

## West Lothian Integration Joint Board Audit Risk and Governance Committee

Date: 27 May  
2020

Agenda Item: 7

### **LOCAL CODE OF CORPORATE GOVERNANCE 2019/20**

### **REPORT BY STANDARDS OFFICER**

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

To consider the completed Local Code of Corporate Governance for 2019/20.

#### **B RECOMMENDATIONS**

1. To consider and review the completed Local Code of Corporate Governance for 2019/20 in Appendix 2
2. To note that the Code was a significant factor in preparing the draft annual governance statement for approval by the committee

#### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction is not required.
<b>C2</b>	<b>Resource/ Finance</b>	None
<b>C3</b>	<b>Policy/Legal</b>	The Board has adopted a Local Code of Corporate Governance as required by relevant financial and governance guidance.
<b>C4</b>	<b>Risk</b>	RISK IJB001: Governance failure
<b>C5</b>	<b>Equality/Health</b>	The report has little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
<b>C6</b>	<b>Environment and Sustainability</b>	None

<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Good governance leads to good decision-making and improved outcomes and will assist in delivering health and wellbeing outcomes
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Good governance leads to good decision-making and improved outcomes and will assist in delivering the Board's Strategic Plan and priorities
<b>C9</b>	<b>Single Outcome Agreement</b>	The delivery of the Board's Strategic Plan and good standards of governance will assist in meeting targets set out in the Single Outcome Agreement
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

- 1 The accounting and governance regime which applies to the Board includes the adoption and use of a code of corporate governance. Such a code has to be designed around a framework and guidance produced by CIPFA (Chartered Institute of Public Finance and Accountancy) and SOLACE (Society of Local Authority Chief Executives) called "Delivering Good Governance in Local Government Framework (2016)". After consideration and recommendation by the committee, the Board adopted its Code on 1 May 2018. The content of the Code and the arrangements for its completion and reporting were formally reviewed in 2019/20.
- 2 The Code is designed to record the principles of good governance under which the Board will operate and to help the Board take responsibility for developing and shaping an informed approach to governance. It is aimed at achieving the highest standards in a measured and proportionate way. It is intended to assist the Board in reviewing and accounting for its own unique approach to decision-making and accountability. It is a tool to help decision-making and not an end in itself.
- 3 In September 2019, the Board accepted recommendations by the committee and agreed to add a small number of new standards in relation to care governance arrangements, and liaison and planning arrangements with partner bodies; to continue practice of monitoring progress on governance issues and populating the Code through the integrated senior management team; and to continue the practice of reporting on an interim basis to the committee on progress against governance issues. Those decisions have been implemented for 2019/20. The Board also delegated authority to the Director to add new standards to the Code where required, and to update existing standards where there are changes to legislation or terminology. Apart from substituting "Chief Officer" for "Director" no such changes have been made. There are no standards recommended to be deleted this year.
- 4 The committee also indicated in June 2019 that there was added value in the committee having sight of the fully populated Code and so it has been presented separately from the annual governance statement this year.

- 5 Although COVID-19 is mentioned in some places in the populated Code, no additional standards have been suggested arising from the emergency. The significant work in reacting to the pandemic only started at the very end of the reporting year and it is not yet clear if any permanent changes might be needed to the standards or evidence relied on in future years. Some recommendations may be made after a review or debrief is reported to the Board, for example, in relation to delegated emergency powers or communication with members or the public. A short section about COVID-19 has been added to the annual governance statement as recommended in April 2020 by CIPFA.
- 6 There is a hierarchy in the Framework built around seven over-arching principles of good governance. There is a narrative description of each principle. Each is broken down into its constituent elements or sub-principles. These are deconstructed further, by illustrations and descriptions of appropriate behaviour and practices. Finally, there is a non-exhaustive list of some suggested sources or types of possible evidence.
- 7 The diagram in Appendix 1 attempts to show the seven principles, the way they interact and a short list of the most significant sources of evidence for each.
- 8 The process for using the Code starts with a consideration of the suggested sources of evidence against each sub-principle (A1, A2, etc.) in the context of the over-arching principle (A, B, etc.). Officers look at the Board's compliance in three parts: (a) approach (what must the Board do and what has the Board said it will do?); (b) implementation (is there evidence that the Board is doing that?); and (c) review (are there appropriate arrangements to review approach and implementation?)
- 9 Officers then provide a very brief commentary and will identify any areas of concern or room for improvement. They assess and rate each as: (a) exceeding the standard (green); meeting the standard (amber); or requiring improvement (red). Improvement actions are identified for those matters of concern and progress is monitored and reported.
- 10 The populated Code for 2019/20 is in Appendix 2. It is one of the sources relied on when preparing the annual governance statement, along with the review of the system of internal control, the best value compliance statement, the monitoring and reporting on issues of concern from previous years.
- 11 A comparison with the Code for last year shows considerable improvements in compliance with many assessments moving from an amber or red assessment to green or amber. There was a substantial degree of progress in tackling the governance issues identified in last year's statement. That was the result of concerted efforts in relation to things such as the review of Standing Orders and the Scheme of Delegations; the review of Financial Regulations; approval of the new Strategic Plan; approval of the Communication and Engagement Strategy; review of the Code of Conduct; concluding reporting on workforce planning; refreshment of the clinical and care governance arrangements; and the revised Strategic Planning Group structures.

- 12 Standards highlighted in amber/orange are those which are considered to require some attention in 2020/21. They may still validly be given a green rating, but, for example, be scheduled for a full review in the coming year.



- 13 Standards highlighted in purple are those which are rated as red or which are mentioned in the annual governance statement as being of greater significance than the rest.



- 14 Those which are not highlighted are considered to be satisfactory or above the standard required and so not requiring work in the coming year.

## **E CONSULTATIONS**

Senior Management Team; Chief Financial Officer; Internal Auditor

## **F REFERENCES/BACKGROUND**

The Local Authority Accounts (Scotland) Regulations 2014

“Delivering Good Governance”, Framework and Guidance issued by CIPFA and SOLACE (2016)

