necessary to redact a report for the Committee, then the redacted version would be provided. In the event that it was necessary to take a report in private, the advice of the Standards Officer would be sought before releasing the report.

Permission is therefore sought from the Committee to refer all internal audit reports produced for the West Lothian IJB to the internal auditors for the Edinburgh, Midlothian and East Lothian IJB's, subject to the constraints set out in the previous paragraph.

D CONSULTATION

IJB Standards Officer; NHS Lothian and Lothian IJB Internal Auditors.

E REFERENCES/BACKGROUND

None.

F APPENDICES

None.

G SUMMARY OF IMPLICATIONS

Equality/Health	None.
National health and Well-Being Outcomes	Indirectly via the audit of key processes to determine their effectiveness.
Strategic Plan outcomes	Indirectly via the audit of key processes to determine their effectiveness.
Single Outcome Agreement	Indirectly via the audit of key processes to determine their effectiveness.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	None.
Risk	Indirectly via the audit of key processes to determine their effectiveness.

H CONTACT

Kenneth Ribbons, IJB Internal Auditor

Kenneth.ribbons@westlothian.gov.uk tel. 01506 281573

6 January 2017

West Lothian Integration Joint Board Audit Risk and Governance Committee

Date:6 January 2017

Agenda Item: 10

INTERNAL AUDIT CHARTER

REPORT BY INTERNAL AUDITOR

A PURPOSE OF REPORT

To inform the Audit, Risk and Governance Committee of the internal audit charter.

B RECOMMENDATION

It is recommended that the Committee approves the internal audit charter.

C TERMS OF REPORT

The Public Sector Internal Audit Standards (PSIAS) are a mandatory set of standards applying to internal audit service providers in the public sector. The PSIAS require that the purpose, authority and responsibility of internal audit are formally defined in an internal audit charter.

The IJB internal audit charter is attached as an appendix and covers matters such as internal audit's purpose, scope, responsibilities, objectives, organisational status, independence, and authority. The charter also covers arrangements for managing conflicts of interest.

The charter is important in that it clearly sets out the arrangements for securing internal audit's independence, and sets out the right of internal audit staff to receive documents, information and explanations from officers and members of the IJB.

The internal audit charter therefore acts as a framework for the provision of an effective internal audit service.

D CONSULTATION

Chief Finance Officer and Standards Officer.

E REFERENCES/BACKGROUND

None.

F APPENDICES

Internal audit charter.

G SUMMARY OF IMPLICATIONS

Equality/Health	None.
National health and Well-Being Outcomes	An effective internal audit service will contribute to these outcomes.
Strategic Plan outcomes	An effective internal audit service will contribute to these outcomes.
Single Outcome Agreement	An effective internal audit service will contribute to these outcomes.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	None.
Risk	An effective internal audit service will contribute to the effective management of risk.

H CONTACT

Kenneth Ribbons, IJB Internal Auditor

Kenneth.ribbons@westlothian.gov.uk tel 01506 281573

6 January 2017

DATA LABEL: PUBLIC

WEST LOTHIAN INTEGRATION JOINT BOARD

INTERNAL AUDIT CHARTER

6 January 2017

1. INTRODUCTION

1.1 The Local Authority Accounts (Scotland) Regulations 2014 require the West Lothian Integration Joint Board (IJB) to operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing.

2. PURPOSE

2.1 In compliance with the regulations, the IJB has established an internal audit function which independently reviews the IJB's risk management, control and governance processes.

2.2 Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations.

3. STANDARDS

3.1 Internal audit operates in accordance with the Public Sector Internal Audit Standards (PSIAS).

3.2 The PSIAS has been produced by the relevant standard setters, including the Chartered Institute of Public Finance and Accountancy (CIPFA), and represents a common set of internal audit standards for all internal audit service providers in the public sector in the United Kingdom.

3.3 The PSIAS came into force on 1 April 2013 and comprise a definition of internal auditing, code of ethics and professional standards. Compliance with the PSIAS is mandatory.

3.4 The PSIAS requires that the chief audit executive periodically reviews the internal audit charter and presents it to senior management and also to the board for approval.

3.5 In this context the "chief audit executive" is the IJB Internal Auditor, "senior management" is the IJB Director and "the board" is the Audit, Risk and Governance Committee.

4. SCOPE

4.1 Internal audit's remit extends to the IJB's entire risk management, control and governance processes, both financial and non-financial.

5. RESPONSIBILITIES AND OBJECTIVES

5.1 The IJB Internal Auditor has responsibility for the IJB's internal audit function.

5.2 Internal audit provides assurance by conducting audits of the IJB's risk management, control and governance processes based on an assessment of risk.

5.3 Internal audit's objectives are to review, appraise and report on the:

- effectiveness of systems of financial and non-financial control;
- effectiveness of governance processes;
- effectiveness of risk management processes;
- extent of compliance with policies, plans and procedures;
- extent of compliance with regulations and legislation;
- degree to which assets are properly accounted for and safeguarded;
- reliability and integrity of management data and performance information;
- effectiveness of management in discharging its responsibilities for ensuring best value.

5.4 The IJB Internal Auditor prepares an annual risk based internal audit plan and reports on performance in completing the plan.

5.5 The Audit Risk and Governance Committee is responsible for overseeing the work of internal audit and monitoring its overall performance.

5.6 The IJB Internal Auditor prepares an annual report which includes an opinion on the IJB's framework of governance, risk management and control. The IJB takes this into account when reviewing the effectiveness of its system of internal control.

6. ORGANISATIONAL STATUS AND INDEPENDENCE

6.1 The IJB Internal Auditor independently and objectively reports on the IJB's risk management, control and governance processes.

6.2 The IJB Internal Auditor reports administratively to the IJB Director. The PSIAS requires the IJB Internal Auditor to report functionally to the Audit, Risk and Governance Committee. Functional reporting is defined as that which enables the IJB Internal Auditor to ensure that internal audit fulfils its responsibilities. This is achieved by the Audit Risk and Governance Committee:

- approving the internal audit charter;
- approving the risk based internal audit plan;
- receiving reports in the IJB Internal Auditor's name;
- reviewing internal audit reports;
- receiving reports from the IJB Internal Auditor on internal audit's performance;
- considering the efficiency and effectiveness of the internal audit function.

6.3 The IJB Internal Auditor has the right of direct access to the Chair of the Audit, Risk and Governance Committee, IJB Director and IJB Chief Finance Officer in relation to any matter pertaining to the IJB's framework of governance, risk management and control.

6.4 The IJB Internal Auditor may consult with the Standards Officer at any time about any matter pertaining to the IJB's framework of governance, risk management and control.

6.5 Audit reports are issued in the IJB Internal Auditor's name and in addition to the nominated point of contact, audit reports are circulated to:

- the IJB Director;
- the Chief Finance Officer;
- external audit.

6.6 The IJB Internal Auditor also has the right to send audit reports to the Standards Officer for consideration.

6.7 The IJB internal Auditor will liaise with NHS Internal Audit and other Lothian IJB Internal Auditors. Information sharing protocols will be developed and authorised.

7. AUTHORITY

7.1 The Local Authority Accounts (Scotland) Regulations 2014 require that any officer or member of the IJB must, as required by those undertaking internal auditing:

- make available such documents of the IJB which relate to its accounting and other records for the purpose of internal auditing; and
- supply such information and explanation as those undertaking internal auditing consider necessary for that purpose.

8. MANAGEMENT RESPONSIBILITIES

8.1 Responsibility for internal control rests with managers, who must ensure that proper internal control arrangements are in place. Internal audit's role is to evaluate the effectiveness of such internal control arrangements. Management is responsible for accepting and implementing audit recommendations, and bears any risk arising from not taking action. Internal audit is not a substitute for an effective system of internal control implemented by management.

9. RESOURCES

9.1 Responsibility for resourcing the internal audit function rests with senior management, specifically the IJB Director.

9.2 The IJB Director ensures that resources are sufficient to enable internal audit to conduct a regular review of the IJB's risk management, control and governance processes, based on an assessment of risk. The IJB Internal Auditor is responsible for managing the resource provided and providing an effective internal audit service.

10. CONSULTING AND COUNTER FRAUD WORK

10.1 Internal audit may from time to time provide consulting services. Consulting services are generally provided at the request of senior management and are defined as advice, information or training in relation to risk management, control and governance processes.

10.2 The IJB Internal Auditor has responsibility for the IJB's counter fraud function. It may be necessary, from time to time, for internal audit staff to undertake counter fraud investigations to establish the facts.

10.3 Counter fraud work will generally include a report which sets out the facts of the matter insofar as this can be determined, and include where appropriate recommendations for improvement in control.

11 CONFLICTS OF INTEREST

11.1 Internal audit staff are required to comply with all relevant codes of conduct and guidance and disclose any potential conflicts of interest which may affect their audit work, for example previous employment with Lothian Health Board or West Lothian Council.

11.2 The IJB Internal Auditor is responsible for the IJB's corporate risk management and counter fraud functions. Alternative sources of assurance are sought in relation to the effectiveness of these functions, for example by utilising the work of other council or NHS internal audit teams, or by having regard to the work of external audit.

11.3 The IJB Internal Auditor also acts as internal auditor for West Lothian Council. Any conflicts of interest arising from this will be reported to the IJB Director and, if necessary, advice will be sought from the IJB's Standards Officer.

Kenneth Ribbons
IJB Internal Auditor
6 January 2017

West Lothian Integration Joint Board
Audit Risk and Governance Committee

Date: 6 January 2017

Agenda Item: 11

AUDIT SCOTLAND REPORT - SOCIAL WORK IN SCOTLAND

REPORT BY HEAD OF SOCIAL POLICY

A PURPOSE OF REPORT

The purpose of this report is to advise the committee of the Audit Scotland report on the national audit of social work published in September 2016.

B RECOMMENDATION

1. Notes the key messages contained in the report with respect to the challenges ahead.

2. Notes the recommendations made by Audit Scotland.

C TERMS OF REPORT

Background

The audit was carried out to examine how effectively councils are planning to address financial and demographic pressures facing social work in Scotland, specifically to determine the extent of the financial and demographic pressures, the strategies councils are utilising to address the pressures, the effectiveness of current governance arrangements and how councils are involving service users and carers in service planning.

The auditing team carried out fieldwork in six council areas, namely Midlothian, East Renfrewshire, Western Isles, Glasgow City, Perth & Kinross and West Lothian during 2015.

The report found a number of key challenges:

- Council budgets have fallen by 11% in real terms since 2010/11. Whilst social work budgets have increased slightly since 2010/11, this is not sufficient to meet increased demand. Audit Scotland has estimated that spending will require to increase by around 16- 21% to 2020 to meet demand should councils and Integration Joint Boards (IJBs) continue to provide services in the same way.

- Current models of social work and social care are not sustainable. Fundamental decisions need to be made nationally and locally about new delivery models. Attention needs to be given to increasing community capacity.

- Whilst the integration of health and social care has made governance arrangements more complex, councils retain responsibility in relation to statutory social work services.

- With integration and other policy and legislative changes, the role of the Chief Social Work Officer (CSWO) has become more complex and challenging. CSWOs need to have the status and capacity to fulfil statutory duties effectively.

Recommendations

The report makes thirteen recommendations for councils and IJBs, which are summarised on pages 6 – 7 of the report. The recommendations cover:

- Social work strategy and service planning – transformative change in how services are delivered and funded is required.

- Governance and scrutiny arrangements – there should be in place robust governance arrangements that can measure and report on the efficiency and effectiveness of service delivery.

- Workforce – there should be a national, coordinated approach to addressing workforce issues.

- Service efficiency and effectiveness – to take a robust approach to disinvestment and to undertake a review of national eligibility criteria.

West Lothian position

- Whilst West Lothian is significantly affected by financial and demographic challenges, the council benefits from its long-term financial management strategy.

- The West Lothian IJB has adopted a robust strategic commissioning approach which incorporates a number of key service redesign programmes aimed at transforming the way we deliver services across whole systems

- The IJB is developing new approaches aimed at increasing community capacity.

- The role of the CSWO is well defined and supported in West Lothian, and is linked effectively into council and partnership governance arrangements.

CONCLUSION

The report highlights the need for transformative measures to be developed and implemented to address the challenges and complexities that lie ahead for social work and social care in Scotland. The report has been well received by the CSWO network, Social Work Scotland and the Office of the Chief Social Work Advisor, however it has been acknowledged that the recommendations will be extremely challenging to achieve both locally and nationally.

D CONSULTATION

None

E REFERENCES/BACKGROUND

None

F APPENDICES

Appendix 1: Social Work in Scotland, Audit Scotland, September 2016

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	n/a
Strategic Plan Outcomes	n/a
Single Outcome Agreement	– People most at risk are protected and supported to achieve improved life chances – Older people are able to live independently in the community with an improved quality of life – We live longer, healthier lives and have reduced health inequalities
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	The report references the key legislative and policy drivers for social work and social care services in Scotland.
Risk	None

H CONTACT

Contact Person:

Jane Kellock,

Head of Social Policy/Chief Social Work Officer

jane.kellock@westlothian.gov.uk

Tel 01506 281920

6th January 2017

Health and social care series

Social work in Scotland

ACCOUNTS COMMISSION

Prepared by Audit Scotland
September 2016

The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

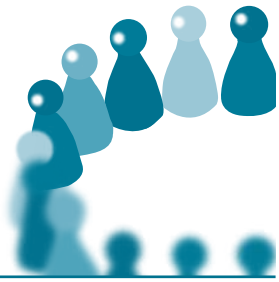
Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about/ac

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.

Contents



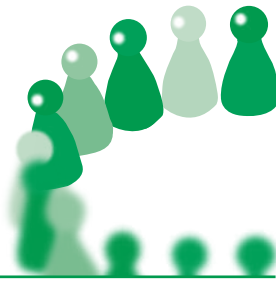
These quote mark icons appear throughout this report and represent quotes from interested parties.

Links

PDF download

Web link

Key facts



Estimated annual value of the contribution of 788,000 unpaid carers

£10.8 billion

17,400 children are looked after or are on the child protection register

Councils spend £3.1 billion on social work services a year

£3.1 billion

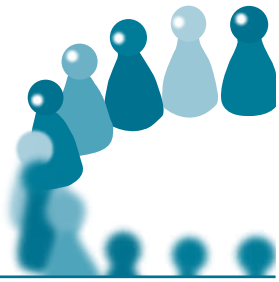
36,000 adults are in care homes and 61,500 people receive homecare

Councils spend £1.6 billion a year on social work services purchased from the third and private sectors

£1.6 billion

200,000 people are employed in social work/care, including 10,000 professional social workers

Summary



Key messages

1 Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

2 Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase).