Integration Joint Board, 1 May and 24 September 2018, 10 September 2019

Audit Risk & Governance Committee, 3 June and 11 December 2019

## **G APPENDICES**

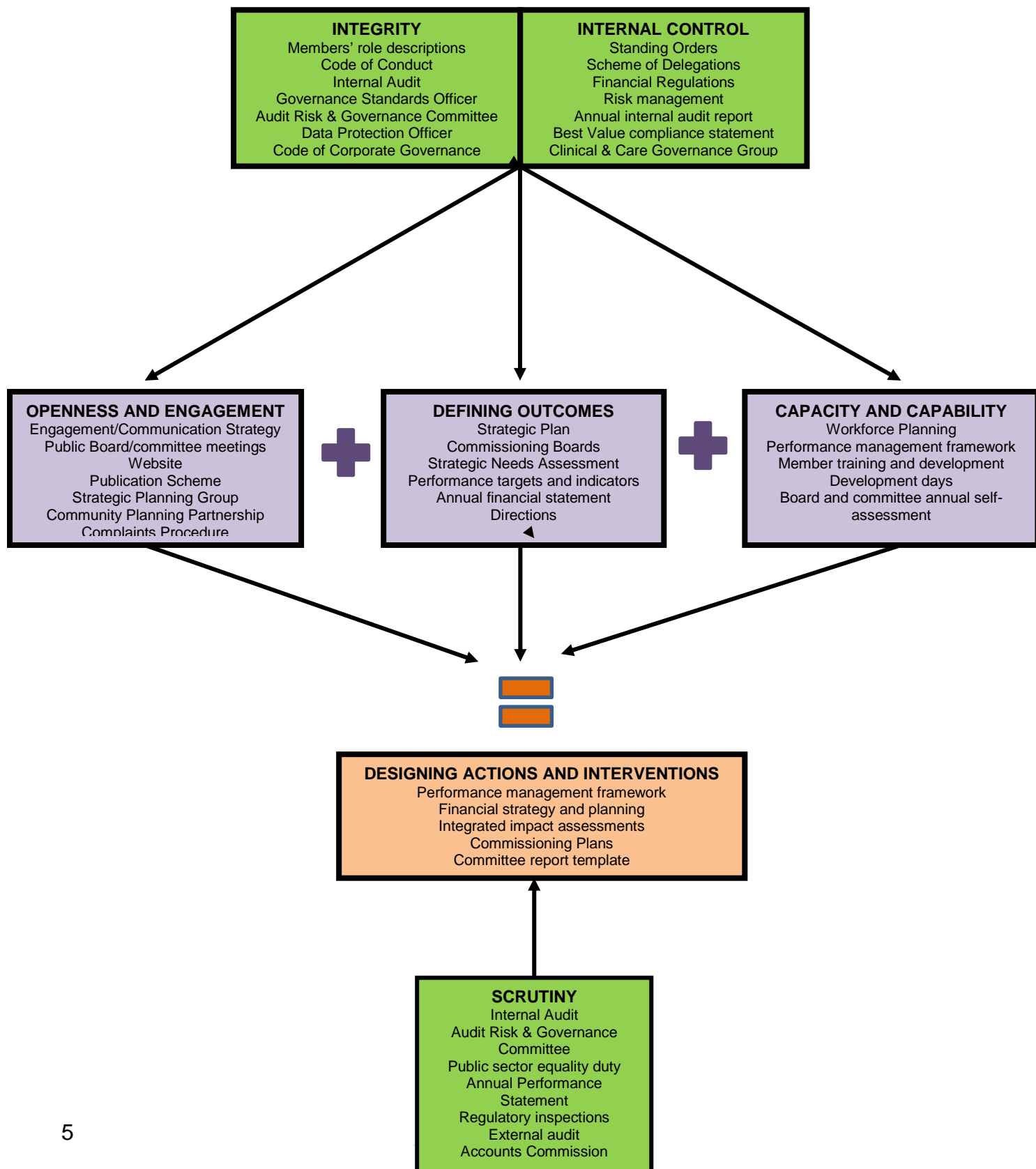
- 1 Governance principles illustration
- 2 Local Code of Corporate Governance 2019/20

## **H CONTACT**

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27 May 2020

## APPENDIX 1 GOVERNANCE PRINCIPLES



## APPENDIX 2

## LOCAL CODE OF CORPORATE GOVERNANCE POPULATED FOR 2019/20

**A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law**

Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions across all activities and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

<b>A1. Behaving with integrity</b>		
(a) Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation		
(b) Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)		
(c) Leading by example and using the above standard operating principles or values as a framework for decision making and other actions		
(d) Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Code of Conduct	Adopted 31 May 2016, approved by Ministers 21 June 2016, published on internet. Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued. Scheduled review for December 2019 postponed till after Scottish Government review of Modal Code	G

<b>A1. Behaving with integrity</b>		
Register of Interests	Register forms completed by all incoming members. Register compiled and published on internet. Bi-annual reminders to members. Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued. Scheduled review for December 2019 postponed till after Scottish Government review of Modal Code	G
Role descriptions for members	Agreed at IJB on 29 January 2019. Review to be added to reporting calendar/cycle for January 2021	G
Declarations of Interest as standing item and recorded in minutes	Agendas and minutes show full compliance	G
Standing Orders for meeting procedures, including conduct at meetings	Standing Orders comply with legislation. Approved 20 October 2015. Amended April 2016 and September 2018 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Meetings held in private only with legal justification and to least extent possible, and minutes record reasons	Standing Orders contain restricted list of grounds to justify private reports and meetings. Standing Orders have process for holding reports back from publication and require decision to be taken by the meeting itself, not officers or the Chair. Only private items taken in 2019/20 concerned recruitment and appointment of Chief Officer	G
Reports on standard template ensuring relevant information provided	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G

<b>A1. Behaving with integrity</b>		
Engagement in community planning	Community Planning officers from the council are represented on the Locality Groups to ensure a partnership approach to working and prevent duplication of effort where possible. Chief Officer attends CPPB meetings. Reported now through Chief Officer's report as a standing item at Board meetings	G
Values and mission statement adopted	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G
Anti-fraud and corruption policy and procedures	No policy or procedure in place. Board has no bank account, no employees and no contractual powers so little risk of inducements/bribes or theft. Reliant on partners' policies and procedures. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Whistleblowing policy and procedures	No policy or procedure in place. Board has no employees and no contractual powers. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Strategic Plan outcomes	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Internal audit reported to committee in December 2019, control satisfactory. Structure should be reviewed in April 2021	G



<b>A1. Behaving with integrity</b>		
Training on ethical standards and conduct	Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued	G
Officer Codes of Conduct and declarations of interest	IJB has no employees. Reliance on Employee Codes of Conduct and registers/declarations procedures of council and health board. Method of gaining assurance from them should be considered. Considered senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Local Code of Corporate Governance	Local Code based on 2016 CIPFA/SOLACE framework developed during 2017/18 and reported to AR&GC in September and December 2017 and March 2018. Approved by IJB on 1 May 2018 for use in 2017/18 reporting. Code reviewed and approved at Board in September 2019. Process approved for regular review via SMT. Considered there in November 2019 and February 2020, further consideration interrupted by COVID19. Interim report to AR&GC in December 2019, no issues arising. Scheduled for review in December 2021	G
Audit, Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May and 24 September 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Remit reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Internal Audit Service (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors	G

<b>A1. Behaving with integrity</b>		
Annual Governance Statement	Statements compliant with 2016 CIPFA/SOLACE Framework. Approved timeously for inclusion in annual accounts. Informed by prior consideration of review of system of internal control and Best Value Framework. Areas of concern highlighted to AR&GC. Under regular review at SMT. Interim report on issues of concern to AR&GC in December 2019	G
Compliance with Integration Scheme and regulatory/reporting regimes	Arrangements put in place over time and as and when required by law. Being reviewed through Internal Audit of governance arrangements, reported in December 2018 to require further work. Consideration in particular to GDPR, PSED and SLAs for support services	A

<b>A2. Demonstrating strong commitment to ethical values</b>		
(a) Seeking to establish, monitor and maintain the organisation's ethical standards and performance		
(b) Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation		
(c) Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values		
(d) Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with ethical standards expected by the organisation		
Evidence	Comments	Rating
Code of Conduct	Adopted 31 May 2016, approved by Ministers 21 June 2016, published on internet. Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued. Scheduled review for December 2019 postponed till after Scottish Government review of Modal Code	G

<b>A2. Demonstrating strong commitment to ethical values</b>		
Register of Interests	Register forms completed by all incoming members. Register compiled and published on internet. Bi-annual reminders to members. Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued. Scheduled review for December 2019 postponed till after Scottish Government review of Modal Code	G
Declarations of Interest as standing item and recorded in minutes	Agendas and minutes show full compliance	G
Standing Orders for meeting procedures, including conduct at meetings	Standing Orders comply with legislation. Approved 20 October 2015. Amended April 2016 and September 2018 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Reports on standard template ensuring relevant information provided	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Values and mission statement adopted	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G

<b>A2. Demonstrating strong commitment to ethical values</b>		
Anti-fraud and corruption policy and procedures	No policy or procedure in place. Board has no bank account, no employees and no contractual powers so little risk of inducements/bribes or theft. Reliant on partners' policies and procedures. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Whistleblowing policy and procedures	No policy or procedure in place. Board has no employees and no contractual powers. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Strategic Plan outcomes	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Internal audit reported to committee in December 2019, control satisfactory. Structure should be reviewed in April 2021	G
Training on ethical standards and conduct	Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued	G
Officer Codes of Conduct and declarations of interest	IJB has no employees. Reliance on Employee Codes of Conduct and registers/declarations procedures of council and health board. Method of gaining assurance from them should be considered. Considered senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G

<b>A2. Demonstrating strong commitment to ethical values</b>		
Commissioning arrangement and Directions	Commissioning plans developed and implemented for thematic groups: Older People, Mental Health, Learning Disability, Physical Disability and ADP. Regular reports on progress to the SPG and Board. Plans reviewed and approved in 2019 for period till 2023. Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. More detailed strategic directions issued on an <i>ad hoc</i> basis. Report template includes section on requirement for directions. Approach to be reviewed against Scottish Government guidance issued in February 2020 and reported for approval/compliance	G
Ethical values feature in contracts with external service providers	Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Officer performance appraisals include standards of conduct	Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board. Workforce planning amongst partners provides assurance	G

<b>A3. Respecting the rule of law</b>		
(a) Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations		
(b) Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements		
(c) Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders		
(d) Dealing with breaches of legal and regulatory provisions effectively		
(e) Ensuring corruption and misuse of power are dealt with effectively		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>

<b>A3. Respecting the rule of law</b>		
Reports on standard template include legal rules and statutory guidance	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Reports ensure demonstration that legal advice has been considered	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Includes relevant section about legal implications and advice. Review in February 2021	G
Standing Orders to ensure professional advice is given	Standing Order 5.6 ensures access to IJB by Chief Social Work Officer and Clinical Chief Officer. Standing Order 8.2 requires the Chair to allow officers to speak if desired. Standing Order 11.1 entitles officers to address the meeting on a report. Standing Order 14.3 requires significant legal and other advice to be minuted. Reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Defined committee remits and powers	Remits and powers of all committees, working groups and Strategic Planning Group approved by IJB. Committees must apply Standing Orders to their meetings. Remits reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Scheme of Delegation to Officers	Approved at IJB on 31 January 2017. Allocate responsibility and accountability to appropriate officers. Complemented by same documents for council and health board. Reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Members' role descriptions	Agreed at IJB on 29 January 2019. Review to be added to reporting calendar/cycle for January 2021	G

<b>A3. Respecting the rule of law</b>		
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016))	Role description and duties adopted by Appointments Committee at recruitment. Reflected in Scheme of Delegations to Officers and Financial Regulations. Financial Regulations and Scheme of Delegations reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Committee support provided free of influence	Committee Services provided by council for IJB and AR&GC. Managed by Chief Solicitor and supported by Standards Officer. IJB agreed on 10 October 2015 that minutes were for Committee Officers to draft with no influence or comment by senior officers or IJB members	G
Record maintained of legal advice provided by officers	Report template designed to record legal issues. Standing Order 14.3 requires significant legal and other advice to be minuted. Style/content of minutes reviewed and approved in March 2020	G
Standards Officer	Standards Officer role description agreed by IJB in January 2015 and appointment made. Appointment approved by Standards Commission on 29 March 2016. No review date fixed	G
Independent Internal Audit function (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors	G
Anti-fraud and corruption policy and procedures	No policy or procedure in place. Board has no bank account, no employees and no contractual powers so little risk of inducements/bribes or theft. Reliant on partners' policies and procedures. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Whistleblowing policy and procedures	No policy or procedure in place. Board has no employees and no contractual powers. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G

<b>A3. Respecting the rule of law</b>		
Locality Groups	Original approach to localities reviewed and updated in September 2019 when Strategic Planning Group and Locality Groups were reviewed and changes approved in November 2019. The Groups are made up of a wide range of stakeholders and meet as part of the Strategic Planning Group. Minutes reported to Board meetings. Terms of reference to be reviewed annually	G
Engagement/consultation strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G



### B. Ensuring openness and comprehensive stakeholder engagement

Local government is run for the public good, organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

B1. Openness		
(a) Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness		
(b) Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided		
(c) Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear		
(d) Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action		
Evidence	Comments	Rating
Values and priorities	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G
FOISA/EIRS publication scheme	Publication Scheme in accordance with legislation and guidance adopted on 31 October 2017. Reviewed and approved in February 2019. Published on the IJB section of the HSCP website. Now out-of-date, requires updating and refresh. Under control of media and web content management group established under Communications and Engagement Strategy approved in January 2020	A

<b>B1. Openness</b>		
Website	All documents requiring to be in the public domain are published online, either in the form reports and minutes on the council's COINS website or on the IJB pages of the HSCP website. Content substantially revised and updated on new format of webpages. Covered in Communications and Engagement Strategy approved in January 2020. Under control of media and web content management group	G
Online service information	The IJB page on the HSCP website contains details of the IJB's Strategic Plan, performance report, services and information on how to make a complaint. Content substantially revised and updated on new format of webpages. Covered in Communications and Engagement Strategy approved in January 2020. Under control of media and web content management group	G
Standing Orders	Standing Orders comply with legislation. Approved 20 October 2015. Amended April 2016 and September 2018 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Calendar of dates for submitting and publishing reports	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before	G
Assessment and review of information provided for decision-making	Report template devised and required to be used at all IJB and committee meetings. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Committee report templates	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G

<b>B1. Openness</b>		
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Feedback will be incorporated from consultation where appropriate.	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Results of consultations on website. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Record of professional advice in reaching decisions	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021. Style/content of minutes reviewed and approved in March 2020	G
Record of decision making and supporting materials	Report templates provide for all professional and legal advice. Minutes record advice and decisions. Style/content of minutes reviewed and approved in March 2020	G
Meeting reports show details of advice given	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Equality impact assessment procedure	IJB report templates include a mandatory section on whether the report is relevant to equalities and whether an Equality Impact Assessment has been conducted. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Regular public performance reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G

<b>B1. Openness</b>		
Annual performance report	Annual Performance Report completed in accordance with guidelines and approved in draft by IJB in June 2018. Publication date missed in July 2019. Work Plan and reporting cycle appear at every IJB and AR&GC meeting to ensure compliance is monitored	G
Complaints policy and procedure	Complaint Handling Procedure approved by the Complaints Standards Authority on 29 November 2017. Adopted by IJB on 5 December 2017. Quarterly reports submitted to IJB (one reported!) Procedure requires review in 2020/21	A

<b>B2. Engaging comprehensively with institutional stakeholders</b>		
(a) Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably		
(b) Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively		
(c) Ensuring that partnerships are based on: trust, a shared commitment to change, a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Database of stakeholders with whom the IJB should engage	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Purpose and effectiveness reviewed	AR&GC and IJB self-assessment questionnaires approved, used each year and included in calendar/cycle of reporting. Strategic plan reviewed and approved in 2019. Full membership review carried out and reported in March 2020	G
Partnership guidance	No formal guidance in place for partnership working, e.g., with health board or VSG or Scottish Police of SF&RS. Consider if this is required or whether assurance can be obtained from council and health board	A