3 The integration of health and social care has made governance arrangements more complex, but regardless of integration, councils retain statutory responsibilities in relation to social work services. Elected members have important leadership and scrutiny roles in councils. It is essential that elected members assure themselves that service quality is maintained and that risks are managed effectively. Elected members have a key role to play in a wider conversation with the public about service priorities and managing people's expectations of social work and social care services that councils can afford to provide in the future. The Scottish Government also has an important role to play in setting the overall context of the debate.

4 With integration and other changes over recent years, the key role of the chief social work officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively.

current approaches to delivering social work services will not be sustainable in the long term

Key recommendations

Social work strategy and service planning

Councils and IJBs should:

- instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges (paragraph 111)
- work with the Scottish Government, their representative organisation (COSLA or the Scottish Local Government Partnership (SLGP)), Social Work Scotland and other stakeholders to review how to provide social work services for the future and future funding arrangements (paragraphs 35–41)
- develop long-term strategies for the services funded by social work by:
  - carrying out a detailed analysis of demographic change and the contribution preventative approaches can make to reduce demand for services (paragraph 52)
  - developing long-term financial and workforce plans (paragraph 81)
  - working with people who use services, carers and service providers to design and provide services around the needs of individuals (paragraphs 69–72)
  - working more closely with local communities to build their capacity so they can better support local people who may be at risk of needing to use services (paragraph 112)
  - considering examples of innovative practice from across Scotland and beyond (paragraphs 54, 67–68)
  - working with the NHS and Scottish Government to review how to better synchronise partners' budget-setting arrangements to support these strategies (paragraph 36).

Governance and scrutiny arrangements

Councils and IJBs should:

- ensure that the governance and scrutiny of social work services are appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change (paragraphs 87– 93)
- improve accountability by having processes in place to:
  - measure the outcomes of services, for example in criminal justice services, and their success rates in supporting individuals' efforts to desist from offending through their social inclusion
  - monitor the efficiency and effectiveness of services

  - allow elected members to assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively
  - measure people's satisfaction with those services
  - report the findings to elected members and the IJB (paragraph 90, 108–109).

Councils should:

- demonstrate clear access for, and reporting to, the council by the CSWO, in line with guidance (paragraphs 104–106)
- ensure the CSWO has sufficient time and authority to enable them to fulfil the role effectively (paragraphs 102–107)
- ensure that CSWO annual reports provide an annual summary of the performance of the social work service, highlighting achievements and weaker areas of service delivery, setting out the council's response and plans to improve weaker areas and that these are actively scrutinised by elected members (paragraphs 108–110).

Workforce

Councils should:

- work with their representative organisation (COSLA or the SLGP), the Scottish Government and private and third sector employers to put in place a coordinated approach to resolve workforce issues in social care (paragraphs 21–23)
- as part of their contract monitoring arrangements, ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised (paragraph 24).

Service efficiency and effectiveness

Councils and IJBs should:

- when planning an initiative, include evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money (paragraphs 53–53)
- work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of recent policy and legislative changes (paragraphs 46–47)

Councils should:

- benchmark their services against those provided by other councils and providers within the UK and overseas to encourage innovation and improve services (paragraphs 54, 67–68).

Introduction

1. Scottish councils' social work departments provide and fund essential support to some of the most vulnerable people in society. They supported and protected over 300,000 people in 2014/15, around 70 per cent of whom were aged 65 and over.[1] Social work departments also provide and fund social care, for example care at home for older people who require help with dressing and taking medication. People supported by social work and social care in Scotland in 2014/15 included:

- 15,404 looked-after children (LAC), that is children in the care of their local authority
- 2,751 children on the child protection register, a list of children who may be at risk of harm[2]
- 61,500 people who received homecare services[3]
- 36,000 adults in care homes.[4]

2. In 2014/15, councils' net expenditure on social work was £3.1 billion.[5] Net spending is total spending less income, for example from charges for services. Just over 200,000 people work in social work and social care, around one in 13 people in employment in Scotland.[6] Many are employed in the private and third sectors that councils commission to provide services.[7] In addition, the Scottish Government estimates that there are 759,000 unpaid carers aged 16 and over in Scotland, 17 per cent of the adult population, and 29,000 young carers under 16.[8]

3. Social work services have recently been reorganised. The Public Bodies (Joint Working) (Scotland) Act 2014 requires councils and NHS boards to create an integration authority to be responsible for the strategic planning of adult social care services, some health services and other functions delegated to it. It is also responsible for ensuring the delivery of those functions. The Integration Joint Board (IJB) also has an operational role as described in the locally agreed operational arrangements set out within their integration scheme. The Act also allows councils to integrate children's and families' services and criminal justice social work.

4. Councils delegate their responsibility for strategic planning of adult social services, and any other services they have decided to include, to the integration authority. All council areas, apart from Highland, have created an IJB to plan and commission integrated health and social care services in their areas. The voting membership of IJBs comprise equal numbers of council elected members and NHS board non-executive directors. Our recent report *Health and social care integration* includes a description of the integration arrangements in each council area.[9]

5. The Scottish Government sets the legislative basis and the overall strategic framework for the delivery of social work. Its overall vision is 'a socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement'.[10] The Scottish Government also sets the key outcomes that councils' social work services are expected to contribute to achieving, for example 'Our people are able to maintain their independence as they get older and are able to access appropriate support

when they need it.' This report focuses on councils' social work services, but recognises the role of the Scottish Government in setting the overall context in which councils operate.[11]

About the audit

6. The overall aim of the audit was to examine how effectively councils are planning to address the financial and demographic pressures facing social work. The objectives were to assess:

- the scale of the financial and demand pressures facing social work
- the strategies councils are adopting to meet these challenges
- the effectiveness of governance arrangements, including how elected members lead and oversee social work services
- the impact of financial and demand pressures on people who use services and on carers, and how councils involve them in planning how services are provided.

7. Social work comprises a wide range of services, and we have not covered all of them in this report. We also did not examine health and social care integration arrangements, which will be the subject of separate audit work, but we did consider their impact on councils' financial, operational and governance arrangements. Our methodology included:

- fieldwork interviews with elected members, senior managers and social workers in six council areas, Midlothian, East Renfrewshire, Comhairle nan Eilean Siar, Glasgow City, Perth and Kinross and West Lothian
- meetings and focus groups with stakeholders, including:
  - 33 focus groups and 12 interviews with service users and carers (165 participants)
  - four focus groups with service providers (over 40 participants)
  - attending the Coalition of Carers in Scotland Annual General Meeting
- desk research, including analysing both the impact of legislation and policy, and financial and demographic data.

8. Our audit took into account the findings of previous audits including:

- *Commissioning social care* (March 2012)
- *Reshaping care for older people* (February 2014)
- *Self-directed support* (June 2014)
- *Health and social care integration* (December 2015)
- *Changing models of health and social care* (March 2016)

In addition, we are planning further audit work on health and social care integration and following up our report on self-directed support.

9. We have produced four supplements to accompany this report:

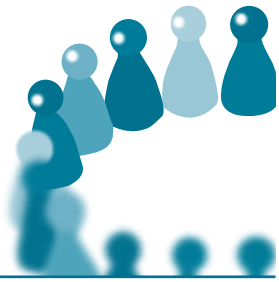
- Supplement 1 presents the findings of our survey of service users and carers.
- Supplement 2 lists advisory group members, who gave advice and feedback at important stages of the audit. It also describes the detailed audit methodology, the roles and responsibilities of the key social work organisations and social work legislation.
- Supplement 3 describes the governance and scrutiny arrangements in each of our fieldwork councils, providing an illustration of the variety and complexity of arrangements across Scotland.
- Supplement 4 is a self-assessment checklist for elected members.

10. This report has three parts:

- Part 1 Challenges facing social work services.
- Part 2 Strategies to address the challenges.
- Part 3 Social work governance and scrutiny arrangements.

Part 1

Challenges facing social work services



Key messages

1 Councils' social work departments provide important services to some of the most vulnerable people across Scotland. But they are facing significant challenges. These include financial pressures caused by a real-terms reduction in overall council spending, demographic changes, and the cost of implementing new legislation and policies. We have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase), if councils and IJBs continue to provide services in the same way. Additional funding provided to IJBs via the NHS may partially relieve the financial pressures.

2 Councils are implementing a wide range of legislation and policy changes aimed at improving services, better supporting carers, improving outcomes for people and increasing the wages paid to adult care workers. This has significant financial implications. Councils are also under pressure due to increasing demand associated with demographic changes, particularly people living longer with health and care needs.

3 Since 2010/11, councils' total revenue funding has reduced by 11 per cent in real terms. Social work spending increased by three per cent in real terms over the same period, and now accounts for a third of overall council spending. Further reductions in councils' budgets are an additional pressure on social work services, particularly as their financial commitments continue to increase.

4 Social care providers have difficulty recruiting and retaining suitably qualified staff, particularly homecare staff and nursing staff. However, the number of social workers has increased over recent years.

councils' social work departments provide important services to some of the most vulnerable people across Scotland

Social work is a complex group of services

11. Social work departments provide and fund a wide range of specialist services for children, adults and families, and other specific groups. These services aim to improve the quality of their lives and help people to live more independently (Exhibit 1, page 12). Each of these client groups will include people requiring care, support or protection. For example, through care at home, child protection or helping people overcome addiction. Social workers deal with people with complex problems and with vulnerable people who need support at different

times or sometimes throughout their lives. They often specialise in particular service areas, for example criminal justice, children and families or mental health.

Social work services are implementing a considerable volume of legislation and policy change

12. Since the Scottish Parliament was established, there has been an increase in the volume of legislation related to social work. Councils are currently implementing several important pieces of legislation (Exhibit 2, page 13). This legislation is designed to improve services and the outcomes for people who use them, for example by bringing about increasingly personalised services to meet individuals' needs. However, implementing legislation can increase financial pressures and staff workload in the medium term.

Exhibit 1

Social work and social care services

Social work provides a variety of services to protect and support people in three client groups.

Children's services	Adult services	Criminal Justice services
Support for families	Residential care	Offender services
Child protection	Care at home	Providing social enquiry reports
Adoption services	Day care	Supervision of community payback and unpaid work
Kinship care	Hospital discharge coordination	Supporting families of prisoners
Fostering	Adult support and protection	Supervision of offenders on licence
Child care agencies	Mental health and addiction services	
Looked-after young people	Dementia and Alzheimer's services	
Day care	Supporting people with disabilities	
Residential care	Services to support carers	
Child and adolescent mental health	Provision of Aids and adaptations	
Supporting child refugees	Re-ablement services	
Supporting trafficked children	Supported living	
Support for young people involved in offending behaviour	Supporting refugee families	
Support for children with disabilities and their families	Supporting victims of people trafficking	
	Intermediate care	

Source: Audit Scotland

Exhibit 2

Social work and social care services

Councils are implementing a great deal of legislation, some with significant cost implications.

Legislation	Key features of legislation	Associated costs (from the financial memorandum to the Bills)
Social Care (Self-Directed Support) (Scotland) Act 2013	The Act aims to ensure that adults and children (including carers and young carers) have more choice and control over how their social care needs are met. It stipulates the forms of self directed support (SDS) that councils must offer to those assessed as requiring community care services.	• All local authorities are at different stages in the self-directed support agenda, meaning costs will vary widely.
The Children and Young People (Scotland) Act 2014	The Act makes provisions over a wide range of children's services policy, including 'Getting it Right for Every Child'. It includes: • local authorities and NHS boards having to develop joint children's services plans in cooperation with a range of other service providers • a 'named person' for every child • extending free early learning and childcare from 475 to 600 hours a year for all three and four-year-olds and two-year-olds who have been 'looked after' or have a kinship care residence order • a statutory definition of 'corporate parenting' • increasing the upper age limit for aftercare support from 21 to 26.	Additional annual costs estimated to be: • £78.8 million in 2014/15 • £121.8 million in 2016/17 • £98.0 million in 2019/20 • Cumulative total from 2014-15 to 2019-20 is £595 million.
The Public Bodies (Joint Working) (Scotland) Act 2014	The aim of the Act is to achieve greater integration between health and social care services to improve outcomes for individuals. It also aims to improve efficiency by 'shifting the balance of care' from the expensive acute sector, such as large hospitals, to less expensive community settings. The Scottish Government estimates partnerships should achieve potential efficiencies of £138-£157 million a year by providing support to keep people out of hospital and enabling them to return home as soon as they are well enough.	Costs to health boards and local authorities: • 2014/15: £5.35 million • 2015/16: £5.6 million • 2016/17: £5.6 million.

Cont.

Legislation	Key features of legislation	Associated costs (from the financial memorandum to the Bills)
The Carers (Scotland) Act 2016	The Act aims to improve support to carers by: • changing the definition of a carer so that it covers more people • placing a duty on local authorities to prepare an adult care and support plan or young carer statement for anyone it identifies as a carer, or for any carer who requests one • introducing a duty for local authorities to provide support to carers who are entitled under local criteria • requiring local authorities and NHS boards to involve carers in carers' services • introducing a duty for local authorities to prepare a carers strategy • requiring local authorities to establish and maintain advice and information services for carers.	Estimated additional costs for local authorities are: • £11.3-£12.5 million in 2017/18, rising to £71.8-£83.5 million by 2021/22. • The total estimated impact on councils between 2017/18 and 2022/23 is £245-£289 million.
The Community Justice (Scotland) Act 2016	The Community Justice (Scotland) Bill seeks to establish new arrangements for providing and overseeing community justice. Currently eight community justice authorities (CJAs) bring together a range of agencies to coordinate local services for offenders and their families. They will be abolished and replaced by a model involving national leadership, oversight and support for community justice services by a new body called Community Justice Scotland, funded by, and responsible to, Scottish ministers.	The provisions will have few if any financial implications for local authorities other than during the transitional period.
The UN Convention on the Rights of Persons with Disabilities (UNCRPD) (Scottish framework and delivery plan)	The delivery plan provides a framework to allow people with disabilities to have the same equality and human rights as non-disabled people. It includes legislation, such as Self-Directed Support and the Children and Young People (Scotland) Act 2014. The draft delivery plan groups the UNCRPD articles into four outcomes covering equal and inclusive communication and access to: • the physical and cultural environment, transport and suitable affordable housing • healthcare and support for independent living, with control over the use of funding • education, paid employment and an appropriate income and support whether in or out of work • the justice system.	It is difficult to predict the overall impact in terms of cost, but it may have a significant impact on the way councils deliver services.