<b>B2. Engaging comprehensively with institutional stakeholders</b>		
Liaison and planning arrangements with WLC, NHS and other Lothian IJBs	Identified as a governance issue in 2017/18 annual governance statement. Participation in Lothian Integrated Care Forum (formerly Lothian Strategic Planning Forum) agreed in principle in January 2019. First meeting held in April 2019. Further meeting dates fixed. Further reports required to agree remit and reporting arrangements. Lothian Finance Forum established amongst Finance Officers of IJBs, councils and health boards. Initial meeting held, further meetings arranged. Minutes reported to Board. Activities covered in Chief Officer's report as a standing item at Board meetings	G

<b>B3. Engaging with individual citizens and service users effectively</b>		
(a) Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes		
(b) Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement		
(c) Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs		
(d) Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account		
(e) Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity		
(f) Taking account of the impact of decisions on future generations of tax payers and service users		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G

<b>B3. Engaging with individual citizens and service users effectively</b>		
Communications strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Board and SPG membership	Membership complies with statutory regulations. All IJB members complete disqualification form on appointment. Membership reviewed on 14 March 2017 and 26 September 2017. Changes in membership reported to each IJB as a standing item on the agenda. Scheduled review completed and reported to Board in March 2020	G
Community planning	Community Planning officers from the council are represented on the Locality Groups to ensure a partnership approach to working and prevent duplication of effort where possible. Chief Officer attends CPPB meetings. Reported now through Chief Officer's report as a standing item at Board meetings	G
Record of public consultations	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Report template includes section on consultation. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Use of consultation feedback	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Records of feedback from large-scale consultations on website. Annual report required, full review in January 2023	G
Strategic needs assessment	Strategic needs assessment completed to support Strategic Plan and commissioning plans. New supporting structure of Planning & Commissioning Boards approved in April 2019. Strategic Plan reviewed and approved in September 2020	G

<b>B3. Engaging with individual citizens and service users effectively</b>		
Locality Groups	Original approach to localities reviewed and updated in April 2019 when Strategic Planning Group and Locality Groups were reviewed and changes approved in November 2019. The Groups are made up of a wide range of stakeholders and meet as part of the Strategic Planning Group. Minutes reported to Board meetings. Terms of reference to be reviewed annually	G
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Complaints procedure	Complaint Handling Procedure approved by the Complaints Standards Authority on 29 November 2017. Adopted by IJB on 5 December 2017. Quarterly reports submitted to IJB. Procedure requires review in 2020/21	A

### C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

<b>C1. Defining outcomes</b>		
(a) Having a clear vision, which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation's overall strategy, planning and other decisions		
(b) Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer		
(c) Delivering defined outcomes on a sustainable basis within the resources that will be available		
(d) Identifying and managing risks to the achievement of outcomes		
(e) Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Goals, values and priorities	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G
Annual financial statement	Prepared and approved and published annually. Based on Strategic Plan, budget contributions and priorities. Compliant with legislative requirements	G



<b>C1. Defining outcomes</b>		
Directions to health board and council	Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. More detailed strategic directions issued on an ad hoc basis. Report template includes section on requirement for directions. Approach to be reviewed against Scottish Government guidance issued in February 2020 and reported for approval/compliance	G
Performance recording, monitoring and reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Regular reporting on delivery of outcomes	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G

<b>C1. Defining outcomes</b>		
Annual report on delivery of outcomes	Included in the Annual performance Report which is published on or before 31 July each year.	G
Community Planning Partnership	Community Planning officers from the council are represented on the Locality Groups to ensure a partnership approach to working and prevent duplication of effort where possible. Chief Officer attends CPPB meetings. Reported now through Chief Officer's report as a standing item at Board meetings	G
Risk Management strategy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018. Standing items at meetings of Audit Risk & Governance Committee	G
Risk management guidance and protocols	Policy and Strategy includes assessment methodology and review procedures and timetables. Actions recorded and monitored through PMT meetings and Pentana	G
Scrutiny of risk arrangements	Risk register reviewed at SMT every two months, at AR&GC every six months, high risks every meeting, and annually at Board meeting	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Internal audit service (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors	G

<b>C1. Defining outcomes</b>		
Best value duty	Identified in 2016/17 for action. Not completed in 16/17. Audit Scotland guidance issued in May 2018. Identified as concern and for action in 17/18. Considered via AR&GC in September 2018, approved by IJB on 24 September 2018. Compliance statement produced and reported in June 2019 for 2018/19 and in June 2020 for 2019/20. To be reviewed as external audit approach to best value in IJB s is developed	G

<b>C2. Sustainable economic, social and environmental benefits</b>		
(a) Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision		
(b) Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints		
(c) Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs		
(d) Ensuring fair access to services		
Evidence	Comments	Rating
Goals and values and priorities	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G

<b>C2. Sustainable economic, social and environmental benefits</b>		
Financial strategy for mid to long term	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Regular updates to IJB on financial assurance at every meeting. Full report in March 2019 when budgets set	G
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019. New supporting structure of Planning & Commissioning Boards approved in April 2019. Strategic Planning Group structure reviewed and approved in September 2019	G
Risk Management strategy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018	G
Risk management guidance and protocols	Policy and Strategy includes assessment methodology and review procedures and timetables. Actions recorded and monitored through PMT meetings and Pentana	G
Scrutiny of risk arrangements	Risk register reviewed at SMT every two months, at AR&GC every six months, high risks every meeting, and annually at Board meeting	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G

<b>C2. Sustainable economic, social and environmental benefits</b>		
Use of consultation feedback	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Examples of feedback following large-scale consultations published on website. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Record of professional advice in reaching decisions	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Record of decision making and supporting materials	Report template and minutes ensure information is provided and recorded and decisions are captured and reported for approval to next meeting. Style/content of minutes reviewed and approved in March 2020	G
Public sector Equality Duty reporting	The IJB published its Equalities Mainstreaming Report and Equality Outcomes 2017 – 2021 following approval at its meeting of 20 April 2017. Biennial report approved at IJB on 23 April 2019. Due to be published again in April 2021	G
Equality impact assessment procedure (including Fairer Scotland duty)	IJB report templates include a mandatory section on whether the report is relevant to equalities and whether an Equality Impact Assessment has been conducted. Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021. Mainstreaming and PSED report to IJB on 23 April 2019, due again in April 2021	G
Best value duty	Identified in 2016/17 for action. Not completed in 16/17. Audit Scotland guidance issued in May 2018. Identified as concern and for action in 17/18. Considered via AR&GC in September 2018, approved by IJB on 24 September 2018. Compliance statement produced and reported in June 2019 for 2018/19 and in June 2020 for 2019/20. To be reviewed as external audit approach to best value in IJB s is developed	G



#### D. Determining the interventions necessary to optimise the achievement of the intended outcomes

Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions (courses of action). Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed frequently to ensure that achievement of outcomes is optimised.

D1. Determining interventions		
(a) Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided		
(b) Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts		
Evidence	Comment	Rating
Standing Orders	Standing Orders comply with legislation. Approved 20 October 2015. Amended April 2016 and September 2018 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Calendar of dates for submitting and publishing reports	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before	G
Assessment and review of information provided for decision-making	Report template devised and required to be used at all IJB and committee meetings. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G

<b>D1. Determining interventions</b>		
Report templates	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Use of consultation feedback	The IJB agreed its Participation and Engagement Strategy on 31 January 2017. The strategy is based on the National Standards for Community Engagement. Includes provisions on use of feedback. Examples of feedback from large-scale consultations on website	G
Options appraisal	Report template ensures relevant information is captured. Standard list of implications for completion. Recommendations reflect narrative and advice which should include options appraisal process. Template reviewed and adopted in February 2019, implemented from April 2019. Due for review in 2021	G
Financial strategy (mid to (long-term))	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Regular updates to IJB meeting as part of financial assurance. Full report in March each year when budgets approved	G
Record of professional advice in reaching decisions	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G



<b>D1. Determining interventions</b>		
Record of decision making and supporting materials	Report templates provide for all professional and legal advice. Minutes record decisions, Reported to next meeting for approval. Style/content of minutes reviewed and approved in March 2020	G
Meeting reports show details of advice given	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021. Style/content of minutes reviewed and approved in March 2020	G
Equality impact assessment procedure	IJB report templates include a mandatory section on whether the report is relevant to equalities and whether an Equality Impact Assessment has been conducted. Equality impact proves updated and approved and report template revised and implemented from April 2019. PSED mainstreaming report due in April 2021	G

<b>D2. Planning interventions</b>
(a) Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets
(b) Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered
(c) Considering and monitoring risks facing each partner when working collaboratively, including shared risks
(d) Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances
(e) Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured
(f) Ensuring capacity exists to generate the information required to review service quality regularly
(g) Preparing budgets in accordance with objectives, strategies and the medium term financial plan

<b>D2. Planning interventions</b>		
(h) Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Strategic Planning Group	The SPG meets on bimonthly basis with representation from wide range of stakeholders in accordance with Government Guidance. Full review carried out and restructure approved in September 2019. Locality groups merged. Minutes reported to Board. Terms of reference reviewed annually	G
Directions	Directions prepared on a template which ensures compliance with legislation and guidance. Issued for approval as part of budget and annual financial statement process prior to year-end. No process to review or formally confirm compliance by council and health board. Commitment to adding more detail to directions should be taken forward. Considered at development day in February 2019. IJB on 12 March 2019 agreed more specific and strategic directions should be issued in April 2019 when new Strategic Plan approved. Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. More detailed strategic directions issued on an ad hoc basis. Report template includes section on requirement for directions. Approach to be reviewed against Scottish Government guidance issued in February 2020 and reported for approval/compliance	G

<b>D2. Planning interventions</b>		
Calendar of dates for developing and submitting plans and reports	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before.	G
Annual financial statement	Prepared and approved and published annually. Based on Strategic Plan, budget contributions and priorities. Compliant with legislative requirements	G
Communications strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Risk Management strategy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018	G
Risk management guidance and protocols	Policy and Strategy includes assessment methodology and review procedures and timetables. Actions recorded and monitored through PMT meetings and Pentana	G
Scrutiny of risk arrangements	Risk register reviewed at SMT every two months, at AR&GC every six months and annually at Board meeting	G
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Due for review in December 2019. Reviewed and approved in January 2020 and republished	G

<b>D2. Planning interventions</b>		
Financial strategy (mid to long-term)	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Updates to all IJB meetings as part of financial assurance. Full year report in March each year	G
Performance measures	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Performance monitoring and reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Scrutiny of financial performance	Financial performance and budget risk updates at every meeting to the Board including comprehensive quarterly financial performance reports setting out progress against savings. Explanations of pressures and issues raised by Board are responded to	G
Scrutiny of service performance	Senior Management Team including all H&SC Partnership managers meets monthly, covers performance and risk management. Performance measures and monitoring arrangements actioned through AR&GC, confirmed all complete at meeting on 12 December 2018. Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G

<b>D2. Planning interventions</b>		
Liaison and planning arrangements with WLC, NHS and other Lothian IJBs	Identified as a governance issue in 2017/18 annual governance statement. Participation in Lothian Integrated Care Forum (formerly Lothian Strategic Planning Forum) agreed in principle in January 2019. First meeting held in April 2019. Further meeting dates fixed. Further reports required to agree remit and reporting arrangements. Lothian Finance Forum established amongst Finance Officers of IJBs, councils and health boards. Initial meeting held, further meetings arranged. Minutes reported to Board. Activities covered in Chief Officer's report as a standing item at Board meetings	G

<b>D3. Optimising achievement of intended outcomes</b>		
(a) Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints		
(b) Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term		
(c) Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage		
(d) Ensuring the achievement of 'social value' through service planning and commissioning		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Mid to long term financial strategy	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Updates to all IJB meetings as part of financial assurance. Full year report to IJB each March	G

<b>D3. Optimising achievement of intended outcomes</b>		
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Directions	Directions prepared on a template which ensures compliance with legislation and guidance. Issued for approval as part of budget and annual financial statement process prior to year-end. No process to review or formally confirm compliance by council and health board. Commitment to adding more detail to directions should be taken forward. Considered at development day in February 2019. IJB on 12 March 2019 agreed more specific and strategic directions should be issued in April 2019 when new Strategic Plan approved. Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. More detailed strategic directions issued on an ad hoc basis. Report template includes section on requirement for directions. Approach to be reviewed against Scottish Government guidance issued in February 2020 and reported for approval/compliance	G
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Due for review in December 2019. Reviewed and revised and approved in January 2020 and republished	G
Budget monitoring reporting	Budget monitoring arrangements comply with the IJB's financial regulations and updates on the budget position are reported regularly to the Board at every meeting	G

<b>D3. Optimising achievement of intended outcomes</b>		
Commissioning Plans	Commissioning plans developed and implemented for thematic groups: Older People, Mental Health, Learning Disability, Physical Disability and ADP. Regular reports on progress to the SPG and Board. Plans reviewed and approved in 2019 for period till 2023. Based on Strategic Needs Assessment. Updates reported to Board as appropriate. Reviewed alongside Strategic Plan. Revised Strategic Plan approved on 23 April 2019. New supporting structure of Planning & Commissioning Boards approved in April 2019	G
Financial planning with health board and council	Integration Scheme procedures. Directions to partners set out requirements for partners to work with the IJB on medium term financial planning. Based on this, significant joint working undertaken to produce 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Regular meetings at officer level.	G

**E. Developing the entity's capacity, including the capability of its leadership and the individuals within it**

Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mindset, to operate efficiently and effectively and achieve intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an organisation operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of individual staff members. Leadership in local government is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

<b>E1. Developing the entity's capacity</b>		
(a) Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness		
(b) Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently		
(c) Recognising the benefits of partnerships and collaborative working where added value can be achieved		
(d) Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Regular reviews of activities, outputs and planned outcomes	Demand and capacity planning is underpinning the transformational change programmes in delivery of the health and social care delivery plan, access and treatment standards. Performance monitoring and reporting arrangements reviewed and in place, confirmed at AR&GC on 12 December 2018	G
Budget monitoring arrangements	Budget monitoring arrangements comply with the IJB's financial regulations and updates on the budget position are reported regularly to the Board at every meeting	G