Note: Cost information is taken from the financial memorandum that accompanies each Bill.

Source: Audit Scotland

13. In addition to changes in legislation, there have been a number of significant policy developments, some backed by legislation, that require considerable change to the way that social work services are provided. These include:

- Increased personalisation of services – Personalisation of services, for example through self-directed support (SDS), is a major change to the way councils support people with social care needs. The human rights principles of fairness, respect, equality, dignity and autonomy for all form the basis of SDS. Social work professionals need to see people as equal partners in determining their care needs and controlling how they meet their needs. This means they are not limited to choosing from existing services. Social work services may need to move spending away from existing services towards giving people their own budget to spend. This can lead to a reduction in use of some services. However, it can be difficult for councils to withdraw existing underused services because of public and political pressures.

- An increased focus on prevention – The report from the Commission on the Future Delivery of Public Services (the Christie Commission) highlighted the need to transform the way public services are planned and delivered.[12] The report identified prevention, early intervention and providing better outcomes for people and communities as key to this transformation.

- An increased focus on joint working – A series of initiatives over recent years has aimed to encourage a more joined-up approach to health and social care. These include the creation of Local Health Care Cooperatives (LHCCs) in 1999, and their replacement by Community Health Partnerships (CHPs) in 2004. LHCCs and CHPs lacked the authority to redesign services fundamentally.[13] The Public Bodies (Joint Working) (Scotland) Act 2014 aimed to achieve greater integration between health and social care services to improve outcomes for individuals and improve efficiency by 'shifting the balance of care' from the acute sector to community settings.

14. New legislation often has financial consequences and, to allow MSPs to consider the full impact of legislation, a financial memorandum to each Bill sets out the estimated cost of implementation. These are the best available estimates at the time, but have sometimes proved inaccurate. The Scottish Government may fund or partially fund these costs but councils sometimes dispute these estimates and the level of funding required.

15. New legislation can also affect how councils deliver services by creating entitlements to services based on specific criteria. Councils need to respond to these and manage the expectations of people who use services and carers. These entitlements can be based on needs assessments, or on the expected outcomes, or they can create rights to services for particular groups. Transitions are important as entitlements change depending on age. For example:

- Children have the right to specific support that adults may not have. As a result, councils have to be careful in managing the expectations of parents as children reach adulthood.

- People aged over 65 may be entitled to free personal care, but 64-year-olds with similar needs may have to make a financial contribution to their care.

I receive 37 hours of support and seven sleepovers. I get personal care, support with the running of my flat, to shop and support to be involved in the community. They also enable me to attend university.

Service user, physical disabilities

When [grandchild] turned 16 I was told that this Saturday service was going to stop because he would now be under adult services. I had no forewarning, no-one from adult services contacted me; I contacted them and they couldn't offer any support. It's a funding issue.

Carer

Social work services face significant demographic challenges

16. The impact of demographic change on health and social care spending has already been well reported.[14] Between 2012 and 2037, Scotland's population is projected to increase by nine per cent. All parts of the population are projected to increase, but by different amounts:

- the number of children by five per cent
- the working age population by four per cent
- the number of people of pensionable age by 27 per cent.[15]

17. Overall demand for health and social care will depend significantly on the number of older people and the percentage who require care. Although life expectancy continues to increase, healthy life expectancy (HLE), that is the number of years people can expect to live in good health, has not changed significantly since 2008 (Exhibit 3). This means that a larger number of older people may require support for longer, unless HLE increases. Councils and the Scottish Government have taken steps to try to increase HLE. This includes measures to reduce smoking, alcohol consumption and environmental pollution and providing information to the public about the benefits of a healthy lifestyle.

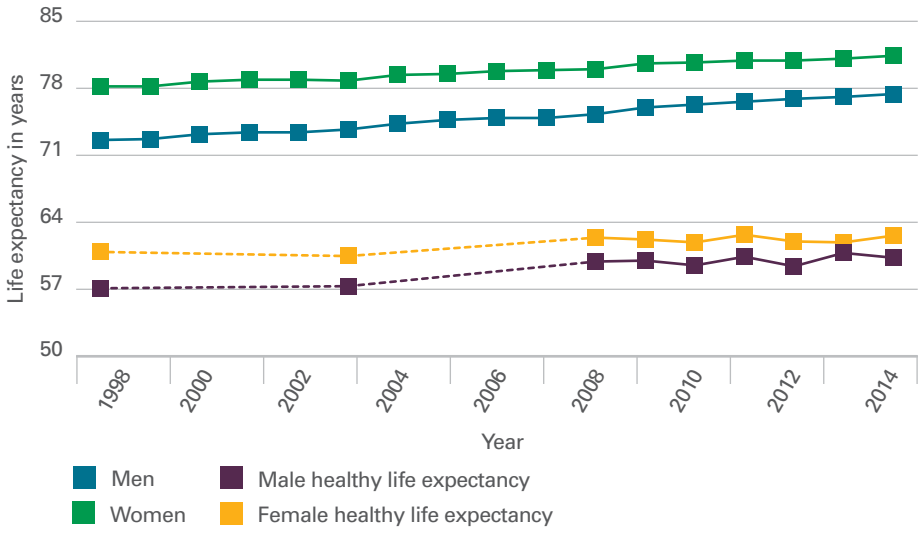
Supporting looked-after children and child protection has increased demand on social work services

18. Looked-after children (LAC) are children in the care of their local authority. They may live in their own home, with foster or kinship carers or in a residential

Exhibit 3

Changes in life expectancy and healthy life expectancy

Life expectancy is increasing faster than healthy life expectancy, potentially increasing service pressures.



Note: Data on healthy life expectancy was not collected annually until 2008.

Source: Scottish Health Survey, Scottish Household Survey, National Records of Scotland births, deaths and populations data

home. Most become looked after for care and protection reasons. The term also includes unaccompanied children seeking asylum and young people who have been illegally trafficked. As at July 2015, 17,357 children in Scotland, around 1.8 per cent of the total, were looked after or on the child protection register.[16,17] Of these 15,404 were looked after, 2,751 were on the child protection register and 798 were both looked after and on the register. While there has been a recent reduction, possibly due to improvements in prevention, the number of LAC has increased by 36 per cent since 2000, although the numbers and trends vary among councils. The number of children on the child protection register increased by 34 per cent between 2000 and 2015, with three in every 1,000 children under 16 now on the register. In smaller councils, the number of children on the register (and resultant workload) can fluctuate significantly, particularly when sibling groups in large families are registered.

19. The reasons for these increases are likely to be complex. Many of the councils we visited think that increases in drug and alcohol use by parents are important factors. Others have seen an increase in reporting of domestic abuse and alcohol-related incidents in more affluent areas that might have gone unreported in the past. In addition, early intervention policies are likely to have led to an increase in the number of looked after children, but a decrease in the time that councils look after them. Early intervention means identifying people at risk and intervening to prevent the risk. Between 2007 and 2014, the number of children removed from the register who had been on it for less than a year increased from 2,421 (79 per cent of the total) to 3,930 (87 per cent). Over the same period, the number of children who had been on the register for more than a year fell from 663 to 569.

Councils and service providers face difficulties in recruiting staff

20. Just over 200,000 people work in social work and social care services, representing around one in 13 people in employment in Scotland.[18] Almost half work part time and 85 per cent are women. The private sector is the biggest employer (42 per cent of staff), followed by the public sector (31 per cent) and the third sector (28 per cent). This distribution varies considerably among councils, and the public sector is the biggest provider in the three island authorities.

21. Many third and private sector providers raised staff recruitment as a significant issue for them. Councils have fewer recruitment problems, the exception being in remote rural areas, where it can be difficult to recruit specialised staff. Third and private sector providers reported that the apparent causes for these difficulties included:

- Low pay – providers in both the private and third sectors felt that the rates councils pay under their contracts only allowed them to pay staff at, or near, the minimum wage. In addition, travel time between clients is sometimes unpaid.
- Antisocial hours – providing homecare often requires carers to assist people to get out of bed in the morning and into bed at night. This can mean weekend working, split shifts and antisocial hours, with no additional pay. The increased personalisation of care has contributed to this as carers increasingly provide care to suit individuals, rather than fitting individuals into the care system.

> **Driving down costs to the extent that staff are recognised as being in a 'low wage sector' increases the problem of recruitment.**
>
> Service provider

- **Difficult working conditions** – staff have to take care of people with a variety of care needs that some find difficult, for example, assisting people with bathing and personal hygiene, or who have dementia or incontinence.

22. The cycle of continually recruiting and training staff is costly and could potentially have an impact on the quality of services provided. Service provider focus groups highlighted a need to provide staff with a sustainable career path to improve recruitment and retention. Overall, the public sector has the most stable workforce and the private sector the least, although this does not appear to be the case for all categories of staff (Exhibit 4).[19]

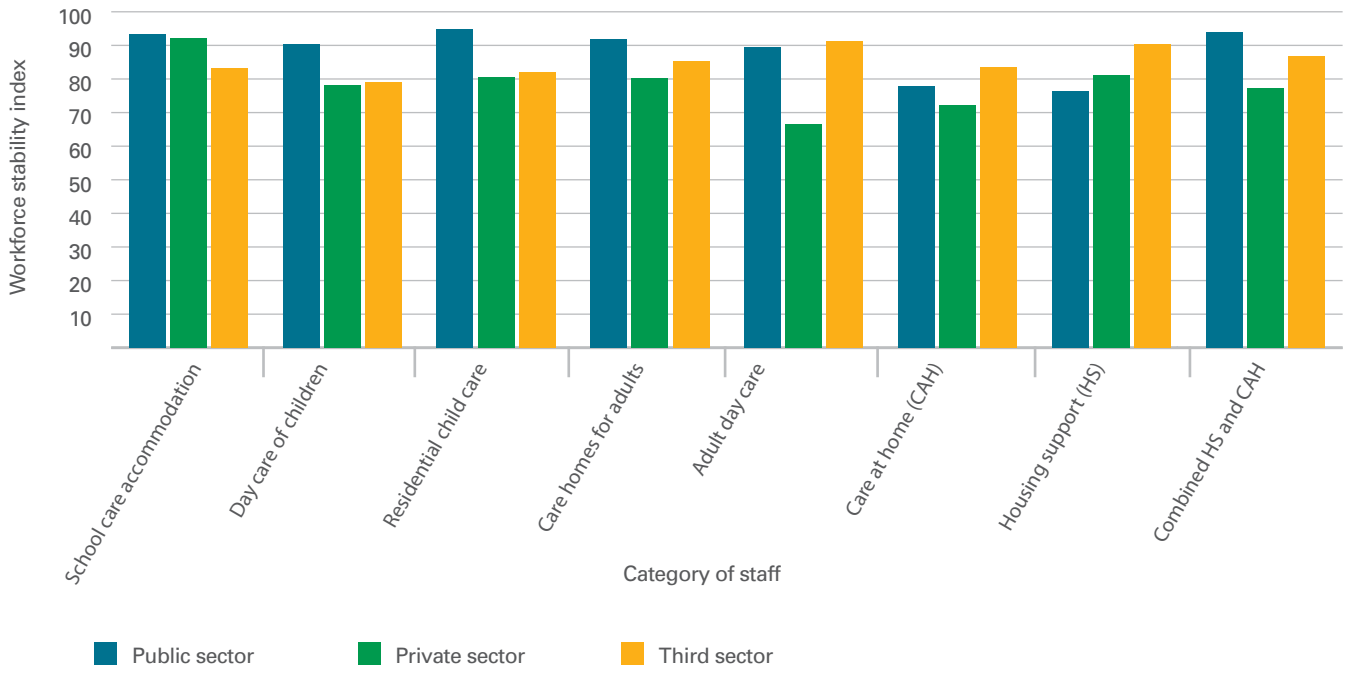
23. Some care providers expressed concerns that leaving the EU and the potential introduction of a points-based immigration system could create problems for staff recruitment. A 2008 workforce survey indicated that 6.1 per cent of the social care workforce in Scottish care homes for older people were EU – non-UK workers, and a further 7.3 per cent were employed under work permits. Most of those employed from within the EU came from Poland and the Czech Republic and those from outside the EU were from the Philippines, India and China.[20]

24. Four per cent of the workforce have a no guaranteed hours (NGH) contract.[21] When combined with the other contract types that may be considered a zero hours contract (bank and casual or relief), they comprise roughly ten per cent of the contracts in the workforce. Providers believe zero hours contracts are

Exhibit 4

Social work workforce stability 2013/14

The public sector workforce is generally the most stable.



Note: Because of data limitations, the SSSC cannot provide an accurate estimate for turnover. However, they are able to calculate a 'stability index' of staff who are still in post after a year. If the index is 90 per cent it means that 10 per cent of staff present at the start of the period are no longer present. It is important to note that this does not mean that turnover is 10 per cent as the measure excludes staff who joined and left within the period under consideration.

Source: Scottish Social Services Council (SSSC)

essential to provide a flexible and personalised service to people, while also providing flexibility for staff. These contracts are suitable as long as they are not exclusive and staff are free to accept or turn down work without being penalised. As part of good contract management, councils should ensure that providers use zero hours contracts properly.

25. There are skills and staffing shortages in several areas of social work and social care, including:

- Homecare staff – 69,690 people work in housing support or care at home.[22] Both third sector and private sector providers find it difficult to recruit staff. Rapid staff turnover is a significant threat to maintaining service standards, particularly in adult day care.

- Nursing staff – 6,620 registered nurses work in the care sector, 4,930 of them in adult care homes. Ninety-one per cent of registered nurses are in the private sector. Care providers in both the private and third sectors are having trouble recruiting qualified nursing staff for care homes. As a result, providers were trying to recruit staff from outside the UK. Although data is not collected on vacancy rates for nursing staff in the care sector, there were 2,207 whole-time equivalent (WTE) vacant nursing and midwifery posts in the NHS in Scotland at 31 March 2016.[23]

- Mental health officers (MHOs) – are specialist social workers with a statutory role in the detention and treatment of people with mental illness. They look into the circumstances of individuals where people have concerns about their mental health. They can apply for a court order that would allow an individual to be taken to a 'place of safety' for up to seven days.[24] In December 2014, the number of registered MHOs was at its lowest level since 2005. However, in 2015 there was a small increase (two per cent) to create a total of 670 practising MHOs. In 2015 there were 15 unfilled posts for MHOs in Scotland and 17 further post holders who were unavailable, for example through career breaks or secondments, about five per cent of the total.[25]

The professional social work role is changing

26. The workforce includes 11,127 professional social workers registered in Scotland. Almost three-quarters, 8,242, work in councils and 2,040 (18 per cent) are employed by other providers. Most of the rest are self-employed, unemployed or recently retired. Not all qualified social workers work in roles where they are required by law to hold a social work qualification (statutory roles), for example they may work in management roles. The number of WTE social workers employed by councils in statutory roles increased significantly between 2001 and 2015, from 3,873 to an estimated 5,630. Of these, 31 per cent work with adults, 49 per cent with children, 15 per cent in criminal justice; five per cent work generically.[26]

27. The majority of social workers in our focus groups were optimistic about their role and their ability to make a positive difference to people's lives. Changes in structural and partnership arrangements in health and social care have introduced more working in multidisciplinary teams, for example with health visitors or occupational therapists. Social workers sharing offices with other disciplines can be both rewarding and effective. We found that social workers who had worked in multidisciplinary teams for some time were convinced that improved

communication with community NHS staff had improved services. However, some were concerned about erosion of their professional identity. Moreover, adapting to working with colleagues from a different culture, for example in approaches to risk, could be challenging.

Unpaid carers provide the majority of social care in Scotland

28. The Scottish Government estimates that there are 759,000 unpaid carers aged 16 and over in Scotland, around 17 per cent of the adult population. Of these, 171,000 (23 per cent) provide care for 35 hours or more a week. In addition, there are an estimated 29,000 young carers under 16, around four per cent of the under 16 population.[27] There are many more unpaid carers providing support to people than those in the paid social services workforce.

29. In 2010, the Scottish Government reported that unpaid carers saved health and social services an estimated £7.68 billion a year.[28] More recently, Carers UK estimated the value of unpaid care in Scotland to be £10.8 billion, more than three times current social work net spending.[29]

30. The Carers (Scotland) Act 2016 became law in March 2016. It provides for the planning and provision of support, information and advice for unpaid carers and encourages councils to become involved in carers' services. It also means councils are required to prepare a carer support plan for carers, including young carers, who want one. A carer support plan sets out information about the carer's circumstances, the amount of care they are able and willing to provide, the carer's needs for support and the support available. The Act also requires each council to establish and maintain an information and advice service for carers who live or care for people in its area.

> **(Unpaid) Carers do everything! Link everything! Anchor everything!**
>
> Carer

> **24/7 carers are there, understanding the person's needs.**
>
> Carer

Social work services are facing considerable financial pressures

31. In 2014/15, councils' net spending on social work services was £3.1 billion (Exhibit 5, page 21). Services for older people made up around 44 per cent of this spending, and services for children and families around 28 per cent. A range of other services make up the remainder.

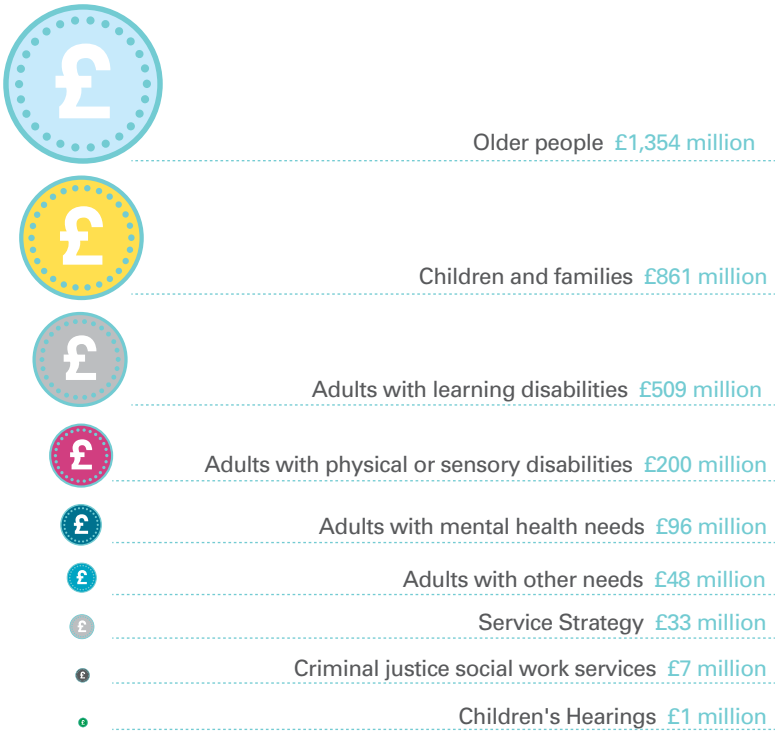
32. In 2016/17, councils' total revenue funding, that is the funding used for day-to-day spending, will be five per cent lower than in 2015/16. This is a reduction of 11 per cent in real terms since 2010/11.[30] This is a significant pressure on all council services, including social work. The 2016/17 figure does not include £250 million that the Scottish Government allocated to health and social care integration authorities to support social care, because the Scottish Government routed it through the NHS boards' budgets rather than council budgets.

33. Against the trend of falling council spending, councils' total social work net spending increased in real terms from £3.2 billion to £3.3 billion between 2010/11 and 2014/15, an average increase of 0.8 per cent a year.[31] As a result, spending on social work increased from 28.9 per cent to 32 per cent of council spending.[32] An analysis of council accounts found that two-thirds of councils reported social work budget overspends totalling £40 million in 2014/15. Most councils identified homecare services for adults and older people as the service under most pressure.

Exhibit 5

Social work spending, 2014/15

Around 44 per cent of the £3.1 billion net social work spending is on services for older people and this percentage is likely to increase with demographic change.



Source: Local Government Financial Statistics 2014-15 (Annex A), February 2016

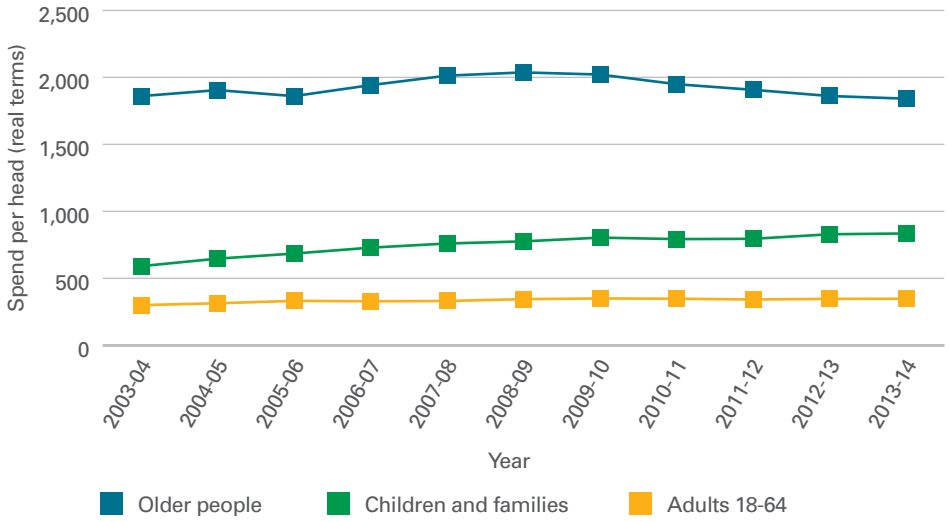
34. There have been significant long-term changes in spending per head among different age groups (Exhibit 6, page 22). The reduction in spending on older people is a combination of a lower percentage of older people receiving services (paragraph 46) and a reduction in the real-terms cost of care homes (paragraph 62) and homecare (paragraph 59). The increase in spending on children and families may be related to an increase in the number of looked after children, an increase in the complexity of children and families' cases and an increased focus on early intervention.

Few councils and IJBs have long-term spending plans for social work

35. We examined council budgets and spending plans for 2015/16, 2016/17 and beyond to assess whether the trends identified above are likely to continue in the medium term. Budget information is more difficult to collect and interpret than historic expenditure information because councils do not present this information consistently. In addition, most IJBs had not finalised their budgets at the time we were conducting our analyses. Budgets for 2016/17 were very similar to 2015/16 in cash terms. We also analysed councils' savings plans. Councils plan to save £54 million from social work budgets in 2016/17, mainly through changing how they provide services, reducing services and making efficiency savings.

Exhibit 6

Real-terms spending on social work services per head, 2003/4 to 2013/14



Source: Expenditure on Adult Social Care Services, Scotland, 2003/4 to 2013/14, Scottish Government

36. Councils and NHS boards work on different financial planning cycles and agree budgets at different times of the year. A survey of IJBs by the Scottish Parliament's Health and Sport Committee found that over half of IJBs were unable to set a budget for 2016/17 before June 2016, and over a quarter before August 2016.[33] A number of responses mentioned delays in receiving the health allocation for the partnership as a cause of difficulty in setting budgets. If councils and NHS boards continue with different budget cycles, it will make it more difficult for IJBs to agree budgets for services in a timely way.

37. In February 2016, as part of the local government settlement, the Scottish Government announced funding of £250 million to support social care for the three years to 2018/19. Some of this funding was to help pay the Living Wage (£8.25 an hour) to all care workers in adult social care, regardless of age from 1 October 2016.

38. The Living Wage Foundation sets the Living Wage. It is up-rated annually and they will announce a new rate in November. The local government settlement does not require councils to increase wages to the new Living Wage rate when the Living Wage Foundation announces it in November.

39. The Scottish Government has estimated that over the period 2012-32, spending on social care for older people will need to increase by between 1.5 per cent and 3.3 per cent a year, depending on changes to healthy life expectancy (HLE).[34] We have calculated lower and upper limits of the cost of demographic change based on Scottish Government projections. Added to this are cost pressures arising from legislation, based on their financial memorandums, and the cost implications of the commitment to the Living Wage for care workers (Exhibit 7).[35]

Exhibit 7

Potential financial pressures facing Scottish councils by 2019/20

Councils face significant cost pressures.

Reason for cost increase	Lower limit (£ million)	Upper limit (£ million)
Demographic change (older people only)	£141	£287
The Children and Young People (Scotland) Act 2014	£98	£98
The Carers (Scotland) Act 2016	£72	£83
The Living Wage	£199	£199
Potential cost increase by 2019/20	**£510**	**£667**

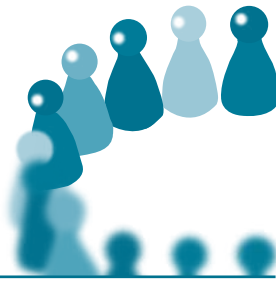
Source: Audit Scotland analysis of financial memorandums and information provided by the Scottish Government

40. Together they imply increases in social work spending of between £510 and £667 million (a 16–21 per cent increase) by 2019/20. Additional Scottish Government funding to implement legislation and to IJBs (via the NHS) may partially relieve some of these pressures, as could potential savings from health and social care integration and by providing services differently.

41. Councils and IJBs need to develop longer-term financial strategies and plans for social work services, taking into consideration the above financial pressures. For example, they need to assess the affordability of options for changing the way they deliver services, so that elected members can consult the public and make informed decisions. Some of the councils we visited had already done this. For example, West Lothian Council had detailed projections of cost pressures for the client groups in social work and had considered the options available to meet those pressures depending on the level of funding available.

Part 2

How councils are addressing the challenges



Key messages

1 Councils have adopted a number of strategies to achieve savings. They have tightened eligibility criteria so that fewer people receive services and targeted funding to people in greatest need. They have also achieved significant savings in the cost of homecare and care homes through competitive tendering and the national care home contract.

2 Current approaches will not be sustainable given the scale of the challenge, and there are risks that reducing costs further could affect the quality of services. Fundamental decisions are required on long-term funding and social work service models for the future.

3 There has been a limited shift to more prevention and different models of care. Many councils have taken an opportunistic or piecemeal approach to changing how they deliver services, often to meet financial challenges or as the result of initiative funding by the Scottish Government.

4 Opportunities for people who use social work services and carers to be involved in planning services are limited. There is scope for councils and IJBs to do more to work with them to design, commission, deliver and evaluate services to achieve better outcomes. Service providers also have an important role to play in commissioning services, and councils are not doing enough to work with them to design services based around user needs.

5 People who use services and their carers value the support they get from social work and social care services. Our focus groups had a number of concerns about homecare, such as shorter visits and people using services seeing a number of different carers.

6 The Scottish Government's Living Wage commitment provides an opportunity to improve recruitment and retention of social care staff, and to create a more stable skilled workforce. But it adds to the financial pressures on councils and providers.

fundamental decisions are required on long-term funding and social work service models for the future

Councils, COSLA and the Scottish Government have agreed approaches intended to address major long-term pressures

42. Social work services operate within a number of national strategies, developed by the Scottish Government and councils that are intended to

respond to the major challenges set out in Part 1, such as demographic change, personalisation and prevention. These include:

- **Social Services in Scotland: a shared vision and strategy for 2015-2020** – this builds on the *21st Century Social Work Review* published in 2005. It covers the whole of social work and its aims include:
  - encouraging a skilled and valued workforce
  - working with providers, people who use services and carers to empower, support and protect people
  - a focus on prevention, early intervention and enablement.[36]
- **The 2020 Vision for Health and Social Care in Scotland** envisages that by 2020 people will live longer healthier lives at home, or in a homely setting and that Scotland will have an integrated health and social care system with a focus on prevention and supported self-management.[37]
- **Reshaping Care for Older People** (RCOP) – a ten-year change programme focused on giving people support to live independently in their own homes and in good health for as long as possible. In 2011/12, the Scottish Government introduced the Change Fund, totalling £300 million to 2014/15, specifically to develop this area of policy.[38]

43. Our report, *Reshaping care for older people* commented on slow progress of RCOP and the need to monitor its impact. It also reported that initiatives are not always evidence-based or monitored and that it was not clear how councils would sustain and expand successful projects.[39] Our report *Changing models of health and social care* concluded that the shift to new models of care is not happening fast enough to meet the growing need, and the new models of care that are in place are generally small-scale and not widespread.[40]

Councils have changed eligibility criteria to reduce the number of people who qualify to receive services to balance their budgets

44. Councils have a statutory duty to assess people's social care needs. If they assess a person as needing support and eligible to receive services, they must provide or pay for services to meet these needs.[41] If people are eligible for support, the Social Care (Self-Directed Support) (Scotland) Act 2013 also requires councils to offer people a choice of four options in how their social care is provided:

- a direct payment – this allows people to choose how their support is provided, and gives them as much control as they want over their individual budget
- direct the available support – the person asks others to arrange support and manage the budget
- the council arranges support – the councils choose, arrange and budget for services
- a mix of all the above options.