E1. Developing the entity's capacity		
Benchmarking arrangements	No indication of benchmarking arrangements in relation to performance. In addition, comparison of IJB with other IJBs in Lothian and across Scotland would be appropriate in relation to procedures such as directions, performance reporting, and financial monitoring, budget-setting, etc.	A
Partnership working	No formal guidance in place for partnership working, e.g., with health board or VSG or Scottish Police of SF&RS. Consider if this is required or whether assurance can be obtained from council and health board	A
Performance monitoring and reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB on regular basis. Identified as area of weakness by Internal Auditor and AR&GC. Actions agreed and implemented, AR&GC accepted all completed at meeting on 12 December 2018. Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Officer appraisal arrangements	IJB has no employees. Reliance on Employee Codes of Conduct and registers/declarations procedures of council and health board. Considered by senior officers in February 2020, Considered that assurance could be taken from partners' arrangements and partnership working on Workforce Planning	G
Workforce development plan	IJB, 21 November 2018 - approved as a strategy, not a plan. Report back instructed on how success/delivery is to be measured and reported. Discussed at Development Day in February 2019. Workforce Planning Group to be established. AR&GC, 6 March 2019 – not audited in 2018/19 due to ongoing development work, added to Internal Audit plan for 2019/20. Internal Audit reported to committee in Marcy 2020, control satisfactory	G
Succession planning	No indication of succession planning for officers or members.	R

<b>E2. Developing the capability of the entity's leadership and other individuals</b>		
(a) Developing protocols to ensure that officers and members have clear roles and relationships		
(b) Publishing a statement that specifies the types of decisions that are delegated and those reserved for the the governing body		
(c) Ensuring the Chair and the Chief Officer have clearly defined and distinctive leadership roles within a structure		
(d) Developing the capabilities of members and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks		
(e) Ensuring that there are structures in place to encourage public participation		
(f) Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback		
(g) Holding staff to account through regular performance reviews which take account of training or development needs		
(h) Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Role descriptions for members	Agreed at IJB on 29 January 2019. Review to be added to reporting calendar/cycle	G
Job descriptions for officers	Role description and duties of four senior posts adopted by Appointments Committee at recruitment. Reflected in Scheme of Delegations to Officers and Financial Regulations. Chief Officer role reviewed when recruiting to the post in March/May 2019	G
Liaison between Chair (and Vice-Chair) and Chief Officer	Regular scheduled meetings take place between Chair and Vice-Chair and Chief Officer. Both are involved in agenda-setting arrangements and meetings for IJB meetings	G
Standing Orders	Standing Orders comply with legislation. Approved 20 October 2015. Amended 5 April 2016 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished. Due for review again in January 2022	G

<b>E2. Developing the capability of the entity's leadership and other individuals</b>		
Scheme of Delegations	Scheme of Delegations adopted and approved on 31 January 2017. Reflects role descriptions of officers. Reviewed 5 December 2017 and again in January 2020. Amended and republished. Due for review again in January 2022	G
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Reviewed in January 2020. Amended and republished. Due for review again in January 2022	G
Members' induction training	Briefing sessions offered to new members on appointment. Written advice and procedures on Register of. Development sessions for all IJB members held regularly. No comprehensive off-the-shelf approach in place	A
Members' ongoing training	Regular Development Sessions are held for Members (e.g., February and May 2019) for training and more in depth discussion on strategic direction. Dates now timetabled and notified for forthcoming year. Training needs covered in annual self-assessment questionnaires undertaken by IJB and AR&GC. Results will inform training requirements and plans	G
Review of effectiveness of committees and other meetings	AR&GC and IJB self-assessment questionnaires approved, used each year and included in Calendar/cycle of reporting. Concerns noted and followed up where instructed	G
Staff induction and training	The IJB does not employ staff. Staff receive induction and training through their employing organisation and local induction and training is agreed subject to requirements of the post and performance reviews. Considered by senior officers in February 2020 that assurance could be taken from partners' procedures and records	G

<b>E2. Developing the capability of the entity's leadership and other individuals</b>		
Officer appraisal arrangements	Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board. Workforce planning amongst partners provides assurance	G
Succession planning	No indication of succession planning for officers or members	R
Communications plan or strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Locality Groups	Original approach to localities reviewed and updated in September 2019 when Strategic Planning Group and Locality Groups were reviewed and changes approved in November 2019. The Groups are made up of a wide range of stakeholders and meet as part of the Strategic Planning Group. Minutes reported to Board meetings. Terms of reference to be reviewed annually	G

### F. Managing risks and performance through robust internal control and strong public financial management

Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities. A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery and accountability. It is also essential that a culture and structure for scrutiny are in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful service delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

F1. Managing risk		
(a) Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making		
(b) Implementing robust and integrated risk management arrangements and ensuring that they are working effectively		
(c) Ensuring that responsibilities for managing individual risks are clearly allocated		
Evidence	Comments	Rating
Risk management strategy/policy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018	G
Risk register	Risk register maintained in Pentana. Reviewed at PMT every two months, at AR&GC every six months and annually at Board meeting	G
Internal Audit service	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditor	G

<b>F1. Managing risk</b>		
Identification of actions	Actions arising from risk register, internal audit reports and external audit reports are recorded in Pentana. Progress monitored via PMT. Reported to AR&GC bi-annually	G
Allocation of responsible officers	Actions identified and agreed are allocated by the Chief Officer to appropriate officers. Responsibility recorded through PMT and AR&GC reporting as appropriate	G
Risk reporting to service management team	Risk register maintained in Pentana. Reviewed at SMT every two months, at AR&GC every six months and annually at Board meeting	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Remit reviewed in January 2020, amended and approved and republished. Review again in 2022	G
Risk Management Annual Plan	Not required by Risk management Strategy and Policy. Covered in regular reporting of risks, risk actions and high risks. Annual report submitted to AR&GC at the end of each financial year.	G

<b>F2. Managing performance</b>		
(a) Monitoring service delivery effectively including planning, specification, execution and independent post implementation review		
(b) Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook		
(c) Ensuring an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible		
(d) Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement		
(e) Ensuring there is consistency between specification stages (such as budgets) and post implementation		
Evidence	Comments	Rating

<b>F2. Managing performance</b>		
Identification of outcomes in Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Calendar of dates for submitting, publishing and distributing timely reports	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before	G
Agreement on the information that will be needed and timescales	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Committee remits and powers defined	Remits and powers of all committees, working groups and Strategic Planning Group approved by IJB. Committees must apply Standing orders to their meetings. Remits reviewed in January 2020, amended and approved and republished. Next review in 2022	G
Publication of agendas, reports and minutes of meetings	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before	G
The role and responsibility for scrutiny has been established and is clear	Remit and powers of AR&GC. Role descriptions of members. Local Code of Corporate Governance. Code reviewed in September 2019. Committee remit reviewed and approved in January 2020. Annual self-assessment procedure for AR&GC informs training and awareness requirements	G
Agenda, reports and minutes of scrutiny meetings	Agendas, reports and minutes issued and made public as required by Standing Orders. Recommendations made to Board as appropriate. Style/content of minutes reviewed in March 2020	G

<b>F2. Managing performance</b>		
Establishment, recording and review of performance indicators	Agreed suite of indicators and performance framework. Reports to SPG and IJB on regular basis. Identified as area of weakness by Internal Auditor and AR&GC. Actions agreed and implemented, AR&GC accepted all completed at meeting on 12 December 2018	G
Measurement of performance and recording of performance against indicators	Agreed suite of indicators and performance framework. Reports to SPG and IJB on regular basis. Identified as area of weakness by Internal Auditor and AR&GC. Actions agreed and implemented, AR&GC accepted all completed at meeting on 12 December 2018	G
Training for members on performance and scrutiny	Development sessions held for members throughout the year. Training needs covered in self-assessment questionnaires undertaken by IJB and AR&GC in 2018/19. Results inform training requirements and plans for 2019/20	G
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Reviewed in January 2020, amended and approved and republished	G
Benchmarking arrangements	No indication of benchmarking arrangements in relation to performance. In addition, comparison of IJB with other IJBs in Lothian and across Scotland would be appropriate in relation to procedures such as directions, performance reporting, financial monitoring, budget-setting, etc.	A
Public performance reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Annual reports to the public	Annual Performance Report completed in accordance with guidelines and approved in draft by IJB in June, published per statutory dates (apart from July 2019). Available for all years on website. Work Plan and reporting cycle appear at every IJB and AR&GC meeting to ensure compliance is monitored	G