45. To balance their budgets, councils prioritise funding and staff to those people most in need by setting eligibility criteria and assessing each person's needs against these criteria. Councils have discretion on the thresholds for care they use locally. The level set in each council will depend on the resources available and

> **I have a say about who is on my team. I got to meet them and do interviews. I did the questions in advance.**
>
> Service user, young person with physical disabilities

on the council's policies and priorities. Councils assess people's needs using a common framework of four eligibility levels:

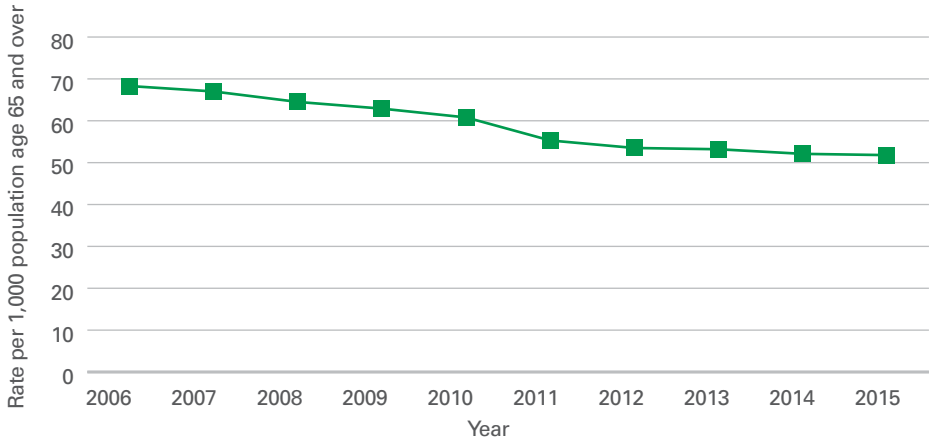
- **Critical Risk (high priority)** – Indicates major risks to an individual's independent living or health and wellbeing likely to require social care services 'immediately' or 'imminently'.
- **Substantial Risk (high priority)** – Indicates significant risks to an individual's independence or health and wellbeing likely to require immediate or imminent social care services.
- **Moderate Risk** – Indicates some risks to an individual's independence or health and wellbeing. These may require some social care services that care providers manage and prioritise on an ongoing basis, or they may simply be manageable over the foreseeable future with ongoing review but without providing services.
- **Low Risk** – Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.[42]

46. Because of funding pressures, most councils now only provide services to people assessed as being at critical and substantial risk. Focusing services on people with higher levels of need resulted in a reduction in the percentage of older people receiving homecare between 2006 and 2015, from just under 70 per 1,000 population to 50 per 1,000 (Exhibit 8). Of the councils we visited, only West Lothian still provides services to people assessed as at moderate risk.

Exhibit 8

Proportion of people aged 65+ receiving homecare, 2006 to 2015

The proportion of people aged 65 and over receiving homecare has fallen from just under 70 per 1,000 to just over 50 per 1,000.



Source: Expenditure on Adult Social Care Services, Scotland, 2003-04 to 2013-14, Scottish Government

47. Because most councils no longer provide services to people in the two lower risk eligibility criteria, and because of the considerable financial and legislative changes in social work since the current framework was developed, it may be an opportune time for COSLA and councils to review the framework to ensure that it is still fit for purpose.

48. Some councils have also limited the level of service they provide in some areas. Examples from our fieldwork include reducing the length of carer worker visits, providing ready meals and frozen meals, with one hot meal per day (leaving snacks for other meals) and restricting showers to once or twice a week for some people.

Councils are finding it hard to fund a strategic approach to prevention

49. Developing a strategic approach to prevention is essential for councils to sustain provision of social services. In 2011, the Christie Commission concluded that Scotland needed to 'devise a model of public services that is both financially sustainable and is capable of meeting the significant longer-term challenges'. It also proposed that a radical shift towards preventative public spending was essential. In September 2011, the Scottish Government set out an ambitious vision to enable everyone to live longer, healthier lives at home or in a homely setting by 2020.[43] Central to the vision is a focus on prevention, anticipation and supported self-management. The Scottish Government also set up change funds to stimulate prevention work, specifically in the areas of early years, re-offending and re-shaping care for older people.

50. Councils, IJBs and other stakeholders all believe that prevention is the key to meeting the growing demands for social work services within finite resources. However, the councils we visited varied in how well they are developing and implementing preventative strategies. Some, including West Lothian and East Renfrewshire, have a strong focus on prevention, for example they maintain prevention budgets and build prevention into how they plan and provide services. Councils cited various challenges to shifting service models towards prevention:

- a lack of funding because resources are locked into current service models to meet existing demands and savings may not materialise for several years after implementation
- a lack of social worker time – a concern that social work has become crisis based
- managing relatives' expectations – for example, some relatives prefer the council to provide a full care package of residential care rather than have their relation go through a re-ablement programme to allow them to live more independently at home
- community resistance – for example, opposition to closing a local hospital or care facility to free up funding for more accessible community-based care
- cultural differences between councils and the NHS – a common perception among a number of social workers in our focus groups is that the NHS is more risk averse and less used to giving staff responsibility to take the initiative on the care of individuals.

I had an OT (occupational therapy) assessment, and social work and they gave me 15 minutes of care. It's really not enough time. It's the choice between getting washed or getting dressed

Service user, physical disabilities

51. Councils have commonly adopted some prevention initiatives, most of which are effective in the short term, but examples of long-term initiatives are more limited. Common prevention activities included:

- Re-ablement – involves encouraging people using services (often people leaving hospital) to develop the confidence and ability to live more independently and be less reliant on social care. This is usually a six-week programme of intensive help; it commonly results in people requiring less or even no ongoing support. Glasgow City Council found that 30 per cent of clients had no further need of a service following a period of re-ablement. The change fund initially funded this project but the council now funds it as the savings justify the investment.

- Using technology to enable people to continue living in their own homes for longer and to give reassurance to their carers and families. All councils provide a community alarm service. More advanced telecare systems use movement sensors and smoke detectors to alert the service to potential problems or prompt people to take medication. For example, West Lothian Council uses technology to help people with dementia, their families and carers manage issues that may arise in and around the home. Examples include:
  - a GPS device to help relatives or carers to find a vulnerable person if they get lost
  - extreme temperature and flood sensors fitted in kitchens
  - sensors to alert a carer when the person gets out of bed
  - removable sensors, called 'just checking', placed at doorways to monitor movement and assess lifestyle patterns.

- Early intervention for children and families is another widely implemented approach. Social work services work with relevant partners to support children and families at risk of needing support that is more intensive in future, or with older children at risk of becoming an offender. Midlothian Council attributed a significant drop in the number of their children on the child protection register from 158 in 2011 to 29 in 2015, at least partially, to early intervention and prevention work.[44]

- Restricting out of area service for looked-after children – out of area placements tend to involve young people with troubled histories and challenging behaviour and children with significant learning disabilities. Some out of area placements will be the most suitable for a child, such as where the child has complex treatment needs that the council cannot meet or to ensure they can be effectively safeguarded. However, such placements are very expensive (weekly fees to independent providers range from £800 to £5,500) and can have negative consequences. For example, children may try to run away, putting themselves at risk, and children away for long periods will lose contact with their peers and find it difficult to re-integrate into the local community when they leave care.[45] Our fieldwork councils reported that keeping children local to their communities, for example in supported foster placements, could achieve better outcomes for children and achieve considerable financial savings for the council.

I have a feature that picks up if I get out of bed for too long, in case I've fallen in the night. I like to get up and wander about if I can't sleep, and then there is this booming voice asking if I am OK! It's a first class service.

Service user, older person

Councils need to measure the impact of prevention initiatives more systematically

52. Measuring and evaluating the success of prevention work is difficult. By its very nature, it is not easy to quantify what has not happened because of

prevention. It is also hard to attribute outcomes to specific courses of action in an environment where many factors are involved. Even so, councils do not always systematically evaluate initiatives, and there is a risk that opportunities for improvement, making savings or stopping ineffective activity are lost. Councils and IJBs should bring together information on the evaluation of successful prevention initiatives. They can use this to make long-term strategic investment decisions towards prevention as a key part of their long-term budget planning, rather than relying on short-term initiative funding as at present. Prevention needs to be seen as an integral part of councils' and IJBs' overall long-term strategies for services they can continue providing over the long term, rather than an add-on financed by short-term funding.

53. In our fieldwork, we found examples of successful evaluation. An evaluation of Glasgow's Recreate service to support ex-offenders found that in 2014/15 it generated a Social Return on Investment of between £6.14 and £9.54 per £1 invested (Case study 1).[46]

Case study 1

Glasgow Recreate

This service gives ex-offenders the chance to volunteer for up to six months in meaningful roles where they gain new skills and experiences to help them to move forward in their life. Volunteers can access various opportunities, including landscaping and gardening, painting and decorating, retail and warehousing, and woodwork.

With the support of skilled tradespeople, they work on projects for organisations such as community groups, charities, housing associations, and Glasgow Land and Environmental Services. Each volunteer has a dedicated mentor who helps them to access additional volunteering opportunities, housing support, employability services, and money advice and make positive changes in their personal life. They also help volunteers to complete CVs, identify training and development needs, and set goals to help them become more work-ready to help them break the cycle of re-offending.

Volunteers benefit from rail, bus and subway travel, lunch, gym membership, training and development, information about other organisations, and employment support. During 2015/16, there were 58 volunteers in the scheme (up from 34 in 2013/2014), 57 per cent of whom moved into employment. Ninety-six per cent of participants did not re-offend and of those who did, the frequency and severity of the offending was reduced.

Source: Glasgow City Council

Recreate is a good mix of volunteering, learning and mentoring. I worked hard and it paid off.

Recreate volunteer

54. Some councils are learning from experience elsewhere to tackle particular issues. For example, East Renfrewshire Council visited Shropshire County Council to explore how it developed a community-led social work service. It has agreed to be one of three organisations that will pilot the programme in Scotland. There is scope for councils to do more to look at what others are doing, nationally and internationally, and share experience and learning.

Councils have achieved savings through competitive tendering

Councils purchased around £1.6 billion of services in 2014/15

55. Currently, councils spend around £1.6 billion a year on outsourced social care services, roughly two-thirds to the private sector and a third to the third sector (Exhibit 9). Spending on private sector services is mainly to provide homecare, residential care and nursing homecare for older people (£800 million). Most third sector spending is to provide services for children with disabilities (£244 million). Larger providers provide services across a large number of councils and are in a good position to identify good practice.

56. In procuring services, councils need to take into account the long-term financial viability of care providers. Providers could be put at risk by a combination of several factors, including:

- a fall in the number of care home residents
- increased paybill costs because of knock-on impacts of Living Wage
- increased uncertainty following Brexit may make it difficult for private sector providers to finance capital investment, such as building or refurbishing care homes.

Exhibit 9

Breakdown of contracted out social care spending by sector, 2014/15

Most private sector services are for adults while the third mostly sector provides services for children.

		Third sector £'000	Private sector £'000	Total £'000
Social care adult	Day care	43	1,113	1,156
	Homecare	18,290	261,403	279,693
	Mental health services	14,297	12,974	27,272
	Nursing homes	19,273	318,376	337,649
	Residential care	1,883	219,962	221,845
Social care children	Adoption	23,208	35,871	59,079
	Childcare services	49,481	30,217	79,698
	Domestic violence	3,229	41,511	44,740
	Children with disabilities	243,878	17,831	261,708
Social care other		195,945	112,363	308,308
Total		**569,527**	**1,051,621**	**1,621,148**

Note: 'Other' includes advice and counselling services, advocacy service providers, alcohol and drug rehabilitation, community centres, community projects, disability and special needs service providers.

Source: Spikes Cavell database

57. Councils and Scotland Excel need to monitor the financial health of providers as part of their contract monitoring activity. The failure of a provider could have significant consequences for care services as well as people who use care services because Section 12 of the Social Work (Scotland) Act 1968 places a duty on Scottish local authorities to provide or arrange care for any individual in their area who requires assistance in an emergency.

Competitive tendering has reduced the cost of homecare

58. Councils have achieved significant financial savings through outsourcing services such as homecare to the private and third sectors through competitive tendering and re-tendering contracts. The percentage of homecare provided directly by council staff has fallen steadily, both in terms of the number of clients served and the number of hours provided (Exhibit 10, page 32).

59. Between 2010/11 and 2014/15, the average cost of providing homecare to people aged over 65 fell by 7.2 per cent in real terms, to £20.01 per hour.[47] An unintended consequence of driving down spending is increased staff turnover, as private and third sector providers employ staff on poorer terms and conditions than some other large employers or councils.

Too many (paid) carers – regular new carers needing shown ropes again! Gah!!

Unpaid carer

60. Third sector and private sector providers in our focus groups described some councils' procurement processes as inefficient and wasteful. They highlighted inconsistencies in how councils used framework agreements. These are agreements with suppliers to establish the terms that will govern contracts that councils may award during the life of the agreement.[48] Some private sector providers were concerned that they had invested time and money in signing up to frameworks, only to find that councils did not use their services.

Councils have made savings in the cost of care home services

61. The National Care Home Contract sets out the cost to councils of care home placements into private or third sector care homes. COSLA negotiates the fee structure annually with the representative bodies for private and third-sector providers in Scotland.[49] These bodies are Scottish Care and the Coalition of Care and Support Providers in Scotland. The contract includes an additional payment for care homes doing well in Care Inspectorate assessments, with penalties for poorly performing homes.

62. Between 2006 and 2015, the number of residents in older people's care homes decreased by two per cent (from 33,313 to 32,771).[50] The net cost of residential care (gross expenditure on care homes minus income) to councils has been falling. Between 2010/11 and 2014/15, the weekly residential costs to councils for each resident aged 65 or over fell by ten per cent in real terms to £372.[51]

63. The pattern of service provision has changed, with an increase in private sector provision and a fall in other sectors. Between 2006 and 2015, the change in the number of older people in residential care in each sector was:

- private sector – increased by five per cent (24,568 to 25,700)
- local authority/NHS – decreased by 23 per cent (4,876 to 3,747)
- third sector – decreased by 14 per cent (3,869 to 3,324).[52]

64. The percentage of adults in care homes who mainly pay for their own care is increasing; the percentage increased from 22 per cent of residents in 2006 to 27 per cent in 2015.[53] In 2015, the average gross weekly charge for people who paid for their own care was £708, compared with the average weekly fee for publicly funded residents of £508.[54]

Service providers want to be more involved in commissioning services

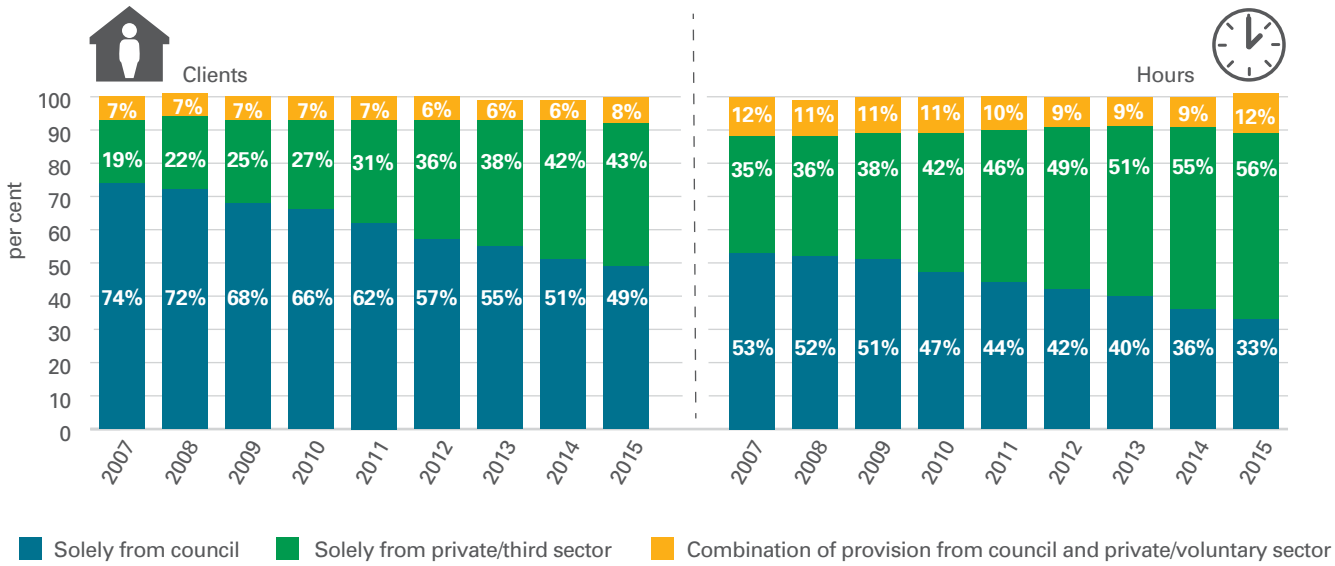
65. Commissioning social care is about how councils, NHS boards and others work together to plan and deliver services that will meet future demands and use resources, such as money, skills and equipment effectively. Jointly planned investment in home or community-based social care can save spending on unnecessary, and relatively expensive, hospital or residential care, and encourage innovation. The Christie Commission concluded that it is particularly important to:

- work closely with individuals and communities to understand their needs, maximise talents, resources, and support self-reliance, and build resilience
- recognise that effective services must be designed with and for people and communities – not delivered 'top-down' for administrative convenience
- maximise scarce resources by using all available resources from the public, private and third sectors, individuals, groups and communities.

Exhibit 10

The share of homecare provided by councils and the private/third sector, 2007 to 2015 (all ages)

Homecare provided directly by councils has fallen steadily over the past ten years.



Note: Of data limitations, the SSSC cannot provide an accurate estimate for turnover. However, they are able to calculate a 'stability index' of staff who are still in post after a year. If the index is 90 per cent it means that 10 per cent of staff present at the start of the period are no longer present. It is important to note that this does not mean that turnover is 10 per cent as the measure excludes staff who joined and left within the period under consideration.

Source: Social care services, Scotland, 2015, Scottish Government, December 2015

66. Councils have a challenging task to manage the market for providing services in their local area. There are potential tensions around making savings while ensuring high-quality services at a fair cost in an environment of increasing demand and financial pressures. There are risks to the quality of services if councils continue to drive down costs at the rate they have in the past without changing how they provide services.

67. Service providers from our focus groups who work across more than one council area found that different councils have different processes, procedures and attitudes to partnership working. They identified commissioning and procurement as common areas for improvement. In particular they felt that councils should:

- ensure they have staff with the appropriate skills for commissioning, such as financial planning and managing contracts, and be open in commissioning and contract decision-making processes. Some participants complained about unnecessary bureaucracy, noting gaps in expertise and risk appraisal and a lack of awareness of the challenges facing providers, for example the cost of employing qualified and experienced staff

- collect evidence about the effectiveness of all services (both in-house and external) and use this evidence in planning and decision-making. Councils face difficult choices, but providers felt councils sometimes protected their in-house services and workforce while cutting externally provided services, without comparing cost-effectiveness

- improve partnership working and relationships with providers. Although there were pockets of good practice, providers suggested that councils needed to work more collaboratively to provide stability to both those who provide and those who use services

- involve providers more in assessing and designing services, taking advantage of the experience and knowledge of good practice that larger providers have gained from working with councils across the UK.

68. One innovative example we identified was the Public Social Partnerships (PSP) approach used at East Renfrewshire Council (Case study 2, page 34). PSPs are strategic partnering arrangements, based on a co-planning approach. In this instance, the council worked with third-sector organisations and people who use services to share responsibility for designing services based around the needs of those who use them. Once designed, the council can then commission the service for the longer term. Several service providers in our focus groups mentioned the inclusive approach taken by East Renfrewshire Council as an example of good practice in commissioning services. It is important that councils have effective means of sharing good commissioning practice and working with practitioner groups within national organisations, such as COSLA and Social Work Scotland.

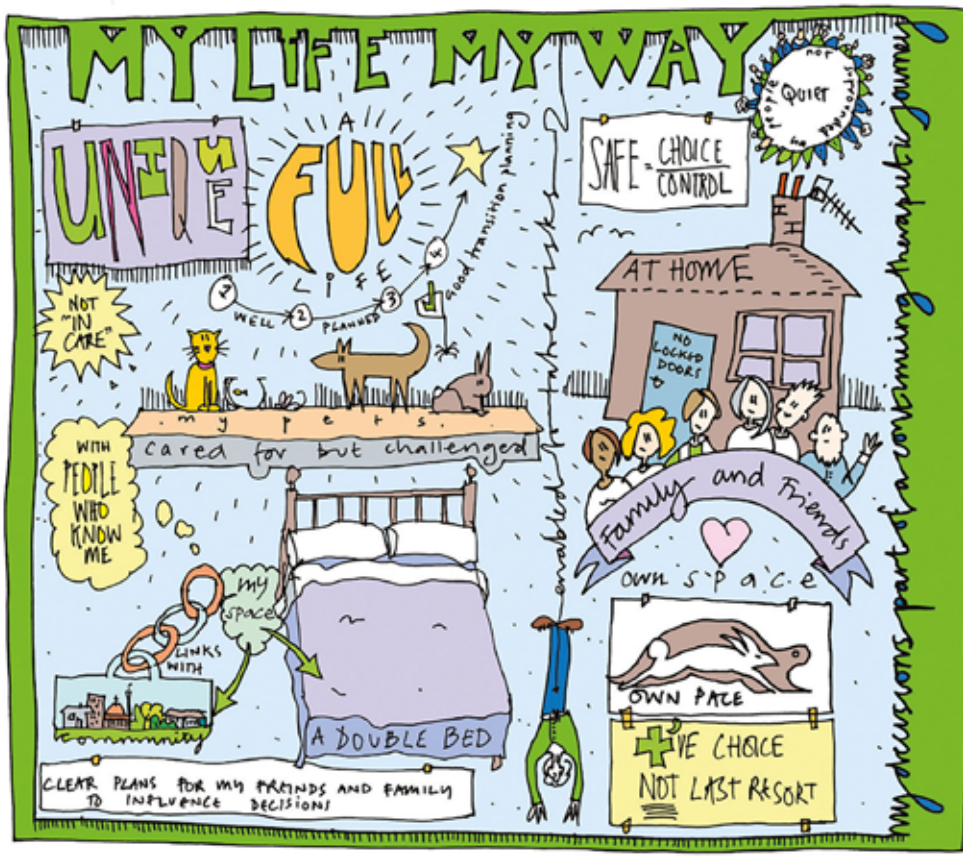
> **Some councils think 'out of the box', others are in a box with a very large padlock!**
>
> Service provider

> **We are left out of planning discussions while having to deal with the consequences of decisions made by councils.**
>
> Provider focus group

Case study 2

East Renfrewshire Council: innovation in commissioning services

The Public Social Partnerships approach is a two-year funded programme, supported by the Scottish Government and designed to develop creative ideas for meeting the needs of people in, or about to enter, residential care. The partnership is across sectors and between people who use services. It is designed to develop thinking and support innovation. Participation in the project also helps to build resilience in people and communities by focusing on what people want rather than the services they currently receive. The illustration below describes one of the outputs from the process showing a visualisation of residential care from the point of view of someone who uses services.



Source: East Renfrewshire Council

People who use services, and carers, would value being more involved in planning how services are provided

69. The Christie Commission recognised the importance of people being involved in designing services to meet their needs. This approach is now supported by legislation such as the Community Empowerment (Scotland) Act 2015 and the Carers (Scotland) Act 2016.

70. People in our focus groups, both carers and people using services, valued the support they receive from social work services. Several said that without support they would not be able to cope or maintain employment. Feedback from our survey of 165 people indicated that the type of service provided determined whether service users felt able to influence their service delivery. For example, where service users had one-to-one support or had close relationships with staff in sheltered accommodation, they felt confident about influencing the service.

71. However, a significant number of service users felt that they had little influence over their social care provision. Some had concerns about speaking up in case the care they received was reduced or changed. Others, particularly older people, didn't want to hurt the feelings of the people providing care. While some had experience of raising issues with care providers and services being adapted accordingly, others found that no steps were taken to rectify issues. Some service users then felt care providers did not listen to them. Carers were more likely than people who use services to speak up if they were concerned about any aspects of the service delivery, but carers felt that care professionals did not treat them as partners.[55]

72. People who use social work services, and their carers, are very diverse, with differing needs. Although it is not easy to do, it is important that councils seek views and provide opportunities for involving as wide a range of people as possible in planning services or changing how they are provided. However, we found limited opportunities for people to be involved. Most of the six fieldwork councils involve representatives of both people who use services and carers in planning groups. For example, Perth and Kinross Council includes carer representatives on its multidisciplinary Carers Strategic Group. However, we found less evidence of people who use services and carers being involved more extensively in designing services.

73. Midlothian Council is one example where people who use services and carers are represented on joint planning groups, such as the Joint Older People's Planning Group that developed the Midlothian Joint Older People's Strategy 2011-15. A recent tender exercise for Care at Home in Midlothian included volunteer carers assessing all submissions, interviewing and final scoring. However, carers and people who use services generally have little involvement in commissioning or tendering, and there is scope to do more.

74. All of our fieldwork councils have a carers' strategy. All provide information for carers on their websites, including how and where to get help, which is usually through a carer assessment in the first instance. They also have partnerships with, or links to, other organisations and carers' centres in their area that provide information and support to carers. About half of the carers' centres are network partners of the national organisation Carers' Trust Scotland. Councils use various methods to collect the views of people using services, and of carers, including annual satisfaction surveys, carers' conferences and carer representatives on panels.

75. IJBs' membership must include a representative from people using services and a carer representative.[56] This is intended to ensure that carers have a role in planning and delivering of services delegated to IJBs. However, this alone is not enough to involve and consult the diverse range of people who use services and carers. Glasgow City Council has a carers' champion to represent the views of carers within the council (Case study 3, page 36).

I feel very lucky to live in [local authority]. The services for disabled people are the best in Scotland compared to other areas. [Local authority] listened to what people wanted, like supported living and individually tailored support plans.

Carer

Mental health services don't always recognise the carer input until they need them!

Carer

Everything is subject to funding therefore there is no consistency. Carers' centres need to be funded so that their services are ongoing.

Carer centre staff saved my life.

Carers

Case study 3

Glasgow City Council's Carers' Champion

Glasgow City Council's Carers' Champion represents the collective views of the city's unpaid carers within the council and speaks independently on carer issues. His role includes raising the profile of unpaid carers across the council and its wider network of agencies while also helping to develop strategies and policies that will support carers.

Glasgow has also introduced a privilege card for adult carers living in Glasgow who provide care for a Glasgow resident. It entitles them to various savings including:

- savings as part of Glasgow Life's concessionary discount scheme
- 20 per cent discount at a range of cafes in venues, such as art galleries and museums
- 20 per cent off City Parking multi-storey car parks
- discounts at certain cinemas and other commercial outlets.

In July 2015, Glasgow evaluated its Glasgow Carers Partnership, which includes Glasgow City Council, NHS Greater Glasgow and Clyde and voluntary sector organisations supporting carers within Glasgow. The council will use the resulting report and recommendations in planning and investment in carer services.

Source: Glasgow City Council

I had a procedure in hospital and I was in and out the same day, but the carer came to take me to hospital and came back at midnight to take me home. It was above and beyond.

Service user, physical disabilities

Some people we surveyed who use a homecare service were unhappy with the quality of their service

76. Between 2010/11 and 2014/15, the percentage of adults satisfied with social care or social work has fallen from 62 per cent to 51 per cent.[57] Our survey of 165 people who use services and of carers found that views on homecare dominated their discussions about the quality of care. Generally, participants with positive experiences of their current service provision highlighted some of the following factors:

- the importance of respectful and flexible carer workers
- good relationships with carer workers
- the ability to influence service delivery through self-directed support
- good timekeeping.

77. However, there were many examples of people not happy with their service experience. Common issues identified across all five local authority areas covered included:

- **Length of time a care worker spends with the person** – Most said that the care worker would be in their home for 15–20 minutes at a time. Many reported that this was not enough time to provide good quality care.

I did have [care company], and I got 15 minutes, so I had a choice between having breakfast and them running a bath for me to have on my own once they'd gone, or a shower with no breakfast.