<b>F3. Robust internal control</b>		
(a) Aligning the risk management strategy and policies on internal control with achieving objectives		
(b) Evaluating and monitoring risk management and internal control on a regular basis		
(c) Ensuring effective counter fraud and anti-corruption arrangements are in place		
(d) Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor		
(e) Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the governing body provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment, and that its recommendations are listened to and acted upon		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Internal Audit service (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors.	G
Risk management strategy/policy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018	G
Risk register	Risk register maintained in Pentana. Reviewed at PMT every two months, at AR&GC every six months and annually at Board meeting	G
Local Code of Corporate Governance	Local Code based on 2016 CIPFA/SOLACE framework developed during 2017/18 and reported to AR&GC in September and December 2017 and March 2018. Approved by IJB on 1 May 2018 for use in 2017/18 reporting. Code reviewed and approved at Board in September 2019. Process approved for regular review via SMT. Considered there in November 2019 and February 2020, further consideration interrupted by COVID19. Interim report to AR&GC in December 2019, no issues arising. Scheduled for review in December 2021	G
Annual review of system of internal control	Review carried out by Internal Auditor. Reported as part of Internal Audit Annual Report to AR&GC and to Board. Review complies with legislation and PSIAS. Informs annual governance statement	G

<b>F3. Robust internal control</b>		
Annual governance statement	Statements compliant with 2016 CIPFA/SOLACE Framework. Approved timeously for inclusion in annual accounts. Informed by prior consideration of review of system of internal control and Best Value Framework. Areas of concern highlighted to AR&GC. Under regular review at SMT. Interim report on issues of concern to AR&GC in December 2019	G
Committee remits and powers defined	Remits and powers of all committees, working groups and Strategic Planning Group approved by IJB. Committees must apply Standing orders to their meetings. Remits reviewed and approved by Board in January 2020. Due next for review in 2022	G
Standards Officer	Standards Officer role description agreed by IJB in January 2015 and appointment made. Appointment approved by Standards Commission on 29 March 2016	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Remit reviewed and approved by Board in January 2020. Due next for review in 2022	G
Anti-Fraud and Corruption Policy and procedures	No policy or procedure in place. Board has no bank account, no employees and no contractual powers so little risk of inducements/bribes or theft. Considered by senior officers in February 2020 that no separate policy was needed and reliance could be placed on partners' policies and procedures	G
Whistleblowing policy and procedures	No policy or procedure in place. Board has no employees and no contractual powers. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G

<b>F3. Robust internal control</b>		
Appointment of Chief Social Work Officer	The role of Chief Social Work Officer is appointed to at all times in line with the statutory requirement. The appointment is for the council to make. The CSWO is then appointed as a non-voting member of the IJB. Annual report to Board	G
Appointment of Clinical Chief Officer	Appointed on health board nomination as non-voting Board member. Annual report to Board	G
Role and responsibilities of Chief Social Work Officer defined and recognised	The role and remit of the Chief Social Work Officer is laid out in statute and statutory guidance issued by Scottish Minister (2016) and is adhered to locally. The role of the CSWO is not defined any further within the IJB and is not available to the public or other IJB members for information. The CSWO position is recognised in Standing Order 5.6 whereby the Chief Social Work Officer is entitled to insist on a report being included on the agenda for an IJB meeting. Annual report to Board	G
Role and responsibilities of Clinical Chief Officer defined and recognised	The post holder has a lead responsibility for Clinical Governance, providing leadership and support for GP and other NHS contractors working within West Lothian. The role provides an interface between GPs community services and acute services. As a member of the senior management team for the HSCP, the Clinical Chief Officer contributes to strategic planning, quality improvement, performance and risk management. Annual report to Board	G
Annual report from Chief Social Work Officer	The Chief Social Work Officer report is presented to the IJB annually in December. The report complies with statutory guidance from the Ministers. It is submitted to the Ministers after consideration by the council and IJB. Published with relevant committee papers, consider publishing separately on the IJB website	G
Annual report from Clinical Chief Officer to Board	The Clinical Chief Officer submits an annual report in the Spring of each year. Published with relevant committee papers, consider publishing separately on the IJB website	G
Clinical and care governance arrangements	Health & Care Governance Annual Report to Board in June 2019. Health & Care Governance Framework and Group reviewed and restructure approved in June 2019. Minutes to be reported to Board	G

<b>F4. Managing data</b>		
(a) Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data		
(b) Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies		
(c) Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Designated data protection officer	Interim Data protection Officer appointed. Reliant on council systems. Privacy notices in place. Ongoing work with council to secure full support of council resources and DPO	R
Data protection policies and procedures	The IJB agreed to adopt the council's data protection policies and procedures on 26 September 2018. Being reviewed in light of GDPR	R
Data sharing agreements	A Memorandum of Understanding has been agreed between council, NHS Lothian and the IJB and a template DSA has been drawn up; this is in the process of being agreed. Being reviewed in light of GDPR	A
Data processing agreements	A Memorandum of Understanding has been agreed between council, NHS Lothian and the IJB and a template DSA has been drawn up; this is in the process of being agreed. Being reviewed in light of GDPR	A
IT/software protection	The IJB has no IT equipment or software of its own. Where employees of either parent organisation are preparing IJB business, it is on council or NHS Lothian equipment and software and these are protected as per the IT security policy of each organisation respectively. Senior officers consider assurance can be given from partners' procedures	G
Records Management compliance	IJB information is managed in accordance with the information management policies and procedures of the council. IJB records management plan submitted to Keeper and in place	G

<b>F4. Managing data</b>		
Procedures for responding to subject access requests	As for other information requests, the IJB follows the procedures of the council whose systems are set up to allow separate recording and reporting of SARs for the IJB. Requires to put own procedures in place	A
Data breach procedure – reporting and risk assessment	The IJB agreed to adopt the council's data protection policies and procedures on 26 September 2018. However, if a breach occurred, the policies of either council or NHS Lothian may apply depending on the employee responsible. Requires to put own procedures in place and consider seeking assurance from partners	R
Publication scheme under FOISA/EIRS	Scheme in accordance with legislation and guidance adopted on 31 October 2017, updated at Board meeting in February 2019. Published on the IJB section of the HSCP website	G
Reporting on data protection and information management	Data protection and information management was reported to the IJB on 26 September 2017 with a further update on 1 May 2018. Quarterly reports to Board on SARs and FOISA	G

<b>F 5. Strong public financial management</b>		
(a) Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance		
(b) Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government, CIPFA, 2016)	Role description and duties adopted by Appointments Committee at recruitment. Reflected in Scheme of Delegations to Officers and Financial Regulations. Both updated and approved in January 2020. To be reviewed again in 2022	G