Service user, physical disabilities

- **Timekeeping** – People who receive homecare discussed their experiences of homecare staff arriving earlier or later than expected. People we spoke to were frustrated at the homecare staff's timekeeping and poor communication.

- **Flexibility of role (undertaking tasks)** – Most people felt that the quality of care they received was affected by the limited flexibility of homecare staff in undertaking other household tasks.

- **Meals** – A large number of people receiving homecare and carers were not satisfied with the quality of the meals.

- **Trained homecare staff** – Others questioned the skills of some homecare staff. Their experience was that the homecare staff did not know how to handle them, or use equipment safely.

> **Sometimes they're late and sometimes they don't come at all.**
>
> Service user, learning disabilities

Paying care staff the Living Wage could help to reduce problems recruiting care staff, but may create other risks for providers

78. The Scottish Government's Living Wage commitment provides clear benefits for low-paid workers. However, increases in employee costs and contract costs will put pressure on councils' and service providers' finances. There are a number of risks with the current approach:

- The Scottish Government has no powers to enforce the Living Wage commitment; the UK Government reserves the power to set and enforce the legal minimum wage. The legal minimum wage across the UK is £7.20 for people aged 25 and over. The Living Wage is £8.25.

- There is a risk that providers operating across the UK may choose not to pay the Living Wage in Scotland.

- There is a risk that this could lead to unsustainable paybill increases. As well as increasing wages, National Insurance contributions and pension contributions will also rise, and service providers will need to maintain wage differentials. A recent survey of independent providers found that almost all will struggle to fund increases to £8.25 an hour. Future rises in the Living Wage may increase this pressure.

- Where councils have awarded contracts based on price before the adoption of the Living Wage, there is a risk that contractors who lost contracts, but who already pay wages at or above the living wage (and offering higher quality services) may ask councils to re-tender contracts.

> **Many people felt it was very important to have some continuity of care worker in terms of safety and building a rapport, but this was lacking. Just depressed at so many different (paid) carers coming in at all different times.**
>
> Carer

79. Applying the Living Wage also provides significant opportunities to better manage the staffing issues we describe in Part 1. Reduced staff turnover could potentially offset increased costs and provide an opportunity to improve staff skills. It could also make it easier to create a career structure for care workers and an opportunity to specialise, for example in providing services for younger people with particular disabilities, or for older people suffering from dementia.

> **She gave me a fish pie and it was cold in the middle. She said she didn't have time to do it again, so I had to ask her to make me an omelette."**
>
> Service user, older person

80. Comhairle nan Eilean Siar and Perth and Kinross council felt there were particular challenges in recruiting suitably qualified staff to deliver services in isolated rural areas. In Eilean Siar, the council has set up college courses to encourage young people to view care as a worthwhile career option (Case study 4, page 38).

Case study 4

Comhairle nan Eilean Siar: developing a stable workforce

Comhairle nan Eilean Siar faces major demographic change over the next 20 years including a projected 19 per cent decline in the working age population and a 19 per cent increase in the over 75 population. There are also a high number of single person households with no family carers available. To help arrest the decline in working age population through migration, the council has developed a project to make being a care worker a viable and attractive career for young people leaving school, as well as adults looking at career options. There are four programmes:

- Pre-Nursing Scholarship: developed to encourage people to take up a nursing career locally and part of a national initiative to increase the nursing workforce. A critical aspect of this programme is the facility to provide equitable access to learning across the Western Isles in rural and remote locations.
- Prepare to Care: This course aims to qualify and prepare students for employment, further training, or both of these, within health and social care by developing the knowledge, skills and understanding required to work in the care sector.
- Senior Phase SVQ2 Pilot: Provides flexibility in terms of work-based assessment across health and social care and equips young people to work in the community. The newly revised Social Care and Health SVQ2 is being piloted with young people in Uist and Barra by Cothrom in partnership with the council and NHS Western Isles.
- Foundation apprenticeship: Skills Development Scotland selected the council's Education and Children Services department as a pathfinder authority for the senior phase vocational pathway development in Health and Social Care.

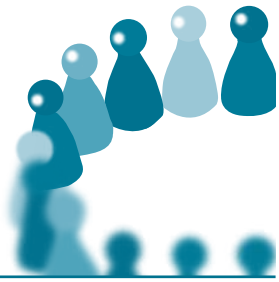
Source: Comhairle nan Eilean Siar

81. As explained in Part 1, the recruitment and retention of suitable staff is a significant problem across the care sector. Councils and providers need to work together and with the Scottish Government on long-term planning to ensure there is an effective, well-trained sustainable workforce to meet future demand. The Scottish Government has commissioned work to identify the recruitment and retention challenges facing the sector and assess whether there is a case for a national workforce-planning tool. In addition, the Scottish Social Services Council (SSSC) is working with partners to develop career pathways within social care. The first is to develop foundation apprenticeships, a vocational pathway to enable young people to experience work in the care sector and encourage care as a positive career choice.

> **The girls that came in didn't know how to use a stand aid, and they couldn't do manual lifting.**
>
> Service user, physical disabilities

Part 3

Governance and scrutiny arrangements



Key messages

1 The integration of health and social care has resulted in complex and varied governance arrangements for social work services. Elected members have important leadership and scrutiny roles, but there are risks that increased complexity could lead to members not having an overall view of social work. At a time of great change, it is essential that elected members assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively. It is important that elected members receive training and guidance on the operation of the new governance arrangements and that elected members not involved in the IJB are fully informed about its operation.

2 The key role of the chief social work officer (CSWO) has changed significantly in recent years and there are risks that CSWOs may have too many roles and have insufficient status to enable them to fulfil their statutory responsibilities effectively.

3 There is scope for councils and their community planning partners to do more to promote and empower communities. This includes working with them to design, commission, deliver and evaluate services to achieve better outcomes, and to build capacity to allow communities to do more to support themselves. Elected members need to play a key role engaging with communities in a wider dialogue about council priorities.

elected members need to play a key role engaging with communities in a wider dialogue about council priorities

Social work governance and scrutiny arrangements are more complex because of health and social care integration

82. Councils' responsibilities in relation to social work are set out in the Social Work (Scotland) 1968 Act. The Act's provisions include promoting social welfare, caring for and protecting children, supervising and caring for people put on probation or released from prison and the children's hearings system.

83. Under the Public Bodies (Joint Working) (Scotland) Act 2014, councils and NHS boards are required to create integration authorities. These are responsible for the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. Governance describes the structures, systems, processes, controls and behaviours by which an organisation manages its activities and performance. The Act also allows councils and NHS boards to integrate other areas of activity, such as children's health and social care services and criminal justice social work.

84. This means that councils delegate to the integration authority (IA) their responsibility for strategic planning for adult social services and for any other services they decide to include. Councils still carry the ultimate responsibility for the delivery of social work services in their area and elected members need to assure themselves that the council is meeting its statutory responsibilities.

85. IAs are responsible for planning and commissioning functions delegated from the local council and NHS board. IAs can adopt one of two main structures. All areas except the Highland Council area are following the body corporate model. Under this, they have created an Integration Joint Board (IJB) to plan and commission integrated health and social care services in their areas. Highland is following the lead agency model, NHS Highland is the lead for adult health and care services, with Highland Council the lead for children's community health and social care services. IJBs are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. Councils and NHS boards delegate budgets to the IJB. The IJB decides how to use these resources to achieve the objectives of its strategic plan. The IJB then directs the council and NHS board to deliver services in line with this plan.

86. Councils have adopted various arrangements for integration. Nine councils integrated children's social work services within the IJB and 16 councils integrated social work criminal justice services.[58] The following arrangements were adopted by our fieldwork councils:

- Midlothian Council and Comhairle nan Eilean Siar include criminal justice but not children's social work services.
- East Renfrewshire Council and Glasgow City Council include both children's social work and criminal justice social work services.
- West Lothian Council and Perth and Kinross Council only include adult services.

87. The governance and scrutiny arrangements in four of our fieldwork councils (Comhairle nan Eilean Siar, Glasgow, Perth and Kinross and West Lothian) are included in Supplement 3. These illustrate the variety and complexity of arrangements now in place within councils.

88. At the time of our fieldwork, governance arrangements were still under discussion. Council chief executives were clear that accountability lies with the council for services delegated to the IJB because, under legislation, the council retains statutory responsibility for delivering social work services. But we have previously highlighted the risk that ultimate responsibility might lie with IJBs, which plan and direct councils and NHS boards in how services are to be delivered.[59] All parties need to recognise this risk and set out clearly an agreed understanding of each other's roles and responsibilities. It is essential that the chief officer of the IJB is clear about how this joint accountability will work in practice.

89. Accountability arrangements for the IJB chief officer are complex. The chief officer has a dual role. They are accountable to the IJB for the responsibilities placed on the IJB under the Act and the integration scheme. They are accountable to the council and NHS board for any operational responsibility for integrated services, as set out in the integration scheme.

90. Governance and scrutiny arrangements for IJB and non-IJB services within our fieldwork councils varied, even where the same services are included within

the IJB's remit. For example, in East Renfrewshire, scrutiny of performance happens within the IJB Audit and Performance Committee and an annual report is presented to the Council. While Comhairle nan Eilean Siar concluded that appropriate scrutiny could be provided within its existing council committee structure and that a separate mechanism for IJB functions was not required. Supplement 3 shows the variation in integration arrangements in four of our fieldwork councils. Whatever model councils choose, elected members need to assure themselves that the scrutiny arrangements are working effectively.

91. As governance and scrutiny arrangements for social work were still in transition at the time of our fieldwork visits (some changes were implemented in March 2016), it is too early to make judgements as to whether there are duplications or gaps in scrutiny. Councils indicated that they would review arrangements if they did not appear to be working effectively. Our fieldwork highlighted a number of potential risks. These include:

- the potential for an overall view of governance being lost when social work services (and budgets) are split, for example between education and children's services and the IJB
- a focus on health and adult services could restrict discussion of children's services and, in particular, criminal justice services on IJB scrutiny committees.

92. Council representation on the IJB is generally four or five senior elected members (around ten per cent of elected members), usually including the leader of the council and a senior opposition member. This means that a small subset of elected members of the council and members of the NHS board will be responsible for social work governance and scrutiny within the IJB and its committees. There is a risk that the majority of elected members could feel excluded from social work decision-making and scrutiny. There is also a risk that this arrangement leaves responsibility for governance and scrutiny with a small number of very busy elected members. Councils have set up a variety of mechanisms to ensure they keep all elected members informed. For example, Comhairle nan Eilean Siar and the IJB will hold at least two meetings a year with the wider membership of the council and NHS Western Isles.

93. It is important that elected members receive training and guidance on the operation of the new governance arrangements. The Scottish Government has produced guidance on the roles, responsibilities and membership of the Integration Joint Board.[60] COSLA is working with the Improvement Service and the Scottish Government to support elected members who do not sit on IJB boards to help them fulfil their role, including councils' ongoing statutory duties. COSLA intends to produce an elected member briefing note focusing on councils' role and interests to ensure they are kept informed of the changes. It is also hosting workshops for elected members to share their experiences. We have included an elected member's checklist as Supplement 4. Elected members may wish to use the checklist to help them consider the effectiveness of the arrangements in their council.

Health and social care integration may make strategic planning of services more difficult

94. Each IJB is required to produce a strategic plan that includes strategies for all the services delegated to it. We examined strategies for social work services in our fieldwork councils. Strategies are set out in various ways depending on the health and social care arrangements in each council. While the plans for integrated services were well developed, they are new and untested.

95. Where councils have chosen not to include services for children within their IJB, they usually continue to follow existing arrangements. For example, some align children's social work services with education, in education and children's services. In others, these services are part of an existing Health and Social Care Partnership Directorate. Strategies for services that are not within the IJB are set out in council plans such as the education and children's services plan.

96. Where criminal justice services are included within the IJB, strategies were not always as clearly set out. IJB plans generally included few references to criminal justice and some services did not have a specific criminal justice plan. Whether as part of the IJB or not, councils have, until now, worked in partnership with their Community Justice Authority (CJA) and contributed to its area and action plans. However, under The Community Justice (Scotland) Act 2016, CJAs will be abolished from 2017. Responsibility for community justice will transfer to community planning partnerships. It is important that under the new approach, strategies for criminal justice services are clearly set out as part of the IJB or community planning arrangements.

97. All the social work plans we examined demonstrate links to community planning. As members of the community planning partnerships, both IJBs and councils have signed up to local single outcome agreements (SOA) with the Scottish Government, and share the vision and priorities within these.

98. It is important that there are clear linkages between the planning of those services that are integrated and those that are not, for example the transition from children's services to adult services or between children's services and criminal justice. Planning for these transitions needs to be well coordinated to ensure a seamless service without overlaps or gaps in services, particularly where responsibility is split between the IJB and the council.

99. It is important that the scrutiny arrangements reflect the risks associated with managing transitions. Councils and elected members will need to ensure they have a strategic overview of the whole of social work service and ensure that strategy, budget arrangements, commissioning, procurement and workforce planning are coordinated at a council-wide level.

I'm happy with the services for my daughter but it was a hard fight over many years. As she moves to adult services, am I going to have to start fighting again? It worries me.

Carer

There is a risk that chief social work officers may become over-stretched

100. The Social Work (Scotland) Act 1968 requires local authorities to appoint a single chief social work officer (CSWO) who must be a qualified social worker and registered with the Scottish Social Services Council. The CSWO should demonstrate professional leadership. They have a responsibility to highlight where a council policy may endanger lives or welfare and ensure that they provide councillors and officers with professional advice in relation to social work and social care services. The CSWO should have access to the chief executive and other senior managers, councillors and social work officers. The CSWO is one of five statutory officers in councils: that is, officers that each council is required to appoint by law.[61]

101. Scottish ministers issued revised guidance on the role of the CSWO in July 2016 to reflect the introduction of health and social care integration. This summarises the minimum scope of the CSWO role, recognising the diversity of the structures and partnerships that deliver social work services. The CSWO's responsibilities apply to social work functions whether delivered by the council or

by other bodies under integration or partnership arrangements.[62] The guidance states that management and reporting structures are a matter for councils. But if the CSWO is not a full member of the corporate management team, elected members must be satisfied that the officer has appropriate access, influence and support at the most senior level. We found consensus among elected members and chief executives that it is important that the CSWOs are senior enough to carry out their responsibilities effectively. However, the CSWO's position in the hierarchy, and the arrangements to allow them to contribute to decision-making, varied between councils.

102. When the CSWO role was combined with that of Director of Social Work, the ability to influence was clear. But councils have developed executive team structures and most no longer have a Director of Social Work. At present six CSWOs are at director level and 24 are heads of service, the tier below this, with one tier-three manager in a temporary acting up role. In addition, a large proportion of CSWOs are new to the role. A survey by Glasgow Caledonian University, in November 2015, found that over half had been in post less than three years, and nine for less than a year.

103. CSWOs have strategic and professional responsibility for social work, including monitoring service quality and professional standards. Good practice indicates this should be across the full range of a council's social work functions. Scottish ministers' guidance says the CSWO must have the power and authority to provide professional advice and contribute to decision-making in the council and health and social care partnership arrangements. However, the structure of social work provision has changed over time and CSWOs do not always have operational responsibility across all functions. For example, in Midlothian, the CSWO has operational responsibility for adult services but not for services for children or older people.

104. Integration does not change the CSWO's responsibility to provide professional leadership. However, some CSWOs expressed concerns that, where children's services and/or criminal justice sit within the IJB, health issues and adult care will dominate the IJB both in terms of the agenda and in terms of personnel. They were concerned that representation of these services on the agenda would be small in comparison to adult services.

105. Reporting lines for CSWOs always lie within the council and the establishment of IJBs does not change this. However, CSWOs now have an additional statutory, non-voting place as adviser to the IJB (or the Integration Joint Monitoring Committee in Highland's lead agency model). CSWOs need to establish good, effective working relationships with their IJB chief officer. CSWOs' roles vary across all thirty-one IJBs in terms of what they are accountable for. Integration means that those CSWOs who were previously responsible for adult social care services will lose direct responsibility for their management and budget.

106. Scottish ministers' guidance indicates that the CSWO must be visible and available to any social services worker, and ensure well-grounded professional advice and guidance on practice is available. Social workers in our focus groups generally felt that their CSWO was both visible and accessible, and felt confident about consulting them.

107. The ability of CSWOs to carry out their role effectively and not become too 'stretched' across multiple functions is a potential concern. CSWOs may have

to report to one or more council committees, sit on the IJB, and attend the council corporate management team or senior management team and the IJB management team, as well as undertake day-to-day service management roles. It is important for CSWOs to achieve the trust and confidence of councils' NHS partners in order to have an influence in decision-making. CSWOs had mixed views on whether their role within the IJB would have a negative impact on their visibility or accessibility to elected members and social workers. It is too early to see how effective new arrangements will be.

108. The statutory guidance requires all CSWOs to report annually to the council and IJB on all of the statutory, governance and leadership functions of the role and delivery of the council's social work functions. This applies however they are organised or delivered. A review of CSWO annual reports in 2013 found a lack of consistency in the content and format. After consultation with relevant individuals and groups, the chief social work adviser published guidance on the content and a template for the report. The CSWO annual report gives an opportunity for the CSWO to draw together all the important strands of their work and report on them to elected members. It should provide an opportunity for the CSWO to raise their profile with elected members and, more importantly, draw their attention to any potential concerns about social work or governance issues.

109. The CSWO reports we examined from our fieldwork sites generally followed the template, but varied in the amount and level of information included. For example, Glasgow's report for 2014/15 is more concise (nine pages long with links to relevant reports and strategies), with less detail included compared with Perth and Kinross (71 pages), which contains a lot of activity information and good practice examples. CSWO reports may be considered at various meetings including full council, relevant council committees or panels or the IJB. Social work performance is regularly scrutinised through council or IJB monitoring systems and scrutiny happens through monthly, quarterly or six-monthly performance reports at appropriate committees. CSWO reports are also important in providing a high-level summary of the performance of social work functions during a particular year. It is essential that they are subject to effective scrutiny by elected members. However, we did not find evidence of detailed scrutiny of the report or challenge at these meetings.

110. The Scottish Social Services Council (SSSC) working with universities and others, has recently developed a qualification for CSWOs. The postgraduate diploma is aimed specifically at those currently in the CSWO role or who aspire to the role. There is also an option to proceed to a Masters qualification. CSWOs and social worker managers who we interviewed who are studying for this qualification all found it helpful and useful in practice, as well as helping the council in succession planning.

Elected members are key decision-makers for local social work services

111. During the era of steadily increasing council spending that ended in 2010, people's expectations were raised as to the level of service that social work services could provide. Councils are now in an era of reducing spending. Councils need to play a leading role in a wider conversation with the public about the level of social work services they can realistically provide and how they can best provide it. Current arrangements for providing care are not sustainable in the long term, given the demographic and financial pressures. As we reported in *Changing models of health and social care*: 'Services cannot continue as they are and a significant cultural shift

in the behaviour of the public is required about how they access, use and receive services'.[63] Elected members need to play a key role in this change, engaging with communities in a wider dialogue about council priorities.

112. The Christie Commission suggested that councils should work closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance, and build resilience. Communities have a significant role to play, and councils and their community planning partners should do more to encourage and help them to assume more responsibility for supporting themselves. North Lanarkshire's *Making Life Easier* service is a website that helps people to identify problems and develop their own solutions through information, professional advice and direct access to services and support (Case study 5).

Case study 5

Making Life Easier

North Lanarkshire Council worked with ADL Smartcare to develop a website to help those who wish to live independently at home. Making Life Easier provides professional advice and guidance on health issues and on managing daily living tasks. It includes hints and tips and signposts to organisations such as social and support groups, lunch clubs and drop-in cafes.

People and their carers can do an online self-assessment to identify safe and suitable equipment and minor adaptation choices that will help them manage their lives. People can choose to get the equipment and minor adaptations they need without charge through a link to the council's integrated equipment and adaptation service, or there is information on how to buy it for themselves.

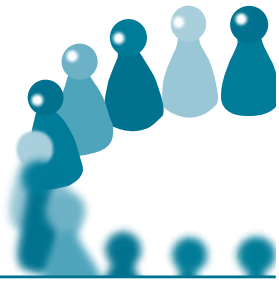
East Lothian Council is developing a similar service, which they will call HILDA – Health and Independent Living with Daily Activities.

Source: North Lanarkshire Council

113. Although health and social care integration will change the way social work services are commissioned and funded, councils remain responsible for promoting social welfare.[64] This includes improving outcomes for people who use services. Councils and IJBs need to ensure they are scrutinising budgets, plans and outcomes, including the effectiveness of services and the impact on individuals.

114. Elected members may find that their role changes, but they remain the key decision-makers for social work services on behalf of their constituents and they ensure effective scrutiny, governance and strategic oversight of the new arrangements. It is essential that elected members assure themselves of the quality of social work services and ensure councils manage risks effectively at a time of great change. With increasing financial pressures, councillors may face a difficult challenge in managing people's expectations, but they have a crucial role in doing so and providing leadership for their communities.

Endnotes



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4 Social Work and Social Care Statistics for Scotland: A Summary, Scottish Government, January 2016.

5 Scottish Local Government Financial Statistics, Scottish Government, February 2016.

6 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.

7 We use the term 'third sector organisation' to describe organisations that are neither public sector nor private sector, including voluntary and community organisations (both registered charities and other organisations such as community groups), social enterprises, mutuals and co-operatives.

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9 *Health and social care integration*, Audit Scotland, December 2015.

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12 The Scottish Government established the independent Commission, chaired by Dr Campbell Christie CBE, in November 2010 to develop recommendations for the future delivery of public services. The Commission published its report in June 2011.

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16 All local authorities are responsible for maintaining a central register of all children who are the subject of an inter-agency Child Protection Plan. The register provides a system for alerting practitioners that there is professional concern about a child. Social work departments are responsible for maintaining a register of all children in their area who are subject to a Child Protection Plan.

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26 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016 and unpublished data from Scottish Social Services Council.

27 Scotland's Carers, Scottish Government, March 2015.

28 *Caring Together: The Carers Strategy for Scotland 2010 - 2015*, Scottish Government, July 2010.

29 *Valuing Carers; The rising value of carers' support*, Carers UK, 2015.

30 *An overview of local government in Scotland 2016*, Audit Scotland, March 2016.

31 The net expenditure breakdown in Exhibit 5 is taken from Scottish Local Government Financial Statistics 20014-15. The total net expenditure figure of £3.3 billion is from the audited accounts and includes pension costs and capital accounting costs that the £3.1 billion in the local financial returns (LFRs), on a funding basis, will exclude.

32 *An overview of local government in Scotland 2016*, Audit Scotland, March 2016.

33 Scottish Parliament, Health and Sport Committee, Integrated Joint Board survey responses, August 2016.

34 Information supplied by Scottish Government.

35 Scottish Government unpublished analysis, March 2016.

36 *Social Services in Scotland: a shared vision and strategy 2015-2020*, Scottish Government, March 2015.

37 *Route Map to the 2020 Vision for Health and Social Care*, Scottish Government, May 2013.

38 *Reshaping Care for Older People – A Programme for Change 2011–21*, Scottish Government, COSLA and NHS Scotland, 2010.

39 *Reshaping care for older people*, Audit Scotland, February 2014.

40 *Changing models of health and social care*, Audit Scotland, March 2016.

41 The NHS and Community Care Act 1990 provides a statutory framework for community care, which forms the cornerstone of community care law. It places a duty on local authorities to assess an individual's need for 'community care services'.

42 Scottish Government and COSLA guidance on a national framework for eligibility criteria, 2009.

43 *Route Map to the 2020 Vision for Health and Social Care*, Scottish Government, May 2013.

44 Data from Children's Social Work Statistics Scotland, 2011/12, Scottish Government, March 2013 and Children's Social Work Statistics Scotland, 2014-15, Scottish Government, June 2016.

45 *Getting it right for children in residential care,* Audit Scotland, September 2010.

46 Recreate Volunteer Programme: A social return on investment (SROI) analysis, Margaret Smith and Vikki Binnie, 2014. An SROI considers the length of time changes last to assess future value. Because this user group is often associated with a chaotic lifestyle, the study shows a range in value to reflect a conservative estimate and an estimate reflecting the sustained changes possible.

47 Local Government Benchmarking Framework, Improvement Service (website).

48 A framework agreement does not have to be a contract. However, where it is a contract it is treated like any other contract, and the EU procurement rules apply.

49 The 2016/17 fees paid to providers for local authority placements are set at £624.54 a week for nursing care and £537.79 for residential care until 30 September. After that, fees will increase to £648.92 a week for nursing care, and £558.77 for residential care until April 2017 (the £372 figure in paragraph 62 has income from contributions deducted). Fees for self-funders tend to be substantially higher.

50 Scottish Statistics on Adults Resident in Care Homes, 2006-2015, ISD Scotland, October 2015.

51 Local Government Benchmarking Framework, Improvement Service (website).

52 The Care Home Census: Scottish Statistics on Adults Resident in Care Homes 2006-2015. The census includes data on adults living in care homes in Scotland that are registered with the Care Inspectorate.

53 NHS National Services Scotland, Public Health and Intelligence, 2016.

54 These figures are for residents who do not require nursing care. The equivalent figures for residents who do require nursing care are £775 and £590.

55 The Scottish Government is holding a 'national conversation' on health and social care services. Some of the carer's quotes are taken from the Coalition of Carers in Scotland event to support carers to contribute their views, held on 25 November 2015.

56 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

57 Local Government Benchmarking Framework, the improvement service.

58 A full list of the arrangements in all councils is included in Exhibit 8, page 22 of *Health and social care integration*, Audit Scotland, December 2015.

59 *Health and social care integration*, Audit Scotland, December 2015.

60 Roles, Responsibilities and Membership of the Integration Joint Board, Scottish Government, September 2015.

61 The others are: The Head of Paid Service (chief executive) responsible to councillors for the staffing and ensuring the work of the council is co-ordinated; the Monitoring Officer prepares governance documents and advises councillors about legal issues; the Chief Financial Officer; the Chief Education Officer.

62 The Role of Chief Social Work Officer, Guidance Issued by Scottish ministers, pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, Revised Version, July 2016.

63 *Changing models of health and social care*, Audit Scotland, March 2016.

64 Social Work (Scotland) 1968 Act.

Social work in Scotland

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Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
T: 0131 625 1500 E: **info@audit-scotland.gov.uk**
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Agenda Item: 12

DRAFT

WEST LOTHIAN INTEGRATION JOINT BOARD

AUDIT RISK AND GOVERNANCE COMMITTEE

Timetable of Meetings 2017/18

Deadline for Submission of Items for Inclusion on Agenda Setting Agenda (noon)	Date/Time of Agenda Setting Meeting	Deadline for Submission of Items for Inclusion on the Agenda (noon)	Committee Issue Final Agenda	Meeting Dates Wednesday @ 2.00 p.m. unless otherwise advised	Venue
		Wednesday 21 June 2017	Thursday 22 June 2017	28 June 2017	**TBC**
		Wed 20 September 2017	Thursday 21 September 2017	27 September 2017	**TBC**
		Wed 17 January 2018	Thursday 18 January 2018	24 January 2018	TBC
		Wed 21 March 2018	Thursday 22 March 2018	28 March 2018	TBC

Date: 6.01.17
Agenda Item: 13

WORKPLAN FOR WEST LOTHIAN INTEGRATION JOINT BOARD

AUDIT RISK AND GOVERNANCE COMMITTEE

Date of Meeting	Meeting to set agenda	Title of Report	Lead Officer	Action
6 January 2017	2 December 2016			
		Risk Management Report	K Ribbons	
		Internal Audit of IJB Governance Arrangements	K Ribbons	
		Independent Legal Advice Update	J. Millar	
		Code of Conduct and Ethical Standards	J. Millar	
		'Social Work in Scotland' September 2016	J. Kellock	
		Sharing of Internal Audit Reports	K. Ribbons	
		Internal Audit Charter Report	K. Ribbons	
		Timetable of Meetings 2017/2018	E. Dow	
31 March 2017	3 March 2017			
		Internal Audit Plan 2017/18	K Ribbons	
		Internal Audit of IJB Strategic Plan	K Ribbons	

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		External Audit 2016/17 Audit Plan	P Welsh	
June 2017	TBC			
		Implementation of Integration Scheme – Progress Update	S. Field	
		Internal Audit of IJB Performance Management	K Ribbons	
		Internal Audit on Performance Management within NHS Lothian	TBC	
Date to be confirmed		Code of Conduct	J Millar	Training on the IJB's role in relation to the Code of conduct and duties of the Standards Officer. Date to be confirmed.
Date to be confirmed		Members Training	J Millar	Training for IJB Audit and Governance Committee members. Date to be confirmed