<b>F 5. Strong public financial management</b>		
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Reviewed, approved and republished in January 2020. next due for review in 2022	G
Budget control and monitoring guidance	Contained in Financial Regulations, reviewed and approved in January 2020	G
Report template requires information on financial implications	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Mid to long-term financial strategy and planning	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updates to each Board meeting as part of financial assurance	G
Budget monitoring at Management Team	Financial performance and budget risk updates reported regularly to the SMT including comprehensive quarterly financial performance reports setting out progress against savings. Explanations of pressures and issues raised by Board are responded to	G
Quarterly budget monitoring reports to members	Budget monitoring arrangements comply with the IJB's financial regulations and updates on the budget position are reported regularly to the Board	G
Identification and registering of financial pressures and risks	Current year and medium term budget pressures and risks are identified through budget monitoring and medium term planning work with partners and these are reported regularly to the Board as part of budget monitoring arrangements	G

<b>F 5. Strong public financial management</b>		
Review of system of internal control	Review carried out by Internal Auditor. Reported as part of Internal Audit Annual Report to AR&GC and to Board. Review complies with legislation and PSIAS. Informs annual governance statement	G
External audit report	Liaison between Chief Officer and Chief Financial Officer with external auditors. Report presented to AR&GC for consideration then to Board. Actions agreed and followed up through AR&GC	G

### G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

G1. Implementing good practice in transparency		
(a) Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate		
(b) Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand		
Evidence	Comments	Rating
Report templates	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Website	All documents requiring to be in the public domain are published online, either in the form reports and minutes on the council's COINS website or on the IJB pages of the HSCP website. Content substantially revised and updated on new format of webpages. Covered in Communications and Engagement Strategy approved in January 2020. Under control of media and web content management group	G
Annual performance report	Annual Performance Report completed in accordance with guidelines and approved in draft by IJB in June 2018. Publication date missed in July 2019. Work Plan and reporting cycle appear at every IJB and AR&GC meeting to ensure compliance is monitored	G
Meeting agendas and reports and minutes	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public five clear days before	G



<b>G1. Implementing good practice in transparency</b>		
Communications plan or strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Public sector equality reporting	The IJB published its Equalities Mainstreaming Report and Equality Outcomes 2017 – 2021 following approval at its meeting of 20 April 2017. Biennial report approved at IJB on 23 April 2019. Next due in April 2023	G
Equality impact assessment procedure (including Fairer Scotland duty)	IJB report templates include a mandatory section on whether the report is relevant to equalities and whether an Equality Impact Assessment has been conducted. Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021. Mainstreaming and PSED report to IJB on 23 April 2019	G

<b>G2. Implementing good practices in reporting</b>
(a) Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way
(b) Ensuring members and senior management own the results reported
(c) Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)
(d) Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate
(e) Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations

<b>G2. Implementing good practices in reporting</b>		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Annual performance report	Annual Performance Report completed in accordance with guidelines and approved in draft by IJB in June 2018. Publication date missed in July 2019. Work Plan and reporting cycle appear at every IJB and AR&GC meeting to ensure compliance is monitored	G
Performance reporting to Board	Agreed suite of indicators and performance framework. Reports to SPG and IJB on regular basis. Identified as area of weakness by Internal Auditor and AR&GC. Actions agreed and implemented, AR&GC accepted all completed at meeting on 12 December 2018	G
Annual governance statement	Statements compliant with 2016 CIPFA/SOLACE Framework. Approved timeously for inclusion in annual accounts. Informed by prior consideration of review of system of internal control and Best Value Framework. Areas of concern highlighted to AR&GC. Under regular review at SMT. Interim report on issues of concern to AR&GC in December 2019	G
Local Code of Corporate Governance	Local Code based on 2016 CIPFA/SOLACE framework developed during 2017/18 and reported to AR&GC in September and December 2017 and March 2018. Approved by IJB on 1 May 2018 for use in 2017/18 reporting. Code reviewed and approved at Board in September 2019. Process approved for regular review via SMT. Considered there in November 2019 and February 2020, further consideration interrupted by COVID19. Interim report to AR&GC in December 2019, no issues arising. Scheduled for review in December 2021	G
Appointment of Chief Social Work Officer	The role of Chief Social Work Officer is appointed to at all times in line with the statutory requirement. The appointment is for the council to make. The CSWO is then appointed as a non-voting member of the IJB. The IJB does not have a process for ensuring a depute is available if the CSWO is absent	G
Appointment of Clinical Chief Officer	Appointed on health board nomination as non-voting Board member	G

<b>G2. Implementing good practices in reporting</b>		
Role and responsibilities of Chief Social Work Officer defined and recognised	The role and remit of the Chief Social Work Officer is laid out in statute and statutory guidance issued by Scottish Minister (2016) and is adhered to locally. The role of the CSWO is not defined any further within the IJB and is not available to the public or other IJB members for information. The CSWO position is recognised in Standing Order 5.6 whereby the Chief Social Work Officer is entitled to insist on a report being included on the agenda for an IJB meeting. Annual report to Board	G
Role and responsibilities of Clinical Chief Officer defined and recognised	The post holder has a lead responsibility for Clinical Governance, providing leadership and support for GP and other NHS contractors working within West Lothian. The role provides an interface between GPs community services and acute services. As a member of the senior management team for the HSCP, the Clinical Chief Officer contributes to strategic planning, quality improvement, performance and risk management. Annual report to Board	G
Annual report from Chief Social Work Officer	The Chief Social Work Officer report is presented to the IJB annually in December. The report complies with statutory guidance from the Ministers. It is submitted to the Ministers after consideration by the council and IJB. Published with relevant committee papers, consider publishing separately on the IJB website	G
Role and responsibilities of Chief Social Work Officer defined and recognised	The role and remit of the Chief Social Work Officer is laid out in statute and statutory guidance issued by Scottish Minister (2016) and is adhered to locally. The role of the CSWO is not defined any further within the IJB and is not available to the public or other IJB members for information. The CSWO position is recognised in Standing Order 5.6 whereby the Chief Social Work Officer is entitled to insist on a report being included on the agenda for an IJB meeting. Annual report to Board	G
Clinical and care governance arrangements	Health & Care Governance Annual Report to Board in June 2019. Health & Care Governance Framework and Group reviewed and restructure approved in June 2019. Minutes to be reported to Board	G
<b>G3. Assurance and effective accountability</b>		

<b>G3. Assurance and effective accountability</b>		
(a) Ensuring that recommendations for corrective action made by external audit are acted upon		
(b) Ensuring an effective internal audit service is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon		
(c) Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations		
(d) Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement		
(e) Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Internal audit service (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Remit reviewed and approved January 2020. next review due in 2022	G
Commissioning plans	Commissioning plans developed and implemented for thematic groups: Older People, Mental Health, Learning Disability, Physical Disability and ADP. Regular reports on progress to the SPG and IJB most recent June 2018. Directions developed and issued in accordance with delegated functions on annual basis. IJB agreed at development event in February 2018 to develop more detailed directions which will support transformational change programmes. Detailed and strategic directions issued on 23 April 2019	G
Risk register	Risk register reviewed at SMT every two months, at AR&GC every six months and annually at Board meeting	G

<b>G3. Assurance and effective accountability</b>		
Review of effectiveness of Board and committees	AR&GC and IJB self-assessment questionnaires approved, used each year and included in Calendar/cycle of reporting	G
Annual performance report	Annual Performance Report completed in accordance with guidelines and published in July each year	G
Benchmarking	No indication of benchmarking arrangements in relation to performance. In addition, comparison of IJB with other IJBs in Lothian and across Scotland would be appropriate in relation to procedures such as directions, performance reporting, financial monitoring, budget-setting, etc.	